

## **The Low Review call for evidence**

### **Independent Age and Counsel and Care consultation response**

#### **Counsel and Care and Independent Age**

This is joint response from Counsel and Care and Independent Age. The two charities have merged to develop of a broader range of services for older people than either could provide separately.

#### **About Counsel and Care**

Counsel and Care is a national charity working with older people, their families and carers to get the best care and support for older people. We work with older people and their carers to ensure they are aware of and receive their rights and entitlements, and promote choice and control in later life.

#### **About Independent Age**

Independent Age is a unique and growing charity: a support community for thousands of older people across the UK and the Republic of Ireland.

We offer a 'helping hand from a trusted friend', tackling older people's poverty and loneliness by offering information, advice and friendship.

Our help varies according to the type and extent of the individual's need. All the older people we help receive:

Information about benefits and other issues affecting older people

Ongoing support from our helpline and newsletters

Membership of the Independent Age community, with the opportunity to participate in events and build friendships with other people.

For those in the very greatest need it can include even more: regular befriending and support from an Independent Age volunteer, detailed assessment and casework, practical support and even financial help in emergencies. Until very recently, Independent Age owned and operated a number of care homes across

the UK, and subsequently, we are able to contribute direct experience of supporting those in residential care.

### **Our view:**

Our experience of supporting older people in residential care has shown us that there are clear links between supporting mobility and levels of engagement in the local community, as well as health and general wellbeing and the impact on the development of more complex care needs.

We support the continuation of payments towards mobility in the proposed replacement of Disability Living Allowance by Personal Independence Payments, for younger adults in residential care.

We believe that greater awareness of the duty of meeting a person's assessed mobility needs is required. And, that the role that support for mobility has in sustaining or improving overall health and wellbeing needs to be more widely promoted.

### **Our concerns:**

It is our view that the majority of care homes do not meet resident's individual mobility needs and have little to no provision to do so, both inside and outside of the home.

This is the case despite statements from Maria Miller MP, Minister for the Disabled that "local authority contracts with care homes should cover services to meet all a resident's assessed needs, including any assessed mobility needs, so an individual's care support and mobility needs should be met by residential care providers from social care funding."<sup>1</sup>

We believe that there is a prevailing attitude that residency in a care home is assumed to meet a person's needs in totality. In our experience most homes only meet a person's needs in terms of basic nursing care and are not equipped or adequately funded by local authorities to provide mobility support.

As a result of a combination of attitudes and underfunding, mobility needs are therefore neglected or seen as less important, or an afterthought to other aspects of care.

In our experience of managing a number of care homes, we have found it very difficult to access professional-led mobility assessments for care home residents, particularly from NHS physiotherapists.

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<sup>1</sup> Maria Miller MP, Minister for Disabled People, House of Commons ([written answer](#), 2 November 2010)

Our view is that the NHS delivers an inconsistent level of service to care homes in terms of mobility assessment, as in practice referrals from care homes receive lesser priority. We believe that this is because assumptions about the level of existing support are made about the person who is referred, precisely because they are resident in a care home.

This creates an inequality of service delivery when compared to people who live in their own home who are able to access a range of adaptations funded by the local authority.

In the consideration of the issues we have highlighted, we would like the Review to consider as evidence, any research highlighting what people tend to purchase with the mobility component of DLA.

We would like to raise the following question;

Given that the allocated weekly personal allowance in care homes is very low, what do common concerns about inappropriate use of DLA tell us about the adequacy of mobility support presently provided by care homes, local authorities, and the NHS?

### **Why the experiences of older people are relevant to the Low Review:**

We believe that the experiences of older people are relevant to this review as they can highlight issues that could be faced by younger disabled adults should mobility payments not form a part of the proposed Personal Independence Payment.

Below are a series of observations from our work with older people:

- **Support with hospital appointments** - As a charity, we are not aware of a single local authority that will pay mobility support for care home residents to attend regular hospital appointments, and we only know of a few residential care providers who will fund this support.

Many older people in residential care are expected to have to pay to get to hospital appointments out of their own pocket / personal allowance. This is particularly unfair on those older people who only receive the minimum weekly allowance of £20.50.

- **Lack of funding** - We understand that a focus on supporting mobility within a care home setting can be seen as less of a priority when a home has a limited budget and / or does not receive adequate funding from a local authority to meet mobility needs.

In practice, services such as exercise programmes can suffer, residents may not receive adequately detailed assessments, which consequentially may limit their access to equipment, even though this may help them to stay independent. The risk in not receiving a comprehensive assessment is that it may prevent people from reaching their full potential.

- **The danger of homogenising mobility needs** - We also recognise that there is not a homogenous 'need' for support with mobility among older people who are resident in care homes. Older people experiencing Alzheimer's or dementia for example will have different needs in regard to supervision, and in the management of some conditions sustaining mobility can make a significant difference.

Additionally, we believe that definitions of 'mobility' need to be flexible to enable a diverse range of support to be delivered. Levels of achievable mobility vary depending upon the person, and range from walking across the room to accessing the local community unsupported. Support with mobility should enable independence for older people within their environment. Walking a few steps unaided can make a huge difference to a person's confidence, or conversely the speed of their deterioration.

- **Impact of changes in ageing and prioritisation of need** - We recognise that today, older people are becoming care home residents later in life (due in part to increased life expectancies) and a move into a care home is often to support a range of complex health and social care needs that cannot be managed in the person's home.

As a result many older people in care today often have a more complex range of health problems than 15 years ago. In such circumstances we recognise that providers may consider that mobility is of lower priority than more immediate needs, but we strongly support the view that sustained mobility support is crucial to confidence, combating depression and general health.

### **Existing inequality between younger disabled adults and older people**

While it is not the focus of the Review, we would like the review to recognise that there is an inequity in provision of mobility support between younger and older people that is discriminatory and which we wish to see tackled.

The two key issues are:

1. **Cost and difficulty** – It is recognised that keeping people mobile in older age is a lot more expensive and potentially more difficult than for younger adults with disabilities.

2. **Uneven treatment** – We believe that the present system of Attendance Allowance sustains a discriminatory attitude towards older people through the absence of a mobility component which makes assumptions that support with mobility is not something 'for' older people.<sup>2</sup>

The lack of a mobility component for Attendance Allowance compares starkly with that available to younger disabled adults, a group for whom it is accepted that access to mobility support is important.

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<sup>2</sup> The Centre for Policy on Ageing makes the point that variances exist between programmes of support and levels funding for disabled adults and older people to the detriment of older people; "discrimination arising from ageist attitudes continues to have a negative impact on older people's experiences of public services". *'Ageism and Age Discrimination in Social Care in the United Kingdom'*, Centre for Policy on Ageing / Department of Health, (November 2009)