

Appendix B

Summary of consultation

1. Aim of the consultation

The consultation set out to ask the public's views on several potential changes that the Council is considering making to the Charging for Care and Support Policy. The consultation was approved by Cabinet on 17 October 2023 (Report 131/2023).

2. Consultation activities

The consultation was launched on 1st November 2023 and closed on 24th January 2024. This is a period of 12 weeks.

The consultation was promoted widely and proactively, which is reflected in the response rate. The following activities were undertaken:

- Press releases issues
- Social media posts with links to the online form
- A letter was sent 322 current service users
- Emails were sent to care home managers and care providers
- A letter was sent to 433 carers
- A letter was sent to 225 local council tax support claimants who are in receipt of disability related benefits
- Auto replies from the Community Care Finance Team email included a banner with the consultation details and a link to the online form
- Directly publicity was undertaken at face to face events attended by adult social care officers.

181 responses were received. This is a reasonable number given that there are currently 209 people being charged under the current policy. Of the responses received, 167 were submitted online and 14 on paper.

3. The representation of respondent

Respondents were invited to identify the nature of their interest in the survey. There was a good spread across the interests. Nearly 38% were completed by current service users or their representative who currently use care and support services in the community, and 14% were service users who live in a care home.

In response to Question 1 Which statement best describes you?

Answer choice	Responses	Percentage
I am a person who uses care and support services and I live in the community	22	12%
I am a person who lives in a care home	4	2%
I am a resident of Rutland and not currently receiving any care and support services	53	29%

I am representing a person who uses care and support services who lives in the community	49	27%
I am representing a person who lives in a care home	21	12%
I am representing a resident of Rutland and not currently receiving any care and support services	18	10%
I am representing an organisation	6	3%
Other	8	5%
Total	181	

4. The location of respondents

Most respondents reside in Rutland. Of the responses received 80% live in an area with a postcode starting with LE15 and 12% with a postcode starting with PE9. This demonstrates a good representation across Rutland.

Answer choice	Responses	Percentage
LE15	143	79%
PE9	22	12%
No answer given	16	9%
Total	181	

5. Equality Impact

Respondents were asked to complete an equality and diversity questionnaire, whilst respondents were under no obligation to answer, the section explained that the council is committed to ensuring that our services, policies and practices are free from discrimination and prejudice and that they meet the needs of all section of the community and promote and advance equality of opportunity. Table 3 summarises the responses received.

Question	Summary
Age	57% of the 110 respondents to this question were pension age while 42% were working age
Gender	68% of the 113 respondents were female with 32% being male
Gender same as registered at birth?	All 113 respondents held the same gender as at birth
A parent or carers of a young person	5 respondents were a carer for a young person

The age of the children in their care	1 respondent cared for a child aged under 5, 2 had children aged 5 to 10 years, 2 had children aged 11 to 15 years, and 1 had a child aged 16 to 17 years.
Carer of a person over the age of 18	53 of the respondents cared for a person aged over 18.
Sexual orientation	96% of the 99 respondents to this question identified as heterosexual with the other 4% identifying as bisexual
Ethnicity	97% of the 110 respondents to this question described themselves as White (British, Irish, or other) with the remaining equally Black, Bangladeshi, or White/Black Caribbean
Religion or belief	60% of the 107 respondents were Christians, 1% were Hindi, 2% declared another unspecified religion, and 37% held no religion
Employment activity	50% of the 110 respondents were retired, 18% were disabled, 9% worked full-time, 9% worked part-time, with the remainder self-employed, unemployed, looking after the home, or unspecified
Disability	61% of the 179 respondents stated they had a disability, 35% had no disability, with 4% not specifying
Armed forces or veterans	6 respondents were veterans, 6 were part of the immediate family of current or former armed service personnel, and 1 was a serving member of those forces

6. Consultation response to questions

The following sections provide detailed answers to the questions about the proposed changes to the Charging for Care and Support policy. The full questionnaire can be found in Appendix C.

7. Question – Do you have a disability?

Answer choice	Responses	Percentage
Yes	110	61.45%
No	61	34.08%
Don't know/prefer not to say	8	4.47%
Total	179	

If yes, please choose the statement that best describes you?

