THE STATE OF SOCIAL CARE IN GREAT BRITAIN IN 2016

OUR CALL FOR URGENT ACTION ON SOCIAL CARE

Get involved: leonardcheshire.org/socialcare
‘Social care is actually living my life, not just having my physical health needs met.’

SOCIAL CARE USER, ENGLAND
EXECUTIVE SUMMARY

Good social care changes people’s lives, enabling them to live independently and participate actively in society. In addition to helping people with everyday activities like washing, dressing and eating, social care increases confidence, supports health and wellbeing, and helps people to sustain personal relationships, connect with their communities and access work.

But, in the face of severe funding pressures and rapidly rising demand, Britain’s social care systems are facing crisis.

48% of disabled adults who say they need social care do not receive any support at all.¹

This report looks at the state of social care in Britain today and how a crisis in social care is impacting on the lives of disabled people across the country.
We need to take urgent action to ensure social care is fit for the future.

There are some things none of us should have to experience in modern Britain. At Leonard Cheshire Disability, we believe that being left trapped in your home for days on end without vital support and human contact, or forced to stay in bed until 11am and go back to bed at 8pm are among them. Many disabled people tell us this is a daily reality for them.

That’s why it is vital that the government uses the upcoming Autumn Statement to ensure the immediate sustainability of the social care system. This includes bringing forward additional investment in the Better Care Fund, currently planned for the end of this parliament, to 2017/18.

To make care fair in the long term, we believe a national conversation about the future of health and social care is vital to overcome these challenges.

That’s why Leonard Cheshire Disability is supporting calls for the UK government to set up a cross-party commission on the future of health and social care in England.

Alongside this we are urging the UK’s devolved governments to take similar action. In particular we are calling on the Welsh government to bring forward its planned Parliamentary Review into the long-term future of health and social care in Wales.

41% of disabled adults say they need social care in at least one area of their life
We are calling for:

- The UK government to take immediate action to support social care in England by using the upcoming Autumn Statement to bring forward additional investment in the Better Care Fund. This is currently planned for later in the Parliament but is urgently needed in 2017/18 in addition to the £105 million already committed.

- Fair and sustainable long-term funding settlements to be established for social care across all four UK nations, that take account of rising demand for social care and the increasing complexity of people’s care needs.

- An end to councils in the UK commissioning 15-minute homecare visits for personal care, reflecting updated legislation and guidance in England and Wales.

- The introduction of an independent social care appeals system in England as provided for in the Care Act 2014. This will ensure that people can challenge decisions about their care that they believe are unfair or incorrect.

- The Scottish and Welsh governments to monitor and take relevant action to improve public awareness of people’s legal rights to challenge decisions about their care that are unfair or incorrect, and review the appropriateness of existing mechanisms for this by 2020.

- A commitment from the National Assembly for Wales’ Health, Social Care and Sport Committee to conduct a post-legislative review of the implementation of the Social Services and Wellbeing (Wales) Act 2014.
‘I need to know emergency care will be there when I need it.’
Julie has a syndrome which causes mobility and communication impairments, as well as Asthma, Irritable Bowel Syndrome (IBS) and other allergies. She lives with her husband, Sam, who has severe depression. They both rely on direct payments from their local council to fund care, essential for helping them both to get up and dressed, get out and about, prepare food, attend meetings and appointments, and do sports at their local sports centre.

Due to the funding cuts, their local council has changed the way their emergency care provision works, meaning Julie and her husband can’t access care when they need it most. Julie and her husband were recently left for two weeks without sufficient care and Julie’s health has suffered as a result. Further cuts have meant that Julie has been given a self-propelled wheelchair instead of an electric one, which she is unable to operate herself. This has restricted her independence.

Until these cuts occurred, Julie was quite happy with her care, which was helping her and her husband to remain independent. With good quality care, they want to be able to live the lives they would like, free from the worry of being stuck without help.

‘Many times we have both gone to medical appointments in our night clothes because, although patient transport has turned up, we have had a break down in our personal care and our local council no longer provides emergency care.’
We have talked to more than a thousand disabled people across Great Britain about their experiences of social care and the impact it has on their lives. Alongside this we talked to the general public about their understanding of social care and how they think the system is working. This is what they told us.
41% of disabled adults aged 18-65 say they need social care in at least one area of their life.\(^2\) This means as many as 2.6 million working age disabled adults in the UK could need social care in at least one area of their life.\(^3\)

...across many different areas of their lives.

