

STATES OF JERSEY

Health, Social Security and Housing Scrutiny Income Support Sub-Panel

TUESDAY, 17th MARCH 2009

Panel:

Deputy G.P. Southern of St. Helier (Chairman)
Deputy D.J. De Sousa of St. Helier (Vice-Chairman)
Connétable S.A. Yates of St. Martin
Deputy T.A. Vallois of St. Saviour

Witnesses:

Mr. J. Cox (Service Manager, Adult Social Work)
Ms. C. Richards (Senior Social Worker)

Present:

Mr. E. Le Quesne (Adviser)

Deputy G.P. Southern of St. Helier (Chairman):

Welcome to this public hearing of the Health, Social Security and Housing Scrutiny Sub-Panel on Income Support. It is rather a formal setting, but do not worry too much about that. We are here to listen to you and feel free to tell us your experience of Income Support and, now that it is a year bedded in, how it is going. Before we start, this is my sub-panel. I am Geoff Southern; I am the Chairman. There is my Deputy Chairman, Deputy De Sousa; Deputy Vallois, Constable Yates of St. Martin and one of our lay advisers, Ed Le Quesne, and my 2 officers who are there behind you. We are recording this but, again, you do not have to worry about it. It is only for the record and you will get a chance to see the transcript before it is loaded up - in case you make any tremendous horrible mistake - for factual content. I have been aware of your name for some time because I used to work in the shelter and a few of our clients would say: "Well, John Cox is sorting that out", from going way back.

Mr. J. Cox (Service Manager, Adult Social Work):

I am a big fan of the shelter.

Deputy G.P. Southern:

But nonetheless, if you could just introduce yourselves so that we can catch you on the tape and recognise your voices, and then feel free to tell us about your experience with your clients of Income Support.

Ms. C. Richards (Senior Social Worker):

My name is Claire Richards. I am one of the senior social workers with the adult social work team. I supervise quite a few of the social workers within our team, so I have quite a good idea of what is going on for our workers and I supervise the duty system and that kind of thing.

Deputy G.P. Southern:

Thank you.

Mr. J. Cox:

My name is John Cox. I am Service Manager for adult social work. I suppose my responsibility ... well, I cannot suppose, it is my responsibility, is the development and delivery of an adult social work service in Jersey, which is still relatively new and what we have done today is this is very much a service response. We have talked to all the social workers and asked them to provide us with comments based on a very helpful list of questions that Carol sent us. I think if we may we will follow that kind of agenda in terms of taking the question and trying to give you examples and responses on that basis.

Deputy G.P. Southern:

By all means, yes.

Mr. J. Cox:

Okay, thank you. Okay, well, I will start, if I may. The first general question was what impact do you believe the changes to the Income Support system has had on our clients, our service users. I think the first 2 questions are going to ... there will be some repetition as we go through the other questions because the first 2 are more general. I have just really done some bullet points from what people have told me and, as you would expect, it is a mix of some very good things and some things that could be improved, I think, from our perception, that is. One of the views is there has been some people are better off under the new system, they have gained, while others may have lost and there is a feeling that there is some levelling here. In a good way, we feel it has developed equality or parity across the Island because it ensures that everybody goes through the same sort of tests. There is and has been and continues to be a real issue about the more vulnerable members of our community filling in and processing applications and we will return to that on a number of occasions, I think. It is an issue about information and communication, we feel. We have noticed a significant change - and, again, I will come back to this - in the demise of the support role, the welfare role, that was carried out by some of the Parish staff. That kind of home visiting, low-level intervention we felt was ... well, it is sorely missed. It is a key component to this, I think, and clearly just in terms of workload we have noticed a difference, but I think, more importantly, for some people that kind of service can be a very simple lifeline, really. It can make going through any system, which can be daunting for all of us, a much easier process. Anything you want to add to that, Claire?

Ms. C. Richards:

No. I think the accessibility of information is something that comes up for both us as workers but also for our clients as well.

Deputy G.P. Southern:

Could you tell us something about your clientele? What types of household, what types of people are you dealing with routinely?

Ms. C. Richards:

Well, we are the adult social work team and we work with older people over 65, younger people with physical disabilities, and more recently those who have learning disabilities. So, we have just taken over the social work role for the special needs service. So, we work with most of the vulnerable adults on the Island, older people in residential care in the community, yes.

Deputy G.P. Southern:

And families?

Ms. C. Richards:

We do work very closely with families and carers, actually. You cannot assess an older person without meeting their son, daughter or, you know, somebody who lives with them or who works with them. Yes, it is families.

Deputy G.P. Southern:

In terms of social workers, are you the deliverer of services or are you the organiser of the delivery of services?

Mr. J. Cox:

More the latter, really. We provide primarily an assessment service. We are not a provider service. So, we effectively commission services from a wide range of providers, both our own providers, such as residential beds that we purchase from the independent sector; we use domiciliary and nursing agencies to provide packages of care to people living in their own homes. We work alongside Family Nursing and Homecare who do that. We tend to do a lot more of that for the under-65s so that we can support people who may have a physical disability, a brain injury, to remain living in the community as long as they possibly can. We have also recently ... one new quite exciting development we have taken on and developed a post to work with people with low vision and blindness, and that is particularly significant, I think, with the ageing population because one of the major impacts for over-65s is loss of eyesight, macular degeneration. So, we are going to have a lot more older people in the community who are suffering some significant sight loss which can lead, unnecessarily in many cases, to admissions into nursing home/residential care.

Deputy G.P. Southern:

Is that in addition to ... there used to be a voluntary post, Blind Society ...?

Mr. J. Cox:

Yes. It is in addition to. We work very closely. We have built good relationships with the Jersey Blind Society.

Deputy G.P. Southern:

To what extent are you ... this is one of the questions that always intrigues me about the vulnerable in our society. To what extent are you there offering a contact, a human contact, and to what extent is loneliness and being alone an issue?

