

Kirklees Council: Adult Care Offer Consultation

Report of consultation results: May 2018



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Kirklees Council:

Adult Care Offer Consultation

Executive Summary

Introduction and background

1. Kirklees Council consulted about potential changes to adult social care and how it decides what care and support someone may need. The consultation aimed to assess people's perceptions of the proposed changes and identify the potential impact on different groups of people.¹ The consultation covered three key potential changes:
 - Helping people live independently and helping people to help themselves and use more of the support already available to them in the community.
 - Changing how the council decides the amount of money and social care support people receive through changes to the Resource Allocation System.
 - Being clear about how direct payments (this is where someone receives money to arrange their own care) are used by people, so they can use the money to help meet their needs.
2. The council also used the consultation to explore how the internet could be used by residents to find out information about social care services and support.
3. The council commissioned Public Perspectives, an independent research and consultation organisation, to support the design and delivery of the consultation and produce an independent report of the consultation results.
4. This report summarises the results of the consultation. The council will consider the consultation results, along with other information such as relevant legislation and budget pressures, before making a decision.

Consultation methodology and response

5. The consultation took place over an 8-week period between 22nd March 2018 and the 17th May 2018.
6. The consultation was promoted on the council's website and through postcards and posters available at key public contact points. In addition, a letter was sent to all direct payment recipients encouraging them to respond to the consultation.
7. A dedicated phone and email address were available to residents and organisations to ask questions about the proposals and consultation or receive help to respond to the consultation.
8. The consultation included the following methods:

¹ This included assessing the impact on the nine protected equality groups under the public sector equality duty (which asks public bodies to consider or think about how their policies or decisions affect people who are protected under the Equality Act).

- An open-access on-line consultation questionnaire hosted on the council's website (with hard copy and easy-read versions available) completed by 406 respondents (the consultation questionnaire is available at appendix 2).
- A representative telephone survey of 251 current and prospective service users mainly aged 55 and over.
- Two staff workshops held on the 1st and 8th May 2018 in Huddersfield and Dewsbury, attended by 74 adult social care staff.
- A stakeholder workshop held on the 8th May 2018 at The John Smith's Stadium, attended by 55 stakeholders across Kirklees including social care providers, representative groups and key partners such as health services.
- Visits (and discussions with services users) to: an independent living provider for people with learning disabilities (involving 4 service users); a day centre for people with learning disabilities (involving 8 service users); and an older people's support service (involving 4 service users in early stages of dementia).²
- Focus groups with carers (one with 8 carers of adults and one with 4 carers of children in receipt of direct payments); a focus group with people living with mental health problems (6 people); a focus group with older people with various adult social care needs (4 people); and a focus group with people with physical disabilities (4 people).³
- A carers event held on the 24th April in Dewsbury, attended by 24 carers.
- Two public drop-in sessions held on the 9th and 10th May 2018.
- Two council Member briefings on the 16th and 17th May, involving 11 Members.⁴

Key findings

Living independently and well

9. Overall, 63% of respondents agree with the proposals to help people live independently and 21% disagree. 33% said it would have a positive impact on them and 27% said it would have a negative impact.
10. People in receipt of adult social care support (including carers) and disabled people tend to be less supportive than other respondents and more likely to state the proposal will have a negative impact on them.

Deciding the amount of money and support

11. Overall, 51% of respondents agree with the proposal to change the Resource Allocation System (the system which determines the amount of support and money someone receives) and 25% disagree. 20% said it would have a positive impact on them and 22% said it would have a negative impact.

² The organisations visited were respectively: Creative Support (Huddersfield), Waves Day Centre (Slaithwaite), The Denby Dale Centre.

³ The focus groups were held in a central Huddersfield location. Transport was arranged and thank you payments made, with participants travelling from across the Kirklees area.

⁴ In addition, the consultation has noted comments made about direct payments and respite at a workshop held with carers in October 2017.

12. People in receipt of adult social care support (including carers) and disabled people tend to be less supportive than other respondents and more likely to state the proposal will have a negative impact on them.

Direct payments

13. 67% of respondents were aware of direct payments and 51% of respondents said more people should choose to take direct payments – awareness and support for direct payments is greatest amongst people in receipt of adult social care support, especially those that currently receive direct payments.
14. Overall, 61% of respondents agree with the proposed guidance to help make direct payments clearer and 17% disagree. 25% said it would have a positive impact on them and 15% said it would have a negative impact. People in receipt of adult social care support tend to be less supportive than other respondents and more likely to state the proposal will have a negative impact on them.
15. Overall, 77% of respondents agree with using direct payments to pay for short breaks and 12% disagree. Adults currently in receipt of direct payments are even more in support.
16. Carers and stakeholders said that there needs to be improved information to increase awareness and uptake of direct payments. They also want better support and advice to make best use of direct payments and clearer guidance about what direct payments can be used for.

Contacting the council and adult services

17. The majority of respondents agree with proposals to contact the council and adult services on-line:
- 63% agree with finding answers to questions.
 - 61% agree with booking and changing appointments.
 - 69% agree with finding out about local services.
 - 53% agree with entering and viewing information about themselves and the services they receive.
 - 62% agree with letting someone they trust do the above things on their behalf.
18. Older respondents are less likely to agree. For example, on average across all the above activities, 52% of respondents aged 65 and over agree with doing the activities on-line compared with 67% of other respondents. This difference becomes greater as age increases further.

Key issues for consideration

19. In general, there is majority support for the proposed changes. However, notable numbers, especially amongst people that currently receive adult social care support, disagree with some of the changes and/or expect the changes will have a negative impact on them. There are several suggestions provided by residents, stakeholders and staff that could help maximise the benefit of changes and reduce the negative impact (please note that some of the suggestions are relevant across all aspects of the proposed changes):

Living independently and well

- Invest in community provision such as community services, organisations and facilities to ensure that sufficient opportunities are available for residents.
- Make it easier to find out about the community support available.
- Invest in services to help people access community provision and ensure services such as reablement, care navigation and Community Plus are appropriately resourced and aligned with other services to provide timely support.
- Work closely with partners and other council services to ensure there is a consistent approach.
- Use accessible/jargon-free language to help residents, staff and partners understand and engage with the approach.

Deciding the amount of money and support

- Ensure staff (and appropriate partners) are trained and supported to conduct effective person-led assessments.
- Provide regular reviews to ensure support adapts to an individual's changing circumstances.
- Ensure carers receive assessments where appropriate and that support is available to help carers be resilient and deliver their caring roles effectively.
- Manage change carefully and sensitively, considering transitional arrangements where someone's care package may change notably.

Direct payments

- Invest in raising awareness and understanding of direct payments, to increase use.
- Provide training and support to staff and partner organisations to help encourage use and support the management of direct payments.
- Consider the creation of a direct payments advisory and support service to help with the management of direct payments, such as providing recruitment and employment advice, and help with budget management.
- Share the draft guidance with staff and stakeholders to ensure it is fit for purpose.
- Ensure that the exceptional use of direct payments to pay family members or pay for short breaks are written into care plans agreed with the council and the outcomes monitored.
- Provide training and support to carers that are paid, and monitor the quality of care they provide, including monitoring safeguarding.

Contacting the council and adult services

- Provide training and support to help people access on-line services and reduce digital exclusion amongst the elderly and disabled.
- Ensure that alternative access is available for those that do not want, or are unable, to use digital services.

20. Overall, stakeholders, staff and residents said that it will be important to monitor the impact of the changes on outcomes and safeguarding. Consequently, a formal review of the impact of the changes could be conducted following their implementation.

Kirklees Council:

Adult Care Offer Consultation

Main Report

Section 1: Introduction and consultation approach

Introduction and background

- 1.1. Kirklees Council consulted about potential changes to adult social care and how it decides what care and support someone may need. The consultation aimed to assess people's perceptions of the proposed changes and identify the potential impact on different groups of people.⁵ The consultation covered three key potential changes:
- Helping people live independently and helping people to help themselves and use more of the support already available to them in the community.
 - Changing how the council decides the amount of money and social care support people receive through changes to the Resource Allocation System.
 - Being clear about how direct payments (this is where someone receives money to arrange their own care) are used by people, so they can use the money to help meet their needs.
- 1.2. The council also used the consultation to explore how the internet could be used by residents to find out information about social care services and support.
- 1.3. The council commissioned Public Perspectives, an independent research and consultation organisation, to support the design and delivery of the consultation and produce an independent report of the consultation results.
- 1.4. This report summarises the results of the consultation. The council will consider the consultation results, along with other information such as relevant legislation and budget pressures, before making a decision.

Consultation methodology and response

- 1.5. The consultation took place over an 8-week period between 22nd March 2018 and the 17th May 2018.
- 1.6. The consultation was promoted on the council's website and through postcards and posters available at key public contact points. In addition, a letter was sent to all direct payment recipients encouraging them to respond to the consultation.

⁵ This included assessing the impact on the nine protected equality groups under the public sector equality duty (which asks public bodies to consider or think about how their policies or decisions affect people who are protected under the Equality Act).