We asked disabled adults about the type of support they need to live independently:

- 1 in 3 (29%) disabled adults say they need support with household tasks.\(^4\)
- 1 in 5 (21%) disabled adults say they need support to maintain social and community links or to access work, education or volunteering.\(^5\)
- 1 in 5 (18%) disabled adults say they need support with personal care (activities like washing, dressing and eating).\(^6\)
‘I want to be finishing my master’s, not chasing social services.’
Lynne lives with MS and cerebral palsy, and has several other health conditions. Lynne has difficulty lifting things and finds it hard to leave her home without help. She is still waiting for social care, which would allow her to live independently without having to rely on support from her husband.

Since November 2015 Lynne and her husband have been waiting to be given an adequate amount of care from their local council so they can remain independent. While she waits for further assessment, she has to rely on care from her husband, Michael, who has medical needs himself.

Lynne says that the contact they have had with visiting social workers has been disappointing and inefficient, with details of Lynne’s claim being transcribed wrongly. On one occasion, a social services employee had signed themselves off as a social worker when, in fact, they were not one.

The amounts Lynne has been allocated in care support have varied widely. While trying to sort out the errors, Lynne is stuck without support and is often unable to choose when she can leave her house.

Lynne has ambitions to complete her master’s and wants to pursue a PhD in the future. At the moment she feels her ability to study is being hindered because her time is being taken up with chasing social workers. She is also financially disadvantaged and can’t afford to pay for her course. Lynne is having to fund much of her own care and treatment and recently self-funded an operation to improve her quality of life.

‘A great deal of time and money has been wasted on sorting out my care package. It would have been better spent helping to improve my quality of life.’
But Britain’s social care systems are facing crisis.

Social care is important to the British public, but only 1 in 10 (12%) people think that the government spends enough on social care for disabled and older people, and over half (53%) think the system is not currently working well.

**ENGLAND**

In England, social care has seen £4.6 billion of funding reductions since 2010.\(^9\)

- This year, in 2016/17, nearly another £1 billion will be lost from social care, as councils are forced to make even further savings.\(^10\)
- After five years of continued budget reductions, social care directors in England say that 39% of these savings will come directly from cutting support disabled people currently receive.\(^11\)
- Without urgent action to increase funding, it is estimated that the social care funding gap will reach at least £2.8 billion by 2020.\(^12\)

**WALES**

The Welsh government has given greater protection than England to spending on social care since 2010. Nevertheless, similar pressures do exist in Wales, and increasing pressure on the Welsh NHS over the coming years means that the Welsh government is unlikely to be able to protect local government funding over the longer term.\(^13\)

- Analysis by Wales Public Services 2025 suggests that, based on rising demand, spending on social care for 18-64 year olds could rise in real terms from £521 million in 2010/11 to £752 million by 2030\(^14\) which will be unaffordable as local government budgets come under increasing pressure.

**SCOTLAND**

Scotland has recently moved to an integrated system of health and social care provision, and the Scottish government has invested £250 million to support social care up to 2018/19. However, at the same time Scottish councils, who spent £2.2 billion on adult social care in 2014/15,\(^15\) are facing severe financial pressures, putting the future sustainability of services at risk.

- In 2016/17, Scottish councils’ total revenue funding will be 5% lower than in 2015/16. This is a reduction of 11% in real terms since 2010/11.\(^16\)
- In this challenging financial climate, Audit Scotland estimates that spending on social work will need to increase by as much as £667 million by 2020 to meet demand.\(^17\)
The social care funding crisis has left hundreds of thousands of disabled people without vital support...

Funding pressures have resulted in deep cuts to front line social care services, leaving thousands of disabled people across the UK without essential everyday support to get around their homes and out into their communities.

- Overall, 80% of disabled adults who say they need social care do not receive enough support.\(^{18}\)
- Of these, 48% say they do not receive any support at all.\(^{19}\)
- Only 1 in 5 (20%) disabled adults who say they need social care say they receive enough support.\(^{20}\)
- In England, at least 400,000 fewer people are now receiving social care compared to 2009 (a reduction of 29%)\(^{21}\) despite rapidly increasing demand from an ageing population.
- This picture is repeated in Wales where over 5,000 fewer adults are now receiving social care compared to 2011.\(^{22}\)
...while thousands more are trapped in their homes, having to make impossible choices about their care.

