

# **Draft 1: Consultation on Eligibility Criteria for Adult Care Services**

An Individual Response

## **Introduction**

There needs to be substance, clarity and analysis in relation to Kingston's eligibility criteria for people who are currently receiving community care services and for those who are potential users of services. Analysis should include the numbers of people who are receiving services in each of the four categories and what the opportunities and risks might be should the two lower bands disappear. There also needs to be a position paper on what the opportunities are for modernising social care in Kingston.

Examples would assist in understanding what a client could expect from each of the eligibility criteria. As an example, what outcomes could be achieved for a person who requires assistance with one domestic task, one personal care task, transport to attend college and support to carry out a social role or responsibility. The first two categories, those of critical and substantial need, are rooted in legislation and procedures laid down by Government, but low and moderate levels of need provide opportunities to further create responsive, empowering and effective ways to meet need that might be more appropriately delivered through mainstream community outlets. The fact that adults who may require low or moderate levels services are being consulted could be viewed as an opportunity to continue to develop and modernise social care services and this is to be welcomed, particularly as what people are requesting today may be very different in ten years time. The Royal Borough of Kingston has an excellent record for its ability to create empowering social care provision and this needs to be continually built upon.

## **The Consultation Process**

In terms of the consultation process itself, people need assurance that every possible effort has been made to meet with as many people as possible and to provide information with clarity and in creative ways. To prolong the consultation period will not necessarily result in any additional information being gathered that will add to the outcome of the consultation.

## **'Nothing About Us Without Us'**

One lesson to be learned from the consultation process is that, despite the apparent urgency to produce a document, it would have had greater credibility and impact if the document had been written and presented in partnership with people receiving services.

Disabled and older people should no longer be judged 'problems' but people who have the same rights and aspirations as non-disabled people. Independent Living principles should apply and be high on all council and health agendas with the aim of achieving social inclusion. The focus should be on disabled and older people as full and equal citizens, valued and their contributions as valuable as everyone else's life in society.

The language used by the media, and the behaviour of people in general, lead at best to negative images, patronisation, prejudice and discrimination and, at worst, to abuse of disabled and older people.

Unlike the Social and Independent Living models of disability that disabled people use as tools for change, these models have not transferred across to policies and practices that meet the needs of older people. Older peoples' support and services still, to a great degree, remain unchallenged. There needs to be an interactive and collective 'think-tank' spearheaded by older people that will liberate them. Themes from recent legislation could be used to liberate older people with policies and practices that underpin themes and thus encourage mainstream outcomes. Policies and practices must celebrate and accommodate differences between people and ensure people are treated equally. Treating people equally does *not* mean treating people the same.

### **Overview of who qualifies for Social Care**

In a recent Commission for Social Care Inspection press release, Dame Denise Platt states: *'Social care services in England are gradually getting better, but only for those people who manage to qualify for help.'*

For people who receive a community care service the threat is always present that care can be taken away or a package reduced. It is hard to ignore such a threat and this consultation raises this anxiety for many people.

### **Prevention Strategy**

In situations where adults who have critical or substantial needs that meet the legislative framework and eligibility criteria is that there is little opportunity for prevention. In exploring the needs of people who need minimal assistance, it is critical that preventative work does not fall off the agenda. In one local authority it has been recently made known that people can to hand in their worn slippers in exchange for a new, non-slip pair. What has also been stated is that men can have brown slippers and women tartan. How does that meet the choice and control preventative agenda?!

## **Independent Living**

As Government seeks to define Independent Living, attention must be paid to ensure that the definition focuses on 'choice and control' and addresses key themes that the movement of disabled people have on their agenda for the changes required for social care. These themes, as set out by the National Centre for Independent Living, are:

- **The right to live in the home of your choice;**

At the moment many disabled people, especially older people, find themselves being offered residential care as the only choice.

- **The right to self assessment and self-directed support;**

To accept that disabled people know best what support they need.

- **A review of the social care budget;**

The procedure for allocating funds to social care needs to be updated and the whole issue of funding for community care needs review if it is to deliver independent living.

- **Support for local groups of disabled people;**

To provide advocacy support and essential peer support among other support services enabling disabled people to live independently in the community.

## **Other issues include:**

- A rights-based approach to Independent Living
- A joined up approach to health and social care

In order to assist people with unpicking needs and eligibility for support, it is useful to focus on types of need. For example, it might help a person to work through what needs they might have to ensure:

- a healthy life-style
- a healthy and safe home
- a healthy and active mind
- a healthy and active body

## **Person-Centred Thinking**

'Person-Centred Planning' is the phrase that has been focused on and used in the assessment process over the last few years, particularly for people with learning difficulties. 'Person-centred thinking' is a stage before person-centred planning and is a creative process that might be adopted to assist people to reach an understanding of what would make a difference in their lives.

## **Direct Payments and Individualised Budgets**

These options offer choice and control for people who may require support and the consultation document mentions that Direct Payments will be one way that will continue to meet some peoples' needs. There needs to an even greater drive to explain the benefits of Direct Payments and the option of Individualised Budgets as they are rolled out across the country.

Individualised budgets appear to be a useful way of meeting low level needs and for those people with fluctuating impairments. Direct Payments can achieve the same outcome but may not be the preferred choice. There is still a long way to go in ensuring that social workers, care managers and other professional people have confidence and accessible information that will give prospective users the ability to take on and enjoy the benefits of Direct Payments.

## **That 'Little Bit of Help'**

The consultation process should explore creative ways in which people who need a 'little bit of help' can get it. People should be able to access solutions to need in places that people frequently visit or via information coming into their own homes. Currently, finding out rights and entitlements is a struggle and, on top of trying to live life, disabled and older people need easy to access and timely information. When information has informed the decision, it requires people who can provide any necessary support and equipment to be themselves well informed and able to take action or support the disabled person to take action.

At a recent meeting hosted by Counsel and Care entitled 'Empowering Older People,' James Purnell, MP, stated, amongst other issues, that there needed to be far more choice and control for older people in all aspects of service delivery. Individual budgets in the thirteen pilot sites were mentioned and an example given of a husband and wife in their eighties who had physical and mental health problems. Care was provided through an agency that restricted their choices so they had an individual budget in the form of a grant. This enabled them to hire their own staff, install essential equipment and, with the same pot of money as that given to the agency, they were able to take a holiday together in Bournemouth. The Minister then stressed the innovation required in the provision of low level support for older people to delay the need for more costly care and, to achieve this aim, Government is making £60 million available for short-term, low level projects. When challenged on the issue of local authorities having to cut low-level support, the Minister failed to respond.

## **Recommendations**

To move community care services into a new dimension, aspects that could begin to modernise and challenge existing policies and practices is to:

- change the language used in order to move to a position where support and services will liberate disabled people, older people and those who support them.
- think and write about the Social and Independent Living models of disability rather than defining people by impairment and eligibility criteria that leads to isolation and dependency.
- focus on 'mainstream' rather than going down the route of an individual model that leads to segregation.
- work on a preventative model that ensures people stay healthy.
- recognise difference, treating people inclusively and equally.

**Ann Macfarlane**  
**February 2007**