



Department of  
**Health, Social Services  
and Public Safety**

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# **Who Cares?**

## **The Future of Adult Care and Support in Northern Ireland**

### **Consultation Questionnaire**

Please use this questionnaire to give us your views on the future of adult care and support services in NI. Please send your responses to:

Reform of Adult Care and Support Team

Department of Health, Social Services and Public Safety

Room D3.7

Castle Buildings

Stormont Estate

BELFAST BT4 3SQ

Email: [reform.careandsupport@dhsspsni.gov.uk](mailto:reform.careandsupport@dhsspsni.gov.uk)

Tel: 02890 765630

Fax: 02890 765621

Textphone: 02890 163426

**Please send us your views by 15 March 2013.**

NB. Before responding to this consultation please take note of the Freedom of Information requirements in Appendix 1 at the end of this questionnaire.

Consultee Details

<b>Name (print):</b>	<u>Patricia Cushley</u>
<b>Organisation (if applicable):</b>	<u>Lobbying, Activism &amp; Research Group</u> <u>Willowbank LTD</u>
<b>Job Title (if applicable):</b>	<u>Administrative Assistant</u>
<b>Address:</b>	<u>C/O Willowbank LTD</u> <u>Carland Rd</u> <u>Dungannon</u>
<b>Email Address:</b>	<a href="mailto:info@willowbankcommuntiy.org">info@willowbankcommuntiy.org</a>
<b>Contact Telephone Number:</b>	<u>028 8772 2821 Ext 3860</u>
<b>Date:</b>	<u>11<sup>th</sup> March 2013</u>
<b>Are you responding (please tick):</b>	On behalf of yourself? <input type="checkbox"/> On behalf of someone else? <input type="checkbox"/>
<b>Are you/they (please tick):</b>	a) over 65; <input type="checkbox"/> b) under 65; <input type="checkbox"/> c) disabled; <input type="checkbox"/> d) a carer; <input type="checkbox"/> e) a parent; <input type="checkbox"/> f) other? <input type="checkbox"/>

**Question 1:**

**Were you aware previously what care and support services are available to you, and where to go or who to ask to gain access to these services?**

**Please delete: Yes**

**Comments:**

**We were only aware of them as we attend Willowbank Community Resource Centre but do not feel we would have this information if we were not attached to such a service or had the support of a social worker. We would not know who to ask other than a Social Worker and the reality is we don't see our Social Worker as much as we used to.**

**Question 2:**

**Do you agree with our vision for care and support?**

**Please delete: Yes**

**Comments:**

**You cant disagree with the vision however the reality is early intervention isn't happening because budgets are being cut. Every Person should be treated with care and respect – this is not the case where people are being allocated vastly reduced personal care support with two weeks notice that the cut is being implemented.**

**Ref the For all of us vision-this again is hard to disagree with but should recognise the difficulty some people face when making health & wellbeing decision due to the fact that they are isolated at home with little or no interaction or social stimulation due to the reduction in day care support. These programmes are being delivered and people are supported in such settings yet the reduction in this level of support will cause difficulties for this to happen.**

**For people with a care need – the radical cuts to home help support for people, now down to a standard 15 minutes for many does not recognise the individual needs of people (some of whom will need more support than**

**others). Each decision to cut a service should include a open and transparent assessment identifying the individual need of that client, and the criteria which should be met to qualify for 15mins, 20 mins etc with the flexibility to meet the individual needs of people**

**Question 3:**

**Do you agree that care and support should continue to be provided on a partnership basis between the statutory, private and voluntary sectors?**

**Please delete: It doesn't matter**

**Comments:**

**The provider of the actual service to an individual is not the important part for most people. We want to see the same standard of care regardless of who the provider is. Everyone should be in receipt of the same standard of care. There is a difference in the rates of pay for statutory staff and private staff and this often leads to a higher staff turnover within the private sector. This in turn is seeing a trend of staff entering the sector who neither have experience or the skills to work in care. The other area of concern is where private providers are winning contracts to provide care and not building in travel time from one clients house to another – this ultimately results in clients losing out on time allocated to them. Clients less likely to complain or make a fuss are suffering as a result of this and for those who do complain the label of troublemaker is attached.**

**Question 4:**

**Do you agree care and support should focus more on earlier intervention and prevention of loss of independence? Should savings made in hospitals be reinvested in preventative care and support services?**

**Please delete: Yes**

**Comments:**

**Most definitely as we often hear of people being stuck in hospital, blocking up a bed needed for someone else, because home help cannot be sourced in the area in which they live. The reality of Transforming Your Care and the current cuts in services is that more people are being isolated at home due the fact that day opportunities etc are no longer available. The result of this is that people are missing out on social interaction and the opportunity to learn and do new things which will keep them active and their minds stimulated. Savings made anywhere should be allocated to where the need is for people on the ground be that preventative care & voluntary/community sector programmes which support people , support or acute services.**

