

Putting People First

Shaping your future, choosing your care

Hampshire County Council Commission of Inquiry to help shape future services for people needing support and care

Briefing Paper 8: The care market - summary of submitted evidence



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Briefing Paper 8: The care market - summary of submitted evidence

We received information from a range of people and organisations in Hampshire, including people who have used social care services, friends, family and carers of people in need, local authority staff, private and third sector providers of care and support, and organisations that represent them. This paper summarises points from the responses, focusing on people's views and experiences with regards to the implications of personalisation for the care market and the shape of service provision. Comments we have had exploring other issues for local authorities, including the workforce, transport, environment, and staff culture will be included in more depth in the papers for the fourth session, 'The Local Authority'. This paper is intended for quick reference and it is recommended that the submitted evidence be read in full in order to appreciate people's personal stories.

Insecurity for providers

Providers who submitted evidence expressed many concerns about personalisation and the implications it would have for their organisations. They were particularly anxious about the potential shift towards contracting with individuals instead of the local authority and the effect this would have on their sustainability and ability to plan and develop.

“There will be a need for individual purchasers to have individual contracts with some service providers. The spot purchasing process and current contractual arrangements will need to be reviewed and developed to meet the changing needs of personalisation ... To ensure ‘real’ choice LA’s are going to have to recognise the risks involved for small providers especially as they are often the ones that bring diversity to the market place. We as an Organisation are very positive regarding personalisation but we have identified that personalisation could be a risk to our sustainability. Small Organisations like our own will not be able to withstand variable purchase from individuals as we will still have to provide annual budgets, salaries, pensions, training, overheads whilst also developing appropriate strategies/services. It is obviously guaranteed income, which makes all this possible. Both spot purchase and direct payments will have to recognise this and there will be a need for contracts with individuals on an annual basis with appropriate notice periods and processes/reviews, which can enable transition to other services/opportunities.”
(Kingsley Organisation)ⁱ

“If service user needs are to be addressed on an individual basis, how will the needs of groups of people be identified in order for any strategic or service development plans to be put in place i.e. how do we stop the market becoming totally reactive as against a mixture of reactive and proactive.”(Hampshire Autistic Society)ⁱⁱ

“To be able to offer more flexible and competitive services changes to Terms and Conditions of staff will need to be standardised across these services this could result in the loss of staff and difficulty in budgeting for services.” (Leonard Cheshire Disability)ⁱⁱⁱ

There was concern about the cost implications of providing services on an individual basis.

“However flexible and customised to individual need and aspiration the response is, it needs to be there when required. “Spot purchasing” can lead to additional cost as services have to cover those

periods when they have no customers or the service is lost to subsequent would be purchasers. This aspect needs careful consideration.”(Age Concern Hampshire)^{iv}

Leonard Cheshire Disability identified a risk of failing to market to the right individuals and increase in cost in marketing; increased administrative costs e.g. multiple invoicing to individuals; risk of non payment for services and potential cash flow problems for providers.^v

Some providers expressed fear that existing services will cease to exist:

“Service providers will need to ensure that their funding streams have a degree of security to ensure that they remain in the market place. Having a totally reactive market will potentially see some key specialist service providers disappear.” (Hampshire Autistic Society)^{vi}

“As the individual service user becomes the commissioner and Social Care Services are no longer purchased by the Local Authorities, contracts for delivery of care services will begin to disappear... As more take up of individual budgets, under occupancy levels will increase and services could cease to exist.” (Leonard Cheshire Disability)^{vii}

Another was concerned that they may have difficulty in meeting an increase in demand:

“ In this period we have some concerns about being able to maintain and develop the service for present service users – whilst developing our provision for people who may want to purchase services with their individual budgets...If these people choose to use our service when they receive an individual budget and the service remains full with present users, we will need to develop further and employ extra staff. The problem facing us and maybe other organisations is that the finances are used up providing the existing service and there is a potential but uncertain future demand, which we must somehow be ready to accommodate.” (Minstead Training Project)^{viii}

Gaps in services

A number of respondents mentioned the likelihood of an increased demand for personal assistants and carers who would work flexibly and there was concern that people would face difficulty in finding such staff:

