

## **Appendix C**

# **Changing the Fairer Contributions Policy for adult social care**

Final Consultation Report

November 2016 to February 2017  
Consultation

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# **PART 1**

## **Executive Summary**

## 1 Background

This report sets out the final consultation findings from the formal consultation on changing the Fairer Contributions Policy for adult social care.

The findings will be used to inform a decision on Council's Fairer Contributions Policy delegated by the Adult and Safeguarding Committee to the Adults and Health Commissioning Director in consultation with the Chairman of the Committee taking into account the feedback from the public consultation and the Equalities Impact Assessment.

## 2 Summary of approach

### 2.1 Formal consultation on changes to the Fairer Contributions Policy

A summary of the key findings are outlined on the following pages. Detailed findings can be found in Part 2 of this report.

The Council's aim was to provide an effective consultation and engagement on the changes to Fairer Contributions Policy to inform a decision on changes to be made to the policy.

The primary aims and objectives of this consultation and engagement process were to:

- Provide opportunities for residents and those who may be impacted by the proposed changes, to understand them and provide feedback on the impact these may have.
- To ensure that those with protected characteristics under the Equalities Act 2010 are supported to have meaningful input into proposed changes.
- To ensure that everyone is able to have an opportunity to get involved in a way that is suitable for them.

#### 2.1.1 Summary of method

The consultation was open for 12 weeks, from 14 November 2016 to 6 February 2017 and was promoted across all appropriate Adults and Communities channels as well as Corporate Communications channels.

The consultation was published on Engage Barnet <http://engage.barnet.gov.uk> together with a consultation document to provide detailed background information. Respondent's views were gathered via an online survey and returned paper questionnaires. Written and email free-form narrative responses were also accepted.

Letters with a consultation pack were sent to approximately 3,000 people who receive community social care services from the Council. For people with learning difficulties this was translated to EasyRead. Letters were sent informing carers of people receiving community social care services from the Council about the consultation.

Further copies of the consultation were made available on request by phone or email. A dedicated phone number and email address was published for people to call if they had any questions or needed any help participating in the consultation.

Invitations were sent to ten key stakeholders in the voluntary and community sector inviting them to have a presentation at one of their meetings. Staff communications were rolled out to all Adults and Communities staff via existing channels. Drop-in sessions were run at four points across the Borough, one in November, one in December and two in January.

### 3 Summary of findings

The detailed findings of all responses are contained in Part 2 of this report.

#### 3.1.1 Response to the consultation

A total of 286 questionnaires and responses were received from the general public and interested groups. The drop-in sessions were attended by 27 people and the one CVS meeting that the Council was invited to attend had 8 people present.

Most respondents were people who use social care services themselves (72.1 per cent) or are carers (18.9 per cent). Over half of those who responded (54.9 per cent,) use council-funded social care where the majority of their social care needs are met through services funded by Barnet Council.

When comparing the profile of those who responded to the public consultation and the profile of the population of Barnet:

- females are over represented and males are under represented
- older people are greatly over represented and younger people are greatly under represented<sup>1</sup>
- the proportion of ethnicities are broadly similar
- people with disabilities are greatly over represented noting though that the comparisons between the data sets is not accurate because of the differing definitions of disability<sup>2</sup>.

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<sup>1</sup> In order to compare the profiles, people under 18 (1 out of the 238 people who responded to the question) and people who preferred not to give their age (5 out of the 238) have not been included.

<sup>2</sup> The disability data sets are not entirely comparable. The consultation has a yes/no question whereas the Barnet population data is based on census data which includes people who describe themselves as having bad health, very bad health and limitations to day-to-day activities.

### 3.1.2 Summary of response to Proposal 1: raise the maximum rates for home care

36.4 per cent of respondents agreed with the proposal and 33.2 per cent disagreed. 30.4 per cent did not have a firm opinion or didn't express an opinion. This balance of opinion does need to be treated with caution. The open ended responses indicate that many people misunderstood the question thinking that the Council was proposing to increase the rate that carers and providers were remunerated.

Whilst a number of people who agreed thought that raising the maximum rate for contributions towards home care was fair, a large proportion of those who said that they agreed with the proposal said so because they thought (mistakenly) that it would better reward carers and improve the quality of service.

People who disagreed thought that it would not be affordable, that people were struggling to make their current contributions and this increase would affect their quality of life and cause hardship. A lot of people disagreed with the proposal because they thought that it was unfair that vulnerable people should be asked to pay more for their care.

Most people who didn't express an opinion on this proposal did so because they didn't use home care services or they didn't think that it would affect them. There also appeared to be a number of people who didn't understand the proposal

30.6 per cent of respondents said that it would impact on them a lot. 25.1 per cent said that there would be some impact on them. 22.4 per cent said that this would not impact on them and 22.0 percent said that they didn't know whether or not it would impact on them. Of those who described how it would impact them, a number said that they would experience financial hardship and that this would lead to a reduced quality of life or having to reduce the amount of care they receive.

### 3.1.3 Summary of response to Proposal 2: raise the maximum rates for day care

35.4 per cent of respondents disagreed with the proposal and 28.8 per cent of respondents agreed. 35.8 per cent did not have a firm opinion or didn't express an opinion. This balance of opinion does need to be treated with caution. The open ended responses indicate that many people misunderstood the question thinking that the Council was proposing to increase the rate that carers and providers were remunerated.

Whilst most people who agreed understood the proposal and thought that raising the maximum rate for contributions towards day care was fair, a few of those who said that they agreed with the proposal said so because they thought (mistakenly) that it would better reward carers and improve the quality of service.



People who disagreed thought that it would not be affordable, that people were struggling to make their current contributions and this increase would affect their quality of life and cause hardship. A lot of people disagreed with the proposal because they thought that it was unfair that vulnerable people should be asked to pay more for their care.

Most people who didn't express an opinion on this proposal did so because they didn't use day care services or they didn't think that it would affect them. There also appeared to be a few people who didn't understand the proposal.

26.8 per cent of respondents said that it would impact on them a lot. 17.6 per cent said that there would be some impact on them. 30.5 per cent said that this would not impact on them and 25.1 per cent said that they didn't know whether or not it would impact on them. Of those who described how it would impact them, a number said that it would lead to financial hardship, not participating in day care and increased isolation.

### **3.1.4 Summary of response to Proposal 3: include the full amount of Disability Allowance and Attendance Allowance as income**

44.7 per cent of respondents disagreed with the proposal and 24.3 per cent agreed. 31.0 per cent did not have a firm opinion or didn't express an opinion.

The most common reason given for agreeing with this proposal was that it was reasonable and fair provided that people could afford it.

People who disagreed with this response gave a wide range of reasons for doing so. The most common reasons were that it was unfair and discriminatory and that the benefit is used to pay for a shortfall in health and care support. Other reasons given are that it is not affordable and would impact on people's quality of life. Other people made the comment that disability benefits should not be treated as income.

Most people who didn't express an opinion on this proposal did so because they didn't know or needed more information. Others said that this would not affect them.

30.8 per cent said that it would impact on them a lot. 22.0 per cent said that there would be some impact on them. 17.2 per cent said that this would not impact on them and 30 per cent said that they didn't know whether or not it would impact on them.

Of those who described how it would impact them, the most common response was that it would cause financial hardship and affect their quality of life. Others used their answer to reiterate their disagreement with the proposal.

### 3.1.5 Summary of response to Proposal 4: changing the policy on guaranteed minimum income

More respondents (30.6 per cent / 78 out of 255) disagreed with the proposal than agreed (25.5 per cent / 65 out of 255). 43.9 per cent (112 out of 255) did not have a firm opinion or didn't express an opinion.

The most common reason given for agreeing with this proposal was that it was fair.

The most common reasons for disagreeing with the proposal were that it was unfair and people wouldn't be able to afford it.

Most people who didn't express an opinion on this proposal did so because they were unsure how it would affect them or they needed more information.

28.1 per cent (63 out of 224) said that it would impact on them a lot. 21.0 per cent (47 out of 224) said that there would be some impact on them. 15.6 per cent (35 out of 224) said that this would not impact on them and 35.3 per cent (79 out of 239) said that they didn't know whether or not it would impact on them.

Of those who described how it would impact them, the most common responses were about the impact that this would have on their finances and wellbeing. Others said that they needed more information to say what the impact would be on them.

## **PART 2**

# **Detailed Findings**

## 1 Background

As is usual practice any changes to fees and contributions have been subject to a formal public consultation.

This report sets out the full consultation findings from the Council's formal consultation on changing the Fairer Contributions Policy for adult social care.

The findings will be used to support a decision on Council's Fairer Contributions Policy delegated by the Adult and Safeguarding Committee to the Adults and Health Commissioning Director in consultation with the Chairman of the Committee taking into account this feedback from the public consultation and the Equalities Impact Assessment.

## 2 Formal consultation on changes to the Fairer Contributions Policy

### 2.1 Overview

Barnet Council is committed to involving local people in shaping their area and the services they receive. Consultation and engagement is one of the key ways the Council involves and interacts with residents, local communities and people who use services; providing them with opportunities to:

- Gain greater awareness and understanding of what the Council does.
- Voice their views and know how they can get involved.
- Have their views fed into the democratic decision-making process.

To allow for a 12 week public consultation, the public consultation began after Adults and Safeguarding Committee on the 10 November 2016 and concluded at 09:00 on 6 February 2017. A 12 week consultation period was chosen partly to take into account that it would run over the December holiday period.

### 2.2 Technical details and method

This aim was to provide an effective consultation and engagement on the changes to Fairer Contributions Policy to inform a decision on changes to be made to the policy.

