

**Report on Questionnaire Feedback**

**1 Introduction**

- 1.1 Cambridgeshire County Council is proposing changes to Section 11: Support Planning of the Adult Social Care Policy Framework. The policy in this section is designed to help staff, partner organisations and the public understand the Council's approach to support planning from April 2016. The policy in this section sets out that the Council will make decisions about support plans on a case-by-case basis, balancing assessed risk against the costs of different options for meeting needs.
- 1.2 In order to ensure the policy framework is clear, concise and fit for purpose for both staff and the public, the Council undertook a public consultation on the additional expectations that will be used when planning how to meet assessed, eligible needs.
- 1.3 This report describes the findings of questionnaire that was used to gain feedback on the following proposals:
- Using the most cost effective options to meet needs in determining Personal Budgets
  - Recognising the support from family, friends, and local community
  - Managing risks
  - Developing or regaining skills
  - Group and 1:1 support
  - Making the most out of 24/7 services
  - People using their own money to purchase enhanced services
- 1.4 The Council is committed to personalised support plans for all people using care and support services that are supported by the Council. This includes people with disabilities, older people in need of care and support, people with mental health problems, and their carers.

**2 Findings from the questionnaire**

- 2.1 The questionnaire was open between 15 January 2016 and 14 February 2016, a period of just over 30 days. During that time, people could respond to the questionnaire in the following ways:
- Online, using a web survey
  - Electronically, using a Word document
  - On paper, using a Word document
  - On paper, using an Easy Read version of the questionnaire

All of the materials were available on the Council's website. Some paper copies were printed and distributed where particular organisations requested it. The questionnaire was advertised on the Council's website and promoted through emails to voluntary organisations, encouraging them to share with people using their services. In total there were 78 responses, 33 responses on paper which were posted, and 45 responses online.

2.2 The respondents identified themselves as being in the following categories:

Category of respondent	Type of respondent	Total	Percentage
Did not respond	Did not respond	10	13%
An individual	Care provider	2	3%
	Carer	7	9%
	Health and social care professional	9	12%
	Local authority	1	1%
	Other	4	5%
	Service user	30	38%
	Voluntary organisation	1	1%
	Did not respond	2	3%
An organisation	Other	2	3%
	Voluntary organisation	10	13%
<b>Grand Total</b>		<b>78</b>	

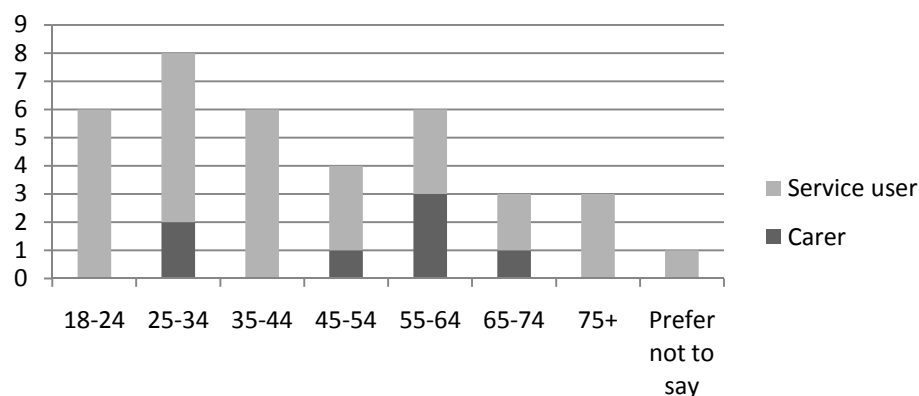
In total, 37 (47%) of respondents were service users and / or carers.

2.3 The result of the decision on the policy was expected to make a significant difference to 30 (81%) of people who are service users or carers.