“...the carer I employed for my father was quite clear about the number of hours she wanted to work and when during the day. Once my father needed live in care this became a problem as I needed cover for the live in carer at a time she was not available so sadly we had to part. I know she tried working for a couple of agencies who regularly scheduled her work so it did not finish at the time she needed (to pick up children after school for example) causing her a lot of problems. When self-employed she and I could agree hours and both be flexible. This worked very well BUT if she was ill it was very difficult to find cover at short notice and I often had to drop my work to do it at a moments notice ...It is no good being given money if the service you need is not there. (I have found it very hard to find a carer for my father locally as to get a carer for an hour is hard when the bus service is so poor. This excluded several who applied and I have currently been forced to use an organisation to provide help).” (Anonymous)^{ix}

“Clients who have embraced Direct Payments have not found the care service to be more flexible. The services that Care Agencies provide are limited, they are restricted by the numbers of carers available and willing to work unsocial hours/weekends.” (Linda Batcheldor)^x

Other areas of provision where there is insufficient availability of quality services at an affordable price in Hampshire include flexible respite services and dual registered homes.

“When I looked into a home for a respite stay... it was very difficult. Although the guide to residential care brochure (very helpful) indicated many homes have respite beds, in practice this seems to mean they may have a bed (e.g. on leaving hospital). They would not allow a respite bed to be booked in advance so that my family could take a holiday...carers often feel at the end of their tether and better respite options are needed. I would have been happy to pay towards such a service but not at a higher than normal cost. The home I contacted wanted a higher rate for a short stay but left me feeling they were unlikely to provide the level of care and personal interaction to make the stay for m father enjoyable... Locally there are too few dual registered homes. The local one I approached would not even promise to follow out his current daily routine (including 2 sessions of exercise of about 5 minutes). ” (Anonymous)^{xi}

“..the current market is underprovided and care agencies have too much power over the local authority, we have seen year on year price increases over the inflation rate, essentially local authorities are over a barrel.” (HCIL)^{xii}

Some respondents inferred that personal budgets would facilitate the development of new independent services, enterprises or community resources.

*“It is inevitable that some ‘choices’ cannot be exercised because the desired option does not exist. In these circumstances we anticipate that ‘choice and control’ will result in these ‘new consumers’ utilising the resources and their creativity to fashion their own ‘solutions’.
For example: recently an ‘art therapy’ group was closed due to direct payments enabling alternative choices. Disappointed by this development 6 of the original group pooled their payments and continued the classes by employing the therapist and holding the sessions in one of their homes. Individual choice and working together created a solution – not a service led answer forced on everyone but a client led response to their individual wishes. Never under-estimate human creativity!”^{xiii}*

Role of traditional services and local authority in-house provision

Some respondents expressed the view that there will be a continued market for traditional services such as residential and day care.

“[Advocating residential care] Here of course, the Government has misled the public into believing that care in the community is best for everyone and it is what they want. My experience is that this is not necessarily the case, especially with the very frail.”(M.L.Titchfield)^{xiv}

“Day care. It took over a year for a place to be found for my father. More day care and of greater variety provided locally to rural villages is needed.” (Anonymous)^{xv}

“Over the past 2-3 years, referrals to the day services have dwindled, resulting in a loss of around 105 sessions. Assumptions have been made that there is no longer a demand for traditional day services with people desiring more social inclusion through use of universal services such as leisure centres and libraries. Whilst this appears to be intuitively correct in other care groups such as learning and physical disability, it does not ring completely true in older peoples services, particularly in the area of dementia care. This view is certainly contradicted at older people’s carer group meetings, where there appears to be a high level of anxiety about the possible reduction in provision of day services. These services are highly rated by the carers and individuals who use them and the view is often expressed that attendance at day service sessions, particularly for those caring for a person with dementia, is the thing that enables people to continue to care for their loved one at home. In considering this issue, it seems that an unintended consequence of moving the eligibility criteria to ‘substantial and critical’ has been to prevent access to day services for

those who would most benefit from them – those who are coping at home but need ongoing support to avoid crises. Given that social care relies so heavily on the unpaid, informal care provided by these individuals, it is nonsensical to reduce access to a service which can make such a significant contribution to the prevention agenda.”(Jane Duncan)^{xvi}