Ms. C. Richards:

There will be a percentage of my colleagues' caseloads, every single one of them, who have people on their caseload who they are the people that they phone once a week or they have that contact with. So, while it is not really our assessment role, we do have ... I mean, loneliness is highlighted as one of the major conditions for older people, so isolation and loneliness definitely.

Deputy G.P. Southern:

Sure. That, in particular, takes me on to if you are sitting on your own and you have ... you know, if you have it on your bed, if you have that form, that 26-page form, sitting in front of you, for many people for whatever reason that form is ...

Ms. C. Richards:

We have had people who will not fill them in because they cannot get their heads around it, really.

Deputy G.P. Southern:

Really? You have people ...?

Mr. J. Cox:

Yes.

Deputy G.P. Southern:

Are daunted to the extent that they will not even claim, that they are so ...?

Ms. C. Richards:

Or they do not understand what it is: "What is this?" So, yes, we have people who are illiterate, people who are vulnerable.

Mr. J. Cox:

I mean, I can just ... we specifically ask that question of people because we know that the form is a challenge for all of us, I think, in one sense or the other. Talking to the social workers, the majority of service users, as we have already said, are the more vulnerable members of our community. Many find the form difficult to fill out and social workers are often required to help and support them filling it out, which we will do, we are happy to do, but it is ... that is the kind of role that I would foresee for a community support worker role because it is not the best use of a social worker's time, effectively, but we do it because we have little choice, really.

Ms. C. Richards:

And we are not the experts in that system, so helping somebody to fill out something because they are blind or because they cannot write, for whatever reason, we are very well paid to do that but also we are not necessarily the people that know the best how to fill them in.

Deputy G.P. Southern:

What is the experience ... sorry, I am just taking you back a year. A year ago, like a nightmare, this form, if you have to deal with it?

Mr. J. Cox:

It was challenging and we knew it would be challenging because that was ... all of us knew, and I have to say that Social Security, their staff, have been struggling as much as anybody in making this thing work. It is a new system.

Deputy G.P. Southern:

Were you prepared on the introduction? Had you been consulted before? Had you been talked to by Social Security?

Mr. J. Cox:

We had been talked to and we ... you know, we knew this was a big, massive change and it was going to have a while ... it was going to take a while to bed down and, you know, begin to work. So, yes, we knew ...

Connétable S.A. Yates of St. Martin:

Could I ask a question?

Deputy G.P. Southern:

Yes.

The Connétable of St. Martin:

I mean, just listening to you making interesting points here, you were spoken to before the introduction of the transition?

Mr. J. Cox:

Yes.

The Connétable of St. Martin:

And you realised then it was a big job?

Mr. J. Cox:

Yes.

The Connétable of St. Martin:

It has been a year since the changeover. Give me an honest answer: how have the Social Security Department and Income Support Department coped with this massive mountain of problems? I mean, has it? Do you see an end to it? Do you see a successful delivery coming out of it?

Mr. J. Cox:

I do. I mean, later on there are some things we think that might help, you know, as you would expect us to think through what might help make things better. I think it is a very ... it is and has been a very big task and I know our colleagues in Social Security have struggled and are struggling with it. I think they are getting there. We now meet with them on a regular basis because we recognise that the way to make this work as a system is for all the partner agencies to be working together to the same kind of information, which is I think probably where, you know, certainly from our point of view ... where we went wrong, I think. We should have been more proactive in saying: "Look, what can we do with you to help facilitate this because it is going to impact on us?" Now, we have done that now, as always a bit later down the road, but really with hindsight, you know, 18 months ago we should have been talking as we are now about joint training so that social workers and Income Support staff know what we each do, because we do not, actually.

The Connétable of St. Martin:

I think you have just joined ... well, you know, you are a member of a very large club because nobody understands what they are doing and the difficulty of ... and you are not qualified to fill the form, none of us are. The Citizens Advice Bureau seem to be fairly well clued up and it is about the only person we have seen to have been coping.

Deputy D.J. De Sousa of St. Helier:

You touched on the form. The other thing that is coming up is the letters that come in afterwards saying how they have arrived at their decision and if there is any changes. The letters are very confusing. They are not in plain English and people do not understand. Do you find you get a lot of people calling you about that as well?

Ms. C. Richards:

I know social workers who have visited people because they have received something and they have no idea what it is or why they have it and they are frightened. The winter fuel payment was quite a good example. People received a cheque: "What is this for? Why have I got this? Am I allowed to spend it? What should I spend it on?" It is about how clear the information is because once we had contacted Income Support and found out, we were able to then translate that to people and it was fine. You know, they were grateful to us for doing that and our clients were grateful as well.

Deputy D.J. De Sousa:

But even the care providers, I mean, Family Nursing have even said sometimes they do not understand what is in the letters. Do you find that yourself or ...?

Ms. C. Richards:

I think that is difficult because obviously everybody is going to ... Income Support have a job to do and I think wherever you were in the world there would be difficulties with understanding some of the information that comes out about financial information. So, they have to give their information, do they not? They have to give a lot of it. It is maybe having that but then on the front of that having something which is much more clearer and says: "This is about this" and that is it.

Deputy D.J. De Sousa:

In the original review in 2007, before they implemented Income Support, 2 of the main issues that came out of that was the form and the length of it and how they should keep it simple and smaller, user friendly and it was also about the letters being in plain English so that people understand. These were not implemented and they should be implemented at some stage.

The Connétable of St. Martin:

Could I ask a direct question, please? Basically, I was following ... I am sorry, I have forgotten your name.

Ms. C. Richards:

Claire.

The Connétable of St. Martin:

Claire, I was following Claire's answer and I think the question was ... the nub of the question was do you understand the Social Security ... the Income Support benefit system, and you did not give ... you did not say yes, so can I imply no?