The consultation was planned according to the standards and key guiding principles as set out in the Council's Consultation and Engagement Strategy and supports the Council's Corporate Plan objectives of ensuring that Barnet is a place:

- Of opportunity, where people can further their quality of life.
- Where people are helped to help themselves, recognising that prevention is better than cure.
- Where responsibility is shared, fairly.

## Changing the Fairer Contributions Policy for adult social care

- Where services are delivered efficiently to get value for money for the taxpayer.

The primary aims and objectives of this consultation and engagement process were to:

- Provide opportunities for residents and those who may be impacted by the proposed changes, to understand them and provide feedback on the impact these may have.
- To ensure that those with protected characteristics under the Equalities Act 2010 are supported to have meaningful input into proposed changes.
- To ensure that everyone is able to have an opportunity to get involved in a way that is suitable for them.

The table below sets out the key stakeholders with an interest in the decision.

Key stakeholders	Approx. number	Interest
People who are in receipt of non-residential social care services including: <ul style="list-style-type: none"> <li>• Older people</li> <li>• People with a learning disability</li> <li>• People with a physical disability and/or sensory impairment</li> <li>• People with mental health needs.</li> </ul>	3000	The impact this will have on the charges they pay for the services they receive.
Carers of people who are in receipt of non-residential social care services.	900	The impact this will have on them as a carer.
Partner organisations, including providers and local community & voluntary sector organisations and the people who use their services.	10	Implications for service delivery and working relationship with LBB.
Barnet residents.	350,000	Quality and continuity of ASC services. Value for money.
Adults & Communities Delivery Unit staff.	300	Impact of the changes to the assessment and service delivery process.

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Key stakeholders	Approx. number	Interest
Adults and Safeguarding Committee members.	15	Representing the public interest.
Council Members (all).	63	Making informed policy decisions. Managing the reputation of the Council and political leadership.

Figure 1: Key Stakeholders

Residents were able to engage with the consultation in one of three ways:

- Online survey to be published on Engage Barnet, the Council's consultation hub.
- Paper copies of the consultation document and consultation questionnaire, including in Easy Read format.
- Drop-in sessions to discuss the proposals and get help to complete the questionnaire.

In summary, the consultation was administered as follows:

- The consultation was open for 12 weeks, from 14 November 2016 to 6 February 2017.
- The consultation was promoted across all appropriate Adults and Communities channels as well as Corporate Communications channels.
- The consultation was published on Engage Barnet <http://engage.barnet.gov.uk> together with a consultation document which provided detailed background information about the proposals and how to engage.
- Letters with a paper copy of the consultation document, the questionnaire, a summary sheet and a reply-paid envelope were sent to approximately 3,000 people who use community social care services from the Council. For people with learning difficulties this was translated to EasyRead.
- Respondent's views were gathered via an online survey and returned paper questionnaires. Written and email free-form narrative responses were also accepted.

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- Further copies of the consultation document and questionnaire were made available on request.
- Letters informing carers of the consultation were sent to approximately 300 carers of people receiving community care services provided by the Council.
- A dedicated phone number and email address was published for people to call if they had any questions or needed any help participating in the consultation.
- Invitations were sent to the following key stakeholders in the voluntary and community sector inviting them to have a presentation at one of their meetings:
  - Inclusion Barnet
  - Mencap
  - Age UK
  - Barnet Senior Assembly
  - Carers Centre
  - Mind
  - Healthwatch
  - Your Choice Barnet
  - Deaf Forum
  - Middlesex Association for the Blind.
- Staff communications were rolled out to all Adults and Communities staff via the following existing channels:
  - Our Conversation staff e-Newsletter,
  - Fortnightly SMT face to face briefing,
  - ad hoc emails,
  - the intranet-Barnet Work and
  - TV screens.
- Drop-in sessions were run at four points across the Borough, one in November, one in December and two in January.

## Changing the Fairer Contributions Policy for adult social care

The table below sets out the key milestones for designing and delivering the consultation.

Date	Key milestones
10 November 2016	Adults and Safeguarding Committee agrees to a separate public consultation on the changes to the fairer charging policy.
14 November 2016	12 week public consultation period starts with online consultation and paper consultation packs available to the public. Letters sent to everyone receiving community social care services provided by the Council with consultation document, questionnaire, summary sheet and pre-paid envelope. Letters informing carers of the consultation were sent to all carers of people receiving community care services provided by the Council. Invitations sent to key voluntary sector groups to advise them of the opportunity to have a presentation at their next meeting.
24 November 2016	10am - 1pm Drop-in session at Edgware library
15 December 2016	1.30pm - 4.30pm Drop-in session at Hendon library
11 January 2017	1.30pm - 4.30pm Drop-in session at Barnet Independent Living Centre, Colindale
12 January 2017	Presentation at Barnet Carers Centre (by invitation)
17 January 2017	2pm - 5pm Drop-in session at South Friern library.
6 February 2017	Public Consultation ends 09.00

Figure 2: Key milestones for designing and delivering the consultation

Residents were able to engage with the consultation in one of three ways:

- Online survey to be published on Engage Barnet, the Council's consultation hub.
- Paper copies of the consultation document and consultation questionnaire, including in Easy Read format.
- Drop-in sessions held around the Borough.

Invitations were sent to key stakeholders in the voluntary and community sector inviting them to have a presentation at one of their meetings.



## Changing the Fairer Contributions Policy for adult social care

The main methods of communication used throughout this consultation were:

- Consultation Packs
- Online Information on Engage Barnet
- Direct Letter to users of Non-Residential Social Care Services
- Direct letter to carers of users of community care social care services
- Summary sheet of proposed changes
- Presentations at voluntary and community sector meetings
- Presentations at working groups
- Staff Newsletter
- SMT Briefing
- Committee reports.

The table below sets out the detailed plan for communicating with key stakeholders.

Type of Communication	Method of communication	Targeted Stakeholder	Intended Outcome
Consultation Packs	<p>Consultation Packs to include:</p> <ul style="list-style-type: none"> <li>• Consultation Document.</li> <li>• Consultation Questionnaire.</li> <li>• Summary sheet</li> </ul> <p>All documents to be available in Easy Read.</p>	Available to all Stakeholders	<p>To provide information on the proposals to changes to the Fairer charging policy.</p> <p>To provide opportunity to feedback views.</p>
Online information	<ul style="list-style-type: none"> <li>• Online version of consultation document.</li> <li>• Online survey powered by survey monkey</li> </ul> <p>All to be available via Engage Barnet.</p>	Available to all Stakeholders.	<p>To provide information on the proposals to changes to the Fairer charging policy.</p> <p>To provide opportunity to feedback views.</p>

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Type of Communication	Method of communication	Targeted Stakeholder	Intended Outcome
Direct Letter to users of Non-Residential Social Care Services	Letter and consultation pack informing of consultation and ways to get involved.	To be sent to identified users of non-residential social care services.	To inform those directly affected by the proposed changes of the consultation and ways to be involved.
Presentations at voluntary and community sector meetings	Presentations delivered with opportunity for question and answers.	Voluntary and Community sector and people who use voluntary and community sector services	To inform about the proposed changes. To provide opportunity to feed into the consultation.
Drop in sessions	Staffed sessions to answer individual queries and offer support to fill in questionnaires	All stakeholders.	To inform about the proposed changes. To provide opportunity to feed into the consultation.
Email to staff	Email to all Adults and Communities Staff	Adults and Communities staff.	To inform about the proposed changes. To provide opportunity to feed into the consultation.
SMT Briefing	Short presentation at SMT briefing.	Adults and Communities Staff.	To inform about the proposed changes. To provide opportunity to feed into the consultation.

## Changing the Fairer Contributions Policy for adult social care

Type of Communication	Method of communication	Targeted Stakeholder	Intended Outcome
Committee reports	To be included as part of the Business Planning Reports.	Committee members and councillors.	To inform about the proposals and outcomes of consultation. To get guidance and decisions about proposals.

Figure 3: Detailed plan for communicating with stakeholders

### 2.3 Questionnaire design

The questionnaire was developed to gather residents' and other stakeholder's views on changing Barnet's Fairer Contributions Policy in a way that is fair and prioritises support for those in greatest need. In particular the consultation invited views on:

- raising the maximum contribution for home care to reflect the current cost of care
- raising the maximum contribution for day care to reflect the current cost of care
- including the full amount of Disability Allowance and Attendance Allowance as income
- changing our policy on guaranteed minimum income.

In order to enable further understanding and in-depth analysis the questionnaire included:

- Closed questions on the extent to which respondents agreed or disagreed with the proposals.
- Open ended questions where respondents were invited to give the reasons for response to the closed questions.
- Closed questions on the extent to which the proposal would impact on them if the proposals were agreed.
- Open ended questions where respondents were invited to tell how the proposals would impact on them.
- Key demographic questions to help understand the needs of different communities.

Throughout the online questionnaire and where applicable hyperlinks were provided to the relevant sections of the online consultation document.

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Those respondents who asked for a paper copy were also sent a paper copy of the consultation document and a pre-paid envelope.

### 2.4 Response to the consultation

A total of 286 questionnaires and responses were received from the general public and interested groups; 57 through Engage Barnet (online questionnaire), 58 easy read questionnaires (paper copy); 170 standard questionnaires (paper copy) and one narrative email response.

### 2.5 General public response and profile

Of the 250 respondents who answered this question, most respondents are people who use social care services themselves (72.1 per cent, 176 out of 250) or are carers (18.9 per cent, 46 out of 250). Over half of those who responded (54.9 per cent, 134 out of 250) use council-funded social care where the majority of their social care needs are met through services funded by Barnet Council.

Figure 4 below shows the responding profile of those who responded to the public consultation.