“Day Care Services are limited – mainly provided by day care centres, an out of date provision, but what is the alternative going to be for people with dementia? Day centres enable the individual to be cared for in a safe and secure environment with appropriate activities, enabling the carer to have some valuable respite, alone in their own home.”(Linda Batchelor)^{xvii}

However, respondents suggested some changes to traditional services would be needed in order to better meet the personalisation agenda:

“Whilst traditional day services may meet the needs of some people, many require something that is much more flexible. In discussing this with people, both using the service and their carers, a clear desire is expressed for a number of things. Firstly, they would like a relationship with the provider of the service which enables the user to feel an element of ‘home from home’. Secondly, particularly for those with dementia, carers would like to be able to use the services for part sessions across the week and into the evenings, in order that they can have breaks from the caring role to be able to do the things that keep them connected to their community e.g. meeting friends, visiting the hairdresser etc ... Whilst HCC may not be able to compete directly with independent providers on price, we may be able to offer other things which make our services more attractive. For example, we could extend our opening hours beyond 4pm in the afternoon and into the weekends. This could be achieved in partnership with third sector providers and some opportunities in this area are already being explored. In addition, we have a great deal of expertise in dementia care within our residential units which could be used to support the provision of day services. We could link more closely with the residential units on site to provide combinations of overnight and short stay (weekend) respite to complement day services provided and could rotate staff to work in both the residential and day service settings so that people experience some continuity of staff. In this way, trusting relationships can be formed with individuals and their carers which will fully support people to remain in their communities.

I believe that in-house day services can have a healthy future if, through personalisation and individual budgets, we move away from the constraints of the eligibility criteria and towards entitlement and the prevention agenda. In this way, we may well be able to make the difference between a person living at home to the end of their days and having to go into care.”(Jane Duncan)^{xviii}

“Adding a new type of day care where a carer and their cared for could attend together could be considered. This could be set up to provide a couple of hours of day care style activities run by at least one salaried member of staff...Activities for carers and a coffee shop style option should be available for a short period during the session to allow them to network with other carers...Having a chiropodist and physiotherapist available at some sessions would also allow several needs to be met in one place and allow social interaction...perhaps a dial a ride could be organised to collect several people in a village and take them to a nearby hall for such a session. Done the right way this may also help provide a couple of local jobs and build community spirit especially in rural areas.” (Anonymous)^{xix}

“[My Mother] visited various establishments both private and Local Authority and chose the one she now lives in. She was delighted with the company, the fact that she felt safe during the day

and night, she was relieved of the burden of cooking, cleaning (although she had a cleaner at home) she no longer worried about the garden or the upkeep of the house, but most of all there were people around when she got into difficulty. Her biggest disappointment was that although she was and is cared for physically very well, there is insufficient staff to provide daily stimulus for the residents and the carers although kind and efficient have little time to chat to the residents either collectively or individually. We could do so much more, elderly people and residential care could be such a rich reward and experience for people at the end of their lives. So although the physical care we give our elderly has improved beyond all measure with better bedrooms etc. and more choices, in some ways, emotional and intellectual, we continue to warehouse our elderly people which is in marked contrast to other parts of the world. In the U.S. I met elderly people who were clamouring to enter residential care and see it as another important stage in their lives when they are able to socialise anew, have new experiences. In North Carolina some were attending special University classes designed for them by Duke and in Florida whole villages exist so that within its environs different levels of care can be offered from sheltered housing to hotel type to full nursing care. Again I met people who were not only attending classes well into their 90's but were even lecturing and being used by all manner of people for their research of past events, providing reminiscence therapy for the residents and learning for the younger generation. Others were going on educational trips with carers or attending other cultural events such as theatre trips and concerts... Now I understand that whole groups of people are making group applications for such facilities in order to prolong friendships etc. It may be that they find this a better alternative than care in the community which they largely have to organise for themselves ... If this commission is serious about the future quality care and choice for elderly people it must change its mindset about the place of residential care so that it is not seen as last resort for those who are a danger to themselves at home but a positive experience for those coming to the end of their lives, just another stage, continuing to provide good physical care but concerned with the intellectual and emotional needs of elderly people as well.” (M.L.Titchfield)^{xx}

One respondent thought the local authority could expand in-house activities with a new role: acting as an agency for personal assistants.

