

PROPOSED ABOLITION OF SOCIAL CARE CHARGES (SCOTLAND) BILL – SIOBHAN MCMAHON MSP

SUMMARY OF CONSULTATION RESPONSES

This document summarises and analyses the responses to a consultation exercise carried out on the above proposal.

The background to the proposal is set out in section 1, while section 2 gives an overview of the results. A detailed analysis of the responses to the consultation questions is given in section 3. These three sections have been prepared by the Scottish Parliament's Non-Government Bills Unit (NGBU). Section 4 has been prepared by Siobhan McMahon MSP and includes her commentary on the results of the consultation.

Where respondents have requested that certain information be treated as confidential, or that the response remain anonymous, these requests have been respected in this summary.

In some places, the summary includes quantitative data about responses, including numbers and proportions of respondents who have indicated support for, or opposition to, the proposal (or particular aspects of it). In interpreting this data, it should be borne in mind that respondents are self-selecting and it should not be assumed that their individual or collective views are representative of wider stakeholder or public opinion. The principal aim of the document is to identify the main points made by respondents, giving weight in particular to those supported by arguments and evidence and those from respondents with relevant experience and expertise. A consultation is not an opinion poll, and the best arguments may not be those that obtain majority support.

Copies of the individual responses are available on the following website:
<http://siobhanmcmahon.org/endthecaretax/>.

An alphabetical list of respondents is set out in the Annex.

SECTION 1: INTRODUCTION AND BACKGROUND

Siobhan McMahon's draft proposal, lodged on 6 October 2015, is for a Bill to:

abolish charges for non-residential social care.

The proposal was accompanied by a consultation document, prepared with the assistance of NGBU. This document was published on the Parliament's website, from where it remains accessible:

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/29731.aspx>

The consultation period ran from 6 October 2015 to 30 January 2016. A number of late responses were submitted and these were accepted by the member.

In total 63 organisations were sent copies of the consultation or links to it. These organisations included all local authorities and NHS boards in Scotland as well as a range of voluntary and charitable groups.

The consultation exercise was run jointly by Siobhan McMahon MSP's parliamentary office and NGBU. The Member's efforts to publicise the consultation process included a launch event at the Scottish Parliament, appearances at events hosted by ALLIANCE and Values into Action Scotland to discuss the consultation with group members, a press release to publicise the consultation, and an advertisement on Facebook to raise awareness of the proposal.

The consultation process is part of the procedure that MSPs must follow in order to obtain the right to introduce a Member's Bill. In this instance, however, the proposal was lodged after the deadline for introducing such a Bill in the 2011-16 session of the Parliament, and no Bill can therefore be introduced on the basis of the current proposal. Further information about the procedure can be found in the Parliament's standing orders (see Rule 9.14) and in the *Guidance on Public Bills*, both of which are available on the Parliament's website:

- Standing orders (Chapter 9):
<http://www.scottish.parliament.uk/parliamentarybusiness/26514.aspx>
- Guidance (Part 3):
<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/25690.aspx>

SECTION 2: OVERVIEW OF RESPONSES

In total, 130 responses were received, with 108 submitted via an online survey and 22 received through correspondence.

The responses can be categorised as follows:

- 98 (75%) from private individuals
- 12 (9%) from representative organisations
- 12 (9%) from charitable organisations
- 7 (5%) from public sector organisations
- 1 from a campaign organisation

Included in those are:

- 27 (21%) anonymous submissions
- 7 (5%) confidential submissions
- 7 (5%) responses received after the published deadline
- Responses from the City of Edinburgh Council Health and Social Care Housing Committee and Social Work Scotland appeared to be identical, as did the responses from Independent Living in Scotland and Values into Action Scotland.
- Two submissions were received on behalf of Scotland Against the Care Tax (SACT): one was a note of a meeting organised by SACT, which represented the range of views from individuals present at that meeting; the other was a submission from SACT itself. For the purposes of this summary, while the views of individuals have been noted, any comments attributed to SACT are taken from its own submission.

The vast majority of respondents were supportive of the proposal in principle.

Issues cited for supporting the proposal will be discussed in greater detail below, but included equalities, human rights, consistency and independent living.

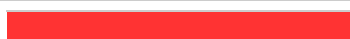


While there was significant support in principle, the most common concern raised in relation to the proposal was about how the policy might be funded.

