

FAIRER CHARGING

Responses from Carers Networks

Report compiled by South Devon Carers' Consortium – October 2002

Total number of carers/carers representatives consulted via network forums: 160

Client groups: The range represented included carers of older people, people with mental illness, physical disability, and learning disability.

Dates and locations of meetings: Teignbridge (22/9), East Devon (23/9), North Devon (24/9), Mid Devon (1/10 - no responses recorded), West Devon (2/10), Exeter (2/10), South Hams (3/10).

Format of meetings: Consultation took place as part of (or the whole of) regular meetings of the District carers' forums. This typically involved a presentation by a staff member of Social Services, question time, small group work, and open discussion.

Key Principles

- 1 The proposal has generated a significant amount of anxiety and uncertainty for carers. Concern was expressed about what the future holds for carers, in the light of rationalisation, loss of choice and increasing reliance on the finances, perseverance and goodwill of carers.
- 2 General acceptance of the need for Social Services to maintain the amount of money coming into the local authority by applying reasonable charges, otherwise carers realise that services would be under even more of a threat.
- 3 General feeling that the implementation of this policy will have detrimental affects on the lives of carers, eg the increase on carers' stress levels if the cared-for are unwilling to pay the increases, the potential loss of respite, and increased poverty.
- 4 Carers feel that generally their contribution to community care is under valued, unrecognised, and even penalised financially – this could lead to more deciding not to continuing caring.
- 5 DCC need to look at best practice developed by other local authorities to come up with more imaginative approaches that do not disadvantage carers.
- 6 As services have been cut, the element of choice is minimal or often non-existent.
- 7 Concern about what criteria would be used to decide whether a service was for the carer or the cared-for.
- 8 Some services ensure the continued health of the carer/user, so should not be charged for.
- 9 A few wondered if 'whole-life' carers (eg parent carers) should be charged differently to 'acute' carers (eg elderly frail).
- 10 It will be difficult to implement the principle of not treating people differently when users of mental health social care services cannot be charged (Mental Health Act 1983).
- 11 Some felt that lost income should be recouped from other areas of DCC, rather than by charging disabled people; others felt that the Government should fund the cost of these changes directly.

Financial Assessment and Benefits Check

- 1 Carers are concerned that they will be penalised for being prudent in saving for their retirement, as they have been unable to work due to caring – this would be viewed as unfair and unjust.
- 2 The figures quoted need to be on a sliding scale up to the ceiling, so that people just above the

threshold are charged a smaller proportion and do not fall below it after being charged.

- 3 The fact that income from capital is not producing good returns in the current climate is not taken into consideration.
- 4 Carers are pleased that they will be offered a Benefits Check.

Use of Specialist Assessors

- 1 A majority feel that specialist Financial Assessors should undertake this role because Care Managers are already stretched and difficult to contact, so should not be expected to take on extra work, and they may have a conflict of interest between assessing care needs and finances.
- 2 Using specialist financial assessors should encourage closer joint working with the Department for Work and Pensions, eg reduce inconsistencies about what counts as income.
- 3 Some felt that these assessors should be employed by the voluntary sector (eg CAB), as they will be perceived to be more impartial and independent – if they are employed by a statutory agency, then carers should be offered independent financial advice.
- 4 Some carers' experience of Benefits Agency staff has shown that they tend to lack the skills and understanding required.
- 5 Some argued against specialist assessors, as carers know their Care Managers and may not want to talk to a stranger about their finances (Care Managers could be trained up to save duplication of effort), and were concerned that taking on new specialist assessors will cost DCC more.
- 6 Carers could be offered a choice between having the financial assessment undertaken by their Care Manager or by a specialist assessor.
- 7 However it is done, Financial Assessors should be suitably trained, qualified and experienced.

Care Services

Personal Care

- 1 The majority felt that this charge was too high (some felt that it was reasonable).
- 2 A maximum weekly ceiling charge should apply.

Day Care

- 1 The majority felt that it was a significant increase (especially for part of a day), and could put users off from accessing the service – this would result in lost respite for carers.
- 2 A maximum weekly ceiling charge should apply.
- 3 The charge should include meals and beverages.
- 4 Users who work for no/low pay as part of their day care (eg Aspects) should not be charged.

Night Sitting

- 1 A majority felt that the maximum charge is too high, especially as it is for carers desperate for a night's sleep.