Type of respondent	How much difference will this policy make to you?		
	A little	A lot	No difference
Carer	0%	71%	29%
Service user	7%	83%	10%
<b>Grand Total</b>	<b>5%</b>	<b>81%</b>	<b>14%</b>

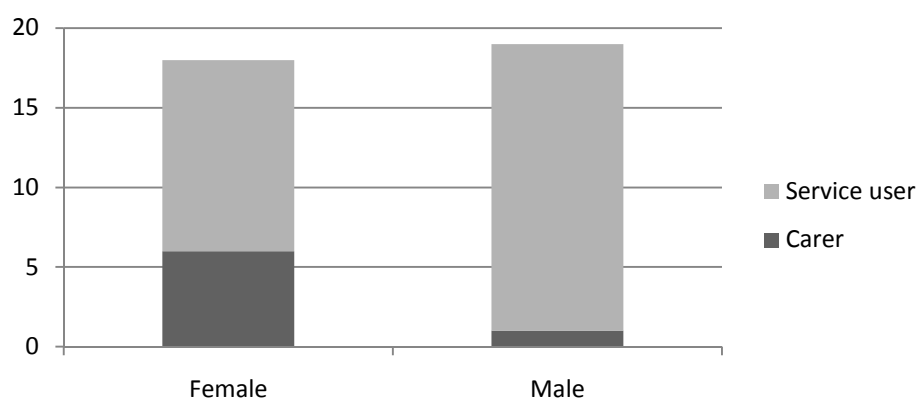
2.4 The age of respondents who were service users or carers is shown in the chart below. There was a reasonable spread of ages amongst the respondents who were service users or carers. However, the age profile of all people who user care and support services support by the Council is slightly different to this, as there are roughly twice as many people over 75 at any given time than there are people of working age in services.

## Ages of 'service user' and 'carer' respondents



- 2.5 The gender of these respondents is shown in the chart below. The gender of respondents was approximately evenly divided, although there was a higher proportion of carers amongst female respondents.

## Gender of 'service user' and 'carer' respondents



- 2.6 The questionnaire also asked people to state whether they are personally affected by disability or health problems. Slightly more than half of all respondents<sup>1</sup> stated that they were:

<sup>1</sup> Non-service user and carer types of respondent have been included here because often people who are responding in a professional capacity also have experience of care or disability in a personal capacity too.

Q8 Are your day-to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age.

Category of respondent	Type of respondent	Extent of limitation				Grand Total
		Did not respond	No	Yes, limited a little	Yes, limited a lot	
Did not respond	Did not respond	9			1	10
An individual	Care provider		1	1		2
	Carer		3		4	7
	Health and social care professional		7	2		9
	Local authority			1		1
	Other		4			4
	Service user		1	14	15	30
	Voluntary organisation		1			1
	Did not respond		1		1	2
An organisation	Other		2			2
	Voluntary organisation		8	2		10
<b>Grand Total</b>		<b>9</b>	<b>28</b>	<b>20</b>	<b>21</b>	<b>78</b>
<b>Percentage</b>		<b>12%</b>	<b>36%</b>	<b>26%</b>	<b>27%</b>	

2.7 The questionnaire also asked people whether they had experience of caring themselves:

Q9 Do you look after, or give any help or support to family members, friends, neighbours or others because of, long term physical or mental ill-health / disability or problems due to old age?

Category of respondent	Type of respondent	Amount of help					Grand Total
		Did not respond	No	Yes, 1-19 hours a week	Yes, 20-49 hours a week	Yes, 50 or more a week	
Did not respond	Did not respond	9				1	10
An individual	Care provider		1			1	2
	Carer			2	3	2	7
	Health and social care professional		2	5		2	9
	Local authority		1				1
	Other		3	1			4
	Service user		24	6			30
	Voluntary organisation		1				1
	Did not respond			1		1	2
An organisation	Other		2				2
	Voluntary organisation		4	3		3	10
<b>Grand Total</b>		<b>9</b>	<b>38</b>	<b>18</b>	<b>3</b>	<b>10</b>	<b>78</b>
<b>Percentage</b>		<b>12%</b>	<b>49%</b>	<b>23%</b>	<b>4%</b>	<b>13%</b>	

2.8 Each proposal was introduced in the questionnaire with an overview, the proposal and one or two examples to help to explain the potential impact of the proposal. These are set out below in bold italics. The feedback to each of the questions about the proposed changes, including an analysis of the comments, is provided below. All of the comments received as feedback to the questionnaire are included in Appendix B.

## 2.9 ***Personal budgets***

***Overview:*** The Council provides support by means of a personal budget, which is the amount available to fund services agreed in the support plan that meet eligible needs identified following a social care assessment. The personal budget is made up of contributions from the Council and from the person themselves, with the person's contribution being determined by a financial assessment. In the majority of cases there are contributions from both parties but in a few cases the Council contributes 100% and in some cases the person contributes 100%. Services can be arranged by the Council






or by the person themselves, using money paid to them as a Direct Payment, subject to the agreement of the Council.

