

Adult Charging Policy Consultation Report December 2015

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Adult Charging Policy Consultation Results Report

1. Background

- 1.1 The current Fairer Contributions Policy was introduced following public consultation in early 2011 and was last updated in 2013. It is now out of date and following recent changes in legislation, it is no longer fit for purpose.
- 1.2 The Care Act 2014 brings a new framework for charging for social care services.
- 1.3 The proposal is for a single Adult Social Care Charging Policy covering charges and fees for all adult social care services in both residential and non-residential settings.
- 1.4 With the exception of certain services that must be provided free of charge, it is proposed that customers will be liable for charges from the start of the service, and will pay up to the full cost of their services subject to the outcome of their Financial Assessment.
- 1.5 The limits and thresholds in the proposed Financial Assessment process will ensure that customers only pay what they can afford towards their care costs.
- 1.6 The consultation sought opinions on the proposal to create a single charging policy, how the Council should charge for Adult Social Care Services and how it should conduct Financial Assessments to determine how much customers can afford to pay towards the costs of their care.

2. Method

- 2.1 A 12 week consultation on the proposals for the Adult Charging Social Care Policy ran from 9 September 2015 to 2 December 2015.
- 2.2 4,200 letters were sent to customers who receive social care services from the Council and who could be affected by the proposed single policy.
- 2.3 The letter to customers included details of the consultation with a link to an online survey where the proposed policy could be viewed and comments could be made. A phone number was included in the letter which allowed respondents to contact the Council and request a paper copy of the questionnaire and policy.
- 2.4 An Easy Read version of the questionnaire was created and sent to respondents who requested this.
- 2.5 The consultation was discussed at several meetings:
 - At the October Carers Forum meeting in October 2015

- At the Diversity Forums meeting in October 2015
- At a meeting with the Derby Deaf Club on.....
- An Equality Impact Assessment workshop was held with representatives of the Council's Diversity Forums on 17 November 2015

2.6 Promotion of the consultation was undertaken in the following ways:

- The Council's e-shot sent to around 2,500 subscribers
- Promotion on the 'Your City Your Say' pages of the Council website
- Promotion via the Council's Facebook page
- Promotion via the Council's Twitter account
- A general press release
- A request that it should be promoted on BBC radio Derby

2.7 The Consultation was also promoted to members of the Derby Information and Advice Network and Voluntary Sector Groups.

3. Summary of results

3.1 In total there were 59 responses to the consultation, 49 online responses, 9 paper responses and 1 Easy Read response.

3.2 This summary section outlines the proposals where respondents agree, neither agree nor disagree and disagree.

3.3 Table 1 outlines the proposals where more respondents agree than they disagree. 63.8% of respondents agree with charging for late cancellation of services with 59.3% who agree with disregarding 50% of a pension.

Table 1. proposals where more respondents agree

	Count	% agree
Charging for late cancellation of services	37	63.8
Disregarding 50% of an occupational pension in Financial Assessments	34	59.3
Allowing top ups to be deferred	27	48.2
Arranging support for self-funders	26	46.6
Combining charges for residential and non-residential care into one policy	24	43.1
Allowing top ups	24	42.9
Selling Council services directly to members of the public	23	39.7

3.4 Table 2 outlines the proposals where more respondents disagree than they agree. 38 respondents (67.6%) disagree with removing the cap on non-residential charges, with 38 respondents (66.7%) who disagree with charging for Telecare equipment.

Table 2. proposals where more respondents disagree

	Count	%disagree
Removing the cap on non-residential charges	38	68.4
Charging for Telecare equipment	38	65.5
Meals charged at full cost	28	48.3
Charging for double up calls	25	43.9
Deferred payment scheme (B) interest rate	23	41.8
Charging from the start of the service rather than from the date of the Financial Assessment	24	41.4

- 3.5 Table 3 outlines the proposals where more respondents said they neither agree nor disagree. 25 respondents (45.5%) neither agree nor disagree with nominal charging for outcome based services, 22 respondents (39.7%) who neither agree nor disagree with managing deferred top ups.

Table 3. proposals where more respondents neither agree nor disagree

	Count	% neither
Nominal charging for outcome-based services	25	44.6
Managing deferred top ups	22	39.7

- 3.6 There was just one area where the responses were closely split between agree, neither agree nor disagree and disagree. This is the proposal for the deferred payment scheme administration charge.
- 3.7 Respondents made comments about the different proposals. These have been coded into themes and can be found in the main findings section of the report. Please note that some comments may have included several different themes. All verbatim comments can be found in appendix 1.

4. Main Findings

4.1 Respondents were provided with details of the proposals as part of the new policy and were asked if they agree, neither agree nor disagree or disagree with each of the proposed changes.

4.2 In total there were 59 responses to the consultation. Therefore, when reporting both number and percentage of respondents have been quoted.

4.3 Each proposal and the number of respondents who agree, neither agree nor disagree or disagree, along with the comments about the proposal are included in this section.

4.3 Combining charges for residential and non-residential care into one policy

4.3.1 25 respondents (43.1%) agree with the proposals to combine the charges for residential and non-residential care with 13 respondents (22.4%) who disagree. 20 respondents (34.5%) said they neither agree nor disagree.

Table 4. % respondents who agree or disagree with combining the residential and non –residential charges into one policy.

	Count	%
Agree	25	43.1%
Neither agree nor disagree	20	34.5%
Disagree	13	22.4%
Total	58	100.0%

Base 58

4.3.2 Respondents were asked to make comments about the proposal to combine the charges for residential and non-residential into one policy. In total 10 respondents made a comment. Table 5 shows the themes of these comments, five comments were positive about the proposal to combine both policies; three comments stated more information on the implications of merging the policies and what this would mean was needed. Three comments made reference to service users paying more due to the proposals; two comments disagree with combining both policies into one.

Table 5. Number of coded comments on the proposal to combine residential and non –residential charges into one policy

Comment	Number of comments
Positive comment about the combined policy	5
Need more information, do not understand the policies enough to make comment, other questions	3
Service users will pay more	3
Do not agree with combining	2
Go elsewhere for services	1

4.4 Disregarding 50% of an occupational pension in Financial Assessments

Classification: OFFICIAL

- 4.4.1 35 respondents (59.3%) agree with the proposal to disregard 50% of an occupational pension, with 9 respondents (15.3%) who disagree.

