

## EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App. You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA. Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

### Section A

#### 1. Name of Activity (EQIA Title):

Proposed changes to the charging policy for Adult Social Care in a person's own home or in the community

Updated post Consultation 22 May 2024

#### 2. Directorate

Adult Social Care and Health

#### 3. Responsible Service/Division

Strategic Safeguarding, Practice, Policy and Quality Assurance (SSPPQA)

### Accountability and Responsibility

#### 4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Louise White – Project Manager, Innovation Delivery Team

Oluwafemi Orebe – Project Officer, Innovation Delivery Team

#### 5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Sarah Denson – Assistant Director Strategic Safeguarding, Practice, Policy, and Quality Assurance (SSPPQA)

#### 6. Director of Service

Note: This should be the name of your responsible director.

Richard Smith, Corporate Director, Adult Social Care

### The type of Activity you are undertaking

#### 7. What type of activity are you undertaking?

**Service Change** – operational changes in the way we deliver the service to people. Answer Yes/No  
No

**Service Redesign** – restructure, new operating model or changes to ways of working. Answer Yes/No  
Yes/No  
No

**Project/Programme** – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects. Answer Yes/No  
No

**Commissioning/Procurement** – means commissioning activity which requires commercial judgement. Answer Yes/No  
No

**Strategy /Policy** – includes review, refresh or creating a new document. Answer Yes/No  
Yes

**Other** – Please add details of any other activity type here.

**8. Aims and Objectives and Equality Recommendations** – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

The proposal under consideration in this Equality Impact Assessment (EqIA) is to start to take into account the higher/enhanced rates of the following benefits when Kent County Council (KCC) calculates what contribution, if any, individuals may need to make towards the cost of their care and support:

- Attendance Allowance (AA)\*.
- Disability Living Allowance (care component) (DLA)\*.
- Personal Independence Payment (daily living component) (PIP).

\*Only if they are receiving night care which is arranged or provided by KCC.

Data received for adults (18+) shows there are potentially 9,011 individuals who receive care at home and in the community that may be affected now or in the future by the proposal. Of these, 3,765 individuals are directly impacted due to being in receipt of higher rate benefits as shown in the data used within our analysis.

The Care Act 2014 provides a single legal framework for charging for care and support under sections 14 and 17. It enables a local authority to decide whether to charge a person when arranging to meet a person's care and support needs or a carer's support needs.

KCC provides care and support for people with disabilities and older people who meet the eligibility criteria. Most services provided are subject to a financial assessment. The purpose of a financial assessment is to determine how much (if any) financial support a person or carer may be entitled to from their local authority.

There are three possible outcomes following a financial assessment: a). A local authority will provide no financial support. In this case the person or carer is self-funding, meaning they have to meet the full cost of their care and support, b). A local authority will provide some financial support, but not enough to cover the full amount. In this case the person or carer will be required to contribute the difference; or c). A local authority will provide full financial support. In this case the person or carer will not have to make any contribution towards the cost of their care and support.

We ensure that care and support needs are assessed **separately** from a person's ability to pay. And are clear and transparent, so that people know what they will be charged and how their contribution is calculated. We also need to be mindful of our Public Sector Equality Duty and our duties as a public sector body to protect and apply, without discrimination, all of the rights and freedoms of people that draw on care and support, as set out in the Human Rights Act.

The Department of Health and Social Care's 'Care and Support Statutory Guidance' places a duty on local authorities to promote the wellbeing of adults with care and support needs. Section 1.3 says "The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person."

The aim of the proposal is to increase the income to the council from the people that contribute towards their own care and support, while ensuring we offer individuals high-quality care regardless of their contribution towards it.

There is increasing demand for care and support services and financial pressures on the council to manage public funds. To make sure that services are available to those that need them, the council must make the very best use of the resources it holds and consider every option to bring in more income.

Whilst the priorities in Framing Kent's Future set out the ambition and priorities for KCC in the medium to long-term, inevitably in the short to medium-term there are policy and service decisions that must be taken to balance the annual budget, which may impact on some residents, and some people that access services and partner organisations. KCC's Budget Recovery Strategy, Securing Kent's Future, was agreed at a Cabinet meeting on 5 October 2023. The revenue budget for 2024-25 was approved by full Council on 19th February 2024.

Adults who receive care and support in their own home or in the community, will need to pay for daily living costs such as rent, food and utilities; therefore, the charging rules must ensure they have enough money to meet these costs. This is referred to as minimum income guarantee (MIG) which is set at a statutory level.

For costs incurred as a direct result of a person's disability or medical condition over and above what a non-disabled person would spend, KCC applies a standard Disability Related Expenditure (DRE). The DRE is currently £17 per week for all people regardless of whether they are in receipt of a disability benefit. KCC informs the person with care and support needs and/or carer that if a person in receipt of a disability benefit believes they have Disability Related Expenditure more than the standard £17 allowance, they (or their representative) can request an individual Disability Related Expenditure Assessment, by contacting their practitioner.

In order to gain a better understanding of the impact the proposals may have on people, a public consultation was undertaken from 6 February to 7 April 2024. This was open to those individuals who already receive care in their own home or in the community and receive higher rate AA, DLA or PIP. Members of the wider public, KCC staff, service providers and organisations known to KCC, representing disabled and older people's views were very much welcomed.

The EqIA has been updated to reflect the views of consultees and other stakeholders from the consultation. The EqIA and will be submitted to the Adult Social Care Cabinet Committee in May 2024 with a view to a decision being taken by the Cabinet Member for Adult Social Care and Public Health in late May 2024.

## Section B – Evidence

*Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.*

**9. Do you have data related to the protected groups of the people impacted by this activity?**

*Answer: Yes/No*

Yes

**10. Is it possible to get the data in a timely and cost-effective way? *Answer: Yes/No***

Yes

**11. Is there national evidence/data that you can use? *Answer: Yes/No***

No

**12. Have you consulted with Stakeholders? *Answer: Yes/No***

*Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.*

Yes

**13. Who have you involved, consulted and engaged with?**

*Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.*

Formal meetings and updates at boards, committees and the working group were undertaken to ensure input by the appropriate professionals into the development of the proposals and the consultation planning. KCC members and Kent MPs were provided briefings. Briefings were given to care in the community providers to help them understand how they can support people to engage with the Consultation.

