



Isle of Man
Government

Reiltys Ellan Vannin



Fair Access to Care Services and Charging for Care Services Consultation Response Report

July 2013

Department of Social Care
Rhyenn Kiarail y Theay

Contents

1.	Introduction	Page 3
2.	Background	Page 4
3.	Overview of Responses	Page 4
4.	Responses	Page 5 - 20
5.	Analysis and Next Steps	Page 20 - 22
6.	Conclusion	Page 22

1. Introduction

This report provides a response by the Department of Social Care to the consultation on the proposed fee structure that will accompany the new Regulation of Care Bill.

The consultation sought views on the principles of Fair Access and Charging as well as specific aspects of their implementation in relation to adult care services. The consultation around Fair Access to Care Services and Charging is part of a continuing process to ensure our policies are fit for purpose now and in the future.

The consultation proposals were developed to promote greater consistency, transparency and equity around the way we assess and charge for adult care services. The aims are in line with outcomes of the social policy debate, more specifically;

- Better targeting of scarce public funds towards those in greatest need
- Encourage greater self-sufficiency
- Seek alternative approaches to giving more assistance rather than financial support, and
- Create stricter controls

The opportunity to review the way we assess and charge for services is supported by the intended legislative framework of the Social Services Act 2011. The Act places a duty on the Department to be clear in the way that it assesses those eligible for support and enables charges to be made for the provision of social care services to meet assessed need.

2. Background

The Consultation was launched on 15th February 2013 and ran for 6 weeks. The closing date for responses was 2nd April 2013.

In line with the Isle of Man Government code of practice on consultation the following list of persons and organisations were consulted:

- Tynwald Members
- Attorney General
- Chief Officers of Government Departments, Statutory Boards and Offices
- Local Authorities
- Isle of Man Chamber of Commerce
- Isle of Man Trade Union Council
- Isle of Man Law Society
- Isle of Man Constabulary
- Isle of Man Fire and Rescue Service
- Relevant Professional Bodies
- Council of Voluntary Organisations

The Department of Social Care has read all contributions submitted during the consultation. The majority of the consultation questionnaire contained closed questions that allowed respondents to score statements based on how much they personally agreed or disagreed with them. However there was also the opportunity to give detailed comments.

3. Overview of Responses

There were a total of 32 responses.

Whilst the majority of responses were received using the online questionnaire, other methods were also used.

Online Questionnaire	28
Paper Questionnaire	1
Letter	1
Email	3


The consultation responses from the online and paper surveys have been merged. The comments were combined with the comments received via letter and email.

The results of the closed questions are presented under the relevant question title.

The results of the open questions have been analysed and collated to identify key areas of comment.

4. Responses







1. Confidentiality

1. Do you wish your response to remain confidential?				
			Response Percent	Response Total
1	Yes		65.52%	19
2	No		34.48%	10
			answered	29
			skipped	0


2. Contact Information

In line with the Government Code for Consultation only those responses where a name and contact details were supplied have been used in this report.

3. Are you completing the questionnaire as an individual or on behalf of an Organisation, Charity or Voluntary Group?

3. Who are you completing this questionnaire as? (Please tick only one box)				
			Response Percent	Response Total
1	A recipient of care services		3.45%	1
2	A carer		10.34%	3
3	A relative of a recipient of care services		13.79%	4
4	Third Sector Organisation		6.90%	2
5	Individual		62.07%	18
6	Other (please specify):		3.45%	1
			answered	29
			skipped	0

4. Fair Access to Care Services

4. Do you agree that the Department of Social Care should develop a fair and consistent approach for determining access to Adult Care Services?				
			Response Percent	Response Total
1	Strongly Agree		64.29%	18

4. Do you agree that the Department of Social Care should develop a fair and consistent approach for determining access to Adult Care Services?

			Response Percent	Response Total
2	Agree		32.14%	9
3	Disagree		3.57%	1
4	Strongly Disagree		0.00%	0
			answered	28
			skipped	1

5. Do you agree that the following should be included in the Fair Access framework for assessing a person's access to Adult Care Services?

