

Hampshire County Council Contributions Policy Survey Report

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Executive Summary

The survey:

In late 2010, Hampshire County Council conducted a survey to ask residents for their views on plans to change the way they contribute towards the costs of the care they and others they care for receive.

Currently most, but not all, adult social care services are charged for, with service users contributing towards the cost of the services they use based on their financial circumstances. The plans for a revised contributions-based policy would bring services under one umbrella and ensure that people choosing from the range of non residential and short term residential services would contribute based on their ability to pay not the services they choose.

The survey ran from 5th October 2010 to 14 January 2011 and was produced in a number of versions, both a standard and a large print version. A number of the respondents to the standard version of the survey said they did not understand the questions. The whole survey would have been better in Plain English along the lines of the Easy Read version.

The financial assessment process (appendix 4), which was included with the survey as supporting information was also seen as complicated and difficult to understand; perhaps it also could be simplified.

Summary of the responses:

1,453 responses were received from both on-line and hard copy mediums but none of the respondents answered all of the questions.

Slightly over two thirds of respondents support the Council's proposal to introduce a new contributions policy based on a fair individual financial assessment and the ability to pay.

Overall, respondents agree with the proposal to use a standardised amount when calculating the level of disability benefits.

A majority of respondents oppose removing the maximum weekly charge of £440.

More than three quarters of respondents reject the suggestion that users should be asked to contribute up to 100% of disposable income towards cost of their care.

More respondents agree than disagree with proposed changes to short term residential care. Respondents apparently found it difficult to understand this question, which might explain why it attracted the highest number of 'Neither agree nor disagree' responses.

Well over twice as many respondents agree as disagree that personal injury awards should be taken into account when the level of contribution is assessed.

Three quarters of respondents oppose the idea of charging carers for services. This question attracted the highest number of 'Strongly disagree' responses. Comments, from both users and carers, point out that the contribution carers make, often at great personal cost, is vitally important and should be acknowledged.

Considerably more than twice as many respondents disagree than agree with the idea of making a financial contribution towards the cost of Crisis Response Services, which are seen as vital to both users and carers. The view is that fear of being unable to afford the charges would prevent people from using the services, to everyone's detriment.

Summary of the statistics:

1. A new contributions policy:

single policy for all non-residential and short term residential services; individual financial assessment; contribution towards cost of personal budget for social care.

Agree/strongly agree	62%	883
Disagree/strongly disagree	23%	324
Total responses	1,413	
Additional comments	440	

2. Disability related income and extra costs:

'standardised' amount for calculating level of disability-related expenses.

Agree/strongly agree	51%	685
Disagree/strongly disagree	35%	472
Total responses	1,347	
Additional comments	326	

3. Removing the maximum weekly charge:

Those assessed as able to pay more than £440 per week for cost of services asked to do so.

Agree/strongly agree	40%	539
Disagree/strongly disagree	48%	651
Total responses	1,358	

Additional comments 294

4. Disposable income:

Contribute up to 100% of disposable income towards cost of care.

Agree/strongly agree	12%	160
Disagree/strongly disagree	81%	1,101
Total responses	1,365	
Additional comments	341	

5. Short term residential care:

We propose bringing short term residential services under the new policy.

Agree/strongly agree	40%	534
Disagree/strongly disagree	31%	414
Neither agree/disagree	28%	377
Total responses	1,325	
Additional comments	287	

6. Personal injury awards:

We are considering taking into account all elements of a personal injury settlement when assessing the level of contribution a person may make towards the costs of their care.

Agree/strongly agree	58%	780
Disagree/strongly disagree	23%	303
Total responses	1,334	
Additional comments	226	

7. Carers:

At the moment carers are not charged for services. Do you think that the Council should consider asking carers to contribute towards the cost of services that directly benefit them?

Agree/strongly agree	13%	163
Disagree/strongly disagree	75%	942
Total responses	1,257	
Additional comments	461	

8. Crisis Response Services:

Do you agree that we should consider asking people to make a financial contribution towards the cost of Crisis Response Services?

Agree/strongly agree	25%	316
Disagree/strongly disagree	65%	833
Total responses	1,287	
Additional comments	367	

Summary of the respondents:

The average profile of someone who responded to the consultation was a white, British female, aged between 55 – 64, who lives in the New Forest. She is a carer using predominately domiciliary care services.

More of the respondents are Carers than Service Users [26% and 31% respectively].

Use of Domiciliary Care Services is slightly higher [25%] than Day Care Services [23%], followed by Residential Care Services [7%] and Direct Payments [7%].

The majority of respondents are women [50%]; almost all are White British [79%]; one fifth are aged between 17 and 54 [21%]; over half are aged 55 or over [63%].

Respondents come from all eleven districts, with Hart having the lowest number [4%] and New Forest the highest [13%].

The Consultation

Introduction

A public consultation on a new contributions policy to bring all adult social care services under one umbrella was held by Hampshire County Council between 5th October 2010 and 14th January 2011. Originally scheduled to conclude in December 2010, the Council extended the consultation period by 2 weeks to compensate for disruption caused by the bad weather at the end of December.

The survey, in standard, large print or Easy Read version, was posted to a cross-section of about 4,000 service users and 1,800 carers. The complete set of survey documents included the survey questionnaire, Frequently Asked Questions [FAQ], a Financial Assessment explanation and a Table of Services showing current and potential future charges. The Council also ran the survey on its website, inviting views from all Hampshire residents.

The survey consisted of 6 key policy questions on changes to be introduced this year and 2 further questions for future consideration, followed by a section for demographic details.

The first of the 8 questions concerned the Council's proposal to introduce a single policy for all social care services, with changes to the contributions towards the cost of personal budgets.

The following 7 questions related to specific service charges which the Council suggested bringing under the new policy, namely: disability related income; the maximum weekly charge; disposable income; short term residential care; personal injury awards; contributions from carers and crisis response services.

Each of the questions followed the same format:

- A grid question stating the current situation and seeking views on proposals for changes to service charges, within a matrix of five options – Strongly Agree; Agree; Neither agree nor disagree; Disagree and Strongly Disagree.
- A comments box providing an open access space for additional comments.

Consultation questions and responses

A number of the respondents to the standard version of the survey said they did not understand the questions. As almost one third of respondents are aged 75 or over [29%] and almost half of those are over 85 years old [12%], it is likely that the survey would have been better understood in a simple English version, along the lines of the Large Print version.

The financial assessment process is also seen as complicated and difficult to understand; it too needs simplifying.

1,453 responses were received [on-line, off-line and large print] but none of the respondents answered all of the questions.

The highest numbers of responses to the grid questions were made to Question 1 New Policy [1,413] and the lowest to Question 7 Carers [1,257].

However, the Carers question attracted the highest number of additional comments [461], followed by the Policy question [440] and then Question 8 Crisis Response Services [367]

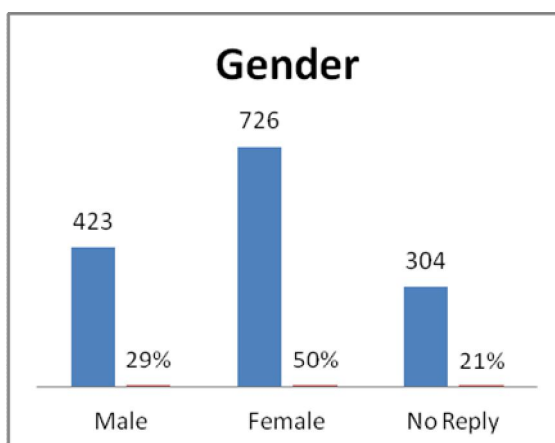
Profile of Respondents

A total of 1,453 people responded to this consultation. 1,385 responses were collected by Hampshire County Council and 68 by the Hampshire Local Involvement Network

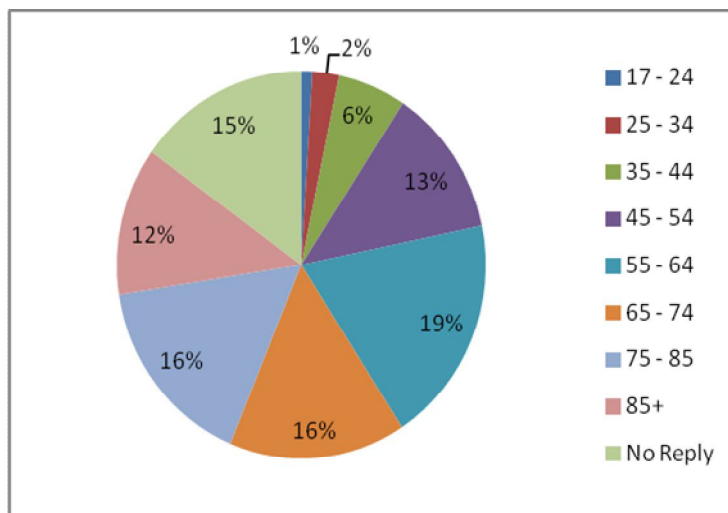
The average profile of someone who responded to the consultation was a white, British female, aged between 55 – 64, who lives in the New Forest. She is a carer using predominately domiciliary care services.



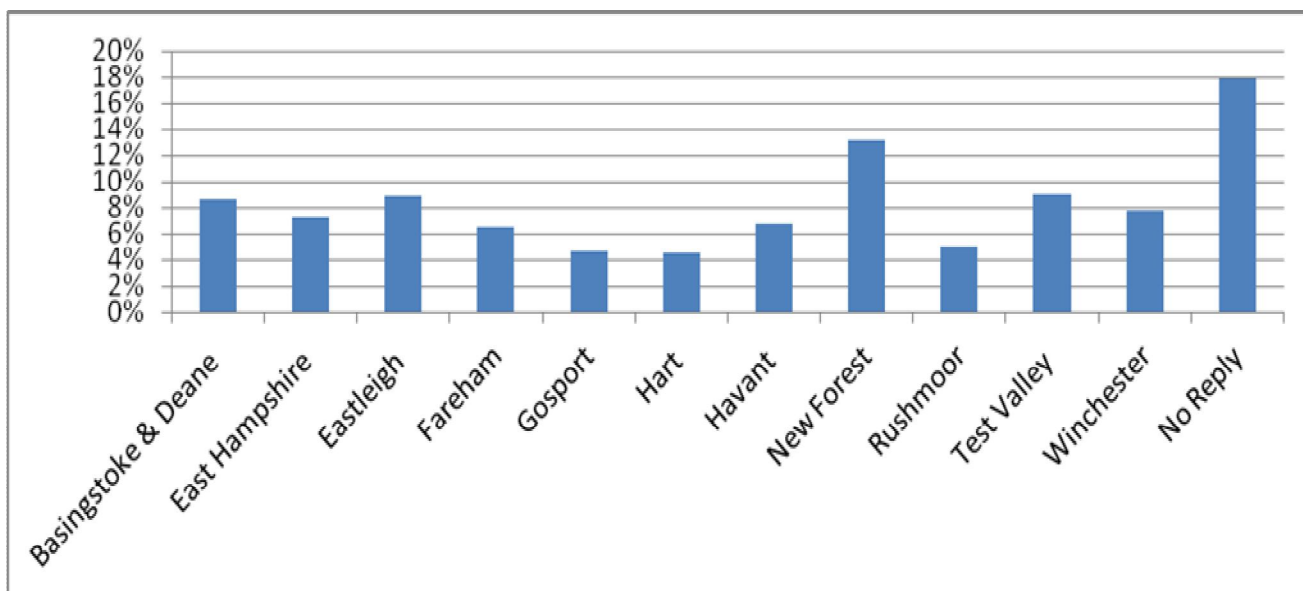
In total females were one and a half times more likely to respond to the consultation, with well over 700 females responding (50% of all respondents). Over 400 men responded too, being 29%, with the 21% preferring not to specify.



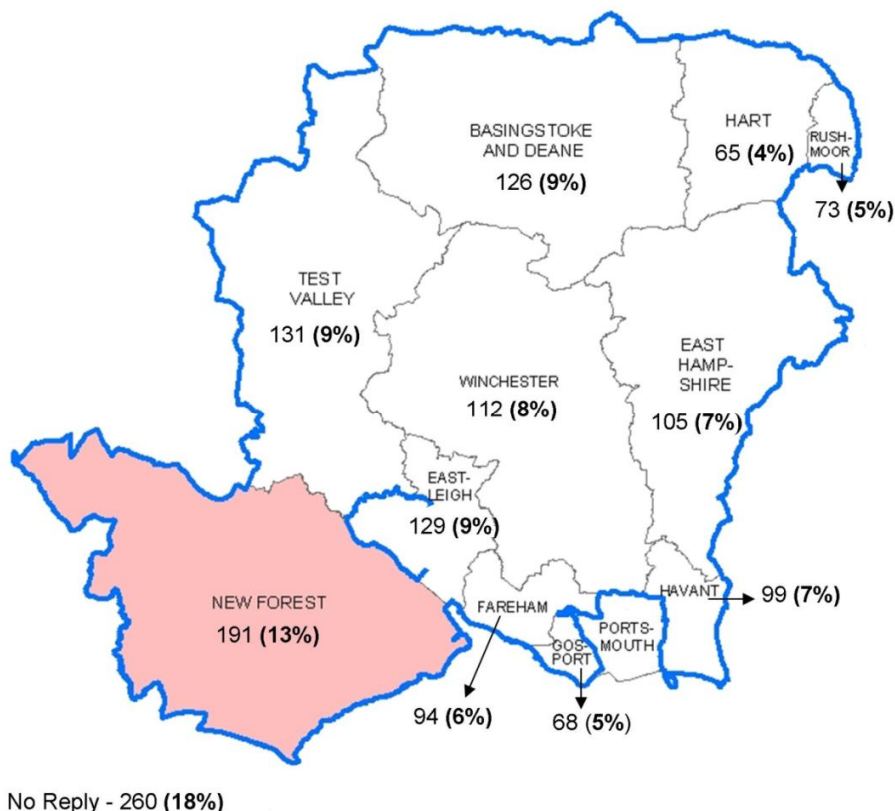
Nearly half of all respondents (47%) were aged between 45 and 74, with under 35 year-olds representing only 3% of the sample. 180 respondents (12%) were aged 85 and over.



Respondents were represented across the whole County fairly equally, with the New Forest being the most represented area and Hart being the least. The highest responses were in the West and South West of the County, with the North East of the area being the most under represented.



Number of respondents from each geographical location:



Overwhelmingly, respondents came from a white British background (79%) with 4% coming from 'other white' backgrounds and under 2% from other ethnic backgrounds. Over 200 people decided not to reply to this question.

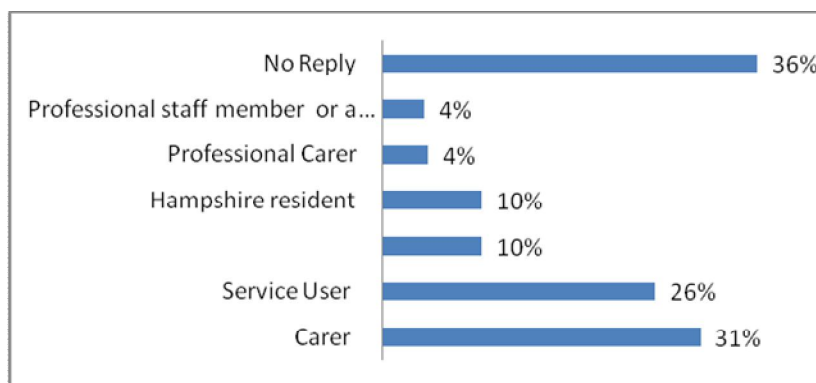
When asking the sample about their role within services, the consultation was responded to mainly by service users (26%) or carers (31%). Only 65 'Professional Carers' responded, which represented just 4% of the whole sample.

The questionnaire enabled respondents to select multiple options, being that they could responded being be both a carer **and** a service user. Over 21% of respondents indicated they had various roles.

Over 340 (24%) responses said they were neither a carer or a service user. 40% were a family member (non carer) of a service user and a further 40% were a Hampshire resident. 16% worked either as a professional staff member (i.e. social worker, council employee, community nurse etc) or a voluntary sector worker.

Respondents were:

Carer	31%
Service User	26%
Family member (non carer) of a service user	10%
Hampshire resident	10%
Professional Carer	4%
Professional staff member or a voluntary sector worker	4%
No Reply	36%

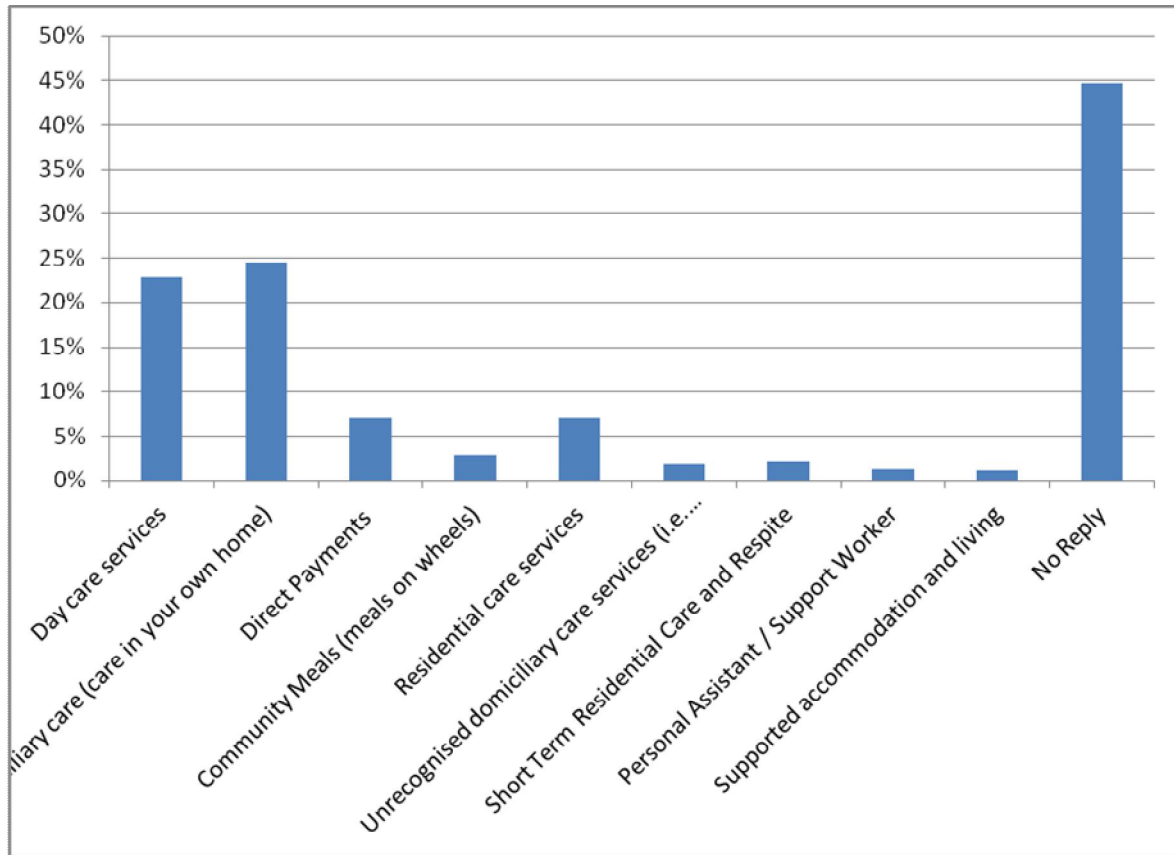


Respondents were asked to indicate which County Council services they, their client or their family member used. Domiciliary care and day care services were the most used services with just over 20% of the sample using each service. Community Meals (meals on wheels) was the least used service with just 3% of respondents using this service.

Again the questionnaire enabled respondents to select multiple options, being that they could respond use both day care **and** community meals care service. Over 14% of respondents indicated they used multiple services.

Interestingly, 2% of respondents did not recognise the services they receive to be *domiciliary*, but instead listed terms such as “carers twice daily” or “care assistance”

Day care services	23%
Domiciliary care (care in your own home)	25%
Direct Payments	7%
Community Meals (meals on wheels)	3%
Residential care services	7%
Unrecognised domiciliary care services (i.e. carers)	2%
Short Term Residential Care and Respite	2%
Personal Assistant / Support Worker	1%
Supported Accommodation and Living	1%
No Reply	45%



Responses to Question 1: A new contributions policy

Summary of Question 1

Question 1:

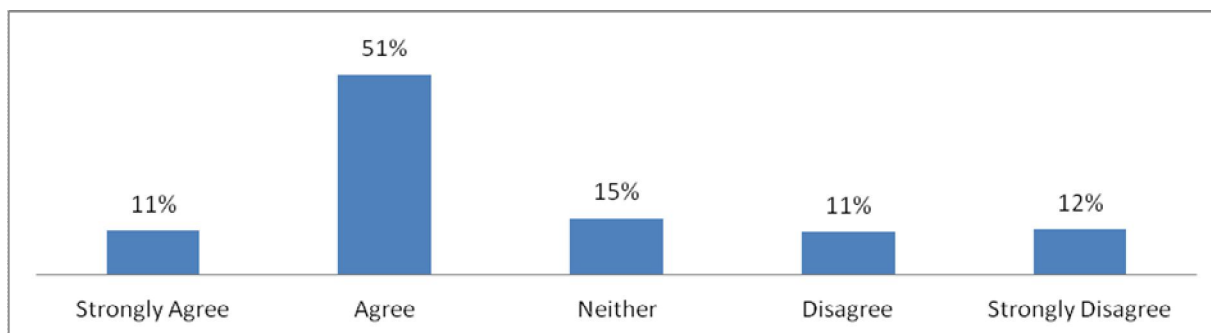
“At present most, but not all, non-residential and short term residential services, are charged for, some at different rates. We are proposing a new single policy for all services, where service users will be individually financially assessed, to work out how much they could contribute towards the cost of a personal budget for social care. The Council would fund the balance. Do you agree that this is a fair way to ask people to contribute towards the cost of the services they use?”

This question concerned the proposed introduction of a single policy for all non-residential and short-term residential services. Contributions from service users towards the cost of a personal budget for social care would be based on individual financial assessment, with the Council funding the balance. Respondents were asked whether they agreed that this would be a fair way to ask people to contribute towards the cost of services.

There were 1,413 responses to this question. Slightly under two thirds of respondents support the Council's proposal to introduce a new contributions policy based on a fair individual financial assessment and the ability to pay, while slightly over one fifth disagreed or strongly disagreed.

Statistical Data for Question 1

Agree/strongly agree	62%	883
Disagree/strongly disagree	23%	324
Total responses	1,413	
Additional comments	440	



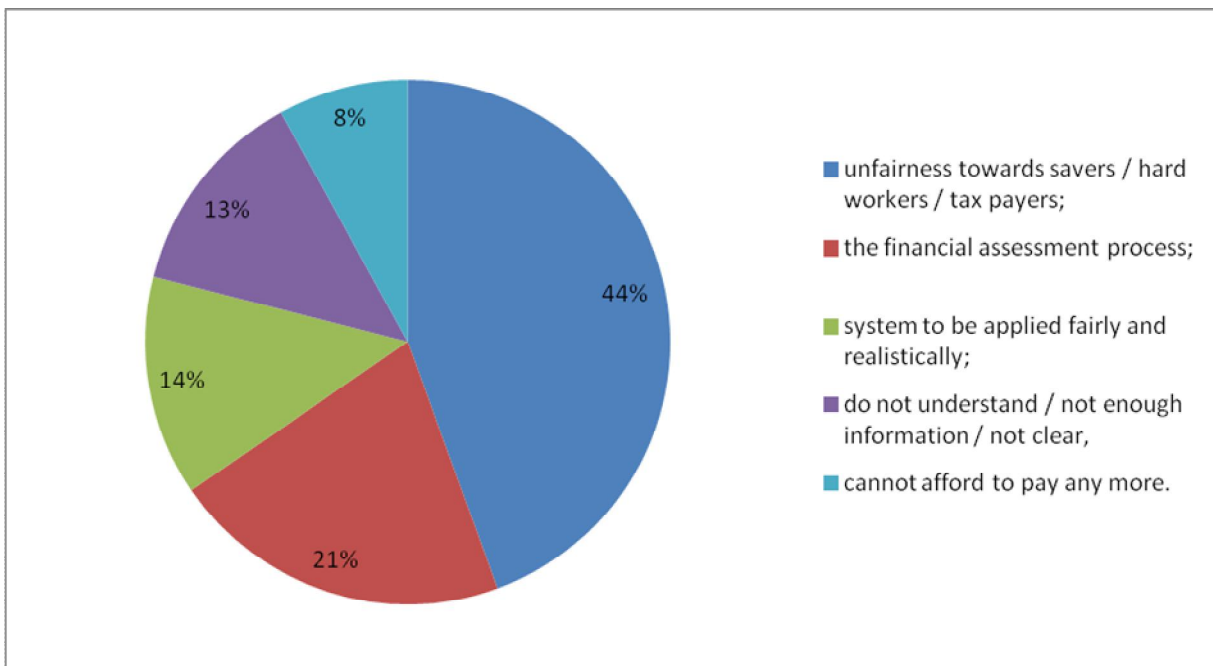
Additional comments for Question 1

Total responses 440

While a majority of [comments](#) agreed with the proposal to introduce a single policy for all services and less than one quarter disagreed, even some of those who did agree with the policy question expressed reservations about the remainder of the proposals.

There are several main themes arising from the comments to Question 1. These are:

- | | |
|--|-------------|
| 1. unfairness towards savers / hard workers / tax payers; | 72 comments |
| 2. the financial assessment process; | 34 comments |
| 3. system to be applied fairly and realistically; | 22 comments |
| 4. do not understand / not enough information / not clear, and | 21 comments |
| 5. cannot afford to pay any more. | 13 comments |



“Taking the various factors into account, it would seem a reasonable approach to have a single policy for services, which takes account of an individual’s personal needs. Reading through the following questions, I find myself disagreeing with all the proposals.”

Theme 1: Unfairness towards savers / hard workers / tax payers:

A number of respondents made additional comments expressing their sense of injustice at being required to pay for social care services after a lifetime spent working hard, paying taxes and saving for their old age.

Equal contributions from everyone, regardless of how long they had been contributing to National Insurance, for example, is perceived as discriminating against the savers to the unfair advantage of the spendthrifts.

Several of the comments expressed particular concern for the elderly, and for those who had fought in the last world war.

Some of respondents were obviously fearful that they would be unable to afford services such as free meals provided by day care services which improve their quality of life and on which they currently rely.

Overall, while a majority of respondents agreed that it would be fair to contribute towards the cost of a personal budget for social care, there were serious concerns that it would mean higher charges which many of them might be unable to afford.

“Overall it is fair that individuals should be financially assessed but unfair that this policy discriminates against people who have saved as opposed to those who have lived in debt.”

“It is penalising people who have saved hard all their lives - this type of policy is encouraging people not to save as it favours those who spend everything they earn.”

“It is simply not fair that people who have worked hard all their lives & saved for their retirement should have to pay more for the same provision that is received for little or nothing by those who have not.”

“It seems to me that people who worked hard all their lives to get a pension and some savings are penalised by contributing more for the people who never bothered. How can that be fair?”

“I would think many services are very important to some people why would not interact with anyone but for those services also I think some social provide meals; an important service otherwise some would not get a cooked meal. Charging for these services could put them out of reach of some. Once again it appears that people who have worked hard and saved money are going to be penalised.”

Theme 2: The financial assessment process

Additional comments about the financial assessment process were mainly concerned with the complicated nature of the current process, **the stress it can involve and the necessity for fairness.**

Some respondents agreed that individual financial assessment is the fairest way to assess contributions to services; others perceived it as being intrusive and embarrassing. Concerns were also expressed about the fairness of assessing elderly couples or the whole family as a single unit.

It is clear from the comments made that the assessment process needs to be streamlined and simplified and that assessments need to be made tactfully, with consideration and personal understanding.

“Can the financial assessment form be simplified to make it easier (less stressful) to complete and save time please?”

“I have helped my parents through the financial assessment process which they found confusing, daunting and frightening. Having worked all their lives they felt more help should be given.”

“Financial assessment is the fairest way to assess how much a person should contribute towards services.”

“I would agree if the financial assessment was just for the service user and did not include the family as a unit.”

“I had a member of the financial assessment team visit to do a financial assessment. She left without doing one, but her visit was absolutely traumatising for me, she was cold (sort of desensitised) rude, disinterested and condescending. I would never go through that again, even though it means I have to pay. Even as I write this I am feeling the anguish all over again. You need to ensure those who visit to do assessments are empathetic and able to deal with vulnerable people and over- burdened carers.”

“My mother (88) has been financially assessed and the process was carried out with dignity and care - I was present and impressed. I would strongly suggest that this quality of assessment be applied stringently in any change to the service.”

Theme 3: System to be applied fairly and realistically

A number of comments stressed the need for the system to be applied fairly and realistically. Some included the view that individual differences ought to be taken into account so that people can be treated according to their needs, while some recognised the difficulty of having a single policy that is fair to all.

It was felt that for the system to be fair, support and advice should be made available to people who found themselves to be disadvantaged by the single policy.

“The provisions of the proposed new contributions policy cover such a wide range of needs and personal circumstances that it seems impossible for any single policy to be either fair or equitable to all service users.”

“As a means tested practice this will make the process far fairer and reduce the input from the councils greatly. With the savings this hopefully will increase the provision and quality.”

“It is difficult to give such an answer - individual circumstances vary so much. What is fair for some will be unfair for others.”

“Please be realistic - remember no one asks to be physically challenged or ill.”

“I think so, as long as it is a universal procedure that is applied fairly but also allows for some anomalies.”

“A unified policy that is clear, transparent and understandable to all citizens is essential. However, if people are financially disadvantaged by the unified policy, this needs to be addressed in a sensitive manner so that people understand why they are being charged and where they can get independent advice on how to appeal or request their support to be reviewed.”

“If you break your arm or have a disease of the liver the NHS looks after you. If you have a disease of the brain, e.g. Alzheimer’s, you are expected to pay for your care. This seems unfair.”

Theme 4: Do not understand / not enough information / not clear

This theme is self-explanatory. Many respondents said that they did not understand the question. The comments illustrate the need for surveys and their accompanying documents to be produced in clear, simple language which can be easily understood by everyone.

“The question does not provide enough information to make an informed decision. What will the criteria be?”

“I’m not too sure that I have filled this in right.”

“I do not understand the implications.”

“I am my son's carer and act as his deputy. I am of average intelligence but was unable to understand the "public consultation table of services". I will attempt to answer these questions to the best of my ability.”

“Should be as simple as possible for both staff and service users to understand.”

Theme 5: Can’t afford any more / contribute maximum already 13 comments

The question of being able to afford higher charges for services was clearly a matter of serious concern to a number of respondents, particularly if it would mean paying more for carers.

The social care services that people receive are mostly greatly appreciated but it is obvious that some respondents find it very difficult to meet their bills and cover their other costs.

“If my charges increase I will have to cancel some of my care.”

“I pay for my care at home. I would not be happy having to pay a lot more. I can only just afford to pay the current charges.”

“How much money will people be left to live on?”

“I appreciate that there is only so much money in the pot. During my services received to support my husband I can only praise all concerned. I only wish I had more money so that I didn't have to take as much advantage of the caring people.”

“I am already assessed and have to pay £16.87 per week, which I find a huge struggle. I am having trouble paying my bills & having to pay such a lot per carers each week (paid monthly) is leaving me in debt each month because once I have paid all my other bills I have barely enough to live on.”



Responses to Question 2: Disability related income and extra costs

Summary of Question 2:

Question 2:

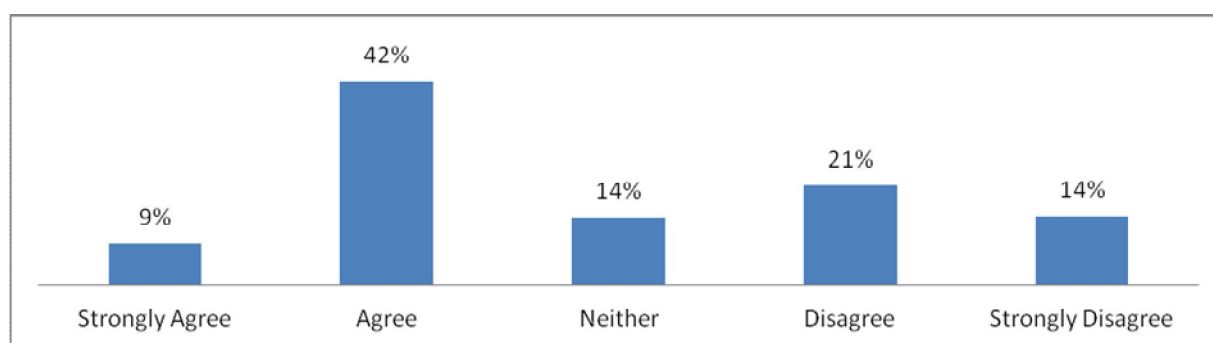
“When we calculate how much someone could contribute towards the cost of their care, we ignore any income which is spent on disability related expenses, such as extra heating and special equipment. Currently, we do this by looking at each and every item of expenditure to work out the overall level of disability related expenses a person has. This is a complex and time consuming process both for service users and the Council. Do you agree that we should consider using a ‘standardised’ amount when calculating a person’s level of disability related expenses instead of the current item by item approach? Service users would continue to be able to request an individual assessment of their disability related expenses if they wish.”

This question asked whether the Council should consider using a ‘standardised’ amount to calculate disability-related expenses instead of the complex and time consuming process currently in use. Service users would still be able to request an individual assessment of their disability-related expenses if they so wished.

There were 1,347 respondents to this question. About half agreed or strongly agreed with the proposal, while more than one third disagreed or strongly disagreed.

Statistical Data for Question 2

Agree/strongly agree	51%	685
Disagree/strongly disagree	35%	472
Total responses	1,347	
Additional comments	326	



Additional Comments for Question 2

Total responses 326

While a majority of respondents [685] agreed with the proposal, 472 disagreed and 326 respondents provided additional comments, most of them objecting.

A number of additional comments contained the widely-held view that people and their disabilities differ so widely that they cannot be fitted into any one standard.

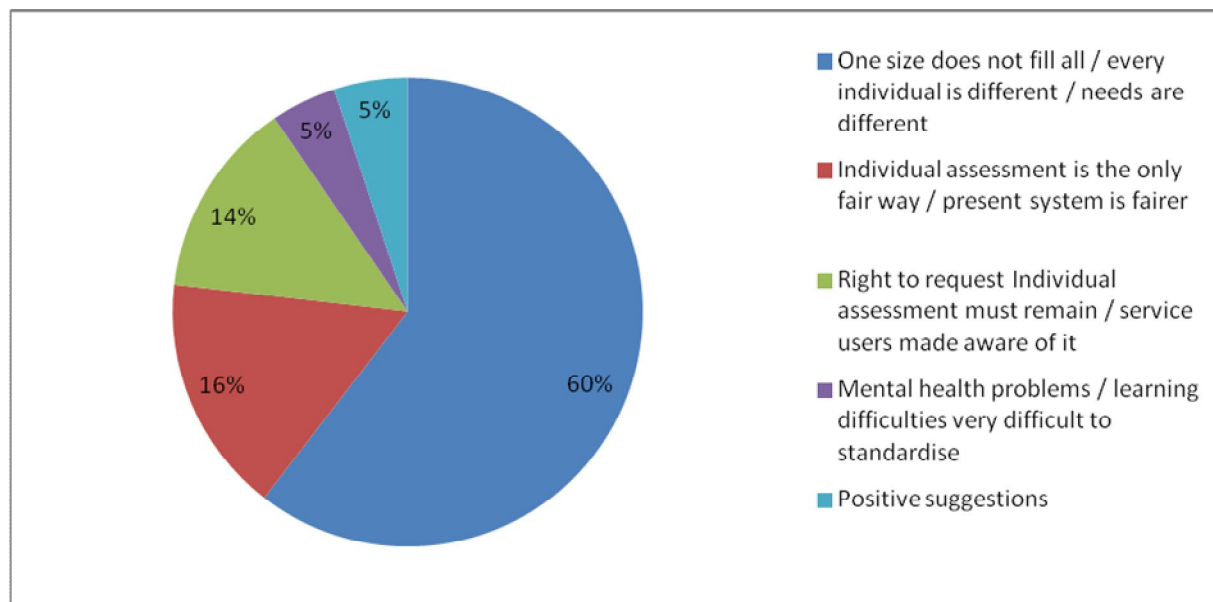
Respondents gave examples of the difficulty of standardisation, such as the costs of heating different types of buildings, differences in degrees of incontinence and the differing needs of people suffering from mental impairment.

The current arrangement requiring individual assessment is seen as being fairer and standardisation as leading to unfairness, while several respondents made positive suggestions about how the process might be carried out in a way that was simpler but fair.

The main themes arising from the comments are as follows:-

Themes:

- | | |
|--|--------------|
| 1. One size does not fill all / every individual is different / needs are different | 107 comments |
| 2. Individual assessment is the only fair way / present system is fairer | 29 comments |
| 3. Right to request Individual assessment must remain / service users made aware of it | 24 comments |
| 4. Mental health problems / learning difficulties very difficult to standardise | 8 comments |
| 5. Positive suggestions | 9 comments |



Theme 1: One size does not fill all / every individual is different / needs are different

One third of the comments concerned respondents' objections to the notion, as they saw it, that disability can be standardised. Comments such as 'one size does not fit all' and 'disability cannot be standardised' were made over again, some giving examples such as degrees of incontinence or the comparative costs of heating old and modern buildings.

"Each and every one of us is an individual with individually different impairments and therefore individually differentiated costs."

"This should be worked out on an individual basis with particular reference to age as heating costs are very expensive and as you get older you are less mobile."

"People with disabilities are individuals and subsequently have individual extra costs that need to be met. Individuals cannot be put into a one size fits all box."

"This will only work if the 'standardised' amount is set at a fair and acceptable level for each expenditure e.g. heating. The cost of heating an old 1930/40s building is a lot more than that for a modern building."

Theme 3: Individual assessment is the only fair way / present system is fairer

Along the same lines as Theme 1, respondents stressed the issue of unfairness and detailed reasons why it would be too difficult and unfair to use a common standard to calculate disability-related expenses.

"Disability is so very variable; a 'standard' approach would be very unfair."

"The present arrangement seems fair. There is no way to assess needs; they vary with each person each day, so an assessment is actually a wild guess."

"The financial assessment process also provides a prompt to apply for relevant benefits and services and is most useful. There is no other service which reviews finances in this way."

"People's disability varies widely. The present system seems about right."

Theme 4: Right to request Individual assessment must remain / service users made aware of it

A smaller number of the respondents welcomed simplification of the process but were adamant about the necessity for individual assessment to remain an option and the need for people to be made aware of it.

"I agree with the provision that requested individual assessments won't be phased out in future re-organisations."

"If it is made known to service users at the assessment that they can still ask for individual assessment."

“I welcome the simplification and appreciate the flexibility that allows someone to request an individual assessment.”

“Provided that the statement regarding service users being able to request an individual assessment is retained for all time and that choice is made clear to the service user (and family/carers).”

Theme 5: Mental health problems / learning difficulties very difficult to standardise

Mental health problems and learning disabilities were seen as being particularly individual and difficult to fit into a common standard.

“I think for people with Learning disabilities you need to meet face to face and have information that is accessible.”

“I do not think you can standardise on this as every person has a different situation and differing allowances which are spent differently depending on the illness e.g. Alzheimer's can change at no set time as an assessment can be one day and the next day they can need a different kind of package and spending need to keep up with the disease”

“How can you 'standardise' elderly adults with learning disabilities, whose needs are very different?”

Theme 6: Positive suggestions

Several people made constructive suggestions as to how the current system could be improved or the new one introduced. Suggestions included:-

- streamlining the current system,
- consulting on the new figures,
- trying the new system while keeping it under review,
- creating a system with grades of disability and then standardising expenses, and
- ensuring the user-friendliness of the assessment procedure.

“Streamline your auditing/visiting processes and this would be less time consuming.”

“I think that so long as the actual figures are consulted on then it will be fair.”

“It could be given a try and the pros and cons could be kept under review.”

“Use a standardised amount and review annually.”

“Not all the disabilities are the same; maybe will be better to create a system with different grades of disability and then standardised.”

“One 'standardised' amount is not appropriate. However a tiered system (perhaps 3 tiers) should be easier to administer, with service users with severe disabilities being assessed individually.”

“The standardised amount should have, say, three levels - as one person with a disability may have few, if any, disability related expenses, but for others their needs can be much greater.”

“Modify your assessment procedure make it user friendly.”

Responses to Question 3: Removing the maximum weekly charge

Summary of Question 3:

Question 3:

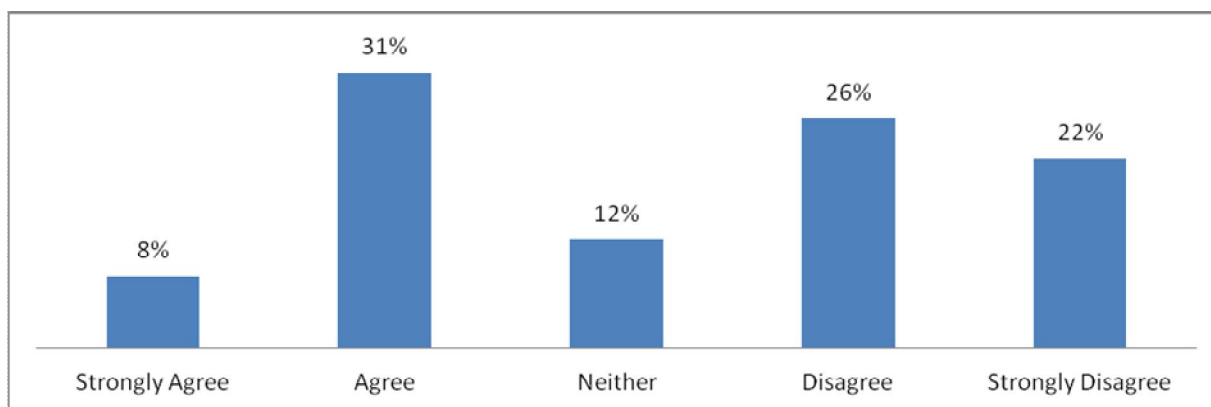
“At present the most anyone would pay towards the cost of their services is £440 per week. Under the proposed policy those who are assessed as being able to pay more than £440 per week could be asked to do so. Do you agree with this approach?”

The maximum charge to service users towards the cost of their services is currently set at £400 week. Respondents were asked if they agreed that those who were assessed as being able to pay more than this should do so.

There were 1,358 responses to this question. A fairly small majority of respondents disagreed with this proposal [47.6%] while almost 40% agreed or strongly agreed.

Statistical Data for Question 3

Agree/strongly agree	40%	539
Disagree/strongly disagree	48%	651
Total responses	1,358	
Additional comments	294	

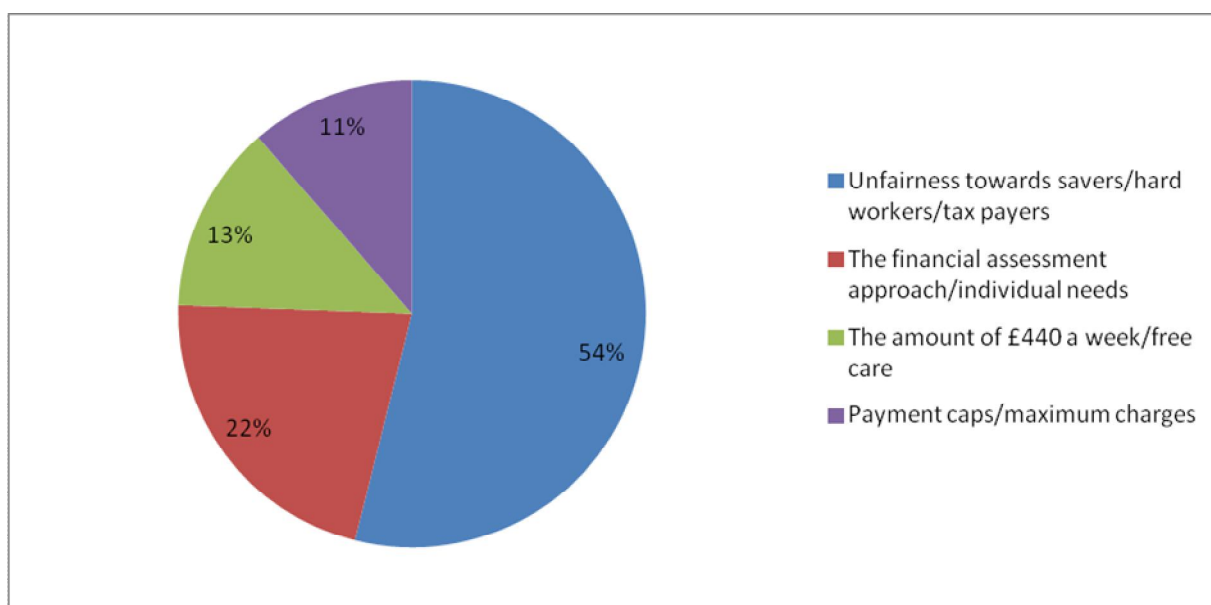


Additional Comments for Question 3

Total responses 294

The main themes arising from these comments are as follows:

- | | |
|---|--------------|
| 1. unfairness towards savers/hard workers/tax payers | 137 comments |
| 2. the financial assessment approach/individual needs | 55 comments |
| 3. the amount of £440 a week/free care | 33 comments |
| 4. payment caps/maximum charges | 29 comments |



46% of the additional comments focused on the issue of fairness, while 19% were concerned about the assessment process. 11% questioned the weekly amount itself, while 10% commented on how there should be a 'cap' or maximum charge. The remaining 14% includes all other additional comments made for Question 3.

Other themes include concerns about patient and carer wellbeing [3 comments], looking at alternative care options, such as private care for those who can afford it [3 comments], and disagreeing with any changes to the system in place, with the main reason being that they thought there were relatively few who could afford the costs involved [8 comments].

Theme 1: Unfairness towards savers/hard workers/tax payers:

The largest number of additional comments to Question 3 centred around whether it was fair to impose an increase in charges to those who could afford to pay more than £440 per week for care services. Of these comments, 112 viewed the idea as unfair, while 25 thought it was a fair approach.

As with question 1, the overall feeling was a sense of injustice at being required to pay for social care services after a lifetime of working hard, paying taxes and saving for their old age. The implication was that those who had not worked or saved were the only people who would benefit from this system.

Those who thought that it was 'fair' were cautious and suggested there would be few people who would be able to afford the extra costs involved and that anyone who looked to be in a position to pay more should be properly assessed. Some viewed £440 a week to be a sufficient amount, while others considered it to be inadequate.

Overall, most of the respondents were unhappy with this idea, perceiving it as discriminating against the savers and hard workers.

"If the person's need is just the same as someone who is not paying, for whatever reason, why should they pay more than the above rate just because they have more capital/saving or income? I wouldn't call charging someone more because they have more money is fair."

"This would penalise those who have saved money during their working life and reward those who have not bothered. However the very rich should pay more but then these people are often in private care."

"It is morally reprehensible that people who have chosen not to spend everything have this money taken from them to receive the same service that is provided free to those who have chosen to spend everything."

"Agree that the Bransons and other millionaires might pay more. One wonders how many would come into this category."

"Perhaps we should ask for a refund of 63 years worth of national insurance contributions to cover these so called costs."

"Why don't you just take everyone's money? Maybe when you've spent it all you might consider making economies in your own offices and pensions."

"I think only those that can afford to pay should pay."

"Why is that those who have probably put more into the system are still expected to put more into the system?"

"It is abhorrent and even Dickensian that a person born handicapped through no fault of his/her own has to pay anything. Remember most have no income to speak of."

"I do not agree to disabled people being expected to bale out the country. We are charged enough for our bad luck - if I am not a misery. I live in 1 room - you have already stopped my allowance for my broken lift."

"I do not know why I bothered scrimping and saving all my life as because at my unrequested disability I am going to have to pay top whack."

Theme 2: The financial assessment process/individual needs:

A major concern of respondents was that the emphasis should be on the level of care a person needs rather than what care they can afford to pay for. They called for the way people are assessed to accurately reflect personal circumstances and be carefully evaluated.

Any means testing carried out should be fair, giving people the opportunity to appeal against the decision or to be reassessed should their situation change.

There were also fears that the assessment criteria may not be based on a person's real expenditure, forcing people to sell or re-mortgage their home and failing to take into consideration how this would affect a partner or family at home.

Overall, respondents felt that the only way to decide fairly on whether a person should pay more for care is through an individual assessment, but stressed that the way in which people are assessed should itself be examined and monitored carefully.

“As long as it is based on what the service user's actual outgoings are not what social services feel they ought to be. It should not mean that a service user or his family are forced to sell their property.”

“But this would only be workable if everybody was given an individual assessment to find out whether or not they could afford to pay more than £440, let's hope that this is not a standardised amount as well.”

“Entirely depends on the new maximum (if any) and the fairness of the means testing.”

“I think it is fairest to means test people and payment towards ones costs should be set upon that.”

“This would be dependent on how calculations are made. Without this information I am unable to make judgement.”

“A realistic assessment needs to be carried out”

“They should have an opportunity to appeal against the decision or for reassessment if needed.”

Theme 3: The amount of £440 a week/free care:

A number of respondents used the additional comments box to query the amount of £440 a week itself.

Some questioned how the figure had been calculated as they currently received much less money, while others were concerned that this amount was not nearly enough to cover the costs of care homes, etc, which were significantly higher.

Several respondents felt that £440 was more than enough, while others believed that there should be no cost involved at all and that care should be free of charge.

The overall feeling suggests that people would like more transparency about how the allowance is worked out.

“£440 is a lot of money surely care should not exceed this unless the person is excessively rich.”

“Figure too low (£440)”

“Where did the cost of £440 per week get calculated from? This is a large amount. My earnings per week nowhere meet this cost.”

“Most people (adults) who use these services will have worked for 40-50 years paying taxes and into the NHS all their lives. Also many will have fought for their country in the 2nd world war. I strongly believe that these services should be provided free for the short term. Long term care would have to be assessed individually.”

“£440 per week seems more than enough.”

“Should be free.”

“Where do they get £440 per week from? I am a LSA earning £440a month. Richard my father has £136.79 a week.”

Theme 4: Payment caps/Maximum charges:

A number of respondents agreed with the approach in principle, but suggested that there be some sort of payment plan or ‘cap’ put in place to try to ensure that people could plan ahead and budget for the additional costs involved.

Ideas included fixing a maximum weekly charge, introducing a sliding scale that would reflect a person’s income, or a ‘tapering’ effect where the increase in costs would take place over time.

Overall, respondents believed that a cap would act as a protection to the more vulnerable and would not penalise those who have complex needs or require more costly care services. Again, the ability to pay would need to be evaluated thoroughly through the financial assessment process.

“I feel it should be graded especially if there is a spouse also living on the income.”

“Revise the maximum charge maybe but then have charges on a sliding scale according to ability to pay.”

“I think there should be an upper limit, without it you further penalise disabled people with complex needs for their disability.”

“People who are not particularly wealthy but have been careful with their money all their working lives should not be taken advantage of. While happy to pay for service, there should still be a set limit of a maximum charge.”

Responses to Question 4: Disposable income

Summary of Question 4

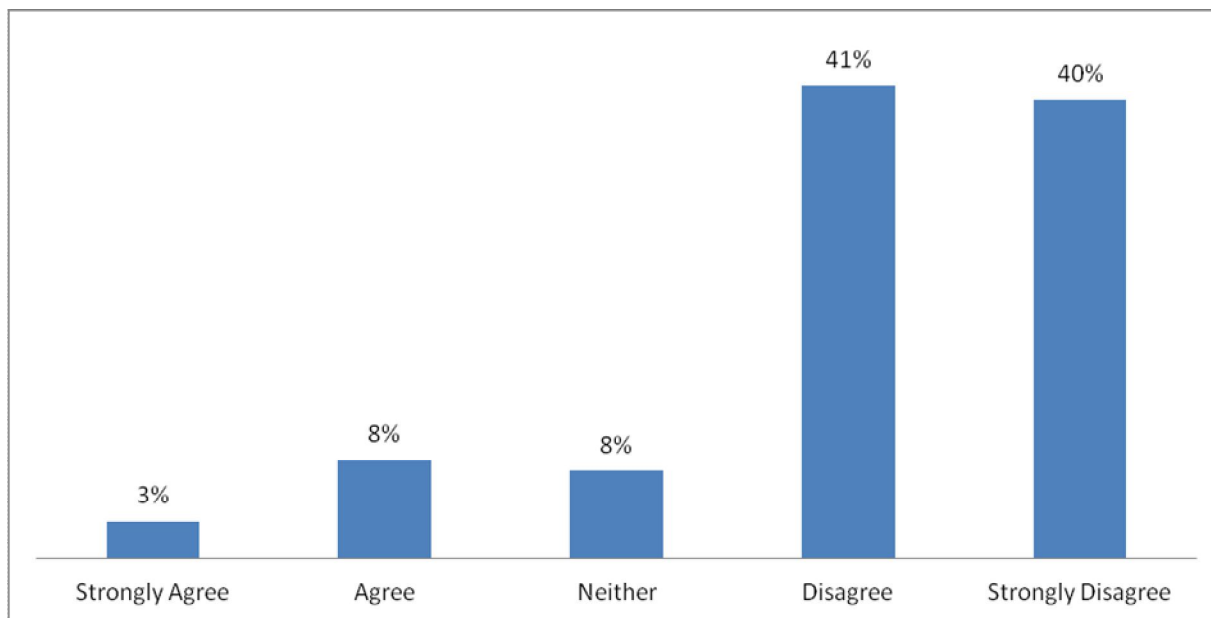
Question 4:

“This is the amount of income available after living and disability related expenses have been taken into account. At present no-one contributes more than 95% of their disposable income towards the cost of their care. Under the proposed policy people could be asked to contribute up to 100% of their disposable income. Do you agree with this approach?”

Respondents were asked if they agreed that the current maximum contribution of 95% of disposable income towards the cost of care could be raised to 100%.

