

Adult Social Care Consultation **Questionnaire**

Eligibility Criteria and charges for Adult Social Care in Rutland

We want your views on proposed changes for Adult Social Care. All responses will be treated in confidence. The final decision on what to do will be taken by Rutland County Councilors who will take into account the results of the consultation. The consultation also wishes to consider the impact within the community – we would like your views on whether you think this may affect any groups unfairly and the impact on you or your family. If you want to attend public meetings to find out more, please see the list of meetings enclosed. For more about this, visit www.rutland.gov.uk where you can complete the questionnaire online.

1. Being Fair:

Do you agree that the system that the Council operates should be fair to everyone?

Strongly Agree

Agree

Disagree

Strongly Disagree

I Don't Know

Please tell us why you think this or how it could be fairer

2. Do you agree that the Council should start to prepare for an increase in the population over 65? (Predicted to rise to 70% of the total population of Rutland by 2030)

Strongly Agree

Agree

Disagree

Strongly Disagree

I Don't Know

Please tell us your views or how this proposal might impact on you.

3. Proposal One: Do you agree with the proposal to amend the eligibility criteria to 'substantial and above' in line with the majority of the other Local Authorities?

Strongly Agree Agree Disagree Strongly Disagree I Don't Know

Please tell us your views or how this proposal might impact on you.

4. Proposal Two: Do you agree with the proposal to increase net assessable income from 85% to 100% in order to cover more of the cost of the service to the council?

Strongly Agree Agree Disagree Strongly Disagree I Don't Know

Please tell us your views or how this proposal might impact on you.

5. Proposal Three: Do you think that the council should change the maximum amount it can charge a service user from £170 to £364 per week for those who can afford it? (People are likely to pay up to the full cost of the service they receive if they have over £23,250 in savings).

Strongly Agree Agree Disagree Strongly Disagree I Don't Know

Please tell us your views or how this proposal may impact on you.

6. Proposal Four: Do you agree with the proposal to charge for both carers where 2 carers are needed to ensure safety of service users and carers?

Strongly Agree Agree Disagree Strongly Disagree I Don't Know

Please tell us your views or how this proposal might impact on you.

7. Proposal Five: Do you agree with the proposal to include day care and social activity/access allowances charges in the financial assessment at a charge of £25 per day?

Strongly Agree Agree Disagree Strongly Disagree I Don't Know

Please tell us your views or how this proposal might impact on you.

8. Proposal Six: Do you agree with the proposal to change the hourly charging rate from £11.50 per hour to £13 per hour?

Strongly Agree Agree Disagree Strongly Disagree I Don't Know

Please tell us your views or how this proposal might impact on you.

Write any other comments here and continue on a separate sheet if necessary.

9. The Council wants to look at preventative options for people. What things do you think might be useful for you or someone you support in the community?

| Option | Already have this | Would be useful | Would not be useful |
|--|-------------------|-----------------|---------------------|
| Help with shopping | | | |
| Help with housework | | | |
| Help with managing finances/bills | | | |
| Help with laundry | | | |
| Help finding employment or training options | | | |
| Help with finding out about social and leisure activities and groups | | | |
| Help with attending social activities | | | |
| Help with getting around/transport | | | |
| Information about what is available in Rutland | | | |
| Help with making my needs known/advocacy | | | |
| Help with looking after my health | | | |
| Easy access to equipment that helps you to stay independent and safe | | | |
| Carers support | | | |
| Help keeping in contact with friends and family | | | |
| Sitting services | | | |
| Advice for carers | | | |
| Other (please specify what would help) | | | |

10. Are you / do you? (please tick as many as apply)

- Receive social care services including direct payments from the council
- Part of an organisation working with people in Rutland
- A carer of someone who receives social care from the Council
- None of the above/member of the public
- A member of staff within RCC
- An elected member of RCC Council

Equality Monitoring Form

We want to make sure that our services are provided fairly and monitor the impact of these proposals.

Please answer the questions below by ticking the boxes that you feel most describes you.

If you do not want to answer any specific question then please leave it blank.

Some questions may feel personal, but the information we collect will be kept confidential and secure. The better the information is that we collect the more effective our monitoring will be.