5.1. All aspects of health (mental and physical)			Percent	Total
1	Strongly Agree		62.96%	17
2	Agree		33.33%	9
3	Disagree		0.00%	0
4	Strongly Disagree		3.70%	1
			answered	28

5.2. Concerns about behaviour			Percent	Total
1	Strongly Agree		40.74%	11
2	Agree		48.15%	13
3	Disagree		3.70%	1
4	Strongly Disagree		7.41%	2
			answered	28

5.3. The ability an individual has to control their situation			Percent	Total
1	Strongly Agree		50.00%	13
2	Agree		46.15%	12
3	Disagree		0.00%	0
4	Strongly Disagree		3.85%	1
			answered	28

5.4. How far an individual can make choices about their life			Percent	Total
1	Strongly Agree		51.85%	14
2	Agree		44.44%	12
3	Disagree		0.00%	0
4	Strongly Disagree		3.70%	1
			answered	28

5.5. The ability to manage their personal care needs			Percent	Total
1	Strongly Agree		55.56%	15
2	Agree		40.74%	11
3	Disagree		0.00%	0
4	Strongly Disagree		3.70%	1
			answered	28



5.6. The ability to manage domestic activities			Percent	Total
1	Strongly Agree		50.00%	13
2	Agree		46.15%	12
3	Disagree		0.00%	0
4	Strongly Disagree		3.85%	1
			answered	28

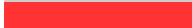



5.7. The ability to look after their own dependants			Percent	Total
1	Strongly Agree		38.46%	10
2	Agree		46.15%	12
3	Disagree		11.54%	3
4	Strongly Disagree		3.85%	1
			answered	28





5.8. The possibility of involvement in leisure and social activities			Percent	Total
1	Strongly Agree		33.33%	9
2	Agree		51.85%	14
3	Disagree		11.11%	3
4	Strongly Disagree		3.70%	1
			answered	28

5.9. The possibility of involvement on pair and unpaid work			Percent	Total
1	Strongly Agree		34.62%	9
2	Agree		42.31%	11
3	Disagree		19.23%	5
4	Strongly Disagree		3.85%	1
			answered	28

5.10. The possibility of involvement in learning			Percent	Total
1	Strongly Agree		37.04%	10
2	Agree		44.44%	12

5.10. The possibility of involvement in learning			Percent	Total
3	Disagree		14.81%	4
4	Strongly Disagree		3.70%	1
			answered	28

5.11. All of the above			Percent	Total
1	Strongly Agree		42.11%	8
2	Agree		36.84%	7
3	Disagree		10.53%	2
4	Strongly Disagree		10.53%	2
			answered	28





6. Do you agree with the four bands that a person's needs will be assessed under? (critical, substantial, moderate, low)				
			Response Percent	Response Total
1	Strongly Agree		33.33%	9
2	Agree		55.56%	15
3	Disagree		7.41%	2
4	Strongly Disagree		3.70%	1
			answered	27
			skipped	2

Comments from respondents who disagree or strongly disagree:

- You want to ask the people looking after them is hard work and you need to have a choice you cannot spend 24/7 looking after someone, work pay bills etc and rely on home care or private agencies its not feasible. You loose you patience etc try it yourselves
- Each person should be assessed on their personal needs otherwise you end up with one person coming in fractionally above a certain level and another coming in fractionally below when to all intents and purposes they need virtually the same care
- Critical should include Adult Protection referrals - concerns about physical, sexual, emotional and financial abuse. Low should include pre-planned interventions - e.g. arranging respite care.

7. Do you agree that the threshold for access to Adult Care Services should be set at moderate or above?				
			Response Percent	Response Total

7. Do you agree that the threshold for access to Adult Care Services should be set at moderate or above?




			Response Percent	Response Total
1	Strongly Agree		22.22%	6
2	Agree		51.85%	14
3	Disagree		22.22%	6
4	Strongly Disagree		3.70%	1
			answered	27
			skipped	2

Comments from respondents who disagree or strongly disagree:




- Sometimes it is difficult to assess these thresholds
- By excluding those in the Low category will increase future demand on services and the the support at a low level reduce the risk of a client needing critical or substantial support in the future
- If even a classification of "low" indicates SOME additional needs, then those needs should be met.
- As above, each person should be assessed on their individual circumstances.