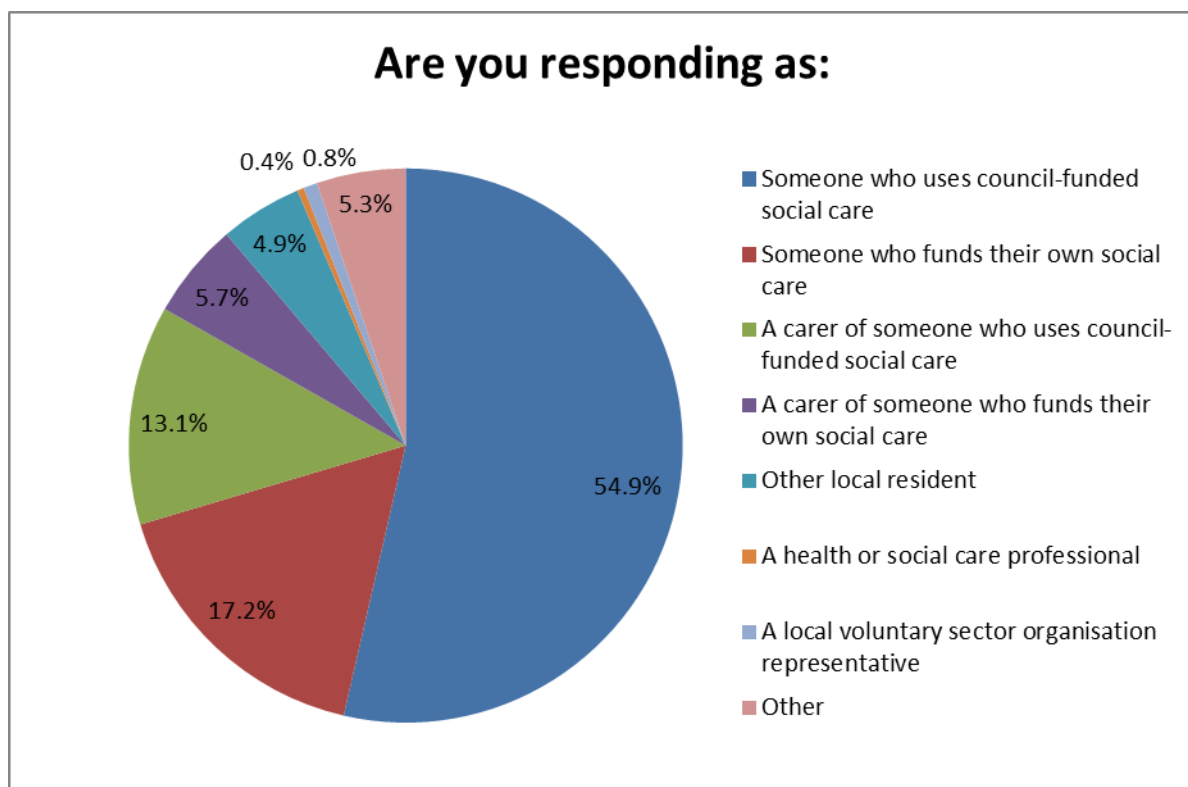


Figure 4: Profile of respondents

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The chart below shows the demographic profile of those who responded to the public consultation in terms of how key demographics compare to the population of Barnet.

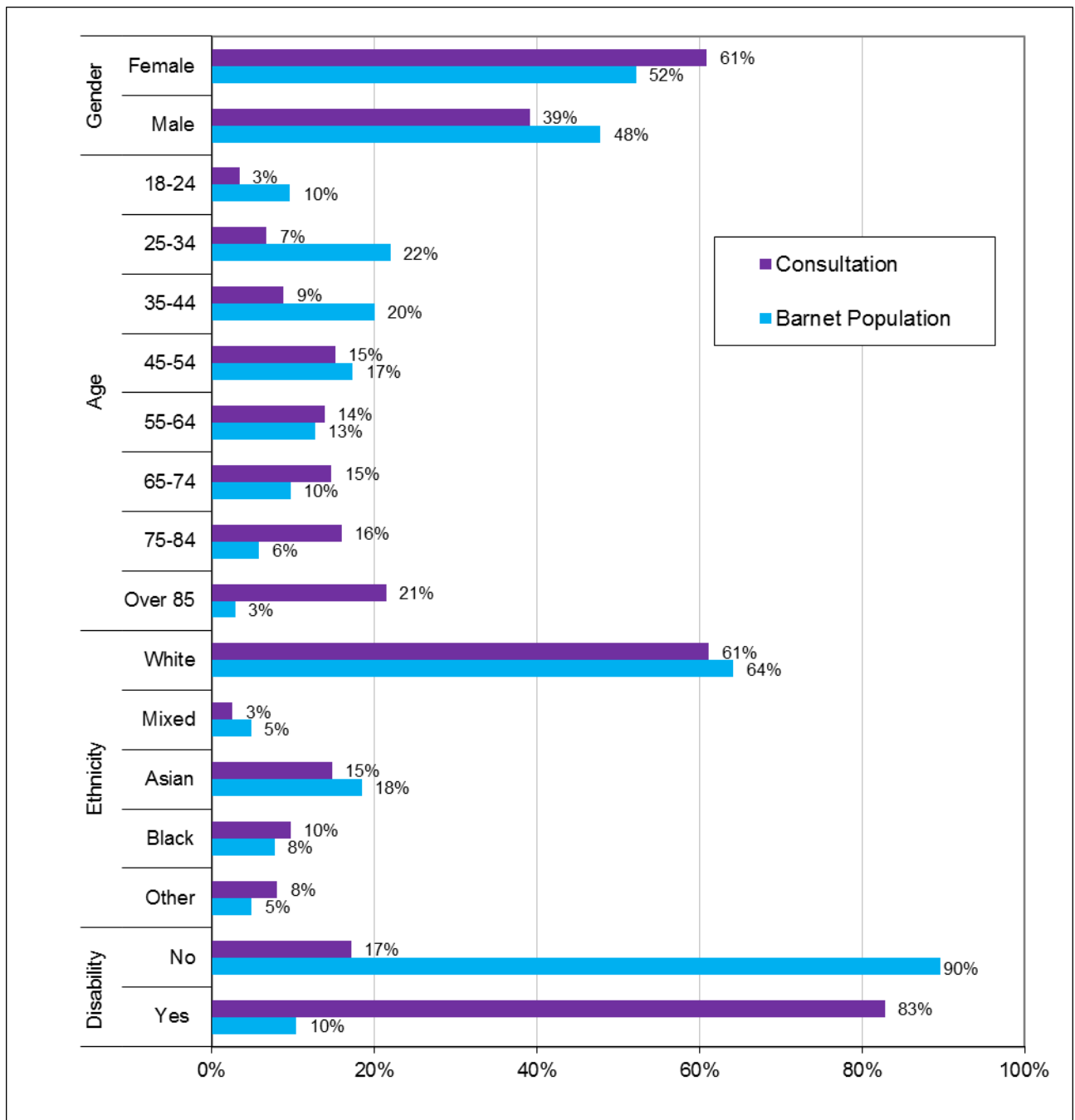


Figure 5: Key demographics

When comparing the profile of those who responded to the public consultation and the profile of the population of Barnet:

- females are over represented and males are under represented

- older people are greatly over represented and younger people are greatly under represented<sup>3</sup>
- people's ethnicities are broadly similar
- people with disabilities are greatly over represented noting that the comparisons between the data sets is not accurate because of the differing definitions of disability<sup>4</sup>.

### 2.6 Protected Characteristics

The Council is required by law, Equality Act 2010, to pay due regard to equalities in eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people from different groups.

The protected characteristics identified in the Equality Act 2010 are age, disability, ethnicity, gender, gender reassignment, marriage and civil partnership, pregnancy, maternity, religion or belief and sexual orientation.

To assist us in complying with the duty under the Equality Act 2010 we asked the public consultation respondents to provide equalities monitoring data and explained that collecting this information will help us understand the needs of our different communities and that all the personal information provided will be treated in the strictest confidence and will be stored securely in accordance with our responsibilities under the Data Protection Act 1998.

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<sup>3</sup> In order to compare the profiles, people under 18 (1 out of the 238 people who responded to the question) and people who preferred not to give their age (5 out of the 238) have not been included.

<sup>4</sup> The disability data sets are not entirely comparable. The consultation has a yes/no question whereas the Barnet population data is based on census data which includes people who describe themselves as having bad health, very bad health and limitations to day-to-day activities.

## Changing the Fairer Contributions Policy for adult social care

Faith	Response Count	Response Per cent
Agnostic	7	3.1%
Atheist	13	5.7%
Buddhist	4	1.8%
Christian	104	45.8%
Hindu	19	8.4%
Humanist	1	0.4%
Jain	2	0.9%
Jewish	27	11.9%
Muslim	12	5.3%
No Religion	17	7.5%
Prefer not to say	21	9.3%
<b>Grand Total</b>	<b>227</b>	<b>100.0%</b>
<b>Other religion/belief (please specify)</b>	<b>Total</b>	
Church of England	2	
Roman Catholic	1	
Zoroastrian	1	
<b>Grand Total</b>	<b>4</b>	

Figure 6: Protected characteristics sample profile – Faith

## Changing the Fairer Contributions Policy for adult social care

Sexuality	Response Count	Response Per cent
Bisexual	6	3.5%
Gay	1	0.5%
Heterosexual	157	75.6%
Lesbian	1	0.5%
Other	1	0.5%
Prefer not to say	38	19.4%
<b>Grand Total</b>	<b>204</b>	<b>100.0%</b>

Figure 7: Protected characteristics sample profile - Sexuality

Gender assignment	Response Count	Response Per cent
Yes	208	94.1%
No	3	1.4%
Prefer not to say	10	4.5%
<b>Grand Total</b>	<b>221</b>	<b>100.0%</b>

Figure 8: Protected characteristics sample profile – Gender assignment



### 2.7 Interpretation of the results

The public consultation is not representative of the overall population of Barnet; nevertheless it is fairly representative of the group of people who use adult social care services. It should be treated with caution as a guide to the overall opinion of Barnet residents because the response profile better reflects those in receipt of services than Barnet residents as a whole.