Statistical Data for Question 4

Agree/strongly agree	12%	160
Disagree/strongly disagree	81%	1,101
Total responses	1,365	
Additional comments	341	

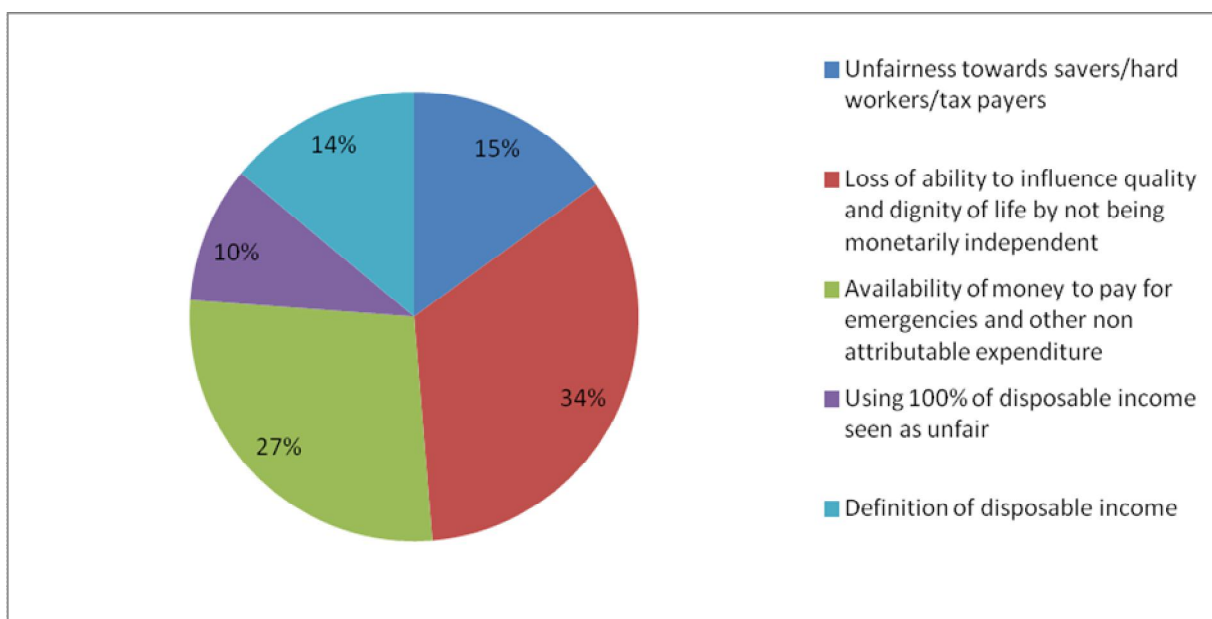


Additional Comments for Question 4

Total responses 341

There were a number of themes that arose from the comments to question 4. These were:

- | | |
|---|-------------|
| 1. Unfairness towards savers/hard workers/tax payers | 29 comments |
| 2. Loss of ability to influence quality and dignity of life by not being monetarily independent | 65 comments |
| 3. Availability of money to pay for emergencies and other non attributable expenditure | 53 comments |
| 4. Using 100% of disposable income seen as unfair | 19 comments |
| 5. Definition of disposable income | 27 comments |



The strongest themes, with the most additional comments, were loss of ability to influence quality and dignity of life by not being monetarily independent [17% of all additional responses] and Availability of money to pay for emergencies and other non attributable expenditure [14%]. Unfairness made up 7% of the comments, with another 7% for comments on the definition of a disposable income. Comments which viewed the 100% contribution policy as unfair formed 5% of all additional responses for Question 4.

Other themes, which make up half of the additional responses, include penalising and charging the most vulnerable people in society [9 comments], a contribution of 95% and above is too high [8 comments], 95% should be the maximum paid [19 comments] and that a 100% rate is ok for wealthy clients [5 comments]. A variety of other themes make up the rest of the other comments [total: 19].

Theme 1: Unfairness towards savers/hard workers/tax payers:

As in Question 1, a number of respondents made additional comments expressing concern and a sense of injustice at being required to pay for social care services after a lifetime spent working hard and making provision their old age.

It is clear from the comments made that asking all people to make equal contributions is seen as penalising savers in favour of those who have not been prudent.

Some respondents felt that it was unfair practice to ask for a larger contribution from those with extra disposable income, when that extra income has come as a direct result of a lifetime of saving and paying taxes.

There is a clear feeling of a sense of injustice in relation to any proposal to ask people to pay 100% of their disposable income and a strong underlying feeling that a contribution of 100% of disposable income simply rewards those that have not saved and penalises those who have been spendthrifts.

“Penalises the frugal, benefits those who choose not to save. Encourages fraud”

“Just because they have extra disposable income does not give us the right to ask them to contribute more towards the cost of care they need, I don't think this is a fair policy. Just because some people are very careful with their money that does not mean we can over charge them.”

“Very unfair on those who have worked and saved for a few comforts in their old age. How would some one who has lived on benefits do this, pointless exercise surely?”

“It is considered that any level of income generated is achieved from money gained by restraint and self thrift. Further more one has contributed during the whole working life to local tax. How it is a little pay back time, better not to have saved”

“One immoral result of the social services system in this country is that it penalises the people who save and encourages the spend thrifts who do not save for their future”

“Stop attacking those that have saved and charge the feckless”

Theme 2: Loss of ability to influence quality and dignity of life by not being monetarily independent:

A major concern of respondents was what effect using up a disposable income to pay for care services would have on a person's quality of life.

Many felt that the loss of a disposable income would have a huge impact on a person's independence. They were concerned that this would mean an individual could no longer afford a social life, would be effectively housebound and would have to rely on having to ask family members for hand outs.

There were fears that this would lead to them feeling cut off from society, forgoing their freedom and losing any dignity and control over their own lives.

“People need some disposable income to maintain a level of control and independence”

“Individuals may have other family commitments/leisure or hobbies they wish to pursue, and if HCC take 100% of their disposable income you are denying choice and control”

“Come on - allow some dignity!”

“Would leave no disposable income. What about quality of life?”

“Life is for living - people should be left with the dignity of having some free funds to with as they please - even for trivia.”

“How on earth are these people going to have any money for social activities and buying Christmas / birthday presents for friends and family? This would lead to more house bound and depressed individuals - very wrong”

Theme 3: Availability of money to pay for emergencies and other non attributable expenditure:

A high number of respondents wanted to make the point that the 100% contribution policy will leave people without the means to fund unexpected expenditure. While it is possible to plan ahead and budget for the payment of care services, it is impossible to predict when a household appliance may need replacing or when a car needs an urgent repair. More worryingly, there would be no contingency funds in the event of an emergency.

Respondents were also concerned that a lack of disposable income would mean that people would find it difficult to find money for basic essentials and clothing and would effectively be destitute.

“Strongly disagree, how do people save for everyday items such as washing machine, new carpets, we would be putting people into poverty”

“Very strongly disagree - everyone has additional things that they need to pay for - including people who have to access adult care services... this could be as little as a coat for the winter, or a cooker in case of damage. How are people meant to live?!!”

“If the service user contributes 100% of their disposable income, it means they would have nothing left for "living" expenses and if they have no savings then they would have nothing to live on, especially for emergencies.”

“So people would literally be left destitute with no money for emergencies, gifts etc.”

Theme 4: 100% of disposable income is unfair:

Several respondents were angered by the idea of a 100% contribution policy and viewed it as particularly unfair on some of the most vulnerable people in the Hampshire community. Many of the respondents questioned the morality of such a scheme and it is clear from the comments that the idea is unpopular, with a number of strongly-worded comments.

Overall, respondents feel that a 100% contribution policy would be depriving people of a life, leaving them to have nothing of their own.

“100% leaves nothing for anything other than care costs - a wholly unreasonable principle”

“You might as well be dead because what's left, nothing”

“It's morally wrong to deprive anyone of all their disposable income”

“To ask someone to contribute all of their disposable income is almost criminal.”

“What would someone live on if you took 100% of their disposable income? You would wipe them out. What's the point of living in that scenario?”

Why should people with a disability have no disposable income?

Theme 5: Definition of disposable income:

A significant proportion of respondents are confused by what constitutes a “disposable income” and did not understand how Hampshire County Council intends to calculate it.

Several speculate as to what a disposable income would or would not include and how the council would set the ‘standard’ of criteria.

Some respondents felt that a clarification of what would be included in a calculation would have made the survey question easier to understand. This highlights that respondents feel there should be a clearer explanation of the term “disposable income”, as had they received this information, they may have reduced the strength of feeling put across.

In general, respondents were unsure how anyone could function without some level of disposable income to fund everyday life and basic essentials and are looking to Hampshire County Council to demonstrate how this would work.

“Don't understand how "living + disability related expenses" are taken in account”

“So if you need help you are not allowed disposable income? Do you know what my disposable income goes to? Meds, assistive devices and anything to make my life easier, as well food, so it is not truly disposable, is it?”

“I am not sure what you mean by disposable income. Does this allow for food, heating and other living items?”

“What about costs of heating and living - food clothing etc?”

“Depends on what is regarded as living expenses?! What standard of living is used, or is it level of luxury?”

“it would depend on what is considered disposable income - the more rigid the formula the more likely peoples legitimate expenses would not be included”

“It would depend how disposable income was calculated. The weekly allowance for those in residential care is very frugal if you consider chiropody, hairdresser, family gifts etc.”

“What is meant by "disposable income?" what about buying clothes, going out socially, buying toiletries, saving for holidays and days out etc?”

Responses to Question 5: Short term residential care

Summary of Question 5

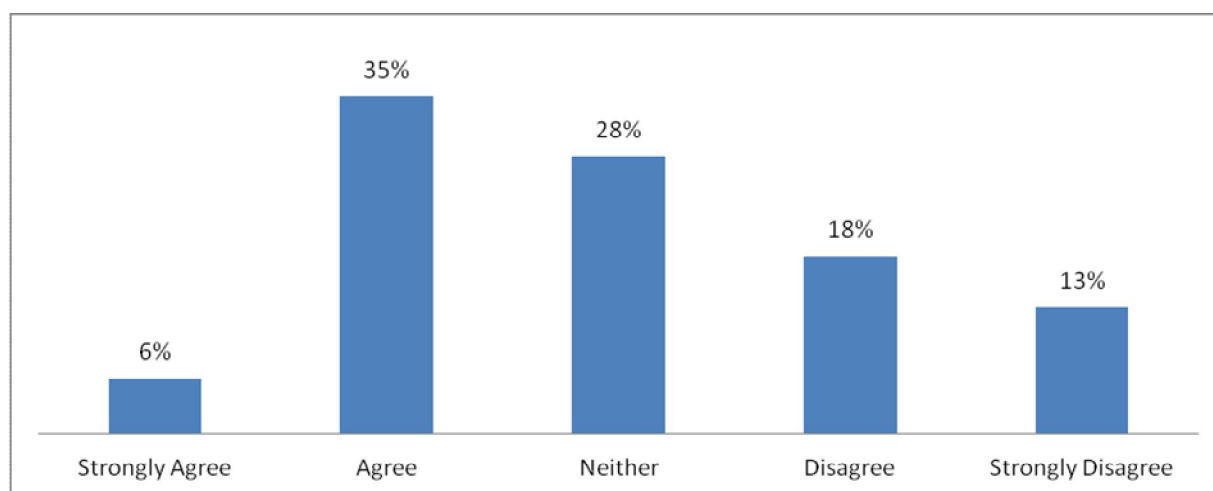
Question 5:

“At present there are different sets of charges and financial assessments for each short term (up to 8 weeks) residential care service (such as respite care and hostel accommodation). We propose bringing short term residential services under the new policy. This could mean that there could be a change in the amount people are expected to pay. Do you agree with this approach?”

This question concerned the proposal to bring all charges and financial assessments for short-term residential care services under the new policy, resulting in possible changes to the amount service users would be expected to pay.

Statistical Data for Question 5

Agree/strongly agree	40%	534
Disagree/strongly disagree	31%	414
Neither agree/disagree	28%	377
Total responses	1,325	
Additional comments	287	

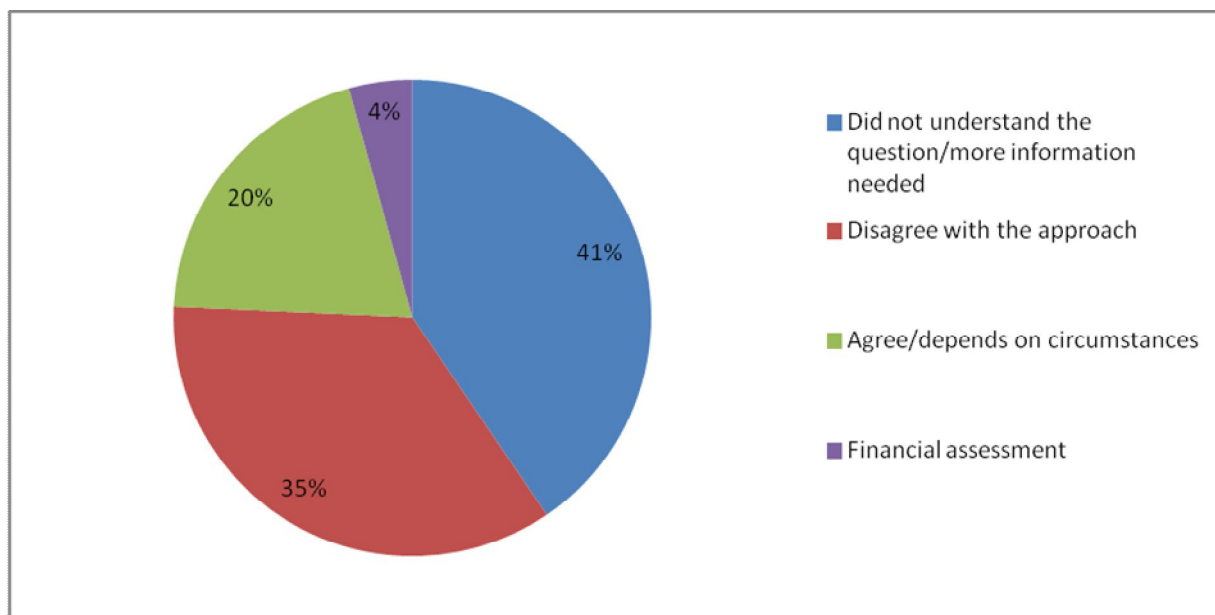


Additional Comments for Question 5

Total responses 287

The main themes arising from these comments are as follows:

- | | |
|--|-------------|
| 1. Did not understand the question/more information needed | 85 comments |
| 2. Disagree with the approach | 47 comments |
| 3. Agree/depends on circumstances | 42 comments |
| 4. Financial assessment | 9 comments |



29% of respondents either did not understand the question or needed more information to make a comment [85 comments], while 16% disagreed with the idea for a variety of reasons [47 comments]. 14% agreed with the changes proposed in principle [42 comments], while a further 3% felt that financial assessment methods needed to be examined more closely [9 comments]. The remaining 38% of other comments included information about their own personal circumstances [10 comments] and general comments about council or health services [9 comments].

This question received by far the highest number of 'Neither agree nor disagree' responses [28%] and the highest number of comments about not understanding the question and/or needing more information. It would appear that this question in particular would have benefited from Plain English.

Theme 1. Did not understand the question/more information needed:

A large proportion of additional comments received was critical of the wording of Question 5 and asked for more information. They felt unable to form an opinion on the council's suggested approach and felt that a better description or access to more details would have given them a better understanding of what is involved. On occasions, the lack of clarity has sparked a degree of suspicion from some of the respondents.

Overall, the respondents were unhappy with the information given and would like to know more about it. It is clear from the comments that respondents would like to give a fair comment to the idea but felt unable to do so.

“It is not possible to agree or disagree until the proposed policy has been seen.”

“Impossible to comment without knowing the actual details. The un-stated implication, however, is that costs for many people would rise. Why not say so?”

“I would like to see more information about the proposed charges here in order to give a fair comment.”

“Would need information on proposed affects of changes in order to be able to answer this question.”

“This question does not make sense as there is insufficient information.”

Theme 2: Disagree with the approach/negative impact on respite care:

A large number of respondents were in strong opposition to the idea. Many took the change in policy to mean an increase in costs and viewed it as having a hugely negative impact on carers and families, who may find they are no longer able to afford respite care.

Several respondents felt that every carer should be entitled to a break and a price hike would put this out of reach. They were also concerned that the service user would end up footing the bill through no fault of their own and were worried about the effect this could have on the families of both the service user and the carer.

Other respondents were concerned that people who had worked hard and saved all their lives would find themselves paying more money to use care services.

Overall, the main concerns were that respite care in particular would be compromised.

“Have any of you proposing the change ever experienced looking after a disabled or mentally ill patient? Respite time is essential for the carer's family.”

“Why would the new policy mean new charges? The needs won't have changed, what makes you think you should charge differently because you want to run a new system?”

“Very often people are 'obliged' to go in for short term care because their carer is unwell/needs respite- who would pick the bill up then - the carer? (For needing a break) or the service-user? (For having no choice in the matter?)”

“All carers who are saving the state money by looking after their loved ones at home should be entitled to free respite.”

“You are just after money not fairness.”

Theme 3. Agree/depends on circumstances:

A similar number of respondents commented that they agreed with the idea. For many, however, there were a number of things that needed to be taken into consideration before such a policy could be put into practice.

Some respondents believed that if people could afford to pay extra then they should do so, while others suggested that this would be a change in policy would only be good idea as long as carers could still afford their respite breaks.

A number of respondents called for a more standardised practice to make it fair in everyone, while others wanted to see thorough evaluations made which took all family circumstances into account.

Overall, the majority of positive comments made agreed to the change in policy in principle.

“If people can afford it they should pay.”

“This could work as long as the amount being charged to the service user does not exceed the amount they are receiving for their care. If a service user receives a personal budget to buy their own care and is taken into respite care for say 2 weeks then the cost of that respite care must not be anymore that the amount they receive to buy care.”

“As long as everyone is judged fairly and all their family circumstances are taken into account.”

“I tend to agree with this idea but only if it applied fairly at one rate - not to be explored by person's nest egg etc.”

Theme 4. Financial assessment:

A number of respondents were concerned that the council's methods of financial assessment should be revised carefully. They argued that this would be the best way to ensure people would be treated fairly and that all personal circumstances are taken into consideration.

They pointed out that everyone has different needs and the care services available could vary depending on where a person lives and what requirements they have of those services.

Overall, respondents felt that a through financial assessment would be the fairest way to judge if a person could afford to pay more for care services.

“The needs of the person vary in the type of residential or day care they required depending on the problem and also it sometimes is not available in the area that they reside so it would cause other problems on how to visit the service user if the home was not on a public transport route or the carer could not drive or was unwell themselves. There is a need to have more day care and residential homes in the area.”

“This depends on whether there are also obligations to pay for the individual’s regular home. Not fair to put anyone into a worse position when they need this emergency short term care.”

“The whole system seems to be very over complicated and needs to be driven by the needs of the users in a very straight forward way.”

“Why don’t you ask people what they can afford to pay?”

Responses to Question 6: Personal injury awards

Summary of Question 6

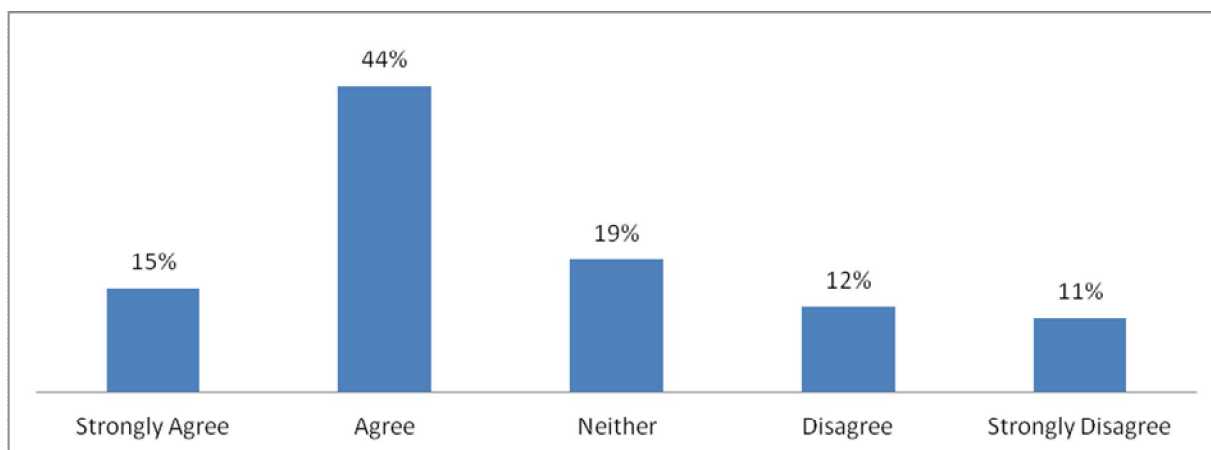
Question 6:

*"In recent years, an increasing number of people have received a personal injury award from courts for an accident or illness caused by someone else. Often these awards are very substantial and invested to generate income; such awards can be paid as a lump sum or in instalments and there may also be an award of periodic payments. We are considering taking into account all elements * of a personal injury settlement, (except those which we must disregard for legal reasons), when assessing the level of contribution a person may make towards the costs of their care. * to include general and special damages awarded whether or not they specify future care costs, periodic payments and interest. Do you agree with this approach?"*

The Council's proposal was to take all possible elements of any personal injury awards into account when assessing the level of contribution service users might make towards the cost of their care.

Statistical Data for Question 6

Agree/strongly agree	58%	780
Disagree/strongly disagree	23%	303
Total responses	1,334	
Additional comments	226	

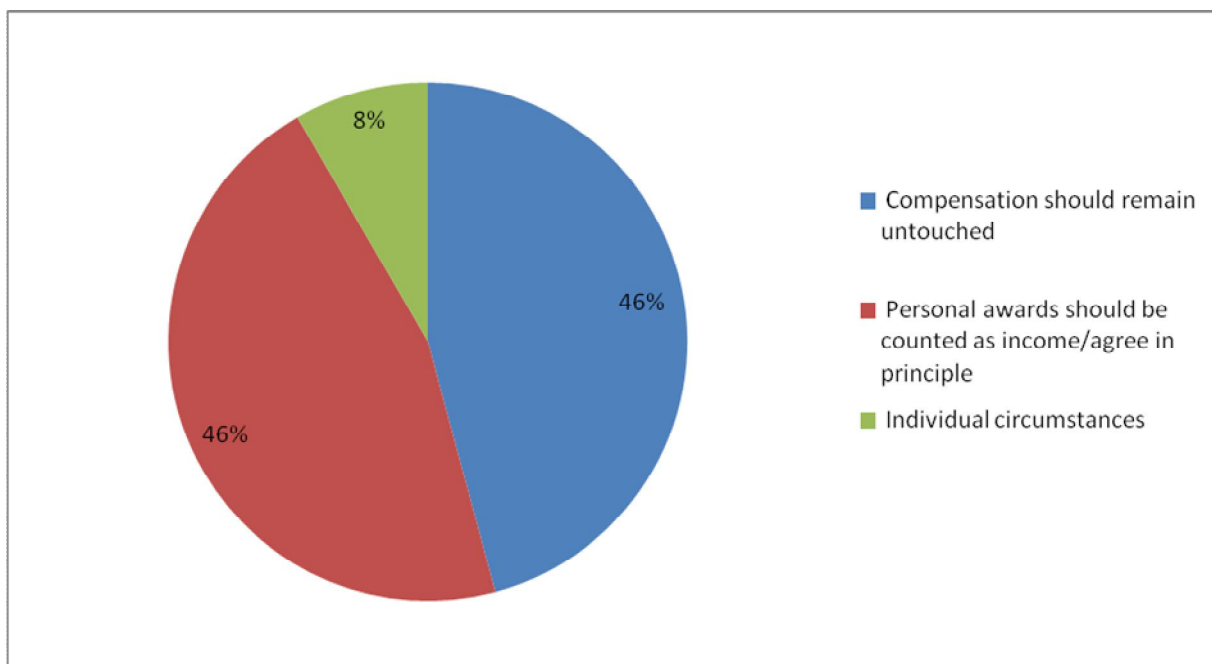


Additional Comments for Question 6

Total responses 226

The main themes arising from these comments are as follows:

- | | |
|---|-------------|
| 1. Compensation should remain untouched | 71 comments |
| 2. Personal awards should be counted as income/agree in principle | 71 comments |
| 3. Individual circumstances | 13 comments |



The strongest views to emerge in this question were around whether personal injury awards should be included in care costs. Equal numbers of comments were received for and against this approach [31% for theme 1 and 31% for theme 2], while a further 6% [13 comments] stressed the need for careful attention to the circumstances of the individual. The remaining 31% [71] was made up of other comments including suggestions about payment limits [4 comments] and asking for more information or clarification of the question [7 comments].

Theme 1: Compensation should remain untouched:

A large number of respondents felt strongly that personal injury settlements should remain untouched.

They argued that the payments were made to compensate the individual to boost their wellbeing and quality of life and that anyone who has received a personal injury award is likely to have other needs that have come into play as a result of their accident or illness. They may have personal or family problems, financial and work issues, such as loss of earnings, where the compensation would help.

Some respondents were upset that using compensation to pay for care would leave people unable to lead a normal life and, as with Question 4, would be discriminated against for something that was no fault of their own.

Overall, respondents were angered by the suggestion that this money should be used to fund council services.

“I have been paralyzed from waist down through no fault of my own any award made by the court will not repair the damage or allow me to walk. Therefore I feel that it is compensate me for all the things in life that I am not able to do and the extra costs involved for me to do the rest”

“You are proposing to punish those in receipt of these awards by - essentially -confiscating them. Would you confiscate child benefit from a woman who becomes pregnant as a result of rape? No, so this is discriminatory practice that you are suggesting.”

“If you are unfortunate enough to suffer an accident, illness due to another incompetence. Surely you are entitled to financial compensation without this being grabbed by a local authority.”

“Personal injury settlements also cover mental and emotional damage and distress. Do you seriously propose to take that away?”

“I think money like this should be left alone. If someone has been injured they should be allowed to keep this money and use it as they see fit.”

“Some of this payment is compensation for the injury - not for the care element. If this is used to pay for services it no longer compensates.”

“This left me aghast. OK, someone is given compensation; they also may win the lottery. What is reasonable is to look at personal savings and state that over a certain amount so much would be payable. To directly go after compensation money would cause a public outcry.”

“Personal injury awards also compensate for lost income if that person is unable to work as a result - this should be kept quite separate. You shouldn't be able to take this as well.”

Theme 2: Personal awards should be counted as income/agree in principle:

A number of respondents were adamant that any money a person receives should be included in their financial assessment, by whatever means. Many assumed that personal injury awards were primarily for funding future care and so should be included, however there was some uncertainty over whether this was always the case.

Several respondents agreed in principle to the idea that personal awards should be counted as income in a personal assessment, but stressed that only the 'care element' of the award should be considered, or if the award had been specifically granted to fund future care. These respondents felt that the remainder of an award, what could be termed 'damages', should be for an individual's quality of life and personal enjoyment and should not be taken into consideration.

Overall, those who agreed with the idea gave it a cautious welcome.

“Absolutely as this is the basis on what the awards have been made for to cater for long term needs”

“At last, a good and fair idea”

“Of course - because the injury award was presumably made to pay for costs of care”

“yes if you have had a accident and you can get a huge settlement then that should be considered”

“The tax payer should not pay for these people”

“HCC should only take into account the "care" component of the award.”

Theme 3. Individual circumstances:

A number of respondents were keen to stress that any assessment can only be fair if it takes a person's individual circumstances into account. They believe that it should depend on the injury received and the level of care needed and 'not one size fits all'. They suggest that the care element of compensation offered should be evaluated carefully and in a fair, unbiased way.

“People in this category should be assessed on an individual basis dependent on injury and are awarded.”

“Each would need to be investigated on an individual basis and also even though they receive payment they could have to reimburse the sick pay paid to them from an employer. So this could affect the amount payable”

“Each case should be judged on its individual merits and not one size fits all”

“These people should be means tested to see if these people can contribute towards the costs necessary towards better health.”

“Depends on level of compensation.”

Responses to Question 7: Carers

Summary of Question 7

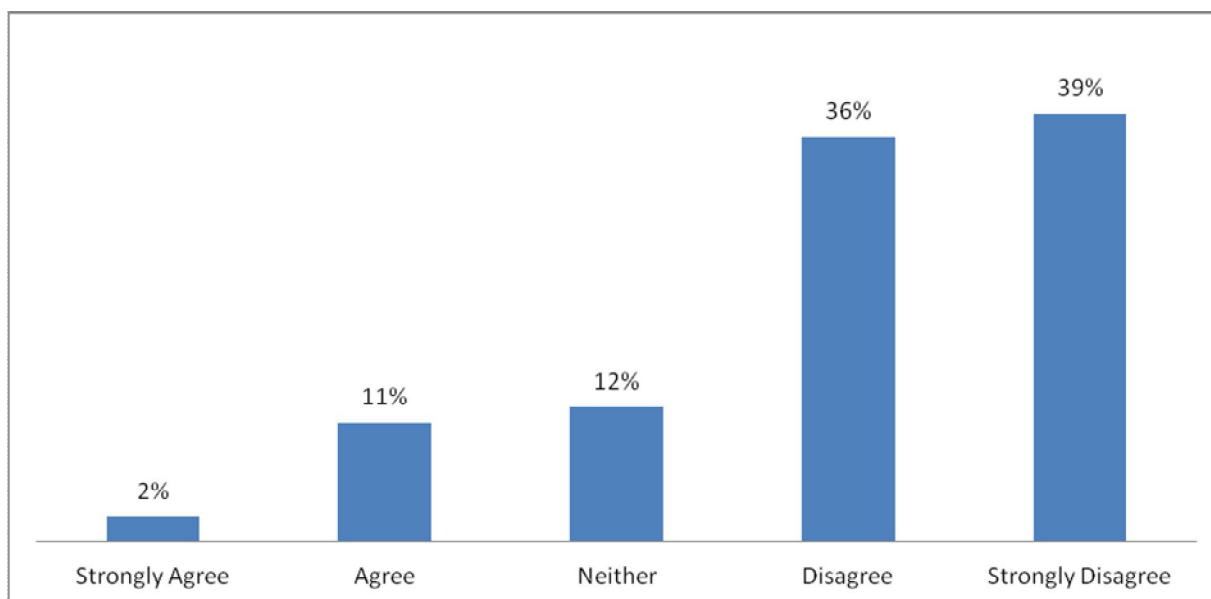
Question 7:

“At the moment carers are not charged for services. Do you think that the Council should consider asking carers to contribute towards the cost of services that directly benefit them?”

Respondents were asked if they thought the Council should consider asking carers to contribute towards the cost of services that benefit them directly.

Statistical Data for Question 7

Agree/strongly agree	13%	163
Disagree/strongly disagree	75%	942
Total responses	1,257	
Additional comments	461	



Additional Comments for Question 7

Total responses 461

This question attracted the highest number of additional comments, almost all of them disagreeing with the Council's suggestion.

A majority of the comments stressed the enormous contribution made by carers, including costs the council or government would otherwise have to pay. Both those being cared for and carers themselves commented on the sacrifices carers usually have to make, often at great personal cost, and the unfairness of charging them in any way for their services.

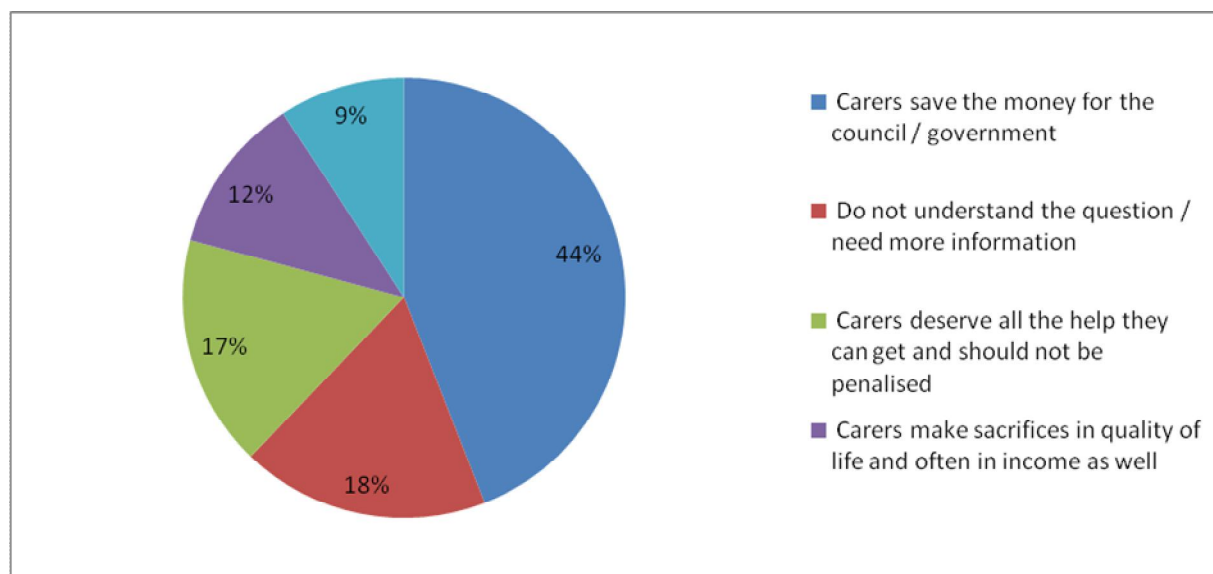
Overall, the general impression given by the comments is that while those few respondents who focussed on the idea of "carers making a contribution" agreed with the proposal, the vast majority found the concept of "charging carers" to be repugnant and insulting. Whether it was charging or making a contribution, the majority of respondents opposed both these concepts.

A worrying high number of respondents simply did not understand the question, or said they could not respond without more information.

It is apparent that this is another question which would have been better understood and might have been better received if it had been put more simply and clearly, perhaps with examples.

The main themes arising from the comments are as follows:

- | | |
|---|--------------|
| 1. Carers save the money for the council / government | 148 comments |
| 2. Do not understand the question / need more information | 61 comments |
| 3. Carers deserve all the help they can get and should not be penalised | 57 comments |
| 4. Carers make sacrifices in quality of life and often in income as well | 39 comments |
| 5. Charging carers would be undignified /insulting /unreasonable /immoral | 31 comments |



The strongest themes with the most additional comments were: the amount of money which carers save the authorities [32%]; do not understand the question or need more information [13%]; carers deserve all the help they can get and should not be penalised [12%]; the sacrifices made by carers [8%] and charging carers would be undignified, insulting, unreasonable and immoral [7%].

Other comments, making up 27% of the total, included personal details, the fear that carers could be put off and withdraw if they were charged, the fact that most carers are unpaid or on low incomes, and a few "maybe's".

Theme I: carers save the money for the council / government

The majority of respondents stressed the fact that carers, by looking after people in their homes, save the council and the government a great deal of money which they would otherwise have to spend on having more people in hospitals and care homes.

Respondents asked whether the social care system could cope with the pressures they would face without the work done by carers and the other comments arose from this basic premise of the contribution carers make in financial terms.

Carers are very much the bearer of a lot of social care and without them the council would have to pay a lot more. Carers should be rewarded more.

Carers are already providing a massive amount by not being paid and taking on clients who would otherwise need the assistance of Adult Services. Charging them for the little help they require to maintain their role, seems immoral, and if it leads to carer breakdown, would increase the services to be provided by AS.

If they are unpaid carers they are already saving the council money

The time and effort that carers give for no financial reward should be considered before any charge is made that would further restrict the limited and restricted social life that carers have.

Carers save Hampshire County Council millions of £s, they are often on little or no income or pension because they have been caring.

I think carers already offer far more services than they are remunerated for, either in respite or financial.

Carers already suffer financially from loss of earnings – even if they work part-time they can rarely work at the same level as they would have without their caring responsibilities. Carers contribute a huge amount of unpaid labour which saves the NHS and the local authority money- you have only to compare the total cost of care for those who are alone with those who have a carer.

The carers in this country are saving the government and councils huge amounts of money. If the carers are not supported (and there are thousands of them) and the carers fall by the way side- the results would be terrible for the country/government.

Theme 2: do not understand the question / need more information

The second strongest theme concerned those who did not understand the question, which is unsatisfactory from everyone's point of view.

These respondents did not understand on a number of levels, including the whole question; the very concept of charging carers; what the services could be that benefit carers directly and the content and construction of the question.

Several respondents asked what was meant by 'carer'. It might have helped if the question had defined which group of carers might be affected and whether it would apply to all non-professional carers, or to anyone doing domiciliary care or to carers of all descriptions.

This question is poorly constructed and needs clarification.

Question not understood

The question is too generalised – which services at what cost?

I don't understand the question.

Note from Carer: I fail to see how I benefit from being a carer; I do not receive carers' allowance!!! I care for my mother because I love her – not to get paid for it!!

Do not understand the question. My 91 year old mother received this form and would be incapable of completing it. I help look after her but receive no benefit.

Don't understand this question

This question doesn't make sense. Does it mean the person receiving the care or the person give the care?

I've been a full time carer for five years and do not know of a single service which social services offers to carers.

Although a carer, I did not know such services existed. Carers play a vital role and doubtless save the council money. Please be careful not to upset them.

I do not know who the carers are.

Don't know what this means; who are these carers? Relatives? What benefits do they get?

Who are carers??

Theme 3: carers deserve all the help they can get and should not be penalised

There were 57 comments directly related to this theme, with respondents pointing out that the job of carers is a demanding, difficult and sometimes thankless task with which they ought to get help.

The idea of charging carers for their services is seen as penalising them when they should be supported.

Carers do not “choose” to be a Carer; this often falls upon them as a matter of course in the circumstances within which they find themselves. Carers should not be financially (or otherwise) penalised due to their caring role.

Many carers are worn out, caring for someone 7/7 with little or no respite and saving money for the rest of us – they should have all the help they need without the worry of the cost.

Carers are volunteers who take on a burden freely. They should not have to pay for any service which relieves any of that burden. Their voluntary work is already like a ‘payment’ to society or to the council which represents that society.

Carers have a bad enough job without being financially penalised as well.

Carers are giving enough, they dedicate their lives to helping people, my wife does her best for me, as my main carer she is not paid at all.

Carers already ‘pay’ heavily to support the person in need. Please don’t add to their huge burden.

Theme 4: carers make sacrifices in quality of life and often in income as well

This theme included comments from the people who are being cared for as well as people who are doing the caring. While some of the comments pointed out that the carer was doing it for love and not money, most other comments emphasised sacrifices such as giving up time to an emotionally and physically exhausting task.

Respondents pointed out that carers give up their freedom and the ability to go out to work and suffer the impact on their mental and emotional lives as well as on their health. Caring is recognised as being a hard and lonely job which is completely draining and an often thankless task.

Carers already do hours of unpaid work in caring for their loved ones totally destroying their lives as well.

Caring is a burden – leave them alone.

As a carer you miss out on earning as well as it costing you money, time and stress, impacting enormously on your personal life. If you start charging and carers stop seeking services you may find the outcome is quicker entry to residential care and breakdown of family relationships. It will work contrary to community care and independent living.

Caring takes considerable toll of the carer’s health (especially for Alzheimer’s patients); adding to that strain is counterproductive and unfair.

The contribution of unpaid carers is grossly under-appreciated and they should have some benefits for the service they provide.

As a full time carer, life is a slog and one feels somewhat trapped. I get very little help but am grateful of that. Could not afford to pay more. Carers are undervalued generally.

Most carers give up a lot of their own lives to care for someone close to them and any services they benefit from just gives them a chance to have a few hours of normality and should not under any circumstances be charged for.

Theme 5: charging carers would be undignified / insulting / unreasonable / immoral

This theme of personal dignity and the morality of charging people who make such a contribution is also an important one. Respondents felt strongly that in view of everything they do, it would be demeaning, unreasonable and even immoral to add to their burden by charging them.

To suggest asking carers to contribute towards the cost of services or even to suggest it, I feel is an insult because the time and work they provide is more than the money they receive from the Carers Allowance and without them we can not manage. I feel they are our backbone.

Don't add insult to injury.

If unpaid carers are already supporting the council by caring for a person who would otherwise need council-paid residential care, it would be unreasonable to charge those carers for services which normally benefit both the carer and the disabled person.

Do not understand the proposition! When is a carer likely to benefit materially from a service to a patient? Sounds like adding insult to injury.

Carers are substantially undervalued and under-funded at present. To ask Carers to contribute towards the pittance they currently receive would be immoral.

I find this proposition deeply insulting. As a group we are saving the country and county thousands.

No, no, no, no, no! Most carers already work their fingers to the bone, and put in hours of unpaid work (out of love) don't start fleecing them too!! It would be an utter disgrace.

Responses to Question 8: Crisis Response Services

Summary of Question 8

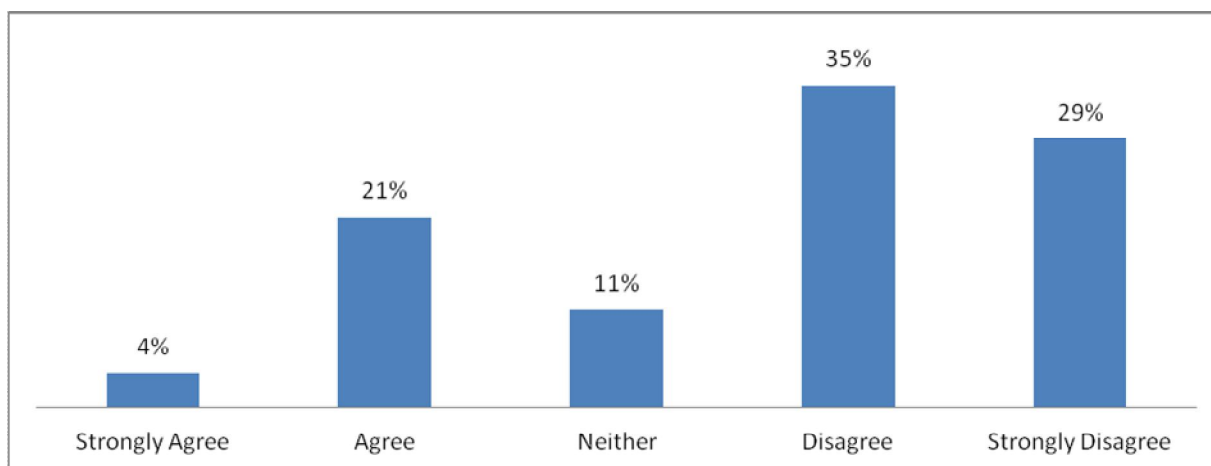
Question 8:

“The Council offers a range of crisis response services for a period of up to six weeks for people who qualify for adult social care services. These services ensure that the right care is available at home following discharge from hospital, and help prevent unnecessary admission to hospital or long term care. These services are broader than intermediate care and are currently free. (Intermediate care is a structured programme of care provided for a limited period of time to assist a person to maintain or regain the ability to live in his/her home. In accordance with Government rules, the Council does not charge for this service.) Do you agree that we should consider asking people to make a financial contribution towards the cost of Crisis Response Services?”

Respondents were asked whether people should be asked to make a financial contribution towards the cost of Crisis Response Services which ensure that, for a period of up to six weeks, the right care is available at home following discharge from hospital.

Statistical Data for Question 8

Agree/strongly agree	25%	316
Disagree/strongly disagree	65%	833
Total responses	1,287	
Additional comments	367	



Additional Comments for Question 8

Total responses 367

More than twice as many respondents disagreed or strongly disagreed with the idea of people being asked to contribute towards the cost of crisis response services. They emphasised that, by settling people back into their own homes after discharge from hospital, crisis services relieve the pressure on care homes and hospitals, resulting in considerable savings.

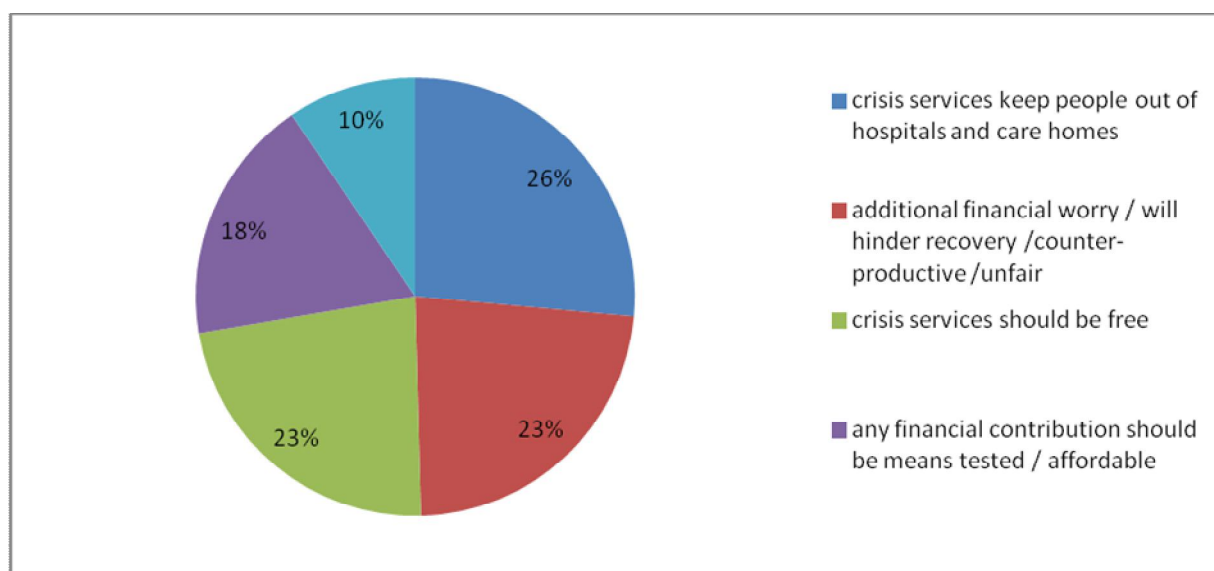
Respondents pointed out that a crisis situation, by definition, is an emergency involving confusion and fear and it would be unfair and counter-productive to cause further pressures by bringing financial issues into an already stressful situation.

Along the same lines, some respondents stressed the vulnerability of people in a crisis situation and felt they would be further frightened, while others simply felt that crisis response services should be free in the same way as ambulance services.

Some respondents felt that a financial contribution could be required provided that it was means tested and affordable, although one or two others felt that it would not be worth the cost involved.

The main themes arising from the additional comments are as follows:-

- | | |
|--|-------------|
| 1. Crisis services keep people out of hospitals and care homes | 64 comments |
| 2. Additional financial worry / will hinder recovery /counter-productive /unfair | 56 comments |
| 3. Crisis services should be free | 55 comments |
| 4. Any financial contribution should be means tested / affordable | 44 comments |
| 5. Frightening / added stress for the vulnerable | 23 comments |



The strongest themes with the most additional comments were: the fact that, by helping people to adjust to living at home after discharge from hospital, crisis response services save money and pressure on hospitals and care homes [26%]; the additional financial worry would hinder recovery and be counter-productive and unfair [23%]; crisis response services should be free [23%]; any financial contribution should be means tested [18%] and requiring a financial contribution would be frightening and add stress to the vulnerable [10%].

Other comments made up 34% of the total. Of these, 13% said that it is a health issue and it should come under the NHS; 6% said the Council's Crisis Response Service is invaluable and an investment in the long-term and 6% said they needed more details or didn't understand the differences in services.

The remainder included details of personal experiences, the need for a proper plan to be in place, the fear that some people would decline assistance because of cost and the possibility of recovering some costs at a later date, after the crisis service has been set up.

Theme 1: Crisis services keep people out of hospitals and care homes

The majority of additional comments stressed that the fact that by helping people to manage at home following hospital discharge and helping to prevent re-admissions to hospital or long term care, crisis response services save the much larger cost of hospitalisation or care homes and reduce the pressures on these facilities.

In their view, it would not be worth charging for these services and risking people refusing services for fear of not being able to afford the cost and ending up back in hospital.

If you need crisis care, you do not need to be thinking about how you are going to meet the cost, for many old people this is the reason they can go home and not cost the government more by having to go into care.

That six weeks could stop future care, what seems to be required is more structure/communication so that goals are set, and family/professionals involved.

Longer stays in hospital would cost far more and take up valuable beds.

Such a move would increase the amount of time people remain in hospital and put added burdens on the residential/hospital services.

The only reason we got my mother stabilised and not in a home was because of rapid assessment team taking on duties the hospital were not prepared as they wanted to discharge her ASAP. Without that safety net I just do not know what would have happened to my mother.

If people are able to recuperate at home it frees up hospital beds and saves the NHS considerable sums so, if anything, the cost should be held by the NHS.

People will try to cope on their own and more people will be returned to hospital. I know of a friend who has access to this service and it has kept her husband at home for years. More cost effective than hospital.

Theme 2: The additional financial worry would hinder recovery and be counter-productive and unfair

This theme is also self-explanatory. Respondents felt that it would be counter-productive and unfair to add to people's stress and fear by charging for crisis services. They said that, in a crisis situation, having the added worry of how to pay for help would hinder recovery.

By the very nature of crisis it will often mean that additional financial burden will not help a recovery.

We need to prevent crises; asking for money could create more crises and how could you assess before discharge? Not practical methinks.

It costs more in hospital than to have all the care at home. Assessment would delay discharge and increase anxiety.

The last thing someone in a 'crisis' needs is to think about money.

This service in its present form is vital for the well-being of receivers; to worry about finances at such a time is counter productive.

Some people may refuse help that they really do need because they are worried about the costs.

False economy. Would lead to more hospital readmissions and long term care requirements. You may decide people have enough money to pay for these services but they may see things different and refuse the services.

Charging for this service would end up costing society more over the longer term in increased admission rates and higher long term support needs.

Theme 3: Crisis response services should be free

These respondents simply felt that the Council's crisis response services should be free in the same way as the ambulance service. Respondents felt that people are often discharged from hospital before they are near recovery and having a free crisis response service makes all the difference to their being able to recover properly at home.

I feel that this is something that should remain free of charges - and it is not free as it is paid for by other means of taxation. As a caring society we need to take some responsibility for our older persons.

Should be free of charge.

I feel that crisis response services should still be free.

These people have only just gone through crisis; to save them stress and returning back into crisis those services should remain free. It is a short term service but I am sure it is very much worth it.

There should be no charge, in most cases people in the past would have been in hospital for much longer. They are discharged too rapidly, and desperately need a period of adjustment. They are often discharged from hospital long before they are truly medically fit, and the situation is traumatic to all

family members concerned. To start charging on top of all this would be the ultimate insult. You will gather from this that I am a (pretty angry) carer.

Sometimes hospitalisation is totally unexpected that and the short term after care should remain free. Otherwise why do we pay national insurance?

This service should be left as it is.

This period of time should remain free to enable time to assess what level of care will then be required. Charges will then apply thereafter.

Theme 4: Any financial contribution should be means tested / affordable

A number of respondents recognised the Council's need to make savings and felt that a contribution could be made to the cost of crisis response services, providing that it was means tested and people could afford it.

As long as this is means tested.

But remembering the person maybe going through trauma anyway. Therefore as long as a financial burden is placed on the individual then yes if the person can afford it.

I am the local (Fareham, Gosport and Havant areas) Crisis Intervention Social Worker. From my own point of view, I feel some clients might benefit from the free service but others might abuse the system. I feel each case should be dealt with as and when referred and according to the circumstances.

If they can afford to contribute I think they should pay a small percentage of their care.

Only if contributions can be afforded (to be means tested).

My view is that we should focus on ensuring that financial assessments are carried out in a timely way for those that need ongoing services so that they start to contribute as soon as possible after their ongoing care starts.

I think it depends on their incapacity - six weeks may not be nearly long enough for the very severely handicapped.

Again, would need to be carefully assessed. Are we just creating more paperwork!!

Depends. Is this means testing again? Do the sick really need this at a vulnerable time? There is an argument however that the more affluent could contribute for 6 weeks.

ONLY if they can really afford it.

Not unreasonable and could help spread the service to those not so financially sound.

Theme 5: It would be frightening for the vulnerable and add extra stress

This theme is a variation on Theme 2; respondents stressed that people in crisis are already under stress and vulnerable and that asking for them to pay a financial contribution to crisis services would add be adding insult to injury.

That would mean another financial assessment immediately after leaving hospitals when the person involved could be confused or vulnerable.

A very different and stressful time - this will be an extra worry when at the most vulnerable.

When being discharged from hospital the patient/client may not have an understanding of their financial situation and knowing they are going to be charged could be very distressful.

Admission to hospital and so frequent discharge and reorganising life at home can be traumatic especially for the elderly and somewhat frail people. A financial assessment at that time will increase stress at a time when the person receiving services needs calm.

Financial assessments would slow down access to this service which by its nature is need immediately.

If it's a crisis, worry about costs adds to the problem. Let people say if they can contribute but don't force them to.

This policy seems to me to attack the vulnerable when they need help and let the scavengers carry on as usual. I realise under the present money climate you have to make savings, but I really feel there are areas in your budget where considerable sums of money could be secured prior to hitting what I call the very vulnerable people of society, and good luck in your endeavours.

Comments on period for which crisis response services are offered

As was stated in the question, the Council currently offers a range of free crisis response services for a period of up to 6 weeks. A number of respondents commented on what they felt to be the optimum length for a free service. Some felt that 6 weeks may not be long enough, others thought that either 4 weeks or 3 weeks might suffice.

This is a very necessary service and 6 weeks is very often not long enough. Also they would more than likely be on benefits because of their disability and would not be able to pay. This whole proposal is ill thought out and not fit for purpose and should be scrapped.

Perhaps 3 weeks but care should contrive to be provided for 6 weeks. Having been in this situation twice I know that the first 2 weeks I was still in a readjustment stage and just picking up the piece from the crisis. Following this there was a period of planning and preparing for when support would be withdrawn I would have been willing to make some contribution at this time whilst still receiving the crisis response support.

By the time you've employed additional staff to assess people ability to pay, sort out invoices etc. the crisis response time will be over. Perhaps the 6 weeks should be shortened to 4.

After hospital discharge, pension credit and attendance allowance can take sometime before it is reinstated by the pension service, sometimes months. A free service for 6 weeks I would say is quite reasonable.

Perhaps make it free for 3 weeks to give people time to organise things, then contribute as they can afford.

Everyone is individual and needs vary, some may need more than others, maybe reduce to 4 weeks instead.

This is only for six weeks + the extra work in financially assessing these people would not be worth it.

Conclusions

During the Hampshire County Council Contributions Consultation Survey, held in late 2010, early 2011, over 1400 Hampshire residents, service users, carers and health professionals responded.