**Proposal 1:** The funding available for the personal budget will be based on the most cost-effective option for meeting eligible needs identified following assessment and delivering positive outcomes, even if the person wishes to use their personal budget in a different way.

**Example A:** Swimming and gym membership both meet an eligible need for physical exercise. Swimming is cheaper than private gym membership. The person would prefer gym membership, because they are only a novice swimmer. Adult swimming lessons are available from the swimming pool to build confidence and improve technique. The personal budget could be set to include a 10 week course of lessons and then be reduced to reflect that this additional level of support was no longer needed. Overall this would still be more cost-effective than gym membership and the person would have improved their swimming and would be more confident in the water. The personal budget would therefore be based on the option of swimming including an allocation for the 10 weeks swimming lessons, rather than gym membership.

**Example B:** Following assessment, it is agreed that a 24 hour, seven day a week service is required to meet a person's eligible needs. Two organisations that have experience and skills in meeting the needs identified in the assessment are able to offer a place to the person. The service offer from Organisation A focuses on meeting the specific eligible needs of the person in the most cost effective way possible. The service offer from Organisation B is more expensive due to the type of activities that they use to meet needs for example horse riding rather than walking for physical exercise. Although the person and their family would prefer Organisation B, the Council can confirm Organisation A as the way that they would meet the person's needs and confirm the personal budget as being the cost of this service.

**Q1 To what extent do you agree that the personal budget should be based on the most cost effective option for meeting eligible needs identified following a social care assessment?**

ALL RESPONDENTS		Response Percent	Response Total
Strongly Disagree		14.10%	11
Disagree		32.05%	25
Agree		33.33%	26
Strongly Agree		11.54%	9
Don't know / Unsure		8.97%	7
		answered	78
		skipped	0

In total, 36 (46%) of respondents disagreed or strongly disagreed with this proposal, and 35 (45%) agreed or strongly agreed.

Of those who agreed, there were two common themes in their comments. Some respondents suggested that this was a sensible choice given the financial restrictions that the Council is under:

*“People should get the best value care not a gold plated service there needs to be the same offer across all client groups.”*

However, amongst those who agreed, there was also a view that much would depend on individual circumstances. People felt that effectiveness would be improved if someone was interested in doing something and therefore motivated to make the most of a service. They also felt that effectiveness should be judged over the long-term:

*“When considering the effectiveness of the personal budget the Council should weigh how likely the outcomes are to be achieved. In the first scenario the swimming may not be a cost effective option as it does not appear to be an activity that the person would actually engage in. It is important that the principles of self-directed support are maintained and that service users and carers are treated as experts in control of the support that they receive. There is a risk that this model removes control from individuals with professionals making decisions about support planning, this is not in the spirit of the Care Act.”*

Amongst those who disagreed, effectiveness was also an important issue. Some people suggested that if a person had not chosen a service, then it would be less effective. Choice was also viewed by many people who disagreed as an essential part of personalisation and a sense of wellbeing – e.g. the example in the question used swimming as a potential service for someone who had an identified need for exercise, which people felt would be likely to harm wellbeing if they were afraid of water for example. There was a worry that making decisions on the basis of cost-effectiveness would not allow for this strongly held feeling, even though it would damage wellbeing.

Some also suggested that by making decisions on a cost-effectiveness basis would miss multiple benefits to a service which needed to be taken into account. The following comment explains these points:

*“Support plans should be more personalised to take into account people's interests, needs and wishes. Preferences or reasons why are not always articulated clearly and I would be concerned that people are always placed on a lower cost plan which is rather short sighted. In example B, walking is cheaper but there are benefits other than exercise to horse riding - such as learning new skills, being able to do the activity inside during bad weather, more exciting and novel than walking, developing empathy and understanding towards animals, meeting new people riding and feeling their personal choice is important and others will listen to it.”*

## **2.10 Recognising the contribution of support offered by family, friends and the wider community**






**Overview:** *The range of informal community support services being offered is enormous, immeasurable and often undervalued. It tends not to be centred on single issues, but responds to all needs. Support from family carers, for example help with getting up in the morning and going to bed at night is recognised in support plans. Where this support is meeting eligible needs, the funding from the Council is focused on meeting other eligible needs. However, the support from friends and neighbours is not always included in the same way, for example, shopping or sharing a meal with the person. Likewise, if the person regularly visits the local pub when they have cheap lunches for pensioners, this type of community support is not routinely reflected in the support plan, but could be meeting an eligible need.*