Where percentages do not add up to 100, this may be due to rounding, or the question is multi coded. All open ended questions that invite respondents to write in comments are multi coded and therefore add up to more than 100 per cent.

All open ended responses to the public consultation have been classified based on the main themes arising from the comment, so that they can be summarised.

### 2.8 Calculating and reporting on the results

The results for each question are based on 'valid responses', which is to say all those providing an answer. This may not be the same as the total number of respondents and therefore the base size may vary from question to question.

### 3 Results in detail

#### 3.1 Proposal 1: raise the maximum rates for home care

##### 3.1.1 The extent to which respondents agreed or disagreed

Respondents were asked about the extent to which they agreed or disagreed with the proposal to raise the maximum rate for home care services from £13.84 per hour to the lowest hourly rate we pay to our providers (currently £15.28 per hour). This would start in April 2017 and be reviewed annually. Of those who completed the questionnaire, 280 people responded to this question.

Slightly more respondents (36.4 per cent / 102 out of 280) agreed with the proposal than disagreed (33.2 per cent / 93 out of 280). 30.4 per cent (85 out of 280) did not have a firm opinion or didn't express an opinion.

This balance of opinion does need to be treated with caution. The open ended responses indicate that many people misunderstood the question thinking that the Council was proposing to increase the rate that carers and providers were remunerated.

#### To what extent do you agree or disagree with the proposal to raise the maximum rates for home care?

Answer Options	Response Count	Response Per cent
Strongly agree	44	15.7%
Tend to agree	58	20.7%
Neither agree nor disagree	58	20.7%
Tend to disagree	29	10.4%
Strongly disagree	64	22.9%
Don't Know	27	9.6%
<b>Grand Total</b>	<b>280</b>	<b>100.0%</b>

Figure 9: Table showing the extent to which respondents agreed or disagreed with the proposal to raise the maximum rates for home care.

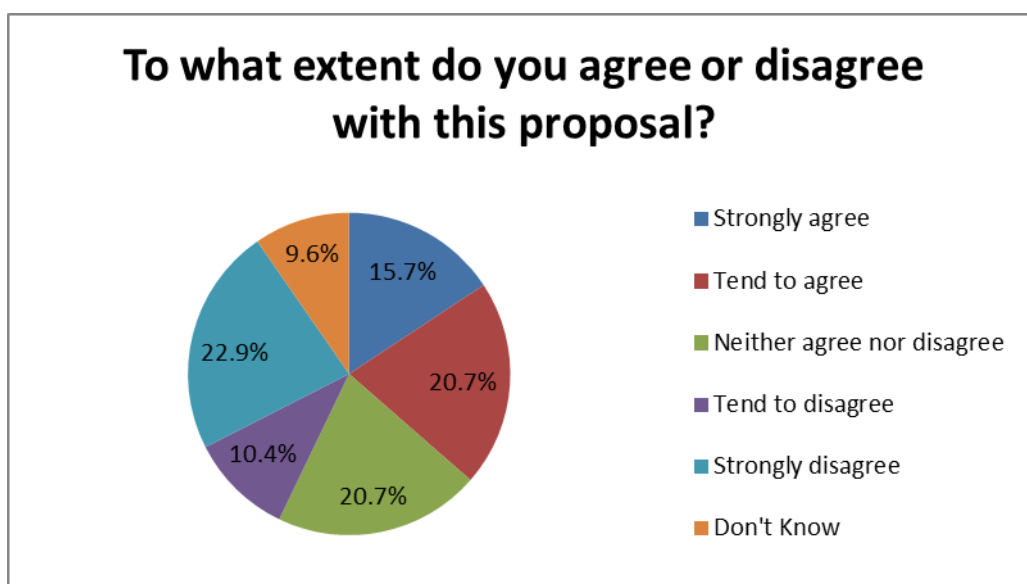


Figure 10: Chart illustrating the extent to which respondents agreed or disagreed with the proposal to raise the maximum rates for home care.

### 3.1.2 Reasons for agreeing with the proposal

Respondents were asked to give reasons for their answer. Figure 11 gives a summary of the type of comments received on why respondents agree with the proposals to raise the maximum rates for home care. Of those who completed the questionnaire, 74 people responded to this question.

Whilst a number of people thought that raising the maximum rate for contributions towards home care was fair, a large proportion of those who said that they agreed with the proposal said so because they thought (mistakenly) that it would better reward carers and improve the quality of service. This implies that these people misunderstood the proposal and mistakenly thought that it was about payment rates rather than charge rates. If this is taken into account, the majority of respondents disagree with the proposal.

Please give reasons why you agree with the proposal to raise the maximum rates for home care	%age	Base
<b>Those who gave a reason or reasons</b>	<b>100%</b>	<b>74</b>
Fair	15%	11
Fair as costs are increasing	28%	21
Fair if it is affordable	7%	5

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Please give reasons why you agree with the proposal to raise the maximum rates for homecare	%age	Base
This should be subsidised/ paid for by government	1%	1
Depends on the amount of support/ and/or payments received	5%	4
Need to invest in carers/ I like my current carers	24%	18
Quality of service will improve	11%	8
Response does not appear to relate to the question	8%	6
Response is about what LBB pay providers rather than what they charge	20%	15
This is good value for money	3%	2
Responder misunderstood	45%	33
<b>Total number of responses</b>		<b>91</b>

Figure 11: Reasons why respondents agree with the proposal to raise the maximum rates for home care.

### 3.1.3 Reasons for disagreeing with the proposal

Respondents were asked to give reasons for their answer. Figure 12 gives a summary of the type of comments received on why respondents disagree with the proposals to raise the maximum rates for homecare. Of those who completed the questionnaire, 62 people responded to this question.

The most common response to this question was that it was not affordable, that people were struggling to make their current contributions and this increase would affect their quality of life and cause hardship. A lot of people disagreed with the proposal because they thought that it was unfair that vulnerable people should be asked to pay more for their care.

Please give reasons why you disagree with the proposal to raise the maximum rates for homecare	%age	Base
<b>Those who gave a reason or reasons</b>	<b>100%</b>	<b>62</b>
Affects vulnerable people the most	24%	15

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Please give reasons why you disagree with the proposal to raise the maximum rates for homecare	%age	Base
Seems fair	2%	1
Impacts the amount and/or services received	2%	1
Council pay too much	5%	3
This is illegal	2%	1
The increase is too little for specialist services	2%	1
The increase is too much	6%	4
This is not Affordable	50%	31
Not enough Government funding	3%	2
Not value for money	8%	5
Impacts the quality of life and/or service	11%	7
Response does not appear to relate to the question	2%	1
Unfair as costs are increasing	24%	15
Do not use the services	2%	1
Responder misunderstood	16%	10
<b>Total number of responses</b>		<b>88</b>

Figure 12: Reasons why respondents disagree with the proposal to raise the maximum rates for home care.

### 3.1.4 Reasons for not expressing a firm opinion either way

Respondents were asked to give reasons for their answer. Figure 13 gives a summary of the type of comments received on why respondents said they “Didn’t Know” or “Neither agree nor disagree” with the proposals to raise the maximum rates for homecare. Of those who completed the questionnaire, 51 people responded to this question.

In their written response the Jewish Deaf Association wrote:

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*“We neither agree nor disagree with this proposal. While we can understand the need to increase the contribution rate to bring it in line with that paid to home care providers, this is a shift in responsibility from the social care budget on to the individual. While this in itself is understandable, taken into consideration with the other proposals, the increase will be difficult for our most vulnerable clients to manage.”*

Most people who didn't express an opinion on this proposal did so because they didn't use home care services or they didn't think that it would affect them. There also appeared to be a number of people who didn't understand the proposal with the information provided.

Please give reasons why you gave this answer	%age	Base
<b>Those who gave a reason or reasons</b>	<b>100%</b>	<b>51</b>
The cost of living is increasing	4%	2
It is for the council to control their budget better	4%	2
I don't understand the question	6%	3
I expect or agree with an increase	6%	3
I don't know	4%	2
If affordable	4%	2
Will result in improved services	2%	1
I need more information	16%	8
No experience and/or not using the service	10%	5
I expect no or minimal impact	20%	10
I expect some impact	2%	1
Not affordable	6%	3
Response does not appear to relate to the question	10%	5
Unfair	4%	2

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Please give reasons why you gave this answer	%age	Base
I am unsure of the impact	20%	10
Responder misunderstood	10%	5
<b>Total number of responses</b>		<b>59</b>

Figure 13: Reasons why respondents did not have a firm opinion either way on the proposal to raise the maximum rates for home care.

### 3.1.5 Analysis of respondents views on personal impact

Respondents were asked the extent to which the proposal would impact on them. Of those who completed the questionnaire, 255 people responded to this question.

30.6 per cent (78 out of 255) said that it would impact on them a lot. 25.1 per cent (64 out of 255) said that there would be some impact on them. 22.4 per cent (57 out of 255) said that this would not impact on them and 22.0 per cent (56 out of 255) said that they didn't know whether or not it would impact on them.

