# Adult Social Care

April 2018

### About Leonard Cheshire

At Leonard Cheshire we support individuals to live, learn and work as independently as they choose, whatever their ability. Led by people with experience of disability, we are at the heart of local life - opening doors to opportunity, choice and support in communities around the globe.

We provide a range of care and support services including residential care, supported living, homecare, day services and specialist care for adults with acquired brain injuries. We also campaign to make care fair for everyone who needs it.

**Context**

Social care enables over one million disabled and older people in the UK to live independently and contribute to society,[[1]](#footnote-1) like the NHS it is a vital public service. As well as providing disabled people with the essential support for basic everyday tasks like washing, dressing and eating, it enables people to connect with their communities and move into, or stay in, education, volunteering and employment.

However, since 2010, councils have experienced significant cuts in funding for social care. By the end of this financial year, it is estimated over £6 billion will have been taken out of the system since 2010[[2]](#footnote-2), leaving a funding gap of approximately £2.5 billion by 2019/20.[[3]](#footnote-3) This is at a time where there is a rapidly increasing population of people who need care and support. This is an issue the government can no longer afford to ignore. We need a long-term funding solution for the future of social care in England without delay.

**Reduced eligibility**

Due to funding cuts, access to publicly-funded social care has become increasingly restricted and risks becoming a residual service available only to those with the highest needs. At least 400,000 fewer people in England are receiving social care compared to 2009 - a reduction of 29 per cent.[[4]](#footnote-4)

The eligibility threshold for publicly-funded care currently sits at ‘substantial’, meaning that people with significant care needs are falling below the threshold and are not receiving social care.

Our recent research[[5]](#footnote-5) has revealed the detrimental impact that reduced eligibility for social care is having:

* More than half (55%) of working age disabled adults in Britain say they don’t receive the social care support they need. This is a problem which is only getting worse, increasing from when it was just under half (48%) in 2016.
* Over a third (37%) of working age disabled adults in Britain say they receive some of the social care support they need, but not enough; a statistically significant increase from the previous year (31% in 2016). Again, this demonstrates the problem is getting more severe.

The consequence of not receiving any, or enough social care, cuts across all areas of disabled people’s lives, with those who experience this, reporting it as having a negative impact on their mental (53%) and physical (43%) health. In addition, the lack of social care provision means disabled people who want to access work and volunteering opportunities are unable to do so. Our research finds that 80% of those not receiving the social care support they need feel unable to apply for a job.

We want the Government to lower the eligibility criteria from ‘substantial’ to ‘moderate’ to ensure all disabled people who need care receive it.

**15-minute care visits**

Another consequence of increasing pressure on social care funding is that councils are still providing people with rushed and undignified 15-minute homecare visits. This is despite statutory guidance defining such visits as ‘inappropriate’.

Following a Freedom of Information request in September 2017, we found that almost 20,000 people are still receiving ‘flying’ 15-minute personal care visits across England, Scotland and Wales.[[6]](#footnote-6) While short visits can be appropriate where requested, or for medication and welfare checks, it is clear that too many councils are providing people with only the minimum 15-minutes for support with personal care. This can deprive people of their dignity and leave them lonely and isolated.

Our research shows that most people who are not disabled need at least 40 minutes to get up, washed, dressed and have breakfast in the morning. As a result, disabled people with 15-minute visits for personal care often have to choose between going to the toilet and having a cup of tea.[[7]](#footnote-7)

**Social care green paper**

The Government are due to publish a consultation document on the future funding of social care this summer which will predominantly focus on older people and how they will pay for their care. There is a separate work stream looking at working aged disabled adults, but it is unclear how this will be incorporated into the green paper.

A recent study showed that meeting the needs of working aged disabled adults accounted for 61% of reported financial pressures on adult social care budgets in 2017.[[8]](#footnote-8) It is therefore vital the social care green paper addresses the needs of both working aged disabled adults and older people. The two are interdependent for creating a sustainable funding solution.

**What is needed is action, now, to put social care on a sustainable footing, enabling the many disabled people who need social care to receive adequate support to live their lives with independence and dignity.**

We propose a set of principles which should guide the government when designing a new funding system to resource social care:

* Disabled people should be at the centre of social care reforms. Any funding solution should be developed with disabled people to ensure their needs are being met and can work in practice.
* Anyone who needs social care should be able to access high quality care. The eligibility criterion therefore needs to reflect the actual needs of disabled people requiring a range of support. Any funding solution must reflect the increasing demand for social care.
* Social care should be more holistic and there needs to be greater support for measures that empower disabled people to live full and independent lives in their communities – whether through volunteering, learning or employment opportunities.

If you would like to discuss this briefing, please contact Victoria Hemmingway, Public Affairs Officer, on 0203 242 0319 or victoria.hemmingway@leonardcheshire.org.

1. NHS Digital, Community Care Statistics: Social Services Activity in England.. [↑](#footnote-ref-1)
2. The Kings Fund, Nuffield Trust and The Health Foundation, The Autumn Budget: Joint statement on health and social care, November 2017: www.kingsfund.org.uk [↑](#footnote-ref-2)
3. ADASS, Budget survey 2017: www.adass.org.uk [↑](#footnote-ref-3)
4. NHS Digital, Community Care Statistics, 2013/14. The total number of people receiving services in 2013-14 was 1,273,000 (down 25 per cent from 1,698,005 in 2009-10). Accessed [here](http://digital.nhs.uk/catalogue/PUB16133). [↑](#footnote-ref-4)
5. ComRes interviewed 1,119 disabled adults in GB aged 18-65, from 15th June to 10th July 2017. Data were weighted to be nationally representative of this audience. Data were also weighted the 2016 age distribution in order to make direct comparisons to the previous wave of research (in 2016 ComRes also interviewed 1,032 disabled adults in GB aged 18-65, from 28th April to 10th May 2016, with data weighted to be representative as in 2017). ComRes is a member of the British Polling Council and abides by its rules. Full results can be accessed [here](http://www.comresglobal.com/wp-content/uploads/2018/04/Leonard-Cheshire-Disability_GB-Disabled-adults_Social-care_Tables_April-2018.pdf). [↑](#footnote-ref-5)
6. In September 2017 Leonard Cheshire sent freedom of information (FOI) requests to 206 local authorities commissioning social care in England, Scotland and Wales. [↑](#footnote-ref-6)
7. Leonard Cheshire, (2013). Ending 15-minute care: www.leonardcheshire.org [↑](#footnote-ref-7)
8. ADASS budget Survey 2017: www.adass.org.uk [↑](#footnote-ref-8)