- 1.7. A dedicated phone and email address were available to residents and organisations to ask questions about the proposals and consultation or receive help to respond to the consultation.
- 1.8. The consultation included the following methods:
- An open-access on-line consultation questionnaire hosted on the council's website (with hard copy and easy-read versions available) completed by 406 respondents (the consultation questionnaire is available at appendix 2).
 - A representative telephone survey of 251 current and prospective service users mainly aged 55 and over.
 - Two staff workshops held on the 1st and 8th May 2018 in Huddersfield and Dewsbury, attended by 74 adult social care staff.
 - A stakeholder workshop held on the 8th May 2018 at The John Smith's Stadium, attended by 55 stakeholders across Kirklees including social care providers, representative groups and key partners such as health services.
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 - Focus groups with carers (one with 8 carers of adults and one with 4 carers of children in receipt of direct payments); a focus group with people living with mental health problems (6 people); a focus group with older people with various adult social care needs (4 people) and a focus group with people with physical disabilities (4 people).⁷
 - A carers event held on the 24th April in Dewsbury, attended by 24 carers.
 - Two public drop-in sessions held on the 9th and 10th May 2018.
 - Two council Member briefings on the 16th and 17th May, involving 11 Members.⁸

⁶ The organisations visited were respectively: Creative Support (Huddersfield), Waves Day Centre (Slaithwaite), The Denby Dale Centre.

⁷ The focus groups were held in a central Huddersfield location. Transport was arranged and thank you payments made, with participants travelling from across the Kirklees area.

⁸ In addition, the consultation has noted comments made about direct payments and respite at a workshop held with carers in October 2017.

1.9. The following table shows the demographic profile of respondents to the consultation, for both the consultation questionnaire and the telephone survey.

Figure 1: Profile of respondents

Demographic	Consultation questionnaire (numbers in brackets)	Telephone survey (numbers in brackets)
Background (respondents could select all relevant answers)		
Resident of Kirklees	82% (334)	100% (251)
Someone who receives adult social care support	13% (53)	6% (16)
Someone who receives a direct payment	17% (69)	1% (3)
Young person or representative of a young person receiving a direct payment	9% (37)	-
Carer	40% (163)	13% (33)
Professional working in health or adult social care	19% (78)	2% (5)
Representative of a local community group or organisation	5% (19)	10% (25)
Kirklees Council employee	21% (86)	1% (2)
Other	10% (41)	0% (1)
Gender		
Female	65% (232)	50% (125)
Male	33% (118)	50% (125)
Age		
25-34	7% (26)	N/A (targeted over 55s)
35-44	12% (44)	N/A (ditto)
45-54	28% (100)	2% (6)
55-64	30% (108)	36% (91)
65-74	19% (69)	34% (85)
75-84	3% (10)	22% (54)
85+	1% (2)	6% (15)
Disability		
Yes, a lot	46% (166)	26% (63)
Yes, a little	13% (47)	15% (39)
No	41% (147)	59% (146)
Ethnicity		
White British/Irish	79% (284)	77% (192)

Non-White British/Irish/Prefer not to say	21% (122)	23% (59)
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Note: Figures may not add up to 100% due to rounding. Note: Quotas were set to ensure the telephone survey was demographically representative by gender, age and ethnicity, with a good spread geographically. These quotas were met within 1-2 percentage points of the target.

The full headline results of the consultation are presented at appendix 1, including the demographic background of respondents across a variety of equality groups.

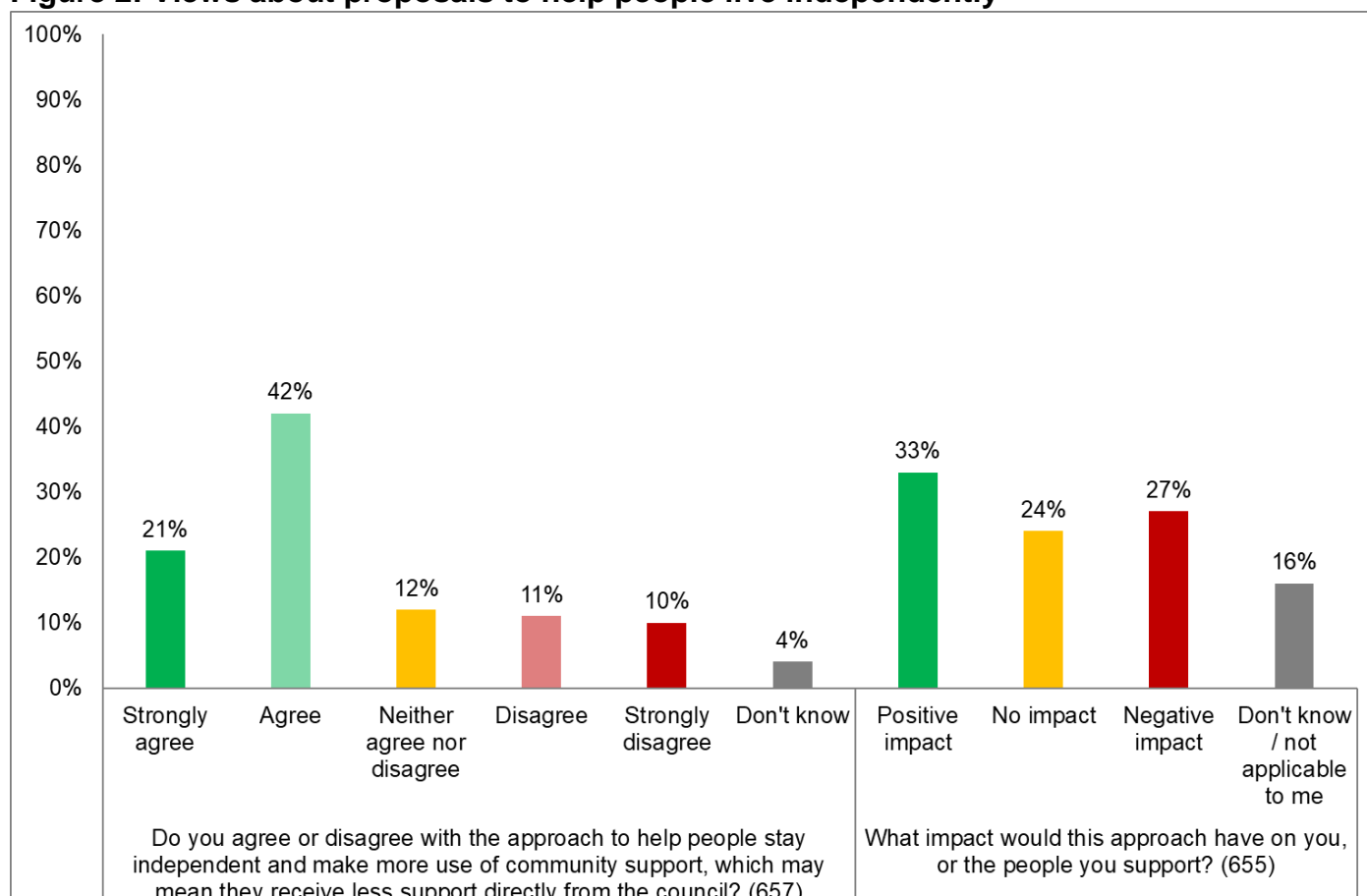
Report

- 1.10. The rest of this report presents the results of the consultation. It follows the structure of the questionnaire:
 - Section 2: Living independently and well
 - Section 3: Deciding the amount of money and support
 - Section 4: Direct payments
 - Section 5: Contacting the council and adult services
- 1.11. The report integrates results for the consultation questionnaire and telephone survey, alongside findings from the focus groups, visits, workshops and other activities.
- 1.12. The questionnaire results are presented overall and by different demographic/equality groups, where meaningful or statistically significant differences exist.
- 1.13. The open-ended comments in the questionnaire have been reviewed and summarised.

Section 2: Living independently and well

- 2.1. The council consulted on its proposed approach to help people live independently and lead positive lives. This includes: helping people to help themselves by giving them information, advice and training; providing targeted, short term, early support to people who have a crisis to prevent them losing their independence; helping people get back to living the way they want after a period of illness or injury, by providing short-term support and making use of equipment and technology so they can live independently; and using more of the support already available to people in the community, including family, friends, neighbours, community organisations and using community facilities.
- 2.2. Overall, 63% of respondents agree with the proposals to help people live independently and 21% disagree. 33% said it would have a positive impact on them and 27% said it would have a negative impact.
- 2.3. Those currently in receipt of social care support⁹ are less likely to be supportive and more likely than other respondents to state the proposals would have a negative impact on them. For example, 46% of respondents currently in receipt of social care support agree with the proposals to help people live independently and also said the proposals would have a negative impact on them. This compares with 75% of other respondents that agree with the proposals and 14% that said the proposals would have a negative impact on them.
- 2.4. Similar findings also exist with disabled respondents compared to non-disabled respondents, given that many people that identify as disabled are likely to be in receipt of social care support.

Figure 2: Views about proposals to help people live independently



Numbers in brackets are the number of respondents to each question.

⁹ Unless otherwise stated this refers to people in receipt of social care support, people in receipt of direct payments and carers.

Comments from the consultation questionnaire/telephone survey

2.5. Over 250 respondents made comments about this proposal. The main points are:

- This approach will require investment in community organisations, services and facilities, information about what is available and services to help people access community support (approximately 20-25% of comments about this proposal).

“This approach is all well and good and I support it. But at the moment I’m not sure that there are enough community facilities in place and they need to make it easier for people to find out what is available.”

