

Dear Cllr Morton,

Thanks for your response dated 22 January (which I did not get a chance to read before our meeting that afternoon and Adults and Health Scrutiny Panel the same evening).

In relation to the **deficit**, I would only reiterate that as families and carers for individuals with what the council recognises as ‘critical and substantial’ social care needs, we are not prepared also to take responsibility for the council’s budget difficulties and we do not accept that these difficulties should be resolved at our expense.

In relation to the ‘**high level**’ character of the current budget proposals, I would also reiterate that these proposals also indicate in detail the ‘low level’ cuts and closures required to meet the targets the council has set and that it is therefore both appropriate and timely to challenge these measures at this stage.

In relation to the goal of ‘**promoting independence**’, it is important to recognise that people with disabilities can generally achieve greater independence only through particular forms of support. The greater the degree of disability (and, again, we are concerned here with ‘critical and substantial’ needs), the higher the level of support (professional expertise and experience) that is required to maximise the potential for independence and a decent quality of life. Cutting vital support services and replacing experienced support staff with unskilled workers will reduce independence and diminish the quality of life of individuals and their families and carers.

I am grateful for your clarification of the distinction between ‘**reablement**’ (short term intensive programmes appropriate for a relatively small number of predominantly elderly individuals with limited or transient disabilities) and ‘**enablement**’ (supportive programmes, of indeterminate duration and intensity, considered appropriate for younger people with more severe and chronic needs). This distinction has evidently emerged since the publication of *Building a Stronger Haringey Together: Three Year Plan and Budget Consultation for Residents and Businesses*, which includes five references to ‘reablement’ (pages 12 and 13) but none to ‘enablement’. But it raises further questions (in addition to those related to the ‘reablement desk-top review’ dealt with in a separate letter). As indicated in my earlier document, the limited available evidence refers to the policy of ‘homecare reablement’, a different approach to a different population. Given the loose definition of ‘enablement’, how does it differ from current good practice, which seeks to elaborate ‘personal development plans’ designed to achieve specified outcomes? Furthermore, the more that ‘reablement’ dissolves into ‘enablement’, it is difficult to see how it can achieve the drastic level of cuts in care packages that the current budget proposals envisage – without seriously compromising the care of individuals.

Yours sincerely,

Michael Fitzpatrick