- Over half (56%) of disabled adults who say they do not receive enough support maintaining social and community links are unable to leave home when they would like at least once a week.\(^{23}\)

- At the same time, as many as 40 councils in England were still commissioning flying 15-minute homecare visits for personal care in 2015,\(^{24}\) despite statutory guidance accompanying the Care Act 2014 which states that this should not happen.

The impact for disabled people is devastating...

- 50% of adults who say they do not receive enough social care say this means they are unable to work.\(^{25}\)

- 40% say their lack of social care support means that they feel isolated or lonely.\(^{26}\)

49% say their lack of social care support means that they have lost confidence.\(^{27}\)
Britain’s faltering social care system is putting unsustainable pressure on the NHS.

- 40% of adults who say they do not receive enough social care say it has had a negative impact on their physical health. 28
- 40% of adults who say they do not receive enough social care say it has had a negative impact on their mental health. 29
- 1 in 11 adults who say they do not receive enough social care say that they have spent more time in hospital as a result. 30

People are trapped in hospital because of inadequate social care in their local communities.

- In England, there have been more than 11,000 delayed transfers of care because of a lack of social care already this year. This is 37% higher than over the same period last year. 31
- In Scotland, delayed discharges related to health and social care in 2016 have increased by 9% compared to the same period last year. 33
- In July 2016, 1,396 people were delayed in hospital – 65% of them because of problems related to their social care. A third were delayed for more than two weeks. 34

‘Everything escalates into a crescendo of total disarray in my life. I’m unable to function – it really is mentally exhausting.’
SOCIAL CARE USER, ENGLAND

...and unsustainable for Britain’s public services.
Social care commissioned by local councils across the country enables over a million disabled and older people to live independently.\textsuperscript{35}
Like the NHS, social care is a vital public service. As well as providing people with the essential support they need with basic everyday tasks like washing, dressing and eating, social care enables people to connect with their friends, family and communities and move into, or stay in, education, volunteering and employment.

With an ageing population and more people of all ages living with a disability, more of us need social care than ever before.

- There are 1.4 million more working age adults living with a disability in the UK compared to 2010.36
- The number of people aged 85 and over in the UK is set to more than double by 2039.37
- It is estimated that there will be a 33% increase in the number of people receiving homecare in Scotland by 2030, and a 35% increase in the number of care home residents.38
- In Wales, it is estimated that the number of people requiring residential care could rise by up to 70% by 2030, while demand for community care is likely to increase by more than 60% over the same period.39

However, funding for social care is not keeping pace with this rapidly increasing demand. Reductions in the funding local government receives from central government over the past five years have left hundreds of thousands of disabled people without essential support.

- £4.6 billion has been lost from the social care system in England over the past five years.40
- This year English councils will be forced to make further savings in adult social care of £941 million – 7% of the total net adult social care budget – with further reductions to come next year.41
- ADASS estimates that to maintain services at current levels this year would require an additional investment of £1.1 billion.42

Only 12% of people think that the government spends enough on social care.
‘I want to be taking centre stage, not stuck in my living room.’
Lee has complex learning disabilities. For several years he has been receiving social care, which has enabled him to get out of the house and enjoy various activities, as well as attend college. However, his recent reassessment has seen this package cut from five days a week to just three.

His mother has expressed concerns over whether this means her son’s behaviour will deteriorate. Lee himself is worried he won’t be able to pursue his passion, acting. Lee’s mother says: ‘Lee loves the activities and seeing his friends. I am really concerned his health will deteriorate if he isn’t able to get out of the house for two days a week, but sadly our family cannot afford to cover the cost.’

Although Lee and his family have disputed the recent decision, local social services have upheld it. The lack of an independent appeals process means that there is very little Lee and his family can do about the council’s decision.

Lee and his parents feel like they’ve had the rug pulled out from under their feet. The support Lee was receiving, which they thought was for life, has been changed unfairly and without warning. Lee’s parents can’t afford to pay the cost of Lee’s support, which comes to almost £60 a day. They feel like they’re in an impossible situation.

‘With the cuts to my support I’m worried I won’t get to see my friends, which makes me feel frustrated and lonely.’
In England, the government has taken some action to divert additional funding into social care, including increased funding for the Better Care Fund and the introduction of a social care precept, which gives councils powers to increase council tax by up to 2% to spend on adult social care.