Answer choice	Responses	Percentage
I have a physical disability	0	0%
I have a mental health related disability	10	14%

I have both a physical and a mental health related disability	40	57%
I don't have a physical or a mental health related disability	3	4%
I have a learning disability and/or Autism	17	25%
total	70	

8. Will you (or someone acting on your behalf) be able to complete an online form and access an online account?

Answer choice	Responses	Percentage
Yes	130	78%
No	20	12%
Don't know	16	100%
Total	166	

If you have answered no, or don't know, can you tell us about the help you might need?

Answer choice	Responses	Percentage
I will be able to complete a paper form and send it back to you	18	51%
I will be able to provide the information by telephone	2	6%
I will be able to provide the information by video call such as Skype or facetime	1	3%
I will need someone to help me complete the form at the Council offices	4	11%
I will need someone to help me complete the form in my own home	3	9%
Other	7	20%
total	35	

9. Will a light touch financial assessment be of benefit to you? (or someone acting on your behalf)

Answer choice	Responses	Percentage
Yes	85	56%

No	30	20%
Don't know	36	24%
Total	151	

Can you tell us why you have said yes, no, don't know? (optional)

A prompt response will greatly ease the burden for those of us who are over 80
A relative would be able to do this.
As a Support Worker it would benefit me to signposting residents when they are in need of care/ support. I would be able to assist them with assessment in the convenience of their home and offer advise as to their options
As you say it will be quicker and easier to get a ball park figure.
Either my husband or myself usually complete any kind of forms on behalf of my mum, please note my mum would never get through doing this herself
I am 79 and a full time carer for my 46 year old daughter who has Downs syndrome and is unable to read or write and has poor communication skills. I would welcome an opportunity to have a chance to get some help where the application was quick and easy and I was given an idea of where or what the help would consist of and how much I would be paying. I will be 80 next year and I am on my own and finding the work and care is getting harder each year.
I assume it would be easier
I think for the people I am supporting this will be very useful however there will also be a high percentage of people who cannot manage this and therefore a paper option should remain a option
I think this is a great idea. It will speed up and streamline the service and enable us to see the results online much quicker.
It would be easier to access online and would be of benefit as long as people have access to the internet or someone who can do it on their behalf. This is always more difficult for older people or those with visual problems.
It would provide almost instantaneous information and results.
Less time consuming
online access to any forms is an advantage. most people are computer literate so can access and fill forms. A quicker answer to a request is an advantage. An indicative result will give an indication if a request is likely to succeed.
This is fine in our case, but the majority f applicants are elderly and many will nit be computer literate
WE are able to fund the care needed at present but it would be good to know if there is anything else we could tap into.
We would know exactly what we would pay for support and hopefully what would happen when funds get low
When my sister was running out of money for her care, although she had an income but that would not have covered the cost, it took several months and many exchanges of bank statements etc before I got an answer about the help that RCC were able to give.
Am not currently in need but am 87 so who knows
At this point in time we are only claiming Carers Allowance for our 95 year old mother
Do not have access to an online data system but if we do in future, will be of benefit
I am still able to manage my finances and don't exceed what I can afford - so prefer to carry on controlling my own financial situation. I have my state pension and grants from government and Rutland Council - no extra funds or savings.