Ahead of the launch of the consultation we met with KCC's People's Panel, whose members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers, to gather feedback on the proposal, discuss the options considered and review the consultation material.

The consultation was hosted on KCC's engagement website Let's talk Kent. To help make sure the consultation was accessible the following activities were undertaken:

- The webpage and all documents met digital accessibility requirements.
- The Consultation Document provided examples to help illustrate how the proposed change could impact people and included a glossary explaining unfamiliar terms.
- All consultation material included details of how people could contact KCC to ask a question, request hard copies or alternative format.
- Providers and relevant KCC staff were briefed so that they could support people to participate in the consultation.
- A Word version of the questionnaire was provided on the consultation webpage for people who did not wish to complete the online version. Responses made by letter / email / telephone were also be accepted.
- Easy Read and Large print versions of the consultation material were available from the consultation webpage and on request.
- The webpage was translated into British Sign Language.
- The letters sent to people who received care contained a telephone number and email address to contact with any queries relating to the consultation.

Letters were sent to all potentially impacted people. Emails were sent to stakeholders including contacts from health organisations, care sector, voluntary sector and community organisations, registered users of KCC's engagement website Let's talk Kent who have requested to be kept informed of Adult Social Care activity, and Adult Social Care Your Voice network members. Consultation promotional activities also included social media, newsletters, websites, posters displayed in libraries and gateways and a media release.

During the Consultation there was regular review of the data to ensure all groups and communities were engaging. There were regular targeted communications sent to 565 contacts including organisations/charities covering Older People, Physical Disability, Carers and Learning Disability. To support people that may have found it difficult to engage with the Consultation, there was a request sent to organisations and charities to be invited to forums to discuss the Consultation and impact. There was a session with the PAN Disability Forum which is facilitated by EK360 and consists of representatives from different disability groups in Kent, the driver for the PAN Disability Forum is to recognise and engage the underserved voices and communities across Kent & Medway.

**14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No**

No

**15. Do you have evidence/data that can help you understand the potential impact of your activity?**

Answer: Yes/No

Yes

**Uploading Evidence/Data/related information into the App**

*Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.*

An analysis of the data from Adult Social Care and Health (adults 18+) and Children, Young People and Education (young people 18-25 transitioning from children's social care to adults' social care) directorates has been undertaken to identify the individuals who will be directly affected by the proposal. The data used for this EQIA is from December 2023 and we continued to use this dataset to ensure consistency, although there will have been some movement in the numbers since December 2023.

Data for young people (18-25) transitioning from children's to adults' social care, shows there are 612 active individuals who receive care and support at home, in the community or have a direct payment that may be affected.

Data for adults (18+) who draw on adults' care and support show there are potentially 9,011 individuals who receive care and support at home and in the community that may be affected now or in the future. This number represents 79% of all adults (18+) that receive care and support at home and in the community. The remaining 21% (2395 people) will not be affected by the proposed changes.

As a separate exercise we ran a financial model in September 2023 to understand the potential financial impact on people. We know that 3,784 people will be directly impacted by these proposed changes because they have the higher disability allowance and of these, 2,879 will have a change in their financial contribution if the proposal is implemented.

Although there has been analysis for each protected group, many will have a number of protected characteristics and therefore need to be considered holistically.

The below tables (using data from September 2023) show what people are currently contributing and what the changes would be if the decision is taken to implement the proposal.

<b>Current position</b>	<b>Carers</b>	<b>Learning Disability</b>	<b>Mental Health</b>	<b>Older People</b>	<b>Physical Disability</b>	<b>Sensory</b>	<b>Unknown</b>	<b>Total</b>
Nil	0	475	68	38	403	38	6	1,028
Part payer	0	1,625	117	215	591	30	13	2,591
Full payer	0	21	17	49	70	7	1	165
	<b>0</b>	<b>2,121</b>	<b>202</b>	<b>302</b>	<b>1,064</b>	<b>75</b>	<b>20</b>	<b>3,784</b>

<b>Post-implementation if decision is taken</b>	<b>Carers</b>	<b>Learning Disability</b>	<b>Mental Health</b>	<b>Older People</b>	<b>Physical Disability</b>	<b>Sensory</b>	<b>Unknown</b>	<b>Total</b>
Nil	0	353	42	25	288	26	6	740
Part payer	0	1,714	133	218	666	39	12	2,782
Full payer	0	54	27	59	110	10	2	262
	<b>0</b>	<b>2,121</b>	<b>202</b>	<b>302</b>	<b>1,064</b>	<b>75</b>	<b>20</b>	<b>3,784</b>

<b>Movement</b>	<b>Carers</b>	<b>Learning Disability</b>	<b>Mental Health</b>	<b>Older People</b>	<b>Physical Disability</b>	<b>Sensory</b>	<b>Unknown</b>	<b>Total</b>
Nil	0	353	42	25	288	26	6	740
Nil to part payer	0	122	26	13	113	12	0	286
Nil to full payer	0	0	0	0	2	0	0	2
Part payer	0	1,592	107	205	553	27	12	2,496
Part payer to full payer	0	33	10	10	38	3	1	95
Full payer	0	21	17	49	70	7	1	165
	<b>0</b>	<b>2,121</b>	<b>202</b>	<b>302</b>	<b>1,064</b>	<b>75</b>	<b>20</b>	<b>3,784</b>

A refresh of the data from March 2024 (below), used within the EqIA, shows the number of people, broken down by care need, and how much the proposed change to charging would impact their weekly contribution.

<b>People in receipt of benefits included in the policy change</b>							
	<b>Learning Disability</b>	<b>Mental Health</b>	<b>Older People</b>	<b>Physical Disability</b>	<b>Sensory</b>	<b>Unknown</b>	<b>Total</b>
Zero impact	393	74	63	348	39	11	928
up to £5	65	19	2	24	3	-	113
between £5 and £15	13	9	9	43	3	-	77
between £15 and £25	42	6	10	50	2	1	111
between £25 and £30	6	4	5	19	-	-	34
between £30 and £33.64	27	4	3	23	3	-	60
Full £33.65	1,596	120	195	582	33	15	2,541
	<b>2,142</b>	<b>236</b>	<b>287</b>	<b>1,089</b>	<b>83</b>	<b>27</b>	<b>3,864</b>
						<b>People financially impacted</b>	<b>2,936</b>

The table below shows a breakdown by care need and the movement by type of payer if the proposal was implemented.

