


















## Have your say:


Changes Leicester City Council would like to make to how we work out what people will pay for their adult social care.


  	<p>Please fill in this survey and send it back to us by 31 December 2023, to:</p> <p>ASC Charging Policy Consultation Leicester City Council City Hall Charles Street Leicester LE1 1FZ</p> <p>Or you can email it to:</p> <p><a href="mailto:SCEsurvey@leicester.gov.uk">SCEsurvey@leicester.gov.uk</a></p>
	<p>You can also tell us what you think by visiting our website at:</p> <p><a href="https://consultations.leicester.gov.uk">consultations.leicester.gov.uk</a></p>
	<p><b>Before you begin:</b> Some of the things in this paper are not easy to understand.</p> <p>You may need some help from someone to read it.</p>
	<p>The survey can be filled in by anyone, not just those who get support from adult social care.</p>

	<p><b>What are the ideas for change:</b></p> <p>The council wants to change how much money they allow for people who live at home and have a disability.</p>
 	<p>Everyone that can get help from the council has a financial assessment.</p> <p><b>A financial assessment</b> is when the council looks at all the money someone has coming in.</p> <p>This is to work out if they have to pay towards the cost of their care, and if so, how much.</p>
	<p>The financial assessment looks at disability benefits.</p> <p>These are:</p> <p>Attendance allowance – for over 65s</p> <p>Disability living allowance – for under 65s</p> <p>Personal independence payments ((PIP)</p>
	<p>At the moment, the council only counts up to £68.10 a week.</p>
	<p>But we want to count <b>all</b> disability benefits in people's financial (money) assessment.</p>


	<p>This will mean some people will pay more for their care and support.</p>
	<p>We also want to change one of our services – called appointeeship.</p>
	<p>Appointeeship is where the council looks after the finances (money) of people who can't do it themselves.</p>
	<p>We want to ask some people to pay for this service.</p>
	<p>But we only want them to pay if they have more than £1,000 in savings.</p>
	<p>Have your say:</p> <p>We want to find out what you think about changes the council wants to make.</p> <p>No changes can be made until the city mayor and his team have looked at all the responses.</p> <p>The consultation will run until 31 December 2023.</p>
	<p>We would like to ask you some questions to understand how you feel about the council's ideas.</p> <p>We also want to know how you think the changes may affect you or someone you know.</p>

If you want to talk to someone about the survey or you need support to complete it, please call our helpline on **0116 454 4400** or e-mail us at: **SCEsurvey@leicester.gov.uk**

 <p><b>Question 1 – about you</b></p>	
<p><b>Please tick (✓) the box that applies.</b> If you are filling this in on behalf of someone else, please tick (✓) the box that applies to them</p>	
<p>a) I get care and support from Leicester City Council (adult social care)</p>	<input type="checkbox"/>
<p>b) I am the carer or filling this on behalf someone who gets help with care and support from the council (adult social care)</p>	<input type="checkbox"/>
<p>c) I belong to an organisation that works with vulnerable adults in Leicester</p>	<input type="checkbox"/>
<p>d) Other (please state) -----</p>	<input type="checkbox"/>

 <p><b>Question 2 – your views and concerns</b></p>	
<p><b>If you had to pay more each week for your care, because of how disability payments were treated, how would this affect you?</b></p>	

<b>Please tick (✓) the box that applies.</b> If you are filling this in on behalf of someone else, please tick (✓) the box that applies to them	
a) I would be able to manage this	<input type="checkbox"/>
b) The change would affect me a little. This could affect how much I have for extras or treats	<input type="checkbox"/>
c) The change would affect me a lot. This could affect how much I have for things I need to pay for, like food and bills.	<input type="checkbox"/>
d) I would think about whether I want to carry on getting help from adult social care	<input type="checkbox"/>
e) I do not receive any disability benefits	<input type="checkbox"/>

 <b>Question 3 – appointeeship</b>	
<b>If you had to pay for appointeeship because you had more than £1,000 of savings, how would this affect you?</b>  Please tick (✓) the box that applies.	
a) I would be able to manage this	<input type="checkbox"/>
b) The change would affect me a little. This could affect how much I have for extras or treats	<input type="checkbox"/>
c) The change would affect me a lot. This could affect how much I have for things I need to pay for, like food and bills.	<input type="checkbox"/>
d) I would think about whether I want to carry on getting help from adult social care	<input type="checkbox"/>
e) I do not use the appointee service	<input type="checkbox"/>



**Question 4 – Do you want to say anything else about the idea?**

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**Equalities monitoring**

In order to meet your needs and improve services, we need to know a bit more about you. Please fill in the form by putting a tick (✓) in the box that applies.