SECTION 3: RESPONSES TO CONSULTATION QUESTIONS

This section sets out an overview of responses to each question in the consultation document.

General aim of proposed Bill

Section 1 of the consultation document outlined the aim of the proposed Bill and what it would involve. Respondents were asked:

Question 1: Do you support the principle that non-residential social care services should be available free at the point of delivery to those who have been assessed by a relevant professional as requiring them (as is the case within health care)? Please indicate “yes/no/undecided”, and explain the reasons for your response.			Response Percent	Response Total
1	Yes		86.06%	105
2	No		11.47%	14
3	Undecided		2.45%	3
			answered	122

122 respondents (94% of the total) answered this question. (Other responses may have indicated in other ways whether or not they supported the general aims of the Bill, but these have not been included in the following analysis.)

A significant majority of respondents (86%) who answered this question supported the proposed Bill. Only a few (11%) were opposed in principle, but some questioned whether it was necessary or likely to be effective in practice.

Reasons for supporting the principle

A general theme emerged around equality, dignity and human rights, suggesting that, in an inclusive and equal society, independent living should be a right that is afforded to all citizens.

The Learning Disability Alliance Scotland expressed a view that “social care should move from creating dependent clients to sustaining citizenship and empowering disabled and older people to take an active part in the life of their community” and considered that “abolishing charges for non-residential community care is an essential step in doing this”.

Many respondents expressed the view that charging for care services is unfair because access to the services should be a basic human right and not a luxury. The argument was put forward that charging is unfair and

detrimental to equality and to the quality of life of the person needing the care.

Sense Scotland commented that “it is wrong that someone should be charged for a service that they need to receive in order to participate in their community and to live with dignity, whilst at the same time paying for services used by others which they cannot access”.

Other respondents, including Independent Living in Scotland and David Howie, an individual, referred to the UN Convention on the Rights of Persons with Disabilities, particularly articles 10 and 14, which support the provision of free care, while others queried why service users should pay for services that they considered would be free if provided within, for example, an NHS hospital.

Many respondents expressed concern about the financial aspects of the current charging system for care services. It was suggested by some, including Alliance Health and Social Care (“the ALLIANCE”), that some people’s financial circumstances would lead them to forego the care to avoid paying the charges, with a negative impact on their health and wellbeing.

Comments included:

- Charging puts a financial strain on vulnerable people and their families/carers.
- Charges can result in some service users deciding to decline essential services (food, heating etc.), often resulting in a decline in mental and physical health, isolation, increased strain on carers/family and ultimately detriment to the wider economy.

A consistent theme throughout the responses related to the current charging system and how charges are worked out in different local authority areas. Observations included:

- The current system is a postcode lottery with charges and the way in which they are worked out varying widely between local authorities.
- People living in rural locations requiring care are further disadvantaged due to higher cost of living and travel costs to access services etc.
- Disabled people have many additional costs due to their disability that people without disabilities do not and means-testing systems does not take this into account.
- Many people are not being financially assessed properly with regard to the contribution charge towards care.

Many respondents commented on the health and societal benefits of providing free social care. Comments included:

- Social care support can be as important as healthcare in promoting the health and well-being of individuals and thus avoiding deterioration in either physical or emotional health.
- Providing free social care is essential to the integration of health and social care.

Learning Disability Alliance Scotland expressed it as “social care should move from creating dependent clients to sustaining citizenship and empowering disabled and older people to take an active part in the life of their community”.

Reasons for opposing the principle

Some respondents provided a brief explanation of why they did not support the principle of the proposal. These can be summarised as follows:

- People will be in receipt of an allowance/benefit which is intended to be used to pay their contribution costs.
- Paying for free social care will mean cuts to other services.
- It may result in fewer people being able to access *any* help, depending on how it is funded.
- There are people with large incomes or savings who can afford these charges.
- Local authorities are not in a position to end charging unless compensated.

The Convention of Scottish Local Authorities (COSLA) provided a substantive explanation for its opposition—

“COSLA supports the principle that anyone assessed as needing a non-residential social care service should receive it regardless of their financial circumstances. We also understand that these services need to be paid for and that there are three main sources for this: general taxation, local taxation and individual charging. With the council tax freeze during the past eight years we have seen these options effectively limited to two. We believe that as a society we need to agree the best way to pay for social care services now and into the future. If we are to make sensible decisions we cannot consider charging in isolation.

