

**Comments by the Relatives & Residents Association on
Care, Support and Independence: The Case for Change –
why England needs a new care and support system**



1. The Relatives & Residents Association (R&RA) promotes the rights and well-being of care home residents and prospective residents by providing advice and support to them and their relatives, by campaigning to raise standards and by undertaking project and development work to improve the quality of life of older people living in care homes.
2. Being the only national charity concentrating wholly on the specific and detailed needs of older people moving into, or already living in, residential care, it is therefore uniquely placed to comment on proposals which may affect their interests.
3. There are a number of key issues raised for debate in The Case for Change that R&RA wishes to respond to:

3.1 Government, family or individual responsibility?

Irrespective of demography (the reason for the debate according to The Case for Change document), we do not, as a society, question the state's responsibility for, for example, maternity services and education services. Why, in this context then, do we doubt the state's responsibility for disabled people or older people in the later stages of their lives when they can no longer care for themselves? Is this not a clear example of generational discrimination? Otherwise we would look to solutions based on general taxation and the principle of pooled risk, with those who earn more over the life cycle paying more, proportionately, in taxes to support the care needs of individuals in later life, on the same widely accepted principles governing the NHS.

3.2 Geographical variation: national or local?

The only differentiating principle should be that based on care needs – not on the fact of where you live. There should be national eligibility criteria that are observed consistently across the country. Local demographic variation should be accounted for in resource allocation formulae so that individuals

are not prey to the variable and often inexplicable priorities and prejudices of individual local authorities.

3.3 Means testing and its consequences

R&RA accepts that in the current climate means testing could well remain a cornerstone of social care policy. Given that this is the case, the imperative is to ensure that the means test is applied as fairly as possible. This means that:

- i) Councils should not apply pressure on families and other supporters to pay ‘top ups’ – this distorts the principle of payment according to means. We have ample evidence that this happens frequently, is not confined to a few ‘rogue states’, and that the practice has become more prevalent as local authorities respond to their own wider budgetary difficulties.
- ii) Self funders, excluded from council support by the financial means test, should not miss out on support that they are entitled to receive to manage their care needs as a result of misinformation, either deliberate or misguided, from council officials – for example, about the receipt of deferred loans or the 12 week disregard).
- iii) Lack of information, advice and personal support should not handicap frail and vulnerable older people from making decisions about care that are in their own best interests.
- iv) If the means test is to remain, we would support raising the current capital threshold (currently at £22,250) substantially. This may go some way to overcome the powerful sense of unfairness felt by many people of modest means who find that careful management of their personal resources throughout their working lives has been, in their view, pointless.
- v) In a contrary direction, we urge caution regarding suggestions (e.g. by Wanless) that there should be a common minimum level of provision available to all, regardless of means, which can then be topped up according to means. This would consolidate already apparent and disturbing differences between council-supported people and self funders and lead to a clear two-tier system in social care, dividing the haves and have-nots.

3.4 Personalisation

We have no quarrel with the principles of flexibility and choice underlying the personalisation agenda, and indeed welcome this emphasis on responding to the needs and wishes of individuals. However the belief that frail older people in the later stages of their lives are able to ‘direct’ and ‘manage’ their

own care, especially through the mechanisms of direct payments and individual budgets, is mistaken. While there may be some individuals who would wish to pursue this approach this should be one option among many rather than the 'prize' for which all should be aiming. We have a great deal of evidence from our advice line and other sources that this approach is generally inappropriate for those seeking and needing residential care. Moreover, it opens up huge risks of exploitation and abuse.

Particularly worrying from a social policy perspective is the implication that risk in general is being transferred from the state onto the shoulders of those who are most vulnerable (older people and possibly their families) just at a time when the evidence points to the dangers inherent in this approach.

We hope that the forthcoming Green Paper will take these views into consideration.

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