

Summary of consultation activity and responses

1. Consultation activity

1.1 Methodology

The consultation started on 25 June and closed on 10 September 2010. The consultation primarily gathered views through a questionnaire sent to service users, organisations and residents. Consultees were provided with the draft Fairer Charging Policy, a consultation document explaining the proposed changes to the policy and a questionnaire to assess the extent to which consultees agreed or disagreed with the proposed changes.

The consultation was promoted at various events and meetings, a press release was sent to the local media and an article appeared in the Council's magazine News Central.

1.2 Mailings

More than 3,000 consultation packs were sent out either by e-mail or post to representative groups, service users, libraries, day centres and the Citizens' Panel. Members of the Healthier Communities and Older People's Partnership Board and their sub groups have been sent the consultation packs. This includes the Primary Care Trust.

Consultation packs were supplied to a variety of front line staff working with older people, people with learning disabilities, physical disabilities and staff carrying out the financial assessments. Staff were also invited to take part in the consultation through internal newsletters.

1.3 Events and meetings

Social Care, Health and Housing officers met more than 400 people at events and meetings to promote the consultation and gather views, this included:

Three sheltered housing open days in Caddington, Dunstable and Leighton Buzzard

Central Bedfordshire Access Group

Older People's Reference Group

Carers Forum

Four sheltered housing meetings in Dunstable and Caddington

Advocacy Alliance's Getting Involved meeting for people with learning disabilities

Learning Disabilities Delivery Partnership Group

Carers in Bedfordshire meeting

2. Consultation responses

In total 229 questionnaires were returned.

2.1 Diversity of respondents

	No. of respondents (%)	% profile of Central Bedfordshire
Gender (Central Bedfordshire profile - 2007 Office of National Statistics (ONS) estimate)		
Male	58 (36%)	49.5
Female	103 (64%)	50.5
Age (2001 Census)		
Under 16 yrs	0 (0%)	21
16-19 yrs	1 (1%)	5
20-29 yrs	3 (2%)	11
30-44 yrs	16 (9%)	25
45-59 yrs	50 (27%)	20
60-64 yrs	32 (17%)	5

65-74 yrs	35 (19%)	8
75+	46 (25%)	6
Do you consider yourself to be disabled? (life-limiting long term illness – 2001 Census)		
Yes	52 (30%)	13.5
No	123 (70%)	86.5
Ethnicity (2007 ONS estimate)		
White British	170 (93%)	89
Black or Minority Ethnic group	12 (7%)	11

2.2 Type of respondent

	No.	%
Central Bedfordshire resident not receiving services provided by Adult Social Care	93	41
Other	23	10
A carer of someone who receives services provided by Adult Social Care	36	16
Representative of group/organisation	19	8
Social worker	5	2
A current user of services provided by Adult Social Care	49	21
Professional carer	1	<1
Health professional	3	1

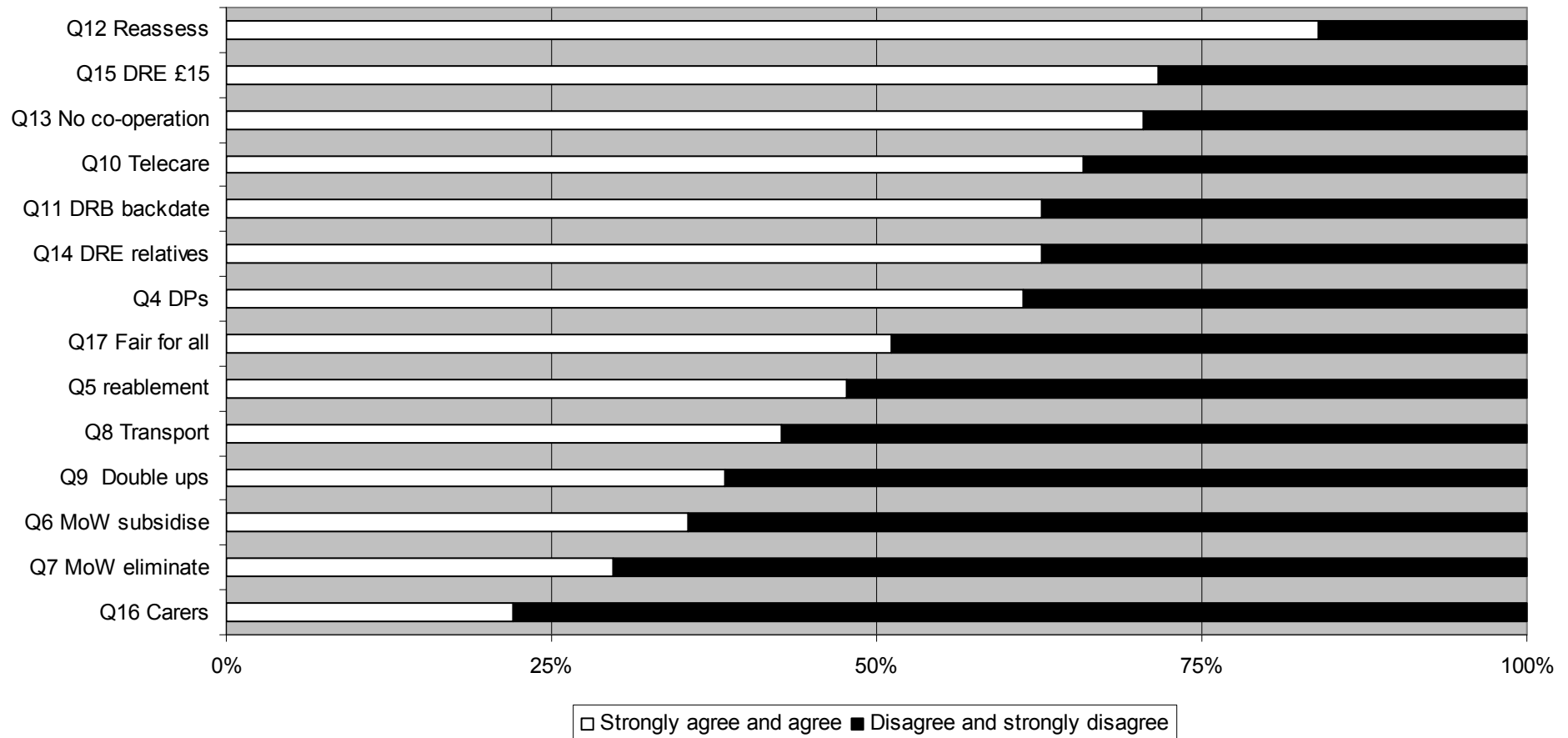
Analysis of where respondents live shows an even and representative spread across the Central Bedfordshire authority area.