Independence Equipment

- 1 A majority felt this charge was unreasonable, especially if the equipment was deemed necessary – it might put people off from having equipment to help them remain independent.
- 2 Some felt this was an acceptable charge, especially for more expensive items of equipment, as it would work out cheaper than buying them.
- 3 It would encourage people to buy cheaper items of equipment for themselves; otherwise it would cost them more in the long term.

Substitute Services

Meals

- 1 This charge is reasonable.

Transport

- 1 A majority felt that this charge is reasonable.
- 2 It would be fairer to take into account the distance travelled.
- 3 Some felt that it should be included in the cost of day care, as it was a necessary part of the package; others suggested £1.00 per day.

Beverages at Day Care

- 1 There was a mixed response to this: some felt it was reasonable; others felt that no charge should be made, as it would cost more to administer and it is a hidden cost of Day Care.
- 2 Charging may encourage people to either bring their own flasks of hot drink (which raises a safety issue) or to not drink at all (a health issue).

Maximum charge

- 1 Carers need to preserve the right to receive respite at home at whatever the cost.
- 2 Some felt that the difference of 5% is too small a deterrent.

Disability Related Expenditure

- 1 Strong feeling that Disability Benefits should not be taken into account in the Financial Assessment, as very little would be left for all the other additional costs relating to the users' illness or disability.
- 2 The extra costs to be considered should include things like electricity for heating, laundry costs (equipment and running costs), transport costs (especially in rural areas), prescriptions, dietary needs, metered water, insurance and breakages.
- 3 If Disability Living Allowance is taken into account, the Care Component should not be included; others felt the Mobility Component should be disregarded.
- 4 If carers are charged for respite, their Carers Allowance should not be taken into account.
- 5 Carers want to be involved in setting the criteria for Disability Related Expenditure.

Other Relevant Comments

1 Carers Assessments

Carers would not want to be assessed if it would lead to them having to pay (out of their savings or Carers Allowance) for the respite they have been assessed as needing. If they do choose to have an Assessment, they should be offered a choice about where to have it (eg home or a neutral venue).

2 Quality Standards

Carers want to see higher standards for care workers – quality should be guaranteed for a service that is being paid for.

3 Emergency care

If a user has to go into care when a carer has not chosen it (eg for an emergency), the carer should not have to be charged.

4 Night Sitting

This needs to be a service that is available in an emergency.

5 Adaptations

Carers should not be assessed for adaptations needed to a home due to a disabled family member.

6 Joint agency working

If Financial Assessors are taken on from the Department for Work and Pensions, this agency should be encouraged to identify carers they are aware of and link them into the Carers Registers.

7 Equipment

All types of equipment should be available for loan (some currently are not), and the system for retrieving redundant equipment needs to be tightened up.

8 Overlapping benefits rule

Pressure should be put on the Government to scrap the overlapping benefits rule where it applies to carers.

9 Clarity about Financial Assessment

Many people are not clear about where single or joint income is taken into consideration in an assessment.

10 Clarity about charges

Carers would like clearer information about what proportion of the charges goes on wages as opposed to administration.

11 Access to services

Work needs to be done on Fair Access to Services, let alone charging.

12 Flexibility of services

Personal care needs to be more flexible, eg a user with a carer living with them may need more housework than intimate care.

13 Payments for carers' representatives on committees

Carers were offended that users were being charged up to £10.50 an hour for personal care, yet carers were only offered £5.00 an hour to act as consultants on planning committees.

14 Direct Payments

This option is not publicised or encouraged enough by Social Services.

The Consultation Process

- 1 The original flyer did not express clearly enough the importance of this policy.
- 2 Some major points are not made clear, eg that the charges shown are maximum charges, that there is a sliding scale of charges, whether the flat rate charges are subject to means testing, and what services the maximum charge of £227 applies to.
- 3 Some felt the layout was complicated and contained ambiguous language, eg benefits / 'health' check – whether this was about money or their health, or both.
- 4 Some felt not enough information had been provided to comment constructively.
- 5 As usual, carers have not been given very long to respond to the proposal.
- 6 There are leading questions, eg the preference shown for specialist assessor (2.3.3).
- 7 The word 'carer' has been used incorrectly to refer to paid care workers.
- 8 People do not like being referred to as being 'users' of services.
- 9 The way in which the section about Independence Equipment was worded caused confusion – did the charge apply to delivering an item to the user's home, was it per item, or was it irrespective of how many items.
- 10 Worked examples of the effect on carers in different settings would have been helpful.
- 11 There was a certain amount of scepticism about how influential the views of carers were going to be on the final outcome, and what the hidden agendas were.