If you are completing the survey for someone else, please fill in their details.

This information will be kept confidential and is for our monitoring use only.

## Ethnic background



<b>Asian or Asian British</b>	
Bangladeshi	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Any other Asian background (please state)	<input type="checkbox"/> _____ _____

<b>Black or Black British</b>	
African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Somali	<input type="checkbox"/>
Any other Black background (please state)	<input type="checkbox"/> _____ _____

<b>Dual/multiple heritage</b>	
White & Asian	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>
Any other heritage background (please state)	<input type="checkbox"/> _____ _____

<b>White</b>	
British	<input type="checkbox"/>
European	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other White background (please state)	<input type="checkbox"/> _____

<b>Chinese</b>	
Chinese	<input type="checkbox"/>
Any other Chinese background (please state)	<input type="checkbox"/> _____

<b>Other ethnic group</b>	
Gypsy/Romany/Irish traveller	<input type="checkbox"/>
Any other ethnic group (please state)	<input type="checkbox"/> _____

<b>Prefer not to say</b>	<input type="checkbox"/>
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## Gender identity



Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other (e.g. pangender, non-binary etc) Please state:	<input type="checkbox"/> _____ _____
Prefer not to say	<input type="checkbox"/>
Is your gender identity the same as the gender you were assigned at birth?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

## Age

Under 18	<input type="checkbox"/>
18 - 25	<input type="checkbox"/>
26 - 35	<input type="checkbox"/>
36 - 45	<input type="checkbox"/>
46 - 55	<input type="checkbox"/>
56 - 65	<input type="checkbox"/>
66+	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

## Disability



The Equality Act 2010 says that a person is disabled if they have a physical or mental impairment, which has a big and long-term effect on their ability to carry out normal day-to-day activities. It also has to have lasted or be likely to last for at least 12 months.

People with HIV, cancer, multiple sclerosis (MS) and severe disfigurement are also covered by the Equality Act.

Do you consider yourself to be a disabled person?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

If you have answered 'Yes' to the above, please state the type of impairment that applies to you on the next page. People may experience more than one type of impairment, in which case you may need to tick more than one box.

If none of the categories apply, please tick 'Other' and state the type of impairment.

A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	<input type="checkbox"/>
A mental health difficulty, such as depression, schizophrenia or anxiety disorder	<input type="checkbox"/>
A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches	<input type="checkbox"/>
A social/communication impairment such as a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder	<input type="checkbox"/>

A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D	<input type="checkbox"/>
Blind or have a visual impairment uncorrected by glasses	<input type="checkbox"/>
Deaf or have a hearing impairment	<input type="checkbox"/>
An impairment, health condition or learning difference that is not listed above (specify if you wish)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
If 'Other', please state: _____	<input type="checkbox"/>

### Sexual orientation



Bisexual	<input type="checkbox"/>
Gay/lesbian	<input type="checkbox"/>
Heterosexual/straight	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>



### Religion or belief

Atheist	<input type="checkbox"/>
Bahai	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jain	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
No religion	<input type="checkbox"/>
Any other religion or belief Please state:	<input type="checkbox"/> _____ _____
Prefer not to say	<input type="checkbox"/>

## Postcode



Please note: we collect postcode data to gain a better understanding of which parts of the city/county respond to our consultations. We cannot identify individual properties or addresses from this information.

Postcode:

The information you provide in this final section of the questionnaire will be kept in accordance with terms of current data protection legislation and will only be used for the purpose of monitoring.

Your details will not be passed on to any other individual, organisation or group. Leicester City Council is the data controller for the information on this form for the purposes of current data protection legislation.