5. Charging

8. Do you agree there should be a consistent and fair way of setting charges for Adult Care Services?

			Response Percent	Response Total
1	Strongly Agree		50.00%	14
2	Agree		39.29%	11
3	Disagree		0.00%	0
4	Strongly Disagree		10.71%	3
			answered	28
			skipped	1

9. Do you agree that the charges for Adult Care Services should be the same regardless of who they are provided for. eg. older people, people with learning difficulties etc?

			Response Percent	Response Total
1	Strongly Agree		46.43%	13
2	Agree		25.00%	7
3	Disagree		14.29%	4

9. Do you agree that the charges for Adult Care Services should be the same regardless of who they are provided for. eg. older people, people with learning difficulties etc?

			Response Percent	Response Total
4	Strongly Disagree		14.29%	4
			answered	28

Comments from respondents who disagree or strongly disagree:

- This fails to take in to account the different types of services provided to the different user groups

- The charges for older people should be subsidised more heavily (ie be less), as they are more likely to have worked and paid into NI, etc., helped themselves through life, provided their own support (eg buying a house) and not have been a drain on the state already.

- I believe that those at the younger end of the age spectrum should be charged less, as they are going to have to sustain those payments over a much longer time than the elderly, and maybe an elderly person who has not had a condition for all of their life, may indeed have had the opportunity to amass considerable assets in a way that a 25 yr old with autism or Down's For example is hardly likely to do.

- different needs, though some overlap may occur. trained health workers eg cmhns and gp should forward appropriate assessments/charges, but dementia care should be free.plus respite for dementia suffers

- Charges should reflect ability to pay - don't know enough about the finances of adults with learning difficulties to comment. How does this square with the policy to charge older people more for extra-care or EMI residential care?





- All Special needs people are different so you can't just lump them all together.





- Means tested

- Any comment I make does not reflect a view on the needs of older people. I am concerned that people with learning disabilities who have a whole lifetime ahead of them will have insufficient funds to lead an ordinary life. As it is, because of their need for support, they often have to pay for the lunches, theatre tickets and, when they go on holiday, plane and hotel costs both for themselves and support staff. People have very little money to lead ordinary lives and many will never have the opportunity to earn. Do we really need to give them less? Paying £10 for respite is also excessive considering that families will have the same basic costs of heating, mortgage, rent etc. This might stop people from asking for the respite they need. It might be reasonable to charge them the small amount that

represents the cost of food. I am presuming that Services providing residential care for people will not be paying £10 to families if the person stays with their family overnight. There seems some essential injustice in the proposals.

10. Do you agree that:					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Response Total
A food and utility fee should be applied to adults with learning disabilities who use the Department's respite services?	40.7% (11)	37.0% (10)	7.4% (2)	14.8% (4)	27
There should be harmonisation of fees for non-residential care so that people receiving similar services pay similar fees regardless of age or disability?	37.0% (10)	44.4% (12)	7.4% (2)	11.1% (3)	27
				answered	27
				skipped	2

10.1. A food and utility fee should be applied to adults with learning disabilities who use the Department's respite services?			Percent	Total
1	Strongly Agree		40.74%	11
2	Agree		37.04%	10
3	Disagree		7.41%	2
4	Strongly Disagree		14.81%	4
			answered	27

10.2. There should be harmonisation of fees for non-residential care so that people receiving similar services pay similar fees regardless of age or disability?			Percent	Total
1	Strongly Agree		37.04%	10
2	Agree		44.44%	12
3	Disagree		7.41%	2
4	Strongly Disagree		11.11%	3
			answered	27

11. Do you agree that the following Adult Care Services should be charged for?					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Response Total
Day centres including meals	34.8% (8)	47.8% (11)	17.4% (4)	0.0% (0)	23
Domiciliary Care	34.8% (8)	43.5% (10)	17.4% (4)	4.3% (1)	23
Meals on wheels	34.8%	65.2%	0.0%	0.0%	23