<b>Movement in weekly contribution by type of payer</b>							
	<b>Learning Disability</b>	<b>Mental Health</b>	<b>Older People</b>	<b>Physical Disability</b>	<b>Sensory</b>	<b>Unknown</b>	<b>Total</b>
Nil payer (stays as Nil payer)	371	51	22	294	30	8	776
Part payer (stays as part payer)	1,595	120	195	577	32	14	2,533
Full payer (stays as full payer)	22	23	41	54	9	3	152
Nil payer to part payer	123	30	15	121	8	1	298
Nil payer to full payer	-	-	-	1	-	-	1
Part payer to full payer	31	12	14	42	4	1	104
	<b>2,142</b>	<b>236</b>	<b>287</b>	<b>1,089</b>	<b>83</b>	<b>27</b>	<b>3,864</b>
						<b>People financially impacted</b>	<b>2,936</b>

## Section C – Impact

**16. Who may be impacted by the activity? Select all that apply.**

Service users/clients – Answer: Yes/No

Yes

Residents/Communities/Citizens – Answer: Yes/No

Yes i.e. current and prospective people that draw on care and support.

Staff/Volunteers – Answer: Yes/No

No

**17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No**

Yes

### 18. Please give details of Positive Impacts

KCC uses the financial contributions that people make to ensure we can continue to help as many people with care and support needs as possible with the limited resources that are available.

KCC anticipates that this proposal will contribute to our 'Securing Kent's Future' objective of protecting frontline services and continuing to provide the level of care and support needed by people in Kent who have a physical or mental impairment, disability or illness that meets the eligibility criteria.

### Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

#### 19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

Yes

#### b) Details of Negative Impacts for Age

The data shows that there is a larger proportion of young people who may be affected should these proposed changes be implemented following consultation and this could potentially impact on their emotional and social wellbeing due to having less disposable income each week.

88.07% (539) of the young people (aged 18-25) that may be impacted, currently receive learning disability support, 3.92% (24) receive Physical Support - Personal Care Support, 3.10% (19) receive Physical Support – Access, Mobility Only and the remaining people receive mental, physical, or sensory support.

Below is a breakdown of the ages and number of young people that will be affected in each age group

Age	Individual Count	% of Total
18	51	8%
19	62	10%
20	78	13%
21	70	11%
22	80	13%
23	92	15%
24	95	16%
25	84	14%
<b>Total</b>	<b>612</b>	<b>100%</b>

Below is the breakdown by age band of the potentially 79% (9,011) adults (aged 18+) who may be affected. The remaining 21% are not impacted by the proposed changes.

Age	Individual Count	% of Total
60 and below	4,278	38%
60+ and above	4,733	41%
<b>Total</b>	<b>9,011</b>	<b>79%</b>

### Increased Self-Neglect and Safeguarding

The proposed changes could increase self-neglect and/or safeguarding as some people may choose to reduce or refuse care and support due to the increased cost. Some may decide to reduce or end their

service resulting in their needs potentially not being met. There is limited evidence to suggest that this could happen, and this was not reflected through feedback during the consultation. If a person chooses to reduce their care and support, in most cases this would unlikely reduce their charge, unless they significantly reduce their charge to below their own care contribution.

### **Impact on Wellbeing**

Someone may choose to decrease or end their care and support if the proposal is implemented. Or keep the care and support the same but have less money to spend on activities, food, heating which could impact on an individual's physical or mental wellbeing. Consultation responses highlighted how people are already financially stretched due to the cost of living and these proposals will have a further negative impact, people expressed that they will "be existing and not living".

Care and support could be ceased by the individual or their carer if they lack capacity to make decision regarding care and support; potentially increasing the risk of safeguarding referrals and carer breakdown.

A person may choose to reduce or stop attending activities in the community due to increased costs to their package of care which equally could impact negatively on the persons mental health due to increased isolation, their ability to maintain personal relationships and participation in leisure activities, and contribution to society. As wellbeing is individualistic this would need to be determined for each person.

Feedback received through the consultation:

- "Please do not charge our young adults. Their PIP is used for their care needs outside of what KCC provide and it is morally and ethically wrong that you are making proposals to make vulnerable adults contribute from their PIP. The PIP is for the individual to decide what care needs they wish to spend their enhanced level PIP on to support their day to day needs. I wish you would stop preying on vulnerable people who actually need support from KCC. It is completely wrong what KCC are proposing and I urge you not to proceed with any changes. Please support our young people to live good lives instead of making it harder for them and their carers. We as parents/carers of our young people are so stressed by your proposals and I wonder if legally you are actually able to do what you are proposing!!! Also as a carer myself of our young adult we have the responsibility for caring for days not covered by local authority and also night care responsibilities".
- "Particularly concerned on effects of young people. Inequalities relating to being able to express views are also concerning. This is a complicated consultation document; some families may not have access to the internet to express views. Carers are exhausted and don't have time to complete such things. Risk of carer breakdown".

### **Direct Payments**

A small number of people with a direct payment could be impacted by this proposal. Following a person's financial assessment the contribution that they are assessed to pay is deducted from the personal budget/direct payment i.e. the person is paid their direct payment net of their financial contribution. Therefore, this could restrict the flexibility that direct payments allow including access to types of service and support which could have a negative impact on wellbeing.

### **Impact of the cost of living on residents**

If the proposal to increase the means tested charge is implemented, there is a risk of a person not being able to meet all their financial commitments and getting into debt either to KCC and/or other companies.



There is also a risk that a person's limited income means that they have no surplus monies for socialising or leisure activities to support their quality of life and wellbeing.

Households across the country have struggled to keep up with growing inflation due to unprecedented rises in everyday basics such as food and heating.