Slightly over two thirds of respondents support the Council's proposal to introduce a new contributions policy based on a fair individual financial assessment and the ability to pay and overall, respondents agree with the proposal to use a standardised amount when calculating the level of disability benefits.

The average profile of someone who responded to the consultation was a white, British female, aged between 55 – 64, who lives in the New Forest. She is a carer using predominately domiciliary care services.

In summary, the statistical data from responders reveal the below conclusions:

1. A new contributions policy:	Agree	62%	883 people
2. Disability related income and extra costs:	Agree	51%	685 people
3. Removing the maximum weekly charge:	Disagree	48%	651 people
4. Disposable income:	Disagree	81%	1,101 people
5. Short term residential care:	Agree	40%	534 people
6. Personal injury awards:	Agree	58%	780 people
7. Carers:	Disagree	75%	942 people
8. Crisis Response Services:	Disagree	65%	833 people

A new contributions policy

Respondents mainly **agree (62%)**

There were 1,413 responses to this question. Slightly over two thirds of respondents support the Council's proposal to introduce a new contributions policy based on a fair individual financial assessment and the ability to pay, while slightly over one fifth disagreed or strongly disagreed.

The largest proportion of comments surrounding this question surrounded the unfairness towards savers, hard workers, tax payers; and the sense of injustice at being required to pay for social care services after a lifetime spent working hard, paying taxes and saving for their old age.

Other strong areas of contention were around the financial assessment process, being the complicated nature of the current process, the necessity for fairness and the stress it can involve and how the overall system to be applied fairly and realistically.

Disability related income and extra costs

Respondents mainly **agree (51%)**

Respondents to question 2 were overly keen to stress that one solution does not fill all, that every individual is different and everyone's needs are different. One third of the comments concerned respondents' objections to the notion, as they saw it, that disability can be standardised.

Respondents believed that individual assessment is the only fair way to assesses disability related income and that the present system is fairer than the one being proposed by the question. Respondents also believed that the right to request Individual assessment must remain and that more service users should be made aware of it

Removing the maximum weekly charge

Respondents mainly **disagree (48%)**

The largest number of additional comments to Question 3 centred around whether it was fair to impose an increase in charges on those who could afford to pay more than £440 per week for care services. Most of the respondents were unhappy with this idea, perceiving it as discriminating against the savers and hard workers.

Those who did think it was 'fair' were cautious and suggested there would be few people who would be able to afford the extra costs. They called for more transparency about how the allowance is worked out, with some believing that a cap would act as protection to the more vulnerable and would not penalise those who have complex needs or require more costly care services.

Disposable income

Respondents mainly **disagree (81%)**

There were 1365 responses to this question. With slightly over four fifths of respondents either disagreeing or strongly disagreeing with the councils' proposal to ask people to contribute 100% of their disposable income towards the cost of their care.

The strength of feeling displayed by people disagreeing with this element of the proposal was particularly strong with some of the additional comments being worded in a very strong manner.

A significant number of the additional comments made focus on the potential detrimental impact the proposal is likely to have on an individual's quality of life and their ability to be able to maintain some dignity from a monetary perspective. There were a large number of strongly worded comments expressing concern about the impact of the proposal on an individual's ability to pay for unplanned or unexpected expenditure.

It is worth noting that there was a significant number of comments which illustrated that some respondents did not understand what the definition of disposable income to be used under the proposal was. This lack of clarity in relation to the definition of disposable income may have contributed to the strength of opposition to the proposed 100% charging policy.

Short term residential care

Respondents mainly **agree (40%)**

For Question 5, the majority of additional comments criticised the wording of the survey question and asked for more information on the changes planned for short term care. Respondents felt unable to form an opinion based on the information given and the lack of clarity sparked a degree of suspicion from some.

Many took the change in policy to mean an increase in costs, with the main concern being that respite care in particular would be compromised and this would have a negative impact on the families of both the service user and the carer.

Those that agreed with the idea suggested that a financial assessment would be the fairest way to judge if a person could afford to pay more for care services.

Personal injury awards

Respondents mainly **agree (58%)**

Responses to Question 6, where the council suggests taking any personal injury awards into account when making a financial assessment, were evenly split into for and against.

A large number of respondents were angered by the idea that settlements would be used to 'fund council services' and argued that compensation is there to help a person through a life-changing accident or illness and the effect it's likely to have on family life and finances.

However, an equal number of respondents insisted that any money a person receives should be included in a financial assessment, with many assuming that the main reason personal injury settlements were awarded was the funding of future care – although there was some uncertainty as to whether this was always the case.

Others were keen to stress that any assessment can only be fair if it takes a person's individual circumstances into account and should not be 'one size fits all'.

Carers

Respondents mainly **disagree (75%)**

The highest number of additional comments was made to this question, almost all completely opposing any idea of carers having to pay towards care services.

Almost all comments emphasise the financial contribution made by carers who look after people at home saving the authorities costs they would otherwise have to pay, and the cost to carers themselves in terms of time, stress and personal life. The concept of carers being charged on top of everything they do is seen as totally unacceptable.

Quite a number of respondents did not understand the question or felt they needed more information; others did not know what the services are that benefit carers directly.

This question might have been better in plain English with more explanation.

Crisis Response Services

Respondents mainly **disagree (65%)**

More than twice as many respondents disagreed or strongly disagreed with the idea of people being asked to contribute towards the cost of crisis response services. They emphasised that, by settling people back into their own homes after discharge from hospital, crisis services relieve the pressure on care homes and hospitals, resulting in considerable savings.

Respondents believed that by helping people to adjust to living at home after discharge from hospital, crisis response services save money and pressure on hospitals and care homes. They also believed that the additional financial worry would hinder recovery and be counter-productive and unfair.

Respondents believed that that crisis response services should be free and requiring a financial contribution would be frightening and add stress to the vulnerable. Some suggestions were made, however, that any financial contribution should be means tested.

Recommendations

Having analysed all the data, this report presents the following conclusions:

A new contributions policy

Whilst the majority of respondents supports the adoption of a new contributions policy, it is recommended that if Hampshire County Council does adopt the new policy, it takes immediate steps to ensure the scheme is simple and easy to understand, and takes further steps to reassure service users and their carers that the scheme will be applied easily and fairly to all.

Disability related income and extra costs

Comments surrounding disability related income and extra costs demonstrated that respondents believe that every individual and their care needs are different. With the majority of respondents agreeing to the proposals, it is recommended that work be undertaken to create a standardised disability related income and extra costs scheme, and to trial the scheme whilst keeping it under review.

Removing the maximum weekly charge

Just under half of respondents disagreed with these proposals. Therefore, if Hampshire County Council continues with this policy, it is recommended that there is transparency about how the allowance is worked out and a maximum 'cap' should act as protection to the more vulnerable and should not penalise those who have complex needs or require more costly care services.

Disposable income

Respondents overwhelmingly disagreed with this proposal. It is therefore recommended that Hampshire County Council takes note of the strength of feeling from respondents against the proposals as they were presented and that further work be done on this policy and further consultation undertaken with service users, carers and the wider community before any such policy is implemented.

Short term residential care

A large proportion of respondents felt they needed more information on the changes planned for short term care before they could adequately make a decision about changes to the amounts people are expected to pay for short term residential care services. Therefore it is recommended that Hampshire County Council provide more information about these changes, specifically in a clear and easy to understand format, so respondents can make an informed response to the policy.

It is further recommended that should changes to the amounts people are expected to pay for short term residential care services be implemented, then a financial assessment should be implemented to assess contributions.

Personal injury awards

In respect of the proposal to take all possible elements of a personal injury claim into account when assessing a service user's contribution to the cost of their care, it is recommended that Hampshire County Council defer the introduction of this element of their proposal whilst they undertake further research into the subject. It is recommended that any further work investigates the practicalities of being able to assess how much of a personal injury claim was intended to support future care needs and how much of the claim was intended to compensate for personal damages with a view to considering if a proposal that only takes into account the "provision for future care" element of any personal injury award would be a practical and fair way of including personal injury awards in the assessment of an individual's ability to contribute to their care costs.

Carers

With three quarters of respondents disagreeing with these proposals, it is recommended that further work be undertaken with service users, carers and the wider community before decisions are taken.

Overwhelmingly, respondents emphasised the financial contribution made by carers who look after people at home, saving the authorities costs they would otherwise have to pay, and the cost to carers themselves in terms of time, stress and personal life. The concept of carers being charged on top of everything they do was seen as totally unacceptable. It is recommended that Hampshire County Council takes these concerns into account when re-examining these proposals.

Crisis Response Services

Due to the high level of disagreement from respondents to the proposals asking people to make a financial contribution to the Crisis Response Services they receive, this report suggests that further work be undertaken with service users, carers and the wider community before decisions are taken.

Many concerns were raised about the considerable savings that are achieved by settling people back into their own homes after discharge from hospital; crisis services relieve the pressure on care homes and hospitals. Therefore, it is recommended that work is undertaken to evaluate these savings, and communicate the findings to respondents.

The Consultation

It is recognised that this was a complex series of changes to communicate. Many respondents were seeking additional information, with some finding the proposed policy changes, as well as the language and terminology, difficult to understand.

The report recommends that Hampshire County Council uses the learning from this consultation when consulting with service users and the public, providing information in a simple and easy to understand format.

Appendices

Appendix 1

Letter sent by post to respondents



Hampshire
County Council

Councillor Felicity Hindson
Executive Member for Adult Social Care

Ell Court West, The Castle, Winchester
Hampshire SO23 8UQ
Telephone 01962 847262
Fax 01962 847159
E-mail felicity.hindson@hants.gov.uk
www.hants.gov.uk

Dear

Contributing to the cost of Adult Social Care Services – tell us what you think

I am writing to ask for your views on some changes the County Council is considering making to the way people who use Adult Social Care Services contribute to their cost.

At present most, but not all, services are charged for and some are charged for at different rates. We are proposing a new approach. Service users who are eligible for social care services would have a personal budget and would make a contribution to it based on their individual financial circumstances.

Social care services have changed in recent years as people want different things. The way Hampshire County Council provides care has also changed in order to support people to have increased independence and more choice. The time is right to update our contributions policy so that everyone is treated the same regardless of the services they choose, with people who require residential care treated in the same way as those living in their own homes.

The amount people would pay would differ from person to person, based on their personal budget and individual financial assessment.

Given the current economic climate and the strong likelihood of significant cuts to Government funding for local councils, it is also more important than ever to ensure services provide value for money for people who use them and for the council taxpayer.

The consultation

We have launched a major public consultation asking for views from every section of the community, and we are particularly interested in gathering the views of service users.

The enclosed questionnaire asks for your thoughts on the specific changes we are considering. The question and answer sheet provides additional information which you may find useful. Please read these before completing the questionnaire. Further information on our proposals is also available at www.hants.gov.uk/contributions-consultation.

Alternatively please contact Adult Services on 0845 6035630.

How to send us your comments

There is no requirement for you to complete the questionnaire or give us your views although we would very much appreciate it if you would. If you would like to do this you can do so:

- By completing the questionnaire and sending it back to us in the self addressed envelope provided
- By completing the questionnaire on-line at www.hants.gov.uk/contributions-consultation
- By recording your response on an audio tape or CD and posting it to us at:
Contributions Consultation
Adult Services
Freepost SO2077
Winchester
SO23 8BR

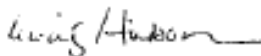
If you need the questionnaire or supporting information in another format (such as large print, audio tape or Braille) or in another language, please let us know by telephoning 0845 6035630 or emailing contributionsconsultation@hants.gov.uk

Please also encourage family members and carers to tell us what they think by completing the questionnaire on-line or requesting a paper copy using the contact details above.

The closing date for sending us your comments is Friday, 31 December 2010

As a Council we are committed to delivering excellent value for money and providing services which are fair and equitable for all. Your views are very important to us and will help shape future policy in this area.

Yours sincerely



Cllr Felicity Hindson
Executive Member for Adult Social Care

Appendix 2

Standard version of the Questionnaire sent (by post) to respondents

Public Consultation



Hampshire County Council Contributions Consultation Questionnaire

Paying for Adult Social Care

Please read the accompanying information before completing the questionnaire.

Our overall approach

1. A new contributions policy

At present most, but not all, non-residential and short term residential services, are charged for, some at different rates. We are proposing a new single policy for services, where service users will be individually financially assessed, to work out how much they could contribute towards the cost of a personal budget for social care. The Council would fund the balance.

Do you agree that this is a fair way to ask people to contribute towards the cost of the services they use?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Strongly disagree | |

Are there any additional comments you would like to make?

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Public Consultation

The proposed changes

We are proposing a number of specific changes to our policy on contributions and would like your views on:

2. Disability related income and extra costs

When we calculate how much someone could contribute towards the cost of their care, we ignore any income which is spent on disability related expenses, such as extra heating and special equipment. Currently, we do this by looking at each and every item of expenditure to work out the overall level of disability related expenses a person has. This is a complex and time consuming process both for service users and the Council.

Do you agree that we should consider using a 'standardised' amount when calculating a person's level of disability related expenses instead of the current item by item approach?

Service users would continue to be able to request an individual assessment of their disability related expenses if they wish.

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Strongly disagree | |

Are there any additional comments you would like to make?

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3. Removing the maximum weekly charge

At present the most anyone would pay towards the cost of their services is £440 per week. Under the proposed policy those who are assessed as being able to pay more than £440 per week could be asked to do so.

Do you agree with this approach?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Strongly disagree | |

Are there any additional comments you would like to make?

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Public Consultation



4. Disposable income

This is the amount of income available after living and disability related expenses have been taken into account.

At present no-one contributes more than 95 per cent of their disposable income towards the cost of their care. Under the proposed policy people could be asked to contribute up to 100 per cent of their disposable income.

Do you agree with this approach?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Strongly disagree | |

Are there any additional comments you would like to make?

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5. Short term residential care

At present there are different sets of charges and financial assessments for each short term (up to 8 weeks) residential care service (such as respite care and hostel accommodation). We propose bringing short term residential services under the new policy. This could mean that there could be a change in the amount people are expected to pay.

Do you agree with this approach?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Strongly disagree | |

Are there any additional comments you would like to make?

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Public Consultation



6. Personal injury awards

In recent years, an increasing number of people have received a personal injury award from courts for an accident or illness caused by someone else. Often these awards are very substantial and invested to generate income; such awards can be paid as a lump sum or in installments and there may also be an award of periodic payments.

We are considering taking into account all elements* of a personal injury settlement, (except those which we must disregard for legal reasons), when assessing the level of contribution a person may make towards the costs of their care.

** to include general and special damages awarded whether or not they specify future care costs, periodic payments and interest.*

Do you agree with this approach?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Strongly disagree | |

Are there any additional comments you would like to make?

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We would like your views on some changes that we may consider making in the future:

7. Carers

At the moment carers are not charged for services.

Do you think the Council should consider asking carers to contribute towards the cost of services that directly benefit them?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Strongly disagree | |

Are there any additional comments you would like to make?

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Public Consultation



8. Crisis Response Services (other than intermediate care)

(Intermediate care is a structured programme of care provided for a limited period of time to assist a person to maintain or regain the ability to live in his/her home. In accordance with Government rules the Council does not charge for this service.)

The Council offers a range of crisis response services for a period of up to six weeks for people who qualify for adult social care services. These services ensure that the right care is available at home following discharge from hospital, and help prevent unnecessary admission to hospital or long term care. These services are broader than intermediate care and are currently free.

Do you agree that we should consider asking people to make a financial contribution towards the cost of Crisis Response Services?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Strongly disagree | |

Are there any additional comments you would like to make?

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Public Consultation



About you

The information you provide is voluntary and confidential. You do not have to fill in this section if you do not want to. If you complete this section you will be agreeing to us holding this information but using it for monitoring purposes only.

Are you a:

- Service user Carer Professional carer
 Other (please specify e.g. Hampshire resident / family member etc)

If you use social care provided by the County Council please indicate which service/s you use:

- Day care services Domiciliary care (care in your own home)
 Direct Payments Community Meals (meals on wheels)
 Residential care services Other

Are you:

- Male or Female

Please indicate your age range:

- 17 - 24 25 - 34 35 - 44 45 - 54
 55 - 64 65 - 74 75 - 85 85+

Choose one section from A to E, then select the appropriate option to indicate your ethnic group:

A. White

1. British 2. Irish
 3. Any other White background please write in

B. Mixed

4. White and Black Caribbean 5. White and Black African
 6. White and Asian
 7. Any other Mixed background, please write in

C. Asian or Asian British

8. Indian 9. Pakistani
 10. Bangladeshi
 11. Any other Asian background, please write in

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D. Black or British Black

12. Caribbean 13. African
 14. Any other African background, please write in

E. Chinese or other ethnic group

15. Chinese
 16. Any other, please write in

Please indicate which district you live in:

- | | |
|--|---|
| <input type="checkbox"/> Basingstoke & Deane | <input type="checkbox"/> East Hampshire |
| <input type="checkbox"/> Eastleigh | <input type="checkbox"/> Fareham |
| <input type="checkbox"/> Gosport | <input type="checkbox"/> Hart |
| <input type="checkbox"/> Havant | <input type="checkbox"/> New Forest |
| <input type="checkbox"/> Rushmoor | <input type="checkbox"/> Test Valley |
| <input type="checkbox"/> Winchester | |

Thank you for completing this questionnaire. Your views are important to us and will help shape future policy.

If you would like additional copies of the questionnaire please contact:

Adult Services on 0845 6035630

email: contributionsconsultation@hants.gov.uk

or by post : Contributions Consultation
Adult Services
Freeport SO2077
Winchester
SO23 8BR

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Appendix 3

Supporting information sent by post to respondents

Hampshire County Council Contributions Consultation Questionnaire

Paying for Adult Social Care -Additional Information

Section A - the proposed changes

1. Why does Hampshire County Council want to change the current system?

The way adult social care is provided in England is changing, and with service users wanting more choice and control over their care and support, and new services being developed to meet their needs, we believe the time is right to review our charging policy to ensure it is consistent and transparent. Service users will be able to choose the services which are right for them rather than think about the individual cost.

2. What changes do you want to make?

Currently most, but not all, adult social care services are charged for, with service users contributing towards the cost of the services they use based on their financial circumstances. The plans for a revised contributions-based policy would bring services under one umbrella and ensure that people choosing from the range of non residential and short term residential services would contribute based on their ability to pay not the services they choose.

3. Which services would be directly affected?

All non-residential and short-term residential services would come under the umbrella of the proposed policy. There are certain services which we are required to provide free of charge through legislation.

These are:

Services for people who have been detained under the Mental Health Act

- Services provided to people suffering from any form of Creutzfeldt Jacob Disease (CJD)
- Intermediate care services of up to 6 weeks
- Community equipment up to 0000
- Assessment of community care needs and advice about the availability of services

The Council would seek a contribution towards the cost of all other services. This would include day care and support worker services which we have not charged for previously. Service users would pay a single contribution towards their total budget for personal care, based on a financial assessment. The Council would meet the balance. The aim is that people would use the money more flexibly to choose from a wider range of services to meet their needs and aspirations. For example, to occasionally have support worker hours to pursue a personal interest, as an alternative to going to a day centre each week.

Crisis response services for up to six weeks, and services used by carers would continue to be free. The consultation will ask for people's views on whether we should consider seeking contributions from carers and people who use crisis response services at some point in the future.

4. How would the new system work?

Many of our service users already contribute towards the cost of their care. The amount they contribute is based on a Financial Assessment. In future this would apply to everyone accessing adult social care services.

An Individual Financial Assessment looks at an individual's income and savings, then their outgoings. The amount of money left is their disposable income, and we would use this as the basis for calculating how much they will contribute towards the cost of the services they use.

5. Are the changes proposed just in Hampshire or is it happening in other areas?

Many councils have already introduced this approach for adult social care services, or are in the process of doing so.

6. Are you doing this to make money?

Whilst we are anticipating reductions in the amount of money available nationally for council run services, the main reason is to ensure we have a consistent and transparent policy in place which applies fairly to everyone who uses adult social care services in Hampshire.

If all the proposals are adopted, we could generate additional income of between Â£3. and Â£ million (compared to the overall cost of providing adult social care services of L406 million). However, the current economic climate makes forecasting very difficult as individuals' financial circumstances may vary significantly over the next few years.

7. If you charge people for services which are now free, what will you use the extra money for?

It's more important than ever to ensure our services provide value for money for the people who use them and for council taxpayers. Any additional income raised will be used to offset the cost of providing services.

8. How many people will be affected by the changes you want to make?

About 13,000 people use non-residential services arranged by the Council. It is estimated that about 40 per cent would be affected to some degree. 60 per cent would be unaffected as they are either on low incomes or are already paying what they can afford.

9. What if people say they cannot afford to pay, despite them being assessed as being able to pay more?

The financial assessment is carried out according to nationally set rules. Service users and their families are offered a home visit so they will be able to ensure all the right information is taken into account. The assessment rules ensure that people are left with enough money to meet their normal outgoings and extra costs due to disability. If someone disagrees with their charges, or their circumstances change, we will review their assessment.

10. When will we know what the changes might be?

In January we will analyse all the responses and feedback we have received. Cabinet will meet on 28 February to discuss the feedback from the consultation, and will agree the changes they want to make. These will then be communicated to service users and the general public.

11. When will the changes be put into practice?

We expect to introduce changes in July 2011.
Section B - the consultation

12. Can anyone respond to the questionnaire?

Yes, we are seeking views from all sections of the community whether they currently use adult social care services or not.

13. Is the questionnaire anonymous or can you trace who has responded?

All responses will be treated in the strictest confidence whether you complete it on-line or on paper.

14. How will I know that the authority will take note of the responses?

Hampshire County Council has a strong track record in consulting the public and responding to views. We are committed to taking responses to the questionnaire into account when making final decisions.

15. Can I have some help to understand the questions and respond?

In the first instance, please call Adult Services on 0845 6035630 who will be able to help you.

16. Can I have the questionnaire in a different format or language?

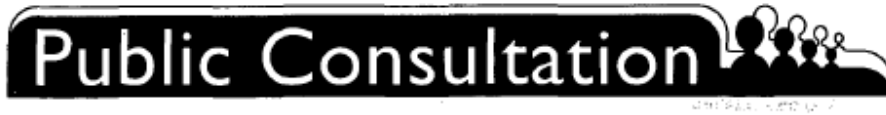
Please call Adult Services on 0845 6035630 if you require the questionnaire in an alternative format,

17. Can I answer the questions over the phone?

To ensure anonymity we would prefer you to complete the questionnaire on-line or on paper.

Appendix 4

Financial Assessment Form sent by post to respondents



Financial Assessment

The following tables detail what is taken into account, and what is not, when calculating how much a person will contribute towards the cost of the services they use.

This assessment will not be changed by the proposed policy.

Income we take into account
Pension Credit (Guarantee credit)
Retirement pension
War Pension
Work/private pension
Annuities
Charitable payments
Benefits
Income support
Employment & Support allowance
Attendance allowance
Disability Living allowance (Care)
Incapacity benefit
Severe disablement allowance
Capital/Savings
Value of any property you own but are not living in
Savings in a bank or building society in excess of £14,250
Cash over £250
Post office/National savings
Premium bonds
Stocks, shares, unit trusts
Trust funds
ISAs, PEPs etc
Certain compensation payments

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The following types of income are ignored and excluded from our calculations:

Income we ignore
Savings in a bank or building society below £14,250
DLA Mobility Lower/Higher Rate
Income from earnings
Value of your main home
Pension Credit (Savings Credit)
Age related payment such as winter fuel allowance
Income or savings of a spouse or partner or anyone else you live with

We then take off any outgoings:

Household expenses such as:
Mortgage payments
Rent
Council tax
Disability expenses such as:
Special equipment e.g. stair lifts
Extra bedding/laundry/incontinence pads
Personal care privately arranged
Help with cleaning
Help in the garden
Transport costs (unless has DLA mobility)
Special diet
Community alarm
Daily living expenses such as:
General living expenses such as food and clothing etc. We use the standard allowances set by the Government which are based on Income Support or Pension Credit benefit levels. An individual's allowance varies according to age, disability and circumstances, and when it is worked out a further 25 per cent is added.

After taking your expenses into account we arrive at your disposable income from which we calculate how much you can afford to contribute towards the cost of the services you use.

Appendix 5

Service-table Hampshire County Council current and future charges

Table of Services

There are some services for which the Council may not charge under current legislation. These services are identified with an asterisk*

The 'personal budget' for social care is made up of the service user's contribution, based on a financial assessment, together with the Council's contribution. Service users **buy** their services from this personal budget, or ask the Council to do this for them.

Service Type	Illustrative Description (this is not a legal definition)	Examples of services in Hampshire. (see Care Choice for more services)	Current charging arrangements	Proposed Contributions policy
Advice and Information*	On the range of social care and support services available, including welfare benefits. These services help guide people towards the right help which can prevent or defer the need for intensive social care.	HantsDirect contact centre Care Choice website Guide to Care publications Community Innovations Teams Community Support Workers	Free	Free
Assessment*	An assessment by the Council to determine an individual's needs, goals and eligibility for funded care and support.	Hospital Discharge Teams Community Support Teams	Free	Free
Carers Service	Benefits the carer of a service user, to help them in their caring role.	Various – see other service types.	Free	Free
Community Equipment*	Aids to daily living such as eating and drinking utensils, grab rails and raised toilet seats or more complex equipment such as beds, hoists and lifts.	Community Equipment Store Sensory Services British Red Cross	Free	Free
Day Services	Social contact and activities for people who are socially isolated or have difficulty living at home. Also enables carers to have a break from caring.	Available from a number of service providers.	Free	Buy Free to carer where service is to benefit the carer and is in the carers support plan

Service Type	Illustrative Description (this is not a legal definition)	Examples of services in Hampshire. (see Care Choice for more services)	Current charging arrangements	Proposed Contributions policy
Long term Personal Care at home – day time and night time	For people with long term care needs. Trained help with intimate personal tasks such as getting into and out of bed, using the toilet, dressing, bathing, eating and personal hygiene.	Available from a number of service providers.	Chargeable	Buy
Meals on Wheels	Meals provided to people unable to cook for themselves	Available from a number of service providers.	Chargeable	Buy
Non Residential Respite Care	Gives service users a break from their home circumstances; also for carers who need a break from caring.	Take a Break Voucher Scheme	Chargeable, unless the service is to benefit the carer and is in the carers support plan	Buy, unless the service is to benefit the carer and is in the carers support plan
Reablement	Care and support to recover from or live with a disability or illness, by (re) learning the skills necessary for daily living. Aims to avoid hospital or long term care admission and support hospital discharge.	Crisis Response Services: Community Response Service Welcome Home Time to Think Beds	Free for up to six weeks	Free for up to six weeks
Shared Lives	A scheme through which vulnerable adults live with people who are paid carers, offering a home and support in a family environment.	Shared Lives	Chargeable	Buy
Sitting Services – day time and night time	Companionship, support, personal care and assistance that would normally be provided by the carer.	Available from a number of service providers.	Chargeable, unless the service is to benefit the carer and is in the carers support plan	Buy, unless the service is to benefit the carer and is in the carers support plan
Support Planning	Setting out agreed goals and a plan of action, including the services that will help achieve these.	Hospital Discharge Teams Community Support Teams	Free	Free
Support	Advice, encouragement and	Available from a	Free	Buy, unless aftercare

Service Type	Illustrative Description (this is not a legal definition)	Examples of services in Hampshire. (see Care Choice for more services)	Current charging arrangements	Proposed Contributions policy
Workers	supervision for vulnerable adults who live independently. Includes emotional and psychological support including behaviour management.	number of service providers.		provided under the Mental Health Act 1983 section 117
Telecare Equipment*	Equipment in the home that can sense risks such as smoke, floods and gas, can remind you to take pills and even call for help if you fall.	Available from a number of service providers.	Free	Free
Telecare Service	Response to the alarm or alert generated by the telecare equipment.	Available from a number of service providers.	Free	Buy
Transport	Transport to access services	Available from a number of service providers.	Arrangements vary according to type of transport and service	Buy
Voucher Schemes	An effective means of targeting specific social care and support services to groups of people	Take a Break	Chargeable, unless the service is to benefit the carer and is in the carers support plan	Buy, unless the service is to benefit the carer and is in the carers support plan

Appendix 6

Additional comments: Question 1

A new contributions policy

1. As a means tested practice this will make the process far fairer and reduce the input from the councils greatly. With the savings this hopefully will increase the provision and quality.
2. Non residential services are already charged for at different rates based on individual income and capital, along with expenditure. Residential services are charged for under CRAG legislation.
3. I think so long as it is a universal procedure that is applied fairly but also allows for some anomalies.
4. AS needs to confirm whether charges wrapped up in procedures 06/10, 07/10 and 08/10 are included in the review of charges, or not.
5. However, I feel strongly that people who are palliative, end of life or terminal and do not meet with CHC criteria should not be assessed or pay contribution towards the cost of the support they need.
6. The question does not provide enough information to make an informed decision. What will the criteria be?
7. At the moment there are many 'self-funding' clients and their representatives who will only choose to maximise their access to the non-chargeable services. This seems unfair and not an equitable system.
8. How much money will people be left to live on?
9. Currently, people are disadvantaged financially to different levels by the services they need. Needing a service therefore creates financial inequity because different services apply different charging rules
10. Providing the assessment is fair and not discriminatory, and takes into account all types of physical learning and emotional difficulties.
11. In my experience when doing assessments my husband's gross salary is always used and so on paper it looks good. However, no one looks at the figure actually received in the pay packet or our outgoing that have to be paid, plus all living costs and additional costs connected with our disabled child. Therefore we probably would get little help and we are only just keeping our heads above water to pay for all the bills with nothing left for any luxuries. My husband works very hard with much overtime to boost his wages which means little family life and no support for me so we would be penalised both ways. No one ever looks into this.
12. There should, however, be a "cut-off" point above which any assessed contribution should not exceed.

13. THE MOST VULNERABLE PEOPLE WITHIN OUR COMMUNITY/GREAT BRITAIN AND THEIR FAMILIES ARE ALREADY 'DEALT' A POOR DEAL BY THE GOVT. THOSE SEVERALLY DISABLED PEOPLE IN NEED OF CARE SHOULD BE LOOKED AFTER BY THE STATE/LOCAL COUNCILS. DISABLED PEOPLE AND THEIR FAMILIES ALREADY 'STRUGGLE' FINANCIALLY AND SUFFER REAL HARDSHIP, BECAUSE OF CARING FOR A DISABLED MEMBER OF FAMILY. WE SAVE THE GOVT AND LOCAL AUTHORITIES THOUSANDS A YEAR BY CARING FOR DISABLED 'LOVED' ONES. ANY MENTION OF CHARGING ALREADY 'STRAPPED' FAMILIES IS AN 'INSULT' TO THOSE WITH SEVERE DISABILITIES AND AN 'INSULT' TO THE DIFFICULTIES FACED BY FAMILIES ON A DAILY BASIS.....
14. I would agree if the financial assessment was just for the service user and did not include the family as a unit.
15. Do not agree with having to control own personal budget- complicated to control. Professional staff are more able to look after financial side of service requirements.
16. I pay for my care at home. I would not be happy having to pay a lot more. I can only just afford to pay the current charges.
17. But I do not understand how this will differ from the present arrangement. And will not agree to any change in the allowances.
18. Savings threshold too low
19. I am in my 80's and my husband is in his 90's we have paid into the system for ALL our working lives and we promised by previous governments that our needs would be taken care of in our later years. I feel that I am now being asked to pay twice over for care that my husband and I have already paid for. My husband started working in 1930! What has happened to the promise of Cradle to the grave?!
20. With disability pensions being either frozen or made fortnightly and some being monthly. Some of your clients are actually going without food and bills are mounting up. Is the county council going to help them - answer no.
21. If the recipient owns a property then a charge against it should be made to recover costs upon sale or change of ownership.
22. I also feel this should be age related; over a certain age should get free help
23. But isn't this already in place
24. Yes- stop funding silly minority groups as opposed to picking on the elderly/disabled who need & deserve this support
25. I feel the system at present is very unfair those people who have led the good life and not saved for retirement are getting the best of both worlds i.e. free care. My wife and I both saved for retirement for the little extras cash can provide, unfortunately I had oesophageal cancer and my wife dementia but thank god I have recovered and able to care for my wife with some help. It is

my hope that I will be able to keep her at home whilst I agree that bathing and dressing should be paid for one should not be bled dry and see ones savings dwindle to zero. A tax on everyone by HCC would be a lot fairer. Ring fenced for care - could be invested like HCC pension fund.

26. With the current level of staffing how is it proposed (realistically) to complete these assessments in a timely manner? For example when my father had a carer assessment the process took almost 2 months.
27. Are you aiming to charge more money? I have MS rather badly. I live in a wheel chair and consequently am putting weight on all the time I have to keep buying bigger clothes. I am 84 and expect to live another 10 years at least. I hope my money will last I have no house to sell.
28. Many elderly people are just barely able to exist without the additional worry of having to fund any extra care they may need.
29. Though agreeing in principle with 'means testing' it does seem to be people who are in the middle level of income who suffer.
30. If people are already paying, why does this question even need to be asked? If you want to increase fees, just say so; don't dress it up in some fancy questionnaire.
31. I appreciate that there is only no much money in the pot. During my services received to support my husband I can only praise all concerned. I only wish I had more money so that I didn't have to take as much advantage of the caring people.
32. Providing that fair is agreed by both the individual and HCC and a system of arbitration can be used if both parties cannot agree (will cost to do this though).
33. Provided all other expenses that the patient my have to deal with are taken into account
34. As I have not yet used this service don't know how it works
35. I understand there is not endless money, but I believe that all vulnerable people should get at least a minimal amount from HCC e.g. a day a week at a day centre. After that, of course it should go to those who have less money. But there are those who have declined a financial assessment, so you cannot assume all those who choose to pay, are well off. I had a member of the financial assessment team visit to do a financial assessment. She left without doing one, but her visit was absolutely traumatising for me, she was cold (sort of desensitised) rude, disinterested and condescending. I would never go through that again, even though it means I have to pay. Even as I write this I am feeling the anguish all over again. You need to ensure those who visit to do assessments are empathetic and able to deal with vulnerable people and over- burdened carers.
36. With financial assessment these people who have lived a subsidised life in council housing or unemployment benefits have the same OAP pensions as those who saved for the future. Because they didn't save they would be given priority for more support in later life, this continuing the care free life that others will pay for. Born in 1928 in grinding poverty I worked and saved, now I deeply resent the non-savers continuing their subsidised life. A trip round a large council estate (Leigh Park) reveals good housing, lots of cars, motorcycles, and many satellite

dishes. All because it's spend, spend now. Check it out and confirm. Irresponsible people shouldn't get benefits. Do not penalise savers. Cut down services to non-savers.

37. No
38. Each person should be judged by their own personal circumstances. No one case is alike.
39. If my charges increase I will have to cancel some of my care.
40. I agree the need to make the provision of services less complex and have a simpler charging policy. What does concern me is that over time the system will become a heavy 'tax' on old age as funding becomes increasingly harder. There has been a total failure over the last forty or so years by all sides to address the issue of caring for an increasing older population. I hope that this exercise is not yet another quick fix failure.
41. Should be as simple as possible for both staff and service users to understand
42. If they are in need of help it should be paid for
43. Having been assessed already by social services why would it not be possible to get the Hampshire CC to accept s/services financial audit which could save a lot of money
44. I think this should be paid through taxation and the council tax which is therefore equitable for everyone. Otherwise people are charged for social care services where they may have difficulties already, whereas someone who has already health conditions makes no contribution to their care.
45. This doesn't seem to be any different from current policy of financial assessment
46. At present I make a significant contribution to the overall cost of my care in house.
47. I think that the proposal is a back door method of increasing costs.
48. I have helped my parents through the financial assessment process which they found confusing, daunting and frightening. Having worked all their lives they felt more help should be given.
49. I'm sure this is not open for discussion the whole time of your consultation seeks of a policy already arrived at!
50. these services are not an added pleasure for the people who use them they are so they can try and lead a normal life as possible could be something simple as being able to access shops why should they pay for something most people do for free
51. This depends on the sliding scale you plan to use. If a capital scale is used consideration should be made of deferring payment till after death, as in the previous government's Green Paper
52. As long as the financial assessment system is fair
53. The number of years a carer has given his/her time to caring for someone should be taken into account when any assessment is being made.

54. I pay an agreed amount at the moment and the balance is funded. This was means tested. I don't think I could afford anymore.
55. I do agree that people who can afford to contribute should pay towards their services. However, any means testing should be based on an understanding that simply managing to live (enough food, enough shelter etc) is not living. Sensible, holistic, generous limits should be set that allow people enough money left over to pay for the extras that contribute to health, happiness and well-being.
56. But won't this increase the factors to be considered, rather than the aim towards simplification?
57. Will there be agreement between the services as to where their areas of care cover -end-overlap? Will a service user have a separate personal budget to meet social/medical/remedial needs?
58. In some it doesn't seem fair as those who have saved all their lives have to pay, whereas those who have not bothered won't have any money to pay.
59. This discriminates against those that have worked hard all their lives with no debts. Paying all tax, national health and been able to purchase their own home and accumulate savings for their old age.
60. "We are proposing a new single policy for service, where service users will be individually financially assessed, to work out how much they could contribute towards the cost of a personal budget for social care". This means anyone who like us have worked all their lives will be means tested of pay. People who have done little as nothing to contribute towards society in general will again secure services free. Hence the tick in strongly disagree. My wife has severe Alzheimer's and I am her full time carer, have answered all Questions I must add her one day a week at Swanmore day centre under the guidance of Denise Griffiths and staff is a real Godsend to both my wife and me.
61. The danger would be some people would not be able to manage their own budget. There may be some people who do not have worth relations and could lose the money
62. If I had over £14,000 in the bank I would think I should contribute to everything. If people have a good income they should contribute I don't have over £14,000 and feel that I am contributing as much as I can. I can only afford to go out once a fortnight. I have few savings and I feel like I contribute as much as I can.
63. It all depends if it penalises old people and leave them impoverished and unable to pay their bills and personal expenses, house maintenance etc. It also depends on them getting the same level of care as now.
64. Only if they can afford to
65. I thought this policy was already in use
66. Thought this was already in place
67. Some provisions should be made for carers costs or expenses of relatives who
68. are carers who mostly care for relatives.

69. Pity it has to come this after paying a contribution all my working life thinking it would serve me for the rest of my life.
70. This is acceptable provided everyone is assessed properly. What tends to happen now is that people think they have money when they don't i.e. they include their home when they shouldn't or they say they have the funds and no help is given towards finding care
71. WE should all pay the same.
72. I am concerned that this will be another situation where it is not fair on those who have savings i.e. they will end up having to pay for services that they would have got free if they hadn't bothered to save.
73. I have 2 hour 1 week for help with bathing and dressing. Otherwise I rely totally on my husband for all help.
74. Assessment needs to be accurate on an individual basis
75. Currently (name supplied) pays his entire pension (except £20 a week) to Hants for his care in Rosemary retirement home.
76. I am 94 and my husband and I have paid enough over our working lives so as not to have to submit to an assessment
77. In my experience (as a primary carer having accessed numerous services both non-residential and short-term residential) the current charging policy is very complicated with seemingly different 'miles' applying to different services very confusing from a service user's perspective. Personally I would welcome a more straight forward approach.
78. Dismantling the welfare state under the guise of financial requirements is underhand and dishonest. The figures you quote do not add up either, charging about £32 for over 5000 people gives about £8.5m not £3.5 - 5m. This could be halved to raise that amount.
79. I thought our financial situation is already taken into account; does this mean you will want more?
80. Yes, my father has no savings. His pension is £115 per week and civic service is £130 per month from this I pay all bills and get food and clothes for my dad.
81. Individuals in need should be assessed, not the others in the family. My husband has his own money and whereas he does pay the bills he does not contribute to any of my individual needs as a disabled individual, and they are many and they are expensive and yet I am expected, and do, contribute to the household. Would I tell anyone-too embarrassing.
82. But this is how it works for my Mother now
83. Your whole approach is wrong as ever-you should only consider NEED not how much money someone has-travesty of justice continues and your to blame

84. A level playing field comes to mind
85. I feel that this could increase our contribution and would mean that our personal lives would have to be curtailed to fund these increases.
86. As long as you leave me enough money to live on
87. This question has no bearing on us as since my mother was assessed to have more than £23,000 she was deemed to have to pay full cost any way. Actually since we pay the council exactly what would pay the care company if we paid direct is no particular benefit to us either way
88. I feel it is rather intrusive for those people who may require care or day services of various categories to be 'put through' Heptocys of a financial assessment as each chapter of care is needed. The tax payer/saver is again penalised. I worked in the NHS for almost 40 years. We had an understanding our elders should receive the care they needed free of charge. If they are for in the private sector the arrangement would differ depending on personal circumstances. It appears the most vulnerable sector of society is under scrutiny in their twilight years.
89. I am very angry I pay £39 to fern hill care per week for a phone call morning, if you wanted extra care, personal washing, dressing, cleaning, your washing done for you laundry, shopping and shower, it would be free for six weeks then you pay after that. I do not know what fern hill charge for these duties but I have laundry £8, bath £8 shopping £9 cleaning is £15 whether the price is higher or lower not quite sure. But do know it's on top of the £39 we all pay and I think this is wrong? I think there should be something done because £39 per week is a lot. Just think month £156 per year £1872 count flat and bungalow £93000 and to me it should looked into.
90. As always devil will be in the data! A simple and clever system would make sense provided that who needs help do receive it
91. I have lived in the 1930s means test not a happy time. This smacks of it to me -84 years of age
92. Most people that need care are disabled or unable to work. Therefore already living on a low income
93. Contributions should be capped at a max level but everyone should pay something
94. We paid for it in our taxes and NHS all our lives we do not see why we or any one has to pay for it again
95. How would you ensure that council funding would be actually used for the purpose it was given rather than it going into someone pocket
96. Why are you not already doing this?
97. I have paid for such things all my life through taxes. Also where would be the incentive to live responsibly within our means? Isn't this just why everything is currently in such a mess?
98. We already pay for the care we have if the daily rate goes up we will reduce the amount of days we have. We have care people everyday on hospitals advice.

99. Don't know.
100. I am not clear about this is it social care at home or in a residential care home? My sister has moved into a care home and this is being paid out of her savings. When the money runs out she will have to be assessed any way if you charge for care at home she would not have so much in savings so that assessment would come sooner and not save anything. Any system you devise would not be fair as someone who has spent all their income without savings would get free care and people like my sister and I who have both worked all our lives have to pay. We paid the full NI contributions and were promised care if we needed it. It is now taken from us – our generation - through severe deprivation of the war with fathers away, marriages broken by death, injury or divorce and no child care. We were taught to save and will resent paying for my sisters care when the time arises. I sometimes feel that all I have to look forward to, is poverty again, and loneliness.
101. All care for the elderly should be free but appreciate that the current economic legacy precludes this.
102. The basis should take into account the number of years working and paying into
103. the plan
104. While I agree with the general concept of charging the amount would concern me
105. I am 90 years of age and have Alzheimer's as this is an illness it should be paid for by the NHS. My husband who is 91 years of age has very weak legs and can only walk a few steps with a frame I have to use a frame to walk. We both paid contributions both of us have never been out work during our working lives.
106. I should have the cares would be a good would a go wage as they are doing great job for the public and the public should pay on the income. Also the getting money are value and a reals ensure. I myself privatise. no change for person homebound at the age of 101
107. Quite frankly I think Hampshire CC's time, money and effort would be better spent reviewing the services they already provide and those people already making claims. The cost of care provision is already expensive enough for those that have to pay for it. My grandmother chose to remain in her own home and 5 carers a day that provide approx 2 1/2 hours of care and pay nearly a thousand pounds a month. As a pensioner, she has no disposable income and spends her life in one room moving from bed, chair and commode. I think she pays enough to you. Instead of sending forms out that will cost money to produce and process, you should look into many claims that are false and abuse the care system.
108. Everyone has different needs, some people need more care than others, their financial situation is irrelevant to this and people who have more or less money than others should not be penalised for this. Everyone has paid their contributions over the course of their lives so everyone should be entitled to the same level of help and care.
109. We have already been financially assessed for care at home
110. Life is hard enough as it is

111. It is not fair that those people who have been frugal throughout their lives and paid their taxes should then have to pay for care simply because they have either their own home or savings.
112. We only agree providing we have a say over how payments are made and spent. At the moment all services are assessed and paid for with little if any say from those that need it. We are very aware of the huge discrepancy between what the council pays and what the services would cost privately. This also includes the provision to builders who carry out works. We believe in the principle of allowing those that need services to choose who gets the funds to provide those services. We don't believe there is any advantage to the council using their own 'preferred' service providers and builders. If there are any discounts this is lost in the excessive costs, these service providers charge.
113. This encourages people to spend their money and be extravagant when they can rather than saving towards their old age knowing the shortfall will be met. It hits hardest those who have the greatest needs. For care particularly where there is a surviving spouse whose own health is put at risk struggling to maintain their own standard of living.
114. If you break your arm or have a disease of the liver the NHS looks after you. If you have a disease of the brain, e.g. Alzheimer's, you are expected to pay for your care. This seems unfair.
115. As a disabled person I think it is totally wrong that we pay for our caring. Life is hard enough as it is without being worried where the next penny is coming from but my comment is not going to make any difference because no one ever takes any notice so what a waste of money it is sending out all the forms like this one for us to fill in. The money could go on to our caring instead of rubbish like this!!
116. In agreeing with the proposal I presume that the amount of contribution would depend on my income
117. It is cheaper for the authorities to look after people in their own homes than it is to have to look after them in hospital or care home
118. I strongly disagree as this will inevitably mean that all services will become chargeable at present. Day care and domiciliary support services are now chargeable. If these become chargeable many of us will be unable to manage the extra cost and have to stop having support services or going to a day centre. This will mean even more socially disabled older people and more strain on their families.
119. I have already been assessed and see no reason for a further assessment. I do not wish to have a personal budget as described I expect HCC to arrange the price to be paid to the care agency and then to continue invoicing me the monthly for that amount. (I pay full amount). I certainly do not wish to have to negotiate with the care agency myself. I am too old and frail to do this. If I had to negotiate myself with the care agency I am sure their first action would be to increase the price. I certainly do not wish to pay any more than I am already.
120. This method penalizes people that have saved for their retirement and in theory is strongly biased towards those that have not
121. Point 1 - you are penalising those that have worked hard to save money which would probably been intended for their children. So if you don't want ? got lots of financial support anyway this

method will give them a big advantage. Point 2- my wife was a nurse all her life and cared for others now she has become a victim of early onset Alzheimer's she will have to contribute towards her care. Does that sound like justice? Point 3- probably best to spend money and not save just in case you need care later in life you pay your taxes and NI for care later in life.

122. My Gran is currently in residential care
123. you make assessment on basis of income, savings and property owned you appear to take no notice of all out going e.g. bills, utility, insurance costs of gardening, window cleaning etc; prompting come up with a payment figure of over 1/2 incoming pension.
124. People are penalised for saving / having bought their own houses rather than sponge off the state.
125. After working and paying taxes all my life I am now 73 and at age 68 I was found to have Alzheimer's which led to vascular dementia I have osteoporosis most of my life and lately diabetes and think it totally unreasonable having saved, received a pension from work and have a house that I should have to pay to go to the Kershaw Centre twice a week.
126. Services should not be means tested!
127. Agree with a single policy but the question has no meaning unless the basis for charging is made clear.
128. It's fair as long as when you assess someone's ability to pay you do not take into account a home that they own and thereby force them to sell up to get the service they need. Assess the available money without the home.
129. It is fair as long as the income assessed is disposable income of the service only (ignoring Disability Living Allowance) and not the overall income of the household
130. This is unfair on people who have saved all their life for their old age. it should be possible to pay a lump sum on retirement or before which would exempt you from a means test. Since only a small percentage require care at all the sum need not be huge. £10,000 should do it.
131. I think everyone should pay the same at a rate which suits everyone. So we don't penalise those who have saved over the year.
132. I feel sure that a lot of people would not want to be financially assessed. How ever the not so well off will need this kind of assistance.
133. It seems to me that the people who have saved all their lives are now being asked to contribute towards their care whereas those who have not saved and are unable to pay still receive the care.
134. Why should anyone be charged for services? We have paid all our lives into Government via taxes - some more people have spent their money on foreign holidays, smoking, drinking - those of us that have been prudent and saved now have to pay again this is not fair.
135. I feel he has to pay too much towards his daily care

136. Agree providing there is a realistic financial assessment.
137. It just seems wrong that if you save hard during your lifetime it is taken from you, whilst if you spend all that you have the state will provide.
138. I would want more information will this streamlining enable HCC to reduce costs on admin?
139. It seems on the face of it that if services have to be paid for then everyone should make some contribution. I have cared for my husband for the past 10 years and have paid for all services that we have received along the way. The only exception has been day care, which he has enjoyed from the start. No service will benefit the carer if they are not sure that they can enjoy the free time without worry and concern. When deciding what services to provide - please, please, ask the people who use them!
140. A financial assessment is already worked out to determine cost of short term residential care. Why is it necessary to have another review when details are already known? Our son has an annual financial assessment.
141. It is difficult to give such an answer individual circumstances vary so much. What is fair for some will be unfair for others. What isn't clear is how the assessment will be carried out. Will it be just the service user or the household income that is assessed? In my case I have been the main income earner in our household and now am retired and a full time carer for my husband.
142. It makes sense, provides fairness and corporality.
143. Please be realistic remember no one asks to be physically challenged or ill
144. There has to be a certain way of checking the financial assessment because of persons who abused the system currently in use
145. I don't think it matters how much money a service user has - if they require the use of these services, it should be provided free-of-charge. Some people who are extremely reliant on services - if they have savings - it's to protect and help them in later life. People can opt NOT to use the services if they feel that they have sufficient money to provide or buy their own care.
146. This penalises people who choose to work hard, are careful with their money and who choose not to waste it. This benefits people who choose not to work, who choose not to save for their retirement. It's a fraudsters' charter as well.
147. Very confusing and difficult to understand and operate a personal budget.
148. I don't like "means testing" it penalises the frugal as compared with the spend thrift!
149. I think this should be free as part of free welfare state which we all pay for in taxes according to our means. This is no encouragement to save for old age this way.
150. 148 It sounds fairer but what about people who hide their assets of give them to
151. friends or relatives to reduce their payments.

152. It is simply not fair that people who have worked hard all their lives & saved for their retirement should have to pay more for the same provision that is received for little or nothing by those who have not.
153. The system rewards people who make no provision for their old age. If during your working life you pay 6% of your salary into a pension scheme instead of flash cars expensive holidays and living above your means you are penalised.
154. If this assessment and any subsequent charge is applied to all Adult Social Service care groups
155. Providing this will not prevent people who really need community care refusing it on the basis of affordability.
156. It seems very unfair to take away hard earned savings for contribution why are we all not treated the same. Why not take into account the tax and NI contributions paid over time the more you have contributed the bigger your allowance.
157. All services should be costed transparently - it is easy to pull a cost figure out of the air, but it needs a proper costing breakdown for each service, partly to see where cheaper ways of delivery can be developed and partly for user to make better use of such money that they have, bearing in mind that income from savings has been hit hard by interest rates.
158. Everyone should pay the cost of a service less any subsidy; the cost is not based on ability to pay.
159. The cost of means testing will be considerable. The cost of administration the charging system will increase considerably.
160. It should be one fee for all regardless of family income or resources are.
161. Financial assessment is the fairest way to assess how much a person should contribute towards services. If a family earns over £50k they should be expected to pay % more than a family that earns £20k.
162. My step mother is 90 years of age, lives on her own has very limited resources. I am in charge of her financial affairs and find it hard to make ends meet. Her outgoings are more than incomings. She has 3 carers per day call in morning, noon and early evening. She does not pay for them because her savings are less than £21,000 she lives in her own bungalow (which needs attention), she is very independent and although she has Alzheimer' she will not go into a home - that is her decision.
163. I am completing this form for my mother who has dementia / Alzheimer's. I thought the above policy was already as she was assessed for contribution in place
164. a simple policy is ok for you but does it help carers or the people they care for?
165. Why is income from carers not taken into account for the assessment then such carers could be very high earners? Somebody like me relies solely on benefits which have been calculated to

provide me with a basic standard of living. Any deductions will reduce this standard and make it difficult to survive.

166. This questionnaire is addressed to my mother a 90 year old widow and raises complex questions.
167. That cannot realistically be answered. She lives with the foresight of her late husband, lives in her own house and has financial reserves to ensure continuing support through old age. She accepts the need to pay for services to support her, but questions why she should subsidise those who have not made such provisions and have not made financial contributions to the state over many years of working life. We question why the financial assessment does not include income from
168. employment; some receiving social care still receive incomes as in case of sleeping partner for example.
169. Why should those that already pay the most tax etc. then get the least benefits when they are in need of a service????
170. I save my money during my lifetime, forgoing holidays, etc, and then stand a high chance of losing it all in paying for care services. My neighbour "splashes out", has nothing when they retire, and gets all their fees paid for.
171. People who have been frugal and have saved for their old age are currently disadvantaged over those who have frittered away their money. Those who have saved are having to use their hard earned savings on their care whilst those who have made no savings have care provided at no cost. I do appreciate that some elderly people have no money through no fault of their own. It sounds as if the savers will be even more penalised in the future.
172. Were they are assessed does this include the property that they may own too?
173. There is a need to explain in Plain English to the service user/carer how the calculation was arrived at and if elderly they would not clearly understand as they are involved keeping themselves going as well as the Service User and would need time and the possible need to have a representative there at the meeting when this is discussed
174. And don't have a cut off at 25K say.
175. The costs of assessing every potential contribution will far exceed revenue raised as the only people who don't currently pay are vulnerable to be able to pay much, if anything.
176. Whilst agreeing that people should make a contribution I do not think they should be forced to sell their home to pay care costs.
177. It cannot be 'fair' (the in word in politics) to charge/overcharge/ particularly charge people for care in the way proposed when their disability is random and unfair and their income is low in the first place.
178. Service users must be assessed, but I was a carer for 10 years and any change should not put more paperwork and stress on carers.