However, cuts to local government funding in England have been far deeper than in its devolved counterparts, and it is clear that these measures, although welcome, amount to too little, too late. While the majority of councils in England have chosen to levy the precept, demonstrating the urgency of the situation, this will only raise £380 million in 2016/17, while the funding gap is estimated to be nearly £1 billion.\textsuperscript{43} Even the most optimistic estimates suggest the social care precept will only lead to an average 0.6% increase in spending each year, at a time when social care needs a 4% annual increase to maintain current service levels.\textsuperscript{44}

Similarly, although there will be an additional £1.5 billion investment in the Better Care Fund, the majority of this funding will not arrive until the end of the Parliament despite being urgently needed now. There has been no additional Better Care Fund money in 2016/17 and just £105 million is currently committed in 2017/18.\textsuperscript{45}

That’s why we think it’s vital that the UK government uses the upcoming Autumn Statement to bring forward additional investment in the Better Care Fund for social care to 2017/18.
In Wales, the Social Services and Wellbeing Act (2014) offers an ambitious new vision for social care. However, as with its counterpart in England, the Care Act 2014, the success of this ambitious vision is at risk as pressures on local government continue to mount over the coming years.

The budget for health and social care spending in Wales currently equates to around 43% of the total government budget. However, it is estimated that with increasing demand this could rise to 57% by 2024-25, and in the worst case scenario to as much as 67%. This is likely to become unsustainable alongside other public spending priorities.

That’s why the Welsh government should take action to bring forward action to bring forward its planned Parliamentary Review into the long-term future of health and social care in Wales.

In Scotland, an ageing population, local government budget cuts and legislative changes are putting significant pressure on social care. In recognition, the Scottish government has invested an additional £250 million to improve social care outcomes up to 2018/19.

However, while the newly integrated health and social care system remains in its earliest stages, the impact of this investment on frontline care services remains to be seen.

At the same time, continued pressure on local government budgets in Scotland and lack of clarity on future resourcing levels are putting the success of integration and the future sustainability of social care at significant risk. Councils in Scotland plan to save £54 million from their social work budgets in 2016/17 which is likely to lead to further rationing of care and support.

That’s why we are calling on the Scottish government in partnership with local government to lead a public conversation about future priorities for social care in Scotland.
‘With the right care, I could live closer to my family.’
Father and grandfather Martin is unable to live near his family. He lives at a Leonard Cheshire service, and only sees them when they visit.

Living with MS, Martin requires a high-level care package, which he currently receives. Although he likes the service where he lives, his dream is to be able to move home and live closer to his family. The council, however, are unable to provide the flexibility of care he would need in the community, which amounts to around 22 hours of personal care a week, partly due to a lack of resources.

Martin has tried to move home three times. However, he has repeatedly experienced inflexibility among district nurses meaning he doesn’t get vital medication and treatment when he needs it. Because of this, his health deteriorates. His only option is to stay living apart from his family.

‘I love the Leonard Cheshire service where I live, but I’d much prefer to be supported to live independently and be closer to my family.’
COUNTING THE COST OF CUTS

Overall, the significant and sustained pressure on social care budgets across the UK, which is set to continue up to 2020, has resulted in a rapidly growing number of people who need vital support being locked out of the system. Our own research shows that 48% of disabled adults in Great Britain who say they need social care do not receive any support at all.48

Alongside this, data shows:

- At least 400,000 fewer people are now receiving social care in England compared to 2009 – a reduction of 29%.49
- In Scotland 4,700 fewer people were receiving homecare in 2015 compared to 2010. Even when this is offset against the increase in those receiving direct payments, we estimate that as many as 2,700 fewer people are receiving homecare compared to 2010.50

In Wales, over 5,000 fewer people were receiving social care in 2015 compared to 2011.51

The next section of this report looks in greater detail at the impact of this on individual lives. But at a national level the consequences are clear:

- In England, the success of the Care Act 2014 is in jeopardy. There is a growing body of evidence that underfunding is impacting on the ability of councils to meet their statutory duties in relation to care and support, undermining the forward-thinking vision for social care laid out in the Act and putting the quality of services at risk.

- Similarly, in Scotland the progress of integration is being slowed as local government continues to experience budget cuts, and future budget levels cannot be guaranteed.