2.3 Summary of responses

Question	Total no. responses	Strongly agree		Agree		Disagree		Strongly disagree		Do not know	
		No.	%	No.	%	No.	%	No.	%	No.	%
Q4 Direct Payments	215	23	10.7	94	43.7	44	20.5	30	14.0	24	11.2
Q5 Reablement	217	9	4.1	76	35.0	53	24.4	40	18.4	39	18.0
Q6 Decrease MoW	218	7	3.2	62	28.4	76	34.9	49	22.5	24	11.0
Q7 Eliminate MoW	213	10	4.7	46	21.6	72	33.8	60	28.2	25	11.7
Q8 Transport	217	13	6.0	75	34.6	71	32.7	47	21.7	11	5.1
Q9 Two carers	218	10	4.6	70	32.1	68	31.2	61	28.0	9	4.1
Q10 Telecare	215	16	7.4	108	50.2	44	20.5	20	9.3	27	12.6
Q11 Backdate benefits	219	17	7.8	104	47.5	43	19.6	29	13.2	26	11.9
Q12 Annual reassessment	214	48	22.4	125	58.4	23	10.7	10	4.7	8	3.7
Q13 Failure to cooperate	217	40	18.4	108	49.8	39	18.0	23	10.6	7	3.2
Q14 Expenses for relatives	213	17	8.0	102	47.9	43	20.2	28	13.1	26	12.2
Q15 Disability expenses	216	25	11.6	117	54.2	36	16.7	20	9.3	18	8.3
Q16 Charging carers	216	6	2.8	35	16.2	86	39.8	59	27.3	30	13.9
Q17 Overall is the policy fair	202	12	5.9	77	38.1	56	27.7	29	14.4	28	13.9

2.4 Level of support for proposals

Comparison of consultation responses 13/09/10



2.5 Direct Payments not made until Financial Assessment completed

51% of respondents agreed with this proposal. The respondents who disagreed with the proposal were concerned with the effect of delays in the financial assessment process. A respondent felt that this proposal conflicts with the personalisation agenda.

2.6 Charging for Reablement Services

37.1% of respondents agreed with the proposal to charge for reablement services and 40.6% of respondents disagreed. 50% of those who provided comments felt that reablement should not be charged for as it is an important service; it is preventative and saves money. A summary of other comments regarding reablement is provided below:

- Charging may prevent access to services for those unable to afford
- Clarity is required around financial assessments for those leaving hospitals

A large percentage of respondents (17%) did not know whether these proposals were fair. A number of respondents were unable to answer this question as they did not understand reablement. One respondent asked for clarification of the difference between intermediate care and reablement.

2.7 Decrease subsidy for Meals on Wheels

Only 30.2% of respondents agreed with this proposal. 54.6% of those disagreed with the proposal; of which 21.4% of respondents strongly disagreed.

2.8 Eliminate the subsidy for Meals on Wheels

Only 24.5% of respondents agreed with this proposal. 57.6% of those disagreed with the proposal; of which 26.2% of respondents strongly disagreed.

56% of those who provided comments felt that increased costs may mean people stop using the service, causing a negative effect on people's health and wellbeing.

A summary of the other comments related to Meals on Wheels is provided below:

- Meals on Wheels should only be reserved for certain client groups – e.g. The poorest and/ or widows and/or the most vulnerable – 18.7%
- People should be able to pay for their own food – 6.2%
- A small increase would not be too bad - 6.2%
- Does the Meals on Wheels contract offer good value for money? – 6.2%
- Meals on Wheels can be a poor quality service and does not warrant its full cost – 6.2%

2.9 Charging for Transport to Day Centres

Only 38.5% of respondents agreed with this proposal. 51.5% of those disagreed with the proposal; of which 20.5% of respondents strongly disagreed. A summary of the comments relating to transport to day centres is provided below:

- Transport costs could put people off from going to day centres
- People should not be charged for day centres because of the positive benefits gained from the service. Examples of positive benefits are improved health, wellbeing and social aspects
- Conflict with policy on free / concessionary bus passes
- Day centre costs are already high
- Free transport should only be reserved for certain client groups such as the over 70s.
- The client group is already vulnerable, it is not fair to charge them for transport

2.10 Charging for carers where two carers are providing care at the same time ('double-ups'):

Only 35% of respondents agreed with this proposal. 56.3% of those disagreed with the proposal, with 26.6% of these respondents strongly disagreeing.

72% of those who provided comments felt it was unfair to charge double ups as these people often had high support needs and are amongst the most vulnerable and /or disabled. A summary of other comments regarding double ups is provided below:

- This service should be free for all users – 11%
- Carer double ups may push people into the charging threshold earlier and deplete savings quicker - 11%
- This policy change needs to be monitored to ensure staff are employed as efficiently and effectively as possible – 6%

2.11 Telecare

54.2% of respondents agreed with the proposal not to charge for Telecare services and to continue to charge for the community alarm system. 75% of those who provided comments felt that Telecare should remain free. Many sheltered housing residents visited during the consultation expressed concerns about the discrepancy between charges. Many were unsure whether Telecare charges for sheltered housing residents would continue at the current fixed charge.

2.12 Backdate welfare benefits to date of award

52.8% of respondents agreed with the proposal not to backdate disability related benefits from the date of the award. A summary of comments relating to this question is provided below:

- Benefit offices can make mistakes which can lead to delays, this can affect the person
- Is it ok to use DLA for means testing? If someone has been claiming disability related benefit for a while and the Council are not aware they could be liable for a huge bill. This is fair as it makes sure that people pay what they should.
- Extra charges should never be back dated as this could cause great hardship

2.13 Annual reassessment

These proposals were very popular with respondents. 75.6% agreed with these proposals, of these 21% of respondents strongly agreed. A summary of other comments regarding annual reassessments is provided below:

- This may have a high administrative cost
- CBC need to consider the resource implications of this
- Will social work / carers assessments also be carried out annually?
- Constant reassessment of people is unnecessary; circumstances do not change as frequently
- Social workers should be trained about new assessments
- Annual assessment should be done in April after yearly building society and bank interest statements are in.

2.14 Charge full cost where customer does not co-operate with Financial Assessment process

These proposals were very popular with respondents. 64.7% agreed with these proposals, of these 17.5% of respondents strongly agreed. Some respondents felt the proposals were fair, ensuring people pay what they should.

Respondents felt that a degree of flexibility should be given in special cases as some customers may appear to be avoiding financial assessment when there may be a genuine reason why they are unable to cooperate. It was felt that financial assessments following discharge from hospital needs to be dealt with differently.

Some of those disagreeing with these proposals felt that 28 days was not enough time.

2.15 Disallow payment to close relatives as Disability Related Expenditure (DRE)

51.9% of respondents agreed with this proposal. It was generally felt that this proposed change was fair. A list of the most common DRE should be made available in the new policy to provide additional clarity.

2.16 £15 threshold for DRE without receipts

These proposals were popular with respondents. 62% agreed with these proposals, of these 10.9% of respondents strongly agreed. Many respondents felt that receipts should be taken for all expenses. A summary of other comments regarding these proposals is provided below:

- Any change should be phased in to give people time to get used to collecting receipts
- How much does it cost the council to review the receipts?
- How much money does the council expect to save by dropping the DRE limit for receipts?
- Producing numerous receipts just places extra burden on carers and causes more bureaucracy
- Felt it is penny pinching to drop the DRE level

2.17 Charging for services to carers

Only 17.9% of respondents agreed with this proposal. 63.4% of those disagreed with the proposal; of which 25.8% of respondents strongly disagreed. Many carers felt this proposal was disgraceful as they save the council money by caring for loved ones.