**Proposal 2:** *The Council proposes to be more explicit in including the contributions of the person's family, friends and the community around them in the support planning process. Where this support is meeting eligible needs, the personal budget allocation will be based on any eligible needs that are not being met.*

**For example:** *If someone has an eligible need for support with preparing a main meal each day of the week and their neighbour provides them with a main meal three times a week, the personal budget allocation would include support for meal preparation on four days of the week.*



**Q2 Do you agree that support from family, friends and the wider community should be fully recognised and taken into account when developing support plans to meet eligible needs?**

ALL RESPONDENTS			Response Percent	Response Total
1	Strongly Disagree		20.78%	16
2	Disagree		28.57%	22
3	Agree		32.47%	25
4	Strongly Agree		14.29%	11
5	Don't know / Unsure		3.90%	3
			answered	77
			skipped	1

Overall, 38 (49%) of respondents disagreed with this proposal, and 36 (47%) agreed. Respondents therefore seemed to be evenly split on this proposal.

Of those who agreed, the most common theme in the comments was a need for a safety net should the informal carer be unable to provide the care they would normally provide:

*“... there needs to be a safety net if the support from others breaks down (holidays, need for break because of other issues that arise). The value of community support is underestimated anyway so beware of undervaluing it more by refusing to give back up when needed”*

There was also a common theme about providing proper support for carers in this situation:

*“Although there should be clearer contingency plans as this help is not guaranteed. Also if the help places strain financially etc, on the friend / family member, this should be recognised and compensated. I agree in principle as some people have no support from their community so it would free up funds for those in most need.”*

Amongst those who disagreed, a very common theme was the unreliability of such informal care, even where it is not the fault of the informal carer, especially where someone relies upon help for essential things like eating:

*“In this example, for the days that say the neighbour supplies lunch, and the client has no money for that day, if the neighbour is ill or on holiday, then the client has no money to buy a meal from a care agency - they will then go hungry!”*

People were also worried about the amount of pressure it would put on informal carers:

*“Although I receive support from my family, they work full time and regular support could not be relied on. In addition it is important for me to remain as independent as possible. It could also put undue pressure on elderly parents for example.”*

Some people also expressed concerns about how such care would be monitored and whether that presented safeguarding risks, and felt that therefore that would limit the type of care that should be included in a support plan.

Some people also disagreed more fundamentally with the idea that informal care could form part of a support plan, suggesting that whilst it has its place in a just society, it is wrong to expect informal carers to relieve society of an obligation to look after vulnerable people:

*“The overall budget required to meet the needs should not be reduced on the basis of free care being provided by family and friends. The personal budget identified as necessary should remain in line with the full assessment of need, not the assessment of need after the informal care has been taken into account. If informal carers are for any reason unable to provide the support, those costs still have to be met and the personal budget needs to be available to meet those costs. The 'spare' money which is freed up by using informal carers can be used to enhance other aspects of the individual's life.”*

## **2.11 Managing risk and keeping safe**

**Overview:** Part of an ordinary life is managing risk independently to help inform your own choices. Support plans are designed to set out what help someone needs to live an ordinary life, including any help to manage risks. Avoiding all risks tends to restrict people's freedom and choice, so ordinarily people will balance the risks they take with what they want to do and how they want to live their lives.






**Proposal 3:** Currently support plans work to minimise risks as much as possible. As well as including interventions to reduce the possibility of the risk, they often include funding that would be needed if a risk arose. This is particularly a feature of support plans where people may present behaviours that are challenging, but most of the time these behaviours are not present. We propose to take a different approach that focuses on interventions to reduce the risk, with a clear contingency plan that can be activated if the risk emerges. In this approach, the Council would be promoting

greater independence for people and tailoring responses more specifically around situations where the person needs additional support.

**Example A:** A person's package was increased by 5 hours to provide a support worker to accompany them on shopping trips each week because there had been an incident in a supermarket to which the police were called. The increased package was put in to manage the risks associated with shopping. The person always shops in the same shop and is recognised by the staff, so instead of continuing with the increase in staffing the shop manager will be approached, with the agreement of the person, to see if the shop staff could offer some assistance, if the person is struggling to cope whilst in the shop.

