

Directorate for Adult Social Care and Health
A Proposal for the Future of the Carers' Grant
Consultation Findings Report

Purpose:

To present the findings of the recent consultation on the future of the Carers' Grant.

Contents

1. Executive Summary

2. Introduction

3. Methodology

4. Key Findings

4.1 Question 1

4.2 Question 2

4.3 Question 3

4.4 Question 4

4.5 Question 5

4.6 Question 6

4.7 Question 7

4.8 Stakeholder feedback

4.9 Who responded to the questionnaire?

5. Conclusion

6. Recommendations

Appendix 1 - Consultation Questionnaire

Appendix 2 - Who we consulted - List of Organisations and Groups

1. Executive Summary

1.1 Introduction

It was proposed that in place of the current £250 Carers' Grant scheme, the Council introduces a process which would allocate an amount of money to a carer following the outcome of an assessment, with the Birmingham Carers' Hub.

1.2 Key Findings

Question 1 - Of those who expressed a preference, there was a small positive majority in favour of the use of pre-loaded debit cards – see Recommendation 1.

Question 2 - Of those who expressed a preference, there was a positive majority in favour of replacing the old Carers' Grant scheme, with the assessment-based proposal– see Recommendation 2.

Question 3 - There were a range of views expressed on how the Council might see that it was supporting carers to care, with a firm emphasis on respite. The Carer's Grant scheme did help many carers to fund, or part fund some respite. The Council's proposal seeks to ensure that carers are registered with and assessed by the Birmingham Carers' Hub prior to accessing funding, with the intention of meeting need in a more evidence-based way.

Question 4 - Of those who expressed a preference, there was a clear positive majority in favour of the proposal to introduce bandings – see Recommendation 3.

Question 5 - There was a range of views on the number of bands and the criteria for each, but there was a clear view for the need to link the bandings to the amount of care being delivered. There was support for having 3 bandings.

Question 6 - Of those who expressed a preference, there was a clear positive majority who thought that the proposed process was a clear one, however amendments are proposed – see Recommendations 4 & 5

Question 7 - There were a number of comments regarding the timescale in which to spend the money following the assessment. Taking these into account, a revised proposal could be that the timescale is agreed with the carer – see Recommendation 6.

1.3 Recommendations

It is proposed:

1. That future payments are made to carers by pre-loaded debit cards, issued by the Birmingham Carers' Hub;
2. That the Council closes the Carers' Grant Scheme and replaces it with the assessment-based proposal;
3. That bandings are introduced;

4. To remove any 'eligibility criteria' previously discussed, including "willing to provide feedback on what impact the grant has had on their quality of life" and "willing to rate the quality of the service/ product they have purchased;"
5. To amend the original proposal and have three bands – band 1, for carers caring up to 10 hours per week, band 2 for carers caring up to 50 hours per week and band 3 for carers caring over 50 hours per week; and
6. That the timescale for spending against the pre-loaded debit cards is agreed with the carer – up to a maximum of 12 months;

2. Introduction

Since 1999 the Directorate has provided grants to carers who support a person aged 18 years or older. Each grant is worth £250 and is paid directly to the carer to be used towards the cost of a holiday, or something else that will help sustain them in their caring role. Carers have been able to re-apply for a grant every 2 years, with allocation usually on a first come, first served basis.

A review of the scheme was completed in June 2013 and identified that over 12,000 carers had received a single grant, out of an approximate population of 110,000 carers; with over 8,000 carers having received two or more grants. It also identified that the existing scheme did not provide evidence of a grant's impact on a carer's wellbeing.

In 2015, we consulted on a proposal to use an e-marketplace. Although half of the respondents at the time were in favour of the e-marketplace, we received a large number of comments regarding the fact that it did not offer a consistent selection of services across all of Birmingham and the proposal has not yet been taken forward.

2.1 Proposed Approach

It was proposed that in place of the current £250 Carers' Grant scheme, the Council introduces a process which would allocate an amount of money to a carer following the outcome of an assessment, with the Birmingham Carers' Hub. This would be a one-off payment. The money will allow a carer to arrange how to manage their own wellbeing and contribute towards their being involved as an active citizen in family and community life, and to engage in work, education and leisure.

2.2 Consulting on the Proposed Approach

Approval to consult on the proposal was granted by Birmingham City Council Cabinet on 16th May 2017. The public consultation was open from 12th June to 30th July 2017. The consultation focused on the proposal outlined above (see 2.1).

The consultation questionnaire can be found at Appendix 1.