- Support for the proposal to help people live independently and not become overly reliant on adult social care services, although where required adult social care support should be made available (approximately 15-20% of comments).

“I agree that people should be helped to live independently. That should always be the aim. But some people will not be able to live independently and they will need more support.”

- Concern that the proposal is a cost-cutting exercise (approximately 15-20% of comments).

“This all just feels like short-hand for cuts. I wish the council was transparent and said they are trying to save money instead of dressing it up.”

- Ultimately this will depend on the individual’s circumstances, and some people are not able to live independently or cannot rely on support from the community, family, friends and neighbours (approximately 10-15% of comments).

“Not everyone is able to live independently and some people don’t have anyone to care for them. So support needs to be there for these people.”

- The proposal will place a lot of pressure on carers – family, friends and neighbours and some may not be able to provide support at all or not provide it consistently or effectively (approximately 10-15% of comments).

“I have concerns that carers are being asked to do too much. Some will be able to and are the best people to provide care. But some may not be able to do it well or always be available.”

- Carers will require support, training and respite to be able to deliver effective care (approximately 5-10% of comments).

“You are asking a lot of carers. They will need support to make them resilient and able to provide the care that people deserve.”

- The quality of care in the community, and its impact on people, will need to be monitored and reviewed to ensure it delivers positive outcomes and that safeguarding is ensured (approximately 5% of comments).

“Carers will need help to be good carers and you will need to monitor that they provide the quality care people need and that no abuses occur. This approach should be monitored and reviewed to make sure it works.”

Focus group key findings¹⁰

- 2.6. Almost all participants in the focus groups said they supported the principle of staying independent for as long as possible:

“I think all we want to do is stay at home, in a place we like and know, for as long as possible. So I support the idea of being helped to stay independent.” Older person

“I like living here [independent living accommodation]. It is nice to live on my own and know that help is next door.” Person with learning disabilities

- 2.7. Some participants, especially carers, said they thought the proposals could be construed as a cost-cutting exercise, although they appreciated the reasons behind this:

“I agree with the principles, but in practice this is about saving money. I appreciate they need to save money so I don’t have a problem with it and this is a reasonable approach. But it doesn’t feel transparent.” Carer

- 2.8. Some participants said they were not convinced that carers or community services/facilities/organisations are able to provide appropriate support:

“I don’t really have anyone who could provide the level of care I need, so this approach [using family, friends, neighbours] won’t work for me.” Person with physical disability

“The community support available is not what I want and can be very unreliable.” Person with mental health problems

“I’m not sure there’s the facilities or organisations in the community to provide the support they’re proposing. It’s a good idea, but the infrastructure isn’t there at the moment.” Carer

¹⁰ Quotes are used to evidence a point and help bring the findings to life. In most cases only one or two quotes are provided for succinctness. The quotes have been selected to best exemplify a point. If a quote is not presented from a particular group/participant it does not mean that the group/participant did not support the point. The preceding text before the quote will make it clear which groups/participants did and did not support the point.

2.9. Consequently, some participants said that investment is required into the community, to support carers and to improve access to information:

“For this to work they need to spend more, not less on community organisations and facilities.” Older person

“It can be quite hard at the moment to find out what is available. They need to create some sort of directory or improve their website to make it easier to find out about the support available . . . I think they have a community directory at the moment, but it isn't very good.” Person with physical disability

“If they want carers to provide more support, they need to help us. They need to make sure we have the skills to help and that we get respite to recharge our batteries.” Carer

Views of stakeholders and staff

2.10. Stakeholders and staff made the following key points:

- There is general support for the principle of encouraging people to live independently, which can lead to better outcomes.
- This approach represents a cultural change – council staff and social care providers will need to be trained and supported to deliver it.
- Need to use accessible, jargon-free language that residents understand so that they can embrace the approach.
- Need to work with partners (both strategically and at the ground level), including health, children's services, social care providers and community organisations so that there is consistency in approach.
- Need to invest in resources to help people access information about community provision – the current community directory, for example, needs improvement.
- Some concern that there are gaps in community provision, the capacity of providers, use of reablement services and care navigators. Consequently, there needs to be investment in community organisations, services and facilities and support to help people access these. There also needs to be some 'market shaping' to ensure the provider market can meet need. In addition, reablement services and care navigation services need to be integrated alongside other social care services to ensure support is provided at the right time.
- It will be important to monitor the impact of the changes on outcomes and safeguarding. A formal review of the approach should be conducted once it is implemented to ensure it is as effective as possible.

2.11. In addition, stakeholders also mentioned:

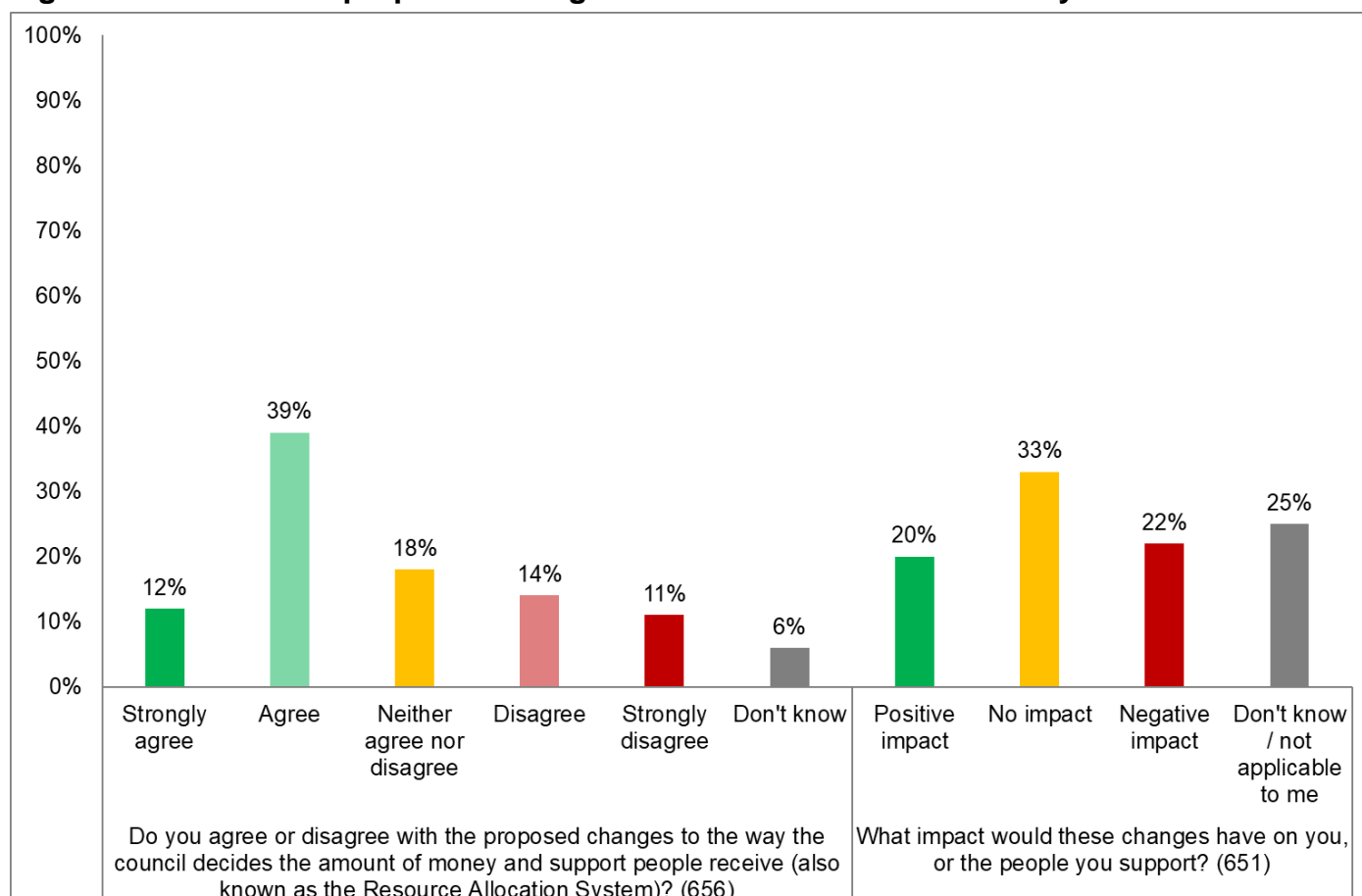
- Some concerns about placing pressure on unpaid carers. Consequently, investment will be required to help carers be resilient.
- Some concerns that carers are not a substitute for professional care. Consequently, carers need to be trained and supported, and the quality of their care assessed.
- Some carers and stakeholders expressed concerns that this is a cost-cutting exercise, although they appreciated the financial pressures that adult social care is under.

- 2.12. In addition, staff also said that in crisis situations this approach is not always possible and that it is important to continue with follow-up assessments once the crisis is over to ensure the services/support are in place to help people live independently.