Ms. C. Richards:

That was about the letters, whether I understand the letters.

Deputy G.P. Southern:

The letters, yes.

Ms. C. Richards:

Yes, I do, but as ...

The Connétable of St. Martin:

You do understand?

Ms. C. Richards:

As a 60 year-old lady with no sight ...

The Connétable of St. Martin:

You do understand?

Ms. C. Richards:

... I probably might not be. Some of them, yes.

Deputy G.P. Southern:

She said she does understand the letters.

Ms. C. Richards:

Yes.

Deputy G.P. Southern:

Having seen them, I understand them. I have looked at it, okay, the assessment is there, this is going for your rent, so your cheque will be ... boom, boom, boom. Once you get used to them, but seeing it for the first time ...

Ms. C. Richards:

Yes.

Mr. J. Cox:

And, you know, I would not want to lose sight that we are talking about a minority ... well, we are talking about a minority of the community who will have communication difficulties, many of them have brain injury or cognitive problems. They are not really at this time in a position to understand that and I think, you know, there must be a way whereby somebody can sit down and explain, where appropriate, to an individual, you know, what is in that letter. We do that on cases that we are involved with or are referred to us, but I keep coming back to, you know, we have very limited resources and ideally social workers would be working on the more complex work, which is what they are trained and paid to do. We feel that this work could be done sensitively by others, you know. But, yes, certainly I think we all agree that it is a complex situation. For me, on one level, I understand ... when I read the stuff around Income Support I understand the accommodation charge. I think for me the difficulty comes when I try to get my head around the implementation of it and what the rules are behind that because sometimes we have on occasion and I have on occasion had - and this is not a criticism because I understand it is new - different advice from different people. It is well intended advice, it is just a little bit misinformed. So, that is why I think if we can work jointly in training together to understand their rules and they can understand what we do, and Family Nursing and other community services.

The Connétable of St. Martin:

Could I ask, you are talking about assisting the vulnerable to access ... or whatever you do as social workers, but assisting the vulnerable to access their entitlement to Income Support. How do you find your clients? I mean, how do people approach you? How do you make the contact with people who need the help?

Ms. C. Richards:

How do we get our referrals?

The Connétable of St. Martin:

Yes.

Ms. C. Richards:

Well, we meet a lot of people through the hospital system. So, we have links into the hospital; we are part of the discharge planning meetings. We attend multidisciplinary team meetings on the wards. So we have quite ... I would say 50 per cent roughly of our referrals come from the hospital. People will turn up on our doorstep, phone through. We get referrals from G.P.s (general practitioners), from family members, other organisations, Age Concern, for example. So, lots of different places we get referrals from.

Mr. J. Cox:

Could I just jump in because I had a classic today at 11.50 a.m. My phone rang and I was sitting down

just to prepare, get my head around the meeting this afternoon. And it was a woman that I had not met before and she had just spoken to C.A.B. (Citizens Advice Bureau) and they had referred her to us and given my number, which is fine. So I had a chat with her and she was an elderly woman whose husband suffered from dementia. And she asked me a direct question. She said: "If my husband has to go into a residential home, will Social Security lay a charge on my property?" Because she said the property is in joint names. Now, I kind of know the answer to that, but it was an interesting way of getting a referral because there was 2 components to that. There was the Income Support bit, but there was also a woman who was struggling, clearly from what she was telling me, in caring for her husband who had dementia. And that certainly was appropriate and we were able to ... the duty officer rang the woman back. But in that, there was quite a big Income Support component that she was worried about, understandably.

Ms. C. Richards:

It is one of the first questions we get asked, quite often.

The Connétable of St. Martin:

Can I ask, just to finish up about the social worker/client connection, as a Constable I get sort of reports coming in maybe for ... of a neighbour who is concerned about a next-door neighbour: "I just wonder whether somebody ought to be told about Mrs. X because she is acting strangely." "Oh, yes, well, what has happened?" "Oh, well, she is elderly and she is sort of collecting bottles and sort of taking them home and going through people's dustbins." Well, okay, so the point I am asking, I know Mrs. X quite well, I recognise the fact that she is getting elderly and getting probably a little bit forgetful, et cetera, and when I have had 2 or 3 such ... they are not complaints, they are expressions of concern, my first thought is Social Services, speaking to a Social Services officer. But I want you to answer me, please, as a concerned ... and I would add officially concerned because I am not a neighbour, I am the Constable of the Parish. I am looking for help, to be told by a social worker that: "You cannot help because it has to be the client themselves who has to ask for help." Now, this is a lady of 80-something. She is suffering the first signs of dementia. What is my answer to that, please? Can you answer that?

Ms. C. Richards:

It does not have to come from the lady. What the lady has to do is give consent to see a social worker.

The Connétable of St. Martin:

But she has dementia problems.

Ms. C. Richards:

If she has dementia, then it is the mental health team and they can intervene without consent. We have had cases where concerned neighbours, you know, filthy flats, rubbish everywhere, concern about dogs making a mess in the living room, that kind of thing, and although the person has not given consent we will try to visit. So we will try ...

The Connétable of St. Martin:

So you cannot do anything, basically? You cannot do anything?

Ms. C. Richards:

It is about choice and we will try ...

The Connétable of St. Martin:

But you cannot do anything?

Ms. C. Richards:

We will try if we have concerns about somebody, but we ... yes.

Mr. J. Cox:

I mean, if it is ... you know, if you are saying that this is a risk situation, we will assess, but if the lady says to us ...

Ms. C. Richards:

We would visit.

Mr. J. Cox:

... quite clearly: "I do not want you anywhere near" or: "Go away" ...

Deputy G.P. Southern:

"Mind your own business."

Mr. J. Cox:

Exactly, we have no authority to intervene.

The Connétable of St. Martin:

Of course, I understand, but ...

Mr. J. Cox:

The only case where you would have authority, then, is if it was a serious mental health issue.