“People having live-in care currently pay about £70 to £120 weekly to an agency that introduces live-in carers to clients. They provide training to self-employed carers (who have to pay for the training themselves) Why can't Social Services run an equivalent scheme? Presumably such agencies run at a profit.” (Anonymous)^{xxi}

Role of universal services

One respondent provided information on how service users in Hampshire were exercising choice and successfully accessing universal services in the local community, such as mainstream adult education, in preference to traditional services such as day services.^{xxii} However, some respondents felt that mainstream services are not right for everyone or expressed concern that people would be expected to access universal services without being given sufficient support or funding to do so.

“A further risk and fear is that personalisation could covertly collude with a prevailing fantasy economically driven and supported by those more able people that there is employment for all, that all day opportunities are unnecessary and intrinsically bad and that everyone can live and wants to live independently and are able to access their communities with support. What is perhaps not being recognised is that the taking up of choice and control is a transitional process requiring personal development; skill acquirement coupled with confidence and self-esteem and is not attainable for everyone. We also need to remember that our communities are not always the warm, friendly and welcoming places we would like to believe they are and it often takes a brave

and confident person to tackle covert discrimination and negative attitudes.” (Kingsley Organisation)^{xxiii}

“We are uncertain about whether the assessing and preparing for independent living that we provide will in the future be seen of value. We feel, for certain people leaving home, there is a need for a period of “living their learning” in a more supportive environment, until they have come to understand: their responsibilities; the risks they may encounter; the areas in which they will need ongoing support within a more independent lifestyle.”(Minstead Training Project)^{xxiv}

“...we have above talked about the importance of our local surroundings as being part of the broader topic of “partners”, part of the supporting infrastructure. This of course presumes financial access. A large and rather dangerous presumption. We are conscious of the fact that for many these facilities are not accessible for financial reasons. Some are not able to travel to or drop into the local cafe or pub to meet their friends. They are not able to socialise. They cannot afford it. This is a concern and should be recognized and addressed.”(HCIL)^{xxv}

HCIL also pointed out

“Many possible service providers are and possibly will continue to be largely ignorant of their potential customers. For example: gardening clubs, hairdressers and beauticians, art & craft centres.”^{xxvi}

They suggested that the universal market will be able to respond to new demand as part of normal business practice:

“..service provision is about meeting people's needs. This is not rocket science, it is what retailers have been doing for centuries, it is about providing what people want. Think for yourself: what would you like to do, how would you like to be treated? At the end of the day it is as simple as that.”^{xxvii}

However they felt the local authority could improve accessibility in the mainstream market:

“The local authority must use its considerable financial and political influence to ensure a greater awareness of the changes and their implications. We want to see a rapid acceleration of inclusive measures being taken by the goods and services industry.”^{xxviii}

Another respondent felt that moving towards personalisation and accessing universal services would require changes in attitudes in society:

“More awareness, more courses on disability (affect any age), and greater observance of non-ageism. E.g. someone sees a young adult struggling to get up: assumed unlikely to need help, e.g. not all disabilities obvious (mental health).”(Anonymous)^{xxix}

Quality and regulation

One provider felt that personalisation would offer improvement for services:

“Market forces should improve service quality, as services will have to compete with each other and respond to need.”^{xxx}

However, several respondents who have obtained home care from private agencies since local authority in-house provision ceased have remarked upon the impersonal nature and poorer quality of services provided by the agencies, which is occurring despite the fact they are subject to

regulation. It could be inferred from their experiences that, if personalisation results in closing of local authority services and an increase in privatisation, service quality may in fact deteriorate.^{xxxii}

“Anecdotal reports indicate that service quality is at best erratic and at worst poor. Regulation enforcement from CSCI has been disappointing. This begs the question of how the new regulatory body will respond to a decentralized market and a possible large rise in individual complaints. What sanctions if any will be implemented against poor providers? Currently the regulatory framework focuses on 'risk', POVA etc. The benchmark of 'quality' is set low; provided adequate risk management is in place you can provide a poor quality service. This needs to change... The new regulatory body (CSCI ends April '09) will have to adapt and provide a clear customer focussed service that is responsive to individuals as well as regulation of statutory body's and enforcement. Regulation for providers must be simplified to encourage development of new services; social enterprises; if a service does not measure up it will go bust - let economics of choice and quality be the regulator etc.” (HCIL)^{xxxii}

Kingsley Organisation suggested one solution:

“a Kite Mark to help purchasers identify recognised quality services, support and information/advice.”^{xxxiii}

Some respondents expressed particular concern about the current lack of regulation for personal assistants and support brokerage.