### **Mental Health**

Feedback received through the consultation process confirms that:

- “For some individuals receiving a letter from KCC regarding the proposal created a great deal of stress/ anxiety and are deeply depressed as they do not know how they will survive if it is implemented which may further affect their already fragile mental health. It is taking from the most vulnerable in society who need the most help”.
- “Taking more money out of the higher rate of benefit will potentially affect other areas of daily life and cost of living for someone who is already at a disadvantage. The higher rate is given because the person is severely disabled and needs help night & day in some cases especially severely disabled people who have very limited lifestyles. They cannot work or go out alone and need support to do anything. More money taken from them will just reduce their already very limited social life leaving them isolated and alone. This will adversely impact their financial, mental and physical wellbeing making it difficult for them and their Carers to live good lives”.

## **c) Mitigating Actions for Age**

### **Increased Self-Neglect and Safeguarding**

Based on the duty to safeguard, KCC will respond as appropriate and apply any waivers necessary to ensure care and support is provided regardless of an individual's ability to pay. KCC will respond as appropriate and on an individual basis and assess risks to the individual. High Risk Panels /Risk Forums can be accessed as required by practitioners for advice and guidance where an individual assessed as needing care and support decides to cancel or reduce care and support.

KCC has the power to exercise discretion when making decisions on charging, taking into account individual circumstances. KCC will act reasonably when making such decisions, for example, considering impact on person's wellbeing, individual financial hardship/outgoings.

### **Wellbeing and Mental Health**

Section 1 of the Care Act describes wellbeing as 'actively seeking improvements in wellbeing when carrying out care and support function'. Therefore, to minimise the effect on emotional, social wellbeing and mental health this proposal could have on people, practitioners will work with people that draw on care and support to ensure that the assessment and review process is holistic. They will work with the person to look at social and emotional needs and explore what is available within the community to support them.

Practitioners will take the opportunity during any contact (for example assessment and review) with the person and/ or their representative to establish impact on wellbeing, and respond appropriately in order to prevent, reduce or delay the impact on potential needs for care and support.

Community Involvement Officers will make links between communities and social care teams. Sharing with social care teams what networks and community support is available.

Feedback received through the consultation to highlight impact on young people's wellbeing and mental health:

- "Taking even more money from my Son, means at the age of 19 I'm still financially looking after him out of my own money as most of his will be taken away, just so he can attend a day centre 10 hours a week. I feel utterly disgusted this is even a thought or a suggestion. Why is it the most vulnerable are the ones hit the most. If you start charging even more, I'll have no choice but to pull him out of his day centre and his respite. Which will be detrimental to his mental health and mine. He is already a recluse and stays in his bedroom apart from the 2 days a week that he goes to a day centre. You have got to take into account that its not just his money you will be taking, its mine too. The more you take from him, the more I have to pay out of my money to keep him at home. If I put him into residential care it would cost you a lot more! The 2 days he goes to the day centre, are the 2 days I'm able to work. If I can't send him, I can't work. Which means me going onto benefits which would cost you even more money. The small pittance I get in wages and carers allowance is an embarrassing as it is".

### **Impact of the cost of living on residents**

In the context of the cost-of-living pressures, individuals will be entitled to request an individual Disability Related Expenditure Assessment (DREA) which could help if the proposed changes are approved following consultation and more information about individual rights to request a DREA and the eligibility criteria can be found on our KCC website [www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/disability-related-expenditure-assessment](http://www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/disability-related-expenditure-assessment). During the consultation there has been feedback on ensuring there is increased awareness and consistency with the DREA process, through improved training and practice guidance and dedicated staff. This feedback is being taken forward with recommendations that all requests for a DREA are presented to Practice Assurance Panels, that dedicated practitioners complete the DREA's as well as introducing DREA practice champions across the County, alongside general awareness raising for the social care workforce.

Following a government announcement in September 2021, the Department for Work and Pensions introduced a Household Support Fund to help households with essential. The Household Support Fund was distributed by councils in England to directly help those who needed it most. The grant is distributed through small payments to support vulnerable households meet daily needs such as food, clothing, and utilities. This fund has again been extended until September 2024, more information on this fund and how to apply can be found on our KCC website <https://www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/benefits/household-support-fund>.

We will endeavour to make sure that people are aware of the above as well as independent support and advice that is available through organisations such as Citizens Advice.

The Council also has the ability to provide exceptional disregards if individuals demonstrate basic living expenses cannot be met.

### **Care and Support Statutory Guidance**

The Department of Health and Social Care's guidance states that a person will have their benefits maximised at the same time as the means tested assessment is carried out. Having benefits maximised helps with persons overall wellbeing, can reduce stress and can help to reduce the risk of a deterioration in a person's wellbeing. It is KCC practice, at the same time as the means tested assessment, to help a person claim all their entitled benefits. The Financial Assessment Officer will ensure the person is advised

of the benefits they may be entitled to and ensure they receive the correct advice and information on how to claim, which may include signposting to the relevant organisations.

### **Direct Payments**

Practitioners will work with people that draw on care and support to ensure if a direct payment cannot be accessed there is consideration for how care and support needs can be met.

#### **d) Responsible Officer for Mitigating Actions – Age**

Sarah Denson – Assistant Director SSPPQA

### **20. Negative Impacts and Mitigating actions for Disability**

**a) Are there negative impacts for Disability?** Answer: Yes/No  
(If yes, please also complete sections b, c, and d).

Yes

#### **b) Details of Negative Impacts for Disability**

People with disabilities/chronic health conditions are disproportionately represented in the adult social care group of people that draw on care and support. Within this group, the proposed change will apply to all regardless of the type of disability/health condition. However, people with certain severe disabilities/health issues may be more likely to be on the higher rate of the disability benefits, due to being unable to work and needing support through the night, and therefore more significantly affected if the proposed changes are approved following consultation.

Below is the breakdown by disability support reasons of the potentially 612 young people (18-25) who receive care at home, in the community or have a direct payment that may be affected.