I don't have a mobile phone, computer or laptop or any other gadget - I am 90 years old and can't use them
Just had assessment two weeks ago
My mother will require a full financial assessment as she exhausts her personal savings, she is currently self funding in a local care home.
Sounds vague. Not sure how it would work
The statutory guidance states: The main circumstances in which a local authority may consider carrying out a light-touch financial assessment are: a) Where a person has significant financial resources, and does not wish to undergo a full financial assessment for personal reasons, but wishes nonetheless to access local authority support in meeting their needs. In these situations the local authority may accept other evidence in lieu of carrying out the financial assessment and consider the person to have financial resources above the upper limit. b) Where the local authority charges a small or nominal amount for a particular service (for example, for subsidised services) which a person is clearly able to meet and would clearly have the relevant minimum income left, and carrying out a financial assessment would be disproportionate. c) When an individual is in receipt of benefits which demonstrate that they would not be able to contribute towards their care and support costs. This might include income from Jobseeker's Allowance. The consultation only refers to (a) and (b) above so we would request that your updated guidance to refer to (c) as well.
We don't have much money so not significant financial resources
Again. I don't know what my circumstances will be in future. Light touch suggests inadequate to me. Is this just a way of getting names on a list and looking like the service is doing something when it isn't?
All too vague
As I'm answering from an agency perspective I think many people would find it difficult to do online and will require help. If they intend to pay and it is easy to do I don't see any issues.
Financial assessment was completed over ten years ago and is reviewed annually by RCC. This is a straightforward process which asks us to update the individual receiving care's financial circumstances along with copies of bank statements. This works fine for us.
I don't fully understand it
I don't understand what a Light Touch Financial Assessment is.
I really do not understand much of what you are saying about anything
I submit an annual summary of my son's savings and benefits - happy to do this electronically although sending supporting documents likely to be tricky without a scanner.
I'm not sure what care etc we will need in the future. But would be good to know what is available , cost etc
My mother has financial recourses but with an imminent diagnosis of dementia/Alzheimer's likely I do not know what extra support may be available to her so this may be of use
We already pay £702.40 from service user's pension
I feel strongly that an exact and full assessment is made of the claimant financial situation to make sure that they are eligible for financial support to ensure that moneys have not been filtered to other members of the family before any moneys are paid out
Same problem with on line. Will all the details be available or is it a time reducing cost cutting exercise

10. Would a Self-assessment be of benefit to you?

Answer choice	Responses	Percentage
Yes	76	50%
No	22	14%
Don't know	54	36%
Total	152	

Can you tell us why you have said yes, no, don't know? (optional)

I would have to complete this but I am not sure which income to provide as I would be seeking the help with the cost of taking care of my daughter.
A financial assessment that is easy to understand and, one which is fair to all will make life easier.
I think it probably would, however my mum would never be able to get through the process without help
I would like to know how I stand in terms of any changes, as I am currently very happy to take care of myself, my home (a flat), my shopping, medication etc and grateful for the Government pension, any grants (like fuel) for over 80s (I am 88) and the financial help I get from Rutland Council - help with rent and I don't pay council tax. On my limited income I manage with this help.
I would need to have someone to do it
My husband and I
Probably simpler than a pile of paper work.
This again would streamline and speed up the service. It would be great to be able to see immediately, what the expected payments by me would likely be.
Whichever way is best for Council staff
you have an indicative result immediately.
Already stated
As stated not ready yet
Currently assessed by DWP
Each person is an individual with unique needs, therefore a blanket sum is not appropriate
I would prefer for someone to complete an assessment
Mothers care in her own home is already paid for. Self assessment sounds like it will be difficult to complete properly..
Over 90 years old and can't understand any modern equipment
Son has been in his residential care home for 11 years and so presume I don't need do an assessment
The current Full Assessment by RCC works perfectly well for us, as we already are in the system.
Already receive attendance allowance
Arguably it is unlawful to apply only apply a fixed amount of DRE. DRE is unique to each individual - we do not believe that a 'one size fits all approach' is either rational or fair. We strongly believe that these guidelines, if adopted would detrimentally impact our daughter in the future. We would request that you make it clear in your policy and guidance that individuals are able to request a full assessment.
I am concerned that a clear and fair outcome may not come about if a generic figure is adopted.

I don't know
I don't know what a DRE is
I think maybe ought to an option - difficult to answer this
It no longer applies to my sister as her financial help has been decided.
Not clear on how the DRE element is dealt with here - if needs change an d expenditure rises than surely proper assessment is required.
Not sure
Not sure what it would entail, I am a full time carer for my husband and I have very little time to my self. Also I do not have a copy of your Charging for Care and support Policy and what criteria you decide what people should pay towards the cost of their care. It would be useful if you could send out the policy as well as the assessment.
Setting fixed DRE might not be suitable for an individual
Taking 90% of pension already
The idea of self assessment is good in theory but I am not sure about the fixed DRE as everyone has different needs and costs and this may have a negative impact on some people if their DRE is high.
The whole process is new to me and will depend on my mothers diagnosis
what was my pension all about if I am now expected to find money for my temporary care. (Broken bones)
Would need a lot more info. Sounds like more work. Hassle to sort out if assessment not completed properly.