“...if there is a significant shift in the allocation of budgets, then how will the responsible agency ensure that the service user is not either being taken advantage of or put at risk, e.g. will any carers be appropriately screened (CRB), trained, supervised and managed?...Who is going to regulate this new market and what legislation is going to underpin the regulatory inspection? If personalised budgets have to go through a Local Authority brokerage system, what choice and control does the service user/carer have in regard to the quality of the broker and standard of service that they should be expecting and, indeed, whether they can go to an independent brokerage scheme of purchase direct from a service provider.” (Hampshire Autistic Society)^{xxxiv}

“If a staff member in a 'standard' service is unexpectedly absent, there is usually enough capacity to ensure that the people supported by the service are kept safe whilst a manager arranges additional cover at short notice. When an individual is managing their own support package, this responsibility transfers to them or their families causing additional stress. How does an 11 year such as Laura cope with arranging emergency agency cover when one of her mother's carer's fails to turn up to work?...In 'standard' provider services, staff are provided with induction and continuation training and this is subject to external monitoring through CSCI etc. This ensures that staff are kept up to date with regulatory and professional developments. In a situation where DPs or IBs are used to support someone with learning disabilities, who ensures that the support team are briefed on the implications of the Mental Capacity Act? Who ensures that medication procedures are properly conducted?...Staff recruited by 'standard' providers are subject to certain recruiting procedures such as CRB checks, reference checks, nationality and health checks. They are subject to legislation on employment, equal opportunities, equality and diversity and the national minimum wage; salaries are made visible to HMR&C etc. The risk of these steps being by-passed are greater in a market place that is difficult to monitor and regulate...In order to minimise the risk of staffing problems, a form of staff regulation is needed. This can take the form of

• 'Licensing' staff to provide reassurance of their competence/eligibility to work with, for instance, vulnerable people. The licence would need to be subject to audit by a regulatory body. There would

be a cost associated with administering a regulatory body.

- Accredited Agencies or other providers from whom staff can be 'hired' by individuals for their support packages. The Agency would no doubt charge a fee over and above the cost of the labour provided that would have to be borne on the individuals' budgets.
- A form of 'policing' of staff (through inspections) may be required to avoid unqualified individuals being hired or exploitation of staff." (Chris Munns, Turning Point)^{xxxv}

A respondent who has experienced struggles with staff as a self-funder made the following suggestion for making things easier for all who employ personal assistants/carers themselves:

"It would be wonderful if there was a website run by the council listing carers available. This would need to have

- *No carer put on the web site until CRB checked and self-employment status verified (carer dropped from the website automatically after 2 years unless CRB renewed or if no proof of self employment each year)*
- *Carer details to include the hours they wish to work, area they are prepared to work, qualifications held, expected rate of pay*
- *A complaint procedure against a carer*
- *A complaint procedure against the person cared for or employer if different*
- *Viewable references and testimonials*
- *Legal aid and/or insurance advice for employers of self employed carers*
- *Legal aid and/or insurance and personal accident advice for self employed carers*
- *Advice on becoming a self employed carer and how to get trained(training provision organised or run by the council to ensure suitable standards)*
- *Sample documents for contracts and complaints letters and invoices layouts*
- *Advice for carers and cared for on how to take up direct payment and seek appropriate services." (Anonymous)^{xxxvi}*

Lack of regulation in the market for personal assistants can mean that the personal assistants themselves experience poor working conditions or are put at disadvantage:

"I want to ask the Commission to consider mechanisms that might be developed to provide protection for personal assistants employed by disabled people...I was a close friend of a profoundly disabled person who left residential care in his 20's and lived for 25+ years independently in the community. During that time he lived a full and interesting life...When he died he owed the bank about £12,000. He had money to pay his three personal assistants in one of his accounts, however the bank was able to sweep up this money to offset his debt to them . As a result, there was no money to pay all three of his PA's. His full time PA therefore lost a months salary, her job and as she was a joint tenant, her home all at a time when she was personally bereaved. Fortunately the benefits agency were able to help until she got back on her feet, but the bank was completely unsympathetic. I believe that a consortium approach to contracts and payment of PA's could reduce transaction costs and provide some protection in the circumstances described below. If personalisation really takes off, and therefore much more widespread employment of instances such as I have described are likely to become more common."(Nicky Pendleton)^{xxxvii}

