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Comments on the Consultation on Eligibility Criteria for Adult Care Services

This response has been written by me in my personal capacity as a service user, and where relevant I have indicated following each section the reason I have knowledge/experience of the issue I have raised. However, the fact that I work for RBK and have many contacts with other service users and the voluntary sector has also informed my personal opinions.

General points

- What's the big hurry? The consultation period is very short considering the implication of the proposal and the fact that it takes time for voluntary sector organisations to mobilise their members and collate responses.
- The consultation document is confusing – it is not clear whether there are alternative proposals – whether to cease to provide a service to those in the low category only or whether to cease to provide a service to those in both the low and moderate categories. These two possibilities are very different but there is no clarity about whether both options are being considered or just the second.
- Just because other Councils are restricting access to services by tightening eligibility criteria does not mean it is either beneficial for local disabled people or the right thing to do.
- Kingston currently has an excellent reputation for adult care services, for which one reason may well be the fact that it offers a service to people with all levels of need and is arguably therefore able to prevent further disadvantage.

The aim of increasing preventive provision

The aim of improving preventive services is laudable, but it does not follow that if people are left to self-refer they will actually have greater access to other services, for the following reasons:

- RBK is not currently very good at the wide and effective dissemination of information from and through the corporate centre. In addition, some care managers' understanding of the various sources of help is currently limited. If information on available services is not well-disseminated, many people who could benefit will not do so as they will not know about the service.

(This point is informed by my work with the Kingston Disabled and Older People's Forum and by contact with many local disabled people in the course of my work)

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- Many people have an insufficient understanding of their own situation and needs, in terms of that which can be provided in the way of services, to know what they need to ask for. A good care manager can enable people to understand their own needs better and tailor support to meet those needs.
(This point is informed by my experience as the principal carer of a partner with mental health difficulties and as a disabled parent)
- Many vulnerable people are simply not able to navigate through the minefield of different services delivered by different organisations – they may be too ill, whether physically or mentally, or too overwhelmed by their difficulties, to do so. People with learning difficulties may not even understand how to access services. Having inclusive eligibility criteria goes some way to ensure that no-one slips through the net and disabled people will be much more vulnerable if those with apparently lesser needs are not properly assessed and supported.
(See last point for relevant experience)
- It does not appear from the consultation papers that the Council will commission alternative services in advance of a change in eligibility criteria. It could be that if eligibility criteria are changed, financial pressures will reduce the Council's ability to commission alternative services, so the effect will be the opposite of preventive and will lead to a marked deterioration in the range and accessibility of services.
- Self-referral will normally mean that the person requesting the service will have to pay for it – as someone has to pay for it. Those who are able to pay will normally be those who access private services for themselves anyway. Those who are not able to pay will be disadvantaged by the move to self-referral unless there is an unwieldy financial assessment system in place for all self-referral services, including those delivered by the voluntary sector.
- There are less drastic ways of increasing the Council's ability to act in a preventive way – namely to create more flexibility within services rather than put people outside the reach of services entirely. Better prevention will come from skilled care managers taking an approach which starts from a good understanding of a person's needs and of the possibilities for support and by being allowed by the system to think laterally and work with the service user.
(My experience as a service user with a complex domestic/social situation has informed this point)

The Council's stated aim of increasing take-up of direct payments

The suggested change will not result in an increase in the take-up of direct payments, as people who are not eligible for adult care services are by definition not eligible for direct payments. Consequently, raising the eligibility criteria will reduce the number of people eligible for care services and therefore reduce the number of people who are able to make use of direct

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payments. This is contrary to the Council's stated aim of increasing the number of people accessing direct payments.

If individual budgets come in, it is not at all clear what the situation will be for people who don't qualify for adult care services but still need to access other services.

The wording of the criteria in the consultation document

The wording of the criteria, as reproduced in the consultation document, is very much open to interpretation – eg, How many is 'several personal care routines' – is it four, or seven, or...? Does 'one or two personal care routines' mean one, or does it mean two? etc. The outcome of a change in eligibility criteria will depend on how these words and phrases are interpreted by individual managers. There is already evidence (that RBK will vehemently deny) that care managers in the older people's teams and mental health teams work to different criteria from those in the health and disability team – the proposed changes to the criteria will do nothing to improve consistency.

What will happen, however, is that the consequences of varying interpretation of the criteria will be worse, as it will be more likely that someone is assessed as being ineligible for a service at all by one team whereas this might not be the case if assessed by another team. This will increase the inequity already inherent in the system.

(This comment is informed by my knowledge of KCIL's and my own observation of what currently happens)

Possible effects on adults needing support in their parenting role

Careful consideration needs to be given to the effect of the proposed changes on the ability of disabled parents to access the support they need to undertake their parenting role. Kingston has an excellent reputation for its support for disabled adults in their parenting role, and, again, this reputation could be damaged by applying stricter eligibility criteria.

This is of particular concern in relation to disabled parents as the parenting role may be only one of the possible social roles undertaken by a disabled adult. Therefore, if a disabled parent was able to do everything apart from parenting tasks, they could be assessed as being ineligible for care services. This would have a highly detrimental effect on both the parent(s) and the children and could conceivably lead to a situation where there are more 'children in need' under the Children Act, which is not a situation the Council would want to see.

(This point is informed by my experience as a disabled parent and by my involvement, with other disabled parents, in developing the disabled parents' policy and protocol currently used by RBK)

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The interplay between the new charging structure and possible changes in eligibility criteria

The perverse effect of the new charging structure for community care services has led some people with a lower level of need (fewer hours) to take themselves off direct payments as it is cheaper for them to pay their PA's directly rather than to pay to be part of the Council's direct payments scheme. These people in particular could be disadvantaged by any change in the eligibility criteria, as they are likely to have ceased to be service users when they ceased using direct payments. They will then be new service users if they ever need care services in the future and will therefore be assessed against the new criteria rather than the old. In addition, they are more likely to have low or moderate needs and are therefore more likely to fall outside the proposed new criteria. This disadvantage would not have happened if they had been able to afford to remain on direct payments.

(This point arises from my experience as a user of direct payments with fewer than 10 hours per week)

Effect on carers

The way the system works is that if a disabled person is eligible for care services their carer is also eligible for support. However, the converse is the case as well – so if fewer disabled people are eligible for care services, there will be more carers who are not eligible for support. They will likely be the carers in most need of support – as they will be undertaking the care that under more inclusive eligibility criteria would have been provided for the person they care for by or through the Council.

What extra support will be put in place to support those carers whose burdens are increased because those a) they care for are no longer receiving care from elsewhere and b) they are no longer eligible for carers' support because the person they care for is not eligible for services? There is no mention of this in the consultation document and it is a question that must be answered if carers are to be properly supported. Otherwise there is likely to be a large number of carers who are unable to cope with their caring role, many of whom will be elderly and looking after either a partner or an adult son or daughter.

(This point is informed by my experience as the principal carer of a partner with mental health difficulties)

Jane Young
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