**Example B:** A person who has a support worker visiting three times a week to help manage money and to shop cannot read and becomes very anxious if official looking letters arrive through the post. If this happens on the days when the support worker is not expected, this can lead to angry outbursts with the person breaking items in their home and walking down the street threatening people. Instead of providing more staff or the person moving into accommodation with staff available every day, the local social care team work with the person to agree that he can take any letter either to their office or to the local library for someone to read the letter with him.

**Q3 Do you agree that the Council should look for different ways to manage risk by focusing on reducing risk and using contingency plans to respond to risks whilst promoting independence?**

ALL RESPONDENTS			Response Percent	Response Total
1	Strongly Disagree		16.22%	12
2	Disagree		18.92%	14
3	Agree		40.54%	30
4	Strongly Agree		13.51%	10
5	Don't know / Unsure		10.81%	8
			answered	74
			skipped	4

In total, 26 (35%) of respondents disagreed with this proposal, and 40 (54%) agreed. A majority of people therefore agreed with this proposal.

Amongst those who agreed, some people felt that promoting independence was important, and that risk could be managed in different ways:

*“Yeah as independence is important and people not having [to rely] on other people chaperoning them about”*

However, even amongst those who agreed, many felt that whilst the proposal was good in principle, in practice how far it could be applied would depend on an individual's circumstances and the willingness of other people / organisations to support:

*“In certain circumstances risks can be reduced by changing a person's routine, with contingencies in place. I can however, see problems with the shopping example, as most people with these difficulties would need to know a certain person was available to help them and I doubt many supermarkets would commit to this.”*

People were also concerned about availability of services and capacity, and about making sure that any response would be very quick:

*“This is very sensible as long as the response time is as close to immediate as possible. If there is a delay in resolving the emerging risk, this could easily put pressure on otherwise overloaded systems such as voluntary organisations or the NHS. More needs to be said on how rapid responses will be activated.”*

Amongst those who disagreed, there was a common concern about safety and what happens if things go wrong. Many commenters also used the example of shopping (as was used in the question) to explain their point. People felt that shop staff would not be properly trained, would not be covered by a DBS check, and if things went wrong the shop would not be insured:

*“In your example, even if the supermarket agreed that one of their staff can assist with shopping, they would have NO training or experience with how to cope with someone who has mental health problems and they would not be insured.”*

Some people who use care and support services also preferred to have help from support workers because they know the people they work with and their needs:

*“I would like support from a support worker. I'd worry that members of the public wouldn't know how to help me.”*

## **2.12 Life skills**






**Overview:** *Life skills development provides specific activities that enhance the ability of a person to live as independently as possible. Skill development activities can include training in budgeting and financial management, use of public transport*

and general mobility, daily living skills like washing and dressing, self-esteem and assertiveness, home and community safety, and use of assistive technologies.

**Proposal 4:** The Council proposes to increase the focus on the development of skills using short-term interventions to achieve progress towards further independence. Expectations of progress and the timeframe will be clear in support plans and linked to a reduction in personal budget if goals are achieved. If it is not possible for a person to develop the skills with the time limited intervention, an ongoing level of support may be agreed but this would be expected to be a lower level of support than the intensive short term support because it will be about maintaining a level of skill rather than developing a new skill.

**Example:** Someone has an identified need that will be met by attending an activity in the nearest town. The village where they live has a bus service that the person is not confident with using. Their care package currently contains support to travel to the activity. Instead, a short-term package of travel training would be put in to support the person to be more confident and able to use the bus independently. After an agreed period of training, the support for travel would be removed as the person is now more independent and able to travel on their own.

**Q4 To what extent do you agree that the Council should focus short-term interventions on developing skill, with the funding allocated for this skills development being removed at the end of the agreed timeframe?**

ALL RESPONDENTS			Response Percent	Response Total
1	Strongly Disagree		16.44%	12
2	Disagree		15.07%	11
3	Agree		39.73%	29
4	Strongly Agree		16.44%	12
5	Don't know / Unsure		12.33%	9
			answered	73
			skipped	5

In total, 23 (32%) disagreed with this proposal and 41 (56%) agreed. A majority of respondents therefore supported this proposal.