The Connétable of St. Martin:

But until she is assessed we do not know it is.

Mr. J. Cox:

No.

The Connétable of St. Martin:

That is the problem I find.

Ms. C. Richards:

I think if you contacted us directly and it came through to our duty officer, we would try to arrange a visit to go out and see that person. And if she turned us away at the doorstep then, yes.

The Connétable of St. Martin:

Okay, thanks.

Deputy G.P. Southern:

You said that you have come across some winners and some losers in the system. Can you tell us some more about the winners?

Mr. J. Cox:

I am trying to think ...

Deputy G.P. Southern:

Our experience is that when we analyse the figures, before the new system was instituted, there was a decision made to target in particular single parents and certainly the figures overall suggested to us that single parents would be lifted out of what we call relative poverty, but that pensioners and other families, children, would not be lifted anywhere near to the same extent and they would effectively still

be in relative poverty. So, there was a conscious decision to target this particular group. We are looking at the moment to see ... the problem is where people again, they do not come and say: "Oh, I am complaining because I have gained." If they lose, they come along to us and say: "Oh, no, I have lost, what is going on here?" I just wondered if you had a particular set of clients who you noticed that these people appear to be better off.

Ms. C. Richards:

I can think of 2 cases that my colleagues have brought to me and it has said: "Gone through finances, achieved maximum income for this person via Social Security." So, for them, they have increased their income slightly, and from memory - and this is from memory - they are younger, physically disabled people, so not older people, but I would have to double check that. But from the 2 that I can think of ...

Deputy G.P. Southern:

Possibly the disability component has kicked in that may ...

Ms. C. Richards:

Yes, that is it, yes, and they are in the community, both of them, yes.

Deputy G.P. Southern:

At the top end it is quite generous, if you want to use that word. So it may well be that they are, yes, overall gainers.

Mr. J. Cox:

I mean, we might be able to find that out. I mean, admittedly, I have only got an impressionistic ... this is a view that a few people said winners and losers, but I would not be surprised if it fell into those kind of categories.

Deputy D.J. De Sousa:

Is there a particular group that seems to be coming through that are particular losers?

Mr. J. Cox:

I think the bit that concerned me predominantly was in the early days the form had a ... it was particularly difficult for older, frail people. They just found the bureaucracy associated with that form difficult and I think that is a group who do struggle. And there are issues about pride, holding on to information, all the kind of things that are very understandable. I think also it is a problem for people with cognitive disabilities, but in many ways they may be better supported because they may have already a care team working with them, whereas an elderly person living in the community may be coping on a day-to-day basis and, you know, struggling along, but then this form arrives, or whatever it is, and it is that extra bit and they may not be aware of us. They might not know or perhaps they cannot get down to C.A.B. or whatever it might be. So, I suspect there was a group of people like that who, you know, found it particularly difficult.

Deputy G.P. Southern:

In the early days, the officers down at the Social Security were very willing to come out and help people and so it was not a case of: "You have to come in to us." Obviously we are dealing with mobility problems, that is the problem, and they were prepared to go out and they often did. That appears to have stopped now. It is very hard to get them out of the office, I think. Is that ...?

Ms. C. Richards:

That is very true, yes. That is definitely our experience.

Mr. J. Cox:

That has come through what the social workers are saying, that they are concerned about isolated people who may live up in St. Peter or who cannot afford a taxi. You know, that is £30 or whatever it is going to cost them to come into town, and that is one of the sort of areas of recommendation we think, is could there be more flexibility around ... You know, I am always conscious that we have Parishes who are situated in communities. I seem to recall an idea that there would be some benefits function within the Parishes in the original planning of this, which ...

Deputy G.P. Southern:

That was certainly there in the early days of planning, there would be some form of delivery, not just completely centralised. It never happened.

The Connétable of St. Martin:

Interestingly enough, there were plans to keep Parish hall staff informed and trained, or certain personnel trained, and the big point of changeover the clients were given the option either to continue collecting from the Parish Hall or receive a BACS cheque and out of ... in my case out of 35 or so clients, I think 32 or 31 decided to take a cheque and only 3 would like to come and have a chat. But then, because of the peculiar system of the old welfare system, when you start welfare you stick with the Parish that you started with so, therefore, we used to have people coming out on the bus to St. Martin to get welfare because they had started on welfare, went to live in town, but St. Martin was still paying them. But then, that is the way it was. Out of 35, I think there was only 3 or 4 who continued to come to the Parish. But would you think that it would ... because of this problem you have raised, would you think that to remind Social Security or Income Support could still be ... because we still do it. We have 3 little brown envelopes to hand out every week, so it could be still done. There could be still contact.

Mr. J. Cox:

I mean, I do not know what the solution is. It is just that what we know is some people do have difficulties in getting into town, which does not surprise me. And if St. Martin is ...

The Connétable of St. Martin:

Well, we would not be able to interview. We have not been trained in interviewing. They would have to come out to interview if they cared to.

Mr. J. Cox:

I do not know. I mean, the figures you were talking about, what was that, 10 per cent of those people on benefits would wish to have it done locally? I mean, that is a significant minority for me. It is small, but it is still 10 per cent.

The Connétable of St. Martin:

It is small, yes. I would say it is insignificant, quite frankly, but there we are.

Deputy T.A. Vallois of St. Saviour:

You just mentioned about how you worked with Social Security ... well, work with the Social Security Department closely now on a regular basis.

Mr. J. Cox:

We meet ... is it monthly?

Ms. C. Richards:

We are trying to, yes, it is about every 6 weeks, I think. We have a few meetings booked in with certain members of ...

Deputy T.A. Vallois:

So you have seen them quite a few times in the last year?

Ms. C. Richards:

We are in our third meeting, is the next meeting, with one first with another group so ...

Deputy T.A. Vallois

Because there is kind of ...

Ms. C. Richards:

But I have daily contact with them.