11. Do you agree that the following Adult Care Services should be charged for?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Response Total
	(8)	(15)	(0)	(0)	
Sessions at a day care centre including meals	34.8% (8)	47.8% (11)	17.4% (4)	0.0% (0)	23
Sessions at a day centre not including meals	23.8% (5)	47.6% (10)	28.6% (6)	0.0% (0)	21
All of them	33.3% (5)	46.7% (7)	6.7% (1)	13.3% (2)	15
None of them	25.0% (1)	0.0% (0)	25.0% (1)	50.0% (2)	4
				answered	27
				skipped	2

11.1. Day centres including meals			Percent	Total
1	Strongly Agree		34.78%	8
2	Agree		47.83%	11
3	Disagree		17.39%	4
4	Strongly Disagree		0.00%	0
			answered	27

11.2. Domiciliary Care			Percent	Total
1	Strongly Agree		34.78%	8
2	Agree		43.48%	10
3	Disagree		17.39%	4
4	Strongly Disagree		4.35%	1
			answered	27

11.3. Meals on wheels			Percent	Total
1	Strongly Agree		34.78%	8
2	Agree		65.22%	15
3	Disagree		0.00%	0
4	Strongly Disagree		0.00%	0
			answered	27

11.4. Sessions at a day care centre including meals			Percent	Total
1	Strongly Agree		34.78%	8
2	Agree		47.83%	11
3	Disagree		17.39%	4

11.4. Sessions at a day care centre including meals			Percent	Total
4	Strongly Disagree		0.00%	0
			answered	27

11.5. Sessions at a day centre not including meals			Percent	Total
1	Strongly Agree		23.81%	5
2	Agree		47.62%	10
3	Disagree		28.57%	6
4	Strongly Disagree		0.00%	0
			answered	27

11.6. All of them			Percent	Total
1	Strongly Agree		33.33%	5
2	Agree		46.67%	7
3	Disagree		6.67%	1
4	Strongly Disagree		13.33%	2
			answered	27

11.7. None of them			Percent	Total
1	Strongly Agree		25.00%	1
2	Agree		0.00%	0
3	Disagree		25.00%	1
4	Strongly Disagree		50.00%	2
			answered	27

12. Do you agree that in order to create fairness in current charging, charges to the following services should be increased?					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Response Total
DSC Residential Services for Adults with Learning Disabilities	36.4% (8)	31.8% (7)	18.2% (4)	13.6% (3)	22
Contracted Residential Services for Adults with Learning Disabilities	36.4% (8)	31.8% (7)	18.2% (4)	13.6% (3)	22
DSC Day Services for Adults with Learning Disabilities	33.3% (7)	33.3% (7)	19.0% (4)	14.3% (3)	21
DSC Day Services for Elderly Mentally Infirm (EMI)	19.0% (4)	33.3% (7)	19.0% (4)	28.6% (6)	21
Contracted Day Services for Adults with Autism	31.8% (7)	27.3% (6)	22.7% (5)	18.2% (4)	22
Contracted Residential Services for Adults with Autism	31.8% (7)	27.3% (6)	27.3% (6)	13.6% (3)	22

12. Do you agree that in order to create fairness in current charging, charges to the following services should be increased?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Response Total
All of the above	23.1% (3)	23.1% (3)	30.8% (4)	23.1% (3)	13
None of the above	33.3% (1)	66.7% (2)	0.0% (0)	0.0% (0)	3
				answered	28
				skipped	1

12.1. DSC Residential Services for Adults with Learning Disabilities			Percent	Total
1	Strongly Agree		36.36%	8
2	Agree		31.82%	7
3	Disagree		18.18%	4
4	Strongly Disagree		13.64%	3
			answered	28

12.2. Contracted Residential Services for Adults with Learning Disabilities			Percent	Total
1	Strongly Agree		36.36%	8
2	Agree		31.82%	7
3	Disagree		18.18%	4
4	Strongly Disagree		13.64%	3
			answered	28

12.3. DSC Day Services for Adults with Learning Disabilities			Percent	Total
1	Strongly Agree		33.33%	7
2	Agree		33.33%	7
3	Disagree		19.05%	4
4	Strongly Disagree		14.29%	3
			answered	28

12.4. DSC Day Services for Elderly Mentally Infirm (EMI)			Percent	Total
1	Strongly Agree		19.05%	4
2	Agree		33.33%	7
3	Disagree		19.05%	4
4	Strongly Disagree		28.57%	6
			answered	28