2.3 Purpose of this report

The purpose of this report is to present the key findings of the consultation.

3. Methodology

Carers and interested parties were invited to participate in the consultation. To reach as many people as possible, a range of consultation methods were available.

3.1 Consultation Documents

The consultation document and questionnaire were made available in standard text.

The consultation document outlined the proposed approach and highlighted key areas for consultation, and was designed to support the completion of the questionnaire. The consultation document can be found in Appendix 1.

The consultation documents could be accessed in a variety of ways including:

- Online at Birmingham Be Heard - all documents were available to the general public via this platform. The web link to this platform was also circulated to a wide range of stakeholders with details of how they could have their say.
- Hard copy print - respondents could request a hard copy print version to complete and return via free-post. Hard copy versions were also available at consultation events.

3.2 Stakeholder Consultation Events

The consultation commenced at the start of Carers' Week and the principle stakeholder event was hosted by the Birmingham Carers' Hub at Symphony Hall on Monday 12th June, 2017.

There were also a range of smaller consultation events held with different carers groups which gave additional opportunities for individual conversations and discussions. A list of who we consulted can be seen in Appendix 2.

3.3 Publicity

Previous recipients of a Carers' Grant and those registered with the Carers' Hub were written to and informed of the consultation. In addition a number of carers organisations, including the Carers' Hub newsletter publicised the event on June 12th and the consultation itself. Those citizens who were registered for BeHeard alerts also received notification.

3.4 Analysis

All of the 226 questionnaires were entered onto BeHeard.

3.4.1 Quantitative Data

The closed and demographic questions included in the questionnaire were analysed using the BeHeard system.

3.4.2 Qualitative Data

The open questions with qualitative responses and any correspondence received were themed to enable key findings to emerge.

4. Findings from the questions we asked

4.1 The first question was “Do you think that using pre-loaded debit cards is a good idea?”

This question was a closed question and was answered by 224 respondents. A significant proportion were “not sure/neutral”, but the second highest response was “very good”.

Response	No.	%
Very good	51	22.6
Good	41	18.1
Not sure/neutral	60	26.5
Bad	42	18.6
Very bad	30	13.3
Not answered	2	0.9
Total	226	

4.2 The second question was “Do you think that removing the current scheme and replacing it with one that allocates money following an assessment on activity identified, discussed and agreed with the carer during the assessment process is a good idea?”

This question was a closed question and was answered by 224 respondents. A significant proportion were “not sure/neutral”, but the highest response was “good”.

Response	No.	%
Very good	39	17.3
Good	66	29.2
Not sure/neutral	46	20.3
Bad	37	16.4
Very bad	36	15.9
Not answered	2	0.9
Total	226	

4.3 The third question was “Do you have any other ideas about how the Council might be able to see that the money that it spends is helping carers to continue caring?”

This question was an open question and was answered by 179 respondents. When the comments of the respondents who has answered “bad” or “very bad” to question 2 were analysed, themes such as these emerged:

“Caring for someone is a full and exhausting period, therefore it is essential that carers have a break away, this is to enable them to readdress their own issues and have some me time. A holiday away for carers is vital for both carers and the person being cared for. As a carer for the past 3 years I have not received any carers grant or income for the care I have given to my sister, also I have had no previous indication that I am entitled to any.”

“I think there should be a more stringent criteria of who receives the money; ie someone who is caring for a person with severe care needs, not just picking up the weekly shop or phoning to see if the person is OK. It seems unfair that people whose lives are really affected by caring for someone 24/7 is treated in the same way as a 'carer' who, in effect, is not doing a great deal and whose life is not affected in any way.”

The issues regarding the need for respite are clearly acknowledged, but even though the second respondent thought that the proposal to link resources to the assessment was a 'bad' idea, they did feel that the Council should target its resources.

4.4 The fourth question was “Do you think that introducing bandings is a good idea?”

This question was a closed question and was answered by 222 respondents. There was a clear positive response to this question.

Response	No.	%
Very good	66	29.2
Good	67	29.6
Not sure/neutral	44	19.5
Bad	27	11.9
Very bad	18	8.0
Not answered	4	1.8
Total	226	

4.5 The fifth question was “Have you any comments about the number of bands or what the criteria should be?”

This question was an open question and was answered by 152 respondents. When the comments of the respondents were analysed, themes such as these emerged:

“I think the carers grant should be mainly restricted to carers who care full time and where their own lives have become severely restricted such as not being able to leave the person they are caring for alone meaning that they can only go out if another person /carer can come in and look after the person they are caring for.”