A large volume of comments were received in relation to these proposals, these have been summarised below (please see appendix for all comments)

- Charging may mean carers may stop caring, what would CBC do then?
- The amount paid to carers is very low; carers only receive £80 every 4 weeks
- The cost implementing will outweigh any savings
- Other local areas offer more generous support to carers – CBC are in a danger of creating a postcode lottery
- Carers may suffer financial hardship, many are unable to take up significant paid employment because of their caring duties
- Carers are unable to cope without a short break from caring duties
- There is a discrepancy between the amount received for carers vouchers and direct payments

2.18 Overall is the policy fair for all

38.8% of respondents felt that overall the policy is fair for all. 37.2% of respondents disagreed and 12.2% did not know whether the new policy was fair.

3.0 Comments

Q4 Direct Payments

- 1 How will this affect emergency care/hospital discharges
- 2 Claimants may need interim financial assistance before an assessment is made, particularly if this is delayed. I can understand the Council's desire to deduct their charges before a direct payment is made, but the individual should be in control of their own resources. That is what 'personalisation' is about
- 3 I disagree that a direct payment is withheld from someone who needs the services as yet again they will be left at risk whilst waiting for an assessment which could take up to 6 weeks. Don't withhold services aim to get a better Financial assessment time limit.
- 4 Having to wait for a financial assessment will cause delays in providing the help people need. Financial assessments currently take several weeks to complete. If someone needs home care they need this to be put in place immediately

Q5 Reablement

- 1 Reablement should not be charged for provided if it is effective as it sounds like it maintains independence for those who have physical or mental health issues
- 2 A person who needs such a service is most unlikely to afford. Mental disabilities need help not hindrance.
- 3 Reablement service should not be charged for as it gives people with mental and physical health problems skills for daily living.
- 4 Clarity required between intermediate and enablement to avoid confusion.
- 5 It is helpful for reablement to be free of charge for that short period otherwise it might deter needy people from seeking help if they also have financial concerns.
- 6 This is an important service that saves the NHS a huge amount of money. It should not be chargeable to the clients
- 7 If we charge for reablement; how are we going to carry out a financial assessment on patients on release from hospital?
- 8 Reablement services should be free of charge. In the long run this will save the community funds which would otherwise be borne by the NHS

Q6 & 7 Meals on wheels

- 1 I think you will have to be careful about eliminating charges for meals on wheels as this may have a significant effect on some of the considerably older people (i.e. 80+), particularly those who live alone and do not bother to feed themselves correctly. They need the nutrition and the daily, if brief, contact with another human being to ensure health and safety. There will be some people who will say 'Oh well I don't need a hot meal every day as I need the money to keep my home warm or buy other items of choice' whilst not realising the significance of this change in their lifestyle
- 2 Yes, I feel that if meals on wheels are not subsidised many people will become malnourished and /or ill as they can not afford a hot meal.
- 3 Such a subsidy must be maintained for the poorest candidate. Those who can afford to pay some of the cost providing its reasonable should be asked to do so
- 4 It is a service that those, particularly widows should expect. National Insurance should subsidise this service nationwide
- 5 This is the main for our most vulnerable customers
- 6 It is widely understood that costs for services will be stretched, particularly in present economic climate, however some charges should be made, and particularly meals on wheels as older people attending a day centre or receiving care in their own home should be able to pay for their own food, in line with many other people on fixed incomes.
- 7 It is important that the charge for Meals on Wheels is not fixed so high that people stop using the service. This could have a severely adverse effect on vulnerable people
- 8 The meal on wheels services is vital providing at least one hot meal a day. It would be a false economy to charge for this as older people may choose to spend their personal budget on other things. If, however, the budgets are uprated to allow for a meal (doubtful) then no savings will be made.
- 9 Charging more "meals on wheels" could also deter people from using this service and would in turn affect their health and wellbeing
- 10 Meals on wheels can be a poor quality service and does not warrant its full cost which is an insult to vulnerable people
- 11 It would appear that you're going to penalise the poorer members of society. Increase the price of meals and many will go without.
- 12 A small increase in the charge for Meals on Wheels should not be too bad.
- 13 Wiltshire farms charge £2.30 for a meal if you go direct, how is it that they are able to supply meals at half the cost and still make a profit, does CBC contract offer good value for money?

- 14 Reducing or eliminating the subsidy on meals on wheels and day centre meals could be very detrimental to the elderly. Many rely on those services to provide them with a hot meal each day and increasing the price to approximately £6 would probably cause many elderly people to stop accessing these services., which could badly affect their health and well being
- 15 Re meals on wheels - the service users that use this service are amongst the most vulnerable (physically and financially). To charge will impact on their ability to afford adequate nutrition & may cost more in the long term in managing their deteriorating health caused by poor nutrition
- 16 Meals on Wheels is a service which ensures that the elderly get at least one hot meal a day. When faced with the choice of paying for food or heating, many users choose not to opt for food.

Q8 Transport

- 1 People will become isolated if they have to pay high costs for transport especially as old people can take public transport free but as buses don't stop close enough to day centres etc couldn't use them.
- 2 Encouraging people to use day centres prevents loneliness and thus contributes to their health and wellbeing. For many it is the highlight of the week and a chance to socialise
- 3
It would appear that you're going to penalise the poorer members of society. The same applies to the transport to day centres which are often the only source of freedom for many carers who in fact already save Central Beds a lot of money. I rely on my daughter for my care.
- 4 I think regarding transport to day centres, it is difficult as bus passes are free so if was possible to get a bus to the day service it would be free but if no bus runs and the person has a bus pass then I think it should be free
- 5 Two totally different concepts, day centres are a one off taking the elderly to a meeting point for a chat. Other day opportunities will be for a specific requirement and part of an agreed budget. The cost of visiting a day centre is expensive enough already.
- 6 Day Centre attendance should be free for those over 70. Though they should still pay the cost of transport if needed to get there
- 7 People who attend daycentres are usually already at great disadvantage in life and it's most unfair to make vulnerable pay for this service.
- 8 Many people rely on the day centres for meeting people and it is really important for them. Charging for day centre transport penalises these unfairly and will make the centre numbers fall if they cannot afford it. Viability of day centres relies on sufficient numbers. Charging more to those people who need more care or help or transport is unfair to those who need this care through no fault of their own.
- 9 Transport costs could put people off from going to day centres
- 10 I use Dial A Ride at the moment which is free. I don't think you should have the same charge per person - you should to pay for what you use. I don't have a meal at the day centre but I still get charged for it. Day Centres used to have handicraft such as pottery and drawing now it is just games. There is not enough to do and if you start to charge extra for transport it may put people off from going. I go to the Houghton Regis Day Centre which used to cost me £4.25 this was for the meal and entrance fee. The price has now gone up to £5.40 which includes again the entrance fee and meal. The entrance fee is £1.10. They said the price was going up to keep in line with other day centres in the area
- 11 Transport to day centres. Many people travelling to Day centres would qualify for a free bus pass automatically on grounds of age (or disability). Surely this proposal is an anomaly compared with nationwide free bus passes for the fit and active members of society.