There is also a need to reflect again on the individual and relative affordability and impact of universal services which currently exist in health and social care if we are to redesign our services with sustainability in mind.”



A number of respondents raised issues related to free social care and the effect this could have on their disability benefits.

One anonymous respondent commented that “certain benefits (DLA)¹ and (PIP)² and premiums (Disability and Severe Disability Premium) were introduced to help meet the additional costs resulting from a disability and therefore if services are to be made free at point of delivery this raises the question of whether these benefits should continue to be paid and this may result in people being worse off financially. Certainly people in receipt of DLA/PIP who do not currently receive a high level of services would be markedly worse off”.

The Children’s Hospice Association said “We would also be concerned that removing payment could limit choice, particularly around psycho-social elements of care. Currently with direct payments young people can make this choice”.

¹ Disability Living Allowance

² Personal Independence Payment

Q2. Do you agree that legislation is a necessary and appropriate means of addressing the issues identified? Please indicate “yes/no/undecided” and explain the reasons for your response.			Response Percent	Response Total
1	Yes		87.06%	101
2	No		6.89%	8
3	Undecided		6.03%	7
			answered	116

116 respondents (89% of the total) answered this question.

Of those, 87% (101) agreed that legislation is necessary and appropriate. 7% (8) did not agree and 6% were undecided.

Reasons for considering legislation appropriate

Capability Scotland and others identified that, “through the Community Care and Health (Scotland) Act 2002 the Scottish Government has the power to regulate the practice of care charging but to date has not exercised this power, preferring to support self-regulation by COSLA”.

They went on to say that, “Without a clear picture of the actual cost required to abolish care charges, it would be very difficult to take such steps through guidance alone. Therefore, a legislative approach that included a financial evaluation of abolishing charges is necessary.”

Many respondents acknowledged the guidance prepared by COSLA, but didn’t consider that guidance alone was sufficient, as it created inconsistencies in charging levels, even between neighbouring local authorities, which is discussed further under question 3.

There was a consistent view from those respondents who answered Yes to this question, including Inclusion Scotland, that “social care being free at the point of need is a fundamental principle that should be enshrined in primary legislation”. Additional comments to support this position included:

- Legislation will ensure consistency across councils, clarifying matters for all concerned and reducing uncertainty.
- Legislation will ensure equality and fairness for all recipients of social care.
- Only a mandatory requirement to provide services free of charge will ensure that councils do so.
- Legislation will ensure that councils are transparent and accountable in their administration of social care.

Reasons for considering legislation inappropriate




All of the arguments presented by those who thought legislation inappropriate related to funding in one form or another.

COSLA argued that any legislation would be “inflexible to the needs of local communities and requires significant long-term financial commitment”. It suggested “exploring a range of more flexible options in line with a recognition of the need for local approaches to securing local single outcome agreements”.

Comments included:

- Councils should be funded in a way that enables them to manage social care without government interference.
- Legislation would constrain local councils’ ability to act independently in response to the needs of their area.
- Those who can pay should pay for these services.
- Social work departments do not have enough money to provide these services so it is unclear how legislation to remove care charges would help.
- Legislation to abolish care charges would impact on councils’ already restricted budgets and may lead to less services being made available.

Q3. The current system has resulted in varying charges in different areas for the same level and quality of service. Do you agree that there should be consistency across Scotland? Please indicate “yes/no/undecided”. What do you think the advantages and disadvantages would be.

			Response Percent	Response Total
1	Yes		88.78%	97
2	No		6.54%	7
3	Undecided		4.67%	5
			answered	109

109 respondents (84% of the total) answered this question. 89% of those agreed that there should be consistency in social care charges across Scotland. 7% disagreed and 5% were undecided.

A number of respondents offered their views on consistency of charging.

Alliance Health and Social Care said—

“The ALLIANCE agrees that a huge variation exists in the charges which are applied The current charging guidelines, in effect, create 32 different systems across Scotland (one for each local authority area). This ultimately means that 32 different people who have exactly the same income and needs will pay different amounts dependent on where they live.”

