

Commission
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Inspection

CSCI

Making Social Care
Better for People



The state of social care in England 2006-07

January 2008

Commission for Social Care Inspection

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Foreword by the Chair and the Chief Inspector

This is the Commission's third annual report on the state of social care in England. It reviews people's experiences of finding, obtaining and using social care services, whether from public, private or voluntary organisations.

In last year's report on the state of social care in England for 2005-06, we highlighted our concerns about the impact on people of councils continuing to raise their eligibility criteria for access to publicly funded social care services. Accordingly, in addition to findings from CSCI's inspections, regulatory activity and performance assessment of councils, this report includes the findings of two specially commissioned studies, thereby enabling us to provide a more rounded view of people's experiences.

This is important because, as the regulator of care services provided by public, private and voluntary organisations, we hear regularly from people who fund their own care. Indeed, in some instances they are the majority of people using that service. Their experiences need to be included in any picture of the whole care system. Some of these people have had to fund their own care because they have not qualified for services arranged by their council.

People looking for support in their daily lives, whether they pay for that care or not, say they want easy access to good information about their options for care; expert advice and guidance when making decisions about the support available; and confidence in the quality of local services.

Our report shows there is some way to go before these expectations are met for everyone.

Those people who are eligible for council-arranged services are seeing some improvements in the range of available care options. These include, for increasing numbers of people, the use of Direct Payments so they can arrange and control their own support. People supported by councils are also getting the advice and assessments of their personal situation that help to tailor support to their lives. Some people are benefiting from services designed to enable them to restore their independence after a period of illness or other crisis.

But people who do not qualify for council-arranged care may often have a poor quality of life, as our special study shows. People funding their own care, whether by choice or as a result of means testing, often do not get the information or explanation needed to make good choices about services. Those people unable to privately fund their care may have no choice but to rely on family and friends. These are frequently fragile arrangements liable to break down. People are being signposted by councils to other sources of help but they rarely monitor the outcomes for such people and we found some people who were left without any satisfactory solution for their situation.

The Department of Health-funded Partnerships for Older People Projects are providing important support to people with less intensive needs but these and other preventative initiatives are at present available to relatively few people.

As we showed in last year's state of social care report, families and friends are providing the majority of care to support people living at home. Whilst this year we report some improvements in support to carers, this continues to be far short of the systematic provision needed. We hope that the updated strategy for carers will be able to secure the necessary changes and that the new standing Commission on Carers announced by the Prime Minister will keep these issues under review.

The quality of social care services continues to improve, but we have two main concerns. First, the rate of improvement is slowing down for the second year running. Secondly, our inspections show that not all services are meeting all of the national minimum standards (NMS). It is unacceptable that services are still not meeting all of these *minimum* standards, five years after their introduction. Where services show major shortfalls in meeting the NMS, they will be given specific attention by our new regional enforcement teams. We remain fully committed to stamping out bad practice.

In the light of our findings about the current state of social care in England, we very much welcome the Government's recent announcement of a Social Care Reform Grant, worth some £520 million over the next three years, to take much further forward its agenda of personalised and responsive care services, including more information, advice and support for people. We also welcome its intention to bring forward a Green Paper on the funding of long-term care. We believe this state of social care report provides a wealth of evidence about the need for change, which ministers have acknowledged, and the very variable outcomes faced by people inside and outside the formal public care system. The Green Paper represents a real opportunity to lay the foundations for a sustainable and affordable care system, based on the progress of recent years but addressing the clear problems which remain. On the basis of the evidence derived from our work, we look for a care system that ensures all people seeking support have their care needs properly assessed, get good advice about their options for care, are clear about what they have to pay for and what they will get for their money, and are confident about the quality of local services.



Dame Denise Platt DBE
Chair
Commission for Social Care Inspection



Paul Snell
Chief Inspector
Commission for Social Care Inspection

Contents

The state of social care 2006-07: an overview	vi
Context and focus	
Chapter 1 Introduction	1
Chapter 2 Setting the scene: policy context	6
Part One – The picture of social care: data and trends	
Chapter 3 Expenditure and activity	17
Chapter 4 Trends in services	42
Chapter 5 Outcomes for people using social care	55
Chapter 6 Children’s services	92
Part Two – Eligibility and self-funding: the impact on people	
Chapter 7 People who fund their care and people ineligible for social care: a national analysis	108
Chapter 8 People ‘lost to the system’	126
Appendices	156

The state of social care in England 2006-07: an overview

This third report from the Commission for Social Care Inspection:

- describes trends in the range, quality and availability of social care services in 2006-07 across public, voluntary and private sectors
- reports on what is happening to people seeking support who are not eligible for council-arranged care or who fund their own care.

This overview offers a commentary and analysis of the contents of this report. A full executive summary is provided in a separate publication.

Context

Over 2 million people of all ages, including children, and from every community, used social care services arranged by local councils during 2006-07. Councils spent £14.2 billion¹ on social care for all adults. It is estimated that private individuals spent £5.9 billion on personal social care for older people alone.²

- As at March 2007, over 18,500 registered care homes, run by private and voluntary organisations and councils, provided almost 442,000 places to adults of all ages.
- 4,735 registered home care agencies, the majority privately run, provided support to people to live at home.
- At March 2007, 54,000 people (including parents caring for disabled children and young carers) used Direct Payments and at September 2007 around 1,000 people had an Individual Budget.³
- During 2006-07, 23,699 older people used a service within the Partnerships for Older People Projects (POPP) programme.
- Over 3,500 children's services were regulated by CSCI during 2006-07.
- 1.39 million people were estimated to be working in adult social care services in England in 2006-07.