Moving forward: how the local authority can work with third and private sector providers

Providers stressed the need for fairness between local authorities and other providers with regards to the true costs of services:

“A costing model needs to be agreed by a range of service providers both statutory and voluntary sector to ensure realistic pricing and ensuring a level playing field. i.e. currently independent and 3rd sector organisations are perceived as expensive because their prices reflect ALL costs including organisational overheads, training and pensions etc were as ‘in-house services’ currently do not reflect these costs.” (Kingsley Organisation)^{xxxviii}

They have also emphasised the need for local authorities to map services that are available from private and third sector providers so that people in need will be aware of them:

“How does the Local Authority ensure that there are a range of services that are available for an individual to purchase with their personalised budget e.g. service user looking to access a Day Service but does not know where to access all the services not available because it has not been underwritten/core funded by the Local Authority.” (Hampshire Autistic Society)^{xxxix}

“Database required enabling choice and accessibility to information and support/services.” (Kingsley Organisation)^{xl}

Some suggested that local authorities should provide funding to help support the market through the period of change and beyond:

“Recognise that in some instances the market does not and will not provide. In such circumstances we look to the local authority to support service users who exercise their creativity and come up with their own "solutions". Such developments could well need encouragement, "pump priming" by the local authority recognizing that one day these same solutions may end up as valuable social enterprises and highly prized local assets.”(HCIL)^{xli}

“It seems clear that statutory organisations are going to have to set up alternative provision through independent providers e.g. advocacy, advice, support, services whilst the traditional methods and services are adjusting to different needs and requirements or even closing. This could be resourced from the three year Social Care Reform Grant.” (Anne Meader, Carers Together)^{xlii}

“There needs to be greater “trust” and understanding between the two sectors and a greater use of grants to enable the voluntary sector to innovate and monitor against outcome – not process. Three year rolling contracts and / or grants would also give greater security and confidence with realistic uplift for pay and prices each year.” (Chris Perry, Age Concern Hampshire)^{xliii}

The third sector will need more training in certain aspects and the local authority may be able to support this:

“Organisations need access to PCP training ...need to up-skill the 3rd sector in contracting.”(Kingsley Organisation)^{xliv}

Social enterprises can work well for the personalisation agenda but better understanding of their role may be needed in the local authority:

“Sensory Direct was established as a not-for-profit Community Interest Company following several sensory service user led projects... Purchasing services through a social enterprise has proved extremely popular and in the first year 270 people opted to buy equipment and other services through Sensory Direct. Our experience has been positive with clients and patients but a general lack of understanding about how social enterprises are designed to work in partnership with the

statutory sector has proved a challenge.” (Sensory Direct)^{xlv}

Conclusion

The evidence submitted by people in Hampshire shows there is some concern that people in need of support and care may not be served well by the care market when they become ‘consumers’ rather than ‘service users’. This is matched by providers’ fear that they themselves will have difficulty in sustaining services and responding to purchasing by individuals. However, it is encouraging that new solutions, such as social enterprises, and new ideas on the shape of services, such as day services, are coming forward in response to the requirements of individuals. Clearly work needs to be done, both on developing this further and tackling the issues of regulation in the market, to ensure that personalisation is an empowering opportunity in which there is sufficient service provision to enable the exercise of choice.