Section 3: Deciding the amount of money and support

- 3.1. The council consulted on a proposal to make changes to how it decides the amount of money and social care support people receive (known as a Resource Allocation System). The proposal aims to update the approach so that it involves residents and their families, allows social care staff to use their professional judgement and takes account of modern equipment, technology and support to help people live independently.
- 3.2. Overall, 51% of respondents agree with the proposal to change the Resource Allocation System and 25% disagree. 20% said it would have a positive impact on them and 22% said it would have a negative impact.
- 3.3. Those currently in receipt of social care support are less likely to be supportive and more likely than other respondents to state the proposal would have a negative impact on them. For example, 43% of respondents currently in receipt of social care support agree with the proposed changes to the Resource Allocation System and 36% also said the proposal would have a negative impact on them. This compares with 58% of other respondents that agree with the proposal and 12% that said the proposal would have a negative impact on them.
- 3.4. Similar findings also exist with disabled respondents compared to non-disabled respondents.

Figure 3: Views about proposed changes to the Resource Allocation System



Numbers in brackets are the number of respondents to each question.

Comments from the consultation questionnaire/telephone survey

3.5. Over 250 respondents made comments about this proposal. The main points are:

- Concerned this will lead to a reduction in money and support (approximately 15-20% of comments about this proposal).

“This all feels like people will get less money and less help.”

- Involving service users and their carers is important and should be a key part of the assessment process (approximately 10-15% of comments).

“Individuals are their own experts. They and their carers should always be involved to determine their own care.”

- Support to change the system to take account of the approach of helping people live independently by making use of support available in the community (approximately 10-15% of comments).

“I agree with the approach to help people live independently and work with community organisations – the [Resource Allocation] system needs to reflect this.”

- Not sure what will change in practice, will only be able to make a judgement when receiving a new assessment (approximately 10-15% of comments).

“This all feels a little vague. I’ll only be able to give you my judgement once the changes happen.”

- Support to change the system away from a points-based system and take account of individual circumstances and allow professionals to use their judgement/discretion (approximately 5-10% of comments).

“Good social workers are key to a good assessment. I like the idea that they can use their professional judgement more to meet individual needs.”

- People will need support to facilitate their involvement and the assessors will need expertise to engage with people with different disabilities and backgrounds (approximately 5% of comments).

“Involving people is good, but it takes time and effort and some people will need support to get properly involved.”

- Carers should be assessed also to ensure their needs are met and they are able to be effective carers (approximately 5% of comments).

“Carers need help and need an assessment to make sure they can provide good care.”

- Changes are reasonable as long as needs are met as judged through a thorough assessment (approximately 5% of comments).

“I don’t really care what happens as long as people receive a proper assessment and get the help they need to meet their needs.”

- Concern about changes (including a reduction) to existing care/support as a result of changes to the system (approximately 5% of comments).

“I don’t like change. It makes me anxious. I’m worried these changes will mean I get less help.”

Focus group key findings

- 3.6. Most participants supported proposals to further involve people in their assessments and help people to live independently, as long as needs are met:

“To be honest, I’d expect them to do that sort of thing anyway [involve people in their assessments]¹¹. They can do what they want as long as my needs are met.” Person with mental health problems

“It’s very important for an assessment to get a full picture and it can only do that if it is thorough and involves all the key people. I assume they will always meet basic needs, as they are legally required to, if these can’t be met in other ways?” Carer

- 3.7. Some participants said that they or others would need support to help them be involved in their assessment, and consequently the council will need to be suitably resourced:

“My daughter needs help to communicate. They will need to support her and us to make sure we’re properly involved. This will require skill and patience, so they need to be properly resourced to do it well.” Carer

- 3.8. Some carers said the assessment should take into account the situation of carers – to provide them with the help and support to be effective carers:

“Carers need their own assessment. We may need training, respite or money to make sure we can care better. We’re often the best people to do the caring and can save the council money, but they need to invest in us.” Carer

¹¹ The council already do involve people in assessments. The proposal is about introducing new tools to further support the conversations/involvement with service users and their carers.

- 3.9. Some participants said they were concerned that the changes would lead to a change in the support they receive, which made them anxious:

“I don’t like change, it makes me anxious. Will these changes mean I get less or different support?” Person with mental health problems

“This does all sound like it will result in changes to the amount of support people receive, and probably less money and support. So you need to manage this carefully because the people we support don’t like change and are happy with the support they get at the moment.” Carer

Views of stakeholders and staff

- 3.10. Stakeholders and staff made the following key points:

- Support changing the Resource Allocation System to align with the new approach and help people live independently.
- Support a more discursive and person-led approach, which helps put people into control.
- The assessment should include partners such as health partners and social care providers.
- Providing an effective individual assessment, involving all key people, is time consuming and requires expertise – the council will have to be resourced to do this.
- Support the use of professional judgement and discretion, although there needs to be a mechanism to ensure consistency.
- Ensure language is accessible and the process is human and discursive, so that residents can be properly involved.
- Carers need assessments to ensure they are resilient and can provide effective care.
- It will be important to monitor the impact of the changes on outcomes. A formal review of the approach should be conducted once it is implemented to ensure it is as effective as possible.

- 3.11. In addition, stakeholders also mentioned:

- Concerns about the current wait times for an assessment.
- Regular reviews, as a preventative measure, are required to ensure that care packages are fit for purpose, adapt to changing circumstances and continue to help people remain independent.
- Carers report that there are long delays in being allocated a social worker and that reviews rarely happen.
- Carers report a lack of continuity of social work staff, which is required to deliver good quality assessments because they know the person’s situation.
- Carers state that some people in receipt of social care support can find change traumatic, so changes in support need to be explained and implemented sensitively.
- Carers are not always informed that they have a right to an assessment – this should become standard practice.

3.12. Staff also made the following additional comments:

- They value the development of digital care support planning tools, although there is concern that technology may not work when conducting live assessments, e.g. access to Wi-Fi.
- Some training and support will be required to ensure staff can conduct an effective person-led assessment that satisfies all obligations and does not create another layer of assessment/paperwork for staff.
- The new resource allocation planning tool could generate a lot of data, which could help inform the development of future services.

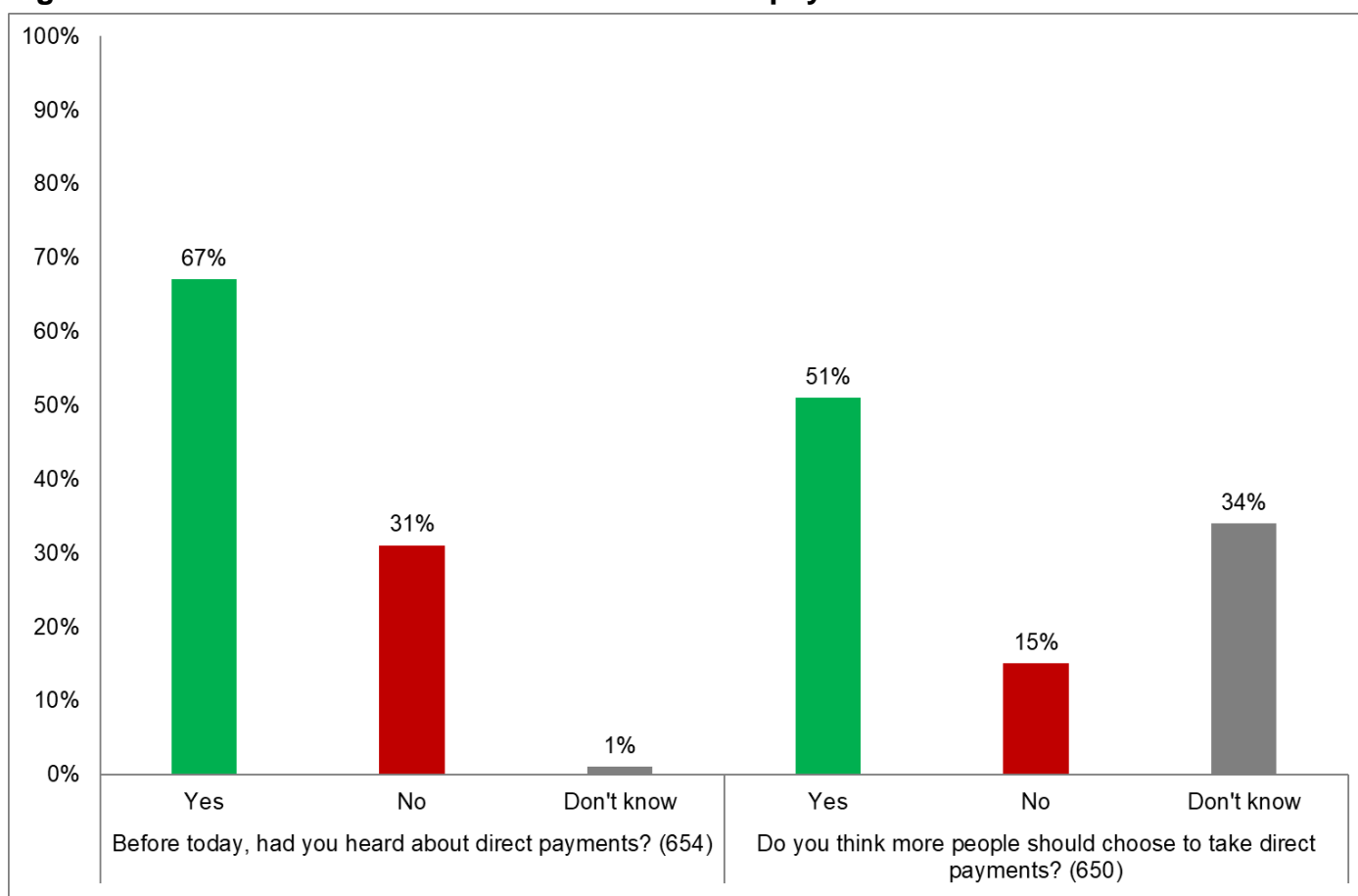
Section 4: Direct payments

- 4.1. A direct payment is where someone receives an amount of money to arrange the care they need, rather than the council or another organisation arranging it for them. At present, about 25% of people who receive social care support have a direct payment. People are using this money in different ways, and in some cases direct payments are not used as well as they could be to meet people's needs. So the council is developing clear guidance to help people who receive social care support, carers and social care staff to make sure direct payments are used effectively.