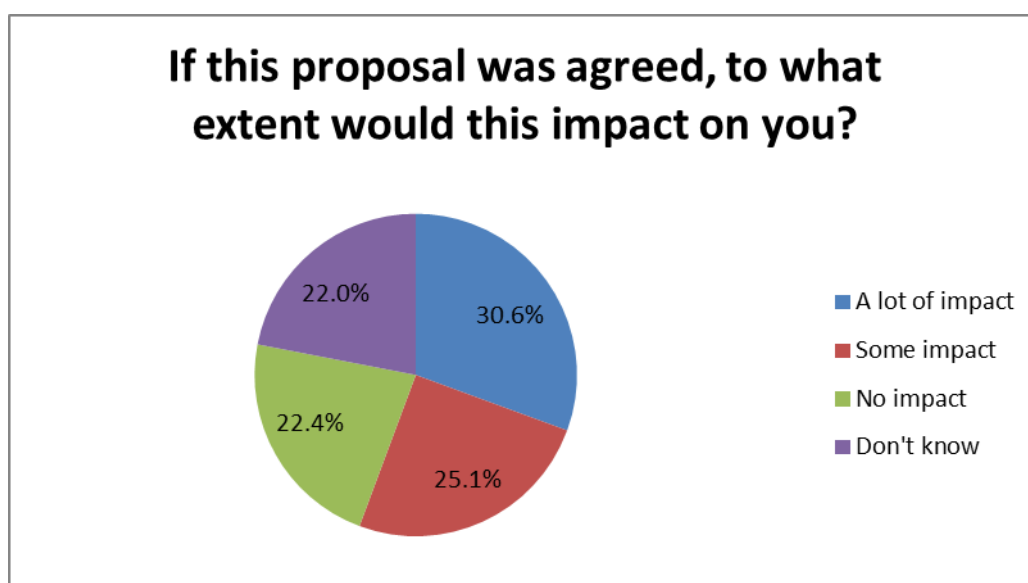


Figure 14: Chart illustrating how respondents thought the proposal to raise the maximum rates for home care would impact them.

Respondents were asked to say how the proposal would impact on them. Figure 15 gives a summary of the responses to this question. Of those who completed the questionnaire, 161 people responded to this question.

A lot of people said that they would experience financial hardship and that this would lead to a reduced quality of life or having to reduce the amount of care they receive.

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Please tell us how this proposal would impact on you	%age	Base
<b>Those who gave a reason or reasons</b>	<b>100%</b>	<b>161</b>
Financial hardship or expected financial hardship	39%	62
Impacts family members	3%	5
I expect and improved quality of service	6%	9
Increased confidence	1%	1
May need to cancel or reduce services	3%	5
I need more information and/or clarity on the proposals	3%	5
I expect no or minimal impact expected	7%	11
I am not using the services	6%	10
Not affordable	5%	8
Will support with costs	1%	2
Physical and/or mental health impact	6%	10
I expect a reduced quality of care and/or life	5%	8
Response does not appear to relate to the question	14%	22
I don't know or am unsure of the impact	14%	22
Responder misunderstood	9%	15
<b>Total number of responses</b>		<b>180</b>

Figure 15: Reasons why respondents thought the proposal to raise the maximum rates for home care would impact them

### 3.2 Proposal 2: raise the maximum rates for day care

#### 3.2.1 The extent to which respondents agreed or disagreed

Respondents were asked about the extent to which they agreed or disagreed with the proposal to raise the maximum charge for day care to reflect the actual amounts that



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we pay to care providers for an individual's day care. Of those who completed the questionnaire, 257 people responded to this question.

Slightly more respondents (35.4 per cent / 91 out of 257) disagreed with the proposal than agreed (28.8 per cent / 74 out of 257). 35.8 per cent (92 out of 257) did not have a firm opinion or didn't express an opinion.

This balance of opinion does need to be treated with caution. The open ended responses indicate that many people misunderstood the question thinking that the Council was proposing to increase the rate that carers and providers were remunerated. This implies that these people misunderstood the proposal and mistakenly thought that it was about payment rates rather than charge rates. If this is taken into account, the majority of respondents disagree with the proposal.

### To what extent do you agree or disagree with the proposal to raise the maximum rates for day care?

Answer Options	Response Count	Response Per cent
Strongly agree	32	12.5%
Tend to agree	42	16.3%
Neither agree nor disagree	57	22.2%
Tend to disagree	37	14.4%
Strongly disagree	54	21.0%
Don't know	35	13.6%
<b>Grand Total</b>	<b>257</b>	<b>100.0%</b>

Figure 16: Table showing the extent to which respondents agreed or disagreed with the proposal to raise the maximum rates for day care.

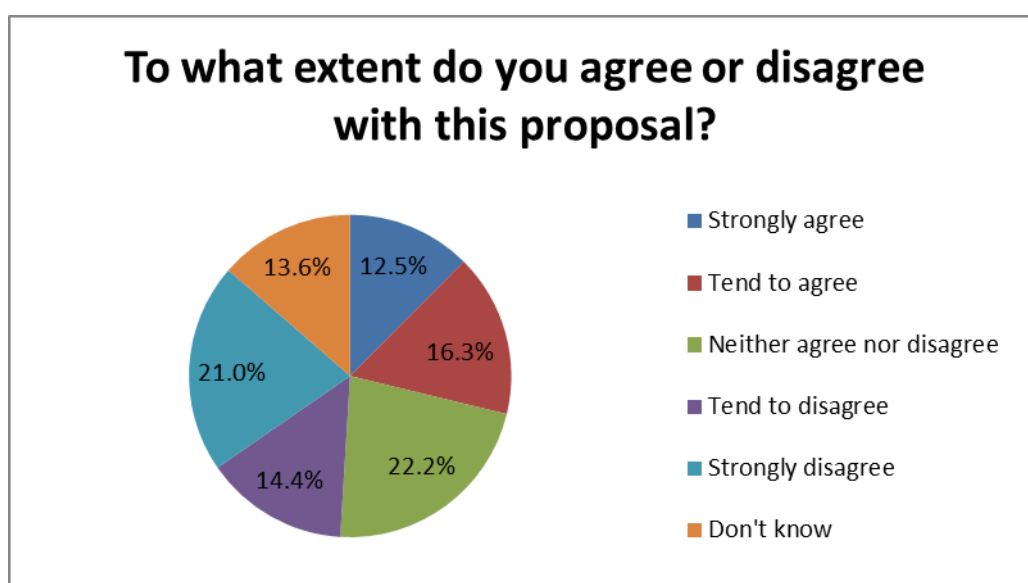


Figure 17: Chart illustrating the extent to which respondents agreed or disagreed with the proposal to raise the maximum rates for day care.

### 3.2.2 Reasons for agreeing with the proposal

Respondents were asked to give reasons for their answer. Figure 18 gives a summary of the type of comments received on why respondents agree with the proposals to raise the maximum charge for day care. Of those who completed the questionnaire, 53 people responded to this question.

Whilst most people clearly understood the proposal and thought that raising the maximum rate for contributions towards day care was fair, a few of those who said that they agreed with the proposal said so because they thought (mistakenly) that it would better reward carers and improve the quality of service.

Please give reasons why you agree with this proposal	%age	Base
<b>Those who gave a reason or reasons</b>	<b>100%</b>	<b>53</b>
Financial impact	6%	3
Would have to reduce or stop services	2%	1
Fair if it is affordable	34%	18
Not enough of an increase	6%	3
Too much of an increase and/or not affordable	2%	1

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Please give reasons why you agree with this proposal	%age	Base
Improved quality of life and/or care	13%	7
Response does not appear to relate to the question	34%	18
Worth the increase	6%	3
Helps tackle isolation	4%	2
Helps the council balance its budgets	2%	1
Better pay for staff	6%	3
Care should be part of the NHS as medical needs	2%	1
Helps or is good for people	6%	3
Good idea	2%	1
I don't understand	2%	1
Responder misunderstood	28%	15
<b>Total number of responses</b>		<b>66</b>

Figure 18: Reasons why respondents agree with the proposal to raise the maximum rates for day care.

### 3.2.3 Reasons for disagreeing with the proposal

Respondents were asked to give reasons for their answer. Figure 19 gives a summary of the type of comments received on why respondents disagree with the proposals to raise the maximum charge for day care. Of those who completed the questionnaire, 68 people responded to this question.

In their written response the Jewish Deaf Association wrote:

*“We strongly disagree with this. If the objective is to allow people to remain independent and out of residential care then increasing the contribution of the most vulnerable people in accessing community based activities and day care is counter-productive. The support and communication needs of elderly Deaf people are greater than those of hearing people and the associated costs are therefore greater too. Elderly Deaf people often have secondary learning difficulties, having been denied access to education and opportunities many years ago. Modern technology*

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*can be useful for younger Deaf people but our older, vulnerable clients are anxious and unable to rely on this and really need face to face support and activities.*

*Increased contribution to day care and attendance at specialist centres like ours, may mean that they have to stop attending. This would lead to clients becoming withdrawn, isolated and alone. The incidence of anxiety and depression amongst elderly Deaf clients is 4 times higher than the general population. This would, therefore, put additional pressure on other services like Mental Health services. Can we encourage Social Care and Health Departments to consider a more integrated approach to the wellbeing of elderly Deaf people.*

*We have noticed that when we explain an increase in their contribution rate to our elderly Deaf clients they become angry and frustrated. It takes a very long time to build up their trust and to have them accept our services which are a safety net for them as they cannot access other services. They have told us that they feel let down and betrayed and we are having to deal with their increased frustrations and anxieties. We have noticed that this has led to a decline in our clients wellbeing.”*

The most common response to this question was that it was not affordable, that people were struggling to make their current contributions and this increase would affect their quality of life and cause hardship. A lot of people disagreed with the proposal because they thought that it was unfair that vulnerable people should be asked to pay more for their care.