<b>Disability Support Reasons</b>	<b>Individuals Count</b>	<b>% of Total</b>
Learning Disability Support	539	88.07%
Mental Health Support	2	0.33%
Physical Support - Access and Mobility Only	19	3.10%
Physical Support - Personal Care Support	24	3.92%
Sensory Support - Support for Dual Impairment	6	0.98%
Sensory Support - Support for Hearing Impairment	13	2.12%
Sensory Support - Support for Visual Impairment	4	0.65%
Social Support - Support for Social Isolation / Other	2	0.33%
Support with Memory and Cognition	3	0.49%
<b>Total</b>	<b>612</b>	<b>100%</b>

Below is the breakdown by disability support reasons of the potentially 79% (9,011) adults (18+) who may be affected.

<b>Disability Support Reasons</b>	<b>Individual count of those that may be affected by the proposal</b>	<b>Total</b>	<b>Percentage of Total (those that may be affected)</b>
Autism High Functioning	<10	<10	<1%
Carers	<10	468	<1%
Learning Disability Support 18-64	2,553	2,643	22%
Learning Disability Support 65+	218	226	2%
Mental Health Support 18-64	394	905	3%
Mental Health Support 65+	46	97	<1%
Not Recorded	30	35	<1%
Physical Support Access and Mobility Only 18-64	539	626	5%
Physical Support Access and Mobility Only 65+	1,132	1,436	10%
Physical Support Personal Care and Support 18-64	1,059	1,171	9%
Physical Support Personal Care and Support 65+	2,392	3,044	21%
Sensory Support for Dual Impairment 18-64	23	23	<1%
Sensory Support for Dual Impairment 65+	14	16	<1%
Sensory Support for Hearing Impairment 18-64	33	36	<1%
Sensory Support for Hearing Impairment 65+	15	18	<1%
Sensory Support for Visual Impairment 18-64	36	39	<1%
Sensory Support for Visual Impairment 65+	33	39	<1%
Support with Memory and Cognition 18-64	352	401	3%
Support with Memory and Cognition 65+	136	180	1%
<b>Total</b>	<b>9,011</b>	<b>11,406</b>	<b>79%</b>

Overall, from the above data we know that 3,765 people receive the higher allowance and will be directly impacted if the proposed changes are approved following consultation. Of the 3,765, we know that 2,142 people are learning disability and 1,089 are physical disability.

In two High Court cases, it has been suggested that severely disabled people who are unable to work (and are eligible for inability to work benefits) are likely to pay a greater proportion of their income than people who do not fall into this category and who are able to work. We have considered whether this is the case in Kent, and have used eligibility for higher rate disability benefits (PIP daily living component /Employment Support Allowance (ESA)) as a proxy for those who are severely disabled. We have used the

determination of limited capable for work related activity (part of Universal Credit (UC) determination) as a proxy for those who are severely disabled and unable to work.

However it is not possible to determine whether this is the case in Kent, as the proportion of income that a person will pay by way of charges will turn on:-

- (i) The amount of income they have in the first place – what benefits, what pension, what (if any) earned income
  - a. What they receive by way of benefits – the amount of UC an individual receives depends on their age, whether they are part of a couple, whether they have children/childcare costs, housing costs, whether they have been assessed as having Limited Capacity for Work Related Activity (LCWRA).
  - b. If the individual has employed income: what is the level of that income? It is possible for an individual to work minimal amounts and retain benefits
  - c. Interaction between earnings and UC –if the individual is earning low amounts are they still getting the UC taper?
  - d. Do they get an occupational pension, which is taken into account?
- (ii) The size/amount of the MIG: this will vary depending on a wide range of factors, including age, member of couple, have children, amount of any disability premium. The greater the disability, the higher the MIG.
- (iii) The operation of DRE: the greater the disability, the more likely it is that an individual will have DRE. The more disabled the person is, the more DRE they are likely to have, so more income will be discounted.
- (iv) Housing costs – these are disregarded. Again, it depends what income a person we support receives in respect of this (housing element of UC, for example).

We have prepared some hypothetical examples of the impact of the proposed policy, which are set out in Appendix D.

### **Impact on Wellbeing**

Someone may choose to decrease or end their care and support if the proposal is implemented. Or keep the care and support the same but have less money to spend on activities, food, heating which could impact on an individual's physical or mental wellbeing. Consultation responses highlighted how people are already financially stretched due to the cost of living and these proposals will have a further negative impact, people expressed that they will "be existing and not living".

A person may choose to reduce or stop attending activities in the community due to increased costs to their package of care which equally could impact negatively on the persons mental health due to increased isolation, their ability to maintain personal relationships and participation in leisure activities, and contribution to society. As wellbeing is individualistic this would need to be determined for each person.

Feedback received through the consultation:

- "Disabled people are already disproportionately disadvantaged, as the additional costs for daily living with a disability are much greater. Many disabled people live in inappropriate housing, unable to

access even their bathroom or kitchen, with no empowerment to improve their circumstances and at increased risk of homelessness for a variety of reasons. Increasingly our clients are dealing with a very complex mix of issues, and they require support that is person-centred, intensive and long term. Many are unable to access their GP and are overwhelmed trying to navigate health and care systems”.

- “Disability allowances are designed to support where a person has greater demands upon their own resources and an award of the higher rate reflects the fact that even greater demands exist”.
- “Proposed increases in the charges levelled at those who use KCC Social Care Services will disproportionately effect those that receive the higher rates of DLA and PIP. By default, directly affecting those that are significantly disabled and are already at the lowest point is life's wheel of fortune”.
- “The more a care package is needed the higher the care contribution is. In the current system a disabled person with high social care needs is penalised financially under the current social care system. This seems counter intuitive when they have a higher level of disability and or health conditions”.
- “A reduction in available resources may result in a higher risk of falling into poverty, increased loneliness if a person isn't able to or can't afford to get out and this may negatively effect on a person's mental health potentially putting more strain on adult health and social services. While short term savings may be made, in the longer term this will lead to increased cost elsewhere as people look for support, fall into ill health, or worse, crisis”.
- “Disabled People who solely rely on benefits can't get money from additional sources, e.g paid work for taking on additional jobs that able bodied people can if they wish to. In an inflationary climate this is adding to financial anxiety, pressure and isolation. It's been an extremely worrying and struggling time for disabled people especially throughout the Covid pandemic, followed by the cost-of-living crisis”.

### **Mental Health**

Feedback received through the consultation process confirms that.