Deputy T.A. Vallois

Okay. There seems to be a trend ... well, not a trend as such but there seems to be a difficulty of the officers in Social Security understanding the system themselves. That seems to be the reason why everyone is getting different information all the time. Maybe, maybe not. But I am just wondering your view; whether maybe that is the case, from your point of view?

Ms. C. Richards:

This is one of the main reasons we developed the meetings; was that one of my colleagues would go to one of their equals in Social Security and get one answer and then get another answer from somebody else. So we developed this as a way of managing that information so that, at our level, we understand it; we understand each other. Particular cases we can take to them and they can give us a response and then we know for sure that that is the response they are giving us and we can filter that down.

Deputy T.A. Vallois

Okay.

Ms. C. Richards:

So, yes.

Deputy G.P. Southern:

Interestingly, the Jersey district nurses say that one of the ways in which they have coped with the system is, rather than phone up and every time you get a different person and sometimes you get a different answer, to have a single point of contact. It seems to me that helps with that issue.

Ms. C. Richards:

Yes.

Deputy G.P. Southern:

So the whole thing about the one-stop-shop and everybody being able to deal with everything has been, I would say, unsuccessful. It has been limited ... has met with limited success, shall we say, and that what people want ... now, I am not sure this does also not just apply to people who are there delivering the service but applies to the clients themselves; that a friendly face that you know, that is far better than going in and sometimes not getting the same answer or not getting an answer. "I do not understand what is happening," and not getting an answer. That single point of contact is a tremendous advantage for vulnerable people in particular. Would you agree?

Mr. J. Cox:

I would agree. I mean, it is the same old thing that, you know, all of us in our day-to-day lives like a

consistent response that is clear, that this person we know ... you know, if I am working with an agency I like ... you know, that personal interaction is really important and, you know, people do get very anxious when they go into big organisations to give them details, to apply for money. I mean, I do. You know, I still suffer from school syndrome when I go into Social Security and places.

Ms. C. Richards:

This is anecdotal but I have been told that a response is, from Social Security: "We work on a case-by-case basis. So until you have completed the information I cannot give you a response." I have heard this from several different ... I have not heard it myself but several different sources and I wonder if that is part of it being new and that the workers there will give you information when they know what the answer is but, at that point, they cannot because they do not know the information well enough themselves. I am making an assumption there but that is, you know ...

Deputy G.P. Southern:

But then you have also got the overlap with other benefits and if you have got to deal with a pension and some other benefit as well, you are dealing across 3 departments. It seems like, despite the best intentions of having them all under the same roof, they re not necessarily communicating with each other.

Ms. C. Richards:

I have had experience where the impairment component has not been promoted by Social Security. So somebody will apply for something else and not be told that they can apply for that particular component. So there is something about joined-up-ness within Social Security.

Deputy G.P. Southern:

I am glad to hear you put that on the record because that is my experience as well. I know this happens, that people ... and here you have - you must be aware - one of the illustrations of one of the biggest problems about any benefit system, is getting the information out there so people know what they are due. Now, it seems to me that, despite the improvement of roping all 14 benefits together in one place with one system of delivery, that still has yet to happen. So: "Are you aware of the impairment component you could claim?" That is not happening. They wait there, sitting and waiting, and people say: "Hang on." It is a problem. It is a big problem, I think.

Deputy D.J. De Sousa:

Do you find many of your client base are having a problem with over-payment as well as under-payment?

Ms. C. Richards:

I have not heard of any.

Mr. J. Cox:

Let me just ... there was something. It has triggered something in the back of my mind. I have had lots of conversations with people about this over the past week and there was something there.

The Connétable of St. Martin:

It might come to you. If you do not think about it, it will. Are you aware that there is going to be a transition later on? Rates are going to change. Have you been given any information about that?

Mr. J. Cox:

Sorry, there ...

Deputy G.P. Southern:

Yes. At the moment many people who were on ... there are many people in the system whose level of support has been maintained and capped because under the new system they are due to be serious losers. They will get less.

Mr. J. Cox:

There are transitional arrangements.

Deputy G.P. Southern:

Transitional support is in place.

Mr. J. Cox:

Yes.

Deputy G.P. Southern:

It due to be ended in October. Are you aware of the extent to which that might happen to some of your clients or are you aware that it is happening? Obviously you are.

Mr. J. Cox:

I was aware of the transitional arrangements. I did not ... it was not sort of centre square though that they are ending or that the impact will hit in October this year because clearly for ... a group of those people, my presumption is, would be people that we would be working with and if it is going to have a significant impact on them we need to be preparing for that now. So that is something that we can take away and check out.

Deputy G.P. Southern:

It is something really I think you have ... do discuss with them because we have been trying to get out of them when they are communicating with clients, by what timescale is it that everybody should know. I think they said by the end of June that ... what is going to happen and when it is going to be happening and that will be important for them to be able to adjust ... if they are losers, to adjust their own budgeting; to say: "Hang on, where do I scrape? Where do I squeeze?" One of the other complaints we received is that it often takes a good while to get through to special payments or a new claimant sitting there waiting. Is that ... again, can you comment on that?

Mr. J. Cox:

Yes. I mean, special payments, there is a delay because it is a system and we know how systems work. It can be a major problem because people have to incur expenses and then, you know, it may be 3 weeks, it may be longer. So, yes, it is a reality for us of special payments.

Deputy G.P. Southern:

Very often special payments is because of a crisis, not seeing one 3 or 4 weeks down the line, or, for example, moving house and I think they still say: "Here are the keys. You have got 3 days to move."

Ms. C. Richards:

It has impacted on our workload quite considerably, getting a quick response to an immediate issue, in that we do not get them very often. The workers themselves try to help us as much as they can but they are not allowed to make decisions until it goes to a certain point and it does impact on our workload.