- In Wales the future success of the Social Services and Wellbeing (Wales) Act is at risk as pressures on local government begin to mount and it becomes increasingly difficult for councils to protect spending on social care.

- The stability and diversity of the care market is at risk. In response to this year’s ADASS Budget Survey, 80% of directors in England reported that providers in their area are facing financial difficulties.52

- In Wales, data shows a steady reduction in the number of care and nursing homes since 2012.53

- Unsustainable additional pressure is being placed on the NHS and other public services. The NHS cannot work effectively without a well-functioning social care system.

- In England there have been over 11,000 delayed discharges related to social care already this year – 37% higher than over the same period last year.54
THE IMPACT ON DISABLED PEOPLE’S LIVES

Throughout our research disabled people told us that they want to participate more actively in work, social and community activities. But too often they find it impossible to get the right social care at the right time to enable them to do this.

Across Great Britain, of disabled adults who report needing social care, 4 in 5 (80%) say they do not receive enough support. Of these, 48% do not receive any support at all.

‘Sometimes I feel angry that no one seems to care what’s wrong. I feel like I have to just get on with it. I don’t feel important – I’m a number, not a person.’

SOCIAL CARE USER, SCOTLAND
Our evidence shows that publicly funded social care is fast becoming a public service available only to those with the lowest incomes and the highest needs, leaving thousands of disabled people and their families struggling to meet the costs of vital care or simply with no support at all.

Of disabled people who said in our survey that they need assistance with household tasks, half (48%) said they did not receive any support at all. Similarly, of those who said they need assistance with personal care, 41% said they did not receive any support at all.

The consequences cut across every area of disabled people’s lives. Over half (56%) of disabled adults who say they do not receive enough support maintaining social and community links are unable to leave home when they would like at least once a week. 4 in 5 disabled adults (82%) who say they do not receive enough social care support in working, volunteering or accessing education report that this has left them feeling unable to apply for a job. A further 7 in 10 (69%) say it has led to them leaving a job.

Throughout our research disabled people receiving social care told us that their care was often unreliable, only available at fixed times or insufficient. Disabled people’s families and friends are also feeling the impact of funding pressures and eligibility restrictions, which mean that disabled adults are now more likely to receive informal care from family and friends than formal social care support. Our research found that 42% of disabled adults receive informal care from family and friends. Disabled people tell us that this support is often essential to plug gaps in their formal social care provision but that they are often worried about the impact it is having on their personal relationships.

2 in 5 disabled adults who say they do not have enough social care support say this has had a negative impact on their relationship with family and friends. In addition, many disabled people we spoke to told us that they are concerned about the negative impact on the health of their family carers and in some cases on their own mental and physical health.

‘I never know when they are going to arrive and I am able to get up for the day or go to bed. Sometimes they arrive at 5pm and I have to get ready for bed then. Once they didn’t arrive at all and I was left with no support.’ SOCIAL CARE USER, ENGLAND

‘Your family are trying to manage their life as well as your life. The stress it puts on your family is extreme – you have to depend on others and you don’t want to.’ SOCIAL CARE USER, WALES
Often, just a small amount of support would make a huge difference to someone’s life. Disabled people tell us that support with household tasks alongside emotional support and mentoring are key areas of their lives where they need more help.

Supporting people at an earlier stage also makes economic sense. When people get the right support early on it helps them maintain their health and wellbeing over the longer term, reducing isolation and loneliness and lessening the likelihood that they will fall into crisis and be admitted to hospital.

‘People should not have to wait months and months for their initial consultation, getting more depressed… you shouldn’t leave people unable to get out the front door for five months.’ SOCIAL CARE USER, ENGLAND
‘Nobody tells me when to go to bed.’
Joan lives alone with a spinal condition that leaves her struggling to get in and out of bed and wash herself without help.

Even though her council has been providing care at home for Joan for almost 30 years, she does not get a choice about what time she can get a carer to visit in the evening to help her get ready for bed. Sometimes it can be as early as 6pm. She wants to be able to choose what time she goes to bed, so she struggles to get herself ready instead. It sometimes takes her a long time, leaving her tired and uncomfortable.

‘I feel like I have to make a choice between my independence and having support to go to bed.’
SUPPORTING DISABLED PEOPLE TO HAVE THEIR VOICE HEARD

1 in 4 (24%) disabled people are dissatisfied with the social care they currently receive. However, too often it is difficult or impossible for people to challenge council decisions about their care that they believe are wrong or unfair, either because they lack the right information and support to do so, or because complaints mechanisms across the UK are currently insufficient for effective resolution.