Other supportive comments considered that the target should be equality of provision, and that charges could be established according to an individual’s specific finances.

While City of Edinburgh Council Health and Social Care Housing Committee and Social Work Scotland agreed that there “should be consistency in the rules which councils follow for financial assessments”, they added—

“We do not agree that there should be the same consistency in the maximum amounts charged for particular services as these need to take into account variations between local authority areas in the cost of services, due to labour market conditions, differences in population need, and other factors such as rurality.”

COSLA also acknowledged “the need for a greater degree of consistency, particularly in terms of user engagement and financial assessment”, and considered that progress had been made in this respect through the Charging Guidance Working Group.

Other similar observations included that “removing the ability of councils to make local decisions about charges would have a negative impact on local democracy and direct accountability” and “charges should vary as councils have different priorities based on local population, demographics, etc.”.

The Coalition of Care and Support Providers in Scotland noted that, rather than a disadvantage, there would be “a challenge ... to ensure that money follows the person, and that commissioning/funding authorities are not disadvantaged if people move from one area to another”.

Advantages of consistent charging

- An equitable social care system whereby support is uncompromised by funding disparities throughout Scotland.
- Greater transparency and accountability within and between local authorities enabling people requiring support to have more control and confidence over the services that they use.
- Greater independence between the local authority and individual as there would not be a potential conflict of interest in carrying out financial assessments prior to support being offered.
- Greater standardisation of financial assessment would help to create a ‘level playing field’ by enabling greater ‘portability’ of people who require support moving between local authorities as they would have a nationally agreed charge/no charge independent of where they reside. This would mean that disabled people could move from one part of the country to another to take advantage of informal support or other resources available to them without being adversely affected.
- People who need support to exercise their rights can live where they wish/where the work is/where their family and friends networks are without having to factor in how they will be treated as a result of being disabled. They will be in the position then of making their choices based on the same factors as non-disabled people.
- It will also save on the resources involved in the creation and maintenance of 32 different charging systems, cutting down on local authority bureaucracy.

Disadvantages of consistent charging




- Local authorities may tighten eligibility criteria as a result of decreased income streams. This may result in fewer people being considered eligible for support unless funding is continuously supplied based on level of need from the Scottish Government.
- Person-centred care and individualisation may be more difficult to achieve.
- Councils may use other powers to recoup the money, for example increasing general taxation but only in those areas where there is

high need, which could disproportionately affect those in areas of high poverty.

- There could be an unintended response from private care services who withdraw or do not provide their services in an area where there is less potential to profit from local authorities who tighten their eligibility criteria.

Capability Scotland considered that “income from charging will be seen as increasingly important to councils in their efforts to maximise income and they may seek full compensation from the Scottish Government to abolish charging for non-residential care. Even if this compensation is made available, the loss of future charging income may in practice result in local authorities tightening eligibility criteria for services to manage projected demand or reducing the levels of support provided to disabled people through self-directed support”.

Q4. Should all social care related services be free at the point of delivery? Please indicate “yes/no/undecided”. If you answered yes, please explain your reasons. If you answered no, please explain which services should be excluded and why.

			Response Percent	Response Total
1	Yes		66.97%	73
2	No		18.34%	20
3	Undecided		14.67%	16
			answered	109

109 respondents (84% of the total) answered this question, with 67% of those agreeing that all social care related services should be free at the point of delivery, whilst 18% believed they should not and 15% were undecided.

Reasons for supporting the provision of free social care related services

The main arguments for supporting such provision included:

- Care is a basic human right and should be based on need not ability to pay.
- A universal free system for all care charges is the only way to ensure those who need the services avail themselves of them. Universal free care would diminish the need for more intrusive and expensive residential care.
- Charges constitute a tax on people with disabilities or with a chronic illness.
- Deteriorations in the health and well-being of those in receipt of social care services can be identified and addressed at an early stage, which improves the care user’s life and lessens the burden on healthcare services.
- Removing care charges would benefit young people in need of care who are unable to find employment and often avoid taking up these services due to the likely negative impact on their wider family’s finances.

Learning Disability Alliance Scotland commented:

“Access to all social care services is through an assessment of need and eligibility criteria which assesses the risk of the current position. The decision on which services should be provided are

based on a decision about what will help a person maintain themselves in the community. Having any charge on one of a range of services risks a person opting out of that aspect of support and then undermining the whole care package.”