Amongst people who agreed, there were some responses suggesting that this proposal was a good thing, from the point of view of generally supporting independence:

*“...many people are disabled further by the support they are given - care does things for people, rather than enables them to care for themselves. Home based exercises for elderly people administered by generic care workers would take longer and cost more in the short term, but would often reduce the need for as much care in the future as mobility, balance and strength are improved...”*

However, even amongst people who agreed, comments often focused on a need for an expert assessment of whether a goal has been achieved rather than an arbitrarily defined artificial time limit:

*“I believe in skills training but not with the arbitrary removal or reduction of support after a time limited period regardless of if the person can actually now do those things independently, surely there needs to be a comprehensive assessment of if they can now achieve those things independently before support can safely be taken away.”*

This was felt to be particularly important in teaching people with learning disabilities new skills, which could take months rather than weeks and sometimes may never be achieved at all:

*“However, not all people with needs would be able to learn a new skill that would mean they would no longer require the support they have historically had. Whilst one does not wish to develop a climate of over-dependence, mainly people with specific needs, by nature of their needs, are never going to achieve this degree of independence which is why they have had carers in the first place”*

These themes, of needing an expert assessment to ensure that someone has achieved a goal, and making sure that enough time is allocated to the intervention, also were common comments from people who disagreed with the proposal.

Some people suggested other reasons for disagreement, including a worry that it simply will not be effective, as well as a worry that people will not be incentivised to learn a skill if they know that their package will be reduced if they achieve a goal of more independence:

*“Nobody is going to learn skill if they are going to be penalised financially”*






## **2.13 Group and 1:1 Support**

**Overview:** *Sometimes it is necessary to provide 1:1 support for a person to meet an eligible need. However, there will be people with eligible needs where this level of support is not required to meet those needs. In these circumstances, it is important for the Council to make best use of group situations, including group activities and group living arrangements, to meet people’s needs in a cost-effective way.*

**Proposal 5:** *The Council will only fund 1:1 support where there is a specific requirement for this to meet an eligible need or where it is necessary to develop specific skills through an agreed short-term intervention or where it provides a cost-effective way of preventing the need for more intensive long term services. At all other times, where group or shared support can meet the eligible need, this option will be reflected when drawing up the support plan. This approach will apply to people using Direct Payments and people where the Council arranges the services.*

**For example:** *A person with disabilities has a Direct Payment and wants to attend art activities. There is a regular group that they can attend at a local college. The person does not need 1:1 support to attend and take part in this group and so the cost of the group activity would be reflected in their personal budget.*

**Q5 To what extent do you agree that the Council will only provide 1:1 support in the circumstances described in the proposal<sup>2</sup>, and will use group activities or shared support to meet other eligible needs?**

ALL RESPONDENTS		Response Percent	Response Total
Strongly Disagree		5.48%	4
Disagree		6.85%	5
Agree		56.16%	41
Strongly Agree		17.81%	13
Don't know / Unsure		13.70%	10
		answered	73
		skipped	5

In total, 9 (12%) disagreed with this proposal and 54 (74%) agreed. A large majority therefore supported the proposal.

Many people who agreed felt that this made sense from a financial perspective:

*“People who don't need 1:1 support should do without it so that people who really need it can get it”*

*“In financially strained times, okay - as long as everybody's health, safety and security is maintained [and] on a case by case basis, regularly assessed/evaluated.”*

Although some people pointed out that it would sometimes be necessary to have 1:1 support to get to a group activity:

*“Sometimes I could not take part in group activities without 1:1 support to get there [to] interact in the group”*

Some people who agreed pointed out that group activities can meet social needs too:

*“Doing a thing in a group can meet social needs too. However, local charities who have very little funding should be better supported and paid for the services they are providing in the community. Every time a new client is referred.”*

However, one respondent pointed out that there is a risk of isolating people from ‘ordinary’ society in groups in which everyone has a specific condition.