Rachel Dittrich

01.09.08

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- ⁱ Kingsley Organisation, [Commission response](#). See also Swaythling Housing Society, [Commission response](#).
- ⁱⁱ Hampshire Autistic Society, [Hampshire Autistic Society's response to the Commission](#)
- ⁱⁱⁱ Leonard Cheshire Disability, [Commission response](#)
- ^{iv} Age Concern Hampshire, [Age Concern Hampshire's response to the Commission](#)
- ^v Leonard Cheshire Disability, [Commission response](#)
- ^{vi} Hampshire Autistic Society, [Hampshire Autistic Society's response to the Commission](#)
- ^{vii} Leonard Cheshire Disability, [Commission response](#). See also Stamford Forum Initiative on Funding for People with Learning Disabilities, [Paper 5: The change agenda](#).
- ^{viii} Minstead Training Project, [Putting people first](#)
- ^{ix} Anonymous, [Adult social care](#)
- ^x Linda Batchelor, [Commission response](#). See also C.S.Drake as cited in [Briefing Paper 3](#).
- ^{xi} Anonymous, [Adult social care](#). See also [Briefing Paper 3](#).
- ^{xii} HCIL, [Personalisation Session 3: The Care Market](#). Other respondents have also commented on the high price or poor quality of residential care in Hampshire. For example, see M.L.Titchfield, [Commission response](#), Alma Galloway, [Care in the community](#) and Evelyn Redding, [England's social care system](#).
- ^{xiii} HCIL, [Personalisation Session 3: The Care Market](#) and Sensory Direct, [Commission response](#)
- ^{xiv} M.L.Titchfield, [Commission response](#). See also Hampshire Care Association, [Partners and funding evidence submission](#) and [Briefing Paper 3](#).
- ^{xv} Anonymous, [Adult social care](#)
- ^{xvi} Jane Duncan, [Hampshire County Council Day Services](#)
- ^{xvii} Linda Batchelor, [Commission response](#). See also other respondents in [Briefing Paper 3](#).
- ^{xviii} Jane Duncan, [Hampshire County Council Day Services](#)
- ^{xix} Anonymous, [Adult social care](#)
- ^{xx} M.L.Titchfield, [Commission response](#)
- ^{xxi} Anonymous, [Adult social care](#)
- ^{xxii} Dave Newton, [Helping people to access universal/mainstream services](#)
- ^{xxiii} Kingsley Organisation, [Commission response](#)
- ^{xxiv} Minstead Training Project, [Putting people first](#)
- ^{xxv} HCIL, [Personalisation Session 2: partners and funding](#). See also James Rose, who is unable to socialise with friends as his funding for this was cut, as cited in [Briefing Paper 3](#).
- ^{xxvi} HCIL, [Personalisation Session 3: The Care Market](#)
- ^{xxvii} HCIL, [Personalisation Session 3: The Care Market](#)
- ^{xxviii} HCIL, [Personalisation Session 3: The Care Market](#)
- ^{xxix} Anonymous, [Suggestions towards moving towards personalisation](#)
- ^{xxx} Kingsley Organisation, [Commission response](#)
- ^{xxxi} See C.S.Drake and T.Lister and R.E.Lister, cited in [Briefing Paper 3](#), Alma Galloway, [Care in the community](#), HCIL, [Personalisation Session 3: The Care Market](#) and Anonymous, [Adult social care](#).
- ^{xxxii} HCIL, [Personalisation Session 3: The Care Market](#)
- ^{xxxiii} Kingsley Organisation, [Commission response](#)
- ^{xxxiv} Hampshire Autistic Society, [Hampshire Autistic Society's response to the Commission](#)
- ^{xxxv} Chris Munns, Turning Point, [Turning Point's response to the Commission](#)
- ^{xxxvi} Anonymous, [Adult social care](#)
- ^{xxxvii} Nicky Pendleton, [mechanisms that might be developed to provide protection for personal assistants employed by disabled people](#). See also James Rose, [Commission response](#), who in the past did not give his PA their designated time off.

^{xxxviii} Kingsley Organisation, [Commission response](#). See also Hampshire Care Association, [Partners and funding evidence submission](#), and Evelyn Redding, [England's social care system](#), who state that Hampshire County Council do not pay a fair price of residential and nursing home places, meaning third parties are increasingly burdened with paying to-up fees, as cited in [Briefing Paper 6](#). Kathleen Smith who pays top-up fees queried the legality of the situation, see [Commission response](#).

^{xxxix} Hampshire Autistic Society, [Hampshire Autistic Society's response to the Commission](#)

^{xl} Kingsley Organisation, [Commission response](#)

^{xli} HCIL, [Personalisation Session 3: The Care Market](#)

^{xlii} Anne Meader, Carers Together, [Carers Together's response to the Commission](#)

^{xliii} Age Concern Hampshire, [Age Concern Hampshire's response to the Commission](#)

^{xliv} Kingsley Organisation, [Commission response](#)

^{xlv} Sensory Direct, [Commission response](#)