11. Which groups of people, who share common characteristics, should be allowed to retain more of their income (above the Minimum Income Guarantee) (MIG)?

Answer choice	Responses	Percentage
People with a *severe disability *a deficit in one or more areas of functioning that significantly limits an individual's performance of major life activities	81	33%
People with a *disability *a physical or mental impairment that has a substantial and long term adverse effect on the person's ability to carry out normal day-to day activities	83	34%
People with a *mild disability *ability to learn practical life skills, blend in socially, attain reading and math skills up to grade level 3-6, be functional in daily life, have no observable physical signs of disability	37	15%

None/don't know	41	18%
total	242	

Please tell us why you have made this choice? (optional)

A difficult question; I would not discount mild disability if the person could not be income earning; it is all a question of definition.
A lot of extra expenditure is incurred caring for someone with a severe disability ie it can cost £1100 for a carer and £900 for disabled accommodation just to enable a holiday plus hire of hoist commode etc just to enable some semblance of a normal life.
Ant one with a level of disability which excludes them from employment should be allowed to retain more of their benefit income.
Arbitrary lines, real problems for those worst off
Because I can't get out of bed and my life is very small
Can hardly walk, nearly blind
Dubious this can always be fair
Everyone should be seen as individuals
Highly complex and individual and may be against legislation already in place. Wants can be perceived as needs and vice versa by people who don't understand the situation well. Some services may in theory be provided by health but in practice are not.
I am not sure why any group should retain more unless the extent of their disability requires additional care/enrichment need/assistance that incurs additional cost is required within their existing care setting?
I am presuming that the groups I have ticked would not have the ability to access extra money and their needs might be complex
I don't know how to answer this as I am only familiar with my son's situation. The personal allowance (currently £28.25 a week) isn't very much to pay for toiletries, clothing, and all activities. I worry that when I am no longer around he may miss out a bit.
I don't know what the current assessment involves
I feel that the general public have little or no understanding of the problems and costs related to helping and caring for someone with disabilities.
I have a Master's Degree in Education (1985-7) from Hull University
I think all people should be treated fairly - no one needs to retain more money than anyone else. This maybe deemed to be unfair in our small community where many people discuss these types of issues and compare charges.
I think it has to depend on their individual circumstances, e.g. I have a relative who is over 50 and has autism, he lives in sheltered accommodation and has a limited income to protect himself. He has very limited mental capacity, however he does have a fetish that if he has sufficient funds to buy certain items lands him in trouble. However my mum who has a serious heart condition needs money to pay for general help and transport that enables her to take part in local social activities and groups, this obviously drastically improves her quality of life.
if a person can not work they should be able to retain sufficient funds to be able to pay their basic bills and food.
My husband has alzheimers!
Not qualified to answer this question.
Obviously I think it's self explanatory

