We are seeking your views on how the Council might change the contribution you are asked to pay towards the cost of your Adult Social Care Community Care services.

Adult Social Care Community Care services could be:

* Day care (unless provided as part of a package of residential care)
* Personal care
* Outreach support
* Supported living services
* Time Out
* Extra Care Housing
* Direct Payments

The purpose of this consultation is to gather the views of people who are affected by the proposed changes to the Adult Social Care Contribution Policy:

At the moment the Council offers a more generous care contributions

policy than is required.

We are proposing, subject to the outcome of this consultation, to

remove the discretionary buffer in Bradford.

You can find out more about the proposals at

<https://www.bradford.gov.uk/consultations/current-consultations/consultation-and-engagement/>

If you require assistance, or require this in alternative formats, please contact us:

* **Email address** CPCharging.Consultation@bradford.gov.uk
* **Phone Number** 01274 436464 (Monday-Thursday 9am–5pm and Friday 9am-4.30pm)

**Consultation Questions**

**Part 1**

1. **Are you a:**

***Please tick (✓) one box***

 *A user of Adult Social Care services*

*An unpaid carer*

*Another family member*

*Other*

If other what is your relationship to the person receiving care? Please write the answer in the text box below.

1b. **Are you answering on behalf of someone? Y/N**

1. **What is your postcode?**

**Part 2**

The Council currently seeks financial contributions from individuals towards the cost of their care services, in line with the **charging principles of the Care Act** as follows:

* Ensure that people are not charged more than it is reasonably practical for them to pay in line with the national Minimum Income Guarantee.
* Be comprehensive to reduce variation in the way people are assessed and charged.
* Be clear and transparent, so people know what they will be charged.
* Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice, and control.
* Support carers to look after their own health and wellbeing and to care effectively and safely.
* Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs.
* Apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings.
* Encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so; and
* Be sustainable for local authorities in the long-term.

These are the principles that underpin our Contribution Policy.

1. **After reading the consultation letter, to what extent do you agree or disagree with the proposal to remove the 25%**

**discretionary buffer?**

**This means a person’s contribution to the cost of their care would change to be in line with the national Minimum Income Guarantee.**

**It would still be based on your financial circumstances following a personalised financial assessment.**

***Please tick (✓) one box***

*strongly agree*

*agree,*

*neither agree nor disagree*

*disagree,*

*strongly disagree*

1. *Please tell us why: open text box*
2. **How will the proposed changes affect your financial situation?**

***Please tick (✓) one box***

|  |  |
| --- | --- |
|  | It will not affect me at all, and I will continue to use the service. |
|  | It will have a minimal impact on my finances; I can manage the increase without major changes. |
|  | It will affect my finances, requiring me to cut back on other expenses or consider other options. |
|  | It will have some impact on my finances, and I may need to cancel. |
|  | It will have significant impact on my finances, and I will have to cancel the service. |

*Please tell us why: open text box*

1. **Do you have any concerns about how the proposed changes will affect your health and wellbeing?**

***Please tick (✓) one box***

|  |  |
| --- | --- |
|  | I do not believe this will have an affect on my health and wellbeing.I have a few concerns, but they aren’t very big. |
|  |  |
|  | I’m not sure; I don’t have strong feelings either way. |
|  | Yes, I have some concerns about how the proposed changes might affect me. |
|  | Yes, I’m very concerned about the proposed changes and how it will affect me. |

If you answered yes to any of the statements in question 3, please let us know your thoughts

1. **Would you consider an alternative type of service or support if your contribution towards the cost goes up?**

***Please tick (✓) one box***

|  |  |
| --- | --- |
|  | I wouldn’t consider any alternatives; I’d stick with the service no matter the price increase. |
|  | I might look at other options, but I’m not likely to switch. |
|  | I’m not sure; it depends on the extent of the price increase. |
|  | I would probably start looking at other services if the price goes up. |
|  | I would definitely consider switching to an alternative service if the price increases. |

**If you were to consider an alternative service what type of other service or support would you consider i.e. family/carer support, voluntary and community support?**

1. **Is there anything else in relation to the proposed changes that you want to tell us?**

*Open text box*

1. **Are there any other options you think the Council should consider instead of this proposal?**

*Open text box*

**Respondent profile questions**

Thank you for your support with completing this survey.