- 12 Concessions are offered for over 55's to travel free on buses, but we are now proposing to charge for transport to day centres, this shows a lack of joined up thinking
- 13 Transport charges are unfair, a lot of people are living on their own and the visits to the day centre is the only social interaction they get
- 14 The full cost for one day at the day centre is £11.50. Add onto this the cost of a meal at approx £6 then the extra cost of transport - the elderly won't want to pay for this, especially if they attend 5 days a week. They will reduce their number of days or stop going altogether. The day centre is a life line for many, providing a place to meet and socialise with others and offering many other services such as chiropody, hairdressing, bathing and laundry. It would be a big mistake to over-price this service
- 15 With regard to charging customers for transport to and from day services equity could also be attained by giving those on a personal budget some allowance for transport.
- 16 I am completing this form on behalf of my 44 year old son, who attends day centre twice a week, and one day at a Gardening Centre. We live on a low budget as it is. So paying for his daily attendance at the centre would be impossible to manage.

Q9 Charging for two carers

- 1 If vulnerable people are going to be charged extra (i.e. two carers charged for instead of one etc.) Then the Council must ensure the staff are employed as efficiently and effectively as possible. Who is going to monitor this? How?.
- 2 If a person needs 2 carers at the same time then that person is very dependant on such help. If it is really necessary then it won't be long before all savings will be gone. You will be paying the lot then. Why do you want to drive everyone to dependency on what social care can afford.
- 3 Again discrimination against the most vulnerable customers
- 4 It should be free for all users
- 5 There was concern about how significant the effect of charging for two carers could have in some people
- 6 I feel it is disgusting that a person would be expected to pay for more than one carer as this is no fault of their own. When people have worked & paid taxes all of their lives it is wrong that they should be taxed for being sick!
- 7 The people who need 2 carers are the most reliant and least able to afford double the costs of their care. It is not fair that the least able to look after themselves are asked to pay the same as people who are or who have been able. It is not fair that a young 22 year old is unable to get a job or drive herself around.
- 8 What is the percentage of adult people that are cared for who need 2 carers? It was felt that the vast majority of people only need 1 carer. It was felt that the new proposals are penalising people who are more severely disabled
- 9 I was felt that the impact of charging for 2 carers may push people into the charging threshold and bringing them into the fairer charging threshold range earlier
- 10 Charging for personal care on any basis other than per unit time of care received is unfair. It disproportionately discriminates against those who are the most vulnerable. The charge per hour levied by Central Bedfordshire is amongst the highest in the whole of England - an indication of the extent that the personal care fee is already loaded with council overheads. On occasions where 2 carers may be needed, doubling the amount of overheads loaded onto the personal care fees cannot be fair, and would leave the Council open to legal challenge.
- 11 If you need more than one carer because you are disabled for example, why should you be penalised and charged double
- 12 I am also concerned that there would be an extra charge if someone had 2 carers as this would mean they have high support needs. So this is targeting the most vulnerable people and will have an impact on their family.
- 13 Many carers felt that these were unfair as these people have the highest level of need
- 14 Some felt in some cases those people with the least amount of problems are received more care
- 15 Felt this policy change would affect those that are most disabled as you only get 2 carers if it is unsafe to only have

- 16 Paying for the number of carers - once again, service users accessing this level of care are the most vulnerable and will be affected in their ability to afford the level of care they require. Family carers are required to absorb most of the care needs & take risks in the moving and handling as many staff employed by care agencies. There may be an increase in "lone working" where risks have been identified in order to lower the cost. Many of the service users will struggle financially & physically to maintain a reasonable quality of life as do their main carers. Although I appreciate the need to reduce the costs of providing the service I do not believe the two suggestions above will lead to a more equitable delivery of service
- 17 A person who needs two carers should not be charged extra, and thus further penalised for his or her greater disability
- 18 Elderly people may need two carers to get them in or out of bed. This proposal means that severely disabled users are disadvantaged.

Q10 Telecare

- 1 Providing the charge for Telecare is not increased
- 2 Concerned about charges for telecare service - this should remain a free service regardless of financial circumstances. The whole system is inherently unfair and the better off should not have to subsidise the system for poorer older people
- 3 Should be free for all users
- 4 An Aragon Sheltered housing tenant is charged a fixed sum for the use of telecare services. Are there any proposals to change this?

Q11 DRE Backdate

- 1 If benefits are not back dated people will receive less money as officials at benefit offices do make mistakes which can lead to delays and this can effect the person
- 2 Is it ok to use DLA for means testing? If someone has been claiming disability related benefit for a while and the Council are not aware they could be liable for a huge bill. This is fair as it makes sure that people pay what they should.
- 3 Extra charges should never be back dated as this could cause great hardship

Q12 Annual reassessment

- 1 Annual re-assessments might prove to be very costly in administrative terms
- 2 These reassessments will create more pressure on service users and confusion caused by the complexity of the forms. Are there resources to cope with the number of annual reassessments on top of the new assessments? Do you know the number of people involved in this?
- 3 Annual assessment - should be done in April after yearly building society and bank interest statements are in.
- 4 Annual reassessments may provide more information, but given that the circumstances of most users will remain the same for at least 2 years, this seem to be a futile action
- 5 The Council needs to make sure that it meets some of its commitments (e.g. social workers getting out earlier) Can we get social workers to do annual assessments?
- 6 How do CBC expect to resource all the new annual assessments when CBC are employing staff on short term contracts to carry out a backlog of assessments
- 7 What extra resources will be put in place to carry out annual assessments when we have not been able to get round to doing carers assessments? How much will the new annual assessment requirement cost the service?
- 8 Need to train social workers about the new assessments; the service users often know more about entitlements than the social workers.
- 9 People with leaning difficulties have lifelong needs; constantly reassessing finances would be cumbersome and costly for the authorities.

Q13 No cooperation with financial assessment

- 1 Time limits 28 days. If one was caring for a sick person they wouldn't have ample time to communicate possibly not even open the letters. Caring is a 24 hour business and one cannot always be alert 24 hours a day.
- 2 There was concern that some customers could be seen to be failing to co-operate when in fact it is because the process is overwhelming and difficult to engage in.
- 3 28 days limit for people who do not cooperate with the Fairer Charging process is a good idea.
- 4 It was felt that 28 days was not long enough
- 5 Do financial assessments happen after discharge from hospital, time needs to be given for an individual to get stronger mentally, and some people can be very protective about their finances. A social worker should decide whether someone is ready to have a financial assessment. It was felt that 36 days would be a more reasonable time DRE for relatives
- 6 Support plans needs to be up to date, need to get social worker out to service users, need to remove the delay in getting the support.
- 7 This is the only service proposition being made by the council. People in genuine need will not refuse to cooperate The elderly become frightened by the threat of price increases and I think many of these proposals could cause the elderly to stop accessing services which they currently find very beneficial because they will be afraid of the cost implications.
- 8 28 days limit for people who do not cooperate with the Fairer Charging process is a good idea
- 9 This is fair as it makes sure that people pay what they should.
- 10 In some cases people with disabilities find it difficult to complete assessment and may take longer than 28 days to gather any relevant information required. This is sometimes the case in less disabled cases when other [...] take longer to provide required information.

Q14 DRE relatives

- 1 It is generally felt that this proposed change was fair.
- 2 A list of the most common DRE should be made available
- 3 Does this include the use of car / mobility issues?
- 4 It should not be necessary for extra help which carers give to be in the social care plan; there are too many items to number!