Please give reasons why you disagree with this proposal	%age	Base
<b>Those who gave a reason or reasons</b>	<b>100%</b>	<b>68</b>
Financial impact and/or not affordable	44%	30
Not using the services	3%	2
Impact on wellbeing	10%	7
Response does not appear to relate to the question	21%	14
No or minimal impact expected	4%	3
Should be subsidised by the government	6%	4
Unfair	4%	3
Providers are profiting	3%	2

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Please give reasons why you disagree with this proposal	%age	Base
Impacts vulnerable people the most	7%	5
Unclear on cost and/or proposals	6%	4
Increase is too much and/or I am already paying too much	16%	11
Should be a decrease	1%	1
Responder misunderstood	19%	13
<b>Total number of responses</b>		<b>86</b>

Figure 19: Reasons why respondents disagree with the proposal to raise the maximum rates for day care.

### 3.2.4 Reasons for not expressing a firm opinion either way

Respondents were asked to give reasons for their answer. Figure 20 gives a summary of the type of comments received on why respondents said they “Didn’t Know” or “Neither agree nor disagree” with the proposals to raise the maximum charge for day care. Of those who completed the questionnaire, 54 people responded to this question.

Most people who didn’t express an opinion on this proposal did so because they didn’t use day care services or they didn’t think that it would affect them. There also appeared to be a few people who didn’t understand the proposal with the information provided.

Please tell us why you gave this answer	%age	Base
<b>Those who gave a reason or reasons</b>	<b>100%</b>	<b>54</b>
Not using the service	26%	14
No or minimal impact expected	9%	5
Fair if affordable	13%	7
Too much of an increase	2%	1
Do not pay or have zero contributions	2%	1
Financial impact	2%	1

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Please tell us why you gave this answer	%age	Base
Response does not appear to relate to the question	13%	7
I want to wait and see how it works out	2%	1
I do not understand the costs and/or proposals	7%	4
Not sure or don't know	30%	16
Unfair	2%	1
It will impact on quality of life and/or care	2%	1
Responder Misunderstood	11%	6
<b>Total number of responses</b>		<b>59</b>

Figure 20: Reasons why respondents did not have a firm opinion either way on the proposal to raise the maximum rates for day care.

### 3.2.5 Analysis of respondents views on personal impact

Respondents were asked the extent to which the proposal would impact on them. Of those who completed the questionnaire, 239 people responded to this question.

26.8 per cent (64 out of 239) said that it would impact on them a lot. 17.6 per cent (42 out of 239) said that there would be some impact on them. 30.5 per cent (73 out of 239) said that this would not impact on them and 25.1 per cent (60 out of 239) said that they didn't know whether or not it would impact on them.

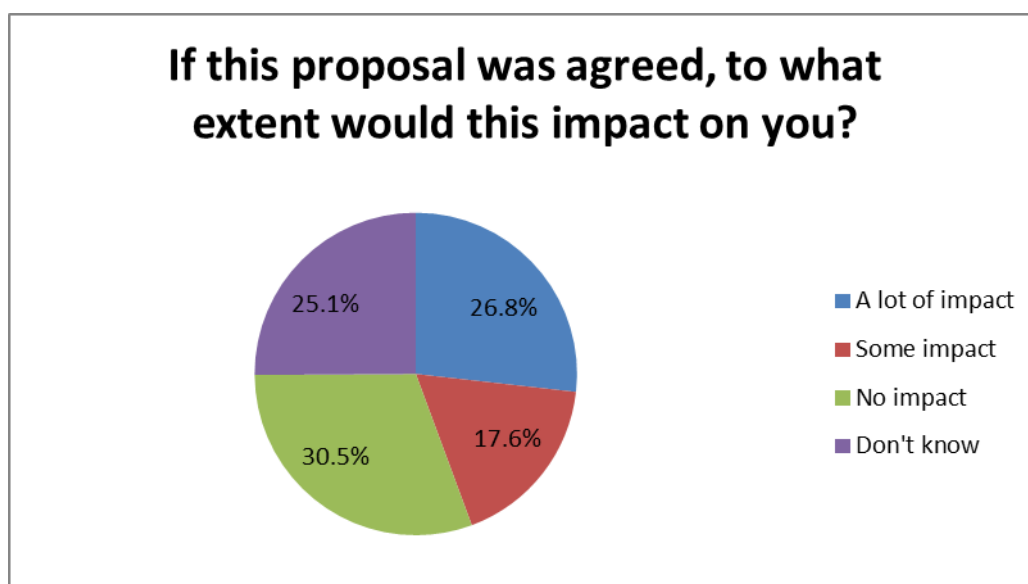


Figure 21: Chart illustrating how respondents thought the proposal to raise the maximum rates for day care would impact them.

Respondents were asked to say how the proposal would impact on them. Figure 22 gives a summary of the responses to this question. Of those who completed the questionnaire, 128 people responded to this question.

A lot of people used this question to reiterate their disagreement with the proposal. Of those who described how it would impact them, a number said that it would lead to financial hardship, not participating in day care and increased isolation.

Please tell us how this proposal would impact you	%age	Base
<b>Those who gave a reason or reasons</b>	<b>100%</b>	<b>128</b>
No sure or don't know	15%	19
Not using day care	13%	17
I do not understand the costs and/ or proposal or I need more information	3%	4
Not affordable or unfair	13%	16
Fair if affordable	2%	3
I may need to reduce or cancel my services	4%	5
Response does not appear to relate to the question	25%	32

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Please tell us how this proposal would impact you	%age	Base
Impact on wellbeing and/or quality of life	6%	8
Risk of isolation	2%	3
Financial hardship or expected financial hardship	14%	18
Some impact expected	4%	5
Improved wellbeing	1%	1
No or minimal impact expected	9%	11
Impacts vulnerable people the most	4%	5
Less dependent on other funding	1%	1
Need more services for the increased cost	2%	2
Responder misunderstood	17%	22
<b>Total number of responses</b>		<b>150</b>

Figure 22: Reasons why thought the proposal to raise the maximum rates for day care would impact them



### 3.3 Proposal 3: include the full amount of Disability Allowance and Attendance Allowance as income

#### 3.3.1 The extent to which respondents agreed or disagreed

Respondents were asked about the extent to which they agreed or disagreed with the proposal to include the full amount of higher rate care component of the Disability Living Allowance and higher rate of Attendance Allowance when determining how much someone can afford to contribute towards the cost of their care. The proposal also included treating Personal Independence Payments (standard and enhanced rate) in full as income. Of those who completed the questionnaire, 255 people responded to this question.

More respondents (44.7 per cent / 114 out of 255) disagreed with the proposal than agreed (24.3 per cent / 62 out of 255). 31.0 per cent (79 out of 255) did not have a firm opinion or didn't express an opinion.

#### To what extent do you agree or disagree with the proposal to include the full amount of higher rate care component of DLA and AA as income?

Answer Options	Response Count	Response Per cent
Strongly agree	21	8.2%
Tend to agree	41	16.1%
Neither agree nor disagree	37	14.5%
Tend to disagree	31	12.2%
Strongly disagree	83	32.5%
Don't know	42	16.5%
<b>Grand Total</b>	<b>255</b>	<b>100.0%</b>

Figure 23: Table showing the extent to which respondents agreed or disagreed with the proposal to include the full amount of DLA and AA as income.

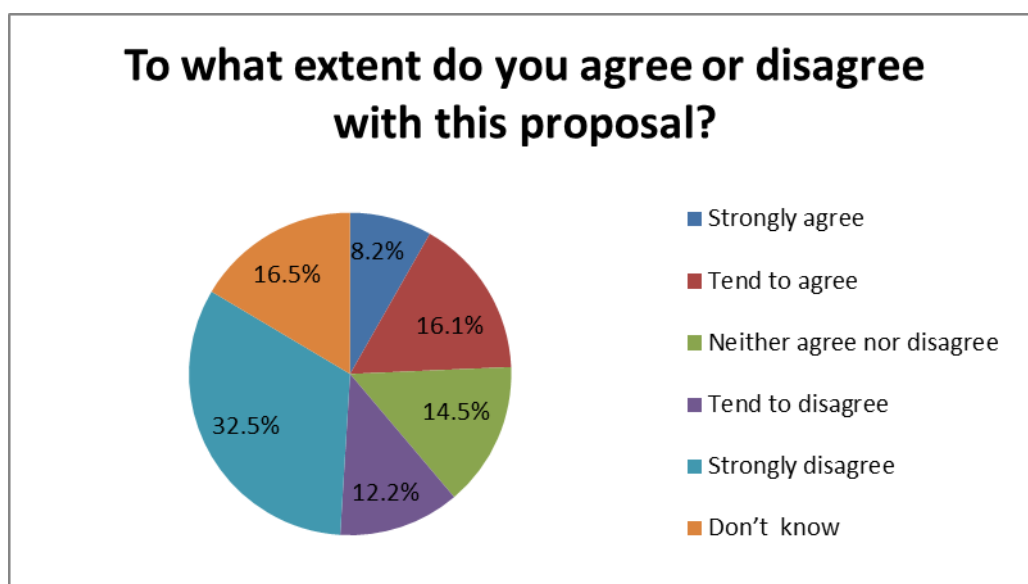


Figure 24: Chart illustrating the extent to which respondents agreed or disagreed with the proposal to include the full amount of DLA and AA as income.