Table 6. % respondents who agree or disagree with disregarding 50% of an occupational pension in Financial Assessments

	Count	%
Agree	35	59.3%
Neither agree nor disagree	15	25.4%
Disagree	9	15.3%
Total	59	100.0%

Base 59

- 4.4.2 Respondents were asked to make comments about the proposal to disregard 50% of an occupational pension. 8 respondents made a comment. Four of the comments stated an agreement with the proposal and that married and unmarried couples should be treated the same. Three comments stated they did not agree with the proposals.

Table 7. Number of coded comments on the proposal to disregards 50% of an occupational in financial assessments

Comment	Number of comments
Agree with the proposal	4
Disagree with the proposal	3
Ensure the person not needing services can cope financially	1
Should be for long term relationships only	1

4.5 Removing the cap on non-residential charges

- 4.5.1 39 respondents (68.4%) disagree with the proposal to remove the cap on non-residential charges, with 11 respondents (19.3%) who agree and 7 respondents (12.3%) who neither agree nor disagree.

Table 8. % respondents who agree or disagree with removing the cap on non-residential charges

	count	%
Agree	11	19.3%
Neither agree nor disagree	7	12.3%
Disagree	39	68.4%
Total	57	100.0%

Base 57

- 4.5.2 Respondents were asked to make comments on the proposal to remove the cap on non-residential charges. 17 respondents made a comment. Six of the comments made reference to the fact this would cost people more money

and would impact on those who were not as well off. Five comments suggested people would no longer access care services.

Table 9. Number of coded comments on the proposal to remove the cap on non-residential charges

Comment	Number of comments
Will cost people more and impact the less well off	6
Will stop people accessing care	5
Have saved money all my life it is unfair	2
More details are needed to understand the impact	2
The current level of £125 is fair	2
Should cost those staying at home less	1
Transition period needed before bringing in the cap	1
Need to consider those who have paid taxes and NI	1
Not everyone will understand the impact	1
Concerned I will not be able to pay	1
Disabled people should not pay	1

4.6 Charging from the start of the service rather than from the date of the Financial Assessment

- 4.6.1 24 respondents (41.4%) disagree with the proposal to start charging from the start of the service with 21 respondents (36.2%) who agree.

Table 10. % respondents who agree or disagree with charging from the start of a service

	count	%
Agree	21	36.2%
Neither agree nor disagree	13	22.4%
Disagree	24	41.4%
Total	58	100.0%

Base 58

- 4.6.2 Respondents were asked to make comments on the proposal to start charging from the start of the service. Table 11 shows the varying different comments, in total 13 respondents made a comment. Four comments stated that the time to undertake the assessment could mean this is unfair, with

three of the comments suggesting this could affect people and take more money from them. Two comments stated that if there was a charge levied then this should be affordable.

Table 11. Number of coded comments on the proposal to charge from the start of the service

Comment	Number of comments
Time taken to assess could be unfair	4
Comment on various proposals affecting people and taking more money from people	3
Charge should be affordable	2
Council should not hound people	1
Customers can see if what they get before their financial assessment is worth the money	1
Do not agree	1
Should work both ways	1
There will be difficulties getting a rebate	1
What will be the nominal charge	1

4.7 Meals charged at the full cost (including meals-on-wheels and at day centres)

- 4.7.1 28 respondents (48.3%) disagree with the proposal to charge the full cost of meals. 15 respondents (25.9%) agree with 15 respondents (25.9%) who neither agree nor disagree.

Table 12. % respondents who agree or disagree with charging meals at the full cost

	count	%
Agree	15	25.9%
Neither agree nor disagree	15	25.9%
Disagree	28	48.3%
Total	58	100.0%

Base 58

- 4.7.2 Respondents were asked to make comments on the proposal to charge the full cost for meals. 15 respondents made a comment. Four of the comments made reference to food being a necessity and that people need to eat and have the right to food, three of the comments linking to this are that good

food leads to good health. Four of the comments stated that meals should be subject to a financial assessment. Three comments made were that people who do not have large incomes may not be able to afford to pay.

Table 13. Number of coded comments on the proposal to charge the full cost of meals

Comment	Number of comments
Food is a necessity	4
Reasonable cost	4
Should be subject to a financial assessment	4
Comment on good food for good health	3
People do not have large incomes or may not be able to afford to pay	3
Comment on current wheels on meals service	1
Charge the actual cost of meals	1
Lack of choice	1
May not be able to pay	1
Need more details on cost	1
Need to look after older members of society	1

4.8 Charging for Telecare equipment

- 4.8.1 38 respondents (65.5%) disagree with the proposal to charge for Telecare equipment, 7 respondents (12.1%) agree with 13 respondents (22.4%) who neither agree nor disagree.

Table 14. % respondents who agree or disagree with charging for Telecare equipment

	count	%
Agree	7	12.1%
Neither agree nor disagree	13	22.4%
Disagree	38	65.5%
Total	58	100.0%

Base 58

- 4.8.2 Respondents were asked to make comments on the proposal to charge for Telecare equipment. 19 respondents made a comment, 12 of these comments stated that people would not be able to afford to pay for the services, and therefore would be at risk. Four comments made suggested that the Telecare equipment should be part of social care support for those on a low income. Two comments suggested charging for the equipment

could leave people unsafe and put their lives at risk with two comments stating that if people didn't have Telecare they could be vulnerable, at danger of falling and ultimately causing more cost to the Council and NHS.

Table 15. Number of coded comments on the proposal to charge for Telecare equipment

Comment	Number of comments
People won't be able to afford it and will be vulnerable and at risk	12
Should be part of social care support for those on low incomes	4
Could leave people unsafe	2
Dangers and falls could cause more cost to the Council and NHS	2
More details needed on costs	1
put more pressure on family members	1
Will use other cheaper companies	1

4.9 Charging for late cancellation of services

- 4.9.1 37 respondents (63.8%) agree with the proposal to charge for late cancellation of services, 9 respondents (15.5%) disagree.

Table 16. % respondents who agree or disagree with charging for late cancellation of services

	count	%
Agree	37	63.8%
Neither agree nor disagree	12	20.7%
Disagree	9	15.5%
Total	58	100.0%

Base 58

- 4.9.2 Respondents were asked to make comments on the proposal to charge for later cancellation of services. 14 respondents made a comment. Seven of the comments stated that the Council need to consider there may be times when people cannot cancel services due to emergencies such as being taken into hospital. Five comments agree with the proposal if the services are cancelled without a valid reason. Three comments stated that it should work both ways, so if the Council or care services do not turn up when they

agree the person receiving the care should not be charged. Three comments asked what the appropriate notice of cancellation is and suggested this needs to be clearer.