Q15 DRE limit

- 1 Feel you should take receipts for all expenses
- 2 I think receipts should be provided for all monies not just above £15 as proposed.
- 3 I agree but time must be allowed for this requirement to be assimilated by the elderly, it might take time for present recipients to get used to the change over
- 4 Felt it is was penny pinching to drop the DRE level
- 5 How much does it cost the council to review the receipts?
- 6 How much money does the council I expect to save by dropping the DRE limit for receipts?
- 7 Disability related expense level should remain at £20 without receipts. Producing numerous receipts just places extra burden on carers and causes more bureaucracy
- 8 This may mean all the difference for people on a restricted income.

Q16 Carers Services

- 1 Carers only receive up to £80 every 4 weeks as a Direct Payment but save £000's through the support they provide to vulnerable people. Charging them on top of a system they already feel is too bureaucratic may cause some carers to stop caring which could cost more in the long run or continue caring without seeking support - as carers are twice as likely to develop emotional & physical health needs of their own because of the caring role this could again cost more in future. The vision for Transforming People's Lives relies heavily on carers continuing to provide the support that enables vulnerable people to exercise Choice & Control and independence. Has consideration been given to the extent to which providing free services to carers are actually and investment to save money in the longer term?
- 2 This is stabbing the carer in the back. One would hope that such help, which is obviously a necessity otherwise it would not be done, must be taken into account
- 3 Disgraceful. Have not seen the policy. I am very concerned given that two customers I have reviewed had been wrongly financially assessed causing one customer to cancel her care and become poorly. Lets get the basics right.
- 4 For making this work as if a family member has to give up well paid employment to care for a relative they should not be penalised for having to pay for a Carer Break or Direct Payments? This could well be 6 monthly than annually as if savings are depleted in a short while they have nothing to fall back on.
- 5 Charges should never be made imposed on carers who provide 24/7 care and support, saving LA's a huge amount of money. To charge for this is a slap in the face to all carers.
- 6 To assess Care DP's/Vouchers is disgraceful. We offer precious little to carers without whom public services would collapse. Currently we support with £20 a week! This is a pittance in itself without a contribution coming out of it! How much is this 'consultation' costing?
- 7 Do you know how many people this will effect because if the short break vouchers are the same as those provided by BRCC then there was very poor take up? Is it worth removing something that is free and people appreciate and earns goodwill just to save a small amount of money. Being a carer is difficult enough as it is, to then have to ring up for help and be told that you may be charged and that you have to go through a financial assessment to check what you need to contribute to pay for the respite care is too much and will stop people ringing up in the first place. Carers can't earn enough money so it will be difficult to ask for this help if there could be a charge. It will be viewed badly as just another thing that carers have to pay for. Will this lead to a cost saving or will the cost to implement this outweigh the savings? The carer will be far more affected by the cuts than the service user. You are making the whole process for carers more bureaucratic and more difficult for them to ask for help in the first place. It feels like the process is sending the message out to carers that the Council does not want to help them. The Government said that they would do more for carers not taking the help away. The Council should be trying to keep as many vulnerable people away from hardship as much as possible. There is the perception that the quality of service is not as good because it is not as easy to access the service.
- 8 I understood that carers breaks and direct payments are not subject to a financial assessment - It would be a disgrace to take these very small amounts away from carers (many of which do not qualify for any carers allowance as they get a pension). This is only a small award as it is and without some kind of appreciation the carers will get burnt out and the client will end up in a home, costing you more. BEDFORD B.C. give more generous amounts and are more flexible with the amount of carers direct payments they pay out - if Central Bedfordshire decide to take this away, you are in danger of a postcode lottery!
- 9 I think it is a bit of a joke to propose to charge for direct payments/ carers vouchers for those people that save you money in the first place. I think the council needs to look at other areas to save money rather than cut back on services that are needed. In the majority of cases families are on low income and struggling to get by as it is. Don't penalise the people that need the most help.

- 10 Carers desperately need some respite both for their own sake and for those they care for. Often they are unable to take up significant paid employment because of their caring duties so cannot afford to take a break. All carers need support.
- 11 Carers who receive a direct payment should not have to pay for this service. They are already giving so much to help society by caring for their own loved ones (hands on) on a 24/7 basis, saving the Government billions long-term, surely this should be recognised by giving this payment free.
- 12 Exceptions for dementia patients as a carer. A few hours on my own is much appreciated; therefore a larger increase in charges would not be welcome
- 13 Many carers already suffer from financial hardship due to their current situation and do not need any further stress or additional anxieties regarding charges for services provided.
- 14 Charging carers who already save the council thousands of pounds is a disgrace
- 15 For most carers Direct Payments and vouchers are a lifeline to enable them to have a couple of hours a week for themselves. Just think if all the carers walked away from the cared for. How would you cope?
- 16 Fairer charging carers allowances - this is a good idea but there was confusion over who was eligible for these Direct Payments e.g. over 65s
- 17 Maybe I could charge you for my carer services: 24hrs X 7 days = 168 hours per week
168hrs X £7.ph = £1176 per week
- 18 I am a carer for my husband, I am not fully aware of all services available so do not feel I can comment here
- 19 I have been a 24-48 hour carer for 16 years. The only help I have is 4 hours per week vouchers. I also look after my 91 year old mother in sheltered accommodation with the help of care 4 times daily. Included in my respite is an hour a week for my mother's needs. I handle all of her money, mail & personal shopping. Without this help we would have to consider her going into residential care (she suffers with dementia) Living in a village it takes 3/4 hour to get to Bedford therefore 1 1/2 hours are taken with travelling. Do you really think I should be penalised for this? My husband is paralysed following a stroke in 1994 and is unable to walk. I feel I am entitled to a small break each week. I am also up 2/3 a night. I am able to use my vouchers if I have a hospital appointment. This is usually addenbrooks which is a very costly journey.
- 20 Anyone who is in the position of having a loved one struck down with any form of disability, particularly if they are young, has a great deal to cope with. I feel the 'mental support I get in invaluable as there is a great deal to content with. Help is required more mentally than financially, but why also hit in the pocket also. We all pay greatly over the course of our working lives to the system so why anyone should be penalised further - I have been receiving help for less than a year and the hurdles I had to go thru and interviews I thought we intrusive enough without having to go thru finances also. Leave people with some dignity!
- 21 I don't understand what charges should be put on direct payments.
- 22 Carers have felt they have been neglected for too long. They have finally got some recognition and we are proposing to take this away.
- 23 Carers get £20 a week, are we suggesting carrying out a financial assessment for carers?
- 24 Have we assessed the cost of carrying out a financial assessment? The cost of doing a financial assessment on £20 per week is not going to be worthwhile
- 25 If all the carers were to walk away tomorrow then where would all the money come from to look after people?
- 26 Will you financially assess carers?
- 27 Do you realise the importance of short breaks to carers? It seems very wrong to restrict the service to the very poor; carers are saving the council so much money to take away the benefits they receive is a disgrace
- 28 One carer notes that she wouldn't cope without a short break to care for her husband.
- 29 There was a discrepancy between amount received for carers vouchers and direct payments.
- 30 There is a lack of consistency around advice given to carers, some social workers do not tell carers about their entitlements. Life would be a nightmare without carer's

breaks. It was felt that the new proposals were disgraceful. The carer's services allow her time to herself, which is used to get her hair done.