Values Into Action Scotland (VIAS) stated:

“VIAS believes that charging for support essential to meet basic human rights and to ensure full participation in society contradicts claims to support equality and human rights. It equates to asking some people ... to pay more money to achieve the same basic human rights as anyone else. VIAS and many others do not believe it is fair or just to do this and that everyone across society should share the cost of such services – like they do for bin collection, cycle lanes or indeed the NHS. In successful ageing societies, effective social care is as important a part of the infrastructure as transportation, schools, hospitals and digital broadband. Everyone has a stake in getting it right.”

Other comments included:

- Outcomes for meal service are more complicated than just meal provision, as people benefit from social contact when meals delivered
- If people don't eat properly because they can't afford the charges, this may lead to them requiring other health/care services which may cost more to the public purse.

Reasons for opposing the provision of free social care related services

The main reason given for opposing universal free provision was the belief that services should be means tested so that those that can afford to contribute do so.

A number of respondents commented that those in receipt of benefits intended to contribute to the cost of care should make a contribution towards the cost of that care.

One anonymous respondent commented that “There is not enough clarity over whether fewer people will benefit overall. Free social care would be excellent, but I'd rather have 50% towards costs and qualify than free care that I cannot get”.

Additional comments included:

- Voluntary contributions for meals provided at day centres etc.
- All services should be means tested, but people must have access to them no matter which category they are in.

- Budgets are finite and decisions on charges should be dealt with at a local level.
- Some services meet more than basic needs and the charges for them can exceed the amounts awarded in benefits such as DLA or Attendance Allowance.

Services which should be paid for

City of Edinburgh Council Health and Social Care Committee, and Social Work Scotland did not consider that all social care related services should be free at the point of delivery. They identified 10 services that they considered should be excluded—

1. The cost of the meals delivered to a person's home
2. Meals provided as part of day services
3. Shopping services
4. Handyman services
5. The housing element of sheltered and very sheltered housing
6. Accommodation costs of residential short breaks (if not covered by the 2014 Regulations waiving charges for support to carers)
7. Housing management and other non-care aspects of housing support services
8. Transport used for day activities
9. Elements of "individual self directed support budgets" intended to cover any of the above
10. Community alarms/telecare

They suggested that, in their experience, "service users are content to pay small charges for community alarms", and therefore they saw no merit in abolishing charges for this service.

A number of the services set out in that list were also mentioned by other respondents.

There was some support for charging for **meals**. The general consensus was that it would be reasonable to charge for the cost of ingredients but not for the cost of delivery or preparation of these meals.

There was also some support for charging for **community alarms/call services**. Some qualified this by stating that charges should only be made where the recipient does not receive other care services.

A small number of respondents believed that **handyman services** should incur a charge.

One respondent believed that it was reasonable to charge users for **transport** to and from day centres.

Another believed that any service which anyone might need, regardless of disability, should be chargeable and any services which are required due to disability should be free.

Question 5: What are the likely financial implications (if any) of the proposed Bill to you or your organisation? What (if any) other significant financial implications are likely to arise?

95 respondents to the survey (73% of the total) answered this open-ended question.

Some organisations set out what they considered the financial implications would be to them.

The Coalition of Carers in Scotland commented:

“If the legislation was brought forward without funding there could be an impact on other social care services due to the loss of income to local authorities. This could potentially impact on our members, who are third sector carer support organisations, mostly funded through local authorities.”

Neighbourhood Networks felt that “the funding we receive is most likely to be paid net of the charges raised anticipated but not raised through the tax, leaving us deficient in funds”.

Borders Independent Advocacy Service (BIAS) said—

“the direct impact on our organisation would be a reduction in referrals allowing us to concentrate on supporting more people to actually access the support they need in the first place. In terms of the overall impact on local authority budgets, there may be some who find themselves slightly worse off but the integration of health and social care may in part mitigate the impact.”

However, with the majority of respondents being individuals, responses centred primarily around the impacts on individuals and their families, with more general comments relating to the impact on local authorities, the Scottish Government, the NHS, and other service providers. These views can be summarised as—

Impact on individuals and families

Positive implications:

- It would ease the financial burden on care users and their families which would be beneficial for their health and well-being.
- It would simplify the financial arrangements for many who find it arduous.
- Disabled people will be incentivised to work if they are able to keep more of their income.
- Disabled people with private pensions will not have their pension income depleted by care charges.