Table 17. Number of coded comments on the proposal to charge for late cancellation of services

Comment	Number of comments
Need to consider the times when people cannot call to cancel services	7
Agree if cancelled without a valid reason	5
Should work both ways, if the Council or care services do not turn up or do what they agreed	3
What is an appropriate notice of cancellation needs to be clear	3
Details needed on how to cancel services	1

4.10 Nominal charging for outcome-based services

- 4.10.1 25 respondents (44.6%) neither agree nor disagree with nominal charging for outcome based services, 12 respondents (21.4%) agree and 19 respondents (33.9%) disagree.

Table 18. % respondents who agree or disagree with nominal charging for outcome-based services

	count	%
Agree	12	21.4%
Neither agree nor disagree	25	44.6%
Disagree	19	33.9%
Total	56	100.0%

Base 56

- 4.10.2 Respondents were asked to make comments on the proposal of a nominal charge for outcome base services. 14 respondents made a comment (Table 19). Five of the comments felt that this would cause the level of service from providers to reduce; four comments stated that those receiving these services are vulnerable people. Three comments refer to customers having individual needs and that they should be charged for the service they receive so that their needs are met.

Table 19. Number of coded comments on the proposal for nominal charging

Comment	Number of comments
Level of service from providers will fall	5
These are vulnerable people	4
Customer have individual needs, their outcomes need to be met	3
Good idea if monitored	2
People will have less choice	1
Should be based on financial assessments	1
System could be abused	1
What are outcome based services	1
What will the cost be	1
Charging but cutting services	1

4.11 Charging for "double-up calls"

- 4.11.1 25 respondents (43.9%) disagree with the proposal to charge for double up calls, with 21 respondents (36.8%) who agree.

Table 20. % respondents who agree or disagree with charging for double up calls

	Count	%
Agree	21	36.8%
Neither agree nor disagree	11	19.3%
Disagree	25	43.9%
Total	57	100.0%

Base 57

- 4.11.2 Respondents were asked to make comments on charging for double up calls. 17 respondents made a comment. Eight of the comments stated that if a person is assessed as needing two carers, they should not be penalised. Three comments said it would be unaffordable with three comments suggesting it would mean more people would need residential care.

Table 21. Number of coded comments on the proposal to charge for double up calls

Comment	Number of comments
Should not be penalised if assessment states two carers are needed	8
Would be unaffordable	3

Would mean more people would be taken into residential care	3
Why subsidise people with money	2
Depends on circumstances	2
Do not agree	2
Agree if someone just would like double up call	1
What if company sends two carers even if this isn't needed	1
More details needed	1

4.12 Deferred Payment Scheme administration charge and interest rate

- 4.12.1 20 respondents (35.7%) agree with the deferred payment scheme administration charge, 18 respondents (32.1%) neither agree nor disagree and 18 respondents (32.1%) disagree.

Table 22. % respondents who agree or disagree with deferred payment scheme administration charge

	count	%
Agree	20	35.7%
Neither agree nor disagree	18	32.1%
Disagree	18	32.1%
Total	56	100.0%

Base 56

- 4.12.2 23 respondents (41.8%) disagree with the proposal to charge a specified interest rate, 17 respondents (30.9%) agree and 15 respondents (27.3%) neither agree nor disagree.

Table 23. % respondents who agree or disagree with deferred payment scheme interest rate

	count	%
Agree	17	30.9%
Neither agree nor disagree	15	27.3%
Disagree	23	41.8%
Total	55	100.0%

Base 55

- 4.12.3 Respondents were asked to make comments on proposal for the deferred scheme administration charge and interest rate. 9 respondents made a comment. These comments were not easily coded into themes and were more specific to individual circumstances. Two comments asked for more details on the charges, with two comments stating the charges should not be inflated.

Table 24. Number of coded comments on the proposal for an administration charge and interest rates for deferred payments.

Comment	Number of comments
Do not understand need more details on charges	2
Should not inflate payments by charges or interest	2
Should take circumstances into consideration	2

What about partner who stays in the property is this taken into consideration	2
Should not make money from older people's frailty	1
Already paying a top up	1
Care home costs should be free	1
Council is wasteful	1
Unfair people who have worked all their life having to pay	1
Vulnerable people need help	1
What are you proposing to charge	1

4.13 Arranging support for self-funders

- 4.13.1 27 respondents (46.6%) agree with the proposal for self-funders and to charge a care arrangement fee, with 19 respondents (32.8%) who disagree.

Table 25. % respondents who agree or disagree with arranging support for self-funders

	Count	%
Agree	27	46.6%
Neither agree nor disagree	12	20.7%
Disagree	19	32.8%
Total	58	100.0%

Base 58

- 4.13.2 Respondents were asked to make comments on the proposal to charge a care arrangement fee. 12 respondents made a comment (Table 26). Three of the comments made reference to the Council subsidising people with money; two comments stated that it is not vulnerable peoples fault if they need help.

Table 26. Number of coded comments on the proposal to for self-funders and an arrangement fee charge

Comment	Number of comments
Comment on subsidising people with money	3
Not vulnerable peoples fault they need help	2
Agree if charges are clear	1
If people need a care home should not have to pay	1
More choice	1
More details needed	1
Other	1
People who pay should be given some support	1
This is the Councils responsibility	1

4.14 Selling Council services directly to members of the public

Classification: OFFICIAL

- 4.14.1 23 respondents (39.7%) agree with the proposal to sell council services directly to members of the public, 17 respondents (29.3%) disagree.

Table 27. % respondents who agree or disagree with selling Council services

	count	%
Agree	23	39.7%
Neither agree nor disagree	18	31.0%
Disagree	17	29.3%
Total	58	100.0%

Base 58

- 4.14.2 Respondents were asked to make comments on the proposal to sell Council services. 14 respondents made a comment. Six comments referred to the Council needing to ensure there was fair access to services, particularly with reference to those who are in need, so ensure they do not lose their place to someone who can pay. Two comments agree that everyone should have an equal opportunity to access services, with two comments stating the Council should provide choice. Two comments stated disagreement with the proposal.