In England, disabled people wishing to challenge decisions about their care currently have to rely in the first instance on their council’s internal complaints system, with the option to complain to the Local Government Ombudsman if they can demonstrate there was an administrative fault with the way their care decision was reached. As a result, disabled people tell us they experience significant difficulties successfully challenging decisions about their care and support. Complaints procedures are complex and confusing, with a lack of information and advice provided to navigate the process and often no mechanism to have a decision overturned.

In response to this, Leonard Cheshire Disability successfully campaigned for the provision of an independent appeals system in the Care Act 2014 to enable disabled people to seek independent redress when decisions about their care are wrong or unfair. However, continued budgetary pressures mean plans to design and introduce this new appeals system have been put on hold by the government until at least 2020. This comes at a time when the need for one has never been clearer. In 2015/16 the Local Government Ombudsman received 2,584 complaints and enquiries about adult social care, a 4% increase on the previous year. 58% of all complaints investigated were upheld.

That’s why we are calling on the UK government to bring Part 2 of the Care Act into effect at the earliest opportunity, including working with disabled people on the design of this new appeals system.
In Wales, we welcome the recent introduction in the Social Care and Wellbeing (Wales) Act 2014 of an appeals mechanism, including the right to support from an independent advocate. However, we are concerned that many people using social care remain unaware of their new rights under this legislation and believe that the Welsh government should take action to raise awareness.

Similarly in Scotland, we welcome recent legislative changes that extend the role of the Scottish Public Services Ombudsman. This has given the body powers to review decisions taken by social work professionals, including around resource allocation.

‘Because the council pay for it, I don’t know whether I get a say in my care.’
SOCIAL CARE USER, ENGLAND

That’s why we are calling on the Scottish and Welsh governments to commit to review and evaluate the success of these new measures and the impact on people using care services by 2020.
‘Nothing should stop me being able to leave my home.’
WENDY TIFFIN
49, DORSET

Wendy has mobility issues caused by brain tumours and subsequent operations to correct them. She also struggles with short-term memory loss.

Wendy lives in a residential care service. Ongoing cuts to care have meant that she is less able to leave the home and get out and about. This has left her feeling isolated from the outside world.

The only way Wendy does manage to get out is with the support of a carer, which is privately funded by her family. She used to be able to rely on volunteer drivers to take her out but this rarely happens because there are fewer volunteers available.

The fear of social services moving her away from where she lives has stopped her from making a complaint or demanding more care.

‘I go out for two hours every fortnight, which is paid for by my family. If they didn’t do this, I would be completely cut off from the community. There are some people who don’t have family to help and remain isolated.’
CONCLUSION

The crisis facing social care is a national scandal. Our research has revealed that thousands of disabled people are missing vital support, often trapped in their own homes and unable to pursue the learning and work opportunities that many others take for granted.

This has to change. Politicians from all parties are looking at ways to make life in Britain fairer, but too often disabled people are missing from their vision of the future. This is why a government-led commission on the future of health and social care is urgently needed. Unless this and other action is taken to make care fair for everyone, then millions of people will be forced to live in misery and discomfort for years to come.
At Leonard Cheshire Disability we believe a national conversation about the future of health and social care is vital to overcome these challenges.

That’s why Leonard Cheshire Disability is supporting calls for the UK government to set up a cross-party commission on the future of health and social care in England.

Alongside this we are urging the UK’s devolved governments to take similar action. In particular we are calling on the Welsh government to bring forward its planned Parliamentary Review into the long-term future of health and social care in Wales.

We are also calling for:

- The UK government to take immediate action to support social care in England by using the upcoming Autumn Statement to bring forward additional investment in the Better Care Fund currently planned for the end of the Parliament to 2017/2018.

- Fair and sustainable long-term funding settlements to be established for social care across all four UK nations which take account of rising demand for social care and the increasing complexity of people’s care needs.

- An end to councils commissioning 15-minute homecare visits for personal care, reflecting updated legislation and guidance in England and Wales.

- The introduction of an independent social care appeals system in England as provided for in the Care Act 2014. This will ensure that people can challenge decisions about their care that they believe are unfair or incorrect.