- “For some individuals receiving a letter from KCC regarding the proposal created a great deal of stress/ anxiety and are deeply depressed as they do not know how they will survive if it is implemented which may further affect their already fragile mental health. It is taking from the most vulnerable in society who need the most help”.
- “Taking more money out of the higher rate of benefit will potentially affect other areas of daily life and cost of living for someone who is already at a disadvantage. The higher rate is given because the person is severely disabled and needs help night & day in some cases especially severely disabled people who have very limited lifestyles. They cannot work or go out alone and need support to do anything. More money taken from them will just reduce their already very limited social life leaving them isolated and alone. This will adversely impact their financial, mental and physical wellbeing making it difficult for them and their Carers to live good lives”.

### **Increased Self-Neglect and Safeguarding**

The proposed changes could increase self-neglect and/or safeguarding as some people may choose to reduce or refuse care and support due to the increased cost. Some may decide to reduce or end their

service resulting in their needs potentially not being met. There is limited evidence to suggest that this could happen, and this was not reflected through feedback during the consultation. If a person chooses to reduce their care and support, in most cases this would unlikely reduce their charge, unless they significantly reduce their charge to below their own care contribution.

### **Direct Payments**

A small number of people with a direct payment could be impacted by this proposal. Following a person's financial assessment the contribution that they are assessed to pay is deducted from the personal budget/direct payment i.e. the person is paid their direct payment net of their financial contribution. This could mean that the person may no longer be able to use a direct payment and therefore no longer has the flexibility that direct payments allow. This could have a negative impact on the types of care and support someone accesses.

### **Disability and Complex Health Conditions**

People with a disability and complex health conditions could be more negatively impacted by this proposal due to reduced income and expenses for disability and health condition.

### **Impact of the cost of living on residents**

If the proposal to increase the means tested charge is implemented, there is a risk of a person not being able to meet all their financial commitments and getting into debt either to KCC and/or other companies. There is also a risk that a person's limited income means that they have no surplus monies for socialising or leisure activities to support their quality of life and wellbeing.

Households across the country have struggled to keep up with growing inflation due to unprecedented rises in everyday basics such as food and heating.

## **c) Mitigating Actions for Disability**

### **Increased Self-Neglect and Safeguarding**

Based on the duty to safeguard, KCC will respond as appropriate and apply any waivers necessary to ensure care and support is provided regardless of an individual's ability to pay. KCC will respond as appropriate and on an individual basis and assess risks to the individual. High Risk Panels /Risk Forums can be accessed as required by practitioners for advice and guidance where an individual assessed as needing care and support decides to cancel or reduce care and support.

KCC has the power to exercise discretion when making decisions on charging, taking into account individual circumstances. KCC will act reasonably when making such decisions, for example, considering impact on person's wellbeing, individual financial hardship/outgoings.

### **Wellbeing and Mental Health**

To minimise the effect on emotional, social wellbeing and mental health this proposal could have on people, practitioners will work with people that draw on care and support to ensure that the assessment and review process is holistic. They will work with the person to look at social and emotional needs and explore what is available within the community to support them.

Practitioners will take the opportunity during any contact (for example assessment and review) with the person and/ or their representative to establish impact on wellbeing, and respond appropriately in order to prevent, reduce or delay the impact on potential needs for care and support.

Community Involvement Officers will make links between communities and social care teams. Sharing with social care teams what networks and community support is available.

### **Impact of the cost of living on residents**

In the context of the cost-of-living pressures, individuals will be entitled to request an individual Disability Related Expenditure Assessment (DREA) which could help if the proposed changes are approved following consultation and more information about individual rights to request a DREA and the eligibility criteria can be found on our KCC website [www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/disability-related-expenditure-assessment](http://www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/disability-related-expenditure-assessment). During the consultation there has been feedback on ensuring there is consistency with the DREA process, through improved training and practice guidance and dedicated staff. This feedback is being taken forward with recommendations that all requests for a DREA are presented to Practice Assurance Panels, that dedicated practitioners complete the DREA's as well as introducing DREA practice champions across the County, alongside general awareness raising for the social care workforce.

The Council also has the ability to provide exceptional disregards if individuals demonstrate basic living expenses cannot be met.

We will endeavour to make sure that people are aware of independent support and advice that is available through organisations such as Citizens Advice.

### **Disability and Complex Health Conditions**

To reduce the impact on disabled people with complex health conditions individuals are entitled to request an individual Disability Related Expenditure Assessment (DREA). The DREA considers disability related expenses that are above the spending a person without the disability and complex health conditions would expect to pay. The operation of DRE: the greater the disability, the more likely it is that an individual will have DRE. The more disabled the person is, the more DRE they are likely to have, so more income will be discounted. They are unique to the individual.

To encourage individuals to apply for individualised assessment/inform them of right to request it, the following actions are underway:

- Improving information and guidance on individual DRE on website.
- Developing a digital solution for people to request an individualised DRE.
- Ensuring consistency in the approach of assessment for individualised DRE through dedicated staff.
- Ensuring consistency on approval for individualised DRE through peer approval panels.
- Communication with people affected by the proposed policy change including guidance on individualised DRE.

### **Care and Support Statutory Guidance**

The Department of Health and Social Care's guidance states that a person will have their benefits maximised at the same time as the means tested assessment is carried out. Having benefits maximised helps with persons overall wellbeing, can reduce stress and can help to reduce the risk of a deterioration in a person's wellbeing. It is KCC practice, at the same time as the means tested assessment, to help a



person claim all their entitled benefits. The Financial Assessment Officer will ensure the person is advised of the benefits they may be entitled to and ensure they receive the correct advice and information on how to claim, which may include signposting to the relevant organisations.

### **Direct Payments**

Practitioners will work with people that draw on care and support to ensure if a direct payment cannot be accessed there is consideration to how care and support needs can be met.

### **d) Responsible Officer for Mitigating Actions - Disability**

Sarah Denson – Assistant Director SSPPQA

### **21. Negative Impacts and Mitigating actions for Sex**

#### **a) Are there negative impacts for Sex? Answer: Yes/No**

*(If yes, please also complete sections b, c, and d).*

Yes

#### **b) Details of Negative Impacts for Sex**

Whilst the proposed changes do not directly impact people based on their sex, we recognise that the data shows there is a disproportionate representation as outlined below.