179. Frequently the personal contribution a service user makes towards the care leaves little or no money for personal needs such as clothes, hygiene products etc.
180. Duration of residency in the UK should be a factor
181. It is vital that present provisions do not decline as a result of people living longer and more needing care as a result
182. I agree provided this simplifies the system without penalising the service users
183. Just to bear in mind that any savings a person may have are assessed at a much higher rate of interest than the rate being paid now on savings. This gives an anomaly that should be corrected first otherwise the financial assessments will be grossly inaccurate and unfair. If this is rectified then my view would change to the affirmative.
184. No one like 'means testing' but this is probably the fairest way, tho' it does depend on people being honest about their means. No doubt this also incurs a bit more cost to the Council. We were assessed initially and it worked out ok.
185. People who find themselves in need of the services of adult social care do so not of choice but necessity and generally through no fault of their own. If some contribute at a higher rate than other because they have been frugal and other do not because they have not been frugal this does not seem to be treating users equally.
186. The policy removes any incentive for an individual to save and be self sufficient
187. Penalises those people who have been prudent with their money. Favours those who have made no provision for their old age.
188. No free care unless the person has contributed at least 20 years N.H./Income Tax
189. It doesn't seem fair that some people who have worked hard all their life would have to use their savings to pay for services when others who have lived off the state but were able to work don't. I realise things are changing now but this seems to be what happens now.
190. Would prefer to see County Council raise revenue through local taxation and a new contributions policy.
191. One danger of this approach is that those on higher incomes might chose to go private, thus forcing the Council to levy high contributions from those on even modest incomes in order to fund the service.
192. It seems fair but surely this is something which happens anyway?
193. It all depends on the method of assessment. If it's purely a means test I disagree. I've paid my rates and taxes for over 65 years and feel I have some credit balance.
194. This is fine but as in all things there will be some users who will fall between the cracks, so to speak not having enough income to pay for their part of the service and to much to get any assistance. This will lead to an inequality of provision to those most in need leaving them very

vulnerable. It is most admirable that the county will fund the balance but what is the cut off point beyond which the county will not go?

195. I agree if this mean that the council etc will do everything possible to allow me to stay comfortably in my own home.
196. What are you counting as 'disposable income' in order to access contributions? Clearly people on benefits are considered to have what they need to live on. It is not clear of the intention. E.g. DLA mobility only not assessed as income so DLA care component is. Many people are going to lost out and be worse off generally the poorest and most vulnerable. Wealthy people can pay without sacrifice. People on benefits may lose the only disposable income they have. How is this fair?? How will they then afford a holiday/break or their carers? The information provided is woolly and doesn't give enough detail to be able to respond properly.
197. When I am 65 why must it be necessary to move home and go to live in Scotland to benefit from my entitlement to a free Adult personal care service, particularly as I have always paid my NHS contributions; the same as my Scottish fellow British citizens who also get free nursing care at any age? The proposal above to financially assess people is too intrusive and overwhelming. A sensible approach would be a to seek views on voluntary lump sum contributions towards a final target to cover nursing/personal care. A contribution must be that the status of carers is raised in profile and the standards monitored for quality performance.
198. Fair payment should not include the loss of my home to fund it.
199. This would have no consideration for the amount of contributions people have paid during their working life i.e. higher rate tax payer pays considerably more tax without necessarily using more services.
200. I thought that these services were already means-tested.
201. Any simplification of current procedures is welcome as long as the replacement is seen to be fair and applied consistently.
202. It depends how much? How long? Circumstances of patient?
203. Pensioners have already paid towards the NHS and social care through tax.
204. Not Clear. Who decides the size of the personal budget and on what basis? I.e. if personal
205. budget is large, people could be asked to contribute a lot of money. What does personal budget cover?
206. Subject to ability to pay
207. Having worked and saved for 46years respite having MS I now find having had for the first time a massive relapse that aged 66 it would have been better had I spent everything I had as now I will be the victim yet again of the FAB team. Do not patronise those with long term condition be saying you will offer choice for independent living a load of cobblers.

208. To make a useful response to such a proposal I would need to know much more about the detail. I would be most strongly against anything which would mean my mother paying more than she currently does.
209. This is only reasonable if all of the services being provided are charged at the same basic rate. If due to more complexity or more specialisation some services cost more then this is obviously not fair.
210. Who decides how much the service user needs to live on. Adults with learning and physical disabilities need much more support. Their benefits are all they have to live on; further changes are unfair.
211. I believe all health and social care should be free
212. CARE SHOULD BE FREE TO ALL WHO HAVE WORKED AND CONTRIBUTED TO THE INSURANCE SYSTEM
213. In cases where a patient is in need of nursing care the NHS should be responsible; also in cases of severe dementia. A contribution for this care could be added from a persons income say expenses that one acquires at home.
214. I have made arrangements to comment by Halifax is A from £37000 to £22000 and am currently involved in pay my old gas central heating boiler to a more medium fuel for approx £4500 also i have had to pay £3000 for my wife's new care and the remainder of my current account for Christmas presents etc. I have a total of £44 per week is more realistic not the present which is £110.
215. This is unfair and discriminatory on the most vulnerable/disabled who will be penalised for needing more help than those less so they do not receive more so will be erased off
216. Unless on a state retirement pension and therefore I think the rates need to be lower to reflect both age and limit finances
217. Depends on the income the service user has available. If only in receipt of DLA and Incapacity/ESA then no charge should be levied.
218. it's not fair as different people have different incomes and resources
219. This is not a fair way
220. The cost of informing would likely cost more than it would save most users of this services are OAPs or on benefits so it would be a pointless exercise.
221. I'm sorry but I do not understand what you are getting at its all gobbledegook.
222. Yet again those who have saved and been financially prudent will get nothing, while the irresponsible and benefit parasites get all they ask for. (Simply apply this sentiment to all further questions = form filled)

223. I think you will just be adding to the money strain of the families and what happens when there money changes from loss of job or other how long do they have to wait for further help and at the end of the day who losses the service user
224. Have to have help in house, as cannot walk have bars in bed to help me get in and out, have had another stroke last weeks that 3 one was very bad a few week in Lymington hospital.
225. Provided the assessment and threshold for payment is fair
226. I think simplification of the system would cut costs but worry people who have been sensible will lose out
227. Not fair as it favours people who don't save or contribute during their working lives. If a person has paid their national insurance all their lives why should they be now ask/told to contribute more. Why it is that long term cancer sufferers get all their medical support and care and yet dementia sufferers have to pay? Surely all illness should be provided for the same way regardless.
228. When my mum went into care, it seems what little bit of money she has, seems to be going very quickly and nearly all her pensions are going towards care etc. and she is self funding.
1. Providing that the saving made by caring for someone at home rather than in hospital is taken into account. 2. If the service is needed by a wife and husband is the carer are both regarded as service users for financial assessment?
229. Don't understand
230. This will only be fair if services are of equal standard. So you may need to upgrade some services to meet a standard which is equal across the services offered. To make a standard single policy acceptable in regard to charges.
231. Not sure. If it involves closing day centres, this is a bad idea, as users derive a great social companionship benefit from them. No day centre = never being able to meet up with all your friends together again. Friendships have a huge positive effect on all aspects of health and wellbeing.
232. It would depend on the way the assessment is done - for example how much is allowed for living expenses, different levels for people on benefits etc
233. Our experience is that you set the financial allowances too low, 2.50 for gas and electric for example. You also compromise the last person left in a house, allowing only approx £18 per week and stripping them of everything else and placing them in debt. There is nothing fair about that.
234. Service Users receive the same amount of benefits from the Government; Attendance Allowance, Income Support, DLA, etc. There is little gain in assessing them individually. I do not think the income of parents should be taken into account since this would degrade their individuality.
235. As disabled will not be able to afford it

236. I was assessed as proposed above
237. I think everyone should pay something towards care received.
238. Those who can afford to pay should pay but not to the point of hardship and those who cannot afford to pay should not pay so the means test should be fair.
239. I'm not too sure that I have filled this in right.
240. The policy should take into account if the person is living on own or has live in
 241. help (not necessarily husband or wife etc.) The policy should take into account that moneyed folk should not be offered better accommodation and poorer folk more basic care.
242. Unless you have lots of money or have a big settlement giving you a big come. People with learning difficulties and physical problems should have to pay if they can't get a job.
243. I do not understand the implications
244. This policy appears to be contradicted by the proposals suggested in questions 2 and 4. One would need more information to understand the term 'single policy' If a person is to be "individually financially assessed" it is difficult to see how a "standardised amount" can be used when calculating their financial contribution.
245. I am of the opinion that the vulnerable i.e. the disabled and elderly people with very little savings should not have to contribute towards their care at all. Even those who have saved all their lives should be free to decide how they wish to spend their life savings. Personally, I do not believe in means testing - it is degrading. If I needed help I would not ask social services. I would engage / employ people as I saw fit.
246. Most things are good but I disagree with asking people how savings they have. I am 79 and if I have saved for my old age I think it is wrong to ask.
247. I am going to find this a difficult problem for you to resolve. My wife had a stroke 2 years ago and at the time I was also ill so my daughter took over all aspects of the illness. As far as I have been concerned she has done a very good job so I have little knowledge of how she resolved the money problems. I do agree with the way the council deals with this very difficult problem. I am 87 years of age and find it most difficult to give reasonable answers. So I will answer your problems the best way I can. The social care I have received to date has been very good. My wife suffers speech loss, reading, answering the telephone, walking etc. I stay with her whenever carers are away.
1. Different services offer different amounts of care i.e. day services offer 6 1/2 hours care- respite offers 24hr care 2. This policy takes no account of differing amounts of disabilities or need.
248. Why do adults have to pay everything for their care, most will have worked all of their lives paid NIC and tax and into a pension. They will have scrimped and saved over the years and suddenly they need to pay again for care. People, who have not worked, not saved, can have their services for free, paid for by the Government (us). I am 73 and do not yet require the services,

and hopefully I will die before I need them. Why should I pay for someone to make a profit? Most care homes are privately owned. The actual carers are paid a pittance for the work they do.

249. It would appear that if you have a been prudent i.e. gone without to provide your own housing, accrued a reasonable amount of savings this will be forfeit or taken into account. A house not lived in because of the care required still has expenses i.e. winter care, gardening etc. There may be no income from the property after costs like insurance etc but I note this is taken into assessment. The only way to assess the money is to put the property on sale. NO income from the house anticipated in a sale when this should be accountable.
250. 243 I thought this is how it works now
251. I agree that people receiving care and help now free will have to pay something if their savings are above 50 thousand pounds. But the amount of 14 thousand as is proposed 14 thousand pounds to be left only with would not last long being disabled as many receiving care are would soon go. I myself having terminal illness cannot get life insurance or funeral insurance and with only pension income and no interest on savings I will have a problem getting by but I agree there are many claimants with work pensions and large savings that could pay something.
252. The fairness of this depends on the full range of benefits being made available to all.
253. I suspect as a saver I will be penalised. Once again going without holidays and luxury is going to cost me in services. What penalty is levied for those who are pensioners and have spent all the money on themselves? I am telling my family to spend it now because that's the clear message from government. I want to see a penalty for now savings after a life at work.
254. I believe these services should be provided regardless of a person's financial situation. Why should those that work or have worked/saved for a living have to continuously pay.
255. As I don't know the reasoning which led to the current situation I am ill informed to judge
256. It is fair enough to contribute towards the costs of the services they use however, there are individuals who cannot work and so I believe it's unfair for those individuals who will not be able to use those services because of their physical conditions which won't allow them to work and earn.
257. It seems to me that people who worked hard all their lives, get a pension and some savings are penalised by contributing more for the people who never bothered. How can that be fair?
258. I agree as long as the cost to set up the new system and run it is proportionate to the service costs it delivers
259. Certainly not fair. My own lifestyle has been moderate and in my opinion I did not contribute or aggravate any features which could influence my health. I did not smoke take drugs etc nor a habitual drink habit. I was well "brought up" and taught to save for the ever likely rainy day or bad luck consequence.
260. Service user contribution must only be assessed based on their individual financial position. I would like to make the following points:

1. We were not informed of this consultation and therefore did not attend the public meeting. Communication of this issue has been poor.
2. Whilst the main perpetrators of the current financial mess, the politicians and bankers, are not being penalised at all. The brunt of the pain is being taken by those who are least able to defend themselves, this is a shameful reflection of the society we have in this country and to which the above groups have made a major contribution.
261. Within reason, as it depends on your finances my benefits are effected by tax payments and i find it is difficult for me financially especially if I find has I must pay for some of it.
262. For all following questions as well: I think it should be on need, not ability to buy!
263. Individual financial assessment is a very complex, bureaucratic, expensive, wasteful and intrusive procedure which is unfair. The only fair way to provide services is to treat people equally. If a person can not pay for care and has not any relative able to care for him/her then charitable organisations are able or must be encouraged to provide assistance. This government is in debt and can not afford to pay. Funding is best provided by people who can be trusted to avoid getting in debt. The council can not be trusted because it relies on a bankrupt government.
264. I feel that non-residential and short-term residential services should be free to those who need them and a charge only made if complicated care is required. It is not and never will be a fair system when those of us who have wasted and saved all our lives have to pay when others who totally depend on help from the state get these services free. I also feel that it is a very intrusive service when some stranger assesses your disposable income and decides what you can keep.
265. If the care given is worth the amount requested "quality of care" In my opinion and experiences the care given on this type of service was dreadful not sufficient training given to carers particularly for different types of severe disabilities i.e. mental. What is needed, well trained experienced in all disabilities, qualified carers. Not pocket money carers - i.e. young mothers and or holiday school children. That has been my experience with carers - disgraceful care. I would most certainly agree to a new contributions policy if the quality of care was available??
266. I agree that the user should be some but it still seems very unfair that these people (not all) but who haven't saved anything when they could have still get the same care - already paid for
267. Everyone is already individually assessed and their contributions based on this assessment. Well this new policy change the amount people contribute on new levels of their savings.
268. It is the states responsibility to fund care for vulnerable people. Should be paid through taxation.
269. Are the assessment criteria likely to change? There is always the suspicion that any change is in fact a muse to reduce payments/increase charges.
270. The only reason my mother has kept a reasonable amount of savings is because the family has carried out repairs to her home and garden, provided meals at weekends etc. I think figures should be based on interest of savings which are very poor at the moment, rather than capital.
271. I can only answer for my daughter who lives at home with me. If someone has a lot of money then possibly but my daughter has very little income.

272. It seems unfair that in some areas of the country Social Care is free or well subsidised while in others anybody with savings over approx £22K have to pay all their costs. The Social Care budget from the Government should be ring fenced.
273. I strongly agree to the principle of charging according to ability to pay. However, I am concerned that a simplistic view will be taken so that the wider implications for the individual and the carers may not be taken into account.
274. But not assessed on savings
275. As the result of previous admin errors the system need to be user friendly
276. It would depend on how much you were they were asking me to contribute.
277. wish to know details and compare
278. More that are deemed to be able to contribute are already doing so through paying income tax and council tax. This should be treated as an essential service provided by local authorities for people in need. After all, other essential services such as the police or fire and rescue services are financed through rates and taxes with no extra charge to users. I don't choose to pay for children's schooling or other services provided by central or local government and I believe that the care of services should come under the same umbrella. People do not choose to become incapable of caring for themselves. The exercise is to save money why pick on the vulnerable who cannot cope. Why not look at local authority pay and pensions and consider reducing it by at least 5% and much more for higher paid officials. No local authority employee should earn more than the Prime Minister who after all runs the nation.
279. I thought we had already been financially assessed.
280. I think the disposable income level at which people have to become self funding is too low.
281. Adults with learning disabilities have far less income and savings than older people.
282. Is there not some way that contributions made over a working lifetime towards support services could be taken into account? People feel they are paying twice if they've paid their dues over their working life.
283. Before hitting the most vulnerable members of society (the disabled and their carers) the council should seek to save money else where, such a bureaucracy, senior staffs wages and unnecessary or little used services. Why are you aiming to generate additional income from the most vulnerable? I am not convinced that this money will be used to offset costs for providing services to those who provide this money, rather than being spent elsewhere. How will you be directly accountable to these people and where will be the transparency the bottom line is that this smack of a plan to squeeze more money from the vulnerable.
284. Tentatively agree in that this sounds the fairest way...but, I would expect the financial assessment to be realistic i.e. based on what people can afford which does not leave the elderly in particular without funds to maintain themselves in their own homes, including maintenance,

gardening, window cleaning, etc. As long as they are left with sufficient funds to deal with these things then I agree.

285. I disagree overall. This is a complex issue whose scope should not be limited to purely financial considerations. There are many reasons why people may need and/or benefit from social care, and these should also be considered when assessing potential to contribute. Generally it seems unfair, immoral and counter productive to charge disadvantaged people for being elderly, infirm or disabled and needing help, particularly when the function of such help is to raise their life quality, and equal opportunity to an acceptable level. Apparently in the "big society" we are all in this together, so such help should be provided from a common fund into which everyone contributes, as we all may need it in it at some time. A civilised society does not penalise the needy, elderly, infirm or disabled for their misfortune. Adult Services seems to exclude mental health needs and autism from its remit currently. The Autism Act 2009 may require the council to include specific services for autism in adults in future. If so a very good way to help autistic adults would be to follow the advice of the national autistic society towards assisting autistic adults into paid occupations, from which social integration and increased contribution ability will follow. See also "fulfilling and rewarding lives" documentation linked to the Autism Act 2009. This also applies to service users with mental health needs.
286. My opinion is changing from one system to another. 99.9% of time ends up costing more and not saving leave things as they are, but follow present roles 100%.
287. Most people do not choose to have service provided by adult social care. It is a need they have due to their health, age or long term health need or disability. Therefore this is a further charge on something which is beyond their control.
288. My mother (88) has been financially assessed and the process was carried out with dignity and care - I was present and impressed. I would strongly suggest that this quality of assessment be applied stringently in any change to the service.
289. Much of social care is in place is medical care. People are discharged too soon from hospital and they are made to wait long time for definitive medical care. 2. these people are often the most vulnerable in society. For both of these reason it would be wrong to charge more people for care.
290. Is a "personal budget" a blue sky phrase for if you get sick you'll have to pay for it?
291. Isn't all of the "new contributions policy" a clear shift in that local and national policy (financial/fiscal) seen to be targeting the most vulnerable members of society? What we're looking at is an attack of unprecedented proportions on the weedy, the sick and the infirm. Because they are the weakest targets who are grateful that they get any attention no matter if it costs them greatly and they never complain for fear of distribution of services.
292. By the way the information is portrayed it seems the individuals percentage of the cost will be a lot higher than the councils and not just a contribution. Also doesn't this penalise the individual who has worked hard at a good job and has a decent pension as they will be paying more than someone with say just a state pension but they could both be getting the same services. Is there a percentage limit to how much the council can ask for as contribution?

293. I do think that every person should be looked at individually, and everything taken into account such as age and family.
294. The only fair way of financing all residential and non residential services is by national or local taxation. Unless they have first hand experience of disability the able bodied are likely to think of it as being a little bit like death; it may happen some day but it's best not to think about it. Disabled people are unlikely to unite behind any banner. Life is very hard for anyone with significant disabilities and their carers. Everything is much more expensive in ways which are hard to foresee until they happen. Keeping on an even keel is a daily struggle. Losing even a small amount of money may make our lives much worse. Local and national politicians should imagine, if they can, themselves disabled NOW not at some hypothetical time in the future. Work out what effect it would have on your income and savings and that of your carer. Stop being scared of what all taxpayers who have a voice would say at contributing a relatively small amount, and protect the disabled who have no voice and are contributing everything.
295. The provisions of the proposed new contributions policy cover such a wide range of needs and personal circumstances that it seems impossible for any single policy to be either fair or equitable to all service users.
296. Any single one-size-fits-all policy cannot be either fair or equitable to all service users. The provisions of the proposed new contributions policy covers such a wide range of needs and personal circumstances that service users must be treated as individuals.
297. Without seeing the policy detail, it's impossible to judge whether or not it will be fair. It sounds like cost cutting.
298. There is a price for a service. Retailers do not vary the price of products to ability to pay. The cost should be set with subsidies available if required.
299. We are paying for new 5 day a week care. We will not take a means test or financial statement. I will tell you how much I can afford.
300. I am financially assessed at present. There is no need to change the system.
301. It will probably cost more to assess these people than under the present system.
302. Disagree
303. As it's presently funded.
304. Can be very complicated and therefore worrying for elderly people to receive this amount of information about an important topic
305. I believe you should view as a complete household income and expenditure includes debts and encourage people to face up to dealing with their finances properly.
306. I am under the impression that this system currently applies to me.
307. Loans or personal debt are not taken into consideration but still here to be paid

308. It is important to ensure that the assessment process is not bureaucratic and costly.
309. Our pensions on a limited income we would only be able to get a modest amount but would willingly do so.
310. We look after my father who is 89 he has paid tax and NI all his working life, why then should he be asked to pay for any care he may need. He has been taxed enough all his working life, it is a disgrace that he may have to fund his own care in the future when so many get state handouts and have not paid in a penny. Help in old age should be free.
311. But do not make it difficult for people to understand what they are entitled to. Do not penalise those who have no one else to help them but you. It's a very cruel world being a prisoner in your own home looking after someone with dementia as a carer myself. Please offer more support and help to carers as quite often if there is any family they really don't want to know. Without supporting
312. carers you will incur a large bill short term planning equals long term gain.
313. I do not know enough about the social services to be able to make sure useful comments on all of them. I shall confine my comments to those I use.
- 1) My wife has on loan from Hampshire or Berkshire? Commodes, a bed frame, a food trolley, a swivelling cushion for cars, a raised lavatory.
 - 2) A panic button for use if she should fall over when I am out. This sends a signal to Sovereign Housing in Newbury, which has the phone numbers of two neighbours who could come to her rescue. I pay 'Sovereign Housing for this once a quarter.
 - 3) 3 times a week a nurse from Allied Healthcare comes for half an hour to wash and dress my wife and make her bed. For this I pay about £25. If this is insufficient to pay for the service my wife receives I agree that it should be increased. I don't understand the distinction between 'Chargeable' and 'Buy'.
314. There is no mention of contributions from the health service. People in this type of need have health problems and are entitled to free healthcare. Their need for social care is as a result of their illness. Also there is no mention of the needs of dependants in the financial assessment. In the case of spouses when they need to live in the jointly owned property it should not be part of the financial assessment.
315. All charges (fees) must be made clear to service users at the earliest opportunity before the service is supplied
316. People would resent the intrusion of a financial assessment if they could decide
317. for themselves if they could pay or needed help.
318. This is a national problem and should be funded in the same way as the NHS
319. No
320. Not matter what the public said, you've already made the decision

321. My mother has always paid full amount for any long or short term residential care. The sale of her home has funded this! The first 32 months she was in full time residential care. Thereafter my mother funded an extension on the back of our house, bedroom, bathroom, where she has lived for the last 7 years with myself as her carer. Obviously the need for respite breaks is essential so these are too taken several times year, funded wholly by mother. Although we do get £106 approx a week NHS funding rebated.
322. I do not think it is fair to make people pay those who have saved money and not wasted it are being penalised it does not pay to save money
323. My answer is based on my assumption that if a family or person has chosen a particular non-residential a short term residential service already it is that charge that this question is alluding to i.e. paying £15 /hr to private carer that is excellent and known but in the knowledge that there maybe some carers available at say £10/hr - I presume this means that the council would pay the extra £5 /hr? Similarly with a nursing home at say £800 /week or one at £1000 /week would the
324. council pay the extra £200 or insist the person be moved or that the family pay? Overall it is fair that individuals should be financially assessed but unfair that this policy discriminates against people who have saved as opposed to those who have lived in debt.
325. I think it's going to be hard to ask them to contribute towards the cost as most people are elderly and ill. Also why change things when they work and you assessed them individually it seems to work this way. I think because the council have to cut back they are cutting all the services that matter to old people.
326. The wording of the documentation is not clear as whether, in some cases, the financial contribution to a personal budget for social care may actually be greater than the cost of providing the services required. I presume this will not be the case, as that would be unfair, but the wording needs to be clear.
327. Whilst I appreciate this is a council based initiative I don't see why the principle cannot be applied to all NHS facilities.
328. Your proposals are unclear - at some points the assessment is proposed to be individual, and others global. All cases need individual assessment. Please note your covering letter is undated.
329. It should be given free. If you consider that if the families of those needing care were unable to cope because of ages of infirmity they would have to be placed in a residential home the cost therefore would be astronomical. How come care in Scotland is free yet we cannot do the same?
330. Why no Consultation meetings north of Basingstoke? Rushmoor is part of Hampshire. Carers may be able to attend a meeting there. But could not get to Basingstoke because of leaving the person they care for, for too long.
331. It is penalising people who have saved hard all their lives - this type of policy is encouraging people not to save as it favours those who spend everything they earn.
332. The reason I feel this is unfair in some respects is: - many people live life to the full, spend all their wages every week or month and when they are old we all pay for their help. Others who have saved and gone without during the years they were fit and able are now being asked to use their

333. savings to pay for care so being careful and going without actually doesn't pay.
334. Contribution to the cost of care for the disabled is fair. However any cost to the carer is not as they will probably have lower income than they could earn if they were not caring. They save the council money by providing the care. If carers are charged for service I for one would put our disabled adult into full time care thereby costing the council much more money than if they leave carers not paying for services. I also think respite should not be charged for if it in for the benefit of the carer.
335. Services should be available to all at the same cost or free. If people have taken the responsible decision to take out a private pension or be thrifty with their money they should not be penalised by having to pay more than others who have been free and easy with their monies.
336. I had a visit by 2 people from the County Council who looked at all my wife's financial records. So as I understood it she has been individually financially assessed already - so why change?
337. I am disappointed in having to remind you that people employed in the 1940's not only met their commitments, they provided for previous generations' health and pensions (including care for the elderly, sick and disabled). They also had the additional burden of paying for the war on top of their own struggle to provide for themselves. Are today's generations so self-involved it is seeing the elderly and the disabled to take on their load?
338. Paki, Polish, Jamaican, Chink get more
339. Can the financial assessment form be simplified to make it easier (less stressful) to complete and save time please?
340. The idea is plausible but without further information on how financial assessment
341. will be done, how can we judge whether or not it is fair?
342. My mother who is 86 and virtually chair-bound is having to sell her house and move. Her financial circumstances will change and I am concerned that every year this will be eroded and will eventually be unable to pay for anything. At present she is able to contribute her care etc with no stress but if she becomes anxious is might mean her health will deteriorate.
343. Over many years Government (local & national) has shied away from its responsibilities towards its elderly, disabled and vulnerable residents. You have increasingly demanded money for this service and that service, until we feel very frightened. It seems that however much we contribute much of it will be wasted on frivolous things instead of putting money where it is needed. When you have taken all our money and frittered it all away, what will you do then? The people of Britain are very bitter when they see Council employees sitting in their snug offices while the 90 year old lady next door or the disabled chap round the corner can't afford to put their heating up by 1C so that they are comfortable.
344. I am now 96 years of age so far I have had full support from the social services when I needed it, so I see no point in going through these pages of questions - I'm too old and tired.
345. I have looked after Amy (wife) since 2001 with no input from Council or Govt - I now have to sell my house to pay the bill approx £900 per month - Council claim anything back??

346. As long as the service is good and fair
347. Agree in principle but not sufficient information e.g. maximum service user contribution? retained even if increased.
348. However, this approach leads to people who get no help with their case, worrying what help they can afford to have
349. I really don't know about this questionnaire we were low earners (both worked) but went without to save money. We could have had new cares and expensive holidays but saved our money. Now we have to pay for everything that is financially assessed.
350. I would like information on the associated costs in administration this system in relation to the revenue generated. It is interesting that Hampshire CC is taking this stance when the Government is reducing the admin burden in areas such as Child Benefits.
351. Provided the assessment is of the income of the service user, not of the carer. I was very surprised to find the financial assessment of my husband included a proportion of my state retirement and occupational pensions. I will need the money to save towards my own care when the time comes and I really resent having to contribute in this way
352. I believe it is desirable, both from a personal and national viewpoint, that people make that provision they can for income at retirement or in the event of disablement. My main disagreement with both the present and proposed policies is that they are a disincentive to this for many people. Both policies create a broadband of people who, in effect, receive little (presently) and no (proposed) benefits from their efforts. This is a bad principle - and surely, inviting us to spend what we have while we can - ensuring future costs will have to be funded from the public purse.
353. This happens anyway to my husband. HCC only pay just over £200.
354. People's ability to contribute towards their well-being should not be assessed on their savings, (many people rely on the modest return to help pay for Council Tax, food, heating, lighting insurance etc to name but a few) but on their taxable income. And, if needed to cross check, this could be done with the help of Inland Revenue via Income Tax Returns. This would prevent them (most of whom are elderly) seeing their hard earned capital diminish, causing further depletion of income and creating a great amount of stress and worry about being left with nothing. For when savings have gone, Hampshire County Council will still have to pay (more) to help.
355. We pay N.I. for services. If not paid for 16 yrs, should contribute.
356. This is unfair people with higher income will be subsidising other users.
357. The above system is already in use as we were assessed, and pay the top rate.
358. This contradicts Q-2

359. Any proposals for charging for services should be based on ability to pay and also to be fair to each individual's needs and circumstances and the value of care they are paying towards. Some people are better off than others but that does not mean larger amounts of their money is an easy target. Charging whatever you pay should come with a guarantee of quality care which is not often the case.
360. If I can get the level of social care, I have been getting I shall be satisfied should there be an increase in the level of care required and the charges are to be increased as long as I am not overcharged for these services for the future.
361. It is not possible to give a considered opinion on this proposal as no details are given as to how the "personal budget for social care" will be calculated. If the council were to determine what the client can have, rather than what the client actually needs, then in theory the balance to be funded by the council could be reduced to zero in many cases
362. What you are proposing is a very short sighted idea as there are so many young people living on benefits & rent allowance that there is no way they are or will in the future contribute to their care in old age, you are penalising people who have probably worked all their lives bought & paid for their homes & contributed to the NHS thinking they would be cared for in their old age without having to worry about money.
363. In the 1930's depression, local government employees had a compulsory 5% cut in salaries, this lasted until after the 1939 - 1945 war. Might this not be the answer to some of the council's problems? Also councillors did not draw large expenses as they do now.
364. It makes sense to simplify the system if it is currently complex but what happens if someone only needs some items of assistance - do they still pay as if they had "the lot".
365. The British nation returned from the 2nd world war to elect a welfare state and health service.
366. Not in favour of financial assessment of all service users. This would deter some elderly people from utilising services to which they should be entitled, having paid taxes (central and local government) all their lives. This is illustrated by many pensioners failing to apply for benefits because they value their privacy and it is against their culture. If a charge must be made for services that are currently "free" it should be at a standard rate and those who really cannot afford it could apply for relief.
367. Contributions should be accrued whilst people are working not after they retire.
368. Unless the ignored income is set sufficiently high e.g. £30,000 per annum.
369. Would the council balance remain at a flat rate ignoring inflation? Note: I am 85 yrs, my wife is disabled aged 76. She can only stand; a rotunda is a must and enables a person to move her from chair to bed or commode. She requires 24 hr care and requires commode more than normal. Carers come morning and evening to wash & dress her. This enables me (main carer) to wash & dress etc. Sit in service, twice a week for 2 hrs, enables me to food shop. Additional 2 hrs sit-in is available for hair cut, dental or medical appointments. We pay for 2 hrs cleaning a week & gardener for 1 hr every 2 weeks. I (husband) do all shopping, cooking & any additional cleaning. It is an effort as a mild stroke 2 yrs ago left me physically weak. My wife and I feel very vulnerable as any further deterioration in my medical condition would result in both of us

requiring full time care in a care home which we dread, having seen what happened to my wife's mother. A decent care home requires serious support from family finances.

370. A unified policy that is clear, transparent and understandable to all citizens is essential. However if people are financially disadvantaged by the unified policy, this needs to be addressed in a sensitive manner so that people understand why they are being charged, where they can get independent advice on how to appeal or request their support to be reviewed.
371. I assume that, in assessments of individuals who have financially dependent family members (e.g. a wife with less than a full state pension) allowance will be made for her support.
372. I understood this was the way the system already worked.
373. My answers are qualified by the amount likely to be charged.
374. This and the following answers are dependent on the final proposed level of charge.
375. Would depend on cost of individual assessment and how it is carried out and by whom.
376. Offers fairer approach.
377. Owned property should not be counted - if it is it could force elderly people to move to fund essential help
378. I don't think they should have to pay anything.
379. I basically do agree this would be the fairest way but - I do not think a person's residence should be included as it would penalise people who have bought their own house etc.
380. Please see attached letter
381. Only to say that my age group have not really been fairly treated. We gave 6 years of our young lives fighting a war then spent the rest of our working lives paying for it particularly under labour government with high amounts of income tax etc and now you are discussing ways of taking our hard earned savings from us, we savers should be given a respite and not expect us to pay more.
382. I already pay my council tax so why charge me twice?
383. I don't understand how you can reassess someone who has already been assessed for income support.
384. Service users do not want their disability so why be penalised by the government by having to pay for it.
385. All people who need support should be allowed access to it. Most people who need it are on low incomes and would not be able to afford it.
386. Ask what you need or think is fair and we will decide if we want or can afford what is on offer

387. If by financial assessment this could mean taking into account the property in which they live as part of their asset.
388. I think some services and illness should be free of charge also if the person is a war veteran i.e. WW2 veteran
389. as this penalises those who saved to benefit their retirement so against those who spend every penny they had.
390. It is fair to contribute but only if savings / capital is higher than you specify at £14250. Those with a lot of capital / savings should pay to alleviate the less well off
391. Would like more info before commenting.
392. I believe there is enough stress managing a terminally ill relative without having to worry about where finances are coming from. To ask a family who has financial support now to start finding alternative funding is inappropriate.
393. People should always be individually assessed; each case on its own merit.
394. The financial assessment needs to be realistic and users retain sufficient to ensure they maintain their standard of living.
395. Why should individuals be assessed because they have made sacrifices in their life to benefit their later life and have contributed all their life to the amounts asked of them those with higher financial assets would be subsidising those who may not have made any contributions during their life - most unfair.
396. Most people who need this service have contracted an illness they will eventually die from, if they were in hospital being treated they would not have to pay. On top of this most people have paid national insurance all their lives, i.e. in my mother's case from the age of 14 years old and she went into a residential home at the age of 80, so I think in 66 years she has paid for her care already by six fold.
397. Would it be more expensive? If so, I strongly disagree
398. Reading this in conjunction with all the proposals, it seems unreasonable to expect some service users to pay more than the cost of the service they use. The policy would require the assessment of all service users on a regular basis and this would have a major impact on staffing at a time when staffing levels may need to be reduced.
399. Provided assessments are carried out reasonably & only on service users not their family.
400. I think this is a fair proposal, depending upon the assessment criteria? I hope that people will not be penalised for owing their own home, or having a private pension.
401. I'd like to know approx how much will be charged for a particular service before I can make a decision

402. Taking the various factors into account, it would seem a reasonable approach to have a single policy for services, which takes account of an individual's personal needs. Reading through the following questions, I find myself disagreeing with all the proposals.
403. I recognise that this is a difficult problem all over and that the present total costs are high. But I am not impressed by the quality of your proposal & think you should have been clearer about what the present costs are and given breakdowns for the various areas of support. Also it would have been helpful if you had provided information on approach in other areas - Scotland & Wales and for other EU countries.
404. The elderly should not have to pay as much as younger clients - say those above 75 yrs should be treated as a special case.
405. This consultation is disgusting it is making us worry, how we are going to cope and if we will lose support. Because we are disabled the government wants us to pay for services which are our right to have to live normal lives. 50/50 some people agree we should pay for some of the support if we have money.
406. Parents should also be assessed and if they are able to, should pay towards cost of adult children's care in the community.
407. More care to be taken to take into account true cost of living rises
408. Should also include personal health situation, taxpaying status, someone should not be penalised for being in a position of financial stability.
409. Service users will know what to expect
410. Yes, but those already receiving aid should not be disadvantaged by the charge
411. I disagree because HCC will apply "fairness" by moving charging rates up, rather than down. Also, someone who works full time I am already paying taxes to pay for services, and you are in effect charging me twice. I believe this is discriminatory as other tax payers are not charged twice for the services they receive.
412. Disabled people should be equal to able bodied people. Able bodied people do not have the need to pay for care & can therefore keep all their money. Charging the disabled for care is discriminating them & putting them at unfair disadvantage. Care should be free to all who need it.
413. Anyone in receipt of a means tested benefit should not need to make a contribution. It is a waste of time and therefore resources assessing these people. The assessment has already been carried out by central government to say they qualify for a means tested benefit.
414. As long as they are not made to sell property that they are living in.
415. As long as the policy is clear and understandable. A lot of people who need these services do not understand complicated forms & are unsure how to fill them in. They also do not always have someone to help them. It needs to be someone not working for Adult Services.

416. I refuse to complete this as you will do just as you please with no consideration for us. This is all just to make it all seem ok. I just want someone to do the best for me +my husband. Why give me more responsibility when I have problems coping now. I think you are going to make things even more complicated than they are already. All I want is someone to help & advise me in the care of my husband. My husband had a stroke 6 years ago and used to attend. A day centre that is no longer available. I don't expect very much help but as things stand now apart from a visit from carer of 1.5 hrs in the mornings + 1.5 hrs at lunch. I attend to all my husband's needs. My life finished at 57. I don't want the responsibility of organising care or day care. The services you provide sound good on paper but that is as far as it goes. My life has finished but I hope you treat others better than I have been treated.
417. I would think many services are very important to some people why would not interact with anyone but for those services also I think some social provide meals; an important service otherwise some would not get a cooked meal. Charging for these services could put them out of reach of some. Once again it appears that people who have worked hard and saved money are going to be penalised.
418. This will only depend on how fair the assessment is. my son already pays for college courses & sports activities at the day services he attends (3 days only). We have been told B.D.S will close in 2011. Any alternatives offered will be widespread. We live 10 miles away with no transport and no direct public transport. i have attended all public meetings re this both as a carer-volunteer.
419. All we have been given are airy fairy pie in the sky proposals - nothing concrete. As usual HCC will lean heavily on voluntary services at the same time as cutting (or withdrawing) their grants but still able to find unlimited funds for refurbishment - new premises
420. Realistic financial assessment which should take into account what the service users actual outgoings are, not what social services think should be their outgoings. e.g. if a service users is paying out for something which will help their disability or condition, such as additional vitamins, supplements or osteopathy to help their condition or prevent deterioration, these should be taken into account. At present these are not.
421. My husband is totally immobile, permanently in bed; he has vascular dimentute. We have been financially assessed recently and we pay £14.34 per week for carers 4 times a day to wash shave and change his toilet pads. The rest of the time I am main carer, getting his meals and chopping food up to feed him with a spoon, and all drinks through a straw. I am 80 and I find all these questionnaires a bit difficult to understand. I hope we are not going to have to pay more.
422. Do you intend to base your assessment on individuals? In the case of couples, one partner may have most of the income or assets in their own name. I believe couples are assessed jointly at present. What about the poorer partner who might not receive services ?
423. I think much more attention should be paid to the older carers. Once we retired our care allowance stops. We still go on caring and as we are getting older it is more difficult to cope. I personally get 6 weeks respite per year. When you are looking after someone 24/7, 52 weeks a year, this is very little. I know some people older who get on without it, but I personally could not do without it.
424. But - (1) what happens if the spouse / partner has no personal income or savings? If you take the whole of the service users income/savings into account when it has been used to support

two people - the spouse / partner will be left with nothing. (2) what happens if savings/investments are held in joint names ? (3) Each service user/spouse/partner should be provided with a written, detailed, easily understood statement showing how their income/savings are taken into account and subsequent charges calculated.

425. I agree with charging but the threshold for charging across the board should start at £400 per week. Disabled people have a lot more expenses, and how can they save up for equipment to make their life more bearable. We have £52,000 worth of equipment, most of it funded by loans. Then we have to service it each year, up to £1000 per year. How do we do it ? We do not go out much and holidays are a no-no.
426. Approximately 1/3 of the 60-80 yrs olds of both sexes contributed greatly during their times.
427. I believe that many services should be provided as part of national health / social care system.
428. Should it be necessary for him to enter a residential home at any time, I would expect this to be funded by the government, and not his personal savings. I am strongly apposed to people on benefits all their life and immigrants getting everything for free from the taxes we have paid for 50 years.
429. There are people who have never saved + there are others who have always been prudent with their income, saving carefully for that rainy day. Look after the pennies + the pounds will look after themselves, as they say. Means testing one encourages one to stop saving - why bother, it will only be taken from one later on in life?
430. (1) no one should have to sell their home to pay for care (2) all medical needs should be paid for under the NHS (3) Bed & Board is a different matter and should be paid for by inpatients in all cases
431. My mother has been in local care since June 2010 and her contributions to her costing at the care facility was done on a personal assessment; how does this differ from any new single policy where you state above that service will be individually financially assessed? The following pages have answered my query - however my general opinion is that it is a government cost-cutting set of proposals which already has a huge impact on my mothers financial situation and any further financial burden would make a crippling effect on her finances.
432. I thought that this is what happens at present. This sounds very reasonable as long as it is not giving you permission to vastly increase the cost thus making us to consider how much care we can afford before it becomes very expensive. We note that so the councils have put some costs up six fold for some service users.
433. I am already assessed and have to pay £16.87 per week, which I find a huge struggle. I am having trouble paying my bills & having to pay such a lot per carers each week (paid monthly) is leaving me in debt each month because once I have paid all my other bills I have barely enough to live on.
434. There are some medical conditions which have arisen urgently and require immediate care. The NHS is not always the best organisation to deal with them. The family with social care resources can be more beneficial. Heart attacks, strokes, cancer, can be dealt with at home with GP, district nurse, and carers are better than hospitals but cost should not come into it. Central

government should allocate more resources, not less. The leader of the council should champion local services and not hide behind Cameron and Clegg.

435. The lady for whom I care chose to purchase her care on leaving hospital. Despite having been severely incapacitated by two major surgeries, she was informed she didn't meet criteria for support as she had in excess of £23.5k. We were happy with the care purchased. We got the help I identified as essential to her recovery and she is now returning to self caring - albeit much slower. She could have been entitled to the 6 wks welcome home due to capital level
436. I am my son's carer & act as his deputy. I am of average intelligence but was unable to understand the "public consultation table of services". I will attempt to answer these questions to the best of my ability.
437. Once again financial assessment! As always, the people who have worked till 70 & saved & not asked for anything all their lives will have to pay while others once again get help. Where is the incentive to save & buy our own home - do nothing - get everything.
438. Most people with a learning disability who use services provided by HCC only have income from benefits or supporting people if they live in a supported living scheme. Some already make a contribution towards their respite care packages. Most cannot work except very part time and with support. In the past people with a learning disability lived in long stay sub-normality hospitals which had a considerable cost to the NHS and community budgets. The personalisation scheme seems admirable and allows more independent choice but an overall finance assessment of people with a learning disability is not going to produce much result. Their income is limited and they either have direct payments in some form or a day service & respite provision. The direct payment route is more acceptable and appropriate but funding has to be found either way. If the person with a LD just remains without support it is likely that their carer will quickly require support too - very costly to society. Direct payments allows a better quality of life, supplemented by their benefit after paying for food, rent, clothes, transport etc. many more people with a learning disability will be living in the community in future.
439. Was under the impression that this already happened. It is a good idea to bring all services under one umbrella and for people to pay what they can afford.
440. This could hit some unfairly but I agree we do need a change. Bus passes should stay.
441. Assessment should be speedily carried out, so individuals could make positive decisions for themselves. We should not have to wait six months before anyone makes an assessment - this is too long !
442. It is what already happens. my husband was financially assessed then awarded a portion from the council towards his care.
443. Not enough information.
444. Depends if the user has a valid say in the discussion
445. Unfortunately assessments are based on pensioners only; this system would have to be changed to be fairer to younger people who need help

- 446. Once again the policy would hit those of us who have saved towards our old age & help those who didn't bother. I am not sure what the answer is
- 447. The cost of services varies (eg day care facilities and activities are different) so not sure about response to this question
- 448. Private or Public? Not clear - can't answer.
- 449. There is no mention of any benefit in regard to social care.

Appendix 7

Additional comments: Question 2

Disability related income and extra costs

1 so long as requests for individual assessment remain available

2 there are currently maximum amounts for DRE's that the council use anyway, so will only exceed these in exceptional circumstances.

3 Yes as much of the disability related equip & adaptations are provided free of charge anyway. Client may have to think about maintenance but many still regard this as additional income

4 it may be complex and time consuming but it means that people who may not be aware that they can ask for an individual assessment may miss out. it would be grossly unfair to consider everyone within the same bandings when every individual situation will be different.

5 Would Hampshire County Council Care Staff/Support Workers genuinely promote service users' right to request an individual assessment of their disability-related expenses in the knowledge that such a process is "complex and time consuming"? The needs of disabled people can vary greatly from individual to individual - whilst the process of individual assessments may be "complex and time-consuming", they are necessary to ensure a fair and equitable system for vulnerable people, and that neither the service user nor Council is short-changed / paying too much. I would rather support the Council to invest in ways to make the process of individual assessments more efficient.

6 I think that so long as the actual figures are consulted on then it will be fair

7 This would cost money. Those awarded a standard amount which meets or exceeds expenditure would not request an individual assessment. Only those clients experiencing a shortfall would request an individual assessment.

8 Disability cannot be 'standardised' people have different needs, which SDS is pushing towards.

9 Each individual is entitled to have their situation looked at on an individual basis and this should be the standard practice

10 There would be winners and losers in this scheme and the most vulnerable would be the biggest losers

11 Not sure - in that the people that will wish to maximise their allowable expenses will ask and there will be some people that will benefit from a standardised amount that they wouldn't have previously benefited from. I guess it would take an audit of the DREs to establish the benefits.

12 Every one is a person with individual needs, therefore people should able to have individual assessment of what their disability related expenses are.

13 We lose the hearts and minds of our most dependent community members. It will be seen as a policy that targets the most disabled

14 I don't believe that complex and time-consuming processes are sufficient reasons to assume that a standard amount can adequately assess a real situation.

15 .Because there is such a great variation in the disabilities of people, and their needs, trying to standardise charges will either negatively affect those most disabled, or otherwise offer too much to people who do not need so much support. However, looking at the income (and overall wealth) of all these people can ensure that the council would not be supporting multi-millionaires unnecessarily.

16 Each and every one of us is an individual with individually different impairments and therefore individually differentiated costs. Each and every one of us lives in different circumstances and with different lifestyles and expectations. This is what being human is about and we should value that characteristic and NEVER accept an imposed equalisation or standardisation.

17 ONE SIZE DOES NOT FIT ALL!!! INDIVIDUALS HAVE DIFFERENT NEEDS AND SHOULD BE TREATED AS SUCH:- AS INDIVIDUALS, NOT EN MASSE!!!

18 Essential to take account of a person's individual circumstances

19 How would this work if a person still lived at home with elderly parents and contributed to the household expenses

20 Everybody's needs are different

21 levels of the disability vary so widely and there so does the amount of money they need to spend on disability related expenses

22 Fortunately my disability is not permanent

23 Every service user is an individual with individual needs, cannot be necessarily lumped to together.

24 who decides what the standardised amount will be- concerned how this might impact on people on low incomes.

25 This should be worked out on an individual basis with particular reference to age as heating costs are very expensive and as you get older you are less mobile.

26 if recipient is remaining in their home, then individual assessment should continue. If recipient is entering a care facility then there is no need to make allowance (assuming all will be taken care of in the new home).

27 I strongly disagree because everyone's illness/disability is different and affects their daily lives in different ways.

28 why should registered disabled people pay for more than they already have to in these austere times.

29 No solution can be a one size fits all!!! Would it be a case of take the money from the user, then the user has to go through the bureaucratic chain to have this changed?

30 A person's needs and level of disability and care/aids required are extremely individual

31 Individual assessment is an important exercise in reviewing the users needs income and expenses it is an excellent way to provide council staff with the necessary experience enabling them to better understand the particular needs of each user, standardisation would only be appropriate for a small percentage of users. Not a good idea, service users should receive an individual assessment, not have to request it.

32 Why do people who work full time also receive full benefits? Surely any money available should go to those in real need?

33 Regardless of time and cost you cannot have a very unfair (potentially) system. One size does not fit all.

34 being an amputee of the right leg I have had very little help. I.e. I had to buy my own electronic chair to get around in and out doors. Yet I've heard of people getting a free or subsidised one.

35 At 82 years spending 16 hours daily in a wheelchair I get no disability pension because it happened after I was 65 years. I get carers allowances and 15 minutes of a carer to make my bed and empty my urine bottles. A year ago social services were going to cut that to 1/4hr off. My wife is 88 with very bad arthritis.

36 Anything that reduces costs on admin is welcomed but a one all size fits all can sometimes lead to unfair outcomes. As long as there are safeguards built in it should be a better system.

37 If this country stopped employing top level managers for every department in public service they would be loads of money

38 People's standards differ therefore a standard would not be a standard.

39 This should make the assessment process more straightforward for most people and avoid any potential confusion between support included in the personal budget and support paid for by the person separately.

40 Could this just be incorporated into the amount that it is decided is a fair client contribution per se and not even called a disability related expense. A person must have disabilities to be eligible for a service. The heating one has always been difficult as everyone receives a heating allowance from the Government so if given heating allowance from us also, were getting paid twice.

41 The financial assessment process also provides a prompt to apply for relevant benefits and services and is most useful. There is no other service which reviews finances in this way.

42 An individual personal circumstances could be one without a standard charge penalises them more than someone with higher income of savings.

43 The present arrangement seems fair. There is no way to assess needs they vary with each person each day, so an assessment is actually a wild guess.

44 I imagine there will be different tiers of 'standardised' amounts

45 I agree simply because people in need of care find it hard, often, to itemise to the level required, the standard measure and amount. However, would need to be realistic and fair.

46 Not all the disabilities are the same; maybe will be better to create a system with different grades of disability and then standardised.

47 Everyone's needs are different and should be continue to be treated as such.

48 The simplification of the system to a fixed standardised amount would create injustices of borderline cases.

49 Every case is different; however those that have worked and accumulated savings will be discriminated.

50 provided these are as a fixed extra for the very worst cases of need

51 I think people need to be looked on an individual basis people are all different and have different needs.

52 there are no standard people.

53 for my situation and disabilities I would prefer an individual assessment

54 people's disabilities are all different

55 I doubt this will work although I can see why you would want to introduce it. People should be able to be looked at individually. What will happen is that people will be put off being assessed themselves in case they end up with less money even if that is not going to be the case. What you could do is agree the standard fees for certain items that are common so the individual does not need to produce receipts

56 Every person's disability is different; some need extra care, some not so much; you can't standardised a disability

57 Using a standard approach will hopefully establish some equality of process.

58 Every person with a disability has different needs and therefore how can you use a standardised amount

59 Some elderly and disabled people will not ask for help, pride is a huge disability

60 Richard is not registered disabled maybe he should as he is very frail

61 individual assessment makes more sense

62 This is indeed complex and its people you are dealing with not figures. It is very insulting even to consider this lumping together all kinds of requirements.

63 slight 'cautionary' note - disability related expenses do, I suspect, vary greatly on an individual basis- so the policy would have to take this into account and be fair overall.

64 See the recent independent commission findings on this STANDARDISED approach to benefit medicals-do you honestly think every disabled person has the same needs? You are making me believe the stereotypes about government and disability.

65 people's disability varies widely. The present system seems about right

66 It could be given a try and the pros and cons could be kept under review

67 Drop this lunacy-it matters not what a persons worth, treat all the same and save your efforts for those who really NEED it and don't continue to be conned by those who just LIKE it

68 I think if you gave a certain amount for shower? Dressing? Cleaning? Shopping?

69 each patient has different levels of expenditure and feel this would be unfair to standardise amounts.

70 Where disability is involved there is no 'standardised' person with standardised needs.

71 Provided there is an appeal for individual assessment

72 Too delicate and personal to call one payment for all. In general young people cannot have a clue about the numerous problems of old age.

73 again depends on the assessment how much care the person needs for his/her daily living

74 yes providing service user can still request individual amount

75 everyone has different needs and expenses some have partners/husbands some

76 Streamline your auditing/visiting processes and this would be less time consuming.

77 you should set differing levels in the same way as entitlement to DLA is set by different criteria

78 how can you standardise levels of disability? Everyone has different levels and needs.

79 Each individual needs and although it may be time consuming this is the only way to make it fair.

80 may save time but `one size fits all` usually doesn't.

81 Unless there are special needs or adaptations i.e. wheelchair. We strongly believe that the DIA used to pay for care should not be ignored when assessments made. Brand new luxury cars are generally not disability related.

82 Water & heating bills are given particularly high my husband is immobile and I have to have the heating on constantly.

83 Why do we have to contribute when worked all our lives for this country. Strangers move from abroad and get everything free for life how is this fair?

84 Some people's needs might be greater than others therefore they should be allowed an individual assessment.

85 People with disabilities are individuals and subsequently have individual extra costs that need to be met. Individuals cannot be put into a one size fits all box.

86 seems that this assessment may be straight forward for disabled people; what about people with mental illness? Is it easy to assess for their payments?

87 my Gran; each person has more individual needs on a day to day basis month/year even!

88 disabled peoples needs vary

89 none of above was evident in my assessment

90 I am intelligent ex tradesmen and quantity surveyor and have no idea what this question is all about and do not know what I am agreeing or disagreeing to.

91 every disabled person needs are different and their home circumstances are different. Some live alone with carers coming in at different times of the day

92 Services should not be means tested

93 I welcome the simplification and appreciate the flexibility that allows someone to request an individual assessment

94 Also ignore their home as an asset

95 A standardised amount is likely to be seen as inaccurate by most service users, with the exception of those with high incomes. It is therefore likely to generate a lot of requests for individual assessments. In order to be fair to all service users they should all be individually assessed.

96 This is unfair on people who have saved all their life for their old age. It should be possible to pay a lump sum on retirement or before which would exempt you from a means test. Since only a small percentage requires care at all the sum need not be huge. £10,000 should do it.

97 A 'standardised' amount implies a 'one size fits all' approach but in reality this often means that the size fits nobody

98 Some people should be using extra heating but prefer to forgo it to save money this means they would be penalised for this, better to use a standard assessment that caters for extra heat etc.

99 I agree with the provision that requested individual assessments won't be phased out in future re-organisations.

100 You cannot 'pigeonhole' individuals. Every handicapped person has different needs and should be assessed individually.

101 Essential that service users should contribute to be able to request an individual assessment

102 Although the present system is, I'm sure, time consuming each person expenses must differ greatly

103 I cannot see that this can be calculated in any fair way as extra heating and lighting are difficult to work out.

104 So long as the option exists for an individual assessment if preferred I save years there may be a much greater out lay than others.