Ethnicity

| | | | |
|--|------------------------------------|---|--|
| White | | Mixed / Dual Heritage | |
| <input type="checkbox"/> English / Welsh / Scottish / British / Northern Irish | | <input type="checkbox"/> White and Black Caribbean | |
| <input type="checkbox"/> Irish | | <input type="checkbox"/> White and Black African | |
| <input type="checkbox"/> Gypsy/ Irish Traveller | | <input type="checkbox"/> White and Asian | |
| <input type="checkbox"/> Roma | | <input type="checkbox"/> Other mixed background (please state): | |
| <input type="checkbox"/> Other European (please state): | | Black / African / Caribbean or Black British | |
| <input type="checkbox"/> Other white background (please state): | | <input type="checkbox"/> Caribbean | |
| | | <input type="checkbox"/> Other African background (please state): | |
| Asian or Asian British | | Other Ethnic Group | |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other Arab | |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other ethnic group (please state): | |
| <input type="checkbox"/> Other Asian background (please state) | | | |

Language Preference

| | |
|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> British Sign Language |
| <input type="checkbox"/> Other (please state): | |

Residency

Are you a: British / United Kingdom citizen

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are you a national of another country?

| | |
|--------------------------------------|---|
| <input type="checkbox"/> EU National | <input type="checkbox"/> Other (please state) |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Asylum Seeker |
| <input type="checkbox"/> Student | |

Postcode

| | |
|-------------------------------------|--|
| (first part of code only e.g. LE15) | |
|-------------------------------------|--|

Disability

Do you consider yourself to be a disabled person Yes No

If you have answered 'yes', please tick boxes below that best describe your impairment. This information helps us improve access and remove barriers to our services.

"An impairment that has (or is likely to have) a substantial, adverse, long-term effect on the ability to carry out normal day-to-day activities"

| | |
|---|---|
| <input type="checkbox"/> Hearing e.g. profound to mild deafness | <input type="checkbox"/> Learning e.g. Downs syndrome |
| <input type="checkbox"/> Communication e.g. speech | <input type="checkbox"/> Developmental e.g. Dyslexia |

| | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Visual e.g. blind or partial sighted | | <input type="checkbox"/> Mobility or physical e.g. walking, dexterity | |
| <input type="checkbox"/> Impaired memory / concentration or ability to understand e.g. Stroke, dementia, head-injury | | | |
| <input type="checkbox"/> Mental ill health e.g. Bi polar disorders, schizophrenia, depression | | | |
| <input type="checkbox"/> Long-term illness or health condition e.g. cancer, HIV, diabetes, chronic heart disease, rheumatoid arthritis, chronic asthma | | | |
| <input type="checkbox"/> Other (please state): | | | |
| Gender | | | |
| <input type="checkbox"/> Female | | <input type="checkbox"/> Male | |
| <input type="checkbox"/> Other (please state): | | | |
| Gender Identity | | | |
| Is your gender identity the same as the gender you were assigned at birth? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Sexual Orientation | | | |
| Do you consider yourself to be? | | | |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay man | <input type="checkbox"/> Heterosexual / straight | |
| <input type="checkbox"/> Lesbian / gay woman | | <input type="checkbox"/> Other (please state): | |
| Relationship Status | | | |
| <input type="checkbox"/> Civil partnership | | <input type="checkbox"/> Married | |
| <input type="checkbox"/> Co-habiting | | <input type="checkbox"/> Single | |
| <input type="checkbox"/> Other (please state) | | | |
| Age | | | |
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 16- 25 | <input type="checkbox"/> 26 - 39 | <input type="checkbox"/> 40 -64 |
| <input type="checkbox"/> 65 – 80 | <input type="checkbox"/> 80 + | | |
| Caring Responsibilities - Do you provide regular and substantial unpaid care for: | | | |
| <input type="checkbox"/> Relative (e.g. disabled child, partner, parent etc) | | | |
| <input type="checkbox"/> Another person (please state) | | | |
| Childcare responsibilities | | | |
| <input type="checkbox"/> Children 0 to 4 | | <input type="checkbox"/> Children 5 to 10 | |
| <input type="checkbox"/> Children 11 to 18 | | | |
| Faith / Religion / Belief | | | |
| <input type="checkbox"/> Atheist/None | <input type="checkbox"/> Baha'l | <input type="checkbox"/> Buddhism | <input type="checkbox"/> Christianity |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Humanism | <input type="checkbox"/> Islam | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Sikhism | <input type="checkbox"/> Other (please state) | | |
| Do you actively practice your religion/ belief? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Service Personnel and their Families | | | |
| Are you currently serving in the UK Armed Forces? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a veteran or ex-service personnel of the UK Armed Forces? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a member of a service personnel immediate family? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a reservist or in part time service such as in the Territorial Army? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Thank you for completing these questions. Please return to:
Adult Social Care Consultation, Rutland County Council, Catmose, Oakham, Rutland. LE15 7PX