All responses will be anonymous. You do not need to answer any questions you aren't comfortable with.

There are 9 questions to complete.

1. **What is your age? (Please put this in numbers and not words)**

Write your answer here

1. **What is your ethnicity? Please tick the box which best fits for you.**

|  |  |
| --- | --- |
|  | Arab |
|  | Asian, or Asian British; Bangladeshi or Bangladeshi British |
|  | Asian, or Asian British; Chinese or Chinese British |
|  | Asian, or Asian British; Indian or Indian British |
|  | Asian, or Asian British; Pakistani or Pakistani British |
|  | Asian, or Asian British; Any other Asian background. |
|  | Black; African or African British |
|  | Black; Caribbean or Caribbean British |
|  | Black; Any other Black background. |
|  | Mixed or multiple ethnic groups; White or White British and Asian or Asian British |
|  | Mixed or multiple ethnic groups; White or White British and Black African or Black African British |
|  | Mixed or multiple ethnic groups; White or White British and Black Caribbean or Black Caribbean British |
|  | Mixed or multiple ethnic groups; Any other mixed or multiple ethnic background. |
|  | White; English, Scottish, Welsh, Northern Irish or British |
|  | White; Gypsy or Irish Traveller |
|  | White; Irish |
|  | White; Roma |
|  | White; Any other white background |
|  | Any other ethnic background |
|  | Not known |
|  | Prefer not to say |

1. **What gender do you identify as?**

**Please tick the box which is the best fit for you**

|  |  |
| --- | --- |
|  | Female |
|  | Male |
|  | Other |

1. **Is your gender the same as when you were born?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |
|  | Not known |

1. **Do you have any disabilities?**

|  |  |
| --- | --- |
|  | No |
|  | Blind or visual impairment uncorrected by glasses |
|  | Deaf or have a hearing impairment |
|  | Learning Disability (Development condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language.) |
|  | Learning difference such as dyslexia, dyspraxia, or AD(H)D |
|  | Long-term illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy |
|  | Mental health condition, challenge, or disorder, such as depression, schizophrenia or anxiety |
|  | Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting, or carrying) |
|  | Autistic spectrum condition or other social/communication condition such as a speech and language impairment  |
|  | SEND |
|  | Prefer not to say |
|  | Any other disability not listed above |

1. **What is your religion?**

|  |  |
| --- | --- |
|  | No religion |
|  | Buddhism |
|  | Christianity |
|  | Hinduism |
|  | Islam |
|  | Judaism |
|  | Sikhism |
|  | Any other religion or belief |
|  | Prefer not to say |

1. **Which of the following best describes your sexual orientation?**

(“Heterosexual or Straight” means that a person is attracted to people of the opposite sex. “Gay or Lesbian” means that a person is attracted to people of the same sex. “Bisexual” means that a person is attracted to more than one sex. “Other sexual orientation” could be, for example, pansexual or asexual)

***Please tick (✓) one box***

|  |  |
| --- | --- |
|  | Heterosexual or Straight |
|  | Gay or Lesbian |
|  | Bisexual |
|  | Other sexual orientation |
|  | Prefer not to say |
|  | Not known |

1. **Are you a carer?** ***Please tick (✓) one box***

(A carer is anyone, child or adult, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. They do not get a wage for the care they give, although they may get welfare benefits for caring.)

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer Not to Say |

1. **Where do you live?** Please tell us your postcode (e.g. BD1 1HX)

Write your answer here

Thank you for completing this consultation.

**You can send feedback by post, free of charge, as outlined below:**

1. - Put your completed form in an envelope.
2. - On the FRONT of the envelope – please write ONLY.

**Freepost Bradford Council**

This must be all in one line and in the middle of the envelope.

1. - On the BACK of the envelope – please write

CHARGING CONSULATION.

And nothing else.