

Choice and Control

Discussion attended by over 100 carers and professionals, (approx 65% carers) at the Worcestershire Association of Carers AGM in Worcester on 16th October 2009

Assessments and recognition of needs.

Carers were unanimous in their view that many service users, and the carers acting on their behalf, would find the long self-assessment form difficult to fill in. If applicants do not have knowledge of the significance of questions, their entitlements and the help available their answers could be inadequate, resulting in them missing out on services. It was considered essential that there should be well-trained advisors available to help with form-filling, but concerns as to whether provision would meet increased demand. Also concern that advisors should be independent of the budget providers.

Help would be needed for children, those who lack mental capacity or are too ill to participate. Objective advice is needed when the cared-for or carer underestimate, deny or fail to recognise their needs. Carers' tasks can be taken for granted. There needs to be good monitoring of the accuracy of assessment forms. There can also be conflicts of interest and differences of opinion between cared-for and carer, when what seems necessary and beneficial to one may not be beneficial and practical for the other. The assessment focuses on the service-user and there were concerns about the Carer's views and situation being taken into account and given equal importance. Reviews of assessments are important as the health of both cared-for and carer can change.

Financial implications of the system.

Carers questions included: Will there be a choice as to whether the cared-for or the carer holds the budget, e.g. when for children or those lacking mental capacity? How is the budget level decided? How is spending monitored and who is audited? Will the budget affect other benefits? Can carers pool funds to purchase services together? If a carer needs to get administrative help (e.g. book-keeping) does the budget pay? Does the budget pay for brokerage fees?

It would be important to have rescue systems if things go wrong, e.g. if an unsuccessful choice of service-provider is made, or money runs out before the allocation period ends, or a self-manager cannot cope, or there are unpredicted crises or changes of circumstances. There should also be safeguards against financial abuse or exploitation.

Concerns were raised about those who do not meet the eligibility criteria, and about the different rights for those born with disabilities and those who develop them later.

There were concerns that the system might be more costly (and time-consuming) for carers, with hidden costs to facilitate services. However, a wider range of services might now be included in the funding remit, which could reduce costs for some.

Using the individual budget.

In practice the work of managing the budget and care provision would often fall on the carer not the service user. The majority of carers did not wish to take on complete control. They felt the level of responsibility, risk and expertise required would add too great a burden to already stressful and busy lives. Some would not have sufficient ability or health. Some felt that being so personally involved could be difficult. Would self-managers be disadvantaged if they needed emergency services from ACS? Would there be flexibility to change track?

In particular carers were daunted by the prospect of becoming employers of care-providers. Most would need very good training, information and support to take on the legal and financial requirements of employment law, recruitment & dismissal, holiday cover, insurance, etc. Would this be funded and available? Would the needs of different categories of service user be addressed? Who would provide this since social workers might not have the time or expertise?

Information & advice would also be needed to help carers find and choose services (with or without internet access) and know what services (for advice or care) were available and of good quality. How would quality be monitored and published, for users and for ACS? Would there be redress for poor quality? A system of Choice only works if there are sufficient good services available throughout the region, to get what need not just what is available. There were concerns about service users being in direct competition for services and about how the brokerage system will work.

Choice & Control – benefit or burden?

Some carers felt that statutory services wanted to move their responsibilities to carers and expect them to be unpaid, untrained professionals.

Most felt that the system could be of benefit to those who wanted more choice and control in arranging their own services, and that the three options of complete control, part control or ACS control gave greater flexibility. It is vital that these three choices remain genuine and equally resourced, with no pressures on which is chosen.

The system will only work if there is sufficient money to maintain and monitor a choice of good services, give realistic levels of budgets, and provide training, advice and support services alongside.

NOTE: The Choice & Control team have a Carer & User reference group whom they consult regularly.

Please Turn Over