12.5. Contracted Day Services for Adults with Autism			Percent	Total
--	--	--	---------	-------

12.5. Contracted Day Services for Adults with Autism			Percent	Total
1	Strongly Agree		31.82%	7
2	Agree		27.27%	6
3	Disagree		22.73%	5
4	Strongly Disagree		18.18%	4
			answered	28





12.6. Contracted Residential Services for Adults with Autism			Percent	Total
1	Strongly Agree		31.82%	7
2	Agree		27.27%	6
3	Disagree		27.27%	6
4	Strongly Disagree		13.64%	3
			answered	28

12.7. All of the above			Percent	Total
1	Strongly Agree		23.08%	3
2	Agree		23.08%	3
3	Disagree		30.77%	4
4	Strongly Disagree		23.08%	3
			answered	28

12.8. None of the above			Percent	Total
1	Strongly Agree		33.33%	1
2	Agree		66.67%	2
3	Disagree		0.00%	0
4	Strongly Disagree		0.00%	0
			answered	28

13. Do you agree that any increases to charges should be introduced over a period of time to minimise impact?				
			Response Percent	Response Total
1	Strongly Agree		42.86%	12
2	Agree		42.86%	12
3	Disagree		10.71%	3
4	Strongly Disagree		3.57%	1
			answered	28
			skipped	1

14. Do you agree that to create greater equality of charging for adult services across residential and non residential adult services, the Department should explore the potential application of means testing?

			Response Percent	Response Total
1	Strongly Agree		59.26%	16
2	Agree		22.22%	6
3	Disagree		7.41%	2
4	Strongly Disagree		11.11%	3
			answered	27
			skipped	2

6. General Comments

15. We welcome your comments on the areas detailed above but please feel free to add any additional comments below

- What you don't realise it physically and mentally tiring looking after young/old with physical or mental health issues. To rely on 1 hour a day is wrong I would like to see mr robertshaw be got up washed dressed fed and the reverse done at night in an hour. A lot of people don't have family and I certainly wouldn't want a neighbour coming in to help me. What do I pay NI for ??????
I've worked 40yrs paid my way and I get nothing for it.
- Great inequality in current system which charges older people significantly more for care than people with disabilities.
- I think it grossly unfair that people who need care and have savings can, in some instances have to pay for their residential care in full while those who have not bothered saving or don't get exactly the same care but get everything paid for.
- To introduce charges to vulnerable/disabled patients is wrong, as they will not have be working and only entitled to statutory benefits which is designed as a minimal standard of living and therefore fail to see how they can pay? Or am I missing something here!??? You cannot take what they dont have and if you make them pay they wont be able to access island facilities therefore making them housebound surely?
- The elderly should be given the same advantages as people with learning disabilities when accessing services. At the moment the system is unfair. People who have paid into the "system" are treated unfavourably when compared to those that haven't. Either the disability sector should pay more or the elderly should pay less to bring them both into line with each other.
- I think it is unfair to expect people to pay for help at home with basic things such as dressing etc, but if they want help with domestic chores or meals on wheels if they can afford it they should make a contribution. Unfortunately many disabled people (mentally or phsically) have more needs than people

who are not disabled and these costs should be taken into account. Maybe more charitable contributions should be encouraged? The Isle of Man has less charities helping people with mental health issues than the UK as it has never been given a high priority