- The Scottish and Welsh governments to monitor and take relevant action to improve public awareness of people’s legal rights to challenge decisions about their care that are unfair or incorrect, and review the appropriateness of existing mechanisms for this by 2020.

- A commitment from the National Assembly for Wales’ Health, Social Care and Sport Committee to conduct a post-legislative review of the implementation of the Social Services and Wellbeing (Wales) Act 2014.

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ComRes interviewed 1,032 disabled adults aged 18-65 in Great Britain online between 28 April and 10 May 2016. Data were weighted to be representative of disabled adults in Great Britain, by gender and region. ‘Disabled’ refers to those who answered ‘Yes’ to ‘Do you have a longstanding physical or mental condition or disability that has lasted or is likely to last 12 months and which has a substantial adverse effect on your ability to carry out day-to-day activities?’ Base: British adults aged 18-65 who reported that they need social care in at least one area n=428.

YouGov polling. 428 respondents said they need social care in at least one area tested – support with personal care; maintaining social and community links; household tasks; and accessing education, employment and volunteering.

Extrapolation is based on data from the Office for National Statistics Mid-2015 Population Estimates for England, Wales and Scotland (39,284,765 people aged 18-65 in Great Britain), and the Department for Work & Pensions Family Resources Survey 2014/15 (17% working age adults in the UK are disabled). Based on this data there are 6 million disabled adults aged 18 – 65 in Great Britain, 40% of whom say they need social care support, which equates to 2.6 million disabled adults.

ComRes’ polling. Base: all disabled adults (n=1,032).

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Data from Stats Wales. Accessed at statswales.gov.wales


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1 ComRes interviewed 1,032 disabled adults aged 18-65 in Great Britain online between 28 April and 10 May 2016. Data were weighted to be representative of disabled adults in Great Britain, by gender and region. ‘Disabled’ refers to those who answered ‘Yes’ to ‘Do you have a longstanding physical or mental condition or disability that has lasted or is likely to last 12 months and which has a substantial adverse effect on your ability to carry out day-to-day activities?’ Base: British adults aged 18-65 who reported that they need social care in at least one area n=428.

2 ComRes’ polling. 428 respondents said they need social care in at least one area tested – support with personal care; maintaining social and community links; household tasks; and accessing education, employment and volunteering.

3 Extrapolation is based on data from the Office for National Statistics Mid-2015 Population Estimates for England, Wales and Scotland (39,284,765 people aged 18-65 in Great Britain), and the Department for Work & Pensions Family Resources Survey 2014/15 (17% working age adults in the UK are disabled). Based on this data there are 6 million disabled adults aged 18 – 65 in Great Britain, 40% of whom say they need social care support, which equates to 2.6 million disabled adults.

4 ComRes’ polling. Base: all disabled adults (n=1,032).

5 ComRes’ polling. Base: all disabled adults (n=1,032).

6 ComRes’ polling. Base: all disabled adults (n=1,032).

7 YouGov polling. Total sample size was 1,704 adults. Fieldwork was undertaken on 11-12 August 2016. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

8 YouGov polling.


10 ADASS, Budget Survey, (2016). The survey found that Adult Social Care planned savings for 2016/17 are £941m (this is equivalent to 8% of the net Adult Social Care budget and 29% of total council savings).


13 StatsWales, Adults receiving services by local authority, client category and age group, (data accessed September 2016). Data available at statswales.gov.wales


17 Audit Scotland, Social work in Scotland, (September 2016).

18 ComRes’ polling. Base (British adults aged 18-65 who reported that they need social care in at least one area): 428.

19 ComRes’ polling. Base (British adults aged 18-65 who reported that they need social care in at least one area): 428.

20 ComRes’ polling. Base (British adults aged 18-65 who reported that they need social care in at least one area): 428.


22 Data from Stats Wales. Accessed at statswales.gov.wales

23 ComRes’ polling. Base: all who do not get enough support maintaining social and community links (n=148).

24 In August 2015 Leonard Cheshire Disability sent freedom of information (FOI) requests to 152 local authorities commissioning social care in England. This followed two previous requests sent by the charity in 2013 and 2014. Where councils indicated they were commissioning 15-minute visits in their response to this request, we sent a follow up FOI asking them to clarify whether or not they commission 15-minute visits for personal care. 18 councils indicated they did commission visits for personal care that were delivered in 15 minutes or less, and a further 23 did not respond to our request for clarification.

