

ADULT SOCIAL CARE

CHANGES TO ELIGIBILITY AND CHARGING CRITERIA



CONSULTATION
INSERT DATES

QUESTIONNAIRE



Adult Social Services Consultation Questionnaire

(insert dates)

Current funding for social care services means that the Council cannot continue to provide the level of social care services that we are currently providing. We are considering making changes to who can receive adult social services and how much it will cost to receive those services.

Before completing this questionnaire, please take your time to read through the information pack to make sure that you have fully understood the changes proposed. You may ask a friend or relative to help you fill in the survey.

- Now that you have read the pack do you understand the proposed changes? Yes No
- Would you like an easier to read summary of the pack and questionnaire? Yes No
- Would you like this questionnaire translated into another language? Yes No

If yes, which language? _____

- Would you like help to fill in this survey over the phone? Yes No

Please complete the following information, tear off the first 2 pages of this pack and post them to us in the pre paid envelope provided. We will then send you the requested questionnaire format or telephone you as requested.

Name:

Address:

Telephone number (and time to call):

You can also make your views known to us in the following ways:

Letter: **insert address**

Phone call : **insert number**

Email: adultcare@lewisham.gov.uk

Or come to one of the public or locality meetings listed in the information pack.

Section 1: This section asks what you think about the proposed changes to the eligibility criteria. Lewisham now provides services to people considered to have 'critical' or 'substantial' needs. It is proposed that the 'substantial' band is divided into 'greater substantial' and 'lesser substantial'. People assessed as falling into the 'lesser substantial' band would no longer be eligible for social care.

a) Do you agree with this proposed change? Yes No

b) Will the proposed change affect you or your family? Yes No

Please tell us how the proposed change might affect you or how you think it might affect people who need care and their families:

c) What do you think could be done to minimise the impact of this change? (please tick all that apply)

Provide advice and information on alternative help

The Council and its partners to develop more preventative services so that people stay fitter and healthier for longer

Provision of more time-limited services to deal with crises and emergencies

Increase voluntary sector services (e.g. lunch clubs)

Please give any other suggestions you may have that would help minimise the impact of the proposed changes and any possible risks:

Section 2 This section is about the proposed changes to the way people are charged for services.

Compared to some other authorities Lewisham has a generous charging policy. We are considering increasing the cost of services, although we will continue to take each person's circumstances into account when we work out how much you should pay. We also propose to simplify the charging system so it is easier to understand how your charges have been worked out. Please tell us how you feel about the proposed changes:

a) Do you agree with this proposed change? Yes No

b) Will this proposed change affect you or your family? Yes No

Please tell us how the proposed change might affect you or how you think it might affect people who need care and their families:

c) Please show which of the charging proposals you would support (see information pack for full details).

Option 1 - Increase charges in line with the rate of Inflation

Option 2 - Consideration of 100% of the service user's net disposable income

Option 3 - Consideration of 100% of the cost of providing services

Option 4 - Removing the maximum charge of £150 per week and setting no upper limit

Option 5 - Increasing the maximum charge to a sum over and above £150 per week.

Option 6 - Redefining the level of savings that can be taken into account when assessing contributions to care costs

Option 7 - A combination of one or more of the options above (give details below)

Option 8 - Introducing additional protection for people on low incomes

Option 7 – further details (if applicable):

What do you think could be done to minimise the impact of these changes?

Section 3 : This section asks you about your overall feelings towards the proposals

a) Overall do you think these proposals are a fair and reasonable way for the Council to close the gap between the demand for services, increasing costs of service provision and the money available to pay for them ?

Yes No

If no, do you think savings could be made in other areas?

Yes No

b) What are your suggestions about where the Council could make alternative budget savings?

c) Do you have any other comments you would like to make?

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Section 5: About you.
 In order to help us make sure we have a range of responses from different parts of the community, please complete the boxes below:

If you completed this as an individual please complete the following:

Age: (tick)	0-18	19-45	46-65	66-75	76-85	85+
Male		Female				
Postcode:		Name (optional):				
Are you: (tick)	Service User	Voluntary Organisation	Carer	Social Services Staff	Voluntary Organisation	Provider Agency
	Provider Agency	Member of the public		Other (please state)		

Would you describe yourself as a disabled person?

Yes No

Please indicate (tick) your ethnic origin :

White – British <input type="checkbox"/> White – Irish <input type="checkbox"/> Any other White background <input type="checkbox"/> Black or Black British – Caribbean <input type="checkbox"/> Black or Black British – African <input type="checkbox"/> Any other Black background <input type="checkbox"/> Mixed – White and Black Caribbean <input type="checkbox"/> Mixed – White and Black African <input type="checkbox"/>	Mixed – White and Asian <input type="checkbox"/> Any other Mixed background <input type="checkbox"/> Asian – Indian <input type="checkbox"/> Asian – Pakistani <input type="checkbox"/> Asian – Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/>
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If you represent an organisation or group of people, please tell us the name of the organisation or group:

Number of members:	Geographical area:
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Which of the following best describes what you do at the moment:

Employed in a full time job more than 30 hours a week	<input type="checkbox"/>
Employed in a part time job less than 30 hours a week	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>
On a government supported training programme (e.g. modern apprenticeship/training for work	<input type="checkbox"/>
Full time education at school, university or college	<input type="checkbox"/>
Unemployed and available for work	<input type="checkbox"/>
Permanently sick or disabled	<input type="checkbox"/>
Wholly retired from work	<input type="checkbox"/>
Looking after the home	<input type="checkbox"/>
Other (please specify) _____	

Which of the following best describes your living arrangements:

Own your house outright	<input type="checkbox"/>
Own your house through a mortgage	<input type="checkbox"/>
Live in council housing (inc. ALMO)	<input type="checkbox"/>
Live in housing association housing	<input type="checkbox"/>
Rent privately	<input type="checkbox"/>
Other (please specify) _____	

Do you have any children of the following ages:

Aged up to 3 years	<input type="checkbox"/>
Aged 4 to 7 years	<input type="checkbox"/>
Aged 8 to 10 years	<input type="checkbox"/>
Aged 11 to 15 years	<input type="checkbox"/>
Aged 16 to 17 years	<input type="checkbox"/>
Aged 18 years or over	<input type="checkbox"/>

Please put your finished survey in the pre paid envelope and post it to us by XXXXX.

Thank you for giving us your important views. The results of this public consultation will be available from XXXX and will be posted

on the Council's website. You may also request a copy of the results by contacting: **(insert details)**.