-
- All services should be charged equally. I cannot agree to increased charges without being able to analyse existing costs and far more in depth research. I do not understand why admission to hospital or care/day care facilities should include free meals.
We need to be fairer when it comes to elderly care, people who have not saved and have no money get care free (through social security) people who have bought a home and have no money have to sell their home. **TOTALLY UNFAIR**
-
- At the moment it is not a level playing field. Older people have to pay for respite, very often respite us due to circumstances beyond their control. However people with learning disabilities on respite do not have the added burden. The cost for respite should be the same, regardless of age or disability. The same goes for day services.
-
- Means testing of the elderly who need care is unfair on those who have been responsible members of society, who have looked after themselves and their families by saving or buying a roof over their heads. Those who live in a council house subsidised by the rest of the population and those who have simply squandered their money will have their elderly care paid for by the state, whilst others who have diligently paid taxes, NI and trusted the NHS to care for them in old age will have taken from them their savings and their property, which they will have hoped to pass on to their children. The current generation of pensioners have been brought up to take pride in the notion of bequeathing their assets and feel resentful that all that they have worked for could be taken from them. Many are beginning to talk of suicide as the one way to prevent that happening, but the problem with that is the likelihood of a premature shortening of a life. The worry about providing for one's care in old age is blighting many lives and affecting some older people's mental health and positive outlook. Providing proper care for the elderly would probably not cost as much as many of this government's grandiose schemes.
-
- As the daughter of a terminally ill parent who is currently self funding living in a nursing home (£875 per week) I feel very strongly that the same amount of financial help should be made available for those people who have worked all their lives as those who have not done so. My mum is being penalised by having to pay this ridiculous amount of money whilst all the contributions she made during her working life are funding many of the other patients who have not done a days work in their lives. In order to achieve this fairness I feel that the government should focus on weeding out those who abuse the benefits system and also impose higher rents on LGB housing. If people can afford brand new cars and foreign holidays then they can afford more rent. At present we are having to sell my mums house, whilst making up the shortfall for her fees ourselves. This is costing myself and my sisters £300-£400 per month each, which I do not have to spare but obviously has to be paid somehow. The government have refused point blank to help us out, by way of a loan etc, in the interim and I personally think this is disgusting.
-
- as a recently retired health professional, i feel that all emi clients/patients
-

should have free care, at home, day care ,respite care and long term care as was in the past..i was there.they have paid their dues, NI payments and have the bad luck to suffer from illness that they have no controlk over. family are dramatically affected, and bear the brunt of caring.

maybe other major illnesses, sufferers should have some free care and pay for some services.

more care beds, day care, respite beds and trained staff required for each speciality, not basic training, but highly skilled nurses.

-
- Some of these questions are very loaded towards the answer that the Department is hoping to get. There should be the opportunity to add comments after many of them so that, for example, you can disagree but add "I disagree but..."
-
- I supported my parents to complete this form as they do not have access to a computer .They both welcome change and feel that all people should be treated with fairness.
-
- This policy will restrict access to the adult care services the Department provides or commissions to those who have moderate needs or greater, and it will ensure that the charges for these services are "fair and equitable". It should be noted that the recent Social Services Act already allows for access to adult care services to be restricted to those people who were born on the Island, have been ordinarily resident in the Island throughout the previous five years, or can pay fully for the services. it would be hard to argue against the principle of fair and equitable charging. However, if this is not just a cynical exercise to reduce costs by cutting services or equalising charges upwards, I believe that it needs to go much further than it does. Most care services for older people on the Island are currently provided by the private sector and the third sector - and therefore outside the remit of this policy. It is important that the charges levelled by all these organisations is fair and reasonable. Even then, if you need a lot of support and have to pay for it by the hour, it could cost you a lot of money. It is therefore equally important that financial help is given to those people who cannot afford to pay the charges. After all, it is the Department's stated aim that it wishes to help all (eligible) older people to remain in their own homes for as long as possible. In order to put this into practice, it should give financial assistance to those people who need support to remain at home but cannot afford it. There is already a good system in place for helping people afford the cost of going into a residential home or nursing home - if you have £13,000 or less you get the maximum support allowed by Income Support towards the fees, and the help that those with more than £13,000 goes down on a sliding scale and there is not a similar scheme to help people stay at home. I believe that there should be. I appreciate that it would be more complicated, but surely not beyond the wit of man. For example, allowances would have to be made for living expenses. Also, there would, of course, have to be restrictions - the care needs would have to be assessed and the care package agreed, there would probably have to be a threshold before support would be considered (possibly in line with Attendance Allowance rates), and there would also have to be an upper limit (probably set at about 80% of the cost of residential or nursing care. Putting a charge on a property is another option. The new Social Services Act allows the Department to put a charge on a person's home if he/she is going
-

into residential or nursing care, so that they do not have to sell their homes straight away. There must be some older people who live in their own homes and have no relatives, who want to remain at home but need more care than they can afford and/or the Department will fund. I believe that the Government should be able to put a charge on their property and pay the shortfall in the same way.