Awareness and use of direct payments

- 4.2. 67% of respondents were aware of direct payments, with respondents in receipt of social care support or professionals working in the sector most likely to be aware (85% aware).
- 4.3. 51% of respondents said more people should choose to take direct payments. People in receipt of social care support (including those that currently receive direct payments but excluding carers) are more likely to say people should choose to take direct payments (67% said this). This compares with 49% of carers and 55% of professionals working in the sector.

Figure 4: Views about awareness and use of direct payments



Numbers in brackets are the number of respondents to each question.

Comments from the consultation questionnaire/telephone survey

4.4. Over 275 respondents made comments about the barriers to direct payments. The main points are:

- Lack of awareness is a key barrier and/or lack of understanding about how direct payments work (approximately 50% of comments about this issue).

“Most people don’t know about direct payments, or if they do they don’t really understand them. There needs to be more information and support.”

- Some people lack the confidence and/or skills to manage direct payments (approximately 10-15% of comments).

“Direct payments can be daunting for some people. It is like running a small business and some people are not skilled up for it.”

- The pressure or responsibility of managing direct payments puts some people off (approximately 10-15% of comments).

“It is a lot of work and responsibility – it puts me off.”

- Some people do not have the mental or physical capacity to manage direct payments (approximately 5% of comments).

“My daughter is not able to do much, so direct payments are not right for her.”

- Direct payments appear complex and put some people off (approximately 5% of comments).

“It all seems like too much trouble for me.”

- Some people do not have the time to manage direct payments (approximately 5% of comments).

“We find it easier to just agree the support and someone else provides it. We do not have time to manage direct payments.”

- Concerns about having to recruit and manage staff puts some people off (approximately 5% of comments).

“It is easier to get the council to do it. I don’t want to employ people and organise help.”

Focus group key findings

- 4.5. Most participants support the use of direct payments and those that already receive direct payments value them:

“They’re [direct payments] not for everyone, but they will help some people have control and so they should do more to encourage people to have them – 25% feels a bit low.” Carer (who helps manage a direct payment)

“I like getting a direct payment. It means you’re in charge and can do what you want. I’d just like more of it! [money].” Person with a learning disability (who receives a direct payment)

- 4.6. Participants said the main reasons why people don’t use direct payments are a lack of awareness/understanding and a lack of confidence/skills or time:

“I’d heard about direct payments, but I don’t really know how they work. It all sounded too complex and not for me.” Older person

“Managing a direct payment is like running a business. I run my own business so it isn’t an issue, but I know for a fact it puts some people off.” Carer

- 4.7. Some participants also said it can be difficult to find the right staff:

“It is difficult to find the right and good people to come into your home. After a while this puts you off.” Person with a physical disability

- 4.8. A few participants said that social work staff had either discouraged them from having a direct payment or had not properly explained a direct payment, which put them off:

“In my experience social workers don’t encourage direct payments. They either try to put you off, or they only vaguely explain it. It makes you wonder if they really have faith in direct payments or know how they work. Maybe they need training to better understand and communicate the benefits of direct payments.” Carer

- 4.9. Consequently, some participants said that more support should be provided to help people manage direct payments:

“I know there are companies you can sign-up to that will help you manage direct payments, but some people want to do it themselves. I know of some councils that have a specific advisory service for direct payments. You can go to them and they’ll advise you about recruitment and employment and how to use your direct payment. This support could make people more confident to have a direct payment.” Carer

Developing guidance

4.10. The council proposed developing direct payment guidance such as:

- Being clearer when someone can use their direct payment to employ a relative living in the same household.
- Encouraging carers to use the full amount of money and number of nights they have been given to take a break (otherwise known as respite care), so that they are better able to deliver their caring role.
- Making it clear that a direct payment cannot be used to pay for a short break. However, it can be used to pay for care and support during a short break, in exceptional circumstances.

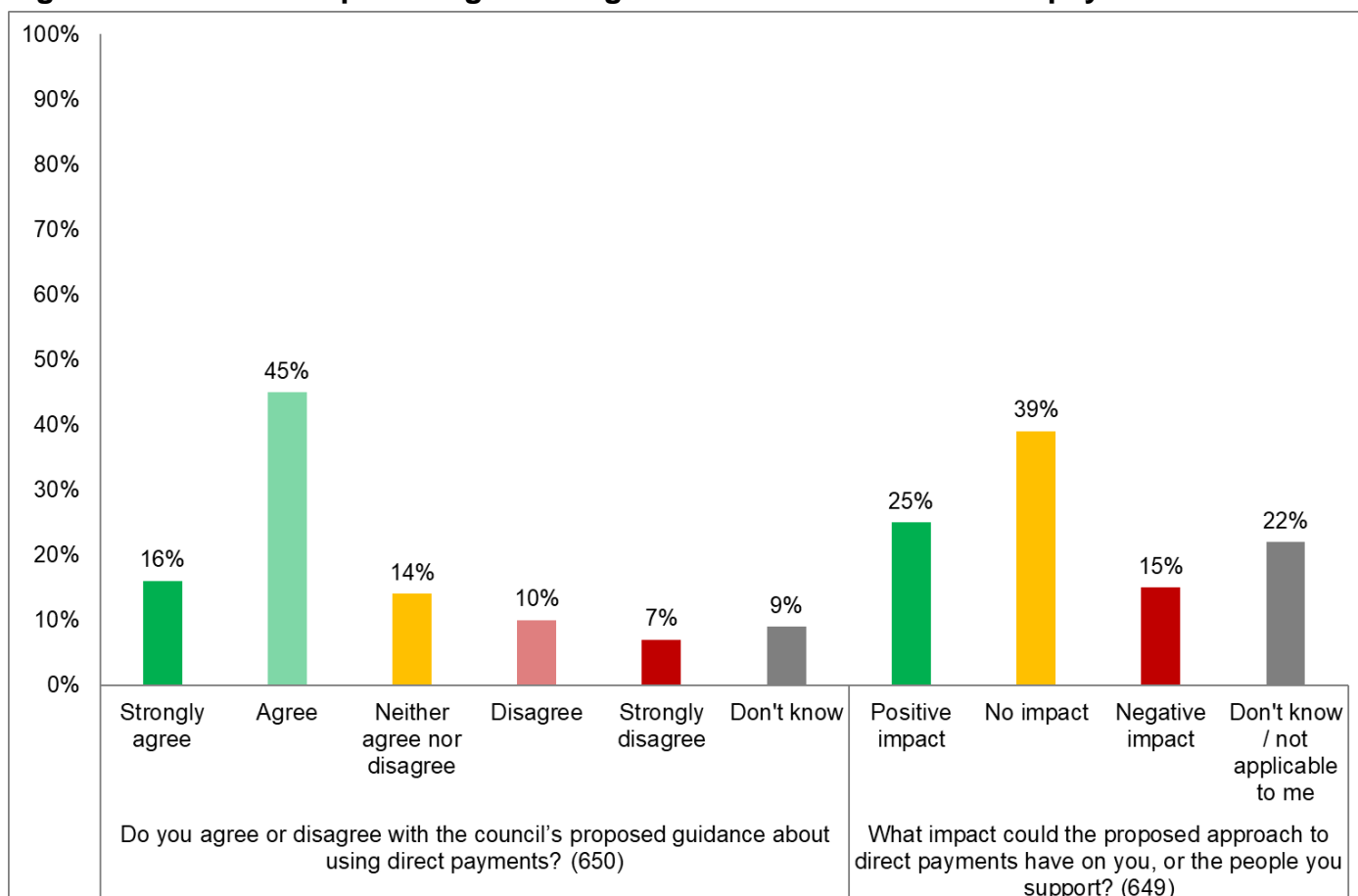
4.11. Overall, 61% of respondents agree with the proposed guidance and 17% disagree. 25% said it would have a positive impact on them and 15% said it would have a negative impact.

4.12. Adults currently in receipt of a direct payment are less likely to be supportive than other respondents. For example, 43% of adult respondents currently in receipt of a direct payment agree with the proposed guidance compared with 64% of other respondents.

4.13. All people in receipt of social care support (including respondents that do or do not receive direct payments) are more likely to say that the guidance would have a negative impact on them than other respondents. For example, 28% of people in receipt of social care support said it would have a negative impact on them compared with 5% of other respondents.

4.14. Similar findings also exist with disabled respondents compared to non-disabled respondents.

Figure 5: Views about providing clearer guidance on the use of direct payments



Numbers in brackets are the number of respondents to each question.