- The money disabled people had previously been paying in care charges would be spent elsewhere and would benefit the local economy
- It would remove financial barriers and enable disabled people to become more integrated into society.

Negative implications:

- If not funded adequately by central government, could lead to a reduction in the number of organisations providing care services, meaning less support available for service users.
- It would create a conflict between personal payments to individuals to "buy" services versus universal provision through taxation.
- Tax payers will have increased bills whilst those who don't pay tax or community charge will have more money.
- It will lead to budgets being cut in other areas.
- It would be necessary for other taxes to rise to make up the shortfall.

Impact on local authorities

Suggested positive implications included:

- Significant savings on costs and time involved in administering care charges.
- Better take-up of "low-level" social care services leading to long-term savings on social care support.
- Councils might do less income maximisation if not doing financial assessments.
- Reduction of administration would free up social workers to be social workers.

Suggested negative implications included:

- Reduced revenue to local authorities, leading to a reduction in services provided.
- Tighter eligibility criteria leading to fewer people being offered services.
- Job cuts as a result of reduced revenue.

VIAS made the following comment:

Whilst care charges contribute a comparatively small amount to the cost of care (yet notably in some case using up almost 100% of a disabled person's income), abolishing it would not be cost neutral at local authority level. At a time when social care funding is under a lot of pressure, this is not an insignificant problem, indeed, the Scottish Government predicts that to meet demand on current trends, spending would need to double by 2031.

Impact on the Scottish Government

A number of respondents, including the Coalition of Care and Support Providers and Self Directed Support Scotland, considered that, to avoid a reduction in services for users, the Scottish Government should commit to fully funding any loss of revenue for local authorities.

Sense Scotland stated that “Providers have been facing increasing downward pressures on funding for several years, and have reached the limits of efficiencies that can be made. They will therefore be unable to make up this loss of income from within their own resources, and any changes to the charging regime will need to be explicit that providers will not be expected to do this”.

Impact on the NHS

There were no clear views on negative financial implications to the NHS, and potential positive implications were identified as:

- the provision of free social care would help to alleviate financial pressures
- health boards could see significant savings on unplanned admissions, delayed discharges and the use of A&E departments as crisis centres.

Impact on other service providers





Suggested positive implications included:

- Avoiding the situation where people do not take up services they need due to the cost.
- Reducing the potential for people to require more complex interventions later as a result of not taking up the services.

Suggested negative implications included:

- Service level agreements may become more complex, making it harder to deliver care on a needs based assessment, if local authorities had to fund the shortfall in revenue.
- Impact on caseloads and services provided.

Q6. What do you think the implications of the proposed Bill are for equality? If it is likely to have a substantial negative implication, how might this be minimised or avoided? Please indicate “positive/negative/no significant implications/undecided”. Please explain your answer. If you answered negative, please suggest any ways this impact could be minimised or avoided.

			Response Percent	Response Total
1	Positive		66.66%	70
2	Negative		11.42%	12
3	No significant implications		2.85%	3
4	Undecided		19.04%	20
			answered	105

105 respondents (81% of the total) answered this question. 67% of those who answered this question believed the proposals would have positive implications for equality, whilst 11% believed it would have negative implications.

Positive implications for equality

Respondents who considered that there would be positive implications covered the same points as had been made in response to previous question.

- Fairness and equality
- Consistency
- People with disabilities will be more able to move house (greater portability)
- Rural deprivation reduced
- Independent living
- Ending postcode lottery
- Reduction in stress for service users and their families
- People with disabilities would be more incentivised to work
- Improved quality of life for people with disabilities
- Older people can maintain their independence for longer.

Negative implications for equality

COSLA set out its reasoning why it considered that the proposal had significant negative implications for equalities—

“On the face of it abolishing charges might be viewed as having a positive impact in terms of removing the need for disabled people to pay a charge for services which non-disabled people do not need, albeit that disabled people receive a level of financial support to help pay for their care needs. However, should the policy not be fully funded (immediately and into the future) it would contribute to an overall decrease in the capacity to spend on all social care services. On balance this would impact negatively on equalities and would probably outweigh the positive impact the abolition of charges would have because significant numbers of disabled people would not receive the services they need.”