<p>People who have any form or level of disability are at present penalised by the lack of empathy towards them by society. To remove any part of their benefits is tantamount to fining them for being ill.</p>
<p>People with severe disability would require more care and unable to earn any income but other disabilities that are not severe would need to give their DRE.</p>
<p>People with these conditions should ideally be given access and clarity to these needs in whatever way their condition allows them to make access easier.</p>
<p>Person I care for is elderly and disabled. All groups will need support and retained income</p>
<p>The allowance ces are too low</p>
<p>This is tricky because even if people were able to work it is less likely that they will be in work than anyone else because of the nature of the employment environment. Surely people with severe disability should have the highest level of support to match their higher levels of need.</p>
<p>To ensure fairness across the whole spectrum and prevent fraud and exploitation of systems</p>
<p>Unable to top up income through work</p>
<p>Unlikely to use any benefit</p>
<p>We fully support your proposal to raise the MIG for some groups of people. Our daughter is in an analogous position to the Claimant in SH v Norfolk County Council [2020] EWHC 3436 (Admin) (“SH”), where Article 14 discrimination was found to have arisen. We submit that the Council’s current Policy and its impact on our daughter and others with severe disability, high levels of need, and who are unable to work in the future, is discriminatory. It discriminates against our daughter and others like her as someone with a high level of need (evidenced, for example, by her receipt of the Enhanced Rate of the Daily Living Component of PIP and severe disability premium), and as someone who is unable to work or to have limited prospects of working in the near future (evidenced by her inclusion in the Support Group of ESA). The differential impact of the current Charging Policy on the severely disabled is discriminatory as a higher proportion of their earnings is assessed than those without severe disability, and the result is that those with severe disability are charged proportionately more than those without severe disability. We explain below why we think your current policy is discriminatory; this is taken from our appeal to CCF following a financial assessment and is relevant to the issue of whether the increase in MIG should be implemented. 'X' is in an analogous position to the Claimant in SH v Norfolk County Council [2020] EWHC 3436 (Admin) (“SH”), where Article 14 discrimination was found to have arisen. We submit that the Council’s Policy and its impact on 'X' is discriminatory, pursuant to Article 14 ECHR read with Article 1 Protocol 1 and Article 8. It discriminates against 'X' as someone with a high level of need (evidenced, for example, by her receipt of the Enhanced Rate of the Daily Living Component of PIP and severe disability premium), and as someone who is unable to work or to have limited prospects of working in the near future (evidenced by 'X's' inclusion in the Support Group of ESA). We address the four questions prescribed by re McLaughlin [2018] UKSC 48, below. (1) Do the circumstances "fall within the ambit" of one or more of the Convention rights? A social security or welfare benefit can be a claim in relation to possessions within the ambit of A1P1: cf R (RJM) v Secretary of State for Work and Pensions [2009] 1 AC 311, HL and Stec v United Kingdom (2005) 41 EHRR SE 295, ECHR. We submit that 'X's' circumstances also fall within the ambit of Article 8. The notion of “private life” is a broad concept, which encompasses, inter alia, a person’s physical and psychological integrity, the right to personal development and the notion of personal autonomy. Article 8 is also relevant to complaints about public funding to facilitate the mobility and quality of life of disabled individuals. The very essence of Article 8 is respect for human dignity and human freedom: McDonald v UK (2015) 60 EHRR 1 at paras 46-7.</p>

The amount 'X' is required to contribute towards her care and support has a direct impact, in a very practical way, on her right to personal development and the notion of personal autonomy, in terms of the amount of income she retains for her expenditure.

(2) Has there been a difference of treatment between two persons who are in an analogous situation? 'X' has high care needs, which are reflected in higher income from state benefits. In particular, she has been assessed as being so severely disabled that she is entitled (a) to the support group rate of ESA with enhanced disability related premium and (b) to PIP daily living component at the enhanced rate. Because of this, her income from state benefits (which is her only income) is higher, and therefore more likely to exceed the Council's minimum income guarantee, and by a greater amount, than would be the case for a less disabled person. Neither her ESA nor her PIP daily living component are disregarded by the Council when assessing her payments under the Charging Policy. 'X' also has significant barriers to work. This is reflected in the fact that she has been assessed as entitled to ESA without being required to engage in work-related activity. This means that she cannot have earnings from employment or self-employment. A less severely disabled person, who may have access to earnings from employment or self-employment, has those earnings entirely disregarded under the Council's Charging Policy assuming that its Policy is compliant with Regulation 14.