Obviously, these suggestions have funding implications and staffing implications - for example, more social workers may be needed for the needs assessments and more visiting officers for the financial assessments - but I believe they are the fairest way forward.

-
- I have a son of 26 with Down's Syndrome, with a mental age of 8 and still lives with us at home. I think it is very unfair for us to be asked to pay for his care. My husband and I both work, so I have to drop my son off at Hollydene every morning on my way to work and collect him at night time. I only work 30 hours a week so that I don't have to ask for too much help. I feel people making these decisions to ask for payment for care need maybe to have a person with special needs to look after for a month or two then maybe they would change their mind. My husband and I can't go out together as we cannot leave our son on his own. I can't even go out for a walk unless I either take him with me or leave him with my husband. Again I think it is very unfair of you to charge for the little care that I ask for. We have never taken advantage of his handicap and asked for lots of benefits which I am sure if we looked into we would be entitled to. The form above I feel does not reflect everybody's situation. I don't mind paying for his lunches as I do now. I know that if he was in full time care it would cost you a lot more money rather than what it is costing at the moment.

Believe you me I would far rather have a normal son without special needs than ask for help.

-
- Everyone should contribute financially towards services received. Providing free services indiscriminately is not a viable option in the current economic climate and changing demographic. The amount charged should be means tested and dependent on ability to pay as well as a pre-determined period of residency ie 5 years.
 - I think that the needs of different categories of people can be substantially different and there can also be different needs within each general category. I had believed that we were trying to support people with LDs to live more independent lives within their communities. To be able to do this, they need sufficient funds to finance a life in the community. I have detailed earlier some of the added financial burdens they face when attempting to do this. This whole issue should not be just about consistency in charging but looking at how much people have to lead this ordinary life Government says it is promoting. Whatever charging is introduced, Govt should be aware of exactly how much this leaves the person with and if that is a reasonable amount to enable them to have the kind of life a good society would want to provide for people who have greater needs. I would suggest increasing the amount beyond what is already charged will result in people's quality of life reducing and the person centred agenda becoming less relevant as people's choices reduce.

I was also disappointed to see that the document referred to the current level

of charge for LD Day services being £3 including lunch. I believe this is a misrepresentation of the situation which is that the £3 is for lunch only, There is currently no charge for the Service.

I have a concern that if carers feel that they are being asked for too much money for the respite service, they will reduce their use of it. I have been involved in a circumstance where a family took this view when their DLA was reduced. If added stress is put on family carers, they might even decide they are unwilling to continue to support their relative with the consequent huge cost of a person going into residential care. This seems potentially short sighted. Having been a family carer myself, there are already huge financial implications involved in supporting a person with a learning disability at home including inability to work or have full time work and consequent inability to fund a pension. Why impose added burdens. As i said, i think this proposal is potentially short sighted if carers think they have simply had enough and it is a backward step for people with LD. i would be very supportive of charging however if people were given enough to pay for it - but they are not.

5. Analysis and Next Steps

Whilst the number of responses to the consultation was small, the range of opinion was reasonably broad. Key areas and next steps are outlined below:

i. Fair Access to Care Service

Key Areas

- 96.43% of respondents agreed or strongly agreed that the Department of Social Care should develop a fair and consistent approach for determining access to Adult Care Services.
 - Work has already commenced on developing a framework for the assessment of risk to peoples independence as a result of their presenting need.
 - We are making changes to the referral gateway to ensure that where possible they flow through a central point, supporting consistency and fairness
- 78.95% of respondents agreed or strongly agreed that a wide range of needs should be taken in to account when assessing a person's access to Adult Care Services.
 - The areas of assessment listed in the survey were deliberately broad. For some individuals, threats to their safety, abuse they are suffering or problems they experience with personal care, will be paramount. For others, problems in accessing work and education, difficulties in social support and relationships and difficulties in playing a full part in family and wider community life, can be just as important. All these factors can impact on a person's physical and mental wellbeing and ultimately their independence.