- 31 The job centre representative who attended felt it would be sad to see the service withdrawn
- 32 It was felt that people who put these proposals together have no idea what it is like to care for someone for 24 hours a day, every day.
- 33 If you don't look after the carer, how can you look after the cared for?
- 34 The idea of support to carers was a change in policy to support those with lower needs and to prevent people getting to the crisis stage. CBC needs to support people to have a life of their own.
- 35 There is an issue around service users with mental capacity issues, if someone has been deemed to have mental capacity, the carer will be unable to make decisions if they refuse to give them their financial details.
- 36 Data protection and carers – Sometimes carers need to communicate on behalf of the person they care for. CBC could adopt the same approach as banks which is to obtain 3rd party authority for the carer to discuss financial issues
- 37 I am very worried about the proposal to charge for carers services - carers save the government 87 billion already and this means some carers will not get breaks and could lead to ill health and therefore cost more money.
- 38 Charging carers • It was felt that this was the most contentious issue.
- 39 Some carers felt that as they provide such a vital service and save the council so much money that they should be given more.
- 40 As for charging for carers services, I consider this would be outrageous. A measly 8 hours a month sitting service in no way reflects what carers are saving the government
- 41 Without family help I would be struggling to pay for services which social services provide. I am struggling to pay for the little help I get and I feel this is unfair. I have to pay for every minute that a carer walks through the door and this is unfair.
- 42 Fairer charging carers allowances - this is a good idea but there was confusion over who was eligible for these Direct Payments e.g. over 65s
- 43 Carers are under enough stress as it is without being asked to fund these services.
- 44 Many 'carers' are endeavouring to pursue full time employment to enable the costs of private care in the home to be maintained. This in itself leads to high levels of stress and anxiety without the additional pressure of further costs to be found, to the extent that many may fear that probably after years of struggling to support the relative at home their efforts will be powerless to prevent their loved one being taken in to care solely because it is the most economic option. This is patently wrong - and unjust on the caring relative
- 45 As we have to pay full contributions for services received. would object extremely strongly to the withdrawal or charging for carer vouchers as this is the only benefit I receive. Over the years I have saved social services thousands by caring single handed for a relative. I also feel that the method of deciding contribution percentage is seriously flawed. Why should we who have earned only a modest wage be penalised because we had to good sense to save for our retirement. Surely present income or final salary should be the benchmark

Other general feedback

Alternative charging proposals

- 1 Most services should be charged at full rate with minimal exemptions except serious hardship.
- 2 I think that all services should be charged at cost. I think the assumptions you are going to make about anyone's ability to pay e.g. is it a proportion of their income that is fair to pay for social care? Or assets or savings? And how do you set proportion on housing or food. The fairest and cheapest to run would be where the law allows, everything is charged at its true cost, but means tested support should be available up to a limit. People can choose what they pay for and true value for money can be easily seen

- 3 Try looking at services that are repeated by health and social care, such as OT - amalgamating the service can save money for both NHS and LA instead of charging for care & support which caused increased anxiety especially amongst those who have diligently saved all their lives to see it taken away in later life whilst being aware that their neighbour receives a free service because they have no savings and had no intention of ever saving for their old age because they relied on the state to provide.
- 4 Perhaps have a request service that is charged for to allow those with declining capabilities to go for a "booster" session. E.g. a worsening tremor may benefit from assistance with cutlery and self feeding techniques.
- 5 Those receiving benefits from the State and Local Authority should they be charge for services defined in the Fairer Charging policy.
- 6 No further charging
- 7 Has it been considered that using one standard charge that everyone pays would be a fairer option - particularly for day care?
- 8 Dear Bedfordshire I have an alternative suggestion to your proposed 'Fairer Charging Policy', please let me know if this is workable, and whether you would consider implementing it. Let's put the sick, frail, elderly and disabled people in prison... and put all the criminals in a nursing home. This way the sick, frail, elderly and disabled would have access to daily showers, hobbies and walks. They'd receive unlimited free prescriptions, dental and medical treatment, wheelchairs etc. and they'd actually receive money instead of paying it out. They would have constant video monitoring, so they could be helped instantly, if they fell, or needed the toilet, or other assistance. Their bedding would be washed for them twice a week and all their clothing would be ironed and returned to them. A guard would check on them every 20 minutes and bring their free meals and snacks to their room. They would have family visits in a suite built specifically for that purpose. They would have family visits in a suite built specifically for that purpose. They would have free access to a library, weight room, spiritual counselling, swimming pool, and education. Simple clothing, shoes, slippers, PJ's and legal aid would be free, on request. Private, secure rooms for all, with an outdoor exercise yard, with gardens. Each one could have a PC, a TV, radio and daily phone calls. There would be a board of directors to hear compliments, and the guards would have a code of conduct that would be strictly adhered to. The criminals would get cold food, and if they spilt it down themselves be left dirty... be left for hours alone and unsupervised... collect bruises simply from being 'moved' into a chair or bed... if they had an accident, be left smelling of urine... or worse... have no right to complain, and no-one to complain to... be ignored if they do, and be labelled "difficult"... have their lights turned off at 10pm, and shower once a week... live in a tiny room and pay up to £900 per month for the privilege. Sounds fair to me... justice for all I say
- 9 More friends and family to act as interpreters where English is not spoken would save a lot of funds.
- 10 Instead of charging more for care services, I think it would be better to charge a small sum for bus rides. I don't think anyone would object to paying 50p per ride.

Suggestions for other areas of charging

- 1 Car Parks
- 2 I feel that it could be useful to charge an annual fee, albeit minimal, for the issue of disabled parking licences.
- 3 Yes, take into account the persons previous contributions and changes they have made in the well being.

Financial Assessments/ Charging calculations

- 1 Capital threshold is too low
- 2 Someone's assets should be taken into account in the financial assessment. Someone could have enormous amount of assets but no liquid assets. The value of someone's home should be taken in to account. Charges should relate to the quality of the service.

- 3 What is not clear in the policy is which people's income is taken into account when determining the contribution level. It mentions the term 'couple', but we have had a case where the family's child, in their early 20's income was taken into account. This I don't feel is fair in the slightest. If the person was in their 30's or 40's I can understand, but a young adult just starting out, should not be asked to contribute towards their parents ongoing care
- 4 Re. policy tem 14.5 This should be decreased to 50p per £250 or £1 per £500 due the very low interest rates and dividends No mention of where investments saving Bonds which carries a 1% of insurance which was invested quite some time before the need was required This should not be deprivation of assets but only after the need occurred.
- 5 I think the current charging aspect is too high and at the moment put people off from accepting a service.
- 6 A lot of money is being lost due to poor policy and practice as many financial assessments are not being completed from over 6 weeks of a service going in. Before taking more money from those already paying I think the council needs to sort out where money is being lost in the first place from poor practice
- 7 What if someone is asset rich and cash poor?
- 8 What if someone has an investment bond that contains a life insurance element?
- 9 It is hoped that you will show greater competence in dealing with charges for home care. I have made 3 major complaints since my charging started just this February. The charging system including collection and billing has been poor and unacceptable. Statement of the accounts are not provided, only invoices sent and these have been inaccurate sometimes
- 10 Improving the IT and information collected around home care charges must improve time and wasted resources (Staff at CBC dealing with complaints) dealing with fundamental problems of the system. If charges double from present policy, when 2 carers are needed, the most frail and vulnerable people will be hit and will escalate charges for them causing anxiety and stress. At the evening of their life it seems unkind and wrong particularly if introduced with little notice. A change in policy will be detrimental to the little quality of life remaining. Bedfordshire already is one of the highest chargers for home care.