“There's a big gap between 10 and 50 hours of care. It also doesn't address what people who care for more than one person would be eligible to receive. The previous scheme was worth up to £250, so that's a big drop for the people only accessing £100 worth of support. Although it could help well-being in the short-term how can this be a long-term solution? A lot of carers desperately need respite.”

4.6 The sixth question was “Is the proposed process clear?”

This question was a closed question and was answered by 215 respondents. A significant proportion were “not sure/neutral”, but the highest response was “good”.

Response	No.	%
Very good	44	19.5
Good	76	33.6
Not sure/neutral	64	28.3
Bad	17	7.5
Very bad	14	6.2
Not answered	11	4.9
Total	226	

4.7 The seventh question was: “Do you have any other comments on proposals for the Future of the Carers Grant?”

This question was an open question and was answered by 165 respondents. When the comments of the respondents were analysed, themes such as these emerged:

“Should have 6 months to spend the grant as it sometimes very difficult for some carers to be able to get out to do this.”

“As you can see from my previous comments, this is a cost cutting exercise which is being put onto people who are working very hard to support someone who needs help. A very easy target in my opinion.”

4.8 Stakeholder feedback

In addition to the questionnaire a further 84 citizens were engaged and gave their views at carers’ meetings. During these stakeholder events we received quite a few comments along these lines:

“Pre-loaded cards are not appropriate for older people as they are not used to these things. We do not have the confidence to use it;” and

“There should be no time limit on the pre-payment card.”

Paper gift vouchers are now things of the past, they are pre-loaded cards and most of them have an expiry date on them. The thinking behind having a time period in which to spend the money, following an assessment was that if there was a need identified that needed to be met, why would it be appropriate or necessary to wait?

“I just don't think that carers can be made to decide exactly what and when they use the grant for, circumstances change. Carers are grateful for any help given and cannot always decide what this help is used for in advance;” and

“The carer should have the ability to spend as they need for circumstances can change.”

We fully appreciate that a carer’s circumstances may change and change and change again, but if there is something that they need to help them, then it is in everyone’s interests to try and make that happen promptly.

A submission was also received from Dementia Information and Support for Carers (DISC).

DISC felt that pre-loaded cards would be “intrusive, restrictive and burdensome for carers,” and that “there are purchases that still use cash.” The latter point is one that is appreciated and DISC took a view “that there are challenges that support the need for reform, redesign or remodelling of the carers’ grant scheme,” before going on to suggest some useful principles. DISC’s recommendations were:

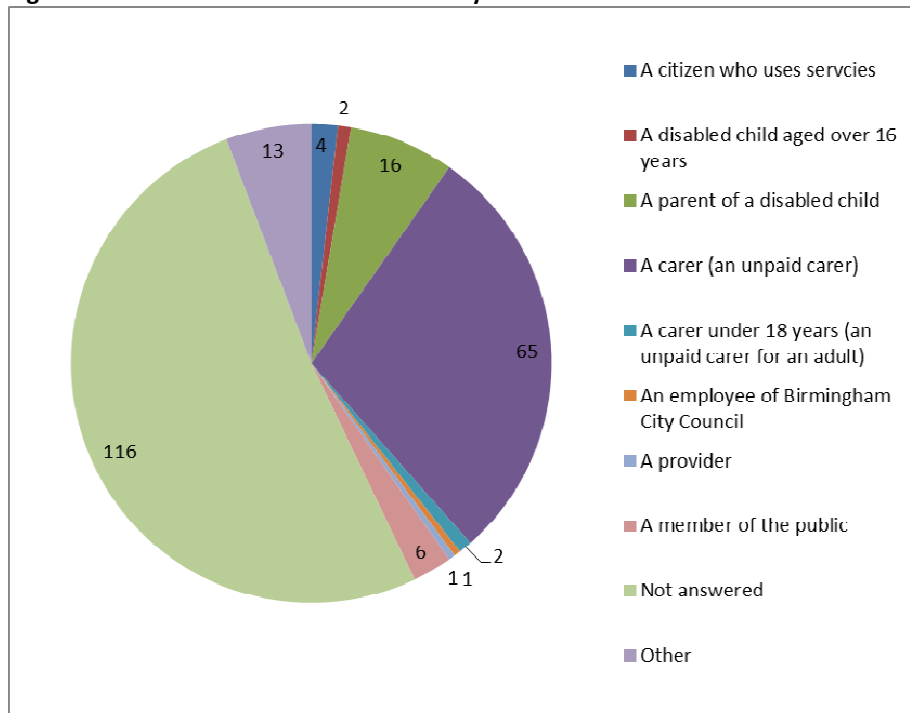
1. That a transparent, objective, simple, and easily understood, realistic system should be adopted. It should not add additional responsibility on carers
2. That the planned use of debit cards should not be adopted but if adopted should allow for choice
3. That the process of Assessment be undertaken but be made simpler
4. The system of Bandings developed should be based on general criteria and specific criteria
5. The use of 3 bandings should be adopted but a 4th band may be considered based on exceptional caring duties
6. The amount of grant money should be linked with the roles and responsibilities of each banding
7. A simple carers’ assessment framework can be designed to obtain carers feedback on the activities and benefits achieved