Table 28. Number of coded comments on the proposal to sell Council services

Comment	Number of comments
Council needs to ensure fair access to services	6
Agree all should have equal opportunity to services	2
Council should provide choice	2
Do not agree with proposal	2
Do not agree to a rise in costs	1
Needs independent evaluation	1
Not everyone can afford to buy	1
Should get more income from those who can pay	1

4.15 Allowing "top-ups"

- 4.15.1 24 respondents (42.9%) agree with the proposal to apply discretion when allowing top ups, 13 respondents (23.2%) who disagree.

Table 29. % respondents who agree or disagree allowing top ups

	count	%
Agree	24	42.9%
Neither agree nor disagree	19	33.9%
Disagree	13	23.2%
Total	56	100.0%

Base 56

- 4.15.2 Respondents were asked to make comments on the proposal to allow top ups. 8 respondents made a comment. Two of the comments said discretion needs to be allowed dependant on circumstances, two comments stated that family circumstances can change and two comments stated agreement with this if people can afford to do it.

Table 30. Number of coded comments on the proposal to allow top ups

Comment	Number of comments
Allow discretion	2
Consider family circumstances can change	2
If people can afford it agree	2
Do not have endless supply of money - it will run out	1
Should not have to pay for care homes	1
What is a top up?	1

4.16 Allowing "top-ups" to be deferred

- 4.16.1 27 respondents (48.2%) agree with the proposal to allow top-ups to be deferred after the first 12 weeks, 11 respondents (19.6%) disagree.

Table 31. % respondents who agree or disagree allowing top ups to be deferred

	count	%
Agree	27	48.2%
Neither agree nor disagree	18	32.1%
Disagree	11	19.6%
Total	56	100.0%

Base 56

- 4.16.2 Respondents were asked to make comments on the proposal to allow top ups to be deferred. 7 respondents made a comment; these comments are of varying different opinions and do not fit into any specific themes. They can be seen in Table 32.

Table 32. Number of coded comments on the proposal to allow top ups to be deferred

Comment	Number of comments
Cannot guarantee arrangements are sustainable	1
Could help in the future	1
Do not allow top ups if people can't afford them	1
Make clear the interest charge	1
Paid NI contributions	1
Threatening residents	1
What is a top up?	1

4.17 Managing deferred "top ups"

- 4.17.1 23 respondents (39.7%) neither agree nor disagree with the proposal to manage deferred top ups, 18 respondents (31.0%) agree with 17 respondents (29.3%) who disagree.

Table 33. % respondents who agree or disagree with the proposal to manage top ups

	count	%
Agree	18	31.0%
Neither agree nor disagree	23	39.7%
Disagree	17	29.3%
Total	58	100.0%

Base 58

- 4.17.2 Respondents were asked to make comments on the proposal to manage deferred top ups. 9 respondents made a comment. Six comments referred to the fact that these people are old and vulnerable and that moving them could cause upset and stress and may lead to death.

Table 34. Number of coded comments on the proposal to manage top ups

Comment	Number of comments
Moving people could cause stress and lead to death	6
Allow someone else to pay top up	1
Case by case basis	1
What if cheaper provision isn't available	1

- 4.17.3 One clear message that has come from reading comments on the three questions on top ups, is that there is little understanding of what a top up is and what this means to people.

4.16 Comments on any other aspects of the proposed Adult Social Care Charging Policy

- 4.16.1 Respondents were asked if they had any other comments to make about the proposed charging policy. 16 respondents made a comment. Four comments referred to the fact that people have been paying into the system through their life and should not be penalised, four comments were around a respondent's personal situation. Three comment state disagreement with the proposal.

Table 35. Number of coded comments on any other aspect of the proposed Adult Social Care Charging Policy

Comment	Number of comments
People have been paying into the system should not be penalised - unfairness	4
Personal comment reference to care	4
Do not agree with proposals	3
Charges and changes need explaining further	2
Comment on poor quality of care	1
Confusing	1
Council has a duty of care to vulnerable people	1
Council is carefully considering charging	1
Do not agree people should have to pay	1
Punishing old people	1
Social care money should be ring fenced	1

5. Who took part?

- 5.1 Respondents were asked which of the following applied to them, table 36 shows the responses. 27 respondents (48.1%) receive care from the Council, with 23 respondents (41.1%) who are a carer for someone who receives care from the Council.

Table 36. Capacity of respondent completing the survey

	Count	%
Receive care from the Council	27	48.2%
Are a carer of someone who receives care from the Council	23	41.1%
Are none of the above / interested member of the public	10	17.9
Are part of an organisation working with people in Derby	6	10.7%

- 5.2 Respondents were asked what services they or the person they care for receive. Table 37 shows the different areas of support respondents said they receive. 13 respondents (27.1%) receive Home Care, 13 respondents (27.1%) receive a direct payment for home care or supportive living and 12 respondents (25%) receive carer services.

Table 37. Support respondents receive from the Council

	Count	%
Home Care	13	27.1%
Direct Payments for Home Care and / or Supportive Living	13	27.1%
Carer services	12	25.0%
Personal Budget	9	18.8%
Supported Living - care and support attached to your place of residence	8	16.7%
Day Services / Day Care	7	14.6%
Other services	6	12.5%
Direct Payments for other services	5	10.4%
Residential or Nursing Care Placement	4	8.3%
Respite Care	3	6.3%
Transport	2	4.2%
Community Meals (Meals on Wheels or a Lunch Club)	1	2.1%

- 5.3 Table 38 shows any health or disabilities respondents consider they have. 31 respondents (60.8%) said they have a condition that limits one or more

physical activities, with 21 respondents (41.2%) who said they had another long standing condition.

Table 38. Long standing health problems or disabilities

	count	%
A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying	31	60.8%
Other, including any long-standing condition	21	41.2%
Deafness or severe hearing impairment	13	25.5%
A long-standing psychological or emotional condition	12	23.5%
No, I do not have a long-standing condition	10	19.6%
A learning difficulty	8	15.4%
Blindness or severe visual impairment	6	11.8%

- 5.4 39 respondents (76.5%) said they have a long-standing health problem or disability which means they have substantial difficulties doing their day-to-day activities

Table 39. % respondents with a long-standing health problem or disability affecting day to day activities

	count	%
Yes	39	76.5%
No	12	23.5%
Total	51	100.0%

Base 51

- 5.5 32 respondents (59.3%) are female, with 22 respondents (40.7%) who are male.

Table 40. Gender of respondents

	count	%
Male	22	40.7%
Female	32	59.3%
Total	54	100.0%

Base 54

- 5.6 Half of respondents (50%) are over 65, with 10 respondents (20.8%) who are age 55-64.