### 3.3.2 Reasons for agreeing with the proposal

Respondents were asked to give reasons for their answer. Figure 25 gives a summary of the type of comments received on why respondents agree with the proposals to include the full amount of higher rate care component of the Disability Living Allowance and higher rate of Attendance Allowance when determining how much someone can afford to contribute towards the cost of their care. Of those who completed the questionnaire, 43 people responded to this question.

The most common reason given for agreeing with this proposal was that it was reasonable and fair provided that people could afford it.

Please give reasons why you agree with the proposal to include the full amount of Disability Allowance and Attendance Allowance as income	Base	%age
<b>Those who gave a reason or reasons</b>	<b>43</b>	<b>100%</b>
Not affordable or financial hardship expected	3	7%
No or minimal impact expected	1	2%
Unfair	1	2%
Fair if affordable	12	28%
Some increase is acceptable and/or cuts have to be made	4	9%

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Please give reasons why you agree with the proposal to include the full amount of Disability Allowance and Attendance Allowance as income	Base	%age
Response does not appear to relate to the question	9	21%
Not receiving services and/or allowance	2	5%
Used to fund care and support services	3	7%
Impacts quality of life	2	5%
Only higher rate DLA should be included as income	1	2%
Is or should be considered income	4	9%
Not considered income	1	2%
Responder Misunderstood	13	30%
<b>Total number of responses</b>	<b>43</b>	

Figure 25: Reasons why respondents agree with the proposal to include the full amount of DLA and AA as income.

### 3.3.3 Reasons for disagreeing with the proposal

Respondents were asked to give reasons for their answer. Figure 26 gives a summary of the type of comments received on why respondents disagree with the proposals to include the full amount of higher rate care component of the Disability Living Allowance and higher rate of Attendance Allowance when determining how much someone can afford to contribute towards the cost of their care. Of those who completed the questionnaire, 91 people responded to this question.

In their written response the Jewish Deaf Association wrote:

*“We strongly disagree with this proposal which will have a devastating impact on our most vulnerable clients.*

*The whole idea of higher rates for DLA was to ensure the most needy were appropriately cared for. If the financial assessment now includes higher rate as part of income then our vulnerable clients will have to make a greater contribution. Effectively this will negate any benefit of the higher rate and they may end up worse off.”*

People who disagreed with this response gave a wide range of reasons for doing so. The most common reasons given are that this is unfair and discriminatory and that the

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benefit is used to pay for a shortfall in health and care support. Other reasons given are that it is not affordable and would impact on peoples quality of life. Other people made the comment that disability benefits should not be treated as income.

Please give reasons why you disagree with this proposal	Base	%age
<b>Those who gave a reason or reasons</b>	<b>91</b>	<b>100%</b>
Increase is too much or not affordable	12	13%
Legally allowed to (but not bound to)	2	2%
Response does not appear to relate to the question	7	8%
Benefits are not income	6	7%
Quality of life is impacted	13	14%
PIP and DLA are the same	2	2%
No or minimal impact expected	4	4%
Should be paid for by the Government	1	1%
Financial hardship	21	23%
Affects vulnerable people/ discriminatory	21	23%
I will have to pay more	1	1%
I don't know or understand and I need more information	6	7%
Would discourage people from claiming the higher allowance	1	1%
Pays for care and support services	17	19%
Unfair or should not be means tested	19	21%
Responder misunderstood	6	7%
<b>Total number of responses</b>	<b>133</b>	

Figure 26: Reasons why respondents disagree with the proposal to include the full amount of DLA and AA as income.

### 3.3.4 Reasons for not expressing a firm opinion either way

Respondents were asked to give reasons for their answer. Figure 27 gives a summary of the type of comments received on why respondents said they “Didn’t Know” or “Neither agree nor disagree” with the proposals to include the full amount of higher rate care component of the Disability Living Allowance and higher rate of Attendance Allowance when determining how much someone can afford to contribute towards the cost of their care. Of those who completed the questionnaire, 39 people responded to this question.

Most people who didn’t express an opinion on this proposal did so because they didn’t know or needed more information. Others said that this would not affect them.

Please tell us why you gave this answer	%age	Base
<b>Those who gave a response or responses</b>	<b>100%</b>	<b>39</b>
I agree with the proposals	5%	2
Pays for other care and support services	5%	2
I don’t know or I’m not sure and need more information	59%	23
Cost should be based on expenditure	3%	1
Unfair	5%	2
Do not receive allowance	8%	3
Response does not appear to relate to the question	8%	3
If affordable	3%	1
No or minimal impact expected	13%	5
Responder Misunderstood	8%	3
<b>Total number of responses</b>		<b>42</b>

Figure 27: Reasons why respondents did not have a firm opinion either way on the proposal to include the full amount of DLA and AA as income.

### 3.3.5 Analysis of respondents views on personal impact

Respondents were asked the extent to which the proposal would impact on them. Of those who completed the questionnaire, 250 people responded to this question.

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30.8 per cent (77 out of 250) said that it would impact on them a lot. 22.0 per cent (55 out of 250) said that there would be some impact on them. 17.2 per cent (43 out of 250) said that this would not impact on them and 30 per cent (75 out of 250) said that they didn't know whether or not it would impact on them.

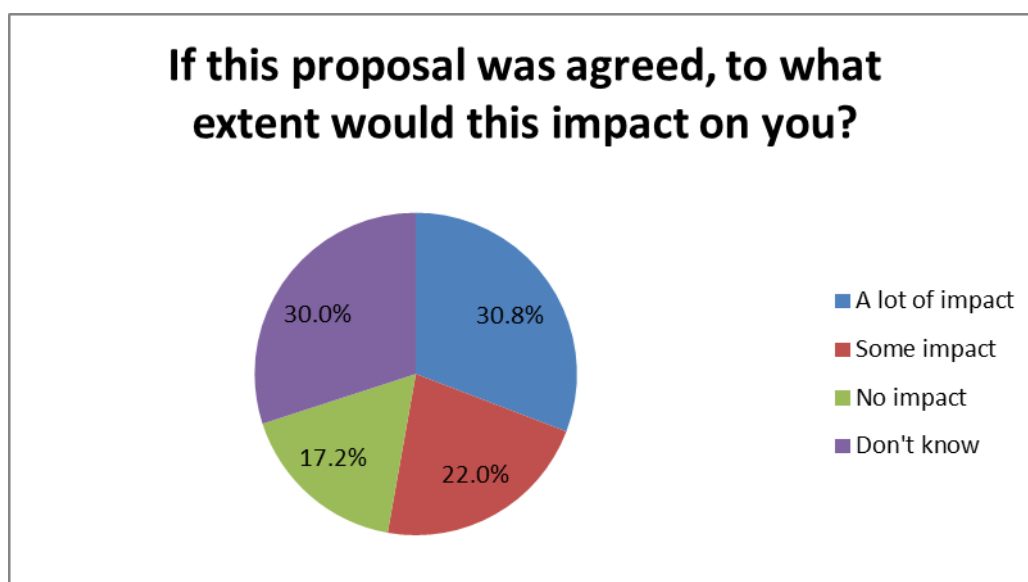


Figure 28: Chart illustrating how respondents thought the proposal to include the full amount of DLA and AA as income would impact them.

Respondents were asked to say how the proposal would impact on them. Figure 29 gives a summary of the responses to this question. Of those who completed the questionnaire, 131 people responded to this question.

Of those who described how it would impact them, the most common response was that it would cause financial hardship and affect their quality of life. Others used their answer to reiterate their disagreement with the proposal.

Please tell us how this proposal will impact you	Base	%age
<b>Those that gave a response or responses</b>	<b>131</b>	<b>100%</b>
Less money for other costs	11	8%
Pays for other care and support services	9	7%
I don't know or not sure and need more information	27	21%
May need this care in future	1	1%
Disagree with proposal	3	2%

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Please tell us how this proposal will impact you	Base	%age
Some impact expected	3	2%
Financial hardship and/or not affordable	40	31%
No or minimal impact expected	3	2%
Impacts the most vulnerable people	3	2%
Impacts quality of life	19	15%
Better financial assessment or positive impact	4	3%
Do not receive services and/or higher rate	12	9%
Receive higher rate	3	2%
Response does not appear to relate to the question	5	4%
Responder Misunderstood	4	3%
<b>Total number of responses</b>	<b>143</b>	

Figure 29: Reasons why respondents thought the proposal to include the full amount of DLA and AA as income would impact them

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### 3.4 Proposal 4: changing the policy on guaranteed minimum income

#### 3.4.1 The extent to which respondents agreed or disagreed

Respondents were asked about the extent to which they agreed or disagreed with the proposal to link the council's guaranteed minimum income within our Fairer Contributions Policy to the Department of Health's guaranteed minimum income which is set in April every year or the current level, whichever is the highest.

More respondents (30.6 per cent / 78 out of 255) disagreed with the proposal than agreed (25.5 per cent / 65 out of 255). 43.9 per cent (112 out of 255) did not have a firm opinion or didn't express an opinion.

To what extent do you agree or disagree with this proposal?		
Answer Options	Response Count	Response Per cent
Strongly agree	23	9.0%
Tend to agree	42	16.5%
Neither agree nor disagree	55	21.6%
Tend to disagree	22	8.6%
Strongly disagree	56	22.0%
Don't know	57	22.4%
<b>Grand Total</b>	<b>255</b>	<b>100.0%</b>

Figure 30: Table showing the extent to which respondents agreed or disagreed with the proposal to change the policy on guaranteed minimum income.