Comments from anonymous respondents included:

- Non-disabled people pay more so that those who have a disability receive their services free
- Paying a charge can contribute to service users taking “more ownership of it”.
- Universal free care would benefit the wealthy more than poorer people – it should be means tested.
- It would lead to a reduction in services available which will impact disproportionately on the less well-off.

Undecided

Almost 20% of respondents indicated that they were undecided about potential equalities implications, principally because of concerns expressed previously about a potential reduction in the services available, but also because the impact is something that couldn't be measured until any legislation had been implemented.

Other comments included:

- Legislation would need to be consistent with equalities legislation and the Human Rights Act.
- Social care services free at the point of need are essential to ensure equality for people with a disability and for the Government and all local authorities to meet their responsibilities under the Equality Act 2010.

Q7. Are there any other comments you would wish to make that are relevant to this proposal?

69 (53%) of the 130 respondents to the survey offered additional comments.

Many of the respondents who added further comments focused on the financial implications and the need to promote through a public awareness campaign. Comments included:

- There would need to be a high profile public awareness campaign to explain the process and promote its advantages.
- The financial implications would have to be properly factored into the bill and fair accounting to organisations currently delivering services for local authorities.
- The abolition of charges would remove a burden from vulnerable people, but it would need to be appropriately implemented to ensure that all potential service users have the same standard of care provided irrespective of where they live.
- Jeff Adamson, responding in an individual capacity, referred to the [Vision for Independent Living](#), signed in the Scottish Parliament in March 2013, and suggested that “without abolishing community care charges for disabled and older people this vision will never truly be realised.
- A number of respondents, whether supportive of the principle or not, considered that there was a need for a wider debate. COSLA was one such respondent, saying “Local Government believe that a debate on the future funding of social care and health services is overdue in terms of policy and finance. We would welcome the chance to contribute to such a debate with a government that is serious about a transformational change in the way we fund social care and health services in Scotland. The issue of charging should not be considered in isolation and the debate needs to cover the wider issues and pressures associated with how society pays for social care now and into the future”.

SECTION 4: MEMBER'S COMMENTARY

Siobhan McMahon MSP has provided the following commentary on the results of the consultation, as summarised in sections 1-3 above.

As someone who grew up in North Lanarkshire and saw the changes that came to our community as the old industries died out and new ones struggled to be born, I understand the challenges that have to be overcome by disabled people to find the help and support they need to play full lives in the community. That's why I undertook this consultation.

Since 2002, successive Labour/Lib Dem and SNP administrations have had the power to regulate both social care systems throughout Scotland and who is covered by Free Personal Care. For various reasons they have chosen not to do this and the current Government has made it clear that it has no plans to do so.

I would like to take the opportunity first of all to thank everyone who took the time to engage in the consultation on my proposal for a Bill to abolish charges for non-residential social care in Scotland. The response rate from individual members of the public and interested organisations was great to see.

I wish to also express my thanks to the Non-Government Bills Unit (NGBU) for their assistance, my own staff and all those who took time to support the proposal to this date.

While working on this proposal and during the consultation period, I have had the opportunity to meet with individuals who are obliged out of necessity to pay local authority social care charges. I'd like to thank the ALLIANCE and Values into Action Scotland for hosting events which allowed me to meet and engage with their members and third sector organisations that are working in health and social care across Scotland.

The aim of my consultation was to provide an opportunity to receive comments and analysis on the proposal to abolish social care charges in Scotland and to gauge public opinion. It was an opportunity to enable people and organisations to argue the case for certain refinements. In both respects, I believe that this has been an extremely successful consultation.

I am heartened to see that a significant majority (86%) of respondents supported the proposal, with their reasons focusing on themes of equality and human rights. The level and content of responses reflect issues that have regularly been raised with me as an MSP for Central Scotland. I've met many people who find it hard to live a good life with the increasing amounts that they have to pay as a contribution towards their support.