In the data for young people (18-25) who draw on support 65.36% (400) of the group that may be affected are male whilst 34.64% (212) are female.

Sex	Individuals Count	% of Total
Female	212	34.64%
Male	400	65.36%
<b>Total</b>	<b>612</b>	<b>100%</b>

In the data for adults (18+) who draw on support, 43% (4,896) are female whilst 36% (4,051) are male.

Sex	Individual count of those that may be affected by the proposal	Total	% of Total (those that may be affected)
Female	4,896	6,192	43%
Male	4,051	5,136	36%
Not recorded	28	33	<1%
Unknown	36	45	<1%
<b>Total</b>	<b>9,011</b>	<b>11,406</b>	<b>79%</b>

During the consultation there were not any comments in regard to the impact or differences in opinion between men and women.

#### **c) Mitigating Actions for Sex**

To consider any individual needs, practitioners will work with people that draw on care and support to ensure that the assessment and review process is holistic.

Practitioners will take the opportunity during any contact (for example assessment and review) with the person and/ or their representative to establish impact on individual needs.

### **d) Responsible Officer for Mitigating Actions - Sex**

Sarah Denson – Assistant Director SSPPQA

## 22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No  
(If yes, please also complete sections b, c, and d).

No

### b) Details of Negative Impacts for Gender identity/transgender

### c) Mitigating actions for Gender identity/transgender

### d) Responsible Officer for Mitigating Actions - Gender identity/transgender

## 23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? Answer: Yes/No  
(If yes, please also complete sections b, c, and d).

Yes

### b) Details of Negative Impacts for Race

Whilst the proposed changes do not directly impact people based on their race, we recognise that there are specific health and economic inequalities that should be considered in terms of the impact of the proposed changes. People from a Black, Asian and other minority ethnic backgrounds are more likely to suffer from underlying health conditions.

In the data for young people (18-25) who draw on support 8% (52) of the group that may be affected are Black, Asian and other minority ethnic backgrounds. They could be impacted negatively by the proposed changes.

Race	Individuals Count	% of Total
Asian and any other Asian background	19	3%
Black and any other Black background	20	3%
Any other mixed background	13	2%
Not Recorded/Not Stated	0	0%
Any other Ethnic Groups	6	1%
White - British	520	85%
White - Other	34	6%
<b>Total</b>	<b>612</b>	<b>100%</b>

In the data for adults (18+) who draw on support 3% (387) of the group that may be affected are Black, Asian and other minority ethnic backgrounds and 4% (462) unknown. They could be impacted negatively by the proposed changes.

Race	Individual count of those that may be affected by the proposal	Total	% of Total (those that may be affected)
Asian/Asian British	165	227	1%

Black, Black British, Black Welsh, Caribbean or African or Unspecified	90	127	1%
Mixed/Multiple ethnic groups	100	126	1%
Not Recorded/Not Stated	462	807	4%
Any Other Ethnic Groups	32	49	<1%
White - British	7,783	9,534	68%
White - Other	379	536	3%
<b>Total</b>	<b>9,011</b>	<b>11,406</b>	<b>79%</b>

### **Direct Payments**

A small number of people with a direct payment could be impacted by this proposal. Following a person's financial assessment the contribution that they are assessed to pay is deducted from the personal budget/direct payment i.e. the person is paid their direct payment net of their financial contribution. This could mean that the person may no longer be able to use a direct payment and therefore no longer has the flexibility that direct payments allow, this could be accessing culturally relevant care and support.

### **c) Mitigating Actions for Race**

#### **Impact of the cost of living on residents**

In the context of the cost-of-living pressures, individuals will be entitled to request an individual Disability Related Expenditure Assessment (DREA) which could help if the proposed changes are approved following consultation and more information about individual rights to request a DREA and the eligibility criteria can be found on our KCC website [www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/disability-related-expenditure-assessment](http://www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/disability-related-expenditure-assessment). During the consultation there has been feedback on ensuring there is consistency with the DREA process, through improved training and practice guidance and dedicated staff. This feedback is being taken forward with recommendations that all requests for a DREA are presented to Practice Assurance Panels, that dedicated practitioners complete the DREA's as well as introducing DREA practice champions across the County, alongside general awareness raising for the social care workforce.

The Council also has the ability to provide exceptional disregards if individuals demonstrate basic living expenses cannot be met.

We will endeavour to make sure that people are aware of independent support and advice that is available through organisations such as Citizens Advice.

#### **Direct Payments**

Practitioners will work with people that draw on care and support to ensure if a direct payment cannot be accessed there is consideration to how care and support needs can be met.

#### **Disability and Complex Health Conditions**

To reduce the impact on disabled people with complex health conditions individuals will be entitled to request an individual Disability Related Expenditure Assessment (DREA). The DREA considers disability

related expenses that are above the spending a person without the disability and complex health conditions would expect to pay. They are unique to the individual.

**d) Responsible Officer for Mitigating Actions – Race**

Sarah Denson – Assistant Director SSPPQA

**24. Negative Impacts and Mitigating actions for Religion and belief**

**a) Are there negative impacts for Religion and Belief?** Answer: Yes/No

*(If yes, please also complete sections b, c, and d).*

No

**b) Details of Negative Impacts for Religion and belief**

Whilst the proposed changes do not directly impact people based on their religion and belief, there is a large number where religion and belief are unknown therefore actions are required to improve our data.

**Direct Payments**

A small number of people with a direct payment could be impacted by this proposal. Following a person's financial assessment the contribution that they are assessed to pay is deducted from the personal budget/direct payment i.e. the person is paid their direct payment net of their financial contribution. This could mean that the person may no longer be able to use a direct payment and therefore no longer has the flexibility that direct payments allow, this could be accessing culturally relevant care and support.

**c) Mitigating Actions for Religion and belief**

We need to improve our data; this is being addressed through our operational teams which includes action on how we improve collecting data.

**Direct Payments**

Practitioners will work with people that draw on care and support to ensure if a direct payment cannot be accessed there is consideration to how care and support needs can be met, in particular culturally relevant care and support.