Comments from the consultation questionnaire/telephone survey

4.15. Over 200 respondents made comments about the proposal to improve guidance on the use of direct payments. The main points are:

- General support for direct payments and how they currently work, with respondents not wanting it to change (approximately 25-30% of comments about this proposal).

“I think direct payments work well as they are. Why change it? I’m worried you will introduce too many rules. Surely direct payments are there to be spent as people wish.”

- Support for improved guidance to increase consistency in the way direct payments are used and reduce confusion. This will be good for staff, service users and their carers and could help increase uptake of direct payments (approximately 20-25% of comments).

“Currently people are not sure what they can spend direct payments on. It makes it difficult to manage direct payments and can put people off. It will be good for all involved to have clearer guidance and may encourage people to take a direct payment.”

- Direct payments not considered a good idea for a variety of reasons, including them not being suitable for some people due to lack of capacity, confidence or skills (approximately 20-25% of comments).

“I don’t think direct payments are a good idea. It places a lot of responsibility onto people and many people are not suited to it. It is the council’s job to provide the care.”

Focus group key findings

4.16. All participants supported improving the guidance on the use of direct payments to increase consistency, reduce confusion and encourage use:

“It’s got to be a good thing. At the moment it just isn’t clear. Can you spend it on holidays, can you pay for travel, like taxis? It can make you quite anxious and confused and definitely puts some people off.” Carer

4.17. However, a small number of participants said that the guidance should not be overly restrictive and should be flexible enough to adapt to an individual’s situation:

“I’m glad they’re using the word ‘guidance’. It should stay as that. When it comes to adult social care, everyone’s situations are different, and you don’t want a black and white policy.” Carer

Views from stakeholders and staff

4.18. Stakeholders and staff made the following key points:

- Support for guidance to provide consistency and reduce confusion for direct payment recipients, staff and partners, but needs to be flexible to suit individual circumstances and provide choice and control, i.e. not overly restrictive or rule-bound.
- Stakeholders said that some carers are so concerned about accounting for direct payments expenditure, and the risk of overspending, that they subsidise the budget – only to find that there is money left over that they then cannot claim against because it is clawed back as ‘surplus’ – clear guidance will help overcome this.
- People need more support to use direct payments, such as recruitment and employment support, DBS checks and help with budget management.
- Direct payments need funding built-in to help recruit and train staff, which does not tend to be available within current budgets.
- Lack of capacity in personal assistant market needs to be resolved, which acts as a barrier to implementing a direct payment.
- Staff and providers need training to encourage people to use direct payments and support them to use it well.
- Carers said it is vital they are informed that money is going to be clawed back before it happens. Otherwise careful and considered planning can be undermined. Companies that act on behalf of direct payment budget holders are too quick to return money to the council without checking with carers.
- Stakeholders and staff would welcome being involved in reviewing draft wording of new guidance.
- It will be important to review the guidance once it is implemented to ensure it works effectively.

Employing family members

Comments from the consultation questionnaire/telephone survey

4.19. The law says that direct payments can only be used to employ family members in exceptional circumstances. The council consulted about these exceptional circumstances. Over 300 respondents made comments. The main points are:

- Paying direct payments to family members is open to abuse and should be avoided (approximately 10-15% of comments about this issue).

“This seems like a minefield. I can see how people will take advantage of it.”

- Checks and monitoring will be required to ensure payments are used appropriately and should be built into the care plan agreed with social workers (approximately 10-15% of comments).

“If it is agreed in a care plan, then it is the right thing to do. It would need careful monitoring so that it isn’t abused.”

- Paying family members should be decided on a case-by-case basis – depending on the individual in receipt of direct payment, the family member and the use to which the payment is put (approximately 5-10% of comments).

“Sometimes the family member is the best person to provide the care. So it should be judged on an individual basis.”

- Exceptional circumstances for employing family members include (all of the following received similar mentions – approximately 5-10% of comments each):
 - Care is 24/7 and the family member has to live with the person being cared for.
 - The care is ‘formal’ or ‘professional’.
 - The carer had to give up work to provide care.
 - The family member is the best person to provide the care (potentially due to a lack of suitable available staff or due to the unique circumstances of the individual being cared for and their relationship with the carer).
 - Providing care in one-off circumstances or extraordinary circumstances such as providing respite for other carers, providing care on holiday or a crisis situation where more care is provided than normal or the normal carer is unavailable.
 - Direct payments should not be used to pay a family member to do informal caring, which they may typically do on a day-to-day basis.

Focus group key findings

- 4.20. Participants expressed similar views to those above. Almost all participants said that it should be possible to pay family members, but only if they are providing formal/professional care and are the best option to provide this care:

“There are definitely times when family members should be paid. We have paid a family member if the main carer is away. Sometimes, as family members, we’re the best people to provide the care and basically do the job of a personal assistant. We don’t always take payment, but we should be able to.” Carer

- 4.21. Participants did stress that checks and monitoring should be made and that employing family members should be written into the care plan to avoid abuse:

“Some people will use it fairly and others won’t. It is open to abuse. The only way to guard against that is to make sure that each case is monitored and the only way to do that is to write it into care plans and include it in reviews.” Carer

Views from stakeholders and staff

- 4.22. Stakeholders and staff made the following key points:
- Appreciate this is a complex issue with risks but need to trust family members who, on the whole, will not abuse the system.
 - Suitability will vary on a case-by-case basis, but could be appropriate especially where the family member is the most suitable person to be a carer. It can also be cost effective.
 - Consequently, clear guidance is required and any arrangements should be agreed with the council in advance, written into the care plan, and outcomes monitored.
 - Important to train and support carers if they are providing formal care.

- Important to monitor the quality of care provided by a family member, including safeguarding, and potentially register carers paid in this way.
- Need to trust family members – on the whole, they will not abuse the opportunity.

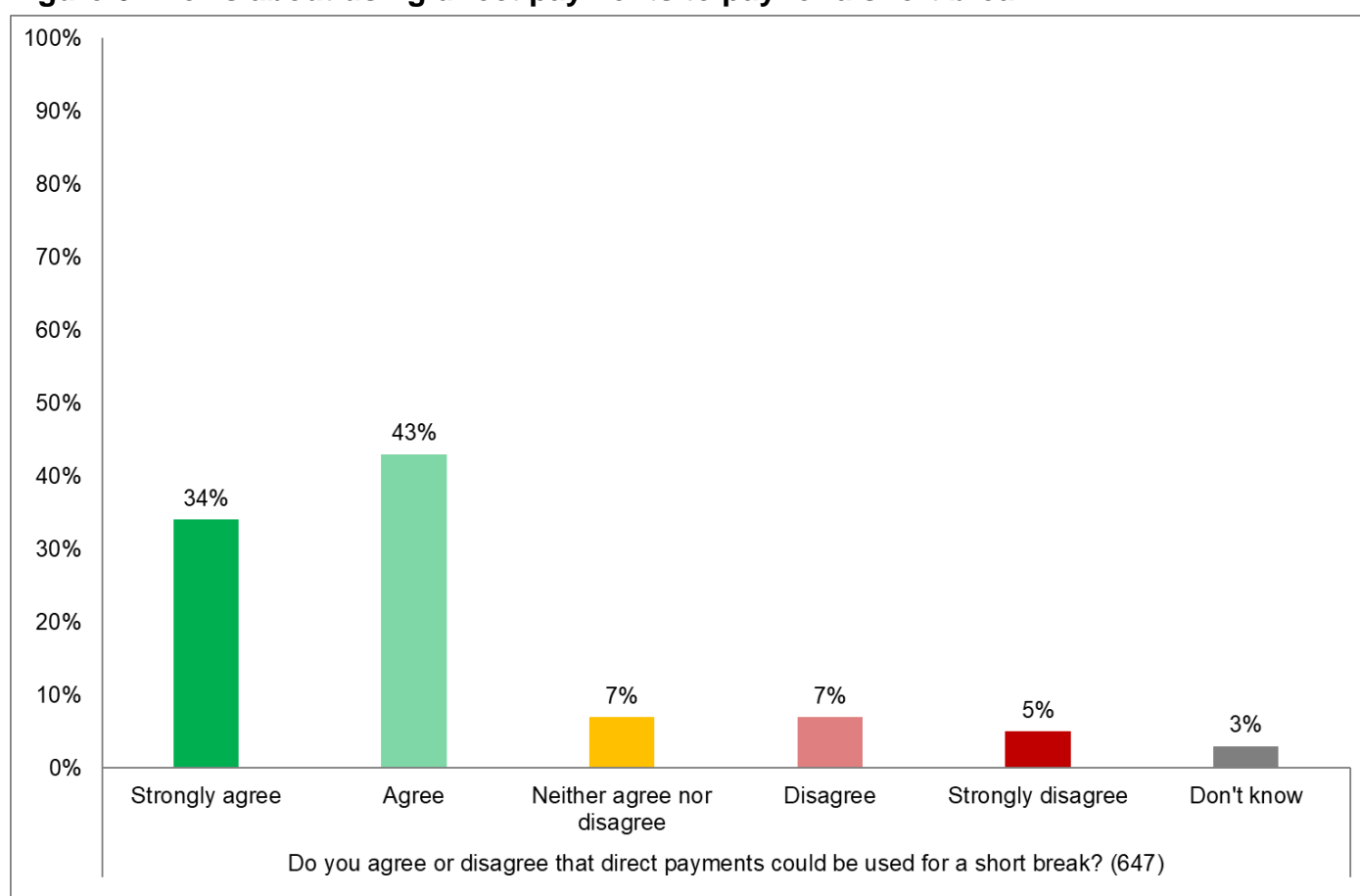
4.23. In addition, some staff were concerned that some carers may receive duplicate payments if they receive a carer's allowance.