105 there are no "standard" disabilities and therefore no "standardised" costs

106 everyone is an individual with different responsibilities and problems.

107 Because everyone's disability is individual to them - if you standardise the amount - some people might need more, some less. How can you standardise - what is right or needed by 1 person, might not be needed by the next... it should be individualised. Perhaps a 'self assessment' would cut the current time consuming process? As people know what THEY need.

108 It is unfair to generalise as some people have to pay a lot to live with their disability & others only have to make a small outlay depending on their level of disability.

109 Yes, cut the cost of administrative bureaucracy

110 don't understand the implications

111 Disabilities are complex and cause very variable costs.

112 As long as service users can be individually assessed as above.

113 My only concern is that there may be different views about what is considered essential in relation to disability related expenses between authorities and client.

114 We cannot afford HCC care at over £14 per hour

115 Because disabilities can be so different and complex and everyone's personal situation is different; it may be complex and time consuming to assess but this does not mean it's the wrong thing to do.

116 Maybe there could be 3 levels for the FAB officer to estimate which is most appropriate for a service user.

117 If it is made known to service users at the assessment that they can still ask for individual assessment.

118 Very difficult to comment. For some individuals their benefits are classed as 'part of household income' and they consequently often don't get their basic needs met. Individual assessment may highlight this, a standard rate would 'endorse' existing discriminatory situation.

125

119 those whom have least will be subsidise those with more

120 For many of the vulnerable clients they will not undertake this

121 every persons needs are different and it would be difficult to standardise

122 If there is a standard amount but the option to request individual assessment due to severe financial cuts I think that is fair.

123 Individuals needs are different and must be assessed.

125 As long as the individual is assessed fairly on their needs and not just a general charge irrespective of their disability.

126 Provided that the statement regarding service users being able to request an individual assessment is retained for all time and that choice is made clear to the service user (and family/carers)

127 everyone's level of disability is going to be different and should be individually assessed for that individual.

128 I think for people with Learning disabilities you need to meet face to face and have information that is accessible

129 I do not think you can standardise on this as every person has a different situation and differing allowances which are spent differently depending on the illness eg Alzheimer's can change at no set time as an assessment can be one day and the next day they can need a different kind of package and spending need to keep up with the disease.

130 Each case is a real person with real needs and a standard assessment may suit you but it would be wrong

131 Very difficult to assess for an individual with learning disabilities - it is complex to quantify the added expenses needed in someone's life. Anything from assistance with travel, purchasing gifts, items of capital for the home etc

132 How can it be possible to standardise costs between variable conditions which have different needs e.g. someone who is particularly incontinent will not have the same costs of incontinence pads as someone who is occasionally incontinent.

133 Any thing which cuts down the red tape that carers and service users have to deal with

134 Disability is so very variable; a 'standard' approach would be very unfair.

135 Those receiving care often are old and not necessarily able to understand if they should ask for an individual assessment (should you change your methodology).

136 I agree so long as this is optional

137 one size doesn't fit all

126

138 not sure

139 This might save the Council money but may not be fair to everyone

140 How can you standardise user's level of disability when users have all different levels of disability?

141 Depends on how your standardised amount is calculated.

142 I agree as long as they know they can ask to be assessed.

143 A standardised amount will disadvantage some very unjustly and benefit some. A sliding scale or matrix that calculates contribution based on 5 expenditure factors e.g. mobility, heating, cleaning, electric usage, household maintenance and 4 or 5 monthly additional cost bands.

144 Use a standardised amount and review annually.

145 The current assessment system is expensive. The proposed changes will be less expensive to administer but could be rough justice to some concerned. It depends on how this change is advertised or proclaimed to become accepted as being fair to all.

146 Standardising the process is fine but how long will it be before the individual assessment is discarded for the sake of making the scheme easier and cost effective to operate?

147 No system will be fair and this is going to make things worse unless the calculation is generous as opposed to ungenerous. No win-win, some losers for sure some gain.

148 But if you fail to honour similar treatment as my Scottish fellow British citizens then any charge should be standard across the board to simplify the administration.

149 People are individuals with different needs and requirements and different levels of other support such as family etc.

150 Not a fair system- especially for British pensioners who have paid towards the health service.

151 Equality issues come in here

152 If you can standardise multiple sclerosis you are better than the current national neurologists.

153 Again, much more detail required if I am to comment usefully. You are clearly concerned with saving money, but client care needs are the most important issue.

154 Provided the amount is an average of what you have actually paid over the last year and not some fictitious amount.

155 How can you 'standardise' elderly adults with learning disabilities, whose needs are very different.

156 WHY SHOULD SCROUNGERS GET IT FREE AND PEOPLE WHO HAVE WORKED AND SAVED BE PENALISED

157 I think there are such a variety of people, different needs each needs to be assessed.

158 One 'standardised' amount is not appropriate. However a tiered system (perhaps 3 tiers) should be easier to administer with service users with severe disabilities being assessed individually.

159 Needs aren't standardised and again discriminatory to those need more and having to request assessment.

160 The standardised amount should have say three levels - as one person with a disability may have few, if any, disability related expenses, but for others their needs can be much greater.

161 The level of income varies too much between service users to make this proposal viable. What would the 'standardised' amount be?

162 this approach ensures greater equality so that each contributes according to ability to contribute

163 This is not a fair method

164 You have stated the cost of assessment which is probably more than the income generated it would be the carers who pay and they are in need of a break and save you money by looking after them at home 24/7 365 days a year

165 As long as there is a strong emphasis on awareness and access to individual assessment.

166 not everybody disability is the same

167 People who are more disabled can continue to request a further assessment will be supportive.

168 There should be an annual review to see how many people have requested an individual assessment - and if their expenses were significantly more than the standardised amount the amount to adjusted accordingly.

169 Disability is a complex issue; each individual has needs which might not be reflected by a standardised calculation. This model reflects current standardised calculation for benefits which doesn't reflect the need.

170 Don't know.

171 Any standardisation would by its very nature create winners and losers - there are individual differences which need to be considered on an individual basis

172 So long as you make it realistic not what council individuals and the councils believe i.e. basing it on rates that no one can attain.

173 To remove ` disability related expenses is simple. Just remove their Disability Living Allowance leaving them with their Income Support. This of course would impair the quality of their lives and make DLA meaningless.

174 You are dealing with people you cannot standardised

175 This should be done a case by case basis

176 I can see that some people always know how to work the system so it's difficult but disabled people do have differing expenses and needs.

177 They should always have an advocate if they have learning difficulties

178 The present system is fairer, because everyone is an individual. A standardised system would be unfair.

179 People's disability and needs are not standard. This policy can only work if this clause is included.

180 Unless you are going to disregard attendance allowance mostly claimed by disabled in later life.

181 This might save on admin but common sense tells you this would be good for some people but a disaster for the really disabled.

182 The fairness of this depends upon the understanding of the individual's condition. Some disabilities aren't easily assessed or understood

183 Stop dressing your saving as my saving. Quality is detail, standard is cheap and cheerful! Plain English please!

184 those who will pay more will demand an individual assessment. Those who pay less will keep quiet. How will you keep control of costs?

185 As long as the assessment faults in minimal no problem.

186 The previous question relates to individual assessments. This question implies individual investigations are complex and time consuming. You are biasing the questions to try and obtain the answer you want to hear.

187 As it will vary from person to person

188 I agree up to a point. Providing the service users really can request an individual assessment, then a standardised amount is ok. As long as it's not used as a convenient way to exclude some service users.

189 Every case is different and needs to be treated as such. Does the process need to be so complex and this time consuming?

190 Why waste time assessing need? Huge amounts of money have been wasted on assessments. Core needs change. Service users would not have to request assessments if they could be given core instead.

191 By standardising the amount- it does away with respecting a person as an individual with their own personal needs. Certain aspects could I feel be standardised but surely not everything

192 If it saves money

193 Cannot say until I know how you will calculate and standardised.

194 Save the tax payer/social services time and money

195 it doesn't really take in social expenses, holidays etc.

196 Provided that the right to request an individual assessment is made very clear to the individual and carers; and is then guaranteed to be carried out.

198 Current system, although lengthy, is fair. Individual expenses differ, I think some people would be out of pocket if the system was standardised.

199 Each disabled person has different needs according to their disability. You cannot standardise this process in order to cut costs. Have you any real experience of looking after a severely disabled person?

200 Modern customer/user profiling could be used in a more effective manner rather than the broad brush approach you suggest

201 I am a well educated person but am not clear what is meant by this question. What do you mean by 'standardised'? This sounds to me that everyone would be assessed on a standard and not have individual needs and circumstances taken into account, in which case, I strongly disagree.

202 This very much depends on what the standardised level is and whether it represents reality for most people.

203 I completely disagree with a standardised approach. Needs should be assessed on an individual basis. A one size fits all approach does not work with vulnerable people with complex needs.

204 All/most disabled people have a very wide varied sphere of expenses to somehow try and exist they are all different from each other.

205 an individuals disability is not "standardised" therefore it must be an individual assessment or self assessment.

206 I understand the need for a standard approach but people's needs will vary hugely - could this pose difficulties?

207 Again vulnerable people are being penalised for their disability. The most vulnerable will not ask for individual assessment.

208 How about standardising all personal disability on a sliding scale from an inconvenience to why should we bother? You could do this on a sliding scale from one to ten in now incremental steps.

209 This seems to penalise the people who probably have the most need.

210 But some people who need support do not have that much equipment but need as much support

211 This is a complicated subject and as with the previous question it seems highly improbable that any standardised solution could indeed be fair. The question itself implies this in its wording "Service

users would continue to be able to request an individual assessment of their disability related expenses if they wish". Why should the Council even suggest this as a course of action if it really believed that the proposal was fair!

212 The wording of the question itself "Service users would continue to be able to request an individual assessment of their disability related expenses if they wish", implies that the Council does not itself believe that this course of action is fair. I am being asked to underwrite a policy that the Council should not even entertain. It is unlikely that any standardised solution could ever be fair for such a complicated subject with so many variables.

213 Without knowing what 'standardised' means it's not possible to judge if this is a move to greater fairness

214 This is a cost saving meaning with no regard for fairness and contradict the suggestion at point 1.

215 as this varies from person to person and with time

216 People should be treated as individuals not as numbers.

217 I disagree because each person's expenses will be different

218 Happy for a standardised amount but must have a way of taking into account special circumstances. We are dealing with cancer, reduced mobility, incontinence and have 3 children under 5!

219 Some people need more heating and hot water than others.

220 Individual assessments are fairer and take into account a persons individual circumstances

221 Again people should not be penalised for having extra income to deal with a disability, extra washing, cleaning etc. which this incurs.

222 How can you expect to standardise level of costs on individuals with a mental health problem i.e. dementia?

223 This will only work if the 'standardised' amount is set at a fair and acceptable level for each expenditure e.g. heating. The cost of heating an old 1930/40s building is a lot more than that for a modern building.

224 It seems a good idea and should reduce the amount of time spent on administration

225 There should be no assessments for chronically ill patients, eg MS, Cancer .etc .

226 Everyone is different!

227 Some wouldn't bother to request an individual assessment so would lose out!

228 I have no problem in agreeing to this providing the last sentence is well published.

229 As you are aware not everyone's circumstances are the same by standardising the calculation you are making it unfair to lower income families.

230 Everybody needs are different; my wife is diabetic so she feels the cold more. I have to get diabetic food which cost more so I think as it is at the moment is ok.

231 Each case should be considered individually.

232 an individual as some will have more needs and others don't have quite the same needs.

233 Should be free

234 Systems do need simplicity to make them cost effective to run

235 providing service users can request individual assessment because disabilities change and rarely improve.

236 Definitely as I have never been asked about all the extra cleaning, clothes and furniture we have to provide regarding our disabled adult. Therefore it has never been taken into account.

237 As long as savings are not a penalising influence in any decisions.

238 1/ Each band should be published with amounts shown

2/ Full details of what the band covers

3/ Only to be applied if yearly income exceeds (a) 2 1/2 times minimum wage (b)

3 1/2 times (c) 4 1/2 times (d) 5 1/2 times - price brackets

4/ exemption at retirement with credit given if working after 65

239 But the option to be assessed must be retained

240 If service users can have an individual assessment when needed

241 My son who has Downs Syndrome is very destructive. He picks holes in his clothes, towels and soft furnishings. Not everything can be repaired; he has deliberately broken windows and damaged furniture. He loses things. Would this be categorised as a disability related expense?

242 Standardisation sounds like cost cutting, how will a 'standardised' amount be arrived at?

243 However, only if the last part of this question is actually honoured, then the individual's requirements will be taken into account. People need different help with different problems. You cannot treat everyone the same.

244 No two persons have the same circumstances.

245 In my assessment I have never been asked what my income has to cover

246 As per the last comment I would suggest a reduction in complexity is warranted; however one size fits all is not relevant to disabilities. Perhaps levels related to DLA/IB may be more relevant.

247 You do not ignore income spent on disability related expenses. You have set allowances - eg - £3.00 for personal care, -£126 for general living expenses. I agree a standardised approach might be fairer but would want much greater transparency on how the figures are reached

248 Give them anything to make life a bit more pleasant for them.

249 Unsure

250 when reliant on living with carer they can have the heating etc and this varies greatly.

252 Providing an individual assessment can be requested where it is felt there are exceptional circumstances.

253 This is OK providing it remains possible to request an individual assessment. There will always be circumstances that require this.

254 Agree as long as an individual assessment can be requested, where it is felt there are extenuating circumstances.

255 Those with complex needs would be penalised by this system.

256 Each individual's circumstances are different. If you have a standardised amount some would benefit but it would make it more complicated by having to have an individual assessment. A two tier working system may be just as time consuming etc.

257 I think this depends on how disabled the client is depends on how much service the person if he or she needs also treatment in hospital whether this is available.

258 I do not understand this question. The financial assessment enclosure states "This assessment will not be changed by the proposed policy"

259 Every case is different and should be treated as such.

260 See Q-1, agree with simplifying but people's needs do vary & it's not just a matter of cost.

261 Different people have differing levels of disability.

262 People are individuals and their circumstances are unique, so offering them the choice of assessment would be good. People will need support to identify their expenditure on disability related costs as they tend to underestimate or do not take all that they can in to consideration. People may be disadvantaged if they are not able to make this connection independently

263 In favour of standardised amounts, as indicated in response to question 1.

264 Help should be based on individuals' circumstances

265 We firmly believe for Disability Related Expenses need to be assessed in an individual manner. People's impairments vary to such a huge extent that 'standardised' costs are highly unlikely to reflect Disabled People's true costs of their impairment. It is also clear from recent Government guidance that

local authorities should be assessing DREs on an individual basis, as well as ensuring their entitlement to benefit is maximised.

266 I disagree with the use of a standardised amount because two people with an apparently similar level of disability can have significantly different disability related expenses depending on their ages, general levels of health, whether they live alone or with anyone else (e.g. a spouse/ friend/their parents who care, unpaid, for them), the location and condition of their home, (is it isolated/is it built to modern standards or old, inconvenient and draughty), and other idiosyncratic factors.

267 It would save a lot of hassle like receipts for the services of shoppers & cleaners but would need to be set at an adequate level to cover these.

268 Each person's individual needs must be taken into account.

269 One size fitting all is not a good idea as many conditions vary from day to day as to what is required

270 Believe anything like this should be means tested.

271 Because everyone's needs are different.

272 Important to be able to choose which option is best for the individual.

273 Providing the standardised amount is realistic and reward annually.

274 As long as it is possible for a person still to be individually assessed if requested then this should be fine.

275 Individual circumstances vary so widely it is almost impossible to establish a fair standard.

276 Although this takes time everyone's disability is different + needs to be done on an individual basis - although I don't see with this has to be complex.

277 Please see attached letter

278 People who need more support should get it.

279 Individual assessment still need to be available & not gradually wiped out

280 Each person has a different level of expenses

281 who is going to decide the level of disability?

282 disabled people have different complex needs and should be assessed individually.

283 More info required.

284 This would depend on % of income used to calculate charge.

285 All individuals have their own levels of disability & cannot come under a "standardized" level.

286 Everybody does have different expenditure, related to their disability.

287 People need to be treated as individuals and everyone's circumstances are different.

288 Every individual's needs differ therefore if "standardised" some would gain some would lose - each case should be individually assessed.

289 Please refer to comments on front page, I feel each case should be decided on its own merits & contributions to national insurance already paid.

290 Again I need more information about differences in cost.

291 "standard" amounts will by their very nature and the need to the council to reduce expenditure always be insufficient for the neediest service user whilst benefiting the well off

292 Everyone is different; standardisation would not take account of this and could leave some service users vulnerable

293 I would need to know the formula that will be used before I can make a decision.

294 Item by item approach would be more reasonable.

295 Treat as an individual and not the same as everyone else. All our needs are different and we should not be categorised.

296 Re-look at related expenses there are more than just heating and equipment

297 Explanation required on what "standardised" amount will be.

298 Except in our case, we had to pay £5300 for a stair lift because of a 'return' staircase. Most straight, standard stair lifts only cost £2200 (year 2000 prices)

299 No one size fits all here

300 The need for economy and simplicity is recognised, but every individual's circumstances differ and in no way would a standard amount meet all the varying requirements.

301 You will simply introduce a low "standardised" level in the hope that some people will not have the fortitude to go through a full assessment

302 Any assessment made by health or financial offices should be passed on + made available to other departments eg carers housing etc.

303 There needs to be a fair appeal process

304 Funds could vary considerably

305 disability covers such a wide range, both for physical disablement and mental impairment that the only fair method is individual examination of expenses

306 it ought to be done on a case by case basis as it is so variable.

307 seems to be fair

308 Every disabled person has different needs. How can everybody be "standardised"?

309 People's needs are not standardised people themselves varying level of needs and disability and should always be treated as individuals with particular circumstances and variables taken into account.

310 In item (1) you are suggesting individuals are individually assessed, now you seem to be saying the opposite, it's a bit confusing to know what the policy is going to be.

311 There should not be a standardised amount because we are all individual with individual needs.

312 The severity of the individual is paramount. Those families that dump their elderly in sheltered accommodation should be penalised

313 Standardisation will not fit with learning disability where an individual assessment is essential - everyone is different what has happened to personalisation?

314 What do you mean by a "standardised" approach? Do you mean a standard amount for, say, heating, extra laundry expenses etc; or a standard amount for total disability related expenses? These expenses will vary hugely from person to person – someone on daily home dialysis will have greater needs than someone who needs general help with dressing, bathing, perhaps making meals etc.

315 It is important that last para is always possible. People may have specific problems which need to be considered.

316 This takes longer, but personal contact is essential to calculate real need.

317 I think these needs to be a re-think on the level of savings which preclude any help from the council.

318 not enough information.

319 There isn't a one size fits all so individual assessments are required as a matter of course.

320 People should be allowed a discretionary allowance like tax before it becomes assessable.

321 Different disabilities carry different cost overheads as do different circumstances it would be unfair to use a standardised formula.

322 Modify your assessment procedure make it user friendly

323 Standardisation could be to the detriment of some

324 Some would need an advocate to decide whether to request individual assessment. Otherwise OK if savings would cover situation where 'winners' (in new system) don't request assessment but most 'losers' do

325 Once again the benefit has not been included in any calculation

Appendix 8

Additional comments: Question 3

Removing the maximum weekly charge

- 1 indeed this seems far more fair
- 2 highly unlikely to reach this amount.
- 3 but this would only be workable if everybody was given an individual assessment to find out whether or not they could afford to pay more than £440, lets hope that this is not a standardised amount as well
- 4 Having limited knowledge on this subject, I would anticipate a means-tested weekly charge would be fair for all.
- 5 So long as this did not impinge on the person's wellbeing and other activities they have to pay for
- 6 I feel that just because you have your own money probably left to you by a hardworking relative you should not be expected to contribute more than anyone else
- 7 IF they can afford it.
- 8 It is morally reprehensible that people who have chosen not to spend everything have this money taken from them to receive the same service that is provided free to those who have chosen to spend everything. But, what other alternative is there? I am more against the capital charge being set so low at £21,000 than the weekly charge being increased. If clients own a house this is likely to be significantly above £21,000 so if the rate at which this is taken from them is to increase then why can't the capital offset rate also increase to leave them or their relatives a token inheritance upon death ?
- 9 If the person's need is just the same as someone who is not paying, for whatever reason, why should they pay more than the above rate just because they have more capital/saving or income? I wouldn't call charging someone more because they have more money is fair.
- 10 As a council if people have the money unfortunately a tight financial climate will necessitate that they pay more.
- 11 A capped level only benefits people that can afford to pay much more. Anyone that can only afford a certain amount will have a financial assessed upper limit which reflects their income and savings
- 12 they should have an opportunity to appeal against the decision or for reassessment if needed.
- 13 This is £20k+ per year and there are very few people with this kind of money, leave them alone. Is it possible to administer? If it is imposed, this should be phased in over four years. These people will stop

- 14 This all depends on whether the method of assessment is a fair one which accurately reflects personal circumstances
- 15 what service user gets this kind of money? it would be more helpful if these questions were directed to an adult with a learning difficulty who relied totally on their benefits.
- 16 I doubt anyone could afford to pay the above quoted amount is this designed to cut down on the service?
- 17 There has to be a ceiling to these costs. i.e. assessed as an individual.
- 18 Not sure- again concern about people on low incomes although presume they will not be affected.
- 19 This would penalise those who have saved money during their working life and reward those who have not bothered. However the very rich should pay more but then these people are often in private care.
- 20 why should someone who has saved for their retirement be made to pay more - whereas someone who has not saved gets everything free- very unfair
- 21 However: regulation and monitoring of care facilities must be improved and to include fees charged.
- 22 see reply to question 1; comments are the same
- 23 Just because someone has worked hard all their life, why should they be penalised if fate is unkind to them.
- 24 I do not agree to disabled people being expected to bale out the country. We are charged enough for our bad luck - if I am not a misery. I live in 1 room - you have already stopped my allowance for my broken lift.
- 25 open to exploitation of the vulnerable
- 26 £440 is a lot of money surely care should not exceed this unless the person is excessively rich
- 27 £440 per WEEK? I don't even receive £440 per flaming MONTH!
- 28 Providing they have the financial means within current parameters.
- 29 this would very much depend on whether further claims could be made.
- 30 figure too low (£440)
- 31 Not enough information given to make a decision. How can it cost £440 per week to live?
- 32 I pay for a 30 minute visit from a carer, she is rarely there for more than 15mins and yet I get no reduction on my fees.

- 33 My concern over this is that as finances become more strained the level at which this comes into effect which is the danger will be pushed further downwards on those with smaller incomes and less able to pay.
- 34 Disability living allowance severe disability allowance goes on a motor home which I am paying for each month
- 35 they have paid into the health service all there working life they are entitled to help now
- 36 some people work hard over many years to obtain a level of finance this would penalise them for doing this.
- 37 I understand that some other local authorities have a capital limit for non-residential services, but set this at a higher level than the capital limits for residential care, to take account of ongoing expenses related to living at home. This could be a fair approach.
- 38 £440 per week is a large amount to pay and sometimes I think people with savings and pension income have to pay for everything
- 39 The fact someone has worked hard and saved all their lives should not penalise them
- 40 £440 is a lot of money I would think adequate- is the carer & cared for get to inform each other of things get easier to adapt. It is not easy to accept care - especially when one is aged to coping oneself. You should consider the 'cared for' as a person
- 41 Where this involves a large increase can the effect be 'tapered' to enable the individual to plan ahead.
- 42 Provided the actual payment can be deferred and that only those in the top quartile for capital asset
- 43 Yet another stealth tax on those that have savings. If their services amount is that high, their needs must be high and they would then be penalised doubly.
- 44 Entirely depends on the new maximum (if any) and the fairness of the means testing.
- 45 Again, depending of the disability £440 per week could be a lot or a little.
- 46 The 'carer' is under enough pressure trying to match what is available and their personal needs without having another 'definite' factor removed.
- 47 We think that there should be a maximum charge. However again just because a person has worked hard all their lives and accumulated savings this does not mean they should be discriminated against.
- 48 for reasons stated as item 1
- 49 the key issue to consider here is level of income and level of need for care. There needs to be a balance between level of financial resources and level of need.

- 50 we all pay and have paid taxes
- 51 only if they can afford to
- 52 If people have paid tax and NI all their lives they should not have to pay more first because they worked and saved
- 53 The assessment needs to be fair. Just because someone has a large amount of savings they should not have to pay extra for the cost of services otherwise their savings will soon disappear.
- 54 If people have the funds then they should pay, again though it should be checked that they have the funds and don't include assets that are disregarded.
- 55 So some who has worked all their life dips out again
- 56 This seems a fair approach
- 57 Only as long as the value of a persons home is excluded
- 58 Would needs to be carefully assessed to ensure no hardship
- 59 where do they get £440 per week from? I am a LSA earning £440a month. Richard my father has £136.79 a week
- 60 assessment criteria has to be known before this can be answered
- 61 If people are very disabled/ ill shouldn't the NHS be contributing to their ongoing care costs? It seems rather unfair to charge people for the misfortune of being disabled/unwell- we're supposed to be a civilised society.
- 62 People who have saved all their lives would feel penalised
- 63 Someone has enough £ to contribute such a large amount of money? Good for some, Most people I know would not be able to afford that.
- 64 Why should elderly people who have saved for their old age be penalised?
- 65 This penalises those that have been prudent and made provision for their later years
- 66 Those who fritter away their income always come out better
- 67 This is just compounding your felony
- 68 This question is too loaded to answer in it present form. It would really depend
- 69 Depending on the level of care and time consumption needs to be taken into account. Agency time is limited as so short of staff the client receives a rushed and stressed visit.

- 70 Why should people whom have saved all there for no reason of there own they become disabled and bang goes there monies. I know people who get all the help going saying they have no monies they give it to there family so they don't have to pay.
- 71 disagree as the amounts charged are very high already
- 72 £440 seems a lot already Nov
- 73 only if the user is not left on the bread line
- 74 fix cost higher e.g. £500 p hr for maximum weekly charge. Why do you not have a maximum figure you are asking people being assessed as being able to pay more than £440 per wee? I.e. If more than this how much more than £440 pr would you be asked to pay? Be specific no figures please.
- 75 if the person need a lot of care and had money, yes very difficult to judge individual
- 76 as we are not in this situation have no comment
- 77 payment should be from income which would include interest of earnings on savings.
- 78 Providing they really can afford it or until such time as they can no longer afford it
- 79 Although this would not affect us personally we believe it is unfair to target those who have worked hard to have some savings for luxuries later in life. With this kind of system it only benefits those who have not worked or waste money all their lives.
- 80 I agree in principle but it would depend on how the assessment to be able to pay more was come by, it becomes a disincentive to save if savings mean you always have to pay more.
- 81 Currently people in our NHS hospital are not expected to pay for the cost of their care and the same should apply here.
- 82 That's a huge amount of money (over 20k pa) for any service. If it costs more then you should be looking at why!
- 83 I feel it should be graded especially if there is a spouse also living on the income
- 84 the amount should depend on income
- 85 People who have made provision for care when older should not be penalised. However, people who need care as the result of say an accident have received substantial sum of money from a court should contribute more to the cost of their care.
- 86 I am already paying the full amount. I certainly do not want to pay any more.
- 87 Why should people who have made a point of saving for their family's future be asked to pay more than those who have not?
- 88 Penalising those who have worked hard

- 89 Revise the maximum charge maybe but then have charges on a sliding scale according to ability to pay.
- 90 I would agree if the parties were very rich or bordering millionaires. In my case nowhere near!
- 91 At national minimum wage rates this equates to over 10 hours care per day. I am surprised that someone needing this much care can live at home.
- 92 As before I do not know why I bothered scrimping and saving all my life as because at my unrequested disability I am going to have to pay top whack.
- 93 I agree that those who can easily pay should do so, however some sort of cap is required in my view
- 94 Assessment not to take into account their home as an asset
- 95 People who have a large disposable income are very likely to be able to afford to pay more towards their care.
- 96 This is unfair on people who have saved all their life for their old age. it should be possible to pay a lump sum on retirement or before which would exempt you from a means test. Since only a small percentage require care at all the sum need not be huge. £10,000 should do it.
- 97 Depends on how the assessment is carried out and what it is based on
- 98 No-one should be forced to sell their home to pay for care. As a nation we have all paid thousands in national insurance over the course of our working lives. National insurance "from the cradle to the grave"
- 99 It is abhorrent and even Dickensian that a person born handicapped through no fault of his/her own has to pay anything. Remember most have no income to speak of.
- 100 £440 per week seems more than enough
- 101 asking for too much of an increase could stop some carers from affording respite £440 is a fair amount
- 102 £440 per week is a fair amount to pay
- 103 Very few people could afford nearly £63 per day
- 104 I just don't know how people can afford to pay £440 per week I'd say just bury me now
- 105 Again, see earlier comments... I think services - where there's a GENUINE need, should be free - or capped. I don't think it matters what someone's income is if they have a need to access these services.
- 106 Stop penalising people who work and save for their own old age.

- 107 a flat rate for everybody is preferable
- 108 if anyone can afford £440 for their weekly services they should be utilising private rather than public services. Therefore priority should be given to those less able to pay.
- 109 £440 a week is a very high amount for anyone to pay; it seems reasonable that people could expect the state to top up given that people have paid taxes, NI etc
- 110 Our service users who have acted responsibly and have planned for their retirement already feel penalised. If there is no ceiling on the upper limit then more people will arrange their own care outside of statutory service making them more vulnerable to abuse/exploitation.
- 111 This will disadvantage those that have been sensible and saved where as those that have wasted money gain again.
- 112 does not apply to my daughter at present time her income does not come near £440 per week anyway.
- 113 £440 is high enough as it is.
- 114 I agree some very well off families should pay more towards services if there is a film star or footballer earning millions and a family earning £30k it is unfair to expect them to pay the same.
- 115 Although this does not affect me none of us have chosen to have these physical conditions and it is wrong you punish people who cannot help how they are.
- 116 as long as the partner at home needs are taken into account
- 117 This is unfair and is not fair or equitable. For reasons given in question 1 the common interest is to keep her in her own home as long as possible
- 118 Do not think this would be fair to those who have managed their finances sensibly.
- 119 See comments for the first question. Why should people who have saved for their old age be disadvantaged even further than currently?
- 120 A limit is needed to allow people to plan their finances. However, once the limit is reached the Council could retain discretion to limit additional options not considered medically essential.
- 121 again does this include a property that someone may own?
- 122 However if the income is tied up in property how would they be able to meet the charges and what effect would it have on the carer as it could mean that the property would have to be sold to meet the needs. Also would the carers income be separated from the service user as it could leave the carer without a house (if under 60) to live in and an extra worry to think about
- 123 People may want to preserve potential inheritances, but there is no reason for this. It only benefits those people who chose their parents well.

- 124 The majority of users have wasted all their lives and paid national insurance contributions now that they need service why should they pay again?
- 125 I disagree because the assessment criteria will inevitably be set to low.
- 126 not many carers/service users have money to turn and are getting by.
- 127 We are not communist why save during a working life if the Government takes it away later.
- 128 Providing the anomaly I mentioned earlier is put right first for the reasons already stated. If not I disagree.
- 129 Agree that the Bransons and other millionaires might pay more. One wonders how many would come into this category.
- 130 Very few users would have sufficient income to sustain payment of more than £440 per week plus their day to day living expenses and property costs.
- 131 This reduces the incentive for the individual to save. It also raises the question what does the service to the individual actually cost. Is he paying more than the service he is using?
- 132 Again, penalises those who have made provision for their old age. Favours those who have not.
- 133 It would depend on how it was decided that people are "able" to pay more than £440 per week.
- 134 I think there should be an upper limit, without it you further penalise disabled people with complex needs for their disability.
- 135 I agree only if the cost of existing services to the individual was already more than, say, £400 otherwise the Council would be seen as discriminating against those on higher incomes - this may indeed be the intention in which case it should be stated in advance.
- 136 If this change is implemented any extra charge should be phased in e.g. steps of 25% a year over 5 years.
- 137 If Q2 falls this is irrelevant
- 138 I think that making users pay more is a worrying trend. It could mean in the future everyone paying more regardless of any maximum payment. The amount paid by the county will reduce due to financial expediency.
- 139 Only wealthy people could afford that anyway so are you targeting them or will it force people to make sacrifices in order to pay. Again how can you make it fair?
- 140 No as this demonstrates socialist tendencies based upon politics of envy and undemocratic. A separate initiative working in tandem will appeal to certain individuals (able and less able) to pay a one off lump sum say £10k.
- 141 not at the expense of losing one home.

- 142 1) shouldn't be a ceiling 2) if more would quickly run out - what then?
- 143 The system is in a muddle and we have neglected our British pensioners.
- 144 This seems fair but is only fair if people are given details of agencies to enable them to pay for care privately.
- 145 As I now know that the uncertain nature of MS leads to a very uncertain requirement of care.
- 146 Most clients have a whole raft of needs which are related to medical conditions. My mother's is such a case and she should therefore not be financially penalised because of it.
- 147 My assessment would place me well below the £440 but none the less I do not think those who have been prudent savers should subsidise those who have made no attempt to save for rainy days.
- 148 People who are not particularly wealthy but have been careful with their money all their working lives should not be taken advantage of. While happy to pay for service, there should still be a set limit of a maximum charge.
- 149 Surely people who have this amount of money would not be claiming that amount of benefits.
- 150 Should be free
- 151 AS ABOVE
- 152 People with severe and multiple disabilities should be supported. £440 per week is certainly far more than they could earn a week so will eat into their savings whether it is long term saving or compensation.
- 153 I think it is fairest to means test people and payment towards ones costs should be set upon that.
- 154 this approach undermines ability to contribute.
- 155 you are going to leave people with nothing. You are taking away from those whose lives are hard enough already
- 156 The change of £400 is why down on what is charged for some who use Orchard close which is over £700. This cost is way over the top and should be reduced to make it better for everyone.
- 157 just think about it who can afford 440 a week
- 158 It will be unfair to those ordinary people who have made provision for their later life and perhaps been more careful with their money.
- 159 If they really can comfortably afford it
- 160 This would make it more costly to stay at home than to go into a nursing home. My niece is a matron at a nursing home in Tavistock their fees are £530 per week with a rebate of £108 from the Government to pay for the nursing element.

161 Perhaps we should ask for a refund of 63 years worth of national insurance contributions to cover these so called costs.

162 If a person needs this level of care they should be in an appropriate hospital

163 This would be dependent on how calculations are made. Without this information I am unable to make judgement.

164 Don't know.

165 Because you employ third parties to do the work, rates earned by carers of £6-8 per hour are hugely inflated by using these providers. Being charged £440 per week for 21 hours of care is extortion.

166 My experience is that there are very few rich service users and such a policy would reap little benefit.

167 People may top up their services if given a choice and price

168 Not enough information - when does being assessed as being able to pay mean? Income? Savings? Value of home?

169 only if they have lots of money

170 Does this imply a change to the upper limit?

171 It makes sense to have a uniform system for both residential and non-residential care. But this should also extend to the amount of capital disregarded, currently £23,600 for residential and £14,250 for care-at-home (if anything, these seem to be the wrong way around if they are not to be the same!).

172 Few persons reach the maximum and if paying then the care is limited to what they can afford not always what they need. Those not paying often have 4 visits a day even when family support is available.

173 Why is that those who have probably put more into the system are still expected to put more into the system?

174 See earlier comments. I have not had holidays, new cars etc and have savings for my family. Bloke next door gets drunk, goes on holidays and has no savings. I think you are saying he needs support when I don't. Total nonsense!

175 This will incur additional management costs

176 Providing they don't have to sell their home to do so

177 Yes the flavour of my comments to question 1 apply forcibly here. Why should one be expected to pay more than one who had aggravated their lifestyle by smoking, drinking, and drugs?

147

- 178 People should not be asked to pay for services they may not need just because they may have the ability to pay more because they have been careful in the way their money has been spent!
- 179 a lot of money
- 180 It is unfair to financially support some people and not support others. Assessment is too complex and wastes money that this government does not have
- 181 £440 per week is to my mind an excessive amount to have to pay and penalising those with a higher income is unfair and unjust.
- 182 Why should a person be penalised by having to pay more than £440 per week just because they need help and care to enable them to get on with life
- 183 Should not be expected to pay at all it is the states responsibility.
- 184 Again- subject to how the assessment is done!
- 185 How is this magic figure of £440 calculated?
- 186 I think if older people who have paid their tax during their working life they shouldn't have to pay again. Someone younger who always been vulnerable couldn't afford it.
- 187 age related question?
- 188 I cannot see how any disabled person could afford to pay £440 per week if they can then they don't need help.
- 189 If someone has worked all their working life and never asked for anything why should they pay more than someone who has never worked and 'milked' the system? This would not include genuine claimants of course.
- 190 Someone with a disposable income of £24k would have very little left after paying £440 per week
- 191 What is your upper limit or don't you have one? This could push people into poverty or wipe out their life savings they've worked hard for this less responsibly or have not worked hard.
- 192 Again, depends on what the assessment is based on. My Mother did not qualify for pension credit or housing allowance, but only just. She therefore had to pay the full rate for social care which left her struggling financially. An individual's personal expenditure should be taken into account especially if they wish to live at home and have costs of maintenance, garden, window-cleaning and other necessities which they cannot do themselves.
- 193 A civilised society should not be demanding payment from the elderly, infirm or disabled for being this afflicted and needing help, when such people are already disadvantaged.
- 194 As a man once commented "don't get old and don't get sick" a message I greatly concur with, we'll all get old but please don't ever get ill.

195 this again is penalising people just because they had a good job and pension when in good health.

196 Again every person should be looked at.

197 This would surely encourage people not to ask for or accept the care that they actually need. Driving a need underground by financially penalising the recipient is not the answer. It has an element of short-termism in it as people are forced to spend their savings until they fall inside the means test at which point the council will still have to pick up the full cost.

198 This is a short term tactic with no lasting value or savings to the Council. It will force people to spend their savings until they fall below the means test threshold at which point the Council will still have to pick up the full cost. This seeks to financially penalise the Service User to cover the Council's own shortfall. It would encourage people not to ask for or accept the care that they need. This may hide some of the problem, but surely in the long run it will make things worse.

199 A maximum charge makes it possible for users to plan more effectively

200 Once again those that have saved will be disadvantaged against those that have not.

201 But if the policy changes to charges individuals more than £440 per week the extra council income must be used to bring down the cost everyone on lower incomes.

202 Ordinary service users do not have £440 a week to pay toward services out of pensions.

203 It is a very large burden to pay up to £440 and should not be increased.

204 I agree on principle that people who can afford to pay should but we couldn't afford the £440 a week.

205 £440 is a lot for anyone to pay, particularly if they have worked all their lives and already paid their way. When someone has lived on benefits all their lives gets it free.

206 I think there should be a cap on the maximum amount payable, perhaps raising the current threshold would be a better approach and still based on their ability to pay following financial assessment.

207 the level of service requested is not always fulfilled for various reasons. How would you manage claims for credits or insufficient levels of service?

208 You are running away from a problem which is too big for local authorities to handle

209 Most people who could afford to pay more than £440 p/w have saved money and been responsible. It is unfair to hit them financially when they need help in old age.

210 Presumably someone would keep a running total of expenditure as at the outset someone maybe assessed as being able to pay more - but the question is for how long. So please modify to say

more than £440 for TIME PERIOD in say 6 months or 3 years depending on the individuals wealth.

211 If there income is over a certain amount that's fine.

212 Provided the assessment is agreed as fair and may be challenged. Also provided all the contribution is used towards the contributors own care needs.

213 Believe there should be a ceiling otherwise one is penalised for being thrifty and making sensible plans during one's normal life.

214 Unclear what maximum services might be for £440 !

215 You do not say how much more than£440 if this limit is raised to a new limit (perhaps +10%) and reviewed every year, this should be reasonable.

216 If they have the money they should pay

217 Should be free.

218 £440 is a large amount of money for anyone to find it is probably more relevant to find out if there are any alternatives to the care they receive.

219 They'd have to be pretty rich though!!

220 There are always extra costs involved with disability many of them hidden. If someone has more money they have probably earned it, why should others who have never worked before benefit more than those who have. They have a right to a better standard of living.

221 This would depend on the type and quality of the service and the amount of work the carers offers. I.e. care by Agincare of New Milton Hants.

222 I cannot believe anyone would need more care than £440 a week could pay for.

223 A maximum amount gives a degree of certainty to the client our his/her carers

224 You are not treating everyone as equal as those who have saved and worked hard are to be penalised.

225 Why don't you just take everyone's money? Maybe when you've spent it all you might consider making economies in your own offices and pensions.

226 You say 3440 per week - as I have already exhausted the savings I have to sell the house.

227 If the cost of service is £440 per week I can't see the logic of paying more for the same service. If an apple cost 30p why pay 35p?

228 Agree if maximum contribution is increased but not if maximum weekly charge is removed in entirety

- 229 People should not be penalised for having made good investment decisions/working hard prior to their disabilities. This system discourages anyone from seeking to look after themselves financially.
- 230 But would expect much greater transparency about the make up of the allowances and would want to see a ceiling of some kind
- 231 Unsure
- 232 If they had not lived in the country for 16 yrs.
- 233 This approach will remove any incentive to save and will result in costs for the council increasing.
- 234 My wife has an amount of care washing and dressing each day helping me to help my wife I do need this service it is a welcomed essential service
- 235 Unfair to someone who has saved and worked hard for many years.
- 236 Again you are penalising people who have worked and saved in favour of people who know how to work the system.
- 237 Q-4 needs to be taken into account.
- 238 Removing maximum limit on weekly charges penalises those who have been financially careful all their lives.
- 239 Adopting this approach will only discourage people from saving for the future
- 240 Removing the maximum charge cap will only affect a small number of people but the effect for those people could be devastating. A full individual impact assessment should be carried for those individuals who may be affected and individual action plans agreed to try to mitigate the negative impact.
- 241 Under the proposed policy, would the amount people could be asked to pay be on a sliding scale according to their income?
- 242 A realistic assessment needs to be carried out.
- 243 You should not expect people to re-mortgage or sell their homes to fund care.
- 244 People should only pay as much as they get for their pension
- 245 There should be a maximum set if they are asked to pay more than the £440 per week.
- 246 There needs to be a cap! If no cap then huge amounts will be available form some which is or seems unfair.
- 247 Bearing in mind the amounts previously paid is national insurance & tax.
- 248 This is unfair system & paralyses those who have been careful with their finance.

- 249 Everyone should be entitled to some free benefit.
- 250 I think only those that can afford to pay should pay.
- 251 Most people (adults) who use these services will have worked for 40-50 years paying taxes and into the NHS all their lives. Also many will have fought for their country in the 2nd world war. I strongly believe that these services should be provided free for the short term. Long term care would have to be assessed individually.
- 252 Please see attached letter
- 253 Who gets £440 per week!
- 254 Where did the cost of £440 per week get calculated from? This is a large amount. My earnings per week nowhere meet this cost
- 255 As long as it does not require a person to sell their house - non cash assets should be excluded.
- 256 I think £440 is a very substantial amount.
- 257 see no-1 comment. "depends on how financial assessment is achieved & that it includes"
- 258 Not many people get £440 per week income. Do this care 24 / 7 at this cost .
- 259 They should not be punished for working hard during their lives & having more money to contribute, £440 is more than enough.
- 260 After a realistic financial assessment is undertaken.
- 261 Same comments as made in q-1
- 262 It seems reasonable for those who can afford it to pay for their care needs.
- 263 A limit is required to protect vulnerable people
- 264 I only get £41.3 a week and if my mobility allowance component & the DLA is withdrawn I will only get £22 approx
- 265 When a person saved for his old age to enjoy additional comfort, he will be penalised.
- 266 Except in the case of those clients who are over 80 yrs of age.
- 267 Pay a contribution; don't take all of our money.
- 268 If someone needs this amount of care then for a quality of life they would need all the money they have above this to keep them out of hospital or residential care.
- 269 Unable to tick any of the boxes, but I feel why should people be penalised for saving for old age.

- 270 Why do you insist on penalising people who have work hard all their lives to get a good pension and try to be self sufficient ?
- 271 Those that can should pay, as long as burden does not fall on extended family
- 272 But particular individuals should not suddenly find themselves paying significant increases.
People carefully analyse their finances in allowance and any sudden charge would be unfair.
- 273 Penalising people who need care; it's not a lifestyle choice
- 274 as long as there has been a fair assessment carried out
- 275 Taking more money from the disabled is shameful
- 276 As I cannot imagine anyone except the very rich being able to pay more than £440 p.w. i am unable to give an opinion. in the cost of my son who has been mentally handicapped since birth, I find the question laughable.
- 277 as long as it is based on what the service user's actual outgoings are not what social services feel they ought to be. it should not mean that a service user or his family are forced to sell their property.
- 278 what happens to someone in a care home when the enormous cost of these places makes them unable to pay for the same care in the same home?
- 279 The better off have paid more taxes in their working life, so why should they pay more. £440 is quite enough.
- 280 I would think that is as much as any should be paying but don't know all the criteria.
- 281 what someone can pay on paper and what they physically have left each month can vary it may appear they can pay £440 per week when in fact they like myself are left with mounting debts just because of our ill health
- 282 the state nationally should decide in Scotland it is free, why should we be any different.
Cllr Thornber needs to promote Hampshire and disregard politics on this important issue
- 283 Increasing maximum charges may mean that people with a LD with needs identified by the personalisation process may be asked to pay more than they can realistically afford. cuts to their required service will again put pressure on carers.
- 284 This equates to £23,000 a year – if you take more than this from people, they will very quickly run out of funds, at which time the Council becomes wholly responsible for the cost of services. This is a short sighted approach.
- 285 Circumstances need to be carefully evaluated.
- 286 Because all have needs, but some people do not have the resources others have.

- 287 It is a disincentive to save anything. Being careful & responsible with money is penalised to pay for the reckless.
- 288 I can't see that anyone would afford to pay more than £440 a week - and if so, then not for very long. Would you be referring to senior citizens who have saved over many years? Hardly seems fair does it?
- 289 This could leave people with too little income to retain their quality of life
- 290 Everyone has paid their taxes
- 291 Because of the financial implications for families
- 292 I agree but there needs to be some form of robust accountancy put in place to ensure the person has the funds to pay
- 293 Not sure
- 294 OK so you do not want to include the benefit in monetary terms. I can still not calculate what a no-limit policy is worth

Appendix 9

Additional comments: Question 4

Disposable income

1 this happens in other local authorities anyway and would benefit the council's resources and also eliminate the need to explain why the change from 100% to 95% during the financial assessment visit process.

2 Debts are not taking into account already and this would mean that people would not have enough money to pay bills, leaving them in financial hardship.

3 Strongly disagree, how do people save for everyday items such as washing machine, new carpets, we would be putting people into poverty.

4 people should be allowed to have something that they can call their own, if we take everything from them then we may as well make all their decisions for them

5 Up to 95% is more than fair; disabled people deserve some money for entertainment / hobbies / savings etc.

6 I believe people have to have a realistic amount of disposable income

7 Your talking about people integrating into the community there are no jobs and socialising is a costly expense if people have no disposable income how are they expected to socialize, this is short-sighted and will lead to people being in crisis which then costs more money.

8 To use 100% would discourage client from applying for benefit entitlement that was not in payment. This would reduce L.A. income

9 Everyone has unexpected costs, and they need to budget (save) for them

10 Taking 100% of disposable income would discourage clients for applying for additional benefits as they would see no benefit to themselves for doing so.

11 People need some disposable income to maintain a level of control and independence

12 Quality of life

13 If the client is in a HCC residential or nursing unit then charging up to 99% would be acceptable but, subject to capacity, every person must have a right to some disposable income ?

14 If the client has a wealth of money at their disposal.

15 Just because they have extra disposable income does not give us the right to ask them to contribute more towards the cost of care they need, I don't think this is a fair policy. Just because some people are very careful with their money that does not mean we can over charge them.

16 A culture whereby individuals are effectively penalised for having savings will not be popular and as a society we need to boost economic stability by ensuring people have access to a part of their savings?

17 Providing this doesn't leave individuals in financial hardship.

18 Individuals may have other family commitments/leisure or hobbies they wish to pursue, and if HCC take 100% of their disposable income you are denying choice and control

19 Although I can understand the need for this, I feel that the public need money for lots of reasons. Because I needed care, I would not want to only have money for my needs as a disabled person and my bills paid.

20 what about discretionary costs service users may wish/need to incur?

21 I would prefer individuals to have a 'buffer' zone. 95% seems fair. I have concerns that people may go without on essential items if they fear that they will have no income to use.

22 If people have no assets, e.g. money in a bank account, taking 100% of their income can prevent the person from making their own purchases (e.g. outings, Christmas presents, replacement clothes, etc) unless this is included as a "living expense," which seems inappropriate.

23 I find the concept of "disposable income" insulting and derisory. Stop anyone in the street and ask them what their "disposable income" is and they will not be able to give you an answer. This is not something they recognise in their own financial affairs. The term itself harks back to the Victorian era and the Poor Law. The implication is that you have money lying around with nothing to do with it. Ridiculous and hurtful. I demand a reduction to 50%. Remember that the "disposable income" is your granddaughter's Christmas present, your partner's bunch of flowers, your night out seeing your favourite band or watching the team you support. This is not money lying around but that little extra in life that give personal joy, satisfaction.

24 **MAYBE THE GOVT NEED TO 'CUT' THE AMOUNT OF MONEY BEING SPENT ON 'OVERSEAS' AID!!! CHARITY BEGINS AT HOME!!!! PEOPLE WHO ARE ALREADY BORN DISADVANTAGED COMPARED TO THEIR NON-DISABLED PEERS SHOULD NOT BE MADE TO 'PAY THE PRICE'!! ANY SUCH IDEAS ARE OFFENSIVE AND UNFAIR.**

25 100% leaves nothing for anything other than care costs - a wholly unreasonable principle

26 sorry but I do not understand this question as it does not apply to somebody living at home and relies on their elderly parents to look after them

27 Personalisation surely means that we are to be treated as individuals and left with more dignity. This should include having a little money left to buy books or CDs, perhaps a treat now and then? Not to mention to be able to buy a birthday card for grandchildren (seem to cost at least £2.00 + postage). Maybe the percentage should go up to 97% but it should not be 100%.

28 We all need money left for emergencies and too be able to buy clothes, Christmas and birthday presents for our families and to treat ourselves occasionally.

29 People should be able to have some disposable income to spend on the odd luxury and gift for family and friends. This spending power supports people's emotional health and wellbeing issues.

30 If the assessment is done properly then the service user is entitled to 5% of disposable income for unexpected expenses.

31 This leaves no contingency for people- how could they live/eat etc?

32 What are you going to live on if 100% of income is spent on care? Charity should begin at home and less money spent on foreign aid.

33 come on - allow some dignity!

34 see reply to question 1; comments are the same

35 If people can afford it they should pay Nov

36 Bills for energy and such like don't remain the same also what if someone's washing machine or central heating broke down- without any disposable income these couldn't be fixed. This would then mean reduced quality of life.

37 100% this leave no part of disposable income for the personal discretion of the user after contributing towards necessary provided care.

38 very unfair on those who have worked and saved for a few comforts in their old age. How would some one who has lived on benefits do this, pointless exercise surely.

39 I think 95% contribution is enough I remember well my mother having to supplement the lost of living for my father when he was in a nursing home after she had cared for him for 8 years at home. The home costs used up all Dad's pensions, attendance allowance and spending money offered to Mum had to buy soap, shaving equipment, clothes etc. out of her income. She was not eligible for extra money from the Government because her nursing pension meant that she was just over the limit. When Dad died they (Govt.) gave her an extra £50 per week!

40 This would make anyone a prisoner in their own home because they would have no money left for any type of excursion, holiday, short break or even a small treat for their children/grandchildren.

41 100% is ok if it's residential care; if living at home as I am this would not allow Mum to live

42 No, you must allow them some income, would not change the 95 per cent figure

43 I feel this is not a fair way of dealing with after people's money

44 If you have worked & saved why should you keep in comfort those who didn't? With exception for those born disabled.

45 This takes away a persons control over their income and does not allow them in the care of say grandparents to treat their grandchildren and also purchase little treats for themselves.

46 95% is far to much how can you leave them with nothing the trouble is this country just takes

47 this borders on legal robbing

48 This will depend on whether the amounts allowed for living and other expenses are set at a fair level. For example would people have sufficient income to enable them to take part in social activities, maintain communications with family and friends and the wider community.

49 This will leave people with no money at all to pay for any luxuries, even shoe repairs or dry cleaning, gardening etc.

50 Would leave no disposable income. What about quality of life?

51 This is completely contrary to enabling choice as people in residential care will not be able to pay for haircuts, toiletries, and a birthday card to keep in touch with family + friends.

52 If you can claim up to 95% from a person you would be well advised to accept.

53 these people deserve as much freedom as possible and to take any rights of having any money to spend whether or not they would need guidance would be wrong

54 Unless the charge relates to capital asset and payment is deferrable

55 See above

56 Everything is going up and all my money is accounted for.

57 No-one should have to manage with only enough money for essentials. This does not take into account the value to health and well being that something as simple as a day out or a new book now and then brings to the quality of life.

58 Depending on the disability, the expenses for a disable person are a lot of higher than normal so it is not only about heating with content, it is about special clothing, shoes, needs.

59 see previous answer

60 every person should have the ability to take part in various social activities such as buying birthday/Christmas/wedding gifts or going to stay with relatives and friends and this would not be possible if all of their disposable income were removed, The resulting quality of life would be extremely low and the lack of choice would leave the service user powerless and inconsequential

61 People need a little dignity even when we are old and decrepit we don't want to ask our family for even a little treat.

62 There are too many who have had to sell their hard earned homes and savings to pay for their care whilst other who have wasted their wages and are now getting free care.

63 everyone needs a few pence pocket money

64 everyone should have a little money they can call their own

65 have got to take account of the fact that some people use so called disposable income for services/goods etc that they believe are essential. For me this includes costs of taxis for some journeys as I have limited mobility.

66 All people have unexpected expenses e.g. home maintenance.

67 everybody should be allowed some pocket money

68 Costs are high enough already

69 If a house owner, what about additional expenses needed for repairs and maintenance?

70 surely if it is disposable income the person should have at least some left to dispose of as they please. Would this not include items they would like to buy as opposed to have to buy or savings for a holiday? It's not good for self esteem to feel so controlled that you have no spare income.