Mr. J. Cox:

Yes, it does, and these things always happens, as life goes, on a Friday afternoon at 4.45 p.m. You know, a crisis will hit. Somebody will come in to ... and there are models of dealing with those kind of

crises which allow for money to be released by a professional and then sorted out on the Monday. That kind of model ... it is about us talking with Social Security and developing systems about how do we deal with that at 4.30 p.m. on a Friday, because it will happen and it does happen.

Deputy G.P. Southern:

Almost inevitably.

The Connétable of St. Martin:

Invariably.

Deputy G.P. Southern:

The frightening thing is it has put me in a position where I say welfare used to deal with this better. If you went along on Friday and said: "This one has got no food in the cupboard, 3 mouths to feed and, you know, she needs help now", the likelihood is with the following wind she would leave with some money to tide her over until Monday and then we would sort the problem. Now, it seems to me that that is remarkably absent from the new system.

Ms. C. Richards:

You cannot back-claim. So if, for example, somebody has to move within 3 days; they do not have a new carpet, paint, clicker. They have to buy that themselves, even though they cannot afford to, because to wait 6 weeks for a special payment is too long. That was a big thing for us through discussions with social workers, of several examples of that.

Deputy G.P. Southern:

You have had them wait for 6 weeks?

Ms. C. Richards:

I think ...

Mr. J. Cox:

The average is 3 weeks.

Ms. C. Richards:

Yes. I think it is mostly at least a fortnight. I think that is ... yes.

The Connétable of St. Martin:

Okay. That does not quite match the evidence what the Minister has been saying. We have a 2-week target and I have been asking ...

Deputy G.P. Southern:

How often do you meet it?

The Connétable of St. Martin:

There is a fortnight deadline to get your form in. So do some people miss out because they do not get their form in or the paperwork within the fortnight and then they have to go back again?

Ms. C. Richards:

Yes.

Mr. J. Cox:

People know it should not be but it is.

Deputy D.J. De Sousa:

How do your clients find it? Because, carrying on from that, with that form, in that 2 weeks they have got a lot of information to get together to back up what they put on the form. Again, do you find your clients ... because your clients are vulnerable. So how are they able to come ... is it upon your department to help them to get all the information together? Because they are not always organised.

Ms. C. Richards:

It should not be. It is not really our role but on occasions we have done it because you cannot leave somebody vulnerable in that position. You know, if they have not got any ... if they are all alone in the world and they have got nobody else to support, it is the isolation, we are that person. So even though it is not our job we will do it.

Mr. J. Cox:

It is a very ... I keep coming back to this but it is a very expensive use of a limited resource to chase ...

Ms. C. Richards:

Yes.

Deputy D.J. De Sousa:

Your resources could be better used elsewhere but they are being taken up with these things.

Ms. C. Richards:

Yes.

Deputy G.P. Southern:

Is the mechanism for delivering that additional support ... it is an issue that we have been meeting recently in all sorts of contexts. Is it an n advocacy system? You want somebody alongside there that can help you through the system, has got some understanding of it and can advocate on a client's behalf.

Ms. C. Richards:

Yes.

Deputy G.P. Southern:

This person need not be highly trained but somebody to sit there, stay calm, while you work your way through the maze as it were.

Ms. C. Richards:

I think a lot of it is administrative. It is an administrative role. So somebody who can help assist with the forms who has a basic understanding of the benefits. They do not need to understand the benefits inside and out but they need to understand: "Oh, you have not claimed for that one; maybe we need to go for that," or ... I worked in an area before where they were called F.A.B. (Financial and Benefits) officers, Financial and Benefit Advisers. So that kind of advocate role.

Deputy G.P. Southern:

Somebody to help you, yes.

Ms. C. Richards:

Yes.

Deputy G.P. Southern:

On that interface: “I don’t understand the system. Help me negotiate it.”

Ms. C. Richards:

Yes.

Deputy G.P. Southern:

In particular: “I do not understand what I am eligible to claim for. So, please, somebody, help me with that; otherwise I will not claim and I will be living off less than I should be.”

Deputy T.A. Vallois

Just listening to yourselves and previous people that we have spoken to, it almost seems like there needs to be some kind ... another level put in to Social Security such as community workers and then you have the back office/administrative side. So then you have got the community workers going out and meeting the people, whether it be from the Parishes or from the central unit, and then they feed back to the administration and administration, therefore, take on that role instead of yourselves. You are there having to do the job that you are not there to do. You are there as professional social workers and it is quite worrying because, I mean, you are paid to do a very, very important job. You should not be sitting down having to fill out paperwork.

Mr. J. Cox:

I think that, for me, is key to it because what we have tried to do is take a welfare function and a benefits function and merge them and, to be honest, that is one of the hardest things to do. Social Security Income Support is a benefits agency and as a benefits agency it does that very well. It manages money. There is a welfare function that we have lost. That was one of the things that the Parishes did in their way and what we need to do, I think, in order to help all of us and help the service user at the end is recreate that welfare function. How you do that and where you put it, well, that is up for grabs really. But it is that interface between the benefits and the welfare and the way you described it, that layer, is exactly what we need.

Ms. C. Richards:

If our team had a magic wand that would be what they would ask for.

Deputy T.A. Vallois

Yes.

Deputy D.J. De Sousa:

We had something raised in one of our public meetings ... no, it was a private meeting, about vulnerable people because of the loss of the Parish system not being picked up early enough, you know, and people being ... possibly dying without being picked up, people being ill and needing hospital treatment without being picked up. I mean, these are the vulnerable people that you are dealing with. Do you find because of the change from Parish to Income Support that there is an increase or ...

Ms. C. Richards:

An increase of vulnerable people coming through to us rather than through to the Parish?

Deputy D.J. De Sousa:

No, an increase of vulnerable people falling through the net.

Ms. C. Richards:

Right, okay.