In contrast, only a few (11%) were opposed in principle. All of the arguments presented by those who did not support the proposal related

to funding in one form or another. Local Authorities throughout Scotland are faced with hard choices and in order to maintain their services in times of austerity, they have to actively consider all sources of income. However, this can have serious consequences for the most vulnerable in our communities. I am grateful to those respondents who, while not necessarily supportive of the proposal, did offer suggestions which can be considered going forward.

Social care charging leads to many disabled people being driven into poverty and many others being unable to enjoy the things in life that non-disabled people take for granted. Living as a disabled person incurs all sorts of extra costs, e.g. more laundry, special diets and extra heating. This adds up and when you add in social care charges many people fall below the poverty line. Moreover, social care charging may stop many people who need help from taking it up, leading to further problems including a decline in mental and physical health, isolation, and increased strain on carers and family.

Another issue which was raised in a number of responses to the consultation is the fact that the current charging system is a postcode lottery, with charges and the way they are worked out varying widely between local authorities. This confirms my belief that consistent social care charges are essential in allowing disabled people equal rights to free movement.

The overwhelming support by individuals, the experiences that have been related to me during the consultation period and the conversations I have had with both supportive and non-supportive individuals and organisations have affirmed to me that it is right that the Scottish Parliament has this conversation in an open and transparent way. Should I not be returned to the Scottish Parliament as an MSP in the next session, I expect that another Member will take this issue forward to maintain the momentum.

Siobhan McMahon

ANNEXE – ALPHABETICAL LIST OF RESPONDENTS

Organisations

Aberdeenshire Council
Alliance Health and Social Care (the ALLIANCE)
Ayrshire Stronger Together
Badenoch & Strathspey Community Transport company
Borders Independent Advocacy Service (BIAS)
Capability Scotland
Children's Hospice Association (CHAS)
City of Edinburgh Council Health and Social Care Housing Committee
Coalition of Care and Support Providers in Scotland
The Coalition of Carers in Scotland/National Carer Organisations
Convention of Scottish Local Authorities (CoSLA)
Disability Forum
Down's Syndrome Scotland
East Ayrshire Health and Social Care Partnership
Fife Health Care Partnership
Inclusion Scotland
Independent Living in Scotland
Learning Disability Alliance Scotland
Marie Curie
Quarriers
Renfrewshire Council Social Work Health and Well-being Policy Board
Scotland Against the Care Tax
Scottish Disability Equality Forum
Scottish Independent Advocacy Alliance
Self Directed Support Scotland
Sense Scotland
Shetland Health and Social Care Partnership
Social Work Scotland
South Lanarkshire Council
Stirling and Clackmannanshire Councils Shared Social Services
Values into Action Scotland
Western Isles Carers, Users & Supporters Network (WICUSN)

Individuals

Adamson, Jeff
Albrow, Karen
Alcock, Kirsten
Brown, Alan
Brown, Sandra

Buckley, John
Campbell, Pauline
Cheyne, Ewan
Clark, Susan
Coffey, Tony
Collinson, Pamela
Craig, Annmarie
Cuff, Ryan
Cushley, Sadie
Dalrymple, John
Elder-Woodward, Jim
Ferguson, Nigel
Gallagher, Siobhan
Greganti, Gloria
Hannah, James
Harrigan, Grace
Harrison, Andrew
Harrison, Barbara
Howie, David
Hughes, Amelia
Johnston, Caroline
Johnston, Julie
Kalantar-Hormozi, Kiana
King, Sandra
Law, Jacqui
Little, Florence
Lockerbie, Emma
Macrae, Mr William
Manion, David
McAleer, Helen
McCafferty, Linda
Mccourt, Helen
McCue, Terri
Mcjury, Rita
McLachlan, Jim
McMahon, Helen
McWilliam, Ross and Sharon
Medd, Pauline
Millar, Margaret
Mulgrew, Cecilia
Murray, Mrs Linda
Onions, Pat
Ormiston, Elaine
Ritchie, Debbie

Robb, Janette
Saunders, Linda
Scott, Isla
Sheridan, Bob
Stevenson, Ronnie
Tait, Iain
Thain, Douglas
Travers, Kathleen
Trotter, Graeme
Walker, Mr James
Wallace, Lorna
Wilkinson, Alexander
Wright, Linda
Yates, Carolyn
Yates, Pam

As indicated in Section 2, there were a further 34 respondents who requested either anonymity or confidentiality.