**d) Responsible Officer for Mitigating Actions - Religion and belief**

Sarah Denson – Assistant Director SSPPQA

**25. Negative Impacts and Mitigating actions for Sexual Orientation**

**a) Are there negative impacts for sexual orientation.** Answer:

*Yes/No (If yes, please also complete sections b, c, and d).*

No

**b) Details of Negative Impacts for Sexual Orientation**

**c) Mitigating Actions for Sexual Orientation**

**d) Responsible Officer for Mitigating Actions - Sexual Orientation**

Sarah Denson – Assistant Director SSPPQA

**26. Negative Impacts and Mitigating actions for Pregnancy and Maternity**

**a) Are there negative impacts for Pregnancy and Maternity?** Answer: Yes/No

*(If yes, please also complete sections b, c, and d).*

No

**b) Details of Negative Impacts for Pregnancy and Maternity**

**c) Mitigating Actions for Pregnancy and Maternity**

**d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity**

Sarah Denson – Assistant Director SSPPQA

## 27. Negative Impacts and Mitigating actions for marriage and civil partnerships

a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No  
(If yes, please also complete sections b, c, and d).

No

### b) Details of Negative Impacts for Marriage and Civil Partnerships

### c) Mitigating Actions for Marriage and Civil Partnerships

### d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships

Sarah Denson – Assistant Director SSPPQA

## 28. Negative Impacts and Mitigating actions for Carer's responsibilities

a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No  
(If yes, please also complete sections b, c, and d).

Yes

### b) Details of Negative Impacts for Carer's Responsibilities

The change may result in increased charges to individuals because less income will be disregarded, so may result in the following:

- Person may choose not to receive care from KCC because of increased charges. This might result in needs being unmet and impact on their safety and wellbeing.
- As a result, any carer may be required to provide more unpaid care, thereby affecting their economic wellbeing.
- This might also result in increased need for support from other KCC services such as more respite or the carer is not willing and able to continue with their caring role and ASC needs to meet all needs.
- Increase in safeguarding concerns due to carer breakdown.

The Care Act says Local Authorities should have regard for whether a carer works or not or whether they are participating in or wish to participate in education, training or recreational activities.

In the data for young people (aged 18-25) who draw on care and support there was no carer responsibility identified.

In adults (18+) out of the potentially 79% (9,011) individuals who may be affected. 2% (238) have carer responsibility while 77% (8,773) do not.

In Kent, an estimated 148,341 adults aged 16+ provide the following unpaid care each week:

- 94,640 provide 1-19 hours
- 18,131 provide 20-49 hours
- 35,570 provide 50 hours

Therefore, Carers are playing a key role in supporting people and if impacted by this proposal could increase carer support needs and the care and support for individuals they are caring for.

### Wellbeing and Mental Health

There is a big responsibility on Carers who are already providing unpaid care and support. A lot of Carers and families are already facing problems with their financial, mental and physical wellbeing. If people decide not to go ahead with some of the care they receive due to introduction of the proposal this could have a huge impact on the financial, mental and physical health of everyone involved including Carers and

families. This is because the pressure of supporting them could fall on their Carers and this could impact them unfairly.

### **Financial Impact on Carers**

The consultation highlighted the potential negative financial impact on Carers.

Consultation feedback:

- “My son’s PIP is used for other important things, such as clothes, food and travel to name but a few, if this is used to pay is day to day care in the community it just will not stretch. This on top of the fact you only like to spend money to support three days out in daycare services, when they are at school for five days also means my husband and I will have a lot less money as we will have to give up work to cover this. We can’t have help taken away from every direction”.
- “This service was given to me so that my daughters could have their own life's. They are young carers and were doing all the household chores. This was set in place to relief them of the burden. If I was made to pay for my care, I could not afford it as I use my pip to pay my mortgage and have no disposable income. This means I would have to cancel the support I get and my children's life's would take a huge impact”.

### **c) Mitigating Actions for Carer’s responsibilities**

The Care Act (2014) and its supporting regulations and guidance sets out a clear legal framework for how local authorities support an individual who has been identified as a Carer.

An individual who has been identified as a Carer can be eligible for support in their own right. Carers have the right to information, advice and guidance, prevention, needs assessments, eligibility criteria, personal budgets, support planning, direct payments and reviews.

### **Wellbeing and Mental Health**

To minimise the effect on emotional, social wellbeing and mental health this proposal could have on people, practitioners and Carer organisations will work with Carers to ensure that the assessment and review process is holistic. They will work with the person to look at social and emotional needs and explore what is available within the community to support them.

Practitioners will take the opportunity during any contact (for example assessment and review) with the Carer to establish impact on wellbeing, and respond appropriately in order to prevent, reduce or delay the impact on potential needs for care and support.

Community Involvement Officers will make links between communities and social care teams. Sharing with social care teams what networks and community support is available.

Working with health and social care staff to ensure Carers are signposted and connected with the right information, advice and guidance.

### **Financial Impact on Carers**

An individual who has been identified as a Carer can be eligible for support in their own right. Carers have the right to information, advice and guidance, prevention, needs assessments, eligibility criteria, personal budgets, support planning, direct payments and reviews.

If the carer supporting the person is impacted by this proposal, the Carer could request the person has an individual Disability Related Expenditure Assessment (DREA) which could help if the proposed changes

are approved following consultation and more information about individual rights to request a DRE assessment and the eligibility criteria can be found on our KCC website [Disability related expenditure assessment - Kent County Council](#). During the consultation there has been feedback on ensuring there is consistency with the DREA process, through improved training and practice guidance and dedicated staff. This feedback is being taken forward with recommendations that all requests for a DREA are presented to Practice Assurance Panels, that dedicated practitioners complete the DREA's as well as introducing DREA practice champions across the County, alongside general awareness raising for the social care workforce.

The Council also has the ability to provide exceptional disregards if individuals demonstrate basic living expenses cannot be met.

We will endeavour to make sure that people are aware of independent support and advice that is available through organisations such as Citizens Advice.

**d) Responsible Officer for Mitigating Actions - Carer's Responsibilities**

Sarah Denson – Assistant Director SSPPQA