People who disagreed commented on the fact they needed 1:1 support or the circumstances that 1:1 support would be necessary still:

*“Some people whether in a group or not will still need supporting especially with communication [or] toileting (where needed)”*

There was a slightly larger group of people who responded to this proposal that they were unsure about whether they agreed with this proposal or not, 10 (14%). They expressed some concerns about the practicality of staffing groups where people who had needs that were previously met by 1:1 support:

*“This is unclear to me. Generally people have 1:1 support as they require personal care or exhibit challenging behaviour - who would provide this support in the group setting? Also, if the person chooses to not do an activity but would rather stay at home would the 1:1 support be provided there? Also - would people who currently live independently (alone) would they be forced to move into a group home??”*

Others who were unsure also reflected on a worry about people being ‘put’ into groups rather than accessing services that were personalised for them:

*“We have seen many examples of pre-social model of disability model practice where it is assumed that disabled people with the same diagnosis or condition must benefit from being in a group with other people with the same condition. This is a particularly damaging assumption for many people with ASD who may find group activities alongside other people with unusual behaviour extremely distressing. Where it is the person’s preference to be amongst people with similar conditions, groupwork can have many advantages.”*








## 2.14 Making the most out of 24/7 services

**Overview:** Some people require services that are 24 hours a day, seven days a week (24/7). Where the Council funds these services, they are expected to meet all the eligible needs identified following the social care assessment.

**Proposal 6:** Where someone has a 24/7 service, the Council will reinforce the requirement that the eligible needs of the person are fully met through this arrangement and will not agree to services in addition to the 24/7 service, unless there is an agreement to reduce the funding required for the 24/7 service.

**For example:** A person lives in 24/7 supported living and the support workers provide a range of meaningful activities for them and the other tenants both within the house and in the community.

**Q6 A person lives in 24/7 supported living and the support workers provide a range of meaningful activities for them and the other tenants both within the house and in the community. To what extent do you agree with this proposal?**

ALL RESPONDENTS		Response Percent	Response Total
Strongly Disagree		9.59%	7
Disagree		23.29%	17
Agree		31.51%	23
Strongly Agree		9.59%	7
Don't know / Unsure		26.03%	19
		answered	73
		skipped	5

In total, 24 (33%) disagreed with this proposal and 30 (41%) agreed. A slightly larger group of respondents therefore agreed. The proportion of people who expressed uncertainty in their support for this proposal was the highest of all proposals, with 19 (26%) saying they don't know or were unsure.

Amongst people who agreed with this proposal, people who commented agreed reluctantly, because of financial reasons, or in principle only, subject to caveats about the implementation of the proposal:

*“[I agree] but only just. In financially strained times access to extra-curricular activities may have to be reduced...”*

People felt that the main impact was around a lack of choice, and 24/7 care providers not providing sufficient support for every aspect of a care plan; although it was felt by some people that they should:

*“I strongly believe that the support workers are meant to facilitate their clients to be independent, healthy, active part of their community, especially when in 24/7 supported living.”*

Amongst people who disagreed, restrictions on choice were a very common reason for disagreement:

*“Removes choice. The person is limited to the opportunities in their house and the whims of others - they should have the choice to do different things.”*

Some people commented that it would become more likely that people would be isolated under this proposal, because without additional support, 24/7 care providers would not help people to access community-based activities. Some also felt that this would be a backwards step, undoing progress in helping people with disabilities to live independently rather than in institutions:

*“My concern over this is that many individuals will be kept inside their home environment 24/7 without exposure to the community which would give them a better quality of life. This proposal, as I understand it, reeks of institutionalism to me - are we going forwards or backwards? Of course if the individual is being funded to access activities with the community and/or day services where they get the opportunity to socialise and interact with people other than their own staff and gain a wider range of life experiences than the cost of this, which should include (should they need it) 1:1 support from a support worker, [this] should be included in the care package and not be in addition to it.”*

This last comment shows that people often found it hard to come to a clear and unambiguous view on this proposal, as even though the commenter disagreed with the proposal, the second half of their comment appears to support it. This is also shown by the high proportion of respondents who ticked ‘don’t know / unsure’ (26%). For some people, the question was confusing and they didn’t understand it, which was why they ticked ‘don’t know / unsure’:

*“This sounds a bit confusing”*

## **2.15 People using their own money to purchase enhanced services**

**Overview:** *When the Council agrees the support plan to meet the person’s eligible needs following assessment and confirms the personal budget allocation, it can take resources into account when considering the options available to meet the person’s*






eligible needs. Some options may be more expensive than others and some options may include additional services that are not required to meet the eligible needs. The Council will also undertake a financial assessment to determine the contribution from the person towards the personal budget i.e. the cost of implementing the support plan agreed by the Council. If the person and/or their family want a more expensive option that the Council agrees meets the person's eligible needs or an option that offers additional services, they could agree with the Council to make an additional regular contribution in addition to the overall funding agreed by the Council for the support plan.