Consultation process

- 1 I am appalled that this consultation form has been hidden away on the website and was purely found by accident. This should be sent to all current users and carers of the services as it will directly affect them. One might think that you are trying to slip these changes in without them being noticed.....
- 2 Are we going to listen to the views from people or whether we had already made up our minds
- 3 Re. consultation with LD people. They do not understand charges as they do not have to pay for them. They don't necessarily relate day services and charging in the same way as OP. The LD clients may have attended these services for a number of years and they get involved in "work" related activities. Therefore they do not relate to day centres in the same way. This makes it more confusing when you are talking about charging
- 4 How are we making sure that services are fair for the local area and avoid a post code lottery? Are we going to put our charges up (e.g. meals on wheels) to the same rate as our neighbouring authorities?
- 5 How many people are we consulting with?
- 6 Are we sending out the consultation to 3rd sector groups?
- 7 It was felt that we should've approached people first to get feedback from carers rather than send out the consultation and get peoples backs up and received negative responses
- 8 I did not hear about this consultation until nearly a month after the drop in consultation in Dunstable on 29th June. Many of the customers and carers I have spoken to were also unaware of this consultation.
- 9 Given that this applies mostly to older people, who are often confused and slow to respond, this seems draconian. There is only a 3 week gap between the closing date for the consultation process and your implementation date for the proposed changes in

charging. This does not seem long enough for responses to be considered and possible adjustments to your proposals as a result of what your consultees are saying

- 10 How on earth do you expect a 93 year old woman to answer some of these questions when I do not understand them? I have had help from my two daughters and they do not understand them either

Suggestions re. Implementation

- 1 The policies should be explained fully to carers; many do not know to what they are entitled.
- 2 All policies should when reviewed should include the cost of implementing the policy nothing that costs more than 10% of the expected savings to implement should be considered the reduction in Bureaucracy in local government should be the main priority and the path to real savings
- 3 Having had past experience with another council on elderly care I feel that direct family should be included in the reviews of care.

Principles of charging

- 1 A couple that have worked all their lives and struggled to purchase a home, and save should NOT be penalised if they have under £30,000 in savings. That could soon be eaten up by say a stair lift, adjustable bed, adjustable chair, a wet room, wheelchairs, ramps, and a prepaid funeral.
- 2 Just because someone has worked hard all their working life and built up a savings fund does not mean that they should be financially penalised next to someone who has spent their income on cars, holidays etc and been irresponsible in not providing for the later life
- 3 Charging based on income is a difficult area to be fair in. Someone who has been thrifty all their life and not relied on handouts will be penalised if they are an owner occupier. Another person could have earned more during their working life spent their money on luxury goods and services and gone into retirement relying on benefits will be supported. Care needs to be taken so this scheme does not encourage people to spend, spend and go into retirement with no assets knowing they will be supported whilst the thrifty person ends up by contributing and then paying again for services that are not free to him or her
- 4 If people have not paid National Insurance, they should not receive payments. They should not expect to receive benefits if they have not contributed towards them.
- 5 To make the system fair it should apply to all who require social care. What this government approved scheme ensures is that we spend all our savings and eventually end up in the same condition as those on benefits. The system as you propose will be fair for those who can fully take advantage of it. For those with savings it will not.
- 6 I am deeply concerned that charging appears to be equated with fairness. There is a significant difference in the percentages of income that are consumed by these charges. A small charge for one person could be a significant percentage of weekly income to another... this is not fair and therefore I cannot concur that your proposed changes are fair. This drives poorer people into even greater hardship as indicated by all the Dr Foster health markers and a number of the previous governments social exclusion markers. I can't support such a policy. I would also wish to ensure that changes to date of payment take account of the significant delays in central government processing benefit claims. There is often an income gap for the most needy when they have neither state benefits of access to local services and support. This isn't fair either.
- 7 Are you mad? Have you ever needed to care full time for another human being who is unable to do things for themselves? Fairer for all? It isn't a level playing field. The daily struggle to do anything, the joy of some help arriving, I can only imagine. I have chronic fatigue, receive no help whatsoever, and nursed my husband for 30 years until his death 3 years ago. Charge people to not even really do what is effortless for most, heap cost on them when they are unable to even provide their own food - have some sense of dignity. I cannot believe that you really mean this appallingly crass document. I hope you are ashamed of yourselves. There is a poor political notion around that people in need are cheats when in fact they are trying to maintain some shred of hope and a little less futility

in their lives. How dare you even think that 'fairer for all' is a financial consideration only. Fairer for those who can do nothing for themselves is to have help to do things for themselves. I am actually disgusted by this approach and tone.

- 8 I think that no charges should be made. the population is an aging one some elderly don't have enough to live on at present with charging them it means that they will barely be on the bread line also they may not want to have the services to help if they pay for them. They would be socially isolated and their health may deteriorate as many have no relatives and live alone. In fact I believe that the unemployed should be made to work and those families' on long term benefits should come off and free up the extra income for the more vulnerable.
- 9 Surely 'fair for all' should mean that the charge for services should be based (a) on need - everyone should be able to access the type of care and support they need, without having to resort to extortionate private providers. This, in turn, would force private providers to reduce their charges, giving clients a fairer choice.
- 10 Most pensioners are living off a small budget, they've paid taxes their whole lives, and they deserve to be helped.
- 11 do not know enough about existing policy
A misnomer - not a fairer charging policy but an extra charging policy. I know cuts have to be made but does it have to be at the expense of the elderly and often vulnerable. Costs are rising quicker than income and this especially applies to elderly people.
- 12 We are exposing the elderly to the most rigid examination of their personal finances to a level they have never experienced in their lives. Means testing erodes their last their last bastion of dignity, so vital in old age. Applies a stress factor not conducive to age
- 13 We understand the need for economy but why oh! Why must it always be at the expense of the elderly frail?
- 14 Care should be free to the elderly. Not means tested
- 15 I support the principle that individuals / families should provide for themselves, or buy provision of services they need. Whilst it is fair to charge for things that people would normally pay for (food, transport etc), it does not seem fair that only recipients of social care have to pay in addition to payments by income tax, national insurance and council taxes. Aren't these taxes supposed to fund those in need? So are you planning to charge for school lunches and transport, school crossing staff, libraries for instance? How is the distinction made between standard services free to all and chargeable services, depending on ability to pay?
- 16 I think I have paid my NI, Paye contributions. I have worked and saved and made alterations to my property, which enables me to stay in my home, with no help from services. Now because all of the above I shall have to fork out extra for my care in time of need.
- 17 I disagree with the whole principle of targeting the disabled for financial savings and cutbacks to pay for a deficit that they did not create.
The proposed change seems to be more about reducing the council's expenditure than making the system fairer and is badly thought out. I would suggest consulting pensioners and carers groups to get their views.
- 18 Fairer charging appears to be a euphemistic phrase for charging vulnerable people more for the services they receive which in effect would be reducing their benefits
- 19 I'm afraid this seems to me you are intent on means-testing aged people who worked hard while I was able all through my life