Mr. J. Cox:

I am not sure. I mean, I think the Parishes still exist and, like we all do ... I live in a Parish and it is a rural-ish Parish and everybody knows what I am doing and I know what everybody is doing and people look out for each other. So I think that community spirit is quite alive in Jersey. Not everywhere but in the ... so I have always felt that that is one of the strengths of Jersey. I am not aware of that scenario in the sense of people being put at serious risk. The people that we work with, the more vulnerable, are in contact with professionals on a regular basis. So they are monitored. I suppose the community that worries me is those people who are not known to us, those isolated people who are jogging along in the community who may be losing out. The 3 that Constable Yates referred to in St. Martin's who like to go into the ... if they are not getting that, which I am sure they are, but if they were not there may be cause for concern because they may be isolated. Even in the best, most caring communities people do get isolated and we know what, on occasion, that can lead to. So I am not really ... I am not answering your question very well because I am not sure of the answer, to be honest.

Mr. E. Le Quesne:

Are any of your clients in the sort of area of job-seeking or are they mostly not into jobs?

Ms. C. Richards:

They would be. Some of the younger disabled people would be. But while we were doing this we were asking about different issues with the benefit system and we did not really get very much feedback on that. So, yes, there is a bit of a gap in our knowledge.

Mr. E. Le Quesne:

They are below job-seeking?

Ms. C. Richards:

Well, we have had some people who have gone to medical boards and that is ... you know, that has been fine. They have gone through the process of that. No real issues there. But as ...

Mr. J. Cox:

It has not popped up on the radar. I think it is because it is probably a smaller group within our overall service user, sort of, contingent. There was one thing that somebody did mention about medical boards and I do not know if it is appropriate but it did come out. It is about in a number of cases, a small number of cases, people have gone to medical boards and had their disability level reduced. The feedback that the social worker has had ... it is not so much about the reduction. It is about the information that went with it because there was ... it generated quite a lot of anxiety in these particular clients because they came away with a kind of expectation that they felt they had to go out and immediately get work or their benefits would be cut. I think it is purely about information again, about how that message was given to them; that it is a very positive thing and, you know, not to see it in the wrong way. But we had 2 or 3 instances of that flagged up by social workers.

Deputy G.P. Southern:

The whole thing about medical assessments is that you can have your assessment earning capacity drastically reduced and that effectively means a pretty instant cut in your income until you sort it out, which is quite devastating and you think: "Well, how can I go from 65 to 25 per cent? What happened?" The answer often is that you go along to the medical board and ... like when you go to the doctor. The doctor asks you how you are and you say: "Fine," and: "Can you still do that? Is your back still hurting?" "Oh, well, it is not as bad as it was." You tend to cover up. You do not say: "Well, hang on, I can work ... I might be able to work 2 days a week but on 3 days a week I am so down in the dumps and black that no way. So on a good day I can do that" Maybe that is the answer you give to the doctor when he asks but the reality is take a grip because next you will not be able to get out of bed

rather than work, do all sorts of things.

Deputy D.J. De Sousa:

Do you find with your client base that social workers may be asked to help with appeals? Do you find you get tied up in that?

Ms. C. Richards:

I think we would recommend, if somebody was involved in that, that they go to the C.A.B. I think that would probably be ...

Deputy D.J. De Sousa:

Yes. So then you do not get ...

Ms. C. Richards:

We might be supporting somebody in going through the appeal but we would not be actively part of the appeal, if that makes sense.

Deputy D.J. De Sousa:

Yes.

Ms. C. Richards:

Yes.

Mr. J. Cox:

That would be the appropriate course of action because the C.A.B. are more expert with welfare rights than we are and better at it.

Deputy D.J. De Sousa:

Yes.

Mr. E. Le Quesne:

Not being quite clear, when you count the elderly parents with the family ... you know, whether that counts as one or 2 units. Have you found any problems with that?

Ms. C. Richards:

You mean with regards to carers looking ... people looking after ...

Mr. E. Le Quesne:

No, sometimes whether they are assessed as one whole family or whether the parents are one thing and the other person is a separate person.

Deputy G.P. Southern:

Within the same household.

Mr. E. Le Quesne:

How many Income Support units exist. Particularly that comes to the fore when you are dealing with an elderly parent living in the home but obviously independent from and not necessarily dependent on, financially, the parent. Do you treat them as one unit or 2? So, in other words, does the elderly parent get some income support or not in that case? Have you come across the issue of what is a unit?

Ms. C. Richards:

I cannot think of any ...

Mr. J. Cox:

I have heard something about it. My understanding when this system was kicked off back in January was that ... because I was quite enthused by it. I had this notion ... because I was thinking about the other age group, further down the line. I was thinking about very disabled young people, like the 18 and 19, and the message I picked up - which I may have been wrong - was that they would be treated as an individual in their own right, which is exactly what they are. They might be living in the family home but they are a 19 year-old person who just happens to be disabled. Now, in terms of equality for me, that should ... I expected that to run through the system but I have heard things - and it is purely anecdotal, I have got no evidence of it - that sometimes everybody gets lumped in to one. To me that runs counter to the principle that people are individuals and have got rights of their own.

Mr. E. Le Quesne:

Absolutely.

Mr. J. Cox:

Certainly from our perception, if we have got situations like that, each individual has a right to an assessment of their own needs because they are not all the same. They will be different.

Ms. C. Richards:

I think the only comparable experience we have got of that is with residential fees in that if somebody is living with a partner and one of them goes into residential care, their property is taken from the person who goes into residential care. So things like that are an issue for us in that people are all lumped together and not considered as individuals. So it is not really the same thing but it is a comparable example, I think.

Deputy G.P. Southern:

Certainly. The example you chose are severely handicapped people. We have had one major change in that. We had to rethink the whole system in order to cater for those particular ... to ensure that those particular people were catered for. I hope there are not other major glitches in the system that need similar treatment because we have not found them yet.