(3) Is that difference of treatment on the ground of one of the characteristics listed or "other status"? 'X' has "other status" by virtue of her "severe disability", given her eligibility for severe disability premium. This status is a personal characteristic protected from unjustified discrimination under Article 14 ECHR. Article 14 embraces a form of discrimination akin to indirect discrimination in domestic law: *Burnip v Birmingham City Council* [2013] PTSR 117; [2012] EWCA Civ 629 at para 11. The two persons, or two groups of people, in the case are, on the one hand, the severely disabled, such as 'X', (with high needs which result in higher assessable benefits and no access to earnings from employment or self-employment) and, on the other hand, everyone else receiving Council services covered by the Charging Policy. In *SH*, the Court held that the situation of the severely disabled (with high needs-based assessable benefits and no earning capacity) and everyone else being charged under the Charging Policy is analogous because they are all receiving Council services covered by the Charging Policy. Their treatment was therefore different because the Charging Policy meant that a higher proportion of *SH*'s earnings (and of other severely disabled people in the same position) was assessed than theirs, and the result was that she was charged proportionately more than they are. 'X' is in precisely the same scenario.

(4) Is there an objective justification for that difference in treatment?" The test to be applied here is whether the difference in treatment is "manifestly without reasonable foundation", as in *SH*. The Council must justify the difference in treatment which its Policy creates: *A v Secretary of State for the Home Department* [2005] 2 AC 68, per Lord Bingham at para 68. We have not seen the Council's justification for its treatment; however we reasonably assume that they are similar to those in *SH*. Those justifications were: (i) to apportion the Council's resources in a fair manner; (ii) to encourage independence; (iii) to have a sustainable charging regime and (iv) to follow the statutory scheme. We reserve our right to amend these grounds of review if the Council discloses different aims. In *SH*, the differential impact of the Charging Policy on the severely disabled was found to be manifestly without reasonable foundation, as there was no relationship between the aims identified and the specific discriminatory impact in issue at all. The discrimination was not proportionate to those aims and it was not reasonably linked to them. The Court found that the Council's evidence of consideration of the disparate impact on *SH*'s cohort was lacking. The Court found that there was no evidence that the Council had considered this differential impact [85] or the alternative approach of setting a "maximum percentage of disposable income" over and above the minimum

income guarantee (as the Guidance required the Council to consider) [86]. The outcome for SH was overlooked and not considered or consciously justified at all [88]. None of the proposed mitigations structurally addressed the discriminatory impact [88]. Assuming that the Council has the same or similar aims, we submit that, for precisely the same reasons, there can be no justification for the difference in treatment in 'X's' case. In particular, we have seen no evidence that the Council has considered setting a “maximum percentage of disposable income” over and above the minimum income guarantee (as the Guidance requires the Council to consider). We therefore submit that the Policy, and its impact on 'X', is discriminatory. Specifically, the Council’s decision not to allow a MIG which is higher than the amount in the LAC, and the Council’s decision to take into account all assessable benefits, gives rise to discrimination in 'X's' case. Although the Policy states that “The Council must carry out a financial assessment of what the person can afford to pay”, which accords with the requirements of the Guidance, there is no evidence that the Council has considered whether 'X's' charge is affordable; it has merely applied the statutory MIG and allowed some items of DRE. There is no analysis of the overall affordability for 'X' and as such the Council is acting contrary to both its own Policy and the Guidance. As set out above, the Council’s charge leaves 'X' with a deficit each week and so the charge is plainly not affordable for her. To that extent, we also submit that the Council’s assessment of 'X's' DRE is irrational, such that it is outside the range of reasonable decisions open to the Council: R (Law Society) v Lord Chancellor [2018] EWHC 2094 (Admin). If the charge remains unchanged the deficit will continue over time and the only option will be for 'X' to cease activities and other expenditure, such as chiropody. This will lead to her eligible needs not being met.

12. We set out what we want to change for assessing Disability Related Expenditure in Question 9. We asked ‘do you think this approach is fair?’

Answer choice	Responses	Percentage
Yes	85	64%
No	11	8%
Don't know	37	28%
Total	133	

Can you tell us why you have said yes, no or don't know? (optional)

I have confidence in the Council to make these decisions
I think it's fair
I think this approach would create less ambiguity within the system so making it easier for people to see exactly what criteria is needed in each circumstance.
It appears to take individual needs into consideration
Obviously
reasonable prices should be applied where possible. Some exceptions may be necessary in particular circumstances.
The 7 points give a fair and wide protection to both the Policy and the individual.
The things that you want to change seem to be logical and fair.
Arguably it is unlawful to apply a fixed amount of DRE o We want to establish if the cost is necessary. e.g. if it's needed instead of personal choice. We are concerned about this as something can be both a need and a personal choice. The Council's position is inconsistent with the decision in RW v Royal Borough of Windsor and Maidenhead [2023] EWHC 1449 (Admin), primarily that “the word “necessary” does not mean that the