Table 41. Age of respondents

	count	%
25-34	5	10.4%
35-44	2	4.2%
45-54	7	14.6%
55-64	10	20.8%
65 and over	24	50.0%
Total	48	100.0%

Base 48

- 5.7 The majority of respondents (87%) are White (English / Welsh / Scottish / Northern Irish / British) with 3 respondents (5.6%) who are Asian or Asian British Indian.

Table 42. Ethnicity of respondents

	count	%
Asian or Asian British - Indian	3	5.6%
Any other Dual Heritage background	1	1.9%
White - English / Welsh / Scottish / Northern Irish / British	47	87.0%
White – Irish	1	1.9%
Any other ethnic group	2	3.7%
Total	54	100.0%

Base 54

Appendix 1 – Verbatim Comments. These are direct comments and have not been changed, unless personal information has been included in which case there will be a [blank] indicated.

Combining charges for residential and non-residential care into one policy
anything to simplify the rules gets my vote
The current system does not work properly so combining the two may work well for the council but is unlikely to help the end users
It will all be about taking more money when people reach old age etc.If it didn't benefit you nothing would changed
They should be kept separate. Just an excuse to charge vulnerable people more for their services.
It works as it is so don't mess it up
I don't feel I know enough about the Residential Accommodation guide to have an opinion on this
It's easier to look in the policy that affects the person concerned without having to plough through material that is not relevant.
Makes for clearer understanding of the policy, particularly if you have to go from non-residential into residential care
If we all get the same treatment/equipment/help then we should all pay the same. But I will say if you charge me more for the Telecare equipment I will drop my account with you and go somewhere cheaper.
1. Does the policy apply to both priavte and council run residential homes. 2. Where both husband and wife have to be taken into care does the policy apply equall to both in terms of financial cost.
Disregarding 50% of an occupational pension in Financial Assessments
Pensions should not be considered as usually pensions are paid less than what the person when working.
I agree that unmarried couples should be treated the same as married ones
If they are not married they should each be responsible for their own needs. It is not the Council's responsibility to actively promote co-habitation.
so long as the partner NOT requiring services can cope financially. It is naive to think that couples married or otherwise) split their joint income equally
Clarifies civil partnership position.
I would like to see long term partnerships (20 years) treated as now. I am old fashioned people should 'get married'
Marriage binds a couple together for life for just this kind of eventuality
Agreed, providing that the current rules applied to married couples that these same rules are applied to unmarried couples
Removing the cap on non-residential charges
in times of austerity, we should be subsidising people who are loaded
The current budgets are inadequate and can create financial hardship as the user often has to top up privately anyway just to receive basic care
Costs the people in need more,which is obviously the plan.Save all your life pay more.Be feckless get everything free.
People who are disabled like myself should not pay. It was not my fault I became disabled.
It will be bad for the less well off
I feel that removing the cap could dissuade people from accessing the care they need
There should be a transition period allowed in between the removal of the cap and the implications of the financial assessment. I have experienced an incorrect financial assessment which if the cap is lifted would mean that I could not afford vital care.

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my father receives these services. being in his 90's he struggles to understand that the cost of his care is reasonable in todays terms. Beware of frightening people off getting the support they need because they are out of touch with the cost of things today.....especially those who do not have family who can spend time explaining things to them.
What sort of increase is likely to happen? 10%? 50%? 300%? It could make a big difference to my answer if that was known. Although we don't currently use these non-residential services it sounds as though we would be 'encouraged' not to ask for any help. I guess this will put people off from even asking - including me!
why does the person have to pay full costs because they are disabled or in need of care? a contribution of £125 is fair but to pay more because they have saved money is not fair. I may as well spend all my money before I need care so I can not pay a penny!
People should gain some advantage from staying at home where they have expenses that residential individuals do not. E.g gardening and laundry and transport services
Some already struggle to meet payments. Especially contibutions assume benefits are entitled to be received when they haven't been applied for yet.
This will just result in people doing without the care that they need and will threaten ability to stay at home.
This makes it difficult to budget and could lead to people being unable to afford care because it does not mention any consideration being given to income and actual disposable income levels.
By removing the cap the relevant customer would draw down his finances a lot quicker and then become eligible for full council help quicker than at present
The cap should be higher but making it purely means tested is discriminatory against those needing the services having paid taxes and NI all there lives.
The people who are mentally or phsically disabled have enough worries through their illness without having additional financial worries impacted on them, why does this make it only fairer? The present system appears to be fairer with the cap in place.
Charging from the start of the service rather than from the date of the Financial Assessment
Depends entirely on what is a nominal charge
I agree but people should not be hounded by council staff like we were. It's not nice.
I think the period before the financial assessment gives the client a chance to see the benefits so they know it is worth the cost
The nominal charge should be affordable - the ability to pay should not be the main factor in care provision
It will be more difficult for a customer to receive a rebate if appropriate once they have paid.
Let's have some fair play here! When we came to the end of Intermediate Care (following hospital admission) the Social worker was not available at the right time. We wanted to reduce the package and were self-funding from the end of the I.C. package. However due to the need to give notice we were charged for the full package that we didn't want, and this was simply because the Social Worker wasn't available to meet with us and the Care agency in time to avoid the unwanted extras. So please make it clear that in those circumstances the patient would NOT be financially liable if the Social Worker unavailability was the cause.
Could cause financial hardship to someone who can't afford to pay nominal charges
it can take time to be seen especially if they need BSL interpreter or foreign translation
Should charge once assessed
There are currently proposals to alter council tax support and possibly housing benefit to reduce the level of capital allowed down to as little as £1000. If someone has to wait for an assessment and is trying to save, to put money aside to pay any back-dated charges this may well take them over the limit and mean that they lose council tax support and / or housing benefit. This could lead to debt and financial hardship. Alternatively, people will be forced to keep cash in the house, thus making them vulnerable to burglary.
It would need to be carefully monitored to ensure that a large debt does not build up. Not convinced staff levels would enable this to be done properly or that financial assessments would be done in a timely manner.