4.9 Who responded to the questionnaire?

4.9.1 Which statement best describes your interest in the consultation?

Disappointingly, this question was unanswered by a significant number of respondents (fig 1).

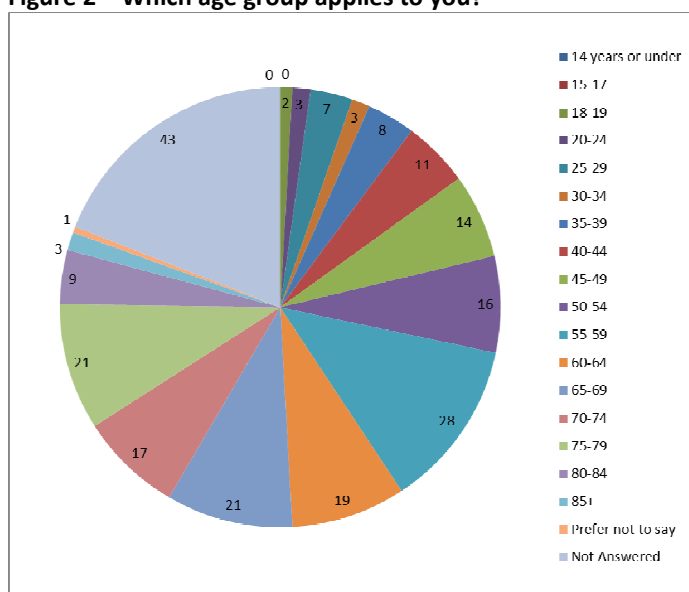
Figure 1: Which statement best describes your interest in the consultation?



4.9.2 What age group applies to you?

Of those respondents who gave their age, the majority were aged over 55 (fig. 2)

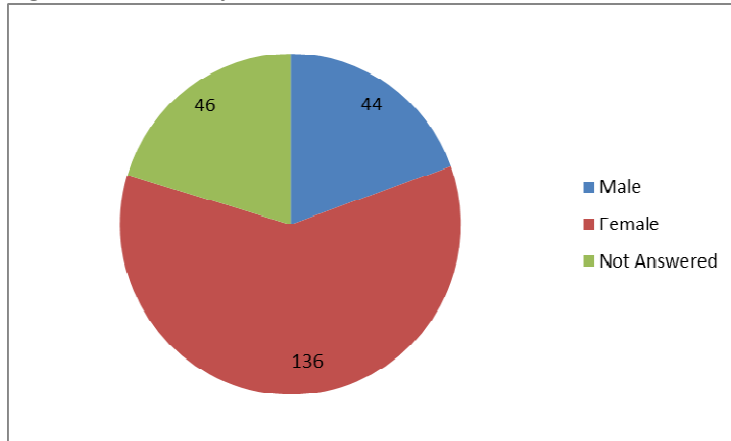
Figure 2 – Which age group applies to you?



4.9.3 What is your sex?

The majority of respondents who identified their sex, were female (fig 3)

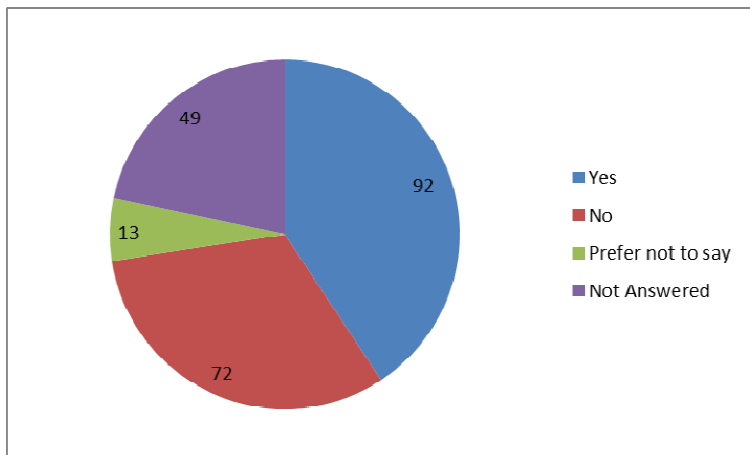
Figure 3: What is your sex?