Deputy D.J. De Sousa:

Can I just briefly ...

Deputy G.P. Southern:

We are coming towards the end of but ...

Deputy D.J. De Sousa:

Just briefly, you said that one of your main groups are the elderly, over 65. An issue was raised on the radio on the weekend. You have got a couple that have lived together all their lives. One of them, for some reason, has to go into residential care. So they end up being split up. Do you find this is a huge problem within your client base group?

Mr. J. Cox:

It is a factor, is it not?

Ms. C. Richards:

It is a big factor, yes.

Mr. J. Cox:

Yes. One of the challenges we have ... there are various scenarios that go with that. One of the common ones for us, one of the ones that causes us problems effectively, is where you might have one partner living at home, another partner in residential care or in a hospital but has been assessed for residential care but they are holding their hand up, as they have a perfect right, and saying: "I do not want to go into residential care. I want to go home." The challenge then is providing the right kind of care so that individual can go home. Our primary provider for over-65s is Family Nursing and Home Care and there is a limit to what they can do. We do not have the capacity ... well, we do not have the money to buy in additional support of that for the over-65s. Now, I think a lot of people, if you gave them the option of say: "Well, you are such a low-level resident care that if you went home and had 3 visits a day or 4 visits a day from a care assistant and one nurse you could stay at home." If you gave people that option I think I know what a lot of people would opt for.

Deputy G.P. Southern:

Indeed.

Deputy D.J. De Sousa:

Yes.

Mr. J. Cox:

But unfortunately it is a challenge that we have at the moment and it is not one that we are unaware of, about how we enable people to have that right and choice to live together. Because the alternative is a silly one, of that person who is perfectly well in the community going to live in residential care. You think: "Well, that does not seem right either."

Deputy D.J. De Sousa:

But then also you have got the area where very few of the residential homes here have facilities for married couples.

Mr. J. Cox:

Couples. Yes, that is true.

Deputy G.P. Southern:

I am aware that we have done almost an hour. Is there anything you want to add that you think you have not said that you came to say?

Mr. J. Cox:

We would love to just seize the moment, really, just to give some thoughts because the team have done a lot of work in terms of thinking about how ... you know, what is working and what is not, again that stuff I said before, and they have come up with ... collectively we have pulled together a list of ... a small list of things that we think would help; would help primarily service users but frankly would help us and we feel would help others as well. Can I just run through them?

Deputy G.P. Southern:

Sure.

Mr. J. Cox:

It is, Deputy Vallois, your point about designated staff who can provide that welfare function. We think that is one of the most important things for us that would really help this thing work. We put: "Accessible information in a variety of formats." You know, we need information not only in English. We need it in other minority languages. We need it in Braille. We need it on tape. We need it in

Macaterm(?) for people with learning ... there is a whole range of issues. Not huge amounts but people who are disenfranchised if they do not happen to be able to read. So accessible information, facts sheets about what peoples are enhanced to(?), enhanced process for speedy decisions on a Friday afternoon. That would be great. That would help. We really are pushing, because we think it is really important, the idea of joint training initiatives; family nursing, homecare, front line staff, community O.T.s (occupational therapists), social workers and income support. We need to learn what we all do because we do not know. Just a little thing, I appreciate the difficulties of this but I, myself, have on a number of occasions queued at Social Security for a variety of reasons and has any thought been given to the appointment system? Because it would help, I think. I know there are difficulties in people who turn up late or do not turn up but they are kind of manageable and it would make the clearance, I think, for service users a much more, you know, managed and appropriate one because there are ... people do have to wait a long time sometimes; through nobody's fault, it is just there is a ...

Ms. C. Richards:

If you have got a long-term health condition or a mental health problem and you have to sit in a queue or stand in a queue for 2 hours, then you have got a problem also.

Deputy G.P. Southern:

Not only for the client but also the highly paid socially worker sitting in the queue next to them.

Ms. C. Richards:

We try to avoid that.

Deputy D.J. De Sousa:

How do you find, just on ending, with your client base, the fact that you go in there and you are not offered straightaway a private room and they are having to discuss their business in ...

Ms. C. Richards:

Confidentiality is a real problem. One of my colleagues raised that, yes.

Mr. J. Cox:

I think it is a problem for all of us.

Deputy D.J. De Sousa:

It is.

Mr. J. Cox:

Particularly if you have got to discuss something of a very personal nature. You can hear, though, whatever and ... yes.

Deputy G.P. Southern:

Yes. You are 3 yards from the queue and it is not hard. I will just get my dig in. In a purpose-built establishment when all of the welfare officers around the Island have accepted that the default position was privacy, we have reinvented the wheel and we have got a system that says the default position is: "You will discuss your issues in public." That, to me, was 10 steps backwards. It should never have able to happen. They are addressing it but not quick enough for my ... in my thinking.

Mr. J. Cox:

The only other point at this stage, social workers have a lot of frontline interaction with the Social Security staff and you can imagine sometimes, because we are dealing with fairly contested heated areas, I would say generally ... I mean, you know, given we acknowledge the difficulties that they are

having and indeed that we are having, that usually, 9 times out of 10, people can sit down and work together.

Ms. C. Richards:

They do their best for us and we do for them, I think, yes.

Deputy G.P. Southern:

Yes, and the staff at the department, I think, always have the reputation for being the most friendly and respectful in terms of their clientele. I think it be wearing a bit thin at the moment. I think that is not down to them personally. It is down to stress. I think they are under stress.

Mr. J. Cox:

Yes.

Deputy G.P. Southern:

With the issue, the big issue ...

Mr. J. Cox:

Yes, I think that is true.

Ms. C. Richards:

May I just say something very quickly? I know my team are very grateful for this opportunity. So we really appreciate being able to do this.

Deputy D.J. De Sousa:

We are grateful.

Deputy G.P. Southern:

Thank you very much.

Mr. J. Cox:

Thank you.