<p>solution must be the only way to meet the need or the only logically necessary one. It must instead be closely connected to the need and operate to meet or help alleviate it, viewed fairly and objectively.” o We want to make sure the expense is reasonable e.g. if a suitable item can be purchased at a cheaper price we may limit the expense to a lower amount. Again, this is wrong – see the RW case, above. o We will make sure that the expense is directly linked to the person’s disability, medical condition, or care need. Again, this is wrong; the test is set out in the RW case, above. o We would check to see if the expense can be met by other means e.g. if it’s in their personal budget already or can be provided by the NHS instead. This is only permitted in part - The Care and Support statutory Guidance confirms, at para 40(c)(xiii) (emphasis added), that “in other cases, it may be reasonable for a council not to allow for items where a reasonable alternative is available at lesser cost. For example, a council might adopt a policy not to allow for the private purchase cost of continence pads, where these are available from the NHS.” As you see above from the Care and Support statutory Guidance about incontinence pads, we request that you don’t disallow DRE because you think it ‘should’ be available from the NHS as opposed to where it actually ‘is’ available from the NHS. We strongly believe that your proposed DRE guidelines, if adopted, would detrimentally impact our daughter in the future.</p>
<p>far too complex an algorithm for elderly and stressed pensioners or those affected by circumstances to interpret. where is the humanity?</p>
<p>how can someone determine what is "personal choice"? i dont believe anyone should have to pay for care/disability needs as it should be a human right</p>
<p>If it isn't necessary then I wouldn't buy it</p>
<p>Who would decide if for example a wheelchair costing £500 is as good as one costing £300.its obvious to me that the user is going to end up with an inferior product because you will ALWAYS go for the cheaper one regardless of quality</p>
<p>All disabilities are individual</p>
<p>I found that a little confusing</p>
<p>I think it maybe fair but difficult for you to assess - from experience disability related expenses are difficult to be deemed reasonable particularly with people with learning difficulties or mental health issues. Again I would have liked a "possibly" answer choice</p>
<p>Thought benefits already taken into account each year. Sounds risky asking NHS to provide.</p>
<p>To be honest I dont know how this DRE in its curent form works in practise. My daughter who has disabilities and lives with us (her parents) has a PA twice a week and I understand there is a budget for this but I am not sure if this is DRE, how it was calculated and how much it is.</p>
<p>Very complex and individual to each person. Some things may be a need but perceived as a want by people who don't understand the person well.</p>
<p>I had a marvellous doctor who said - When you get to our age bits wear out! Very true! But I want to cope and be responsible for my own life for as long as possible. Now that I am galloping towards 90, I have no fear of death, except hoping it will be quick. But I dread having to go into care, be washed, fed, dressed by someone else. I have lived alone for more than sixty years - have 2 sons who are great and many friends - but essentially I like living by myself.</p>

13. We set out an approach to waivering charges in question 10. We asked ‘do you think this approach is fair?’

Answer choice	Responses	Percentage
Yes	83	65%
No	17	13%
Don't know	27	21%
Total	127	

Can you tell us why you have said yes, no or don't know? (optional)