4.9.4 Do you have any physical or mental health conditions or illness lasting or expected to last 12 months or more?

A significant number of the respondents who answered the question did have a physical or mental health conditions or illness lasting or expected to last 12 months or more (fig 4).

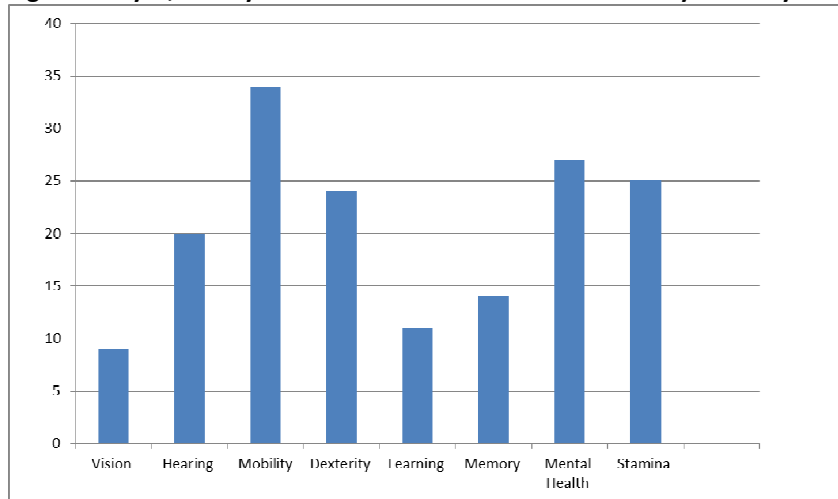
Figure 4: Do you have any physical or mental health conditions or illness lasting or expected to last 12 months or more?



If yes, do any of these conditions or illnesses affect you in any of the following areas?

For those declaring a condition or illness, the most common were mobility (walking short distances or climbing stairs), mental health and stamina or breathing or fatigue (fig 5).

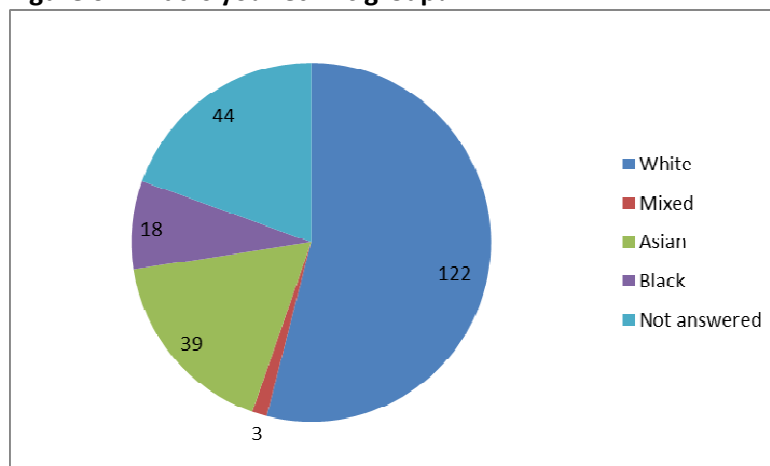
Figure 5: If yes, do any of these conditions or illnesses affect you in any of the following areas?



4.9.5 What is your ethnic group?

Over half of the respondents stating their ethnicity were 'white' (fig 6).

Figure 6: What is your ethnic group?



5. Conclusion

We must appreciate that there is a level of resistance or antagonism in how carers view the Council's proposals:

- “We make a massive contribution to society, and the expectation is that we continue to carry on without any breaks, I do not want your £250 I will continue with my role as a carer without a break.”

In hindsight, a question missing from the consultation was whether the carer was registered at the Carers' Hub. Having said that, it must be acknowledged that some carers may not want to be registered, assessed and contacted for feedback. The Carers' Grant Scheme was access to support with minimal encumbrances, but those days have passed and as the Equality Assessment (Appendix 1) indicates, there will be carers who are adversely impacted by this proposed change.

The Care Act 2014 is clear that carers can be eligible for local authority support in their own right. The threshold is based on the impact their caring role has on their wellbeing.