Direct payments and short breaks

4.24. Overall, 77% of respondents agree with using direct payments to pay for short breaks and 12% disagree.

4.25. Results are consistent across different types of respondents, although adults currently in receipt of direct payments are even more in support (87% agree, including 50% that strongly agree) than other respondents.

Figure 6: Views about using direct payments to pay for a short break



Number in brackets is the number of respondents.

Comments from the consultation questionnaire/telephone survey

4.26. Over 300 respondents made comments about this issue. The main points are:

- Support for helping carers and service users go on holiday together to help reduce stress and have a change of environment (approximately 25-30% of comments about this issue).

“It is only fair that people should have the chance to go on holiday, have a break and change like everyone else.”

- Holidays/short breaks should not be paid for in themselves, but the care and support required to facilitate the break could be paid for, i.e. to pay for the care and support required to enable the cared for person to go on holiday (approximately 15-20% of comments).

“I don’t think you should pay for the actual holiday or meals or anything like that. But it is fine if it is paying for a bigger room or help at the airport or local care support while on holiday.”

- Holidays/short breaks can be paid for if they pay for the cared for person to go on holiday and in effect provide respite for the carer (approximately 10-15% of comments).

“It’s no different to respite. It’s win-win. If the person goes on holiday they have a good time and it provides respite to the carer.”

- Paying for holidays is open to abuse and should be avoided (approximately 10-15% of comments).

“It’s not right that people should spend social care money on holidays, people will take advantage.”

- Checks and monitoring will be required to ensure payments are used appropriately and should be built into the care plan agreed with the council (approximately 10-15% of comments).

“It is fine as long as it is agreed with the council and monitored carefully so that people do not abuse it and the positive outcomes recorded.”

- Should be judged on a case-by-case basis depending on the circumstances of individual, including their financial situation and the potential benefit of a holiday (approximately 5-10% of comments).

“Paying for a holiday is right for some but not for others. The approach should be flexible and depend on an individual’s needs and their personal and financial situation.”

Focus group key findings

- 4.27. Most participants were supportive of direct payments paying for holidays/short breaks if it had a positive benefit:

“People shouldn’t just go on holiday for the sake of it, but if it is something that can improve their quality of life and is appropriate to their care, then I don’t see why direct payments couldn’t be used to help people go on holidays.” Carer

“Carers need breaks but they don’t always want to put people into respite, so a better way can be to send them on holiday, giving everyone a break and a better experience.” Carer

- 4.28. Some participants said they use direct payments to help them go on holiday and said it is something they really value:

“I’ve been abroad and I’m going again next week. It is really exciting. I’m really glad I can use my money to go on holiday.” Person with learning disability

“I don’t want my son to go into respite. I’d rather he comes on holiday with us. That way we all get a break and a chance to spend time together in a different environment, which is good for our relationship. But it’s expensive so we need help with the costs of care.” Carer

- 4.29. Some participants stressed that direct payments should not be used to pay for the holiday itself, but to cover the cost of the care and support required to enable someone to go on holiday:

“What we don’t want is people spending the direct payment on a luxury holiday or rum and cokes in the sun. It should only be used to pay the expenses that come with taking someone on holiday that needs care, so that everyone can enjoy the break.” Carer

- 4.30. As with employing family members, most participants said that guidance should be clear and that the use of a direct payment to pay for a holiday should be included in the care plan:

“At the moment it is confusing and no one knows what you can and can’t do. They should definitely allow people to use direct payments to go on holiday, but it needs to be in someone’s care plan as something that would help improve their care and life.” Carer

Views from stakeholders and staff

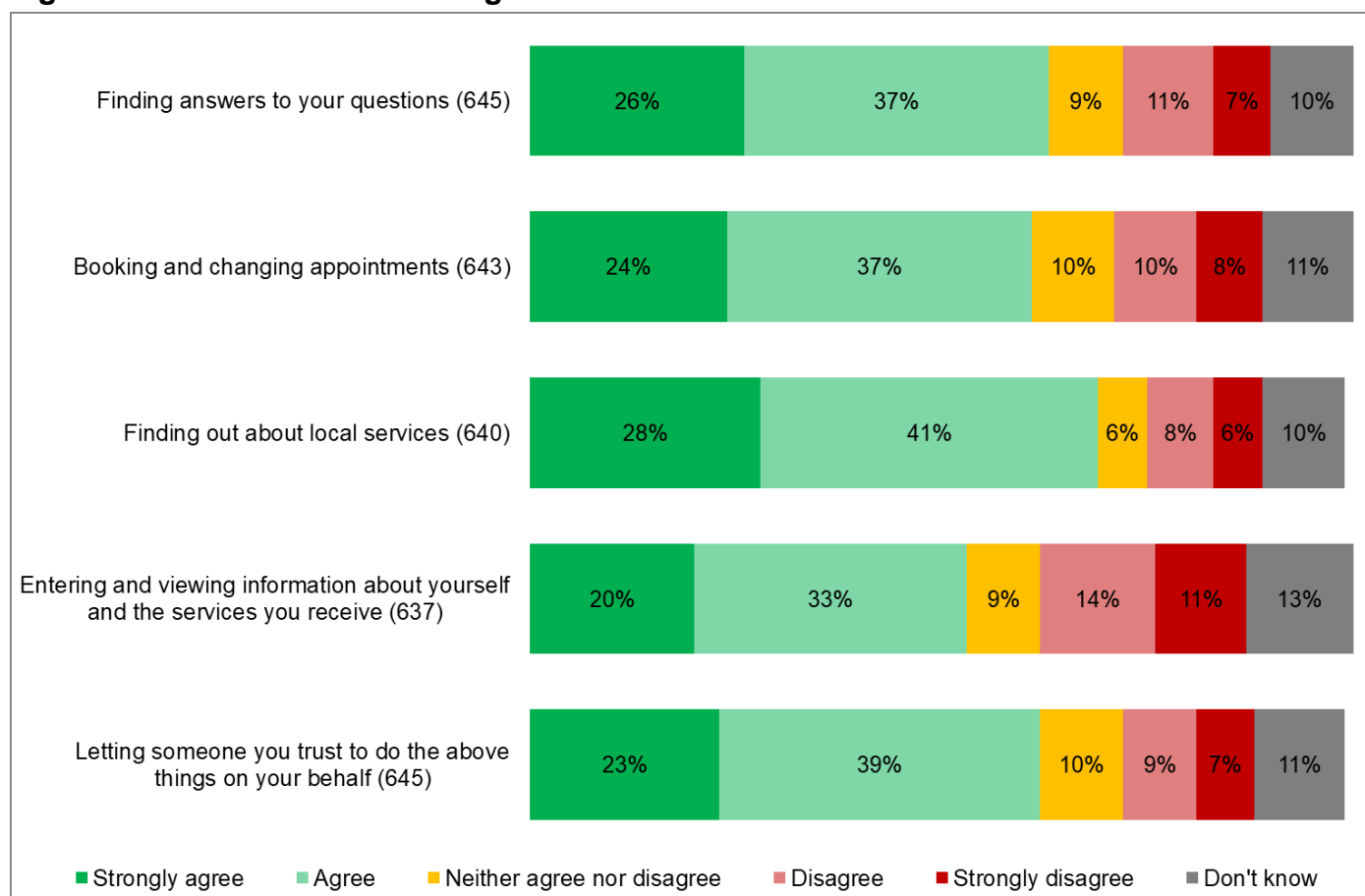
- 4.31. Stakeholders and staff made the following key points:

- Appreciated that this is a complex issue, which presents risks.
- Suitability will vary on a case-by-case basis and in some circumstances it will have a positive outcome for some people, such as respite for carers to increase their resilience or helping families bond.
- Clear guidance is required and professional judgement should be used.
- It should be written into the care plan, agreed with the council.
- The use of direct payments for holidays and the impact on outcomes should be closely monitored.

Section 5: Contacting the council and adult services

- 5.1. The council wanted to understand perceptions about using the internet to access information and support.
- 5.2. The majority of respondents agree with proposals to contact the council and adult services on-line:
- 63% agree with finding answers to questions.
 - 61% agree with booking and changing appointments.
 - 69% agree with finding out about local services.
 - 53% agree with entering and viewing information about themselves and the services they receive.
 - 62% agree with letting someone they trust do the above things on their behalf.
- 5.3. Older respondents are less likely to agree. For example, on average across all the above activities, 52% of respondents aged 65 and over agree with doing the activities on-line compared with 67% of other respondents. This difference becomes greater as age increases further.
- 5.4. Related to age, respondents that are currently in receipt of adult care support and/or direct payments (excludes carers) are also less likely to agree (54% agree on average) compared with 63% of other respondents. Similarly, 52% of disabled respondents agree compared with 68% of other respondents.