Again all the points seem logical and fair.
As long as genuine claimants don't slip through the net. Some of these rules sound very like the rules in the workhouses of the 19th century to me
I believe it would speed things up in need
I do agree that education and support in managing debt and addiction is key. I also think that it is unfair for the government to pay for people to have luxury items that they cannot afford, many people that do not have benefits cut down on coffee shops and find ways to budget more effectively because they have no choice
I think in our case, he is already paying all of his pension except £100 per month which isn't a lot for extras
I think is is a very fair idea. It would mean that the person asking for the extra help would really need to be suffering real and not spending their income on non essential items. Financial hardship is very real, so the people most in need are the ones that should receive it. It would also make it more difficult for people to cheat or circumnavigate the process of eligibility.
If someone is abusing system you would know how to fix things
It covers most reasons people could have for not being able to balance their budget
It's fair
people should be supported where they have made every effort to sustain themselves. Some support could be made available for a limited period while the person recovers from self inflicted problems like drugs gambling etc.
all of these points are great except the fourth.
definitely beyond George Orwell
I don't think that people should be assessed through household income but should be the person asking for help. This could be because the people in the household may not pay towards the household bills and are unwilling to help the disabled person financially. Each household is different and assessments should be done depending on household situations.
It's light touch for people with private funds and sounds intrusive and didactory for persons with no money
Some individuals will only eat and drink certain foods. Some of those products can not be brought in cheaper shops. This will then cause them to lose weight and become dehydrated, which can lead to malnutrition.
Sounds very judgmental to me. There will also always be people who refuse to pay and are in such vulnerable circumstances must have their needs met in any case.
This is not appropriate as this amount of intrusion by an Authority, who will be felt to be adding additional stress onto individuals, especially those with mental health needs...these matters should only be assessed by Health Professionals who are experts in the needs of their patients.
A process is a good idea, however there needs to be defined easily checked parameters set and applied. Benefits in the past in general has been seen as an easy claim/ fraud.

There are deserving people these need some help but it needs definition, time frames, reasons for disqualification and end dates not open ended.
I think I would like to have answered "possibly" rather than don't know. As this could be quite subjective - for instance addiction is an illness (often associated with mental health issues) and someone should not be penalised for this. Changing habits for people with particular difficulties is also tricky. I'm unsure how RCC staff would handle this to be honest.
It sounds sensible but I am not sure how you will actually get it to work.
May work but would need more assurances.
no understanding of what waivering charges are
We are not in severe finical hardship, however mothers income just about covers the food, bills and general living expenses. The care received over the 7/8 months was for short intervals during the day and very expensive. Hence why it had to be stopped and I am left to manage it all by myself.
We don't have the understanding or experience to be able to make a judgement on the fairness of this approach.
I think it looks fair but I don't know much about DRE etc

14. Do you have anything else you would like to say about the review of the charging policy?

Change can be good but only if applied to all, fairly and be seen to be so.
Could I please request a copy of Rutland Charging for care and Support Policy .
I am extremely grateful for the grants I receive from both Rutland Council & Government Grants, which help me live a full life.
I appreciate you need to save money but these people are the some of the most vulnerable in our society
I basically think these policy changes make sense, however I think for people who struggle with life, IT etc or people that don't own a computer there will have to be a safety net in the way of hands-on support of some kind
I have read this out to my husband and he answered, but he has dementia so I don't think he understood what I was reading
I like the idea of faster responses but am concerned about how these changes will be applied in practice and worry for people who need a more hands on and understanding approach. Also needs to be in line with national policy.
I think that when someone has worked hard all their life and paid their taxes they shouldn't have to pay for their care
i think the plans are reasonable and cost effective.
I think these are really good ideas and would make for a speedier, updated and streamlined service.
I'm in agreement to any change that would make the process easier
It was a while back but as I recall day to day living expenses were not factored into the initial financial assessment. I was surprised my mother did not receive slightly more finical support.
It was difficult to complete this survey as many client would have difficulty completing this so I have tried to be as general as possible.
It's awfully difficult to have an opinion about how these changes will benefit persons with need of your services. I agree that systems should be reviewed periodically for user

friendliness and consistency.. I help to organise the care of my parent in her home: she has alzheimers, and has care paid for by rcc social services
my wife is exhibiting early signs of dementia. I am increasingly taking over the daily household chores. No longer can she drive a car. I am told i could apply for a blue badge parking permit and also be exempt from council tax?
N/a
Nothing to add. Have husband that it may affect sometime as he is 92 years old.
Our views are fully given in our responses to the questions above.
those experiencing difficult times, either due to injury, pernicious ailments or mental fragility need the human touch - not a labyrinthine inquisition
treat disabled people better. dont put autistic people and people with learning disabilities in the same category.
Why give three choices then ask for why