71 How on earth can anyone pay 100%? This leaves them no funds for emergencies or to buy any quality of life for themselves. I think 95% is too high but much better than 100%.

72 we still have to sell our house. In Scotland they are look after free

73 This does not allow for a few luxuries for the individual and therefore does not appear a fair approach.

74 What about quality of life??

75 Don't understand how "living + disability related expenses" are taken in account

76 So a claimant would have absolutely nothing left- and that is actually being considered as acceptable. Happy Christmas- oh sorry no money for even a card or stamp. What a question.

77 People should be left with an amount of money to do as they want with - even if it is only a small amount each week/month.

78 So if you need help you are not allowed disposable income? Do you know what my disposable income goes to? Meds, assistive devices and anything to make my life easier, as well food, so it is not truly disposable, is it?

79 Same reason as question 2.

80 I don't think it fair to charge 100% on disposable income as all have unrelated expenses in normal every day living

81 Whatever happened to real justice-get rid of the hangers-on and you will have plenty of money

82 I have to be able to buy clothes and pay for breakdowns etc.

83 People must have some disposable income for their own use.

84 It is considered that any level of income generated is achieved from money gained by restraint and self thrift. Further more one has contributed during the whole working life to local tax. How it is a little pay back time, better not to have saved.

85 If you do that how on earth are they supposed to buy food + pay fuel bills.

86 the care agency recommendations give such a high standard of the care we are expected to receive. Lip service is mainly all we receive, whilst the %age is higher than the standard of care. The media report this happens from time to time. The pay out by the clients is ever rising. Believe me we have been there. The guarantee from the provider does not happen for one reason or another.

87 I will say again people I'm not say all but some have the monies to pay say they haven't and they put in there daughter or sons name so you can not touch it and I think its wrong.

88 I agree some payment should be given and contributed to care but a fair proportion should be available from council, government or NHS

89 people must have some money

90 leave them something

91 What does another 5% difference make? You can't ask for someone to pay more than 100% of their disposable income anyway!! What a ludicrous question.

92 Respite may have after expenses not included e.g. support to family member - expenses for holidays- equipment etc. Expenses can increase during the year how would this be taken into account- people could end up in debt or unable to pay for unexpected expenses.

93 I am not sure what you mean by disposable income. Does this allow for food, heating and other living items?

94 people must be able to have some limited ability to purchase gifts or extra items for themselves

95 How on earth are these people going to have any money for social activities and buying Christmas / birthday presents for friends and family? This would lead to more house bound and depressed individuals - very wrong.

96 5 per cent left not much anyway

97 How awful to feel you have nothing of your own.

98 I wonder if the people suggesting this proposal would be happy to contribute 100% of their disposable income.

99 Slavery was abolished centuries ago - 95% is too high

100 I consider it is fairer that a percentage should be paid at least encourage some to save.

101 95% is already too high! People need a reasonable amount of disposable income in order to meet ongoing and emergency situations e.g. home repairs.

102 bleed them dry!

103 Stay at 95% giving the user some dignity of management.

104 refer back to question

105 Same comment as earlier, people are penalised for working and saving all their lives!!

106 This would leave no money for non-essential living expenditure such as gifts and small treats which people like to buy from time to time

107 I feel I will be saying the same thing in answer to every question another you will not take a scrap of notice of me because need not be a retired shop fitter but could be a retired second hand car dealer with loads of dosh.

108 what about costs of heating and living - food clothing etc?

109 Life is for living - people should be left with the dignity of having some free funds to with as they please - even for trivia.

110 Contributing 100% of disposable income will mean that nothing is left in the household budget to help improve the quality of life of a service user e.g. hobbies, day trips etc, because the amount provided by the Personal Budget scheme will be insufficient to meet all of a service users needs.

111 This is unfair on people who have saved all their life for their old age. it should be possible to pay a lump sum on retirement or before which would exempt you from a means test. Since only a small percentage require care at all the sum need not be huge. £10,000 should do it.

112 Everybody should have a small amount to spend as they wish

113 95% is enough. I think that only leaves a meagre 5% for optional expenses - treats, outings, gifts etc.

114 To take 100% of anyone's disposable income is harsh in the extreme. What if they fancy a bar of chocolate or a whisky at Christmas?

115 I think that 95% is as much as anyone should be expected to pay.

116 All individuals should have a chance to save money to pay for the occasional treats, presents etc.

117 You might as well be dead because what's left, nothing.

118 Very strongly disagree - everyone has additional things that they need to pay for - including people who have to access adult care services... this could be as little as a coat for the winter, or a cooker in case of damage. How are people meant to live?!!

119 Penalises the frugal, benefits those who choose not to save. Encourages fraud. [QUOTE THIS](#)

120 Surely disabled people should have some disposable income left for the odd luxury.

121 I would not like all my disposable income to be used in this way a modest sum for my own choices is an essential part of the quality of life.

122 one immoral result of the social services system in this country is that it penalises the people who save and encourages the spend thrifts who do not save for their future

123 It is morally wrong to deprive anyone of all their disposable income

124 totally unfair

125 Disabled people and those needing care should be entitled to some disposable, 'leisure' income just like anyone else.

126 I think that service users should be left with something once they have paid their contribution.

127 Everyone deserves to have some disposable income for pleasure or leisure purposes.

128 At the moment I'm allowed £22 per week to buy toiletries, clothes, transport, shoes, newspapers, chiropody, hairdressing, glasses, and dentures. No way should this be taken from the disposable income that I'm supposed to have.

129 After expenses it would be nice if my daughter had any income left for you to take!

130 Everyone needs some disposable income for expenses such as birthdays and Christmas

131 disposable income still carer other things in life. To expect 100% use would leave the person nothing at all. 95% maximum it should remain.

132 That is disgusting you are taking away the right to any form of likes pleasures something as small as a chocolate bar.

133 because what you call disposable income isn't what the person themselves call it. And bills vary depending on the time of year.

134 95% is quite sufficient contribution and is not fair for reasons given in item 1.

135 If you leave the individual with no disposable income how can they afford to buy anything for themselves? Are disabled people not allowed a life outside of their disability?

136 See earlier comments about elderly people who have saved being penalised.

137 Leaving people with zero disposable income does not seem fair. In effect you would be taking all their money and financial independence, which is wrong.

- 138 If you use 100% of their disposable income they will not be able to save for holidays, leisure and other activities.
- 139 The situation of need changes at a rapid rate in some instances and could lead to an extra burden on the carer.
- 140 Some disposable income must be left - but look out for people using loopholes - remember Maxwell's sons got legal aid while living in houses worth millions. We don't want the system fiddled by the sharp guys
- 141 This is draconian! Under human rights this is an offence and I would find it offensive as an approach,
- 142 This would mean the already major sums disregarded would be taken to pay for care leaving the person with nothing at all.
- 143 This is iniquitous - it would leave the person in virtual penury.
- 144 This is so wrong! What are people to live on if 100% is being used for carers? What council workers think of as disposable, the service user may be there few things that they can enjoy.
- 145 To ask someone to contribute all of their disposable income is almost criminal.
- 146 This would leave nothing for an individual's personal needs e.g. clothing, toiletries etc.
- 147 Everybody should have some money available for non essential items such as recreational entertainment.
- 148 This sounds harsh and surely would only apply to the very rich.
- 149 This is very unfair. 95% is too high. Most people in these circumstances are vulnerable, old and frail and find themselves in their position through no fault of their own.
- 150 Stop attacking those that have saved and charge the feckless
- 151 Often where people's current income (e.g. work pension) is high it is because they have paid for that by doing without in the past. Why should they pay again because they have been careful?
- 152 The policy is becoming more unjust if 100% disposable income taken into account, the policy is looking more like a 'tax' of being severely disabled.
- 153 Where someone is totally dependant upon Council care and is unable to interact with people around them then 100% would be acceptable, but I think people in care should generally be left with 'pocket money' in order to retain a feeling of independence.
- 154 The amount of disposable income which is chargeable should be reduced to 75%.
- 155 We can't last long. Give us a bit of pocket money.

156 Why should the most vulnerable in our society have to pay more and more? Surely we should look at making sure that they are not disadvantaged due to the ineptitude of those in charge of finances locally and nationally and this is not the way to do it!

157 Changing this by 5% makes no difference. In any case it is unclear how this affects me - or what it means in practice.

158 What will be left for small luxuries / to put by for a holiday / weekend break?

159 Stealth is a criminal offence and the proposal as described against the cared for, has already been discussed and dismissed by a competent group of British citizens in an elected parliament of Scotland.

160 Do not want to forgo my financial freedom 100%

161 I think 95% is already too much

162 100% would leave nothing for extras like toilet requirements and gifts.

163 I feel our British pensioners would suffer under this system. The system is disguised and not beneficial to pensioners.

164 To leave nothing left will lead to depression - we all need treats. People will reduce their care and be at risk.

165 A shame for all of us who saved when we were invited to pay having MS.

166 Where is the cradle to grave care my mother was once promised?

167 Please leave OAPS something to enjoy their remaining time.

168 You must make some allowance for unexpected costs and 5% is already too low.

169 Taking away more of their income once again reduces their quality of life - this would be very unfair.

170 Should be free

171 Provided that the allowance for general living expenses increases each year in line with inflation, cost of living index or average pay rises, whichever of these is the greatest.

172 They do need some money for personal expenditure - their dignity i.e. to contribute to an outing with friends.

173 The patient and/or their carers should retain some control over part of their income.

174 you have taken into account my disposable income

175 People still are entitled to luxuries e.g. trips to theatre, cinema, bingo hall, new item of clothing, make-up, hairdo to make them feel good.

164

176 What happens in emergencies/ when extras needed? Cannot plan what is going to happen / be needed tomorrow let alone in a year. 5% of disposable income is pittance

177 It would leave no financial contingency planning for not just emergencies but for other things such as holidays, weddings or funerals etc.

178 As our son is only in receipt of DLA (middle rate) and Incapacity Benefit he has very little disposable income. He has never worked and has consequently very little saved. The council should have included what it considers the baseline amount should be in this consultation.

179 disposable income is a subjective amount

180 You will remove all aspects of a persons self worth. You are penalising those in need and will leave them with nothing

181 Most have no disposable income as they are on benefits due to their disability so it is their relatives who pay for their care.

182 Maybe a set sum as opposed to a percentage should be reserved / not touched as and when relevant and applicable.

183 People should have some income left to have a treat occasionally.

184 People who have a lot more money than us should have some comforts out of their hard work.

185 There are always some unforeseen expenses. It is unfair to take this from the spouse's income.

186 Depends on what is regarded as living expenses?! What standard of living is used, or is it level of luxury?

187 It appears very unfair to take all disposable income no person who receives services expects to be in that situation, so to not allow them any money for themselves seems a step too far, unless they have a personal allowance.

188 Don't know.

189 What about personal spending money?

190 it would depend on what is considered disposable income - the more rigid the formula the more likely peoples legitimate expenses would not be included

191 What do you call disposable income? The house??? Your statement above is hideous, on low incomes because you skew and do not realistically price costs, stripping someone of 95% is morally wrong. Making it 100% when you are having our pension topped up is theft.

192 It seems that there is little grasp of reality among those making these proposals. Income gives a service user or human being some independence. The aim seems to be to remove this and make the service user totally dependent.

193 You would have no 'pocket money'

165

194 Some independence must be maintained- family support varies and everyone should have some cash to buy something they choose or need. Independence is important and vital if only in a small way.

195 The County Council should not consider taking 100% of disposable income because 5% allows an individual to be prepared for unexpected emergencies. As the general public are able to do so. It should be remembered that ILF money is unavailable to severely disabled people.

196 100% contribution makes no allowance, not only for "pocket money", but also for any unforeseen emergencies

197 I cannot answer this question as I do not know how much, if any, would be left for an individuals personal needs i.e. sweets, presents etc.

198 5% of a small income is only a small amount but can be vital in giving that individual some control over their life and making them feel more normal – this should be a sliding scale up to say 97.5% for the well off.

199 Total rubbish. So no contingency if people forget an item. For instance you sent this survey to my mother who is 85 and suffers from dementia. Is there an accountant involved in this process, sounds like there isn't. A legal question - If you take all the money available, who is liable for an unexpected bill? As usual, the Civil Service has not thought through this rubbish, what is the IQ of the author of this.... less than 20 I suspect!.

200 you can't assess peoples personal needs with sufficient accuracy to take all their "disposable " income

201 How am I supposed to contribute to my children's weddings and take a holiday if you take it all?

202 If the contribution is 100% what about incidental expenditure like newspapers, presents etc.. An allowance should be made for personal expenditure.

203 again as question 1 applies - remember a house holder as myself would still have outgoings, gas, electricity, water. Council rates, up keep etc.

204 Cannot see that this will make any significant saving and removes any freedom of choice the service user has in the way of their money is spent

205 If the service user contributes 100% of their disposable income, it means they would have nothing left for "living" expenses and if they have no savings then they would have nothing to live on, especially for emergencies.

206 People could be asked of required to contribute at least 100% of their "disposable" income. If they can not afford the full cost of care, relatives, charities could be required to assist them.

207 Again you are proposing to penalise someone because they may be elderly/disabled. Why should all their disposable income be used? They may well have no choice in having to have care.

208 Disposable income can vary from month to month a 5% leeway would allow for extra expenses.

209 This would leave my daughter with nothing!! Once again hitting the most vulnerable people.

210 again age related A young person 19-40 needs to enjoy life comfortably

211 I think 95% is enough and fair

212 Quality of life would be adversely affected if there were no disposable income. There is a lack of dignity if one has to depend on others for, for instance, money to send a gift or card (unless this is included in the living expenses element).

213 After contributing to society for many years it is totally wrong to take away all disposable income leaving your clients no opportunity to buy the small luxuries of life. This policy change is mean.

214 You should consider the maximum to be no more than 50% of disposable income to allow service user to have some quality of life.

215 does not seem right

216 If there is any disposable income after expenses, why can this not be passed on to their family, who in some cases could be struggling in the present economic climate.

217 It leaves them with no opportunity to make their own purchases/gifts/contributions i.e. no control over any purchase decisions.

218 What would someone live on if you took 100% of their disposable income? You would wipe them out. What's the point of living in that scenario?

219 People, especially the elderly should be allowed to retain some percentage of disposable income.

220 Also, people have different circumstances. Some have large and some have small disposable incomes. The percent contributed ought to be progressive in proportion to amount of disposable income and limited to 50% maximum. To take disposable income would lead to further disadvantage and depression requiring further care in some cases.

221 To take 100% of disposable income would be dehumanising! Everyone needs some money to buy personal items such as a birthday card for a friend. It takes a way all choice.

222 Disabled people need a little bit (i mean little) of cash for themselves (just to buy a bar of chocolate)

223 HCC are promoting "personalisation" and "choice". If a person is asked to contribute 100%, what choice do they have over their disposable income, even 5%?

224 I am not sure I understand what difference it would make if the additional 5% was collected from presumably very few people.

225 So people would literally be left destitute with no money for emergencies, gifts etc.

226 What price/cost do you put on bringing quality to someone's life? If you are disabled you're unable to do the things the able bodied take for granted probably the same people who make decisions and judgement on those who have so much to offer in society are going to be asked to give over their income to make up the shortfall for those who wouldn't know how to.

227 This is daylight robbery! We should by now be able to offer services free! It looks like the council will be bowing out soon and provide nothing for the elderly!

228 This could be unfair

229 This does not take into account spending commitments that individuals may have. Even the current cap 95% of someone's disposable income is arguably too high.

230 The current cap 95% of someone's disposable income is too high. The Council should seek to lower this cap and implement something that is more progressive. The thought of any official body talking all of a service user's "disposable income" leaving them with nothing is intolerable in a civilised and caring society. I imagine that people would devise all methods of reducing their apparent disposable income. For example, family members may resort to charging the service user high rents for living with them.

231 Why shouldn't disabled people have a minimum of 5% disposable income?

232 Even 95% seems excessive, how can anyone in a civilised country be expected to have no money for personal expense.

233 I am already spending as much as I can afford.

234 95 is a very large percentage as it is!

235 This goes too far, there has to be an element for quality of life e.g. treats etc - could depend on an individuals circumstances.

236 There are many incalculable costs associated with disability and 95% of disposable income does not give any slack for emergency expenses.

237 As we haven't that amount of money to be taken into account so really can't answer for others.

238 What encouragement does that give anyone who has been thrifty all their lives? Surely a better way would be that you have left them a little; happiness is a lot better than resentment.

239 Individuals should have some of their own money to use as they like. They have not asked to be in this situation.

240 Why is care for the elderly disabled physically or mentally not totally free?

241 Service users must be able to save a little for the rainy day fund or additional unexpected costs taking every penny from a person should not be the aim of the council. Ensuring the 'quality of life' is a far better aspiration.

242 If all income is taken after living expenses nothing is left for the person to buy clothes or even by a birthday present for their grandchildren. What is allowed for in "living expenses"?

243 If you have paid into NI all your working life, why should you pay more than those who have not contributed? NI Contributions should be assessed. 100% gives you no opportunity or incentive to obtain further income.

244 A national problem which is beyond HCC to deal with

245 This is difficult to answer as what about those emergency expenses that are unforeseen or house maintenance - where is that money coming from if all an individual disposable income is taken? Again it discriminates against savers

246 This should not be asked as many people don't just want all of their disposable income to go to one place. What happens if an emergency requires funds!

247 Any extra money you have left needs to be kept for a rainy day you don't know what's round the corner.

248 Assessments of disposable income do not normally take irregular costs into account, e.g. gifts to family, new kitchen equipment, decorating etc. To use 100% of disposable income would not give the user funds to cope with these expenses.

249 Must be an element of pocket-money for treats, presents and to maintain some element of independence and dignity.

250 Penalises those who have saved for their future.

251 To keep 5% ones disposable income does not seem unreasonable.

252 If you have the money then should pay

253 Should be free

254 Even children have pocket money!! 100% of their income would leave them nothing to buy the odd bar of chocolate or a present for someone this would be so unfair.

255 If 100% of disposable income is used who pays for clothes, toiletries etc. Oh let me guess the carer.

256 That would mean no one would have any "disposable" income for treats, presents

257 In the manner it is written but not running out a contribution if they had salaries and expenses equal to that of the chosen few in HCC and the like.

258 Some retention of disposable income is sensible to ensure any 'errors' are evened out (as with statistical figures where a +/- 3% error rate exists)

259 Again as in Para 3: basic service does not warrant a higher charge. I am disabled and have Alzheimer's disease I receive very basic care for minutes per day i.e. washing and dressing which usually takes like than 30 minutes but I still pay at £14.80 rate.

260 People should be left with some money to spend on themselves

261 95% is quite enough in my opinion

262 Why should people with a disability have no disposable income?

263 If you take 100% of a person 'disposable income' that person will have no choice as to how they spend their money. That is grossly unfair. I though we lived in a democracy - not a dictatorship.

264 you can not completely control the whole of people's lives

265 Why be penalised when they have saved and worked hard. No to 100%-compromise is need here. The rich would pay for themselves hopefully!

266 How much will this raise? 1/2 million max. If Hampshire can spend £100 million on broadband then this is insulting.

267 The same people who have been careful and made themselves put money by are always those who get no help when they are old or ill

268 If the user is able to afford it

269 As per previous comment

270 In effect, you are stopping someone buying anything personal - even a packet of sweets! Everyone should be able to purchase the occasional extra item

271 Leave as at present.

272 Unsure

273 They should pay the full amount if not lived in the country for 16 yrs.

274 Just because a person has a disability, it should not mean that they cannot occasionally have something or do something a lot special. This is a quality of life issue.

275 The 5% covers incidental expenditure.

276 Everyone should have some money available for those extras that give quality to life.

277 Having a disability should not mean that a person should not have some money available for that something extra. This is all about quality of life.

278 Negates the choice to save.

279 If a person is in a HCC home and is not able to do anything on their own then do they need any money ?

280 This will remove small amount of income / savings a person has for their entertainment.

281 Most disabled have to pay more for things in life no matter what help they get and also have to finance what they need out of a fixed income.

282 I have read the proposal if the charges are therefore reasonable but I would prefer that it would be an affordable percentage amount and not overcharging personally 15 to 25%

283 Unfair to someone who has saved and worked hard all their working life.

284 Older people like to know that they have enough money in the bank to pay for their funeral, under your proposals that won't happen.

285 Everyone needs some money, however small that they can call their own or they cease to be individuals.

286 People getting benefits will need help to understand what they should be used to pay for. I suggest that this is discussed and leaflets with info on given AT POINT OF APPLICATION, especially where people are being assisted with completing their forms by statutory or 3rd sector organisations. At this time people are receptive to the idea of using the benefit for the things they are struggling with before applying for AA & DLA but afterwards the award can be swallowed into other household expenses. The organisations that helped them apply may not know that they have received the award, so cannot offer support in the use of the money easily afterwards. This is something that needs to be addressed. **SUGGESTION**

287 The proposal penalises those who have been careful with their money over the years.

288 Again, this will discourage people from saving for the future. Why bother if someone is going to take all your savings.

289 People should have some disposable income of their own.

290 This is a miserly proposal which will not raise much money and sends a very negative message that the Council want to force service users to virtually live in poverty. It was the only concession that HCC gave when the policy was last reviewed and we feel it would be morally wrong to reverse that decision.

291 If the council were to demand 00% of disposable income they would be removing the last vestiges of freedom of choice and rendering people totally dependent on others to provide what might be called small treats, e.g. a bar of chocolate, a favourite magazine etc.

292 It would depend how disposable income was calculated. The weekly allowance for those in residential care is very frugal if you consider chiropody, hairdresser, family gifts etc.

293 A person should be left with a certain amount of disposable income to cover Dental Care, glasses, chiropody, hearing aids + batteries. I have to pay 100% for day care service. I use two days a week and a weekly bathing service at the centre. I need disposable income to cover all above.

294 5% of DLA is totally insufficient to meet anyone's needs.

295 If assessment done fairly.

296 What if they supposed to use for personal use i.e. Christmas gifts to family - days out.

297 95% is more than sufficient as a contribution. To take 100% is very unfair. What is the point of saving money if you get no benefit as a result of it? This policy favours those who have not bothered to save for whatever reason.

298 This is too much. Why should people who have been careful and worked hard always pay with 100% of their disposable income when usually this care is short term.

299 Please see attached letter

300 If you take 100% of disposable income what control do they have over their money ? How do they afford to do anything extra they want to do?

301 People should be left with some "disposable income" or life would be very "bleak"

302 surely this cannot be human rights compliant - neither the existing policy nor the proposal.

303 I think 95% is the right policy.

304 If someone needs something quickly how could they if you take all their disposable income

305 There are items such as travel expenses (i.e. petrol) and the cost of getting to social events which are not allowed to be taken into account. A person must be allowed a social life.

306 5% per luxuries - not much is it

307 Does not need any comment. This is scandalous.

308 People should retain control of more than 5% of their disposable income.

309 Again this could be an unfair exercise as individuals have differing degrees of living + disability expenses; income and the extra 5% could be critical.

310 Again please refer to previous comments.

311 My little bit of savings would completely disappear in a short while

312 There will almost always be unexpected for overlooked items of expenditure and the retention of that 5% at the top end of the assessed ability to pay meets these needs also it allow to me flexibility to purchase to odd items not listed as estimate.

313 There is no consideration emergencies, (buying more food due to risk of snow), Christmas shopping, family visiting therefore bills may increase. 95% is plenty if not too much already !

314 What is meant by "disposable income?" what about buying clothes, going out socially, buying toiletries, saving for holidays and days out etc?

315 I think 95% is rather high

316 Again those who have saved are hit again.

317 The limit should not be 100% suggest a maximum of 97.5%.

318 We want to be able to save if any money is left over from our outgoings, we will never have money for emergencies. You should only take a contribution. Why should we be treated differently?

319 Do you expect people to starve or freeze to death or have no spare money to do anything?

320 clients should be able to have a small amount of money to spend as they choose - for some this sort of independence is essential and is important to someone's self worth.

321 However carefully one plans ones finances, these are always unexpected and sometimes, costly expenses. Contrary to the proposal, the contribution should be reduced rather than increased.

322 What defines "living" expenses, and why should you have the right to take all of it? what is left after that?

323 If people use 100% disposable income for care what about "insurances" - hairdresser, chiropodist, gifts for children

324 Trying to argue common sense just adds injury to your sneaky agendas

325 it depends what is meant by living a disability related expenses. I find the words used both distasteful and predictable

326 It ought to be less than 95% as it doesn't include things like pets, social outreach, Christmas, courses, etc.

327 How on earth can we save up for a specially adapted car if you take away what little savings we have left? Ours costs us £30,000 - we fund it with loans.

328 People need some disposable income to be able to live fairly.

329 As I have mentioned what's on paper and what the reality is can be very different, many of us are left in debt & struggling to pay the bills + daily living expenses, we are in fact purely existing - we are not living, we manage to survive because of pure luck, not because we have a good standard of living

330 we pay council tax so all householders in the county should contribute. The lucky ones now may be the next to need care swings and roundabouts.

331 What are you calling disposable income? If you take 100%, people will have to dip into their capital which may only be the house in which they live, and some savings which will not be generating much income for the niceties of life. One the capital has gone the Council will be paying.

332 Because all need some income in reserve to maintain their own dignity and worth.

333 This would allow them nothing else - for treats, trips out. Surely even the most disabled should be allowed a little pocket money to spend as they wish?

334 with no explanation of the benefits of providing the care this is meaningless

335 Why should the State pay for such benefits if the person has adequate assets?

336 This leaves little personal allowance for the individual or heir families to pay for any additional or non- state identified essential such as Occupational therapy and speech and language.

337 For those who have to contribute 95% is fair max amount

338 people need some money of their own

339 I worked in care as a Residential Scheme Manager of Sheltered Housing and saw many cases where Residents who had to be moved on to 24 hour care could afford to pay for their care but the money they had was disposed of or hidden? so that assessors had no idea the money ever existed in the first place and then I saw the other side where residents had to manage on very little and they would see others getting luxuries.

340 What! Take all the money and leave nothing for essentials and treats. No

341 I agree with a fair system taking into account the rising cost of living. I do not agree with elderly people having to give up their homes to pay for care, if it is possible to live in their own homes with help. In many cases this is a much happier outcome. I appreciate the council do not have a bottomless pit of money and people are living longer.

Appendix 10

Additional comments: Question 5

Short term residential care

1 this depends on charges expected

2 would need more information on how this is proposed to work as this question does not make a lot of sense.

3 Need more information.

4 are they charged at different rates because they cost different amounts? If you bring them under one policy will they all be charged at the most expensive rates? Whether or not the service actually costs that much money? How does this fit in with the government's policy of free crisis care for all for 6 weeks?

5 If they can afford it

6 People need to be assessed in the same way but we also need to remember that our SU do not have the means to pay the real cost of this service.

7 It depends what the changes are. So I cannot comment.

8 The question needs to be explained as to the as to what the new policy is going to cost the end user

9 Not sure of the implications of this

10 Subject to the Law on intermediate care charges being complied with.

11 Would need to see new policy

12 Most short term respite is for the carer and the only break they get. Why should it be charged - carers save HCC millions of £s per year, if you charge for the short term break, they will give up caring and therefore the total cost of looking after the person to HCC will increase up to ten fold.

13 Currently, the policy can result in it being difficult to maintain a tenancy for those in short term placement. However, I am sure that others will be negatively affected by any change. I think it will balance out.

14 As long as it is acknowledged that there are "ongoing" expenses if OP goes for respite/short stay.

15 cannot comment until policy is defined and more details are made available

16 It is not possible to agree or disagree until the proposed policy has been seen.

17 This is precisely for that purpose. Something happens in a split second and respite care has to be arranged very quickly. No I do not agree with this policy

18 Impossible to comment without knowing the actual details. The un-stated implication, however, is that costs for many people would rise. Why not say so?

19 8 weeks respite care a year would be lovely, as we only get a maximum of 28 days.

20 standardise cost for short term respite etc.

21 If the amount payable is increased we would be unable to afford the present amount of respite care per annum and it is very necessary for the carer.

22 All care homes should be council run. The quest for profit by privately owned homes has pushed costs sky high and in some cases reduced the quality of care (many homes have been forcibly closed recently for this reason)

23 it makes no sense to standardise matters as long as the amount charged is fair.

24 If respite care is being given so that those carers are given "time off" or a holiday. Then there should be a max no of free days given before payment starts as family carers do the caring free of charge.

25 see reply to question 1: comments are the same

26 having any sort of residential/ I've no intention of care, as endorsed by one of my doctors

27 if people can afford it they should pay

28 This does not concern me

29 unable to answer - no knowledge of reasons for present different sets of charges

30 not enough information to comment

31 I'd rather stay home, have an accident and then sue the council for failure to provide adequately accessible care.

32 Cannot answer if you do not state exactly what new policy is - if it means 100/pc as in question 4, then again no.

33 I don't know about this service so cannot comment as I never have residential care

34 everybody should pay the same

35 My only concern is that some people still rent and this extra cost may not be affordable.

36 you are getting care for nothing by people looking after disabled but they need a break so why should they pay for it

37 as long as people are not forced to use these services

38 only if they can afford to pay

39 I would agree that this would bring such services into a more comprehensive personal budget, provided there are no financial disincentives to carers to use respite care i.e. if the contribution would be significantly greater than under the current system.

40 People will still need to pay their own standing charges for electric and gas etc if they have several periods of respite or short stay placements.

41 Especially if this is seen as respite for the carer rather than an opportunity for stimulation and care for the service user.

42 Carers are allowed to use respite for the person they are caring for. Carers save HCC millions and this should not be withdrawn

43 The majority of people under this heading should have full time care in a hospital environment you want them to improve without the added worry of uncertain terms lurking around.

44 People in respite still have ongoing expenses.

45 Respite care should be at relatively low cost as it sustains families' ability to carry on with home based care

46 There is not enough information here about how this be worked out

47 do not understand the proposition

48 Why do we continue to discriminate against those who have worked hard and saved where possible against those who do nothing to help themselves and expect a free ride when they need help?

49 if this means more on greater amount for people to pay

50 standardising the cost seems sensible

51 I would like to see more information about the proposed charges here in order to give a fair comment.

52 my brother has been moved far too many times in recent weeks than is good for him - he is now suffering from pneumonia as a result

53 This could put respite out of reach for some people and it is important that all who need respite can access it.

54 Can't answer this question as I do not know the level of the existing payments.

55 I disagree because most people still have to put money into their home. They are in care through no fault of their own

56 The charges should be the same for the same needs. Do not use this as an excuse to reduce the charges for those with more needs. The financial assessment should be the same for whatever care is being obtained

57 Unsure of the approach used presently and how this links with the provision of Funded Nursing Care and Continuing Health Care processes, and Intermediate Care.

58 depending on income

59 Again, would have to be carefully assessed

60 Richard has been taken into a care home since Sept 24/5 - unsure whether his case is regarded as long or short term

61 Why would the new policy mean new charges? The needs won't have changed, what makes you think you should charge differently because you want to run a new system?

62 Very often people are 'obliged' to go in for short term care because their carer is unwell/needs respite- who would pick the bill up then - the carer? (For needing a break) or the service-user? (For having no choice in the matter?)

63 would this depend on savings

64 I cannot make an informed decision from the amount of info you have posted.

65 Charges should be related to financial circumstances of an individual

66 But don't put a fear of high costs into respite care

67 Run things properly and don't get conned by those who don't deserve it-listen to those who actually do the job at the coalface

68 As long as respite charges do not increase so much that the carer cannot afford to take a break after paying the required charge.

69 So vague that's it's impossible to see the implications

70 To not know enough in detail to make an opinion

71 depends on circumstances

72 Can't possibly answer that question unless you let us know what the charges will be

73 I think every one should pay a normal fee.

74 Not knowing the amounts that are being suggested that clients or relatives would have to pay as respite care for most paying patients is very high.

75 people will probably be running a home and won't be able to afford it

76 What are your actual policies? What does "expected to pay" mean? Until this is clarified how can we make an informed judgement on this?

77 depends again if the person needs a lot of care but don't have any money

78 unable to access respite care despite request to do so

79 it would be nice to be offered respite care - let me know how I can get this for my husband, we have been assessed but nothing happened

80 don't know enough to comment

81 short term care should be at a standardised rate PROVIDING a standardised service is provided

82 Depends on how the level of care changes under the new policy very ambiguous question.

83 do not understand this question

84 can not comment on that is it does not really explain how people and their families will be affected.

85 Once again I agree in principle but anyone who has saved throughout their life is penalised.

86 should be free up to 10 weeks for UK nationals

87 Not quite sure what this means - at present our care at home is provided without charge but any respite care is fully paid by ourselves.

88 Would need information on proposed affects of changes in order to be able to answer this question.

89 Have any of you proposing the change ever experienced looking after a disabled or mentally ill patient? Respite time is essential for the carer's family.

90 Cannot comment as not enough detail on the proposal and potential impact.

91 Why do we pay through the nose for NI in our wage in working life? For what scrap NI and changes might be acceptable.

92 There should be a standard rate for the 'hotel' element with further charges for additional needs.

93 I do not know how long it will be before my mental state means my partner will need me to have respite and I have to pay top whack see all my previous arguments.

94 There should be no negative cost impact as a result of any change here

95 A meaningless and loaded question since "change" is not specified. However I agree with a simplified policy as long as its real implications are made clear and not hidden in a generalisation like "change"

96 This could work as long as the amount being charged to the service user does not exceed the amount they are receiving for their care. If a service user receives a personal budget to buy their own

care and is taken into respite care for say 2 weeks then the cost of that respite care must not be anymore that the amount they receive to buy care.

97 This is unfair on people who have saved all their life for their old age. It should be possible to pay a lump sum on retirement or before which would exempt you from a means test. Since only a small percentage require care at all the sum need not be huge. £10,000 should do it.

98 This question does not make sense as there is insufficient information.

99 It depends on whether the amount is increased.

100 There is always the danger people will not ask for help when they need it.

101 I assume by 'change' you mean increase in the amount paid? Already costly enough.

102 As a carer I appreciate that for some respite care is a lifeline. Councils should appreciate that costs to them are far more for full residential care if there were enough places available it must make economic sense to support carers

103 This would I am certain result in an increase the rates are prohibitive to some of us now and we are not getting the benefit of respite

104 I believe the present changes are a sufficient contribution

105 It depends how much more it would cost them

106 Not enough information to say anything.

107 If people are in a situation where they HAVE to access residential care services for up to 8 weeks - they are obviously in dire straits... I think people should be charged as little as possible, and get the help they need, so that they can get back on track. Otherwise we'll see an increase in the numbers of homeless and deprived.

108 As with all these proposals people who have worked all their lives and have saved for retirement are the ones who suffer financial penalty. They are the same people who have already paid for these services in their income tax and national insurance contributions.

109 All carers who are saving the state money by looking after their loved ones at home should be entitled to free respite

110 within reason - they would still need to maintain their home.

111 Don't have enough knowledge to answer the question

112 can we expect to pay less

113 My only concern is that if it is too high the service will not be taken up resulting in carer stress etc

114 Charge should be related to cost

115 My daughter's respite care is covered by family members if any used. As DP has been cut, saving DP towards 1 week holiday a year with support worked if the £840 per year covers the cost.

116 again financial assessment is best option. This question is too open and not operate enough to answer.

117 I assume this going to be an increase in costs - why not be more honest in your questionnaire? you are demanding more money in any way you can.

118 as long as everyone is judged fairly and all their family circumstances are taken into account

119 not applicable in our case and unable to assess the merits of this change of policy

120 This will just put people off having respite that they really need.

121 You do not state whether these charges are expected to increase or decrease.

122 Please think this through carefully. It would be dangerous to create a situation where the cost of short term care is dramatically increased. If this occurs, those in desperate need of it may not get it, potentially serious impacting on themselves and their families. Such impacts could lead to a net greater expenditure on services. Please try to take a 'total through-life cost' view.

123 The needs of the person vary in the type of residential or day care they required depending on the problem and also it sometimes is not available in the area that they reside so it would cause other problems on how to visit the service user if the home was not on a public transport route or the carer could not drive or was unwell themselves. There is a need to have more day care and residential homes in the area

124 I have no idea of the size and changes from this question, so I cannot answer

125 respite care is provided to individuals whose families already provide many hours per week of unpaid care saving the County Council money. Respite breaks are essential for carers. The cost to the Council of charging service users will far outweigh any savings as service users may choose to stay at home without care.

126 The idea of respite is to give carers/service users a break - you must make sure that it does not go the other way making it impossible for respite to be taken.

127 not clear what effects this might have.

128 Too vague! Where is this new policy?

129 This does sound like a bit of a lottery

130 Not enough information given in the question to agree or disagree

131 what aspect of the 'new policy'?

132 As long as it is only a levelling up of charges for service provision and not another way of squeezing more money this is fair then I can't see the logic in the idea.

133 I don't understand this.

134 Change to more presumably. Again how can you possibly make it fair?

135 The policy should by definition be standardised and the same.

136 The system is much too complex at present

137 Residential homes are inadequately staffed at present and existing care is not of a high enough standards. I feel we do not look after our pensioners.

138 People won't be able to afford respite and it will put too much strain on their carers - people will end up needing full-time residential care.

139 you seem determined to put us all in one box with learning difficulties (my friend works with social services) MS you cannot.

140 How on earth can I be expected to comment usefully when you give no details? This document is ridiculous.

141 Don't know about this service; have only been in respite for 1 week in 4 years. Was told I would have to pay a bit towards it by social worker then found out afterwards I had to pay full amounts - this was in a council care home.

142 How can you consider charging people who could have no disposable income in the future?

143 Should be free

144 Complex question what would the changes be?

145 Again unfair, short term bears usually needed in crisis and financial worries add to distress

146 It is not clear from your statement above whether there would be any increase in the financial charge just that there would be one. So long as the charges were worked out fairly, means tested and with some flexibility for contingency planning as mentioned about then yes, I would agree in principle.

147 Again depends entirely on income level.

148 This is not fair and would make short term not accessible

149 I think as stated £700 plus is over the top. Respite care is something all carers really need as it takes the pressure off for a short while. It is the carers who pay for this service and as stated most are OAPs etc. You have already taken away many day time services which only increase the pressure on the carers having to look after them without any help from the state.

150 more information required to make an informed decision

151 It seems every where people will pay more. Carers need support is short sighted to make it more expensive.

182

152 Everyone needs a break and this might stop this, people would struggle on.

153 That would mean paying more or paying for something that is currently free.

154 Only if the service is of equal standard to full time care services.

155 Don't know.

156 someone's ability to pay should not be different just because they are in short term care

157 This is an extension of and usually hospital care or much needed RESPITE so should be free.

158 Perhaps from their disposable income, if any is left over from the first proposals, it can be expected reasonably that residents would pay but again the equality of disposable income suggests a universal charge.

159 If it is fair

160 Clearly we need to know what the policy is before agreeing or disagreeing

161 respite is a life line for carers but if you can pay some you should.

162 This question is unclear

163 We have no direct knowledge or experience of this aspect of care service on which to base a response.

164 Would need to know more before being able to answer this

165 Without knowing what the sums involved are. It is impossible to comment sensibly. It may be that a high charge for some services would put people off using them. This might mean that carers would not get the respite they need. E.g. an elderly couple might together decide not to use a respite service, but it might be essential for the carer to continue.

166 I got no help when I went into hospital as a carer my operation cost me £700 as I had to pay for mother in a care home. I should have resigned from caring for 3 months following the operation but lived to recommence within 3 days as financially she had to return have as soon as possible. No help available values paid for extra care. I have been a carer (nursing care) for five years without respite care.

167 This depends on whether there are also obligations to pay for the individual's regular home. Not fair to put anyone into a worse position when they need this emergency short term care.

168 Tell me what you propose and I can comment. Your paragraph is total vague rubbish. Do you want to buy consultancy on drafting questions!

169 I presume that we should delete the word "could" and insert "would", also delete "change" insert "increase". If you relate charges to an ability to pay, rather than the cost of service, you are introducing a tax increase

183

170 Seems to me Carers are just cheap labour, they can't afford to take a holiday as they couldn't afford to put pay for residential care!

171 Would not want to discourage people from short term care/rehab etc which as the users, short term presumably means they could be physically/mentally able to opt out.

172 I tend to agree with this idea but only if it applied fairly at one rate - not to be explored by person's nest egg etc.

173 N/A my husband is cared for as home during respite and has no additional funding towards this.

174 the charges for respite care are far too low and this is one area where increases could be made and possibly justified. No-one should expect full board and lodging for £7.00/day

175 You need to be clearer on your charges for an answer

176 It is only fair that all service users are treated the same.

177 If it keeps the respite open we wouldn't mind paying a little more (within reason!) and that the respite is local and easy to access.

178 When all people are no longer relying on the government for care, the standard of care will improve and the responsible for paying for our own care and supporting our own relatives.

179 I feel that short term residential care should be free to those who may need it

180 I think short break is a much needed service as carer do get burnt out

181 Hard to comment unless you provide figures for the proposed new policy.

182 Are you saying people will be expected to pay more?

183 my daughter could pay any more

184 more information on charges need to enable an answer

185 expected to pay or forced to pay

186 please do not increase charges for s/t respite care - it can be such a huge help for the carers or family

187 once again, it depends on financial viability for every individual. I believe this is free in Scotland!

188 need more info

189 This is a very unfair and unclear survey. How can I say whether I agree with this approach when you do not say what the change in expected pay will be? Will it more (which I expect to be the case) or will it be less? If less then, of course, I strongly agree. If you mean by 'new policy' that people should pay a 'standardised' rate, whatever that means, then I strongly disagree as individual needs and

circumstances should be taken into account. I was unaware that Hampshire had any respite care. They certainly did not when my Mother needed it two years ago.

190 Perhaps standardised pricing would make accounting easier. However, see no's 3&4 - it seems unfair and immoral to charge people for being elderly, infirm or disabled and having care for consequent needs.

191 Most short term respite is a break for the family carer, therefore it should be free

192 Short term is often used in place of hospital admission and is often related to medical conditions. It would be wrong to chase people because of this and open to legal challenge.

193 Who are these to judge that "short term" if you are constantly in pain of every minute of every day everyday is a struggle for the service user and/or carer. If you've never been there you won't understand.

194 There has been too little information given on this point to form a view.

195 What changes there may be are unclear, however, the whole tone of the survey and the accompanying documents are to implement a one-size fits all policy which I believe is not the way to go.

196 Without knowing the impact of the proposed policy or its method of implementation, this could easily be a way of cutting costs and thereby reducing services to those who need them most

197 Price should reflect cost of service but regard should be taken of the amount that carers save the council. Respite care should be subsidised as an alternative to total care costs.

198 Can't agree with this change because the question is so vague and unspecific.

199 Not sure what this would actually mean in reality.

200 depends how much

201 Respite care is essential to allow people to live in their own home cared for by their family. If carers can't cope the disabled, they will need more help from the state at greater expense in the longer term.

202 We would be able to afford a modest amount

203 As someone on a very low income of a carers allowance. Caring for my mother with vascular dementia, diabetes etc. I could not do it and my mother needs what I receive I spend on her, personal care washing etc.

204 Only up to 95% of disposable income.

205 Without knowing the scale of charges referred to it is difficult to answer this question sensibly.

206 Such care is arranged due to critical and needy situations. Charges should be transparent so the family/individuals are aware beforehand and can decide for themselves what arrangements are needed.

207 Wake up and tell the Coalition Govt to give more guidance

208 Why would someone have to pay more for the same service?

209 Do not know enough about short-term respite care to give any comments.

210 As long as the new policy applies to all.

211 Consider this to be reasonable.

212 I don't feel there is enough information here to answer this

213 This service is essential to carer and those cared for. If made too expensive would have a deep-felt effect.

214 if they can afford to pay they should pay

215 It should be free. Carers need a break otherwise they will not be able to cope and entire cost would be yours.

216 Very hard to comment without knowing the exact effect this would have.

217 This question doesn't really make a clear issue of what a "change" in the amount people pay means; I suspect it would mean an increase.

218 One rule would make the funding more transparent which would save money. However respite is necessary and I think that it should not be charged for at all. To charge is rather like paying for a dog to go in a kennel and also the respite centres ask for about £50 of spending money for a week meaning it actually costs the carers anyway for the person to go into respite.

219 Those affected have paid tax all their working life. What for?

220 When I have asked for respite care it is usually not available.

221 For the same reasons given earlier i.e. it sounds like cost cutting and there is no indication on how 'fairness' will be arrived at

222 no experience of this

223 If the service is consistent everyone should receive the same charges.

224 I would question what the service provision would then need to be -one type of accommodation may be much cheaper to provide, in staffing and supervision levels and overall running costs than another

225 Most short term users are when an illness or family crisis occurs.

226 Unsure

227 Should pay if not lived in country for 16 yrs.

228 Agree, as long as this naturally takes into account their available income.

229 If the new assessment was covered by the rules extant in item 4.

230 This is OK as long as it realistically takes into account their available income.

231 Agree - as long as this realistically takes into account their available income.

232 Patients are removed from hospitals to free beds, ongoing care should be free.

233 This depends on what the policy is

234 Not enough information to make a decision on the question.

235 I do understand that we would be charged for this service (But would this service be within the bounds of the NHS or Private Residential Care?)

236 Not clear - poorly explained

237 The new policy is designed around paying for regularly (usually weekly) accessed services. Short term respite care is a relatively infrequent and variable (from 0 to 8 weeks/annum) cost. It should continue to be treated as at present. To include it in the new policy would unnecessarily over-complicate the process

238 Provided carers already expressed are taken into account.

239 My concern is that Respite for the carer is assessed under the individual's care needs and will be chargeable when it is the carer who needs the support and so would not be charged for the same service. Rigorous observation of practice to protect carers needs to be in place. There was no mention of the implications for supported housing related support being included in the costs to the individual at The consultation or in the paper, so presumably will remain unchanged

240 A standardised approach would benefit, and avoid time consuming multiple assessments.

241 Short term respite care is often used to maintain an (unpaid) caring relationship. Respite care is often awarded to the user, even though it is for the benefit of the carers. As services for carers are not charged for, it would create huge anomalies.

242 (1) what is the proposed policy? (2) It would be unacceptable for people who require a high level of care during respite to be charged so much that they would be unable to afford to access it.

243 If a person can afford to pay they should do so.

244 Not sure - would need to know more.

245 But should a set amount.

187

246 need more information.

247 But it will mean that some users' choices are limited by cost unless means tested.

248 The whole system seems to be very over complicated and needs to be driven by the needs of the users in a very straight forward way

249 I don't feel that for care up to about 8 weeks that there should be any charge. After all there wouldn't be a charge if the patient were in hospital.

250 Please see attached letter

251 why not a standard charge per night for respite care as at present although obviously a more realistic price.

252 The council should seek to implement the national policy in favor of keeping people in their own homes for as long as possible. That policy would receive 100% endorsement from the council's electors. Hampshire at present has no effective respite policy and it is extraordinary that the social work establishment of a local authority could accept that position.

253 Yes as long as they can afford it.

254 Increases may discourage the use of essential respite periods

255 It depends on why the person has to go into short term care, if partner taken ill, I think it should be free also giving partner / carer a break.

256 It is difficult to comment when there is no detail to comment on; and you have not experienced.

257 This was not fully explained at the consultation meeting in Winchester.

258 Will depend on user's ability to contribute and financial assessment being carried out.

259 Would like to know the details of the "new" policy before commenting.

260 Psychiatric patients need a week every year away from their living accommodation unless already in a hospital

261 By and large I agree the people should pay for item residential care based on their assessed ability to pay

262 Current policy works well for service users, further information is required to enable us to assess this further.

263 not applicable as I live in a residential home

264 Hampshire does not have or offer respite care - short or long term. So people end up back in hospital. Carers just have a breakdown - then who looks after the client?

265 Patient refuses out of home respite care

266 Set rates then everyone knows what to expect

267 Unable to comment no experience of this type of care

268 You are just after money not fairness

269 This needs to be a fair process. If it is respite for a carer who does not work and has independent income / savings, they may not be able to take this up due to financial restructuring on them

270 despicable!

271 what does this mean - more or less? I presume it means more; more to the point would be a fairer way of apportioning the amount of respite care. I am 75 with chronic asthma. I have willingly looked after my mentally disabled son for 42 yrs (since birth) and will continue to do so for as long as I am able. Having been heavily involved as a volunteer for over 30 yrs and still running I continually see the alternatives and know what is in store for him eventually. Yet he is only allowed 21 days while I see much younger carers certainly in better health, get much more.

272 not enough information. However a person still has to upkeep their own home. How can they pay two of bills in this case?

273 Short term payment should be kept to a minimum amount as this is a time of decisions and assessments.

274 Make it simple to understand.

275 urgent help is a 999 service

276 I think the whole system terribly unfair to those who have saved all their lives & have to pay for evenly in respite care - whereas those who have not saved get absolutely evenly free.

277 all residential care needs to be reviewed from time to time, to maintain standards.

278 Respite care is only given in necessary circumstances and there is little help given to people who care for their own relatives. These situations should not be used as a further opportunity to increase the burden on a carer's finances.

279 not enough information.

280 How will the individual's DLA be affected by this, given proposed new National revisions?

281 This is not a good time for vulnerable people; they are often placed in this situation with no alternative choice. The first 4 weeks should be without charge and final 4 weeks at an acceptable fixed charge.

282 Short term placements are more costly

283 The system is confusing enough now. My experience: The council makes mistakes. Invoices aren't paid and bills are sent 1.5 years after the respite has been taken. Too much paperwork involved.

284 Not clear what exactly you mean - what kind of change to the amount?

285 Depends on how it is to be assessed and what is the cost.

286 Insufficient information to decide; how much change, up or down, transition period?

287 My previous comments apply, why don't you ask people what they can afford to pay?

Appendix 11

Additional comments: Question 6

Personal injury awards

1 but really only should be if stipulated to be used for future care costs.

2 Absolutely as this is the basis on what the awards have been made for to cater for long term needs

3 the payouts that people receive for personal injury are to compensate them for the loss of something i.e. a limb, eyesight the ability to work. I think you should be able to take into account any money they make off investing this as extra income, but not the actual payout itself as this is compensation money not income.

4 A personal injury settlement may need to be used to support a person's dependents either in the present or future; do your proposals take this into account?

5 as long as it did not adversely affect them

6 Depends on case - cannot comment

7 These payments are effectively an income awarded to support person's needs and thus should be in part taken into account.

8 This is necessary funding the person was given in light of their accident/illness/injury to meet their needs. Therefore, it is appropriate for charging against

9 Provided that individuals are left with sufficient funds to generate an income to support their disability.

10 There does not seem to be a reason for substantial income or capital awards to be ignored.

11 NO!!!!!!!!!!!!!!

12 To assess and include all of a damages award will make people who are the victim of accidents reliant upon benefits later on in life and will deprive of the opportunity to have savings or own property in the way they expect if they had been able to have a full working life.

13 this money is paid following a traumatic incident and should be protected.

14 see reply to question 1; comments are the same

15 personal injury caused by a third party, therefore they should not have to pay; obviously they would prefer perfect health.

16 this seems sensible

17 People should have their own insurance cover

18 Does not concern me

19 I have been paralyzed from waist down through no fault of my own any award made by the court will not repair the damage or allow me to walk. Therefore I feel that it is compensate me for all the things in life that I am not able to do and the extra costs involved for me to do the rest.

20 depends on level of compensation

21 Awards should be specific allowing the care element to be identified and used in payment.

22 Again this brings into account making payments to full-time workers

23 You are proposing to punish those in receipt of these awards by - essentially -confiscating them. Would you confiscate child benefit from a woman who becomes pregnant as a result of rape? No, so this is discriminatory practice that you are suggesting.

24 No this is a step too far

25 take out insurance don't charge me

26 Compensation cannot ease pain, pain, pain. It also cannot bring back the pleasure of a mobile life taken away. It also doesn't take into account inflation and poor investment savings returns.

27 We live in very different times for instance a lot of men have young wives and children and in some cases these compensation awards are a families only source of income.

28 I am a disabled and I have not received a penny other than changes to the house I had to by my own wheel chair that is what that money is for

29 first one to make sense

30 I don't think the local authority should have to fund something which the person has the means to afford.

31 Some of this payment is compensation for the injury - not for the care element. If this is used to pay for services it no longer compensates.

32 If you are charging these awards should be taken into consideration

33 why else would someone apply for awards?

34 If the awards was made in consideration of the cost of care then it should contribute. But not a straight insurance claim/awards which might not be in capacity based.

35 We should be looking at charging all a fair charge for their care and not discriminate against those who have managed to save for their old age or other care.

36 I think money like this should be left alone. If someone has been injured they should be allowed to keep this money and use it as they see fit.

37 I don't understand the wording of this item.

38 Will you include disabled or wounded servicemen and women?

39 the courts obviously think the person has suffered enough

40 Only that element of the award which was given for care costs should be included otherwise you are taking their damages for the accident.

41 As I understand this, it implies that if an award is made that that money is taken into consideration for future care, this appears appropriate, however, perhaps optimum risk assessments may help prevent such occurrences?

42 Surely too hard to assess everyone is different

43 n/a in Richards circumstances

44 this amounts to theft

45 As long as this is reasonable or it will backfire, as the claims will simply get larger to cover the council's claw back- which everyone else will pay for.

46 If that is the sounds that the money has been awarded on then that is what it should be used for/towards

47 There was a telly program of a young girl who got millions when she turned 18 after a fierce year's long legal battle. Do you have any idea how soul destroying it is to have your life ruined by someone then have to fight to get what is rightfully yours so you can live as good a life as possible despite being damaged by physician/insurance companies/bad employers? I would say no if you want to [inessance](#) make it a bad thing rather than the security those people fight for Honestly, consider if YOUR family member and loved one was in these situations.

48 An individual should be left with a reasonable amount for personal expenditure

49 At lat, a good and fair idea

50 Again this could mean almost anything in practice.

51 Of course - because the injury award was presumably made to pay for costs of care

52 yes if you have had a accident and you can get a huge settlement then that should be considered

53 maybe a small amount if it is awarded for care because of injury but the majority should be left for the patient for everyday expenditure for living especially if the care no longer available to work to support themselves.

54 wouldn't mind if the interest was taken into account but the compensation shouldn't be

55 sometimes might across to people receive money doesn't want to use it

56 don't know whether compensation should cover this

57 surely solicitors should include your charge in latter claims if injury award

58 If they have the money for their injury they have money for their care. They should be allowed to keep damages for a destroyed lifestyle if the accident was not their fault.