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Assessments take far too long to happen
I don't see the need for change. If the council got its act together with a more rapid response and completed the assessment within a given timescale, ie within one month it would ensure that all customers were at the same starting point. The above change means that the council will extract more money from the disabled.
Meals charged at the full cost (including meals-on-wheels and at day centres)
as long as you ensure that the meals are reasonably priced - I can buy a freshly-cooked meal in a pub for less than £5
So food is no longer a necessity? Good food maintains good health. Not all pensioners are on large incomes!
When meals and wheels were done by wrbs meals were given a wider choice and prices convenient. Since being taken over by I care the choice of meals have become less and less my mother had to give them up as the driver was turning up as late as 3pm as the driver had a wider area to travel to. This has to change as it will affect more vulnerable people.
I feel if someone really cant afford the meals at cost they should be subsidised rather than someone going without. But where affordable, I would have no issue with this. Maybe it could be assessed as part of the financial assessment
Of course meals are a social care service!!!!
regardless of what the government dictates, good nutrition is essential to everyone. If you decide to charge, please ensure that the cost represents EXCELLENT value for money, and is not a way of making profit. I think that they should be subject to/or included in the financial assessment.
We should look after our older members of society. They deserve it!!
Again, I have no idea of what this will mean in practice. What is the likely increase in cost, and what effect will it have? You should give an estimate to help this consultation.
people have to eat whether they are at home or out so it doesn't matter how it is recieved
If meals are to be charged at cost, then it is only fair to charge the ACTUAL cost, not a flat rate per meal. Some meals cost more than others and if the aim is to be fair then the person should only pay the true cost.
I am concerned that these costs would not be taken into consideration for the financial assessment when working out contribution levels.
This could top particularly vulnerable service users from getting a good meal in relation to cost
Although the council should work to a fixed charge/budget to drive high performance and efficiency
People may refuse other meals because of cost especially old, ill its someones only hot meal
If the council subsidised all meals to would be a much fairer system. With taking away the subsidy it will mean that many elderly people are unable to pay and they will go without. A more fairer scheme would be to means to it all people. Those able to pay, pay, those unable to pay the full cost receive the subsidy.
Charging for Telecare equipment
If someone on low income needs this stuff to keep them safe, then they should get it as part of their social care support
How many lying on the floor injured or dead?
We have to use the care link as we a vulnerable to falls. My mother who is disabled. I became disable after an operation not my fault. If the charges go up further we will have to reconsider using this valuable services, If we do not have this and have falls. This will cause extra cost to NHS and to the Derby City Council
This could be a life saver it should not only be available to those who are able to afford it
I think people will be left vulnerable if they cannot afford the cost
People who need the service, but can't afford it, would be denied having the benefit of it. How does this fit in with Labour Party policy of caring for the vulnerable?
Telecare saves people's lives and should not be charged at full cost if the financial assessment shows that they cannot afford this

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this equipment is essential yet costly and should be subject to a financial assessment. without this equipment, vulnerable people will be exposed to avoidable dangers, ultimately costing more to the health care/ emergency services, while the local council may save a few pounds.
It is probably difficult to claim for anyway. We should look after our older members of the community. They deserve it!!
Many people with MS (and no doubt many other conditions) rely on Carelink etc. for emergency situations. To charge those that are currently subsidised will put some of these people at serious risk because of their financial situation. That CANNOT be right or allowed to happen.
There may be some people who cannot afford to pay for this
What you are proposing does not state whether the charge will be subsidised or at full cost!
people will stop using it if they cant afford it and put lives at risk, more pressure for families to do more rather than be reassured that they are being looked after
This could mean that the outcomes identified in the support plan cannot be achieved due to lack of financial resources.
As per the previous question I have concerns as to whether or not these costs would be taken into consideration when making the financial assessment for the contribution levels.
Again this could impact on vulnerable customers - i.e. those with a long term condition who have had little chance to increase their finances over the years because of illness
This will put people at risk
Its my only contact when I was on the floor with a broken femur. If you change more I will change to a cheaper company. No one calls, so without the Telecare equipment I would have had to try for the phone. I got no nursing care, no one feeds me but me, no one shops for me but me. I put no more expense on the council. There are many ill alone old people. If they fall or are ill at anytime.
Although fair, it means that disabled will have to pay resulting in more money going into the councils coffers. A lot of elderly people by giving them up will put thier lives in danger.
Charging for late cancellation of services
It is not always possible to make life fit into a computer tickbox, particularly if elderly or ill
Sometimes people cannot ring to cancel services. I was in hospital and unable to contact
i agree with having to pay if someone cancels without a valid reason, in our experience carers turning up 2 hours late for a call is unacceptable when someone else has had to cover a mealtime or care needs, in these cases the Care Company should be charged.
There needs to be clear guidance on what the notice period is and how services should be cancelled. Also, there are emergencies that occur such as an urgent hospital admission which would mean that a service could not be cancelled - the change should take account of these emergencies and not unnecessarily penalise people for this
my experience is that my Dad has been charged, even when he has been admitted to hospital as an emergency. It is reasonable to charge for services that are wasted, but you need to ensure that your policy is well advertised and applied equally to all. What is the appropriate notice for cancellation?
As previous comment, please ensure this is a TWO WAY constraint. If Social Services are late, don't charge the user!
there needs to be a facility for circumstances surrounding the cancellation to be taken into consideration
it should be the same in reverse too when the carer does not turn up either, charge should be made for the inconvenience
The nature of old age, without family support means that this may happen when the individual is unaware of cancellation. It is an unfair fine on the less unfortunate
As long as reasonable. If emergency - may not be able to call to cancel that day carer calls straight away (may have more than one visit scheduled)
It will take a lot of work to ensure that people fully understand what notice is required, especially for people who are confused or have learning disabilities