25 ComRes’ polling. Base (British adults aged 18-65 who reported that they do not receive enough social care support): 299.
26 ComRes’ polling. Base (British adults aged 18-65 who reported that they do not receive enough social care support): 299.

27 ComRes’ polling. Base (British adults aged 18-65 who reported that they do not receive enough social care support): 299.

28 ComRes’ polling. Base (British adults aged 18-65 who reported that they do not receive enough social care support): 299.

29 ComRes’ polling. Base (British adults aged 18-65 who reported that they do not receive enough social care support): 299.

30 ComRes’ polling. Base (British adults aged 18-65 who reported that they do not receive enough social care support): 299.

31 NHS England, Delayed Transfers of Care Data 2016-17. This data shows that 11,626 patients had a delayed transfer of care at midnight on the last Thursday of the reporting period attributable to social care between January and June 2016. The figure was 8,494 for the same period in 2015.

32 StatsWales, Total number of local authority residents (aged 18+) experiencing a delayed transfer of care during the year for social care reasons, 2010/11 – 2014/15. Accessed at statswales.gov.wales


34 ISD Scotland, Delayed discharges - Monthly census figures (July 2016).


36 The number of working age disabled adults increased by 26% between 2010/11 and 2015/16 from 5.4 - 6.8 million (Family resources survey).


39 Jeffs M., (Wales Public Services 2025): Future Pressure on Welsh Public Services.

40 ADASS, Budget Survey, 2016.

41 ADASS, Budget Survey, 2016.

42 ADASS, Budget Survey, 2016.


46 Jeffs M., (Wales Public Services 2025): Future Pressure on Welsh Public Services.


48 ComRes’ polling. Base (British adults aged 18-65 who reported that they need social care in at least one area): 428.

49 NHS Digital, Community Care Statistics, 2013/14. The total number of people receiving services in 2013-14 was 1,273,000 (down 29% from 1,782,000 in 2008-09). Accessed at digital.nhs.uk


51 Stats Wales, Adults receiving services by client category, local authority and age group, 2010/11 – 2014/15.

52 ADASS, Budget Survey, 2016.

53 Institute of Public Care, The Care Home Market in Wales: Mapping the Sector, Oxford Brookes University, (October 2015). Accessed at ppiw.org.uk

54 NHS England, Delayed Transfers of Care Data 2016-17. Accessed at www.england.nhs.uk. This data shows that 11,626 patients had a delayed transfer of care at midnight on the last Thursday of the reporting period attributable to social care between January and June 2016. The figure was 8,494 for the same period in 2015.

55 ComRes polling of 1032 GB disabled adults aged 18-65. Base: all who need social care in at least one area (n=428).

56 ComRes’ polling. Base: all who report needing support with household tasks (n=299).
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58 ComRes’ polling. Base: all who do not get enough support maintaining social and community links (n=148).

59 ComRes’ polling. Base: all who do not get enough support in working, volunteering or accessing education (n=146).

60 ComRes’ polling. Base: all disabled adults (n=1,032).

61 ComRes’ polling. Base: all who do not receive enough social care support (n=299).

62 ComRes’ polling. Base: all who currently receive social care support: 149.

A NOTE ON METHODOLOGY

In order to understand more about disabled people’s experience of social care, we worked with ComRes to survey 1,032 British disabled adults between the ages of 18 and 65 online between 28 April and 10 May 2016. Data were weighted to be representative of disabled adults in Great Britain, by gender and region. ‘Disabled’ refers to those who answered ‘Yes’ to ‘Do you have a longstanding physical or mental condition or disability that has lasted or is likely to last 12 months and which has a substantial adverse effect on your ability to carry out day-to-day activities?’

In addition, we worked with YouGov to survey 1,704 British adults about their views on health and social care in Britain. Fieldwork was undertaken on 11-12 August 2016. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

We also conducted focus groups and one-to-one interviews with 89 disabled people in England, Wales and Scotland to understand their lived experience of social care.
Leonard Cheshire Disability is one of the UK’s leading charities supporting disabled people. Our services include high quality care and community support together with innovative projects supporting disabled people into education, employment and entrepreneurship.

With over 6,000 employees, we support over 4,600 disabled people in the UK alone each year. Worldwide, our global alliance of partners works in more than 50 countries.

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