59 I do not suffer from personal injury

60 Most claims against the council are obscene amounts that would not result in the same level of payments from the private sector. The council is too eager to make substantial unjust payments using the money of tax payers.

61 If an award is made a certain percentage should be contributed

62 Epilepsy is a condition not an injury please remember that.

63 If you are unfortunate enough to suffer an accident, illness due to another incompetence. Surely you are entitled to financial compensation without this being grabbed by a local authority.

64 Knock a man when he is down. Fight for a settlement knowing that state will take it back to offset care. Give it in one hand and take it back in the other comes to mind.

65 a person should still be able to manage finances where possible.

66 totally rip off payment for injuries are to compensate for loss of limbs mobility and possible disfigurement. This should be left well alone.

67 I have no knowledge of a person to whom this applies

68 I agree since the injury they received may be the reason for them needing care. If you do not take this into account, they are being compensated twice - once by the award and once by free care

69 I agree that injury awards can be substantial and generate income however, some awards are given as compensation rather than for care after an injury. Compensation awards should not be taken into account.

70 This is unfair on people who have saved all their life for their old age. It should be possible to pay a lump sum on retirement or before which would exempt you from a means test. Since only a small percentage require care at all the sum need not be huge. £10,000 should do it.

71 An award for personal injury is surely to assist the person to purchase the best help and service for that persons future but also could be to compensate for the future loss of earnings, so in the case of investment to generate income, only the income should be considered, unless the capital is used.

72 Personal injury settlements also cover mental and emotional damage and distress. Do you seriously propose to take that away?

73 If a person is brain damaged at birth through negligence that person if awarded damages should not contribute to care. In any event if the award was substantial they would choose what care they require of and how best to spent their money.

74 A flat table of payments should be made for all just because someone received a larger sum does not mean they should pay more.

75 It was my understanding that the level of award made was based upon the level of injury and thus upon the cost of future care required. So that's what its there for.

76 Have you got public liability insurance?

77 Yes because they have been awarded that settlement which provides income to assist them.

78 People in this category should be assessed on an individual basis dependent on injury and are awarded.

79 If they have been awarded compensation to pay for their care it should do exactly that.

80 these awards are made with an eye to the additional care which the personal injury has caused. It is important that the courts are aware of any increase in costs which apply.

81 I think if there is a reasonable limit accepted, for example awards over 50k should be taken into account. But small awards such as £3k or £7k shouldn't be taken into account as they are such small amounts.

82 the personal injury award has been calculated to compensate that person for the damage and loss of well being caused to them it is disgusting this should even be considered.

83 In so far as relate to awards of damages already made or in the process of being made that have not taken costs of care into account. Damages would have to take this extra element into account and therefore would not be fair if

84 income is income no matter where it is from

85 not applicable but a charge should be made as this is covered by personal injury award and should not be a charge on public purse.

86 Special awards should not be used in calculating how much a person can afford to pay

87 Each would need to be investigated on an individual basis and also even though they receive payment they could have to reimburse the sick pay paid to them from an employer. So this could affect the amount payable

88 Presumably the award is to cover specific needs. It is only right to consider the award IF the award is stated to cover the sort of costs you intend to charge for.

89 People that have been injured are likely to have needs outside of their care needs to which the award was given.

90 do not know enough about this to comment.

91 if money is given for a person for their care then it should be used as such.

92 a one- off payment should not be treated as income is it taxed?

93 Sounds complicated and again not always fair

94 Usually these awards are made to provide funds for future care therefore it seems right they should be included.

95 There should be a limit on how much contribution can be taken. A limit of the current maximum anyone pays £440

96 The size of an award is usually determined by the amount of care that will be needed going forward so it makes sense to take account of it.

97 Each case should be judged on its individual merits and not one size fits all

98 Again how do you make it fair/judge a claim - if a person is forced to spend their claim money until it runs out then become destitute or rely solely on the state how is that fair to a person when it was not their fault and they can't lead a normal life or work to help them. It is stigmatising and degrading.

99 It is reasonable to expect to receive one or the other, but not both for the same necessarily treatment.

100 yes as that's what the award is for surely.

101 I have no personal knowledge of this so would not comment.

102 If the award is made specifically for funding care, it is probably in order to take this into account.

103 Should be free

104 If people are awarded damages that money needs to be treated the same as money saved long term by elderly people who have "saved for their old age"

105 Yes damages should be taken into account.

106 injury awards should be exempt from charging policy as an award could be used for personal expense that could contribute to recovery from the injury and overall esteem for the individual injured,

107 Those awards are intended for a separate purpose to make those peoples lives better / durable / live-able.

108 Difficult when large amounts are granted

109 Monies received for personal injury should be used to pay for care.

110 If anyone gets this it is supposed to be used for their special equipment or something relaxing to help the trauma of whatever has happened to them, not for making more money.

111 Again it means paying more.

112 I do not have enough experience of awards to make a comment but if a person receives large sums they should be taken into account in some form.

113 if the damages are awarded because of future care cost it is only fair to those who are not awarded such damages that they are used for the purpose intended – i.e. care

114 As it has been proved that councils do not understand the stress that would have been gone through to even qualify for this then NO.

115 This left me aghast. OK, someone is given compensation; they also may win the lottery. What is reasonable is to look at personal savings and state that over a certain amount so much would be payable. To directly go after compensation money would cause a public outcry.

116 In some cases yes and no in others

117 that's what the settlement is for so they should pay.

118 The court should make fair decisions about injury awards not Hampshire County Council

119 If someone has such an allowance they have sacrificed their "physical or mental" life in some way and unless stated to be for their "care" should be disregarded.

120 The tax payer should not pay for these people

121 I suggest you get a person from Plain English society. This question makes no sense. What are you trying to say. If it is we are thinking of asking a claim waiver from those receiving care unless it can be clearly shown a carer or service deliberately abused or showed unreasonable negligence then I support this. Of course if just removed most of the Health and safety nonsense then I suspect carers morale and patients satisfaction would rise. Most regulations I come across are down to rubbish and risk adverse management. If you want savings look at your management who cannot write a survey in plain English. And, sack the one that wrote this!

122 I presume that the legal settlement includes for an element of care, it seems ok to take this into account; but not any element not relating to the care of the victim

123 As long as you do not take into account the portion of damages for loss of quality of life there must be a substantial retention for the client for 'quality of life' issue!

124 No- not at all. Show some understanding/sympathy the person must have suffered enough without your self styled official down seeking and inflicting more.

197

125 It will depend on where you start what do you call substantial?

126 any payment that i heard about has been quite small

127 Can't comment on this as I haven't enough info

128 Care should not be free, unless provided by relatives. Charities could become responsible for providing care to those who can not pay.

129 It is grossly unfair to take personal injury awards into account when assessing care needs.

130 Surely a personal injury award if a substantial amount is awarded according to the severity of the injury and the effect on the injured persons ability to support for the rest of their life independently.

131 It would be wrong to assess care charges based on the total compensation made as that may well have an element of various reasons for the compensation, personal problems/business problems/family problems as a result of the accident or illness.

132 These awards are separate; care should be funded by the state.

133 I've had no experience of this.

134 The council should only take into account those part of an award specifically relating to future care costs.

135 This i agree with some people have been awarded millions and have a superb lifestyle

136 I have not got a full time carer

137 only if the award specifies case costs. The other element of the award would be to give some quality of life.

138 I would only agree if the court stated that the injury award was to help fund their care.

139 Injury should be a completely separate award. Any after care should be free. Although some injuries are treatable the trauma is on going, sometimes a lifetime. The amount some injuries are receiving is ridiculous! Maybe there should be a cut of sum who should pay and who should not.

140 If this is what the award was intended for. Not if it's for other services of support.

141 Personal injury awards also compensate for lost income if that person is unable to work as a result - this should be kept quite separate. You shouldn't be able to take this as well.

142 I thought you did this anyway so cannot comment further other than to say that the injured parties should not be penalised for something which was not their fault or left in a worse position than if they had not suffered the injury.

143 This seems fair if the award is specifically to pay for care that the person now needs. However, see nos 3, 4 & 5. The circumstances should be considered on an individual basis. Where other income is very low, the ability of the award to generate income should not be reduced.

144 HCC should only take into account the "care" component of the award.

145 Some of this award is compensation and is meant to improve the quality of life if possible. It is not meant for council coffers.

146 would the public ever be told why certain cases are disregarded for care reasons don't they have the right to know if not why not?

147 This makes sense as the amount awarded is for the benefit of the injured person to provide a better life after an injury.

148 not enough knowledge

149 There has been too little information given on this point to form a view.

150 What changes there may be are unclear, however, in so much as personal injury settlements usually contain an element (but only an element) of provision for the costs of extra care this seems not unreasonable. However, the Council should restrict its claim to just the element that is for extra care – any more would be grossly unfair.

151 price should reflect cost of service.

152 Compensation should be used by the individual as they choose.

153 If the care is needed because of the accident of injury for which a person has received compensation then this should be taken into account. If it is a for a totally unrelated reason then the award should be ignored.

154 This money is awarded help to the person with these costs

155 should only take into account claims when future care costs are included. The £14,250 savings should still be kept as the present limit.

156 I thought the basis of these personal injury awards was to enable the person to pay for the care of services they need.

157 The award is for the individuals benefit but the impact on the family should be considered.

158 Yes, if a person is awarded payment it is to finance their care. A council tax payer I would not want to finance that person

159 If someone has given damages from a court to pay for an injury it is completely correct that the tax payer does not then pay again for the same cost that may be incurred in the future.

160 Surely this is what the money is provided for?

161 No comment.

162 yes if given large amount should be able to pay for care.

199

163 It's not yours to play with.

164 The personal injury award with regard to long term care is designed to pay for this - however expenses for pain and suffering should not be taken into account.

165 Awards are granted because of the injury or illness therefore any monies awarded should be used in for any care that may be needed.

166 We are going towards an American 'sue' state J

167 This should be controlled by the courts of justice not HCC

168 People get these awards based on the cost of their care, so they should use it to pay for their care, not expect to keep the money and other council tax payers pay for their care.

169 Make sure they are not left penniless - they need luxuries some of the times.

170 only those relating to care

171 Basically this will prevent people from seeking awards if they gain nothing from it after all the trauma of going through the costs.

172 If someone goes through the pain of legal proceedings, payments are made to help them not to fund the council.

173 I do not know enough about these awards to have a view

174 No one asks to get injured.

175 Unsure

176 No experience of this

177 Personal injury awards are to compensate the life they have lost ?

178 Surely this is already taken into account when financial assessment is made.

179 No experience

180 The only element that should be taken into account should be the care component as awarded by the courts.

181 These people should be means tested to see if these people can contribute towards the costs necessary towards better health.

182 A person with a personal injury has had enough to put up with already

183 The amount of compensation awarded often takes into account the loss of quality of life, over and above the likely costs of future care. It would be grossly unfair to include this element as income in the financial assessment.

184 Any possible future payments i.e. future care costs periodic payments & interest if they are not specified they should not be included in any calculation as assumptions are usually wrong.

185 Many awards allow for progressive determination or fluctuations – assessments must include this aspect.

186 Compensation is a personal circumstance which should not be taken into account.

187 Most personal injury awards are for many different things other than future care costs. It would be wrong to include elements of an award unless it is clearly specified it is to help cover future care costs.

188 that is why they were awarded the money!

189 If award was in part to provide care, then this should be charged.

190 We need to stop being a litigating society. We are getting to much like the US! People should take more responsibility for their own actions & take out accident insurance.

191 Dependent on specific amount awarded for care component only.

192 Provided that any expenditure arising as a result of the personal injury are also taken into account as part of normal living expenses

193 need examples of such studies

194 If such awards are used to generate income surely it is taken into account when the service user financial assessment is reviewed.

195 We agree with this in principal - but only where monies have been paid – you cannot count money that may be paid at a later date now - although at the later date the benefits can then be reviewed.

196 Please see attached letter J

197 If the injured person is badly injured and needs 24hr 7 day a week care and is cared for in their own home by friends & family. they should financially benefit not the council

198 A blanket policy would surely be contempt of any court that has made an award on a different basis.

199 These award payments have nothing to do with you

200 Not to include H.M. forces, injuries.

201 Would this include war disablement pension whereby the monthly payment is taken into account. A large number of councils disregard 100% of this, whereas I understand Hampshire will only disregard 10%.

202 If the injury award was made to cover the cost of any care needs in the future.

203 The amount received would probably assist the injured party would help their recovery not be worried about changes to his contribution.

204 This is money to compensate for the pain not to line the pockets of HCC

205 I feel that the courts should make the guilty party pay for care as well as handing them a lump sum

206 Settlements are often awarded to provide financial help for future care this shouldn't be assessed other wise the council will be paying for care already covered.

207 Care is already being paid for not applicable

208 No. This would compensate me for my injury and should not be used for my care.

209 I feel this may not be fair across the board

210 Again no experience on which to base an opinion.

211 Is there nothing you won't take?

212 These awards are made to take into account the additional expenses incurred in the long term care and should therefore be used for this.

213 complication is what you want, to appear the disabled

214 Only take into account funds not spent on disability. a property bought and specially adapted for their disability should not be taken into account.

215 How much more can a person take after being injured. they need extra money to adapt to their needs. ire. House, car, daily living. fit and able people just do not understand.

216 Sadly, I have no personal injury claim payout but if I did I would use it to pay for the things I desperately need for my health & mobility for example – new wheelchair which would suit my needs, adjustable bed to aid getting in & out , sitting up in bed which I currently find very difficult

217 the courts should take this into account when awarding damages

218 These payments are awarded so that people can invest to provide for their needs for the rest of their lives.

219 things happen and families cannot always shoulder the results of injuries.

220 only up to 95% of disposable income as in Q4.

202

221 Open to misinterpretation and unfairness; needs to be a well organised system.

222 Given the provision of a fixed non-assessable proportion

223 But it must be fair and the weekly contribution must be in line with question 3.

224 The courts sometimes award punitive damages, it would therefore be unfair to claw back that element of the punitive damages.

225 Probably agree but don't understand the implications of the asterisked footnote.

226 This is elitist and penalises those who did not foresee that they might need social care in the future.

Appendix 12

Additional comments: Question 7

Carers

1 cannot think of any, except perhaps respite or day care, in which case it should be the service user that is charged.

2 Carers save the council money already, if we start charging them for services they may refuse to provide the care that is required, in turn costing us more in the long run.

3 Carers do not receive full recognition for what they do and many are not entitled to carers' allowance. Without them, costs to councils would increase hugely, I think they need far more in the way of support.

4 Strongly disagree - On the whole carers are already saving the council vast amounts of money and should not have the added indignity of having to have their own finances investigated by us just to get a little bit of help/recognition.

5 Carers save HCC money - if a carer was asked to contribute, and decided to stop caring, HCC would end up spending more money on a clients long-term care package.

6 most carers are not paid to care, they normal do jobs around there extra free caring roles and duties, if we ask them to pay for services which are currently free and there to support them, what is to stop them from saying fine we will stop caring for free? Could our social care system cope with the pressures? This would be a bad decision

7 If means-tested / voluntary

8 Carers are very much the bearer of a lot of social care and without them the council would have to pay a lot more. Carers should be rewarded more

9 I think you need to review why somebody considers themselves to be a carer, I know of someone who say's they care for there daughter and there wife and then have carers in who are paid for by ILF, I have a well paid job and am unable to take cruise holidays which some carers and their families seem to be able to do, some families know how to use the system others have nothing.

10 It is difficult enough to get people to care for their friends/family. They save the country money, it would be an insult to charge them.

11 Carers are already providing a massive amount by not being paid and taking on clients who would otherwise need the assistance of Adult Services. Charging them for the little help they require to maintain their role, seems immoral, and if it leads to carer breakdown, would increase the services to be provided by AS.

12 If they are unpaid carers they are already saving the council money

13 Most carers are unpaid, so asking them to pay is like paying twice!

14 The time and effort that carers give for no financial reward should be considered before any charge is made that would further restrict the limited and restricted social life that carers have

15 Carers are saving us money! If you charge then they may not take them up and reach crises and then we would have to provide full services.

16 Most carers give up their time to look after a friend or a relative. This is time, emotional and physically exhausting task from my point of view as a carer for a relative, and most of all you are never thanked for or appreciated by the person at the time of looking after time. To suggest asking carers to contribute towards the cost of services or even to suggest it, I feel is an insult because the time and work they provide is more than the money they receive from the Carers Allowance and, without them we can not manage, I feel they are our back bone.

17 Carers should get all services free

18 Carers do not "choose" to be a Carer; this often falls upon them as a matter of course in the circumstances within which they find themselves. Carers should not be financially (or otherwise) penalised due to their caring role.

19 Carers save HCC millions of £s, they are often little or no income or pension because they have been caring.

20 Carers rights are inhibited and few and far between. They save the government too much money to then ask them for income

21 I am appalled that carers would be liable to charges in this way. We "care" for free

24/7 and for any free time/respite to be considered like a benefit in kind is INSULTING! We already pay in so many ways and to be charged for services of this nature may force many to "abandon" their responsibilities. THIS HAS REALLY UPSET ME AS I HAVE NEVER HAD ANY CHOICE ABOUT THE LIFE I HAVE BEEN GIVEN FOLLOWING THE BIRTH OF MY SON!!!!!!!!!!!!!!

22 carers they contribute a big deal to support people who need such support, we need support carers and do not charge them as there is possibility that they will withdraw they support.

23 don't we do enough already to save the councils/government money without being charged for services?

24 I think carers already offer far more services than they are remunerated for either in respite or financial.

25 If unpaid carers are already supporting the council by caring for a person who would otherwise need council-paid residential care, it would be unreasonable to charge those carers for services which normally benefit both the carer and the disabled person.

26 it is illegal not to consult on future policy changes

27 WHAT PLANET IS THE COUNCIL ON!!! ALL THOSE FAMILIES WHO CARE 24/7 FOR SEVERALLY DISABLED FAMILY MEMBERS WOULD NOT BE ABLE TO CONYINUE TO CARE FOR THEIR LOVED ONES. WE SAVE COUNCILS A FORTUNE AS CARERS. TO EVEN SUGGEST SUCH A CHARGE WOULD BE 'IMORAL'. MORE FAMILIES WOULD ULTIMETLEY BE FORCED TO ADMIT DEFEAT AND WOULD REFUSE TO CARE FOR FAMILY MEMBERS, THUS COSTING THE COUNCIL MORE MONEY IN RESIDENTIAL CARE COSTS!! WE TAKE IT THE PEOPLE ASKING THE ABOVE QUESTIONS DO NOT HAVE TO CARE FOR A DISABLED 'LOVED-ONE'. TRY VOLUNTEERING TO HELP SUCH FAMILIES FOR A FEW WEEKS, ONLY THEN YOU WILL UNDERSTAND THE PRESSURES FAMILIES ARE UNDER....EMOTIONALLY/FINACIALLY.....

28 The question is too generalised - which services at what cost?

29 as pensioners we have to budget very carefully and could not afford any extra expenses such as this as we do not get carers allowance

30 Carers already suffer financially from loss of earnings - even if they work part-time they can rarely work at the same level as they would have without their caring responsibilities. Carers contribute a huge amount of unpaid labour which saves the NHS and the local authority money- you have only to compare the total cost of care for those who are alone with those who have a carer.

31 I don't understand the question

32 Absolutely stupid idea. As it is now, carers get paid very little and save Government millions. If they have to start contributing then we will have no carers.

33 I am not sure what services carers get that they don't have to pay for. They should pay if they can afford it.

34 individual tax = individual care

35 Note from Carer: I fail to see how I benefit from being a carer; I do not receive carers' allowance!!! I care for my mother because I love her - not get paid for it!!

36 What sort of service are you considering? If service is necessary for the carer's health then I disagree.

37 I have seen so many cases where carers (particularly family members) have sacrificed income and quality of life in order to provide care for their relations - they should not be penalised when I think they help to reduce state costs.

38 carers already give up enough - time, freedom, ability to earn money - so should not be charged. They save the government millions by providing 'free' labour and should be supported.

39 Family carers give their time freely so not calling upon the system is why should they be asked to pay. Family are willing to pay for gardeners and cleaners.

40 see reply to question 1: comments are the same

41 I pay a small percentage towards my 4 hours per week respite which is a great benefit to me. Thank you.

42 Being a carer is a full time very worrying job would be another pressure to deal with.

43 in many cases the partner is an unpaid carer who does far more than the carer

44 Carers already do hours of unpaid work in caring for their loved ones totally destroying their lives as well

45 Carers should only be charged if specific payments claimed by the carer for services which ASCS then provide

46 This would see more people having to go into homes instead of being cared for by family who probably also work

47 The carers in this country are saving the government and councils huge amounts of money. If the carers are not supported (and there are thousands of them) and the carers fall by the way side- the results would be terrible for the country/government.

48 If a carer is looking after someone why pay to do so?!

49 don't know

50 How quickly would you like people to stop caring? Carers save you ££millions - leave them alone!

51 Do not understand the question. My 91 year old mother received this form and would be incapable of completing it. I help look after her but receive no benefit.

52 Don't add insult to injury

53 depending on the time they are listed to stay

54 I am on duty all day and all night.... and you want me to pay as well. I don't want any services from HCC anyway I haven't got any time for carers groups etc.

55 Caring is a burden - leave them alone

56 A lot of carers still have mortgages and young children and are also on low incomes. They provide care to older relatives as a top-up to services provided which in many cases reduces the need for extra services thereby saving money.

57 my family care for me for nothing. so how can you charge them

58 as a carer to my wife whom has Alzheimer's and vascular dementia, it's just another extra worry

59 we already pay for this (weekly shower service)

60 If by supporting carers we are reducing the need for the local authority to provide all or some support for the person they are caring for, it would seem contradictory to then charge carers for this

support. It is difficult to quantify exactly how much is saved either now or in the future by supporting carers so it should be applied as a principle and the local authority should focus on carrying out good quality carer assessments. The local authority should also consider introducing clear eligibility criteria for carers so that resources are provided where they are most needed, in a consistent way. The decision not to charge carers who meet the criteria would support such a policy decision.

61 Carers contribute and save the Government vast amounts of money already. Should the carers charge the Government?

62 As a carer you miss out on earning as well as it costing you money, time and stress, impacting enormously on your personal life. If you start charging and carers stop seeking services you may find the outcome is quicker entry to residential care and breakdown of family relationships. It will work contrary to community care and independent living.

63 But only if they have a financial assessment to see if they can afford to contribute. Many carers cannot work or work part time because they are carers and probably have low incomes.

64 Carers charged for the service they provide free of charge??

65 Carers already contribute time and effort they should be entitled to a break now and then both for their sake and the person they care for.

66 Do not understand

67 by benefiting you must mean I can do the normal things in life like going shopping without worrying what will happen, doing the cleaning without watching out what dangers my daughter is getting into and yes, we sometimes get away but to have to pay cost for care, that would not be easy. People without special needs people to look after don't have to do that why should we

68 Caring takes considerable toll of the carer's health (especially for Alzheimer's patients); adding to that strain is counterproductive and unfair

69 That kicking a man when he's down. Carers should be supported and assisted in recognition of their contribution

70 Don't understand this question

71 There is not enough detail here, but in principle carers already have too much of a burden to deal with

72 Carers became carers not because they choose and in some cases their life ceases to have quality.

73 Do not understand the proposition! When is a carer likely to benefit materially from a service to a patient? Sounds like adding insult to injury.

74 Many carers are worn out, caring for someone 7/7 with little or no respite and saving money for the rest of us - they should have all the help they need without the worry of the cost.

75 we already do it for nothing as a wife!

76 Carers work very hard to earn a reasonable wage and mentally and physically put all into their work.

77 once again it would affect the very people you rely on to assist you in your problems.

78 Carers already save the council thousands of pounds. They care for their relatives day in day out, these relatives may need residential care without this carer. You are now proposing to penalise them by charging for services.

79 if a carer's only income is care allowance then they shouldn't contribute.

80 No because carers are generally on very low income. Carers are generally saving the council and Government huge sums of money.

81 outrageous! I had to take early retirement to look after my husband losing a considerable amount of money. I have received no help financial or otherwise and am not aware what 'services' directly benefit carers. Carers give up a lot so it is outrageous to ask them to pay for anything there save the council a lot of money.

83 I am not convinced they get enough pay now for the excellent jobs most of them perform.

84 Why should I pay the Council towards cost, when I am looking after my Dad at home on my own saving the council a lot of money by him not going into residential care and putting my life on hold when my Dad already contribute towards care cost.

85 Carers are saving the council money by caring at home and they get nothing for the work they do. Why make it harder for them.

86 Carers save the council hundreds of thousands of pounds so no they should not be charged

87 These people work hard looking after their family and save the government money

88 Not sure about this, carers save money and require help in caring, 24 hour care can be tiring and stressful, if carers are not available then the cost to the organisation could increase.

89 depending on situation

90 I don't know what services benefit carers- my father Richard lived with me for more than 5 years

91 question not understood

92 We are trying to ensure people can stay in their own homes or supported housing rather than hospitals or allowed to fall through the cracks. Charging will directly result in less care being available at the point of need.

93 Overall unpaid informal carers save adult services and the NHS literally millions of pounds through their efforts - I feel it would be extremely insulting to charge them and would very likely lead to more carers relinquishing their carers role.

94 Putting additional pressures on carers would significantly increase the likelihood of situations breaking down

95 I would have no life without my carer and my carer would have no life if you charged them for the privilege of wiping my butt, carrying me, turning me, wiping my drool.

96 I am a shared lives carer, and the day services that are provided are essential as I would be unable to offer people with learning difficulties a place in our home/family as I would burn out carer for these people for 24 hrs a day. This job is a vocation. However I am at times emotional /mentally drained after a weekend home with my extended family. We need this short, daily respite.

97 NO carers do not want money worries

98 Again this must depend on individual circumstances -- one rule will not fit all

99 The charge should be made on the people whom they care. The carer (if retired) receives nothing for their work, generally speaking

100 You should be paying them for their care in the community not the other way round - again reduce waste and be efficient in what you do and you will have plenty over to do what you NEED to do

101 what services are these?

102 carers should be paid more

103 As my mothers carer I am not sure what services (if any) I get from you and thus, why I should be charged?

104 Carers are volunteers who take on a burden freely. They should not have to pay for any service which relieves any of that burden. Their voluntary work is already like a 'payment' to society or to the council which represents that society.

105 If a sitting service was available. YES! I pay 4 years ago I had a live in carer for my husband whilst on a short break. The cost was in excess of £600 for 1 week I can not afford to take regular breaks as care packages keeps going up. In our experience the carer did not meet the standard. Poor job indeed.

106 I think this is not right. Are you saying a person that is caring for some one should pay or are you saying the person they are caring for pays?

107 I suppose they would stop doing it

108 I would say that my carers are NOT paid enough by the agency. Therefore my opinion is the agency should pay more.

109 Carers in receipt of carers' allowance (£53 p.w.) are already in carer poverty, usually - an insult asking carers to pay when clearly carers need more support/more services usually for their "cared for"!!!

110 I am not sure about it

210

111 Like what? What service directly benefits my carer? Trying to save money in any angle.

112 what services? I receive nothing so how can I be charged?

113 I have been caring for my sister for more than 10 years now. The last two I could not go out longer than an hour for shopping in case she needed the toilet. I could not ask my brother to cope with what was all her toilet needs I feel I have given up my life why should I pay for that? She is now in a care home, self funded.

114 This question is poorly constructed and needs clarification

115 Depends how much

116 What is the direct benefit to a carer?

117 my husband is in no fit state to be a carer

118 should be means tested under similar guidelines to assessment of service user

119 I do not understand this question. Surely carers are giving a service for which they are paid, Family generally give their services free.

120 Carers are giving their time etc and prevent the county council having to provide services for the dependant person

121 The Gov' should be paying carers to look after a service user as they are saving the Gov millions of pounds. That is where a carer is looking after a relative.

122 unpaid carers who are usually related to the person they care for are occasionally in need of a break they could deny themselves of this if they had to pay

123 Carers are paid a very low amount - currently I care and get no free services? I don't know who is? It stops me from getting a job the only choice I have is to hand over the person I am caring for to adult services- get a job and live with the guilt.

124 many carers are unable to afford paying for services to ones needing care then what? no care?

125 Currently my sister, brother-in-law, my wife and myself spend a considerable amount of time and effort supporting my 96year old mother who is disabled. The above proposal is ridiculous to the least. If we withdrew our support the cost to the council would be considerably more than it is already.

126 The council and social services accept not all carers are caring and many just exploit the pay and free living for doing very little.

127 My husband is a full time carer but is too old is use a hoist or move me so additional help is required and is kept at a minimum.

128 this depends on the financial circumstances of the carer

129 Definitely not carers are already saving the government and local authorities several millions of pounds each year. The caring need is a demand to often 24 hour task services for carers are already limited.

130 Exactly what sort of services would benefit the carers themselves? HCC need to clarify this.

131 Not sure as a carer I have found any services that benefit me. I still walk to work and provide for my family and to do so I need to get carers to look after my wife when I do a 5 day a week job.

132 As a carer, we encounter expenses that are not reclaimable- now my Gran is in a residential home, we still encounter those costs. I am single sighted cannot drive so have to use a taxi or bus or if some drives me, petrol costs.

133 Carers are a cheap option and enable those requiring care to remain in their preferred environment instead of out of environment expensive care. Provision its a vocational role and many carers do not work and live on low incomes in order to supply this unpaid support to charge them would lead to necessity to work and ultimate loss of this provision.

134 Why not keep this information centre pay for communications and ask for contributions at social meetings as opposed to information giving meetings. There is still actual ignorance to what help is available to carers' helpers.

135 Carers have a bad enough job without being financially penalised as well.

136 'that benefit them' - what benefit does giving up their time give them?

137 The contribution of unpaid carers is grossly under-appreciated and they should have some benefits for the service they provide

138 This I do not understand I pay for a team of carers to help me and their employer receives my payment how this linked to the carers.

139 Carers need support not financial penalties for the vital work they do, this is a scandalous proposal.

140 Carers should be paid not have to pay!

141 Carers are substantially undervalued and under funded at present. To ask Carers to contribute towards the pittance they currently receive would be immoral.

142 We should use the Japanese system where caring credits could soften the effect of or exempt you from means testing

143 This question doesn't make sense. Does it mean the person receiving the care or the person give the care?

144 ???????????

145 I thought carers provided care. How can they directly benefit from providing care? If you mean carers who provide care to a family member, then surely you are looking for the family to pay twice, firstly the service user and secondly the carer

146 Not if a person is not employed as a carer, as they potentially give up their job.

147 I can't think what sort of service carers could benefit from.

148 Carers should get more assistance and recognition

149 As a carer I have never sought respite care I am a pensioner and do not receive a carers' allowance. I am saving the government money by caring; why should I pay anything?

150 Carers by the name 'care' do not get paid anywhere near their value - if they are not to be compensated at market rate for staff they should not be penalised.

151 ??

152 Carers save billions of pounds by providing free care to keep people out of expensive hospital or care home. If they are discouraged from asking for help in this task they may well be overwhelmed and give up. Then 'the state' or Council will (or may) have to spend more money to provide for the patient so help for carers is money well spent - stitch in time saves nine etc.

153 For the same reason I gave in question 5. Carers are paid a poor amount of money which stops when the carer reaches 60. This army of carers is saving councils and government a fortune don't make them out of pocket.

154 I've been a full time carer for five years and do not know of a single service which social services offers to carers.

155 I find this proposition deeply insulting as a group we are saving the country and county thousands

156 there are very few things that directly benefit carers that most don't already pay for. Day care has been of benefit to both my husband and me. Please keep it going!!!

157 Do not understand what services are included in this question. As a carer my wife and I receive no service funded by the council.

158 It is bad enough putting one's life on hold without being impoverished by doing so. We are saving the state an enormous amount by taking on the carer's role and should be helped to continue doing so.

159 It may make some carers quit if they have to pay anything that (remotely) benefits them in compensation for the effort and time which they give while caring and losing out on any personal life they might have had.

160 What services? As a carer my husband has never heard of a support plan

161 These people are helping the community by supporting others and providing a service which would otherwise have to be provided by the councils etc. Any contributions taken from them would affect their family's income and in turn they may have to seek support or alternatively put them in the awful situation as to contemplate giving up being a carer. You could have a donation box which is purely voluntary.

162 What services do carers access? I'm a carer and haven't ever accessed any service?

163 I am a carer. Services that benefit me??? I have absolutely no idea what this is about. I get no services that benefit me.

164 I would like to know details of these services

165 Some services e.g. counselling and social gatherings are of limited value.

166 Depending on amount of time they are caring. Carers can save the social security system large amounts of money.

167 They save us thousands

168 most carers support their people financially already and serve the state enormous amounts of money, especially those that do not receive the carers' allowance. Charges would be adding insult to injury.

169 No one ever choose to be a carer it is a never ending non-rewarding thankless task they need all the help they can get.

170 When an individual works they are entitled to a minimum of 4 weeks paid holiday. As a carer it is may be 3 weeks per year asking a carer on average on £60-70 per week to contribute is a disgrace. UK we give Europe £48 million pounds a day food for thought.

171 Carers are saving your services a lot of money for the care they give 24 hours a day 7 days a week

172 Main carers already save the government money by providing unpaid services.

173 A large number of Carers have had to give up well paid employment and are having to live on considerably reduced means. if they were to be charged for the very small service they normally receive I feel that this would be an insult. If Adult Services actually had to provide all the services that Carers provide the budget would be in a very sorry state.

174 Carers save Adult Services an enormous amount of money each year which should already count as a contribution. Due to the financial pressures already on most people in a caring role they would be far more likely to turn services down if there is a cost attached - typically they do not put a value on themselves once they are immersed in the caring role. This would be short-sighted. Sustaining care packages following carer breakdown would be far more costly than supporting carers now.

175 If the carer is saving the Department money (as an unpaid carer) then they shouldn't be charged. However if their benefits exceed the savings then yes, they should be expected to contribute.

176 Carers should invoice the council for money which they save them

177 No. However if the Council do, I should only want them to charge those who have significant surplus disposable income or savings. There is a need to support and incentivise carers as much as possible to remain involved in caring for their loved ones.

178 family carers do not get any fee. If they did then contributions would be in order.

179 No because many carers save statutory agencies significant amount to the government of their own lives and health.

180 As a pensioner who receives no carers' allowance, how much of my daughters £840 per year direct payments do you want me to pay back? I would like a written response to this question.

181 Carers get little consideration or financial help at present - don't make it worse. They already save the country millions of pounds.

182 It is hard enough to get people to become carers as it is and they save the State millions of pounds

183 If they weren't acting as carers, the council would have to provide more services to the service user!! The Council should be paying carers!

184 It is hard enough as it is to be a carer particularly being a single parent trying to juggle work and caring too. Carers should be supported more to avoid using respite care services which cost more than family carers do. This will force carers to take drastic action.

185 absolutely not

186 carers should be paid for the carer they provide they save this country millions.

187 a very strange and wrong worded question = why would a carer contribute to a service? Please clarify question in lay terms.

188 we do not understand this so cannot provide an appropriate answer

189 Carers already get a pittance for all the work they do. If you start charging carers for services then people won't do it and you will end up with more disabled being unable to look after themselves which will increase costs not save money.

190 Although a carer, I did not know such services existed. Carers play a vital role and doubtless save the council money. Please be careful not to upset them.

191 Carers have often given up their own careers to provide care so resources are limited. Also Carers do 'save' the authorities having to provide certain elements of support (i.e. time and money)

192 I don't understand the question. What are the Services a Carer does not pay for? As worded, you will probably get a misleading response to this question. You should also add the category 'do not understand' to each answer.

193 You ask a lot of carers - if they were to discharge their duty then the cost would be more to the council. You need to look after carers

194 They are already contributing their time 24/7 and some of them there is a joint account and it puts more pressure on the carer which could cause a stress related illness which could involve both carer and the service user to be looked after

195 You will find some people who need assistance will not ask for it rather than spend the money, and the less well off may not apply at all. Why don't we raise taxes?

196 Carers shouldn't be penalised financially for the care they give.

197 Carers already do hours of unpaid work and or below minimum wage, work which saves the Council money. Carers give up well paid jobs to do this. They are violated and lack social, economic and carer opportunities.

198 I was a carer for 10 years this is a very bad idea i worked looking after a family member and went out to work to some hour make ends meet.

199 caring is hard enough without having to pay for it.

200 Not clear what benefits a carer receives.

201 Subject to a standard maximum of benefits (say 75%)

202 Carers save the Gov't £87 billion a year now- definitely should not be charged.

203 It depends on the nature of services.

204 Carers save the country millions of pounds. They should not be expected to contribute to the services. If the client (disabled person) is paying, you would be charging twice for the same service.

205 When carers are paid the full amount per house that workers have in the care industry, e.g. in care homes, then I would agree but not at the route they presently get particularly as some have given up full time employment to care for a sick relative.

206 Are you expecting family to look after parent? I have done so for 8 years with little help from government.

207 As a full time carer, life is a slog and one feels somewhat trapped. I get very little help but am grateful of that. Could not afford to pay more. Carers are undervalued generally.

208 as a carer i do not know of any services I can access or benefit from

209 I am not sure that I understand the question

210 Carers are saving local & central government a lot of money and often do not claim their full entitlement of allowances.

211 Do not have enough information to make a decision

212 Without the willing support of carers you will see many more frail, disabled persons requiring residential long term care at greater cost to the Council. Reduce support to carers at your peril!

216

213 At the moment, carers are providing a service to the Council by keeping people in their own homes - i.e. out of Council-run care homes. Many carers are also unpaid so to penalise them further would be seen as grossly unfair. It is the individual who benefits from care services, not the carer. The only exception I could see to this was if the carer was charging the individual for their services, but was then taking advantage of free services from the Council - then the Council would be right to charge the carer.

214 What sort of services would this be? Carers give up their own lives to care for a loved one; it's a hard, lonely job at times. Surely they shouldn't have to pay for anything that eases the workload. Especially when the home might have to be sold, if the patient has to go into full residential care it seems as though carers are being "conned" in that case.

215 Or paid!! I was a carer for 5 years.

216 Carers at the moment save both local and national governments considerable amounts of money in free care to their family members and other to ask them to pay is a travesty. They should be paid by you not make them pay.

217 this doesn't make any sense, why should carers be charged? Very confusing.

218 Carers already save the country billions in care by keeping loved ones at home and working 24/7 345 days a year. This is discriminatory and ridiculous. Can't think of a service we have directly benefited from (indirectly maybe from a care package)

219 The question poses insufficient background and should be more forthcoming about the sort of/amount of/ cost of the services. I have no idea what view to offer other than if carers are paid from public funds then they should contribute to cost bearing services. If they do work for free then services cost should be free.

220 Carers invest enough in time and emotion without any more.

221 What services?? Carers save the country millions of pounds to the detriment of their own health.

222 Carers are already under enough pressure and should not be charged.

223 As long as the benefits are correct, I would be prepared as a carer to contribute.

224 Carers save the council a lot of money it must be wrong to charge them to help them.

225 without carers the cost to the state would increase

226 I do not know who the carers are.

227 No, no, no, no, no! Most carers already work their fingers to the bone, and put in hours of unpaid work (out of love) don't start fleecing them too!! It would be an utter disgrace.

228 Not aware of the services available to carers but do not penalise them, as overall I suspect their support saves the country money.

229 Don't really understand the question- is it saying that my daughter who is my carer should pay towards my care that I also receive from the care agency??? My daughter does not receive any money for me for her help.

230 My wife has cared for our disabled daughter (now aged 38) everyday since her birth. She has received no recompense for this service whatsoever. The notion that she may in some way be charged for this is anathema!!

231 Carers already save the council a small fortune. You can not make carers lives even more difficult.

232 Don't understand the question

233 Carers/parents give their life to look after their family/clients with many disabilities when services fail them "so why charge them for their dedication"

234 Consider the case of a widow with a limited pension who has two well-off sons. The home is cleaned for the widow, but this benefits the sons who are her carers, one more than the other. Why should they pay, and as they give different levels of care, how would you assess the different contributions? This proposal would be very time consuming, cause infection within families and be self defeating as the level of voluntary care could be expected to decline. Drop this idea at once.

235 Do not understand

236 They already saving government £1000s by doing the job they do often at the cost of their own mental and physical health and well being.

237 Carers by definition contribute a lot to clients for whom social services or other means would be financially responsible.

238 What services benefit carers? Unless it is respite following months/years of caring for someone unpaid. The carer has a right to a life and needs to consider their own health.

239 Carers are unpaid and save country a fortune king them to contribute is despicable and an insult. Most carers are family and do not expect to be paid but to take money from them is immoral.

240 Carers are under huge pressures to impose any charges upon them would just add to this. Also many carers give up their employment to care for a relative or friend; some of these have been extremely highly paid jobs! If Carers chose not to care for the person with a disability, where would Adult Services be then ... we all know that Carers are the very cheapest form of labour and this would be disastrous! To consider asking Carers to contribute towards the cost of services would be disgraceful and in light of the new Equality Bill Oct 2010 I wonder how this would sit with that. Currently they have services free in recognition of their caring role and what they have personally given up - could charging be viewed as discrimination by association?

241 Depends what services the council considers 'of benefit to carers'. Our son, only, currently receives four days a week at day services and 1 hour pr week care attendant time. The services he receives are of benefit to him. We meet the rest of his care needs for the other 143 hours. We are of limited income due to our restricted availability to work so that we are here for him.

242 carers contribute much time energy to caring that an additional contribution would be perceived as unnecessary interference in what is probably a very special decision by the carer to undertake the carer role, seen by some carers as insulting and just might not be what the carers' legal rights of an assessment provides and offers.

243 Carers need this otherwise will collapse, commit suicide. You will have people handing their loved ones over to social services and that will cost you so much more

244 At present you do not provide much care for the handicapped or their carers and you expect the carers to do your work for you for nothing and have the cheek to ask them to pay for the little you do. No way.

245 Do not fully understand the question

246 you could be in danger of losing carers

247 I had to pay carers for help I pay now for help in house as they did not do anything garden, window cleaner and feet.

248 Carers should not be prohibited for gaining access to support because they cannot afford to pay.

249 Carers are under enough stress and worry already and need all the help and support they can get, also many of us are only on benefits, people would struggle on their own.

250 Carers are the salt of the earth and save the country a lot of money. They should be supported and cherished.

251 Carers are the only thing between a manageable service and meltdown. Consider how many service users you would need to accommodate if carers felt unsupported.

252 They have a hard enough life as it is, and are saving the Council money.

253 Do they not have enough to cope with without being more pressed for money!

254 The carers allowance is very small and of course is not paid if receiving state pension

255 Carers already contribute considerably in time and effort which saves the state considerable funds - to charge them twice would be unjust ion the extreme

256 Firstly we would have to ask WHAT SERVICES? We already picking up all the areas you so cunningly try to escape from. Far from charging them we should be charging you.

257 Carers do not benefit `directly`. They do indirectly in so far as they have freedom to pursue their own lives. Again I am amazed at the wording of these proposals. We have double standards here. The Government grants carers an allowance which the Councils now want to take from them. What may happen here is that, depending on the charge, carers will make their own arrangements, which will benefit them but not necessarily the service user.

258 Some carers are children

- 259 Surely any benefits a carer receives are in compensation for giving time, effort, energy, emotion etc? Otherwise the question does not give enough information for an answer to be given.
- 260 Carers do not choose to be carers and give up their time and energy and be given money to look after someone else. I have been a carer for over 20 years and have never been offered any help except a break paid for by the inner wheel. I belong to 2 carer groups who may (or may not) have council grants.
- 261 I don't have any carers coming to my home
- 262 The respite breaks are the only recompense society gives for the unstinting care and love that the family member gives 24 hrs a day 7 days a week to the loved on requiring care. Charging for this small recompense would fly in the face of natural justice.
- 263 Carers are usually unemployed or on low income
- 264 Carers often have to give up work, or never start work, in order to care for someone. They receive very few services to directly benefit them. Also they lose the carers' benefit at 60/65 and often continue to care without any allowance. This is totally unfair.
- 265 Sounds rather like charging volunteers for volunteering!
- 266 They do enough already without penalizing them more!
- 267 I think this is an appalling suggestion! We can only continue to look after our profoundly handicapped son with respite and day care. I have a much reduced pension due to my long years of caring. i.e. gap between when I left work and paying for carers stamp came in. I find this idea completely unfair and I feel totally undervalued as a carer.
- 268 Carers allowance is a pittance not payable if the carer is of pensioner age. Pensioners earnings finance of a carer should be theirs, many give up work to "care". Its tough being a carer don't make life worse and from what would you be expecting them to pay?
- 269 Its hard enough now to get carers, who will do this in the future if expected to contribute more, ICA approx £50/week; what disposable income? could you live on it?
- 270 Carers have a difficult time as it is - If they can actually find any help it should usually be on a subsidised basis
- 271 Carers are already under valued and unappreciated. More help should be provided without charge.
- 272 Yes I do. Of course I will need to charge for my time at the family rate of £38 per hour based upon my families combined annual income. Get real guys, you getting off cheap.
- 273 you should not ask carers to contribute towards costs that are inseparable from their care duties
- 274 Carers are only paid £53.60 p.w. to care for their person - this is for a minimum of 35 hours - if you earn more than a certain amount (£100) you lose it all – where are we meant to find the finances?

275 No- carers save the council a significant sum and to further take advantage of their goodwill (and make them feel less recognised/appreciated) would be a backward step.

276 Disgusted that such an approach is contemplated

277 Carers save the country a huge amount of money many carers have to make a large financial sacrifice in order to care for someone i.e. give up work. It is wrong to all carers to have to pay again, especially as many carers may be pensioners living on a limited income.

278 What would you do if the carers withdraw services? They always do more than asked.

279 They do a wonderful job they need all the help they can get to give them some recompense for all they do.

280 what services?!?!

281 Any service provided by the council is likely to be costly and would be better provided by a charitable organisation.

282 According to the quality of care i.e. as good as the care given by the carer? In my personal opinion of care given by professionals, it is not worth the amount charged. As a former carer, no amount of money waved carers the cost of care I gave 24/7 (I have no money now except my income it all went on care)

283 As long as the carers can afford it. Carers allowance should be exactly that, paying towards the carers needs

284 I look after my mother who has Alzheimer's and a young family, I work 35 hours a week I don't get any pay (carers allowance) I think its wrong to ask carers to contribute.

285 A carer may be a spouse/partner caring for their loved one who may be elderly or disabled does it through love and kindness. How can you expect them to pay for the care of that person?? By caring for someone in their own home a carers is already reducing the cost so saving the Council / Government money instead of a hospital/nursing home/residential home admission where costs and care costs would be higher.

286 Absolutely not. I find this extremely unfair. Carers should be supported by the state for their valuable work to enable people to be supported.

287 As a carer I do not get any payment

288 I don't understand what services carers get

289 I pay for a carer to assist me daily in the shower

290 I've been a carer to my father since 1986 with no financial reward or payment for time, petrol etc. and cared for my disabled daughter for 19 years which for 13 years I've had carers allowance. Both have caused me to be heavier out of pocket not to mention personal sacrifices! Most definitely 'no'!

291 carers are under enough pressure without paying for a break from the cared for.

293 Carers are giving enough, they dedicate their lives to helping people, my wife does her best for me, as my main carer she is not paid at all.

294 A carer could be charged for services the carer (in person) does not need or require

295 Don't understand what services are being talked about

296 Carers have this role because of another's misfortune - not from choice. Without their work the welfare services would have to spend far more to support that person.

297 The Council needs to persuade more people to be involved as carers. Do you really believe this policy would achieve that?

298 I don't understand this one, how can you consider charging carer for doing a job that it could be argued that you (HCC) or social serves should be doing in the first place.

299 Carers already 'pay' heavily to support the person in need. Please don't add to their huge burden.

300 As a carer for 2 people since I have been on pension my carers allowance has been reduced but only get paid for 1.

301 This is extremely stressful job for some carers, sometimes 24/7 why give the allowance with one hand and take it with the other?

302 you should be paying carers, they save you a lot of money.

303 They provide a huge amount of free care

304 Should they contribute if their services would cost the system more to replace them? Not sure of all the implications here, especially if the carers are children or adults who can't work whilst they are carers.

305 Carers provide an extremely valuable and demanding service which they do for free, thus saving you millions of pounds. To charge them for the help they need on top of their free help is insulting. It could push some over the edge. Carers don't choose to care; instead they do it because they love the one they're looking after. They already make great sacrifices. To charge them on top of this is disgusting! I've had to give up work to care now you want me to pay on top!

306 Carers are our modern-day heroes. If they did not care for their loved ones, it would fall to social services to cover the cost so carers should be given as much support and help as possible. Their work and effort saves the NHS and Social Services a lot of money. How can it be justifiable to charge an 83 year old woman, who cares for her 85 year old husband because she does it for love and duty, for any service that may benefit her? This would be criminal. Carers, by definition, are unlikely to be in paid employment, but if they should be, then there may be some justification in charging for services.

307 Carers often have their role thrust upon them. They are often prevented from taking full time work and their income is consequently reduced. It seems to be unfair, immoral and counterproductive, to charge carers for being carers.

308 carers should be supported as much as possible. Without them, more people would be dependent on the state.

309 family carers save HCC millions of pounds per year. Without a free day service or short break they will no longer be able to care - so cost to HCC will increase.

310 I don't understand what this means- needs clarification how does the cost of services benefit the carer?

311 How can services 'directly benefit carers'? They are often standing in for poor social services, poor health care provision. You would lose a lot of carers and increase the number of people in need. Carers should be looked after as they do a valuable role and often have given up work.

312 Would you be on call 24 hours a day 365 days a year, maybe a little less if you get some respite? For as little as £53.90p a week? I doubt it very much, not to mention all the travel of everyday caring now you want carers to pay for the privilege of service that directly benefits them; are you serious?

313 This is absurd and not something I would agree with. The carers do a magnificent job, and with little support, as it are. Most are not doing it for money, so have no say to pay for their own support! And in fact can be out of pocket as a result of taking on this role.

314 This should be looked at person to person

315 Carers are already saving the Council very large sums of money for care that in other circumstances the Council would have to pay. To require a financial contribution from careers, many of whom have given up careers in order to care, is to make them pay twice over for fulfilling a role which they find thrust on them by circumstances.

316 The services should be a welfare entitlement paid for through direct or local taxation

317 because of the vast savings by the council due to carers.

318 Carers over 65 - do not receive carers allowance- even those who give 24hrs care.

319 A carers job is life changing and any benefits should be considered as insignificant and non chargeable.

320 Carers are extremely under valued and save this country huge amounts of money. If they are lucky, they meet all the carers allowance of less than fifty five pounds a week! Try and live on that!

321 Having met long term carers and been one myself for a short period, it is insulting to even think about charging carers, when they work so hard usually continuously, saving thousands of pounds per year to council tax and tax payers.

322 What services no one has offered me anything!

323 Carers already lose out by often giving up work and receive no compensation for loss of earnings.

324 Carers need respite so that they can cope. They provide a valuable unpaid service. Without carers the burden on the state would increase. Carers need more support at no charge.

325 Don't know what this means; who are these carers? Relatives? What benefits do they get?

326 As a carer I already pay for services that I'm unable to do out of the allowance

327 Carers receive £53.90p p/wk. I defy anyone to exist on this amount of money let alone have to pay anything out of it towards costs.

328 Being a carer you are exhausted and this last thing you need if you are like me doing everything bills, insurance etc and you need someone to take control of any residential care and say don't worry we will sort that for you. In some instances it would be a good idea, maybe more independence when Young, but not when you are dealing with old age.

329 I would need 'directly benefit' explained in more detail. Without my wife's care package I would not be able to work - if this is classed as a direct benefit then I would strongly disagree with this proposition.

330 I think this depends on what services you are considering? However it seems right to ask for a nominal contribution from all users of services. If it goes too far the other way people in need will just stop using the services and suffer as a result.

331 Carers subsidise the State. I cannot see how a Carer benefits directly. Who would choose to be a Carer and pay for the privilege! If this is implemented I would expect Carers to claim expenses. Not all Carers can get Carers allowance.

332 Carers are already saving the tax payer £85 million a year

333 Caring for a loved one is a life changing experience now you want to take any small benefit they may receive. "Disgusting" dreamed up by some idiot who's not a carer.

334 I do not know of such services.

335 I am basing my answer on carers that provide their services free of charge to a service user. If the council want to charge for carers then carers should demand payment for their services from the council as they save the council/government millions /year.

336 The whole point for carers to not pay for these charges is because they provide the service to the individual in their own home. By taking this away what is the point for carers to care at home.

337 I don't get paid for being a carer. Yet care for 15 hours a day when working and 24 hours when not. I really think we should be paid something for what we do, so to ask me to pay for something - what do you think?

338 Carers are effectively providing a free service to subsidise care requirements that would otherwise have to be met from additional personal care budget. The services provided to carers are to enable them to continue to do this. Without the carers the net cost to the council would be greater.

339 Like bus passes if it is free people tend to obtain or use despite whether or not required.

340 i feel services are not to directly benefit carers but to help us cope without the service we accessed we could not have looked after my dad at home for as earlier this would have cost the council more.

341 No financial help is given therefore unlikely to be able to contribute - free service!

342 If they can afford to pay they should

343 Are you being funny? If husbands and wives could not cope the cost to the state would be astronomical. With those people cared for at home had to be put into homes.

344 Carers save the state millions of pounds because they are looking after someone often at the cost of their health.

345 Sorry I really don't understand this carers get paid for the work they do how can you charge them? In my case I care for my mum for approx 47 hours a week and get nothing!

346 Carers are often unable to work due to the unpaid hours they spend caring, therefore as their earning potential is significantly lower than most other people and they save social services money it would be very unfair to charge them for services needed to allow them to continue to care.

347 Carers give up so much time so as not to 'burden' the state of more people as they are struggling to cope with the ones they have already. Give us a bit of a break.

348 Carers give up their lives to look after others.

349 I care for my wife 24/7 I ask nothing from you I get nothing from you. Leave it alone.

350 you should be rewarding them not grinding them down.

351 But should not be punitive as care standards would fall. Perhaps an annual charge based upon number of employees or clients?

352 who are carers??

353 Carers do a difficult job often on low pay so we should support them

354 I have cared for my sister for 20 years without the council paying a penny and wouldn't be asking for help now if, at 86 years old, I could manage on my own.