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With the proviso that consideration is given to the reason for the late cancellation and that no charges are made for a genuine reason.
Unless their excuse was good. Charge
It is the customers duty wherever possible to inform the care organisation or the council of any cancellation. There should be a let out clause for those people whose condition deteriorates and are rushed into hospital.
Nominal charging for outcome-based services
How much?
YOU SHOULD EXPLAIN WHAT "OUTCOME BASED" SERVICES MEANS. I CANNOT COMMENT ON SOMETHING I DO NO UNDERSTAND!!
How can you charge as you are cutting vital services ie sittings, shopping, cleaning to already vulnerable people
Definately Customers are Individuals each have different needs
Of course people should be charged according to the services they receive. Under this proposal, some needy people will be subsidising others. How stupid is that?
This is could lead to an abuse of the system. How would DCC ensure that the services provided do lead to the recorded outcomes? Also if a person cannot afford the weekly fee, does that mean that the care provision will stop? The Financial Assessment has to remain a key part of this as many people who have care do not have 'spare' funds to pay
To me this sounds like the council wants to allocate a customer with a service provider at an agreed cost, then step out of the situation. This cannot be right. Many of these customers are vulnerable and need a third person (such as the council) to ensure that they are getting an adequate and suitable service. Currently, communication between myself (on behalf of my father) and the care providers is unreliable to say the least; the situation is frustrating and time consuming for myself as main carer.
Who helps? If there is sufficient social service/family support to help with what they want BUT this has not been our experience.
If visits are missed then customers should not pay.
If providers are only going to get a fixed flat rate, then they will cease to provide more costly activities. People will have less choice and the things that they want to do may no longer be possible. Likewise it is not fair that the charge to the individual does not actually reflect the service provided.
I can see that this makes financial sense from the Council's point of view and gives the provider a predictable income level. However I would be concerned that, having a guarantee of this income, the level of service from some providers might fall. This would need to be carefully monitored.
Unfair to customers who don't need or can't deal with "outcome based services". Some customers just need a friendly chat and a cup of tea
This is a good idea if properly monitored and policed
Agreed if this does not mean that the care workers will have their time cut and hence have less time to attend to the customer.
Charging for double-up calls
again, why should the Council subsidise people who are rolling in it?
Cutting corners like this is shameful!!!!
IF A CLIENT NEEDS A "DOUBLE UP" CALL HE/SHE NEEDS TWO CARERS. THE CLIENT IS NOT AT FAULT AND SHOULD NOT BE PENALISED BECAUSE HE/SHE IS DISABLED. THE COUNCIL SHOULD ALSO REMEMBER THAT ELDERLY AND INFIRMED CLIENTS HAVE ALREADY PAID FOR THE SERVICE VIA THEIR NI PAYMENTS.
You are penalising someone unfortunate enough to need more than one carer
Sometimes the Care Company send two carers although this has not been requested or authorised.
if a customer requires a double up call, I see this as an indication of their level of need. better for the council to lose a few pounds rather than put the customer and the carers in danger.

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The person requiring care must need two people, so they must be in need of this extra care.
I don't have any idea what the impact of this is likely to be. To make this consultation meaningful it would be helpful to have a ball-park estimate of the number of people affected and what effect it would have on the charges of those who will have an increase. Would it be minimal, large, very large?
This would be unaffordable.
it is not the customer fault that they need 2 carers ! what if 1 carer refuses to enter one home without a 2nd person present ? who pays for that ? what if there is a language need ?
As you say, are the administration costs worth it when so many candidates are on basic pension and would be exempt anyway. If the result is selling their house from under them, they will need residential care
I totally disagree with this proposal. Nobody would have a "double up" service unless they needed it and financial circumstances might mean that the client cannot afford to make this payment. I think this is a shortsighted proposal and I am convinced that it would lead to more people having to go into residential care and this would involve even more expense for the council.
Totally unfair to customer who require two carers. If this goes ahead many will not be able to afford it. Maybe up the carer costs to customers who only require a single carer to offset it.
If an individual is poorly enough to need such extra care then charging for it is harsh
If people can afford to pay then they should
Unless its for the nurses safety. I would class that as 'single'. But if someone just would 'like' double calls they should be charged.
I agree with this if the decision is made after a financial assessment has been carried out but not if it is a blanket decision. Who will make the decision as to how many carers are needed?
Deferred Payment Scheme administration charge and interest rate
Do not use this service
I am already paying [] top-up fee per month for my mother's nursing home care and as a retired person on a small occupational pension, this involves drawing on my savings. As full-funding for care seems to be increasingly hard to obtain, it is vital that the considerable sum I will need to find at the end should not be inflated by administration charges and interest. As a newcomer to the city, my impression is that the City Council is quite wasteful in its use of resources and that with good housekeeping, it should not be necessary for the Council to borrow money.
Don't understand this
Care home costs should be free
I think its bad enough that people who've worked hard all their life to buy their own home, have to sell it to pay for there care. Never mind then having to [ay admin charges and interest
It depends what rate of interest the council are proposing to charge. \they should not be making money from an older persons frailty.
These bland statements could hide some real problems. What order of magnitude would the admin charge be? Interest rates can vary so you could be making money instead of operating at a loss. When people are in these difficult situations and really need help they are unlikely to be able to refuse, even if a much better deal were available elsewhere. It all leaves me feeling very uncomfortable even though I understand the big financial problems that councils face.
The rate of interest is based on political decisions and whims. There is no incentive to make it as low as possible.
Circumstances should be taken into account - there is no mention of what happens if there is a family member resident in any property involved under this scheme.
I agree only if a person decides to go for a deferred payment and the council points out to the person or the family of the person the consequences of taking out a deferred loan and what the intrest/compound interest means long term. In the case of a married couple where one is taken into care is the value of the property taken into consideration for deferred payment whilst the other spouse continues to live in it?

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Arranging support for self-funders
How many different ways does this Council subsidise rich people????
It is your job to do this!
Then there will be no need to charge council-funded people admin costs and interest
People who need care homes should not have to pay
I feel by funding their own care they are doing enough, and I don't think its unreasonable that they should be supported in setting up these services.
If someone chooses to self fund then they should pay the costs, as long as the council are not charging an extortionate fee??
This is really irritating. Would the charge be minimal, large, very large? How do you expect people to decide when there's no clue as to the likely effect?
it is not the person's fault that they are unable to set up and maintain things without help, it is discrimination for those who may have learning disabilities, deaf people who are unable to use the telephone, language needs etc
The council should supply a list of private care agencies who they are happy with to help customers make their own choices
This seems like another way of putting financial burden on vulnerable people who have worked hard and paid taxes all their lives.
If people can afford to pay they should
I agree to this providing that the council spells out quite clearly what this charge will be.
Selling Council services directly to members of the public
Pestering the elderly and sick is the worst kind of direct selling. I thought this was a Labour council.....
There should be no cost rises.
More income coming from those able to pay.
However, this should not mean that those who do have care provision lose out on places as there is a full fee paying customer
Of course everyone with a genuine need should have the opportunity to enjoy these services,(regardless of their ability to pay full cost or otherwise) but I get the impression that these services are in high demand and have limited spaces. So how will the Council ensure that spaces are fairly distributed?
It raises the concern that those who really need the service provided by the council could be kept waiting for an indeterminate time as the provision is taken up by paying customers.
it is setting up a monopoly of own services, should the council be giving a list of all providers and let the person choose
As long as current customers are not disadvantaged over new ones
Services need to reflect the needs of service users. Selling services to people who have no care and support needs will change the whole nature of the services and may impact badly on people with care and support needs.
These services would have to be independently verified. Also any complaints would need independent adjudication
Am appalled at this proposal
Seems odd to do it any other way
I agree as long as people who need care do not lose out if there are not enough carers or service providers
Not everyone can afford to buy!
Allowing top-ups
I currently pay a top-up and draw on savings to fund this. However, these savings are finite and it is a nonsense to talk about "expected duration" when dealing with elderly people in nursing care
people in care homes should not need to pay