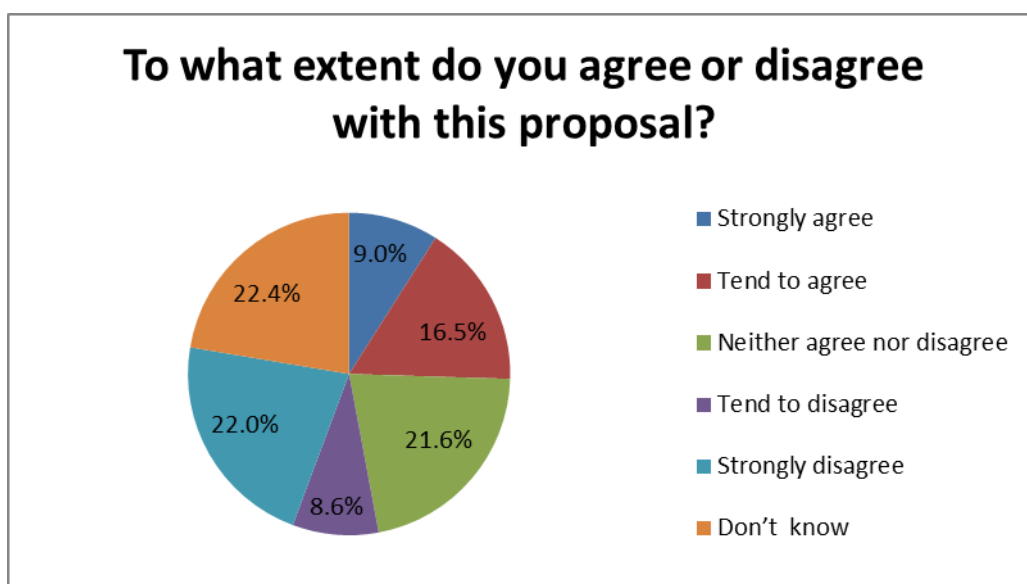


Figure 31: Chart illustrating the extent to which respondents agreed or disagreed with the proposal to change the policy on guaranteed minimum income.

### 3.4.2 Reasons for agreeing with the proposal

Respondents were asked to give reasons for their answer. Figure 32 gives full details of the type of comments received on why respondents agree with the proposals to link the council's guaranteed minimum income within our Fairer Contributions Policy to the Department of Health's guaranteed minimum income which is set in April every year or the current level, whichever is the highest. Of those who completed the questionnaire, 42 people responded to this question.

The most common reason given for agreeing with this proposal was that it was fair.

Please give reasons why you agree with the proposal to change the policy on guaranteed minimum income	Base	%age
<b>Those who gave a reason or reasons</b>	<b>42</b>	<b>100%</b>
There is no change	2	5%
Agree subject to other related matters (e.g. council tax)	4	10%
It's fair	22	52%
I'm unsure about the impact	1	2%
Response does not appear to relate to the question	18	43%

## Changing the Fairer Contributions Policy for adult social care

Please give reasons why you agree with the proposal to change the policy on guaranteed minimum income	Base	%age
I don't know	3	7%
<b>Total number of responses</b>	<b>90</b>	

Figure 32: Reasons why respondents agree with the proposal to change the policy on guaranteed minimum income.

### 3.4.3 Reasons for disagreeing with the proposal

Respondents were asked to give reasons for their answer. Figure 33 gives full details of the type of comments received on why respondents disagree with the proposals to link the council's guaranteed minimum income within our Fairer Contributions Policy to the Department of Health's guaranteed minimum income which is set in April every year or the current level, whichever is the highest. Of those who completed the questionnaire, 59 people responded to this question.

The most common reasons for disagreeing with the proposal were that it was unfair and people wouldn't be able to afford it.

Please give reasons why you disagree with the proposal to change the policy on guaranteed minimum income	Base	%age
<b>Those who gave a reason or reasons</b>	<b>59</b>	<b>100%</b>
The proposal is unfair	37	63%
This does not take ac local / personal circumstances	8	14%
The guaranteed minimum income is too low	6	10%
Unrelated response	3	5%
Affects quality of life	5	8%
I'd have less money / couldn't afford it	21	36%
I don't know what will happened to the minimum income in future	2	3%
Don't know/ not sure/ need more information	8	14%
People shouldn't have to pay for care	3	5%

## Changing the Fairer Contributions Policy for adult social care

Please give reasons why you disagree with the proposal to change the policy on guaranteed minimum income	Base	%age
Necessities are not disregarded	3	5%
<b>Total number of responses</b>	<b>172</b>	

Figure 33: Reasons why respondents disagree with the proposal to change the policy on guaranteed minimum income.

### 3.4.4 Reasons for not expressing a firm opinion either way

Respondents were asked to give reasons for their answer. Figure 34 gives full details of the type of comments received on why respondents said they “Didn’t Know” or “Neither agree nor disagree” with the proposals to link the council’s guaranteed minimum income within our Fairer Contributions Policy to the Department of Health’s guaranteed minimum income which is set in April every year or the current level, whichever is the highest. Of those who completed the questionnaire, 51 people responded to this question.

In their written response the Jewish Deaf Association wrote:

*“We cannot properly comment on this as there are insufficient examples in order to make an informed decision. Aligning the guaranteed minimum income with the Department of Health may indeed ensure that the social care budget is less in deficit. Unless a holistic approach is taken in respect of each client, with an integrated approach to their total wellbeing (emotional, social, psychological and physical health) then Health care and social care needs will continue to compete with the Council needing to make drastic savings to both and setting one against the other. Surely this will result in less well funded and essential care for the most vulnerable. Is this not at odds with the basic premise of the new Care Act?”*

Most people who didn’t express an opinion on this proposal did so because they were unsure how it would affect them or they needed more information.

Please tell us why you gave this answer	Base	%age
<b>Those who gave a reason or reasons</b>	<b>51</b>	<b>100%</b>
I’m struggling to make ends meet	3	6%
I’m unsure how this would affect me	20	39%
Could be of benefit/ fair	4	8%

Please tell us why you gave this answer	Base	%age
Can't comment/ don't know	8	16%
Need more information/ don't understand	10	20%
Unrelated comment	6	12%
Not relevant	7	14%
<b>Total number of responses</b>	<b>102</b>	

Figure 34: Reasons why respondents did not have a firm opinion either way on the proposal to change the policy on guaranteed minimum income.

### 3.4.5 Analysis of respondents views on personal impact

Respondents were asked the extent to which the proposal would impact on them. Of those who completed the questionnaire, 224 people responded to this question.

28.1 per cent (63 out of 224) said that it would impact on them a lot. 21.0 per cent (47 out of 224) said that there would be some impact on them. 15.6 per cent (35 out of 224) said that this would not impact on them and 35.3 per cent (79 out of 224) said that they didn't know whether or not it would impact on them.

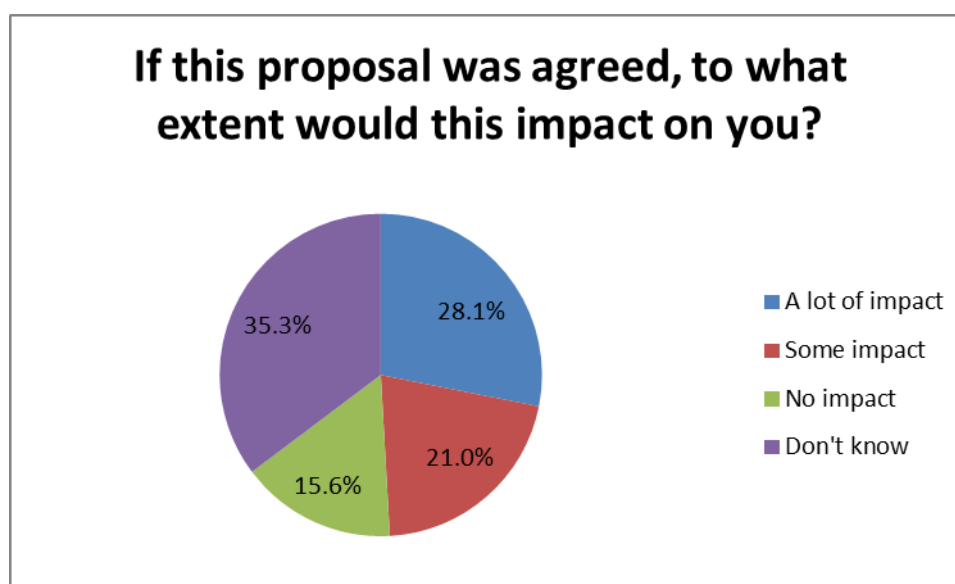


Figure 35: Chart illustrating how respondents thought the proposal to change the policy on guaranteed minimum income would impact them.

## Changing the Fairer Contributions Policy for adult social care

Respondents were asked to say how the proposal would impact on them. Figure 36 gives a summary of the responses to this question. Of those who completed the questionnaire, 106 people responded to this question.

Of those who described how it would impact them, the most common responses were about the impact that this would have on their finances and wellbeing. Others said that they needed more information to say what the impact would be on them.

Please tell us how this proposal will impact you	Base	%age
<b>Those who gave a reason or reasons</b>	<b>106</b>	<b>100%</b>
Worried that I will have less money/ reduced standard of living	53	50%
Reduced quality of life/ impact on health and wellbeing	8	8%
Less services	2	2%
Response does not relate to question	7	7%
Affects others/ family members	4	4%
Change required to manage spending	2	2%
No impact	5	5%
Some or major impact/ expected impact	5	5%
Positive impact/ if fair	5	5%
I will have more money	4	4%
Unsure of impact / don't know/ Need more information	28	26%
I'm not sure it takes personal circumstances into account	2	2%
<b>Total number of responses</b>	<b>226</b>	

Figure 36: Reasons why respondents thought the proposal to change the policy on guaranteed minimum income impact them