355 I have cared for my son for 28years - 24 of them as a single parent. Because of his severe learning disabilities he cannot be left alone at home or go out by himself. I have therefore been unable to undertake anything other than part-time or voluntary employment, which fitted around his needs. Consequently I have no occupational pension. I rely on guaranteed pension credit with a carer's pension and my sons DLA. Retired friends without caring responsibilities are able to enjoy day trips and activities which cannot be filled into the 6 hours (approx) that my son spends in day care 4 times each week. When I am no longer able to care for him, there will be no carer premium, D.L.A or pension for me (and those in a similar situation) as a former carer. Why should I and those similarly placed be expected to contribution towards service which are essential to help us continue to perform

our caring responsibilities. I'm sure that I don't need to remind you of the amount of money we save tax payers.

356 What kind of services?

357 Carers need to be treated with respect. They are hard-working people who need help. If you treat carers badly they will crack up and also become patients.

358 Carers age and health must be taken into consideration. Most carers would not ask for help, unless they were unable to do the caring themselves.

359 As the daughter of a service user all my care services are performed on a voluntary basis and as such I feel that I contribute through time and love and would strongly oppose being charged.

360 This is a ridiculous suggestion. Carers save the county thousands why should we pay to take breath.

361 How much do we save Hampshire? This would be the last straw for many carers.

362 Carers maybe saving you money now; if you charge them they may reduce their care, costing you more in the long run

363 Carers do not get enough support as it is. Any financial penalty would be appalling

364 Carers don not directly benefit from services. The benefit is to the service user. It enables the carer to continue to care, for no cost to any statutory agency, and at great personal cost. I would actively campaign against this in the public forum. You already take my pensions into account to pay for my husband's care

365 I think the council should pay carers who do a good job for HCC, as being carers for 34 years my wife and I are worn out. Our daughter has just been placed with carers in her own home.

367 Carers are saving you a lot of money & need all the help & support you can give.

368 I am a carer for my mother who is 88 years old. I can only work 11 hours a week & a carers allowance paid weekly, I don't own a lot of money I need to run a car to take mom to various appointments etc. & to get myself to work, so no I don't agree.

369 Please tell me the benefits I'm entitled to

370 So now you want both the carer and the person they care for to both pay for a service : a double charge ?

371 Carers are already saving the country a lot of money.

372 Carers do save the council a considerable amount of money

373 This seems wrong, when carers already save the country a lot of money for little reward or recognition.

374 Carers already save the country a lot of money for little reward or recognition.

375 As a carer my free time is 7 hours a week when my wife has a sit in from basing care.

376 They are already saving you so much money.

377 Carers often have to give their work, or their ability to earn to look after their relatives. To penalise them for this would be a gross injustice, and would make the carers contemplate just passing the luck to the council which would cost you a lot more than any benefits in charging a carer to look after their charges.

378 How many councillors would work 100+ hours a week for £53.90?

379 I cannot think of what services I personally receive but if the fact that my daughter goes to a day centre so I technically get a break. I don't consider out of my fixed income I should pay.

380 I appreciate the services of care providers very much and it is a very necessary service. I am at present paying for my wife's and towards my wife's care (depends how much I can afford)

381 A carer is working on the basis of good will and should not be charged.

382 The council already make large savings by virtue of carers providing services that would otherwise fall to the council to provide (eg in providing a home for an elderly relative who is unable to live alone). Many of these carers receive no financial support for so doing (eg if they themselves are in receipt of a state pension). To charge them for accessing services to assist them in carrying out their carer function would be grossly unfair.

383 Most carers give up a lot of their own lives to care for someone close to them and any services they benefit from just gives them a chance to have a few hours of normality and should not under any circumstances be charged for.

384 Carers save HCC billions of pounds & deserve as much help as they need free (usually only asked for in desperation)

385 Carers save councils and the NHS a lot of money and deserve all the help they can get.

386 The costs of services which support carers could rise astronomically if carers are further penalised by having to pay. Older carers are already disadvantaged and if carers all refused to provide their usual care for just one day, the cost to the local authority would equal the budget deficit for the year. Please recognise the proper value of carers.

387 Unofficial carers, such as family members, already relieve the Council of much of the burden of providing care for the elderly, often at personal and emotional cost to themselves. It would be unreasonable to make carers pay toward the cost of services.

388 Carers deserve all the help they can get. They should certainly not be penalised.

389 It is often quoted that unpaid carers save the nation over £30 billion. The council must consider this is not enough and would like to grind them down to £14230. It is a recipe that will break up marriages as couples seek divorce.

390 that would be charging for a service twice; it should be built into to the cost of the client

391 Carers provide a huge amount of unpaid support that would be totally unaffordable to the national economy. Charging carers would be wrong and would probably cost the local authority more money in the longer term due to unpaid caring relationships breaking down.

392 If the service is for the benefit of the disabled person, the Council should ignore what it might perceive as benefit to the carers who, after all, are (1) receiving no financial reward for caring, (2) have to adapt their lives to fit in with the disabled person's needs and (3) often give their own needs (including health, visits to GP, etc.) lower priority than those of the person they care for. (It is called love and devotion.)

393 Difficult. Many carers have already given up so much and they are saving the service a fortune !

394 At present I have a carer come in for 1/2 hour each morning to administer drugs + make breakfast and again for 1/2 hour at teatime to make a sandwich. I contribute to this service. My daughter copes with all my other care for "free".

395 It is affordable

396 As an OAP we get no carers attendance money. Charging would be a burden.

397 Being a carer 24/7 without payment is already saving adult social care money.

398 Please consider the amount carers save the tax payer week in week out!

399 No. We work hard as it is. I don't claim anything. Full self funded.

400 Only if they claim all the benefits, no, if they do not claim them all.

401 They do a marvellous free job of caring for loved one, saving L.A. money from services. They should absolutely not be charged for their services.

402 They are already saving the council money by preventing the individual going into full time care. Important to support carers.

403 Carers have enough to deal with already

404 NO!

405 These people do a great service to the community for nothing & save us all a fortune as a society

406 As an unpaid 24/7 carer to my disabled wife, I feel that I have asked for the minimum amount of help over the past 5 1/2 years from adult services, to ask me to pay for help I may need in the future to be unfair.

407 Carers need all the support they can get. To ask then to contribute is totally wrong. Carers save the council money as the person they care for would have to be in a residential home in most cases.

408 Carers already save government thousands of pounds by caring & are usually quite poor themselves.

409 As a carer who has never been eligible for any benefits I am not sure what to make of this question. I assume it is aimed at professionals.

410 What services are there?

411 Please see attached letter

412 carers need respite too

413 I think carers should be paid for their services

414 As a parent / carer I am not paid to look after my child, it is my duty as far as I am concerned. My income is to provide services & my needs in retirement. We are already saving the council money by looking after our children ourselves & not putting them into care - it appears you want to double charge.

415 We are doing your job! You save!

416 Carers are already under financial & emotional pressures, asking them to pay is hard & would likely see a downturn in people willing to take on "care".

417 The only service that benefits its carers in the table of services enclosed is "respite care". For "unpaid" carers this is a godsend and no contribution should be paid by the carer. With carers allowance of £53 per week this would add insult to injury to expect a contribution to be met by them

418 outrageous

419 If they have an income but if they are caring full time & have no source of income, no.

420 Why should carers be made to pay for looking after someone?

421 Carer's already contribute massively by giving "free" care to those for whom they give up their lives to care for and you want to charge for services that give them support - you must be joking !

422 carers in many cases are doing unpaid work as it is they need support no extra costs.

423 Carers receive very little money for what they do, save the council money, some only receive a pension like me.

424 As a carer, I receive no services only those for the person for whom I am caring. Again difficult to comment.

425 absolutely not, carers are not paid and save the county millions of pounds each year in caring costs. Any benefits from services they deserve.

426 Carers should be supported for the valuable services they provide but if they are able to contribute they should.

229

427 I don't really understand the question. I care for my very disabled husband 24/7. I don't have any help at all so probably not applicable to me.

428 Do not have enough info on this.

429 Carers are vital and should be supported and encourage. Extra financial pressure on them should be avoided at all costs.

430 My wife is a carer 24/7 apart from a brief pension in the morning + evening each day, for getting up, toileting, washing, +n putting to bed rather than being charged, carers should be paid.

431 I would find this extremely difficult if not impossible to contribute towards. I would have to stop working to care for my partner at home, as day services cost more than I earn.

432 This depends on what services they benefit from such as night sitting, holidays etc. Really need more details.

433 Our experience has been that support for carers has not been available until a crisis situation. Full time carers are undervalued and save the government and local councils an enormous amount of expenditure.

434 Many carers receive no financial reward for their services - which often mean 24 hrs daily + most services do not directly benefit them. They save councils millions very unfair proposal.

435 Carers have a hard enough job which is usually unpaid or substantially underpaid. To charge them would be an insult.

436 Most carers are members of family so you will be penalizing the family again, as well as the surviving partner.

437 I am a full time carer so you will not be surprised by my response. Bearing in mind the cost of residential care and taking into account my wife's age, the cost of support I am receiving and my wife's assets, I will save the public purse about £3/4 m over a period of 20 years - £37.5k per year - my support is a small price to pay in that context.

438 Carers already have enough worries to deal with, they also provide cheaper care (compared to needing 24 hr care from registered carers) also the carers in the future may require care themselves and will require all their own funds.

439 Carers are not paid enough, never mind being charged for services.

440 Carers looking after disabled people full time already save the LA thousands of pounds a year

441 The tax payer should not pay for all services used by carers.

442 Carers would not be able to continue is they have to pay for services these should be free to help and support them to do their job which saves the government

443 Carers need support and are usually in less well paid jobs because they are carers.

444 This is an insult. Carers do not get anything - so what could you charge us for?

445 The allowance I receive - direct payments - goes totally to pay for help for my husband when I am not at home.

446 Carers needs must be recognised and taken more seriously the media says carers contributed £billions to services. Wear out carers and you wear out the system.

447 It already 'costs' them enough - carers allowance is not sufficient to cover such expenses. Carers already save the government millions.

448 Carers save government & local authority millions through unpaid services. Now you are looking to charge them - disgraceful

449 as a care, the only service that we receive is respite, which we pay for.

450 A very devious question

451 Even the suggestion is disgusting. Carers already care the government millions of pounds.

452 Carers give up their lives to care. Carers allowance is low. They lose the chance of employment or have the stress of trying to do both. When it comes to pension time, they even lose carers' allowance.

453 what services do you mean. This is not made clear. Any charge for carers is not on. I have given up my full time job to look after my husband. If I hadn't, my pension would be double when I retired at normal age.

454 Some services are provided to help us to cope and we would be very sad to be charged for the help we receive after all, we are saving the council money by what we do.

455 Absolutely not. Carers are saving the government millions. Most are in the same situation as those they care for barely managing to survive financially

456 carers already contribute 85 million pounds to the economy. I care for a severely disabled wife and a son with a stroke. My carers allowance ceased at age 65 yrs, when my old age pension started. I earned my pension for 42 yrs work

457 Carers are already saving the Government and Councils millions each year. Why should they be asked to pay?

458 This question should be more specific. Services vary from area to area. In outlying areas such as Yateley services are limited or non-existent except for voluntary groups.

459 As a carer, I am not aware of any service that benefits me personally. It may help the person I care for, but not myself as a carer, so why would I have to pay anything?

460 Carers are used to lessen the burden, which should be the responsibility of the health service as any other ill health is.

461 Carers are under a lot of pressure - often stressful + financial - they do society a great service by coming both financially and logistically.

Appendix 13

Additional comments: Question 8

Crisis Response Services

232

Hants CC Contributions Policy Consultation Report
Draft 1
Rica Solutions
January / February 2011

1 As long as this is means tested

2 it is still care provided! Currently the community response team service is a chargeable service and there is often the misconception that this is a free service. If none were, this would keep things fairer and simpler for everyone receiving out of hospital care as well as increasing council income.

3 This should be paid for by health, as it is normally the hospitals that want to Discharge people before they are ready to go home.

4 if this 6 week free crisis care helps keep people out of hospitals and care homes then if we start charging for them people will stop using them. Therefore increasing the burden on our care homes and hospitals.

5 If means-tested / voluntary

6 By the very nature of crisis it will often mean that additional financial burden will not help a recovery.

7 If you need crisis care, you do not need to be thinking about how you are going to meet the cost, for many old people this is the reason they can go home and not cost the government more by having to go into care.

8 That six weeks could stop future care, what seems to be required is more structure/communication so that goals are set, and family/professionals involved.

9 But remembering the person maybe going through trauma anyway. Therefore as long as a financial burden is placed on the individual then yes if the person can afford it

10 This service is provided to reduce the time that a patient requires a hospital bed, it has been demonstrated that patients in some instances are discharged from hospital and returned to their home environment at to earlier a time, they are then re-admitted to hospital, if a free service is removed the number of patients that will require re- admission will increase and there would probably be some patients that will suffer long term damage either physical or mental.

11 We need to prevent crises, asking for money could create more crises and how could you assess before discharge? Not practical methinks.

12 Subject to the services being legally different to those eligible to be provided free under intermediate care.

13 I am the local (Fareham, Gosport and Havant areas) Crisis Intervention Social Worker. From my own point of view, I feel some clients might benefit from the free service but others might abuse the system. I feel each case should be dealt with as and when referred and according to the circumstances.

14 I think HCC should either charge for all hospital discharge services or none – at the moment some are chargeable some are not which causes confusion and inequity. In harsh financial times people being aware that they need to contribute from the outset can't be a bad thing.

15 This could jeopardise a person's care as it could be that an individual may deem that they cannot afford the fees and therefore not take them up, thereby putting their own health and wellbeing on the line. I can only imagine that this could cause an increase in A&E and hospital admissions and also referral to Adult Services.

16 In a crisis people need time to think and then respond about how they will cope in the future with their illness, disability or growing frailty, therefore this should still be free.

17 The home from hospital services do not appear to need to be free, as they are not driven by crisis. However, genuine crisis services benefit from being considered differently and there is a separate agenda within the Hampshire model to consider crisis care as free

18 people who are discharge from hospital will have enough to deal with and it is local authority responsibilities to support them to get back to the community.

19 I think it depends upon the type of service support that is required. If its health related an extension of the recovery programme that they would normally remain in hospital for it should still be free. If it's social and part of the rehab, and it enables the person to return home and maintain their accommodation then it should be chargeable.

20 If the council is providing a service that supports the NHS by preventing admission or continued stay in hospital, the cost should be charged to the NHS.

21 it is illegal not to consult on future policy changes

22 SUPPORT THOSE, WHO ARE UNABLE TO SUPPORT THEMSELVES!!!! YOU SHOULD NOT BE TARGETTING THE MOST VULNERABLE PEOPLE IN SOCIETY!!!

23 If they can afford to contribute I think they should pay a small percentage of their care

24 If this is going to be implemented then it should be an easy to administer flat rate charge that can be applied immediately rather than having to explain the complexities of financial assessments

25 If people can afford it, they should pay a contribution- a set amount which is Means tested

26 It costs more in hospital than to have all the care at home. Assessment would delay discharge and increase anxiety.

27 This should all be under NHS

28 It is my understanding that it is illegal to charge for such services – re-ablement etc. I think that service users should have the knowledge that support is available free of charge in crisis situations. Charging for services may mean individuals are reluctant to accept them creating further risk

29 People are discharged from hospital before they are fully recovered. Therefore they need that care at home.

30 NHS care

234

31 only if contribution can be afforded (to be means tested)

32 see reply to question 1 - comments are the same

33 Only if contributions can be afforded (to be means tested)

34 Longer stays in hospital would cost far more and take up valuable beds.

35 Does not concern me

36 If they are needed it is because they are unable to fend for themselves adding another burden to them would be unfair and heartless.

37 if there are treatment completion programmes payment should be claimed from NHS/PCT

38 This is surely a better (& cheaper) alternative than the likelihood of someone going into a home, which would probably be the alternative.

39 If this short period of time of care allows a person to continue living at home and enables them to look after themselves to some degree, then I think it is in the council's interest to provide this service without charge.

40 only if they can afford it

41 How quickly would you like hospitals to become cluttered with convalescent people who cannot afford to go home and fend for themselves? Bl**dy STUPID idea!

42 again see my comment to question 3

43 after answering most questions I would like to add a few requests to add. Often I have needed to replace various items of clothing etc. but there doesn't seem to be a convenient store to visit. I am disabled and incontinent and restricted in time I can offer. My son takes me but there is always a difficult place for parking. Simply health is not really that convenient in that respect. A small shop in a quiet area that sells most things that a disabled person might need. As I do not venture out if winds and gales are around my balance could not support me. I am sure there are a number of folks who need to have this convenience alternately I find it too frustrating.

44 A person requiring this assistance does not want the worry of paying for help. Leave them alone

45 I feel that this is something that should remain free of charges and it is not free as it is paid for by other means of taxation. As a caring society we need to take some responsibility for our older persons.

46 It is cheaper than full time care

47 as long as they are given a choice

48 My view is that we should focus on ensuring that financial assessments are carried out in a timely way for those that need ongoing services so that they start to contribute as soon as possible after their ongoing care starts.

49 It would be better to eliminate confusion and also some people cancel the care as soon as they have to pay and then when re-admitted into hospital and become another crises situation, expect free care again

50 The last thing someone in a 'crisis' needs is to think about money.

51 There services are vital to enable service user to retain their homes after illness and accidents. It would be counterproductive to regaining independence to add financial stress at this time.

52 By keeping this service free of charge it saves lots of money by patients not claiming in hospital which would cost the county more.

53 I feel these services are there to free hospital beds actually before they are really fit to manage in fact many cases are shipped off have well before they could be termed self sufficient.

54 I thankfully have not come across this problem but to charge for this service to me would be wrong people who couldn't afford it would have to struggle and would be detrimental to the person needing care and we are talking about vulnerable people

55 As with respite good crisis response is crucial to supporting frail people in their homes and to sustaining their carers

56 If this is asked for, people may decline the service on financial grounds and often people in that situation aren't always aware they're in need.

57 This isn't America where people are refused help unless they can hand over a cheque first. In a crisis, nothing should get in the way of alleviating suffering and making things as bearable as possible for those affected. Charging would add an extra worry and promises delays and errors in the process.

58 When an illness arrives to a family the are a lot of changes that intermediate care can help a lot. No charge should be applied.

59 But any contribution is based on the person's ability to pay.

60 Most patients when discharged will have many more pressing problems to deal with than have to also consider whether they can 'afford' to be discharged – or shuttled to some other service.

61 No one chooses to be in crisis, making seeking help in times of crisis receive a financial hit would worsen the crisis and make people less likely to seek the help they need.

62 As long as this is kept within reason and is not a worry to the client, this service would be a comfort.

63 It is a very stressful time when a family member becomes ill and needs help. The family is in crisis. This would only cause even more problems for the family i.e. setting up power of attorney, sorting out bank accounts etc. especially if the person is elderly.

64 This policy seems to me to attack the vulnerable when they need help and let the scavengers carry on as usual. I realise under the present money climate you have to make savings, but I really feel

there are areas in your budget where considerable sums of money could be secured prior to hitting what I call the very vulnerable people of society, and good luck in your endeavours.

65 No because a lot of people who are under the care of crisis response team have a mental illness and are often on low incomes.

66 too hard for families

67 I think it depends on their incapacity - six weeks may not be nearly long enough for the very severely handicapped.

68 Because people are allowed out of hospital quicker if they have crisis response for up to 6 weeks saving NHS money their stay in hospital longer would cost more?

69 If there is a charge there are many people who would not be able to afford the service therefore this policy excludes them.

70 After spending seven weeks in hospital I was rather afraid of the prospect of going home alone. I found the six weeks after care a great help.

71 That would mean another financial assessment immediately after leaving hospitals when the person involved could be confused or vulnerable.

72 Direct Payments - I don't want to receive direct payments, I don't want to deal with/pay for my care I want social services to keep it as it is and pay for it. It frightens me having bills to pay I don't want to have to pay bills.

73 No it is not the fault of the patient that hospital is only there to get you as well as they can and not to make you better. These services should be free.

74 I think a request could be made, however, if people do not want to pay they may chose to go to hospital which is free? I would have thought if people pay for care at home then once discharged from hospital they pay from day one, otherwise is this fair to others who pay?

75 Again, would need to be carefully assessed. Are we just creating more paperwork!!

76 This should be a service provided to enable people to live independently

77 should be free of charge

78 In crisis is the very worst point to expect financial considerations to impact care.

79 This idea/proposal seems to be fair provided that there is a proper plan in place

80 Such a move would increase the amount of time people remain in hospital and put added burdens on the residential/hospital services

81 I am disturbed by the request to complete this form I have two cataracts and am the main carer for my very poorly wife. I couldn't read the questions and needed to ask a carer to help me complete them this is being written on my behalf. The form has caused me considerable distress.

82 You want people to PAY WHEN THEY are in CRISIS? don't you know a crisis is rarely only one crisis, its health and money - you cannot separate the two and if you gained money from a situation which was meant to help you then you the council want to take that away, also. I see none of you have ever been in a crisis. take money from the ones who won't work but are able to, the generations of work-shy. Do not take from people in crisis, who can't work because of disability.

83 Same reasons as question 2

84 In a crisis one need immediate help, worrying about charges won't help. I presume that 6 weeks is an average time period for sorting out the problem (s) if not then maybe a saving could be made there.

85 Cut out the bad, not the good as the Government have told you to do-cut waste and conning throughout

86 This change could make life increasingly difficult for elderly patients who live alone. Not enough care homes!

87 Cheaper than staying hospital so let people get home with help

88 The only reason we got my mother stabilised and not in a home was because of rapid assessment team taking on duties the hospital were not prepared as they wanted to discharge her ASAP. Without that safety net I just do not know what would have happened to my mother

89 If care of my husband should be necessary for more than 7 days. Then I would expect to pay. If only for a few days then no I would not pay. I am linked by the Princess Royal Trust (in) ICE. We had such an experience when in July I was very poorly and unable to cope for several days. My daughter was on A/L at the time so able to help but this is not the usual pattern. I was advised by PRT that care of my husband was to be free for 48 hours. The agency did not agree this arrangement, so in the end they withdrew the help for my husband, saying that my condition was not critical. This I agree but it put us in a difficult situation. Point I could hardly get around. A relative had to come up from Brighton to help us get over a bad time. What surely have we in these circumstances?? So long as the agencies are demanding our money is all that counts.

90 This only for short term so no unless the person is pulling the wool over there eyes. The people whom need be it should be referred by there doctor or the hospital. you may think in going on but I do think all nursing homes should be looked into because no way does it take £1000 per week and some charge more this is wrong. And also Fernhill Care £39 per week for a home call this amount could pay personal hygiene, shopping, washing, cleaning, then if this comes to more then £39 then they should pay if they have to.

91 because if patients have had a trauma due to no fault of their own the last thing that should have to worry about how they are going to pay for care and how much all people should have the six weeks free of charge.

92 people will stop using it causing bed blocking or people going back into hospital if they have a fall etc.

93 My comments may sound dogmatic but my generation including my late husband (soldier from 1934-1945) was bombed incessantly for months on end got on with it and was years after the war building up the country only to be milked by Governments paid our way always. During illness, robbery etc. Now we are expected to give up our pittance we have left.

94 but up to max of £440

95 If the person is able to as they have sufficient fund but if they don't

96 How can you assess financial contribution without knowing their financial circumstances? Why not allow "crisis response service" (free 6 weeks or whatever duration you fix) for once a year per person. If you use service more than once per year then you must pay for it.

97 depends again they can contribute yes but not a lot of elderly had saving

98 should be supported by health as this is a health care need and should not be charged for

99 This should be part of health packaged and not charged for.

100 Help should be given when needed it is never enough and the strain on the carer could be enormous. If you do charge the money will come from savings and would bring forward the claim for help when entering a care home.

101 Again how much?

102 The NHS should have a specific responsibility I am the husband and carer for Elizabeth Murphy. All this for a savings target of about 1%

103 I agree to this and it would benefit you

104 give them free help to get well surely this will save HHC further charge

105 maybe could consider recovering some element of costs at a later date, not before crisis response is set up

106 some patients may refuse this service if they have to pay with the outcome of re admission to hospital

107 It would cost more to keep them at hospital surely? this would mean relatives risking losing jobs or paying for child care whilst looking after the person if the person in question can't afford this. What did they pay NI for all their working lives?

108 Having been extremely ill myself a few years ago, I can assure you that the last thing anyone wants is a demand for money when they are discharged from hospital. This is an insensitive and callous proposal.

109 But refer to the first question. The council could offer a crisis payment towards modifications alternative. We would also like each person needing this service to record and pay for each itemised element and only as needed. Direct payment to each service would help cut the costs of expensive Council debts such as social service (which are a waste of time and money)

110 My Father has been sent home from hospital on two occasions and would have benefited greatly from physiotherapy but the number of visits and time spent were completely inadequate. Any extra help, other than carers twice a day, to assist his

mobility was very soon dropped

111 No comment.

112 If they were kept in hospital they would not be expected to pay so being home releases a bed.

113 Living in own home much better for responses than hospital or nursing home. If councils were less wasteful with public money and council officers and politicians were not filling their own pockets from public purse. There would not be a need for payments of this nature.

114 People don't realise how difficult this period can be and may not look after themselves properly - a charge might persuade them to opt out when they are vulnerable. This in turn can lead to early re-admission into hospital and is therefore not likely to be cost effective

115 the crisis which causes hospitals admission often months prevention there take weeks to recover from the six weeks bridge before finances can be sorted out is vital

116 You say it yourself - this service saves money by cutting hospitalisation costs. Also in this acute phase people are likely to have some degree of disruption of their finances and ability to plan

117 This could encourage people to remain in hospital bed blocking to avoid paying. It would be complex to ascertain who could pay within their means.

118 reduce length of time to 4 weeks

119 The need for this type of care is obviously as a result of a crisis and to try and make arrangements to charge for this service would only add to the stress and strains on the individual dealing with the crisis. If anything the Crisis Response Service should be expanded to include provision of care to a service user for up to 6 weeks in the event that their Carer is hospitalised.

120 as you have already saved thousands for them to be in their own home rather than hospital or care home. It is more likely a person will go down hill if not in their own environment.

121 This is probably one time when people are at their most vulnerable and need help not pestering for a contribution.

122 Depends. Is this means testing again? Do the sick really need this at a vulnerable time? There is an argument however that the more affluent could contribute for 6 weeks.

123 Cost of testified stay would be larger- home care is by far cheaper and if about to pay patients would stay in hospital longer!

124 Enough anxiety for client and carers is generated at this time of transition, without additional worry over financial assessments. For my mother and father this to 6 weeks 'free' adjustment was of critical importance to the success of a couples care package. Also contracted services CRS 6 weeks were considerably less professional and less reliable than the excellent CRS team.

125 If the alternative is keeping someone in hospital a quick response is needed with no time for the bureaucracy of assessing ability to pay or refused to pay the elderly are often fearful of spending money in case they need it later and if indeed they still understand its value.

126 Getting an individual back into their own home is part of getting them better. The operation to replace a hip means the client has the capacity to walk again – getting them walking within their home environment is part of that operation. I'm not sure it's correct to put them in their home after the operation and then demand payment to get them moving around their home.

127 I understand about the cut backs but I think HCC should look elsewhere I saw 5 workers standing around a road repair; only 1 man was doing anything. Since when do we pay sub contractors to stand around watching!!!

128 I have used the Crisis Response Service and found it invaluable. A financial contribution would perhaps be acceptable to most people.

129 If the person concerned has a job in receiving full pay from his/her employer during the crisis response period the financial contribution should be made in accordance with individual assessment criteria.

130 This is usually a drastic period of adjustment and with practical details of future care are resolved it is unfair and very stressful to burden them with financial worries on well which would be counter productive to their ability to adjust.

131 This service in its present form is vital for the well-being of receivers; to worry about finances at such a time is counter productive.

132 In a time of crisis where you are vulnerable and feeling insecure I feel it is unfair to ask for people to pay. At the end of the day if that person can be settled into a home and cope on their own at the end of that period they are then not reliant on local councils etc. Again- by all means ask for voluntary donation.

133 No way... again, if someone has been involved in a crisis - the last thing that they need to deal with is being evaluated for financial contributions!! All of these questions are beginning to get ridiculous - you'll be charging people for having accidents soon!

134 Having had personal experience when this was provided to my mother on discharge from hospital, the availability of this was absolutely crucial to her "rehabilitation". To introduce the bureaucracy of financial assessment to qualify for this service would not only delay discharge from hospital, it could result in either unfair hardship for the patient/family of the patient, or in the unacceptable risk to the welfare/safety of the patient.

135 This should be an NHS service

136 If people are able to recuperate at home it frees up hospital beds and saves the NHS considerable sums so if anything the cost should be held by the NHS.

137 We are covered by NFOC rapid response

138 to make money available go further look at your senior staff salaries. There are too many senior staff who spend too much time going to any meetings and not contributing to the actual workloads. The staff at the higher level should have to take on extra workload and some should have their employment terminated.

139 Clearer distinction needs to be made between health related needs and social needs when people are discharged from hospital. Often they are still unwell but not in the critical stage. I don't believe that they should be charged at this stage.

140 If a service user is in crisis they do not have any choice but to accept the care being offered. Charging them for this would be wholly unethical.

141 Although, I think that some people would decline assistance when they really need it because it would cost them.

142 I feel that crisis response services should still be free

143 Not at point of crisis as it would be unfair to submit someone to a financial assessment at that point. But they could be asked afterwards to contribute to the cost.

144 People are more likely to accept a free service thus cost affective in the long term. Start introducing payment take up reduced whilst risk of readmission increased

145 It is saving NHS resources and probably saving money in the long run

146 If this is a Government rule how can the council charge a fee?

147 I don't consider it fair to ask people for a contribution towards something that often does not materialise or does not answer the patient's needs. If the service can be improved and relied upon things might be different.

148 If it is to stop hospital admission, then the NHS should part finance. If it is after hospital discharge, then a possible charge.

149 These people have only just gone through crisis; to save them stress and returning back into crisis those services should remain free. It is a short term service but I am sure it is very much worth it.

150 those who already have a care package in place prior to hospital admission should have care package restarted on discharge leaving this service free for those who are awaiting care package.

151 disgusting again.

152 because if it is a genuine crisis you don't want to be worried by financial consultants.

153 Dependent on income

154 not applicable in our case and unable to assess if this is a fair and justifiable changes to current policy.

155 My mother has received this service. The need came out of the blue and in crisis situations the last thing you want to worry about is finding the funding.

156 The very title should guide the strategy - a crisis is a crisis and should be treated as such and not as a financial option. If people are to be charged, they will decline, potentially causing negative impact

to themselves and their families. Example: Elderly person leaves hospital after hip replacement, declines support for financial reasons, has another fall and ends up in hospital for many weeks. Net cost to Government is much higher even though apparent cost to Council is lower. I suggest going back to central Government and arguing that crisis services should be funded centrally, not by Councils. We must take a holistic view of these costs.

157 ONLY if they can really afford it

158 Again it could cause unnecessary pressure on the carer and delay the carer from contacting the authority for help as they would be afraid of how much it would cost.

159 depends if they can afford it

160 Enabling people to leave hospital sooner must be far and away a much cheaper option than them having an extended stay in hospital if only by a couple of days.

161 No, again people using these services have already paid national insurance contributions over many years and would prefer not to require care of any description, they happen to need it. In other words it is wrong to charge people who are ill when they have already paid NI.

162 any one that can afford yes, but after coming out of hospital not many people are rolling in money.

163 any rehab type services should be paid for by the NHS

164 Such crisis often causes acute financial and other problems e.g. psychological to person in care and next of kin or other carer.

165 People should make some contribution to services.

166 Disagree until the points I made earlier are acted upon.

167 Agree, where the recipient can clearly afford it? Mine means testing needed.

168 These services are generally provided to keep users out of hospital or to enable them to be discharged from hospital and all hospital stays are free on the NHS.

169 I would prefer to be fit before being discharged. If the NHS discharges me and I still require care they should be responsible

170 Again, penalises those who have been prudent. Also means that the Council makes longer term provision promptly. If users are charged immediately the Council has no reason to sort out the longer term care package.

171 Only if ALL have to pay

172 Depends on how much and what the assessment for having to pay is like.

173 As previous comments the maximum contribution for these services should be same as the assessed maximum of £440

174 I think it would be better to keep this free, but reduce the time period to, say 3 weeks. If the individual wanted a longer period then this could be chargeable.

175 I think the answer would be to reduce the cost by allowing four weeks of free care. This would give the patient time to re-settle and organise new financial arrangements. To expect the cost to occur immediately on return home from hospital when the patient is still vulnerable is too harsh.

176 To ask people to pay whilst they are still traumatised from their situation would not be conducive to a caring society.

177 I don't understand what these services are in practice. What is the difference between these and intermediate services.

178 Again how can it be fair and assessments are stressful enough - stress of hospital etc. A token contribution maybe which is affordable for all. Wealthier people will always be better off yet if you worked hard all your life paying tax and contributions then why should you be penalised no system will be fair. It seems only a few will gain from new policy.

179 This concerns personal dignity vulnerable people and HCC duty of care. I might agree to a standard token charge provided that the aid of the budget to India (nuclear power) and West Pakistan (nuclear power) is cut reasonably as a gesture to cover such small cost within the wider scheme of our national and regional budget. The contextual crisis in Pakistan and India should be balanced against our overall crisis response services and not treated differently.

180 Very poorly worded question as the conditional nature of both the Council's consideration and the aforementioned request rather than require make this statement completely meaningless.

181 A very different and stressful time - this will be an extra worry when at the most vulnerable.

182 If you ask them to contribute they have to be allowed to decline the help where does that leave duty of care?

183 subject to income

184 After 2 1/2 months in hospital needing feeding and toileting and stand aide to get up I was in no mood or inclination in less than 6 weeks to consider financial matters I merely wanted to live.

185 There should be no charge, in most cases people in the past would have been in hospital for much longer. They are discharged too rapidly, and desperately need a period of adjustment. They are often discharged from hospital long before they are truly medically fit, and the situation is traumatic to all family members concerned. To start charging on top of all this would be the ultimate insult. You will gather from this that I am a (pretty angry) carer.

186 Sometimes hospitalisation is totally unexpected that and the short term after care should remain free. Otherwise why do we pay national insurance?

187 Some people may refuse help that they really do need because they are worried about the costs.

188 But only on the same conditions as normal care.

189 When being discharged from hospital the patient/client may not have an understanding of their financial situation and knowing they are going to be charged could be very distressful.

190 if clients have no disposable income where would the financial contributions come from" As parents of our 35 year old daughter with a learning disability also very poor eyesight. Who is now living in a supported house? This has been a chance for her independence away from home. Do not put people like her at risk by taking away support/benefits. Surely they all deserve special help to live a life to the best of their abilities.

191 Admission to hospital and so frequent discharge and reorganising life at home can be traumatic especially for the elderly and somewhat frail people. A financial assessment at that time will increase stress at a time when the person receiving services needs calm.

192 Perhaps 3 weeks but care should contrive to be provided for 6 weeks. Having been in this situation twice I know that the first 2 weeks I was still in a readjustment stage and just picking up the piece from the crisis. Following this there was a period of planning and preparing for when support would be withdrawn I would have been willing to make some contribution at this time whilst still receiving the crisis response support.

193 Crisis care means distress to people and added financial burden would not aid recovery and indeed would have detrimental effect at a time when finances are already pushed to the limits.

194 if their saving exceeds the threshold

195 Although I think it could become detrimental towards a person's recovery, if they feel that they cannot afford it nor want to pay, they will just say "not thanks" and then there's a possibility they could return to hospital

196 only if this would not result in financial hardship so obviously a financial assessment would be necessary.

197 This is for people in crisis

198 This is a very necessary service and 6 weeks is very often not long enough. Also they would more than likely be on benefits because of their disability and would not be able to pay. This whole proposal is ill thought out and not fit for purpose and should be scrapped.

199 Providing you had the ability to pay

200 People will try to cope on their own and more people will be returned to hospital. I know of a friend who has access to this service and it has kept her husband at home for years. More cost effective than hospital.

201 This may stop people who badly need this help from asking for it.

202 In an emergency relatives need time to sort out what to do untroubled by how much they will have to pay. Care at home at such times frees up hospital beds and saves money for the N.H.S. Stick to Government rules.

203 I would imagine that 95% of people taking part in this survey would echo my responses, however the sceptic in me would imagine the council will ignore these surveys and go ahead and charge more anyway.

204 A crisis is what it says on the box, to allow people to adjust to such a situation seems to be common sense. To start to ask for financial contribution might lead to more negative outcomes give people time to adjust and signposting to support might offer more positive outcomes saving HCC money and services.

205 Don't know.

206 same as before - if they can afford to pay they should do

207 This is probably the only area of people who understand and provide what is truly necessary. If more notice were taken of them the care world for all would be a better place. Once they leave, everyone takes on a very SUBJECTIVE interpretation of what nursing care truly is. THIS IS PART OF THE NHS AND SHOULD REMAIN SO.

208 The whole purpose of this care is to ensure that there is no long term commitment to the service user or patient. It is meant to save money long term. I find it remarkable that anyone should consider charging.

209 Crisis means just that you can't think straight and go into an automatic mode and hope someone will help you to make decisions. Because you may be in shock to expect people to face additional fees as well as coping with extra expenses involved, like taxis, phone calls, may have to move house around to accommodate patient this would be a travesty. I realise these services cost money but somehow the money should be found. You say -> 6 weeks in most cases it wouldn't be this long?

210 When people are discharged from hospital the 6 week free care is essential as people do not want the worry when they first come home of having to pay. These days you are sent out of hospital often long before you should be (by one who knows) and that 6 weeks care is the only way people can sometimes cope.

211 Those in need might be inclined to refuse this help on the ground of cost and the most likely costly effect of this refusal is to increase costs to the NHS with avoidable unnecessary admissions or readmissions to hospital.

212 People and their families faced with a sudden crisis are usually poorly informed about care services and costs - and ill-prepared to make unexpected payments. Therefore, having a short-term free service helps to mitigate the trauma.

213 We have no direct knowledge or experience of this aspect of care services on which to base a response.

214 I think that this is a very good service but was most surprised to find that it was free.

215 I had day care for 6 weeks the girls were helpful but after 6 weeks I had to give all my financial details to see if I should pay. I refused because I own my own bungalow and have a couple of pensions, at approx £15per hour (the carers don't receive that amount) is too high.

There are too many clerical, advisors and managers to be paid and the cost this campaign, paper, printing and postages enough said.

216 This care should be available to carers if they are unable to care after discharge from hospital and it should be free. Most benefits are stopped if hospital care is ongoing. If a carer's health requires hospital admittance something has to be done with the person(s) they care for. If the carer dies or is unable to take up caring a discharge costs are considerable to the state, so providing a small assistance to the carer might save in the long term. If an elderly person is "discharged" or "dischargeable" without this assistance what goes in its place? Extended hospital stay, care home, all state expense! Got to pay not going out. Benefits could have been stopped- struggling to "get back" only those prudent savers will be paying again! Keep it free but assess the "need not everyone needs six weeks.

217 It seems unfair to charge individuals for crisis care where this can avoid higher cost care being required. Making a charge could cause more distress.

218 If they are unable to look after themselves and cannot stay in hospital, then appropriate free care should be provided.

219 Can you remind me what I paid a life long contribution to NI for? Maybe all social services should be charged to anyone who has not lived in this country for 15years! That is real management decisions!

220 you may increase NHS costs

221 Particularly with the elderly (who are most likely to need this service) they must be encouraged that they have free support on their return home from help. They are very vulnerable at this stage and generally do much better mentally if able to go home rather than care homes.

222 Surprised that I agree? But only if the amount or % of the persons weekly income is not exceed by 25%. Remember in the Councils greed that the person has to live and pay ongoing as outlined in question 4.

223 It is much cheaper to have somebody living at home, rather than in hospital, consequently there should be no charge for facilitating a move back home.

224 This is a difficult time without the extra worry about finances.

225 We aim to prevent crises. Providing free services to adults judged to be in crisis is not fair. Those adults who take care to avoid crises have to pay for their services.

226 This service should be left as it is

227 I would agree if the care given is worth the amount of contribution requested towards the cost of the crisis response services i.e. quality of life.

228 It depends on how contributions would be arranged and what sort of information is proposed. Also for what period the contribution would be made.

229 Should be funded by the state.

247

230 By the time you've employed additional staff to access people ability to pay, sort out invoices etc. the crisis response time will be over. Perhaps the 6 weeks should be shortened to 4.

231 I would consider this to be a form of rehabilitation and should therefore be paid for by the N.H.S

232 In my experience crisis comes from not receiving help! When I had cancer I had to wait to be operated on because I have to wait to be told when my daughter could go into respite care and fight to get 5 nights care. I was unable to get a carers assessment at that time and on top of the diagnosis of cancer I had the worry of care for my daughter. I still have no emergency care plan in place- what would happen to her in a crisis?!? We need more financial input not less! I get only one carers allowance for caring for 2 adults- each would cost approx £1,000 a week if in care!! Care for the carers so carers can continue to care.

233 My experience as a 24/7 carer (and many others in similar positions) is that day care centres are an invaluable support to service users and carers. The safe environment social interaction and professional care means the carer can do other tasks knowing their loved one is safe and happy. I would pay more if I had to as it is my lifeline to keep going! (4 1/2 hours once a week)

234 no

235 I think they should be assessed like everyone else.

236 This is a worthwhile investment to ensure hospital beds are freed asap. The Council should look wider than its own services and more in the national interest.

237 there is no crisis

238 cause too much stress

239 too much stress involved possible joint funding NHS

240 should be co-managed with NHS to prevent readmission stop bed blocking

241 This again is essential service and should not be charged for. It seems you are prepared to support those who bring misery and health problems upon themselves through drink or drugs or other such things but choose not to support vulnerable people who through no fault of their own cannot car for themselves.

242 Again an added burden to the carers and family. Not good.

244 After hospital discharge, pension credit and attendance allowance can take sometime before it is reinstated by the pension service, sometimes months. A free service for 6 weeks I would say is quite reasonable.

245 If people know that they will need care for which they will have to pay on discharge from hospital they will stay in hospital for as long as they can. That is expensive.

246 possibly if the service provides training for carer/family for example.

248

247 This helps people get back on their feet and saves money in the long-term. You already save money because of this service but not you want to charge for it as well.

248 Absolutely not. What do we pay taxes and NI contributions for? If we had to pay for all the other things, this should most definitely continue to be publicly funded.

249 See answers 1-7 it seems unfair and immoral to charge a person for being infirm or disabled, particularly when they have a crisis and need care to overcome it.

250 I don't think people who are sick or in the early stages of recovery should be put in a position of having to make this type of decision or arrangement.

251 These services should still be free to enable people and their families to make "informed" choices about their future care/needs.

252 The needs are often directly related to the medical needs and care. Too early discharge is common. You can't charge for medical care I have seen the crisis response service if the council charge then the service must be at a level and standard which is commensurate with private agencies. It is not. If you charge for services, then ensure that commercial services are available where that person lives. e.g. most agencies will not cover Whitely. I know of only 2 or 3 of variable quality.

253 I'll be honest I've never heard of this one, so I can't really offer a balanced, honest opinion on this so I'll have to pass on this. Probably this could be summed up as assuming the individual is not admitted into hospital though negligible your probably say they been empowered? so it goes.

254 When you are in this sort of situation this is not something you should have to think about

255 Provision of Crisis Response Services is an investment by the Council which will save them money in the long run.

256 Requiring a financial contribution from carers is manifestly unfair. Carers are thrust into their roles by chance, many have to give up careers in order to care for loved ones. The Council is proposing to make them pay twice over for fulfilling their caring role. Carers save the Council very large sums of money for care which, but for the carer, the Council would have to pay. If the Council penalises carers in the way suggested this could rebound on the Council and increase its costs if and when a financially pressed carer snaps and the Council has to pick up the pieces and the full financial costs of both the existing service user and the new one (the ex-carer).

257 This should be a welfare entitlement paid for through direct or local taxation

258 Once again this investigation in support is reducing future costs. The whole focus of the questions in this consultation defies normal logic. The council seems to have lost sight of fairness and support for carers.

259 I feel that the condition with which my mother suffers is an illness and as such she should not have to pay for her care as she has not chosen this route and no costs would be involved if she were hospitalised.

260 This would be against the interests of the council and the individual and cannot be justified.

261 False economy. Would lead to more hospital readmissions and long term care requirements. You may decide people have enough money to pay for these services but they may see things different and refuse the services.

262 As this is against Government rules how can you? Perhaps executives in high office throughout local Government in Hampshire should reduce their highly inflated salaries so that more council tax money can be spent on people when they are vulnerable, ill and spending extra money because of crises.

263 This period of time should remain free to enable time to assess what level of care will then be required. Charges will then apply thereafter.

264 This service is excellent and helps hospitals discharge patient's home freeing beds and helping patient's health improve more rapidly.

265 Same rule as for anyone else - some will have private health care that will pay up.

266 There is already too much stress involved and this period of time gives people the opportunity to adjust and decide the best way forward.

267 Where people are in crisis they need support without fear of the costs at such a critical time.

268 If they are affordable

269 The person would not need help if they didn't require it pride, old age and having to beg and go without to be able to fund the essential Christian elements of life beggars belief!

270 I believe in help with the less advantaged. But both my husband and I had a poor start in life and now have never been in debt, worked very hard. I feel that we get penalised, taxed, expected to use the very home we worked for. But if we had broken the law been a drug addict, alcoholic, irresponsible you are taken care for free and so having taught the same ethics to our children, we would have liked to help them after our death. Hoping that being a good citizen it pays. The same rewarding naughty children with big holidays, not good ones oh no they should be reward. After all why I wonder is it worth being honest etc.

271 Financial assessments would slow down access to this service which by its nature is need immediately.

272 Charges must be 'means tested' so that the poorer are not adversely affected the charges must be available up front.

273 You cannot discuss this at the time due to the stressful situation. People would be paying twice for this if they have contributed NI. Families could refuse to take responsibility. It depends on the situation but NI contributions should be considered. The charges should be published and transparent if this is implemented.

274 We don't pay for an Ambulance so why pay for this emergency care

275 This is an invaluable service which helps carers to cope as long as possible at home with all sorts of problems charging would put more stresses on them.

250

276 This service is similar need to be in place before they can be discharged from hospital. Thus it is valuable in freeing up a hospital bed sooner rather than later thus saving money. It is a good service don't ruin it.

277 As I know about this as my wife was in hospital for questions with the stress of everything I feel very strong about asking people for a contribution as the stress of everything going on money should not be an issue.

278 Not unreasonable and could help spread the service to those not so financially sound.

279 Should be part of on-going hospital / NHS care (contributions already made)

280 Everyone is individual and needs vary, some may need more than others, maybe reduce to 4 weeks instead.

281 No

282 As you say above it helps prevent unnecessary admission to hospital or long term care. People do expect their taxes will be used to help those that need it.

283 If they can't afford to pay they will end up bed blocking

284 If it costs more to let someone go home then it should be free if it is in that persons best interests to go home. If it doesn't make a significant difference whether that person is at home or in care they should have to pay if they choose to go home.

285 More effort should be made to tackle fraudulent claimants. This would be a more beneficial way for social services to save money. Employ more investigators catch the fraudsters then no need for cuts. Private house owners should be treated on the same level as council tenants. Why when people have had the forethought to save for the future in house and finance have it all taken away before they are treated on a similar footing as council tenants who have been subsidised in the housing department. What is the point of trying to better yourself.

286 I find it hard to believe this question has been inserted- has HCC no heart at all???

287 This is a vital and 'cost effective' service which in the long run, ensures older/unwell people can be cared for in their own home. If charges were applied assessments might be needed to avoid distress (emotionally and financially) stays in hospital could be prolonged at cost to NHS (and in-directly council tax payers)

288 I think that this should be based on income

289 Perhaps make it free for 3 weeks to give people time to organise things, then contribute as they can afford.

290 For those who are financially able to contribute

291 Crises of this kind (short-term) should be a fundamental right for disabled people

251

292 Emergency services should always be free

293 If they are assessed to make a contribution in the usual way

294 I would want to understand the services more clearly.

295 Vulnerable people should not be troubled with cash transactions when they are obviously at their lowest depressed state. They need care, support and TLC. We are not all accountants regardless of our financial states. Give us breathing space to make life changing decisions.

296 Crisis and right care should not be messed with what if you ask and they say no

297 When my husband had care for 6 weeks after hospitalisation I had to pay for carers

298 The service is there ultimately to save Government money. Users should not be charged for it

299 I was surprised not to be asked to pay when we had to use this service

300 You are at your most vulnerable after a hospital visit or illness and need support physical and mental.

301 If their financial status allows this.

302 Unsure

303 Pay if not paid N.I. or not lived in the country for 16 yrs.

304 I thought crisis support was for emergencies since this should not be charged for.

305 Because I was already disabled before needing Crisis Response the money I received as a direct payment was used to pay for the crisis response rather than what I usually need the direct payment for. I was too unwell to argue about this but feel it was unfair.

306 No, only consider charging when the disability becomes long term. These people need to be encouraged not discouraged.

307 Same reason as Q-5.

308 Why!

309 If this is adopted then more people will be left in situations that are detrimental to their well being.

310 I am a working class person. I strongly believe in the NHS. I couldn't afford to pay for private medicine and care.

311 Any charge for this type of service should be paid by the NHS as the whole purpose of it is to get people out of hospital as soon as possible & hopefully prevent readmission.

312 If it's a crisis, worry about costs adds to the problem. Let people say if they can contribute but don't force them to.

252

313 Healthcare is free at the point of delivery in this country and people should not be required to pay for the entitlements twice.

314 In circumstances where Crisis Response Services are required it would be detrimental to a person's improvement or recovery if they had the additional worry of having to make a financial contribution towards the cost of the services.

315 This helps free up NHS beds but is part of basic health care

316 not unless all people that use all social services packages are asked to contribute

317 Charging for this service would end up costing society more over the longer term in increased admission rates and higher long term support needs.

318 In principle I agree, but with reservation, because the crisis itself may have caused considerable extra and unexpected expense to a household (e.g. taxi fares to visit husband in hospital for a financially dependent wife who is unable to drive, hospital parking costs if she is able to drive etc.).

319 I think this is really part of rehab and feel it would be better provided free but can see the case for charging.

320 Again I agree if the person can afford it.

321 Treatment of support whether crisis or not should be the same.

322 Happy to pay a contribution as and when I am using it.

323 This is an extension to hospital care for which no charge is made. This should be same.

324 No because I am sure they are a cost effective way forward for most people and in the long term save you money

325 Perhaps a small charge, but if you start going down this road, then before we know where we are will be paying to into hospital etc. etc. & who know where it will lead.

326 This should be factored into your pricing structures to consider if required, so these continue to be free.

327 But only a proportion - it is on emergency service

328 If the person rest into a residential home it would cost the council much more in most cases.

329 This is only for six weeks + the extra work in financially assessing these people would not be worth it.

330 what would happen if the patient couldn't pay? Would they have to go back into hospital, take up a valuable bed, but receive their entitled "free" care ?

331 Please see attached letter

32 Have no experience of this

333 This is a very distressing time & all help from services is vital for the patient & family when they are trying to come to terms with their plight. Unpaid carers save the government millions of pounds in revenue each year.

334 If it enables a person to get back to work to establish income, yes. They could then pay off the charges over a number of months. For retired people who have no personal income (only state pension), no.

335 Provided prior agreement is reached by both parties.

336 You need to provide this service in order to help people maintain independence at home; otherwise people will not remain at home, and become a further pain on budgets either in hospital or in care.

337 This service was very helpful and much appreciated.

338 This is about people regaining their health, it should be free and it releases hospital beds.

339 Seems unfair when in a "crisis" situation.

340 This could come out of the NHS budget.

341 At times of crisis support should be available without additional stress of financial costs. Long term the support given will hopefully be beneficial to everyone.

342 Those who require the service above are usually elderly, disabled, etc. once again their contributions to our system should allow for this to be free also means many can live safely, comfortably, happily in their own home thus saving councils the cost of finding alternative accommodation for their needs.

343 This is a time which I feel is most important when someone comes out of hospital they may refuse this help which is so important on the grounds of cost.

344 Do you make people pay for ambulances?

345 It is not clear what you are proposing. What is a "contribution?"

346 In emergencies the last thing everyone wants to consider is paying for such a service. People pay for all their lives some need these services some do not. Crisis services are only short term and should remain free.

347 Surely this service saves the council money in the long run by avoiding re-admittance.

348 Again depends entirely on what social services seem affordable

349 I don't know enough about this issue to make a valued judgement.

350 Crisis response services could be abused if a contribution was not required.

351 No way we should be able to access after care services for free; we already love to pay for everything we receive so not this as well.

352 Getting this is very important to stop further expense for the NHS hospitals do not check before sending people home but they tick their boxes to say they have

353 I feel people who need 6 weeks free care to enable them to go home safely and remain well are very vulnerable, usually elderly and not have funds to pay.

354 Crisis - short term care should remain free

355 Suggest you save money by not having expensive bottled water, consultants, office refits.

356 No - after all they are having a crisis

357 The clue is in the term "crisis"

358 We would do better to make sure that when discharge from hospital said care is given + not missed. Therefore person becoming worse + requiring more on which is my experience.. Last thing someone who is ill needs is more money worries. Again if savings are large then they should pay for private help.

359 Over the last 3 years this service would have been very useful - my 86 year old mother broke her R arm - she has limited mobility due to arthritis in her knees & back. This was not offered & we had to pay for someone to come in. Unfortunately she has been in & out of hospital several times and again no help offered. This should remain free to enable people to be more independent.

360 burdening carers more is shameful

361 this is a very difficult time in a person's life and his family. If this is not given free it could cause a severe breakdown, readmission or long term care. It gives time to settle assess and arrange care needs. It is vital.

362 This is the last thing anybody wants to think about when they have been ill. Just daily life is a strain. This should be free for everybody. What did we pay NI for?

363 In all sections I am assuming that most service users & carers are in the same boat as myself struggling to survive physically & financially. There are of course very wealthy people who could and should pay for care but these are of course the minority the norm is of course that we are living on or below the poverty line. Adding any further pressure on people financially would I am sure lead to a large rise in the suicide rates.

364 whoever thought this up is without compassion

365 The whole object of this service is to ensure people may return to independent living as far as possible. Their lives may already be in turmoil so why increase the stress by asking them to pay.

366 Unless there is financial hardship, we should expect to pay for services, but this payment should be fair, and understood by those requiring help.

367 Help in a crisis way will help the person regain independence and therefore would free them from being a burden on society - financially and otherwise.