General feedback

- 1 Sounds like more clerical work and hence additional costs.
- 2 I am not part of the carer system - I am sure there are extremes at either end that will not be happy with the changes but the overall majority will accept them.
- 3 Whilst trying to charge fairly across the spectrum of financial groups it must not detract from the service that people get. It would not be right that people were afraid to ask for help because of the cost involved. This would be a retrograde step in our purported caring society

- 4 Only to stress again that it is so important to ensure that those really in need do not miss out, and those that have plenty (and there are a lot!) pay their fair share. We are all in this together, and unfortunately we all have a price to pay due to overspending in the past
- 5 I believe that the cost savings looked for in this re-adjustment of provision of free services could probably be found elsewhere within the authorities' remit, if the willingness were there. For example, the authority should have a stated three year freeze on re-organisation that is not at least cost neutral and a freeze on any re-branding. Opportunities for cost savings against individuals who are in a position of influence over their lives should also be looked at before affecting provision to those who are not necessarily so fortunate, for example, senior management remuneration
- 6 Most answers depend on knowing the level of contribution required and the financial criteria used. As these are not detailed it is difficult to know the overall effect. In general to achieve overall fairness it is probably better to give blanket benefits
- 7 These answers are given in the context of ignorance of the system in practice, save for the outline of current and proposed policy in your pdf
- 8 The policy does not capture patients who have multiple disorders/conditions. If you are considering a budget which is the same for all then I do not agree. People do not choose to be ill. Another possible area is to look at is the litigation process---If you wish to use our service you have no automatic right to compensation. Make the care patients receive linked to say a points system which takes a holistical view of the conditions a patient may have. For example if a patient have Parkinson's and another significant illness that their Budget should reflect this.
- 9 I am not familiar with the services provided that were not mentioned in the document
- 10 All and any benefits and services should be properly and fully means tested but the level of means used in assessment must be 'sensible' - many in the benefits system are far too low e.g. NHS dentistry and glasses etc.
- 11 Not really, but just hope that any changes will indeed be fair for all. So many people who can afford to pay don't, and others who can't afford it find it extremely difficult, and may possibly decline to ask for help!
- 12 Not really, I think the disability people should be entretuaed to several benefits
- 13 The Government is suggesting we all save for our old age. Such a charge as you suggest will not promote saving the very opposite in fact. A charge would be fair but not at the upper limits that you propose
- 14 I do not think that people requiring services of this type should be penalised for needing them. This almost seems discriminatory. People do not require these services by choice. Many have paid Income Tax and National Insurance for all their working lives and should not be forced to pay for such services
- 15 Clarity between services and care needs to be made, currently the policy refers to services and the guidance and the proposed changes refer to care needs/ costs of the individual. What will stay the same? 1 Currently legislation does not allow for ADL under £1000 to be charged for so it is unfair to say council is leaving this the same. I think it relates to community & hospital discharges. There should definitely be an upper limit for chargeable services.
- 16 Take this away and the frail and elderly have nothing.
- 17 There needs to be a thorough review of the fairer charging policy to ensure that there is a balance of having wider communities. There is currently emphasis on "affordable" housing but this does not take into account people will to downsize to more suitable housing, usually bungalows. So many bungalows are being extended into houses or being pulled down to make way for more houses, thus reducing suitable housing for a growing older age or growth within a community in which they currently live and feel comfortable in.
- 18 Charging could lead people to neglect themselves or the people they care for if they believe they cannot afford it. Therefore consideration should be given to ways to ensure that the services needed do indeed reach those who need them. I am happy that to pay for certain services, providing they are provided effectively. I cannot emphasise how confusing and overlapping (and, one would assume, therefore inefficient and costly) these services are. If the provision of services was thoroughly reviewed and restructured I feel sure that the savings made could ensure that services were available for those who needed them - whether they paid for them or not.

- 19 As in all things the situation is not black and white. Fairer Charging for services is obviously equal however many people will not be aware of benefits and entitlements therefore there needs to be joined up working.
- 20 I think that people who are living in this country now should pay for things or their family's for the first 5 years
- 21 This is grossly unfair to the most vulnerable members of society who are the least able to defend or understand their position or manage a complex system of payments.
- 22 When you talk about a fairer charging policy the thought that comes to my mind is does this policy really mean fairer charging or is it really just to make cuts because of cuts in budgets and also to who is it to be fairer?
- 23 People are clearly charged enough after full financial assessment and I strongly disagree with the proposed changes to the policy
- 24 I think this is not at all the way to go and I strongly disagree.
This document is potentially a money saving, not a fair for all consultation. To be fair for everyone, money would need to be redistributed and to just removed. The title should reflect what you are actually doing
- 25 It was felt that many people would leave services if they had to pay for them, as a result people may become
- 26 It was felt that we should ask people for a little bit more money rather than increase charges that will affect the most vulnerable.
- 27 If we claw back money from the general fund, can the residents look forward to a reduction in council tax?
- 28 It was felt that the tone of the consultation was very negative and depressing, it was felt that we should've been more inventive about our approach rather than to just focus on cuts
- 29 Social workers promote direct payments but do not tell them they have employers liability and need to take out insurance
- 30 Need to make sure that councillors visit their surgeries
- 31 If the council want to claw back some money they need to stop building offices like Chicksands at £6 million
- 32 It was mentioned that it was difficult to get transport to the Chicksands office
It is very difficult to understand - we found - and our daughters care us running smoothly, we do not want it to change. We live in Bedford Borough and our daughter goes to a day centre in central Bedfordshire - we want this to continue.
- 33 The form is too complicated for me to fill in, so list below the care that I currently receive.
a. Check call night & morning b. laundry done as and when required
- 34 I disagree with the whole principle of targeting the disabled for financial savings and cutbacks to pay for a deficit that they did not create.
- 35 I wouldn't like it very much as I wouldn't have any money left to buy things.
- 36 Be careful that vulnerable groups do not lose out on the care that they need just because of cost cutting
- 37 We see Direct Payments and charging for services is extremely unfair. * Personal budgeting for persons with complex special needs is extremely complicated, over bureaucratic and means endless form filling. * The time taken to get, even the most modest award for help is totally unacceptable. * There is no continuity of staff resulting in the same assessment process being carried out over & over again. * We would be a lot happier if as much effort was put into providing the care, facilities, day centres and respite care as going into this devising new ways of getting family & carers to pay for the essential services we desperately need.
- 38 I understand that personal budgets may take into account many of these issues but careful thought is needed so that those in receipt of PBs are not charged for services which were previously subsidised or free of charge While allowing for a need to reduce Council expenditure, the elderly must be protected.
The new policy creates an unacceptable burden on those who are already paying for private care to enable the disabled individual to be cared for at home.

39 I have answered as many questions as I understand it. It is very difficult to be fair to everyone. I think in general though a lot is done for us all and without 'means testing' everyone, donations seems to be an answer to some things. My husband and I are each others carer and some of your questions I don't fully understand, as my husband has been my carer just since March. We give donations to our drivers, but I really think these 'cafe days' could charge a nominal fee, for instance £5 for a hair cut. Also drinks and cakes all afternoon for free, surely donations could be given.