The Care Act states that the duty to carry out a carer's assessment applies regardless of the authority's view of—

- (a) the level of the carer's needs for support, or
- (b) the level of the carer's financial resources or of those of the adult needing care.

A carer's assessment must include an assessment of—

- (a) whether the carer is able, and is likely to continue to be able, to provide care for the adult needing care,
- (b) whether the carer is willing, and is likely to continue to be willing, to do so,
- (c) the impact of the carer's needs for support on the matters specified in section 1(2),
- (d) the outcomes that the carer wishes to achieve in day-to-day life, and
- (e) whether, and if so to what extent, the provision of support could contribute to the achievement of those outcomes.

In order to trigger the duty to assess it must appear to the Local Authority that a carer may have needs for support (whether currently or in the future). Accordingly, the duty applies when it “appears” that a carer “may” have needs for support. Thus the duty will apply:

- Irrespective of whether a formal request for an assessment has been made by the carer;
- Where the carer has relatively low levels of need for support or has the finances to fund their own support;
- In cases where the Local Authority is not certain that the carer has an actual need; and
- Whether or not the Local Authority has in place arrangements to provide services which the carer is likely to need or thinks that the carer has no prospect of being awarded services.

During one of the consultation meetings a citizen observed that:

- “Carers do not always want to go through assessments with different organisations, we are having to tell our story all over again...”

It is quite true that carers and citizens more widely should not have to tell their stories over and over again. It is also true that as carers' needs increase, the amount of information that we might need to craft an appropriate response will increase and 'the assessment' needs to be less about having an *assessment* and more about having a proportionate discussion, so that an increasingly personalised approach might be suggested.

A respondent to the questionnaire observed that:

- "I think it needs to be filtered out to carers more, because until now I had no inclination that it existed and that there was any help out there."

This is why we believe that linking resources to an assessment process is an appropriate proposal.

In view of the wider duties within the Care Act and views received, it is proposed to amend the Banding Factors. In doing so, it should be recognised that the funding under discussion – that remaining from the Carers' Grant Scheme – is not the only resource that will be used in meeting carers' needs. While we appreciate that access to resources which might facilitate a level of respite is a key concern to many carers, the Council's 'arms-length' approach through the Carers' Grant Scheme has not enabled it to offer other forms of support, nor to understand the true extent of the need for respite.

It is suggested that amendments to the original proposals are:

1. To remove any 'eligibility criteria' previously discussed, including "willing to provide feedback on what impact the grant has had on their quality of life" and "willing to rate the quality of the service/ product they have purchased;"
2. To increase the number of bands to three – band 1, for carers caring up to 10 hours per week, band 2 for carers caring up to 50 hours per week and band 3 for carers caring over 50 hours per week

There were a number of comments regarding the timescale in which to spend the money following the assessment. Taking these into account, a revised proposal could be that the timescale is agreed with the carer – up to 12 months. The very point remains that if there is something that the carer needs to help them, then it is in everyone's interests to try and make that happen as promptly as possible. The flip side of give time for 'circumstances changing' is that the agreed intervention may no longer be suitable or effective.

We would like to thank everyone who took the time to respond to our questionnaire and to listen to our proposals. A special 'thank you' also to DISC for their submission.

6. Recommendations

It is proposed:

1. That future payments are made to carers by pre-loaded debit cards, issued by the Birmingham Carers' Hub;
2. That the Council closes the Carers' Grant Scheme and replaces it with the assessment-based proposal;
3. That bandings are introduced;
4. To remove any 'eligibility criteria' previously discussed, including "willing to provide feedback on what impact the grant has had on their quality of life" and "willing to rate the quality of the service/ product they have purchased;"
5. To amend the original proposal and have three bands – band 1, for carers caring up to 10 hours per week, band 2 for carers caring up to 50 hours per week and band 3 for carers caring over 50 hours per week; and
6. That the timescale for spending against the pre-loaded debit cards is agreed with the carer – up to a maximum of 12 months;

Appendix 1 Consultation Document



A Proposal for the
future of the Carers

Appendix 2 Who we consulted with

14 th June	Phoenix Centre/Stonham MH Carers
15 th June	Summerfield GP & Care Centre/Carers Group
16 th June	Handsworth Carers Group/Lozells Methodist Church
27 th June	Disc Dementia Group/South, Weatheroaks
3rd July	Disc Dementia Group/Sutton Group
4th July	Disc Dementia Group/Yardley
7 ^h July	Stonham MH Group/ John Lewis
13 th July	Disc Dementia Group/Handsworth Wood