Figure 7: Views about contacting the council and adult services



Numbers in brackets are the number of respondents to each question.

Comments from the consultation questionnaire/telephone survey

5.5. Over 250 respondents made comments about this issue. The main points are:

- Older people and some disabled people are unable or not confident to use the internet and/or do not have internet access (approximately 30-40% of comments about this issue).

“I’m 90. I do not have a computer. I have never used the internet. It is a different language to me.”

- Support for greater use of the internet to help increase accessibility, choice and control (approximately 15-20% of comments).

“Doing more on-line is right and can make things more accessible for people.”

- Alternative access will have to be in place and support/training should be provided to increase digital inclusion (approximately 10-15% of comments).

“It is fine to do things on-line, but it shouldn’t be the only way to contact the council and you will need to help people go on-line and become confident doing things on-line.

- Data security needs to be ensured to encourage people to use the internet for these activities (approximately 5-10% of comments).

“As long as it is safe and my personal details are secure, it is fine.”

- Need to improve the website to facilitate this approach (approximately 5-10% of comments).

“It is good to do more on-line but I think your current website needs improving first.”

- Social care issues are complex and many aspects can not be managed on-line (approximately 5% of comments).

“I’m not sure doing more on-line with social care services is right. Issues are personal, sensitive and complex and often require speaking with someone.”

Appendices

Appendix 1: Demographic profile of respondents

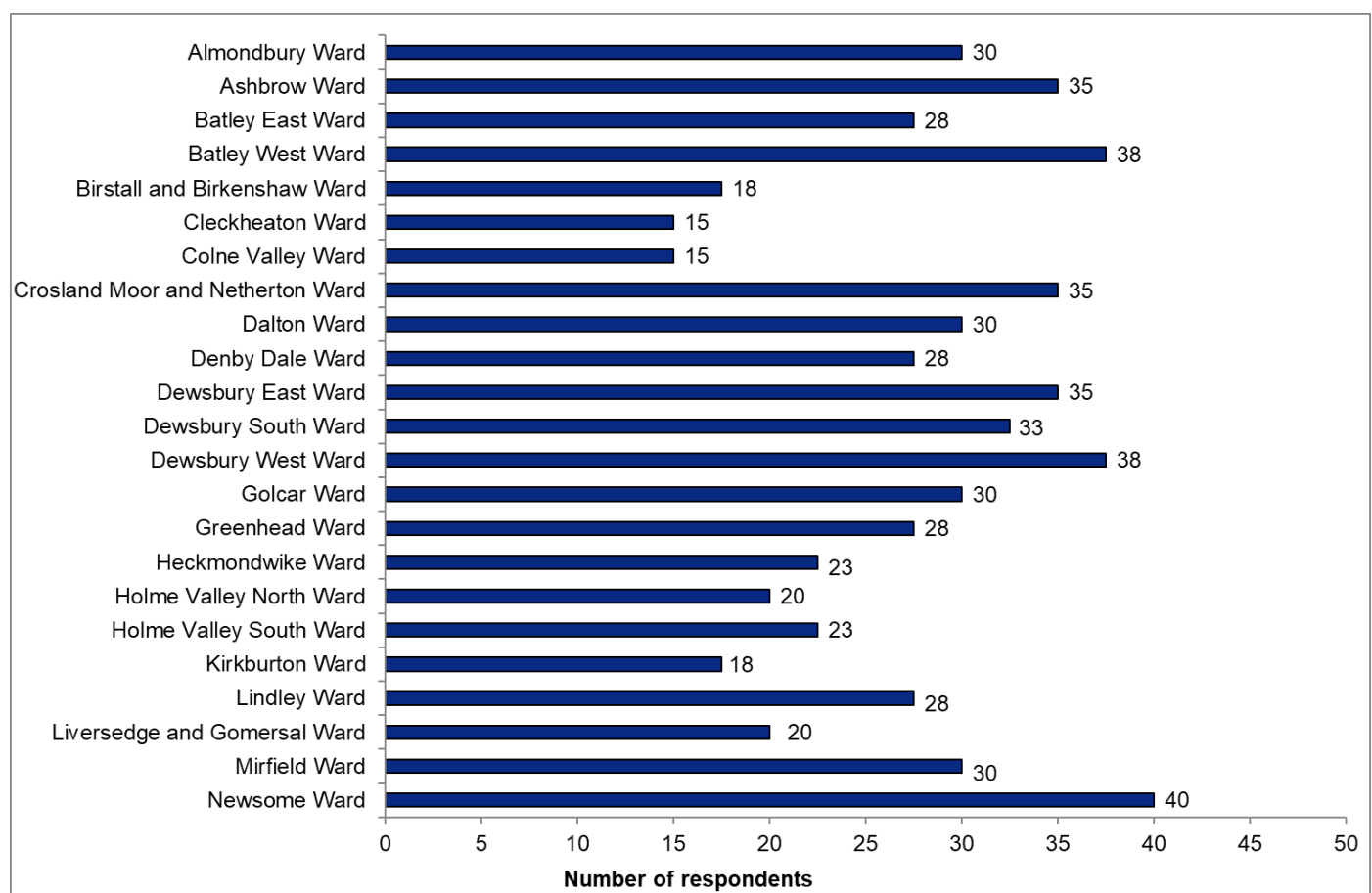
		Overall	Consultation questionnaire	Telephone survey
Base/no. of respondents		655	405	250
Q19 How would you describe yourself? Please select all relevant answers.	Resident of Kirklees	88%	82%	96%
	Someone who receives adult social care support	11%	13%	6%
	Someone who receives a direct payment	11%	17%	1%
	Young person or representative of a young person receiving a direct payment	6%	9%	-
	Carer	30%	40%	13%
	Young carer	0%	0%	-
	Professional working in health or adult social care	13%	19%	2%
	Representative of a local community group or organisation	7%	5%	10%
	Kirklees Council employee	13%	21%	1%
	Other	6%	10%	0%
		Overall	Consultation questionnaire	Telephone survey
Base		607	358	249
Q20 How would you describe your gender? Please select one answer only.	Male	40%	33%	50%
	Female	58%	65%	49%
	Other	1%	2%	0%

		Overall	Consultation questionnaire	Telephone survey
Base		608	359	249
Q21 What was your age on your last birthday? Please select one answer only.	Under 18	-	-	-
	18-24	-	-	-
	25-34	4%	7%	-
	35-44	7%	12%	-
	45-54	16%	28%	-
	55-64	32%	30%	36%
	65-74	25%	19%	34%
	75-84	11%	3%	22%
	85+	3%	1%	6%
	Under 55 - carer	1%	-	2%
		Overall	Consultation questionnaire	Telephone survey
Base		607	360	247
Q22 Are the day-to-day activities of you or anyone in your household limited because of a physical or mental impairment which has lasted or is expected to last at least 12 months, including problems related to old age? Please select one answer only.	Yes, a lot	38%	46%	26%
	Yes, a little	14%	13%	16%
	No	48%	41%	59%
		Overall	Consultation questionnaire	Telephone survey
Base		609	360	249
Q23 How would you describe your ethnic background? Please select one answer only.	White British	78%	79%	77%
	Other white background	2%	2%	1%
	Asian / Asian British	11%	5%	20%
	Black / African / Caribbean / Black British	1%	2%	-
	Mixed / Multiple ethnic groups	1%	1%	0%
	Other ethnic group	-	-	-
	Prefer not to say	7%	11%	2%

		Overall	Consultation questionnaire	Telephone survey
Base		605	358	247
Q24 How would you describe your religion or beliefs? Please select one answer only.	Buddhist	0%	0%	-
	Hindu	0%	-	1%
	Muslim	9%	4%	17%
	Christian	52%	53%	51%
	Jewish	-	-	-
	Sikh	0%	0%	0%
	No religion	24%	26%	21%
	Any other religion or belief	2%	2%	2%
	Prefer not to say	12%	14%	8%
		Overall	Consultation questionnaire	Telephone survey
Base		598	356	242
Q25 How would you define your sexual orientation? Please select one answer only.	Lesbian	0%	0%	-
	Gay man	1%	1%	-
	Bisexual	1%	2%	-
	Heterosexual	77%	73%	81%
	Other	0%	1%	-
	Prefer not to say	21%	23%	19%
		Overall	Consultation questionnaire	Telephone survey
Base		597	359	238
Q26 What is your relationship status? Please select one answer only.	Single	16%	19%	11%
	In a relationship	4%	6%	0%
	Married	64%	61%	70%
	Civil partnership	0%	0%	-
	Co-habiting	5%	7%	2%
	Other	10%	6%	16%

		Overall	Consultation questionnaire	Telephone survey
Base		606	358	248
Q27 Is your gender identity the same gender as it was assigned at birth? Please select one answer only.	Yes	93%	92%	93%
	No	1%	-	2%
	Prefer not to say	7%	8%	5%
		Overall	Consultation questionnaire	Telephone survey
Base		564	356	208
Q28 Are you . . . ? Please select one answer only.	Currently on maternity leave	-	-	-
	Currently on paternity leave	0%	1%	-
	Soon to be taking maternity leave (in the next 2 months)	0%	1%	-
	Soon to be taking paternity leave (in the next 2 months)	0%	1%	-
	None of the above	99%	98%	100%

Response by ward



Appendix 2: Consultation document