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only if discretion means agreeing to top ups if donor enters into binding agreement and has evident financial reserves
I do not know what a 'top up' is
No-one can accurately predict the length of a stay in residential care, so it is impossible to be certain that a "top up" is affordable and will continue to be so. Family circumstances can and do change.
Just covering your backs nothing wrong with rest. If a customer has no near/living relatives an independent social worker should be assigned to them
If people want to pay extra if they can afford it why not let them
families to agree to pay the top up. However if they are not able to continue paying then the cost be downgraded. ie if the relative wants a bigger room. family pay top up but should they no longer be able to afford top up. The relative moves back to a smaller room.
Allowing top-ups to be deferred
Stop threatening to move elderly residents to cheaper accommodation.
AGAIN THE COST OF THE ABOVE HAS ALREADY BEEN PAID BY NI CONTRIBUTIONS DURING WORKING LIFE TIME
This could be a help to me at some point
I do not know what a 'top up' is
No-one can guarantee that arrangements will be sustainable, for instance there could be a housing crash causing a property to reduce in value, or interest rates may rise. Not allowing deferred "top ups" reduces administration
As comment on previous question
I presume that if "top ups" payments are deferred that interest will be charged. If this is so then it should be made clear to the customers whether this is an annual interest charged or if it will be compounded.
Managing deferred top ups
Let them die in peace!!!!
MOVING ELDERLY DISABLED PEOPLE FROM ONE "HOME" TO A CHEAPER "HOME" WILL OFTEN RESULT IN THE DEATH OF THAT PERSON.
I think that people who run into problems with this deserve to be treated more sympathetically and given full support. The whole system of care provision is vicious enough as it is and under NO circumstances AT ALL should vulnerable and elderly folk be subjected to the stress of moving home
I think if a person is doing well and is happy then it would be cruel to move them. If they have used all their equity for this purpose then they deserve to stay there
It would be potentially life threatening to move an elderly person from one residential home to another for financial reasons
so the person will move to a lower quality home or service because their money ran out ?! that doesn't sound fair and what if the services at the home is perfect for the person and the move to a lower quality could affect their health
Case by case basis seems best
It is far simpler not to allow top-ups at all. There is no guarantee that suitable cheaper provision will be available.
A relative/friend should be allowed to pay 'top ups' if so agreed
Comments on any other aspects of the proposed Adult Social Care Charging Policy
I do not have any social care services from derby city council because you took them away in may last year and u have not give me any other staff since then so please do not send me any more letters out less you are going give me my staff back understand
I am staggered by the greed and thoughtlessness of this whole set of proposals. May I remind you that we all grow old and can fall ill. May I also remind you that there are no pockets in shrouds!!!!

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The people you do discriminate against are the responsible old fashioned thrifty. You make great play on anti discriminatory policies then punish old people for trying to help themselves. When they finally succumb to illness and old age, you pounce on their pensions and savings.
This questionnaire seems to be designed to confuse elderly people.
With the increase of elderly people requiring care, you do not have an easy task. However, it is clear that you are thinking carefully about how to manage charging more effectively and you are to be commended in this. This needy generation have by and large been paying into the system for many years and should be prioritised in council spending. Nor should their families, who have been placed in stressful and difficult situations through no fault of their own, be heavily penalised.
I understand that the council has a requirement to budget and it is probably the government of the day pulling the strings but I believe that people who need care in care homes should not need to pay. We spend billions of pounds on "do gooder" policies, housing people that are economic migrants (not true refugees) but cant look after the people and families of people that fought for this country. We really do need to look out for ourselves first [name removed]
I think that these are significant changes that could affect care provision for many vulnerable people and the duty of care placed on the local authority should ensure that no one is excluded from care if they cannot afford to make contributions. All of these changes should be carefully explained to the service users, carers and providers
I empathise with the Council for having to make these changes to save (or make) as much money as possible to meet the needs of vulnerable people. However the 'flavour' of this consultation feels wrong. Body language says the ONLY objective is to increase costs wherever possible, and provide such scant information about the likely effects on service users that it is simply not possible to make an informed judgement.
The proposed changes seem to give more power to the council to extract further monies from people requiring social care, and by putting the proposals into a policy gives the council more power and control. I do not like the terms used to say the council can use the money elsewhere. All monies relating to social care should be ring fenced.
This has been filled in by [name removed] carer. She suffers from dementia and is in a care home. She is not able to use/access a computer and as such this questionnaire will not be answered by many of the people it affects. Hence the result may look like apathy when in fact it indicates lack of access to the views of the increasing number of people who access social care in Derby
I personally think that social workers have gone down hill big time there is no care and compassion felt from them now , I look after a young disabled lady who is struggling for care and I'm told over the phone she will have to pay it herself !! What while on benefits !! She receives at most 4 hrs a day within her budget yet she needs help with all aspects of care so she can only eat drink toilet etc within this time would you be happy having someone tell you when you can eat drink go to the loo etc because that is what it's like for her , I personally think it is complete shambles how it is run can't get hold of anybody or there on annual leave that would be lovely to be able to take holiday but we can't because the funds are not there , and staff have gone without wages this month yes I am angry because I feel she has been let down by your services and the carers have done most of the work that a social worker should be doing do we get paid no !! We have to do it out of care love and respect I hope that this can be a dressed and sorted before the end of the year thanks
Whatever you decide you are not going to take away the basic, so called, unfairness of some paying and some not. This goes some way.
I am very concerned about many of these proposals and how they will impact financially upon vulnerable people.
I would like the same carer every day so I could get to know him. I would also like for them to come at the same time every day
I find all these changes year on year very unsettling with my disability I have enough to contend with and I am just glad I do not suffer with depression
Being person - Focused [word unknown] I could say I could see that working. Proposed D.C.C Policy Principles "31 - not everyone has a good income - some have none you are making the old people that have worked all their life National Insurance.

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