**Proposal 7:** People receiving social care and their families might choose to use their own resources to commission additional or more expensive services over and above those that have been agreed in the support plan and are part of the personal budget.

**Example A:** A person who has an eligible need to increase their level of physical exercise would prefer to have private gym membership rather than go swimming. The swimming option is in their support plan and funding is included in their personal budget. They decide to use some of their own money to add to the personal budget so they can purchase gym membership and get their exercise that way.

**Example B:** A person moving into a residential home to meet their eligible needs would prefer to have a room with direct access to the gardens of the home. This is not required to meet their eligible needs and there is a higher charge for rooms with this access. The person or their family chooses to pay the additional cost for this, and secures a room with the access to the garden.

**Q7 To what extent do you agree that people who choose to use their money in this way, can agree with the Council to add to their personal budget allocation to receive a more expensive service that meets their eligible needs or to receive additional services that are not required to meet the eligible needs?**

ALL RESPONDENTS			Response Percent	Response Total
1	Strongly Disagree		5.63%	4
2	Disagree		7.04%	5
3	Agree		47.89%	34
4	Strongly Agree		23.94%	17
5	Don't know / Unsure		15.49%	11
			answered	71
			skipped	7

In total, only 9 (13%) of respondents disagreed with this proposal whereas 51 (72%) agreed. A large majority of people therefore supported this proposal.

Some commenters supported the idea in principle:

*"I think this is very person centred and offers people who have the funds the opportunity to upgrade the services they receive."*

Most other people who agreed with the proposal and commented suggested that this proposal was acceptable only on the condition that a personal budget is not reduced by the value of any extra that the person was prepared to put in. This was often because they felt that everyone is entitled to a decent service from the personal budget, not a minimum service that is only decent if they add some of their own money:

*"Of course people should be allowed to spend their personal money on what they like, as long as those unable to pay do not receive an inferior service"*

*"Should be able to top up care but would hope existing support plans would mean their choices were already catered for."*

*"Would agree as long as the personal budget is being used to achieve a good outcome for the person already. They can 't just be offered something inappropriate so that it can be said that their need has been met and then expect them to fund the additional amount that is truly needed to meet that need."*

Outside of this theme about the protection of personal budget allocation, some people disagreed on the basis of practicality or principle:

*"Very few of us have the means to pay for extras. Why did we pay pension and national insurance all our working lives? Change the government!"*

*"No because I do not think it is fair that somebody should get a privileged choice not according to his or her needs only because his or her family will pay an additional cost for it. I will repeat myself saying that I believe that the wellbeing of the most vulnerable people in our society is a shared responsibility of our community as whole. The treatment of each individual should not be affected by his her family's means, but because of real needs that have to be met, including emotional and mental wellbeing."*

A significant proportion of people found themselves unsure:

*"If people want to improve their life and family's, [and] are able to, then yes why shouldn't they, but I don't agree the Council should pay this extra unless it's beneficial... [identifying] support needs etc etc need to be done with the client's interests at heart, not the government's or Council's savings..."*

## 2.16 Conclusions

There was a good response to the questionnaire. Views have been received from service users and carers of all ages. Many respondents will be personally affected by the decision about the support planning policy because they are service users or carers, even amongst those who responded in a professional capacity.

2.17 The comments for most questions had similar themes amongst those who agreed and disagreed with the proposal, either from a position of 'yes, but...' or 'no, because...'. These themes often revolved around two important issues:

- A tension between these proposals and choice and personalisation, with concern about the blanket application of a policy (for example, if 'short-term' always means 'for 6 weeks') having negative effects on people because it does not take into account their situation.
- The need for good contingency planning and an immediate emergency / crisis response, and the need for good monitoring of informal or community support / interactions to make sure that risk is being consciously managed rather than being ignored.

2.19 A third theme also emerged from the comments about the importance of fairness. Fairness seems to mean different things to different people and for different groups – for service users, it means a personalised service, based on their entitlement, and an objective assessment of need when any changes are being made; for carers, it means being able to make a contribution without that being taken for granted, and support being available to help them.

2.20 The implementation of the policy should therefore be very sensitive to these themes.