- 88.89% of respondents agreed or strongly agreed that a person's risk to independence should be assessed under four bands (critical, substantial, moderate and low)
 - Through the introduction of a four tier system the Department is simply trying to identify those in greatest need in order that limited resources can be targeted appropriately
 - Detailed guidance is being developed to help describe each of the four bands. This will help to limit misinterpretation but will enable room for professional judgment when determining the risk to a person's independence.
- 74.07% of respondents agreed or strongly agreed that the threshold for access to Adult Care Services should be set at moderate or above.
 - The research work that was undertaken prior to the consultation indicated strongly that the vast majority of people presently receiving adult social care services from the Department fit within the moderate and above banding. Therefore the Department is not anticipating the introduction of the banding system to have a dramatic impact on the threshold for access to services.
 - The Department recognises the introduction of FACS may have an impact on a small number of services users with low needs. Further work is being undertaken to establish what 'lighter touch' service may need to be developed to meet the needs of people considered to fall within the 'low' banding.

Next Steps

Although there was a strong agreement to introduce a system of fair access to care services there was recognition that assessment can often be complex. Further work is required to be undertaken to ensure that the system of assessment is robust but allows room for professional judgement, particularly where areas of need interact.

Equally further work is required to be undertaken on ensuring that the Department, alongside others, supports preventative approaches to meeting need, particularly for those in the 'low' banding.

ii. Charging

Key Areas

- 89.29% of respondents agreed or strongly agreed that the Department should introduce a fair and consistent way of setting charges for Adult Care Services.
- 71.53% of respondents agreed or strongly agreed the charges for Adult Care Services should be the same regardless of who they are provided for e.g. older people, people with learning difficulties etc.
 - Of those respondents that commented there were a number of differing views around the key factors that should influence the amount individuals should be charged for services. These factors included; a person's ability to pay, their age, the types of services used and their level of eligible need.

- The Department is required to balance the complexity of any charging policy against its ease of application. Consideration can be given to those factors that influence what level of charges applied, however, in future; it is most likely that the Departments charging policy will be based on a financial means test rather than other factors.
- In respect of means testing 81.48% of respondents felt that this would create greater equity when charging for adult services across residential and non residential adult services.
- 81.40% of respondents agreed or strongly agreed that there should be harmonisation of fees for non-residential care so that people receiving similar services pay similar fees regardless of age or disability
- 80% of respondents agreed or strongly agreed that a range of Adult Care Services should be charged for.
- Where we asked whether charges to individual services should be increased, across those services 62.25% agreed or strongly agreed on the proposed increases.
 - 52.3% of people agreed or strongly agreed that a charge should be applied for EMI. This was significantly lower the average.
 - Three respondents felt that charges should not be increased to any of the proposed services
 - The Department will ensure that where possible the application of charges are equalised in a fair and equitable manner
- 77.78% of respondents agreed or strongly agreed that a food and utility fee should be applied to adults with learning disabilities who use the Department's respite services
 - The Department is mindful of the role respite service plays in the support of families and maintaining home placements. We will develop clear processes that clarify when a charge will apply and set that charge at what is considered to be a reasonable level.

Next Steps

The responses indicate that there is reasonably broad support for the introduction of a mean test for the charge of adult social care services. The Department of Social Care is working closely with Treasury and the other Government Departments to establish the most appropriate method of means testing that can be applied to a wide range of services.

There is recognition that there is strong support for the phased introduction of charges and the Department will consider how this can be done when considering the implementation of means testing.

6. Conclusion

The Department would like to thank all respondents for their detailed responses to the consultation. The responses indicate strong support for the introduction of a Fair Access to Care Services framework; therefore the Department will look to implement

the new system of assessment from November 2013, with the threshold for access set at Moderate and above.

There is also reasonably broad support for the introduction of charging for adult care services. The Department will progress the implementation of charging for respite within Learning Disability services and, where possible, equalise the level of charge levied within non residential services. Again the Department will look to implement the new system of charging from November 2013.

The comments received have been extremely valuable and will be taken into consideration as we move forward towards implementation.



Isle of Man
Government

Reiltys Ellan Vannin



This document can be provided in large print on request

Department of Social Care
Markwell House
Market Street
Douglas
IM1 2RZ

Email: rebalancing@gov.im
Telephone: (01624) 685831