**Question 5:**

**Do you agree that people who need care and support should have control**

**over how their assessed care and support needs should be met?**

**Please delete: Yes**

**Comments:**

**The difficulty at present is that people are neither seeing or being helped to understand the assessment which is being carried out on them to identify how much care & support they are entitled to. The result of this is a standardised reduction in care & support to a popular 15min slot, which is not reflective of the “individual” needs of people but more reflective of the need of the Trusts to cut costs. If each client received a written copy of their assessment of care and can understand how this is arrived at they will be more likely to be empowered to take control of their own care & support needs. The SDS pilot has the potential to cut costs as well as increase support for people if it is rolled out effectively if everyone is open and transparent about how it is going to work.**

**Question 6:**

**Do you agree that we have identified the right areas for reform?**

**Please delete: Yes**

**Comments:**

**Prevention – with the removal of supports such as Day opportunities people are likely to be further isolated and their Mental Health will be at risk as a result. The cost of a small amount of a day opportunity against the cost to Health where people become more reliant on Mental Health Services must be considered.**

**Re-ablement & Recovery – there has to be a better way to work with people in their own homes to provide early support when someone is recovering after illness, spent time in hospital, or lost someone through bereavement. We had one gentleman who, having lost his father & carer was told that the only way he would be able to get home help is if someone else in receipt of it died. A team of reablement workers within the trusts offering support on a phased basis would be positive however its important that if people are not recovering sufficiently within the recovery timeframe that they don't lose the support they need.**

**Personalisation – We have first hand experience of how this has improved life for a disabled man who is now able to access more care & support for less money than it cost the Trust beforehand to provide it. In his instance because he refused to go to bed at 9pm which was being offered by the home help service this service wasn't even calculated into his SDS package and he can still manage well with the new system.**

**Support for Carers – this is a huge area and more needs to be done to ensure**

**that something real can be offered to carers as a result of carers assessments. At present many carers don't know they can ask for one and even if they do get one, there isn't any money to do anything with them. Social workers are being up front telling people that there may not be much coming out of of**

**Question 7:**

**Do you agree that there should be a balance between fulfilling individual preferences for how care and support needs are met and ensuring that resources are used efficiently to provide support to as many people as possible?**

**Please delete: Yes**

**Comments:**

**It is frightening to hear HSSPS framing such a question around preferences and resources. This should never be about preferences or resources. With an assessment to back up decision making and including the flexibility to meet individual needs the risk of a postcode lottery will be removed. The current pressures on Social Workers to cut costs means that people are not being assessed and needs are not being met. The reality now is that even where there is a need its not being met because of lack of resources where they are needed.**

**Question 8:**

**Do you think that the current balance of responsibility between government, people who use services and carers is fair/right?**

**Please delete: No**

**If not, how should we change the role of:**

**(a) Government?**

**(b) People who use services?**

**(c) Community and Carers?**

**Comments:**

**A) Government – a campaign to provide information to everyone on the range of supports people could be entitled to. Assessments need to be carried out to identify what peoples needs are to prevent people needing critical care. There needs to be more flexibility in moving money where there are underspends within the family of HSSPS to where its needed most rather than us witnessing the purchase of new desks, computers, cushions, curtains etc in April of every year and perfectly useable things appearing in the skips in various health facilities.**

**B) People who use services – The frustrating thing is that today the system allows the people who shout the loudest to get the services and everyone else can wait. Where people are using A&E, Out of Hours etc inappropriately there should be sanctions / awareness campaigns.**

**C)Community & Carers – Carers and the Community need to be supported to take on the roles which have been identified. Great examples of where people in the community have been trained in the use of Defibrilators. Potential increased role of volunteering for people who are job seekers but cannot find work. Support the unpaid carers by offering carers assessments with real supports to ensure they get adequate respite. Where someone who is being cared for refuses to take respite and its obvious the carer is in need support should be made available in the home to allow the carer to get a break.**

## **HUMAN RIGHTS AND EQUALITY IMPLICATIONS**

Section 75 of the Northern Ireland Act 1998 requires Departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- ❖ between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- ❖ between men and women generally;
- ❖ between person with a disability and persons without; and

- ❖ between persons with dependants and persons without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. Departments also have a statutory duty to ensure that their decisions and actions are compatible with the European Convention on Human Rights and to act in accordance with these rights.

At this early stage in the reform process the Department has not carried out an Equality Impact Screening exercise, as the Discussion Document does not contain any policy decisions or changes. The Department, does, however, intend to carry out a Screening exercise at a later stage.

**For this reason, if you feel that there are any particular issues in relation to equality and human rights which the Reform Team should take into consideration at this stage, please outline these below:**

Disabled people and persons with dependents are hugely vulnerable with the proposed cuts to services and are certainly going to be adversely affected by any reduction in services. People shouldn't have to beg for the support they need and are entitled to. Its vital that adequate advocacy is built in to ensure that where people don't feel they have a voice to challenge decisions they don't agree with that someone can assist them.

## FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case.

This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation.

However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. If you do not wish information about your identity to be made public please include an explanation in your response.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office at:

**Information Commissioner's Office Northern Ireland**

51 Adelaide Street

Belfast

BT2 8FE

**Tel:** 028 9026 9380

**Fax:** 028 9026 9388

**Email:** [ni@ico.gsi.gov.uk](mailto:ni@ico.gsi.gov.uk)

**Website:** <http://www.informationcommissioner.gov.uk/>