1 This is gross expenditure in 2005-06. Expenditure data from councils for 2006-07 will be published by the Information Centre for Health and Social Care in February 2008.

2 See Chapter 7.

3 See Chapter 1 *Introduction* for an explanation of Direct Payments and Individual Budgets.

People's views on social care

People looking for support have emphasised the importance of services that fit with their daily lives, recognise their individuality and respect their culture. People want to know what they are entitled to and, if they have to pay for it themselves, assurance that they will get a fair deal.

During 2006-07, there have been many calls to clarify State and individual responsibilities, as highlighted in last year's state of social care report. There have also been calls for a new public sector financial settlement for social care. Groups covering a wide spectrum of interests have expressed concerns about the impact of resource pressures on individuals. Government has acknowledged *"we are only able to alleviate short-term pressures and, as you know, in some areas of the country, only the most severe cases of hardship are receiving any care at all."*⁴

There have also been increasing concerns that people's human rights are not being respected, following a number of reports of serious shortfalls in health and care services and examples of abuse and neglect.⁵

A report by Dame Denise Platt reviewing the status of social care was presented to Government in 2007, who responded with a five-point action plan designed to rebuild confidence within the sector and with the public.

Government policy

Government sees personalised care and systems that put people in control as the cornerstone of policies for transforming social care. The promotion of health and well-being is also a priority and councils are charged with ensuring their local areas are the sorts of places that people of all ages want to live and work in.

In the 2007 Comprehensive Spending Review, Government announced that local government would get an average real-terms increase to revenue support grant of 1% per year. In addition, for social care, direct Department of Health funding would increase by an average 2.3% per year in real terms amounting to an additional £190 million by 2010-11, to develop personalised services and to invest in prevention. An additional £250 million in total over the same period was also announced to help ensure that all children at school are ready to learn and benefit from personalised services and support. Over the next four years, £300 million is to be spent on securing a better start in life for children in care.

It is in this context that we consider whether people are getting personalised care, where individuals can shape services to their needs and preferences. Are people, whether they fund their own care or are publicly funded, getting responsive, tailored, quality services and support? Are people using social care services confident that their human rights are respected and that they can enjoy a reasonable quality of life?

4 Speech by Rt Hon Alan Johnson MP, Secretary of State for Health, 18 October 2007, National Adults' and Children's Social Services conference.

5 Examples are given in Chapter 2 *Setting the scene: policy context*.

Summary of the state of social care in England

- There is an increasingly sharp divide between those people who benefit from the formal system of social care and those who are outside it.
- People qualifying for services arranged by their council are seeing improvements and, in some areas, early steps towards a redesigned system offering personalised care.
- But the picture can be very different for those people who are not eligible for council-arranged care, and there is little consistency as to who is ineligible both within and between councils.
- People 'lost to the system' because they are not eligible for council-arranged services and cannot purchase their care privately often struggle with fragile informal support arrangements and a poor quality of life.
- People who fund their own care are also disadvantaged, lacking advice and information about their care options and often largely invisible to local councils.
- Care services provided by councils, private and voluntary bodies are meeting more of the national minimum standards but improvement appears to have stalled.
- The Government's proposed Green Paper on long-term care funding offers an important opportunity to establish a fair and sustainable social care system where people, whether they pay for their own care or not, as a minimum get good advice, an assessment of their situation, and access to high quality services.

People qualifying for services arranged by the council

- During 2005-06, over 2 million people – an increase of 4% over 2004-05 – made contact with or were referred to their council; and 1.75 million adults received one or more services from their council following assessment of their needs.
- As at March 2006, nearly a quarter of a million adults were financially supported by councils in care homes.
- Just under a half of expenditure on community care services, amounting to £2.4 billion, was spent on home care, supporting people to live at home.
- £267 million was spent on Direct Payments to give people more control over their care.
- There has been significant investment in 'ordinary' housing for people with learning disabilities and mental health needs. Councils spent £238 million net on supported accommodation and a further £455 million of Supporting People funding.

Exercising choice and control

The pattern and delivery of services for adults under 65 have changed over the last four years to promote people's choice and control through increases in Direct Payments, home care, provision of equipment and adaptations and – for people with mental health needs – professional support. The greater emphasis on housing with support has offered people more appropriate and flexible community services. Different models of self-directed support, including Individual Budgets, are beginning to test out different ways of personalising care for people. An extra 12,000 people used Direct Payments this year (March 2007) compared to last.

There have been fewer permanent admissions to residential care financially supported by councils as these alternative services have been developed – 69,900 adults of all ages in 2006-07, compared to 75,400 in 2005-06; and of these, 5,500 adults under 65 in 2006-07 compared to 6,100 in 2005-06.

Quality of life

The speed of delivery of equipment and minor adaptations has improved, with 78% of councils delivering 85% of items or more within seven working days.

There has been a 15% increase in breaks provided to carers who provide the majority of support to people needing assistance at home.

Improved health and well-being

Some services are helping to restore people's independence so they have no need of formal support – over 20,000 more people than last year are receiving intermediate care at home (a total of 192,500 in 2006-07).

Over 240 Partnerships for Older People Projects and other initiatives across the country are providing a range of services to promote older people's independence, some of whom are at risk of hospital admission.

Some people have not benefited from these improvements

But this is not the complete picture. The figures show that the shift of expenditure from residential care to community services has been relatively small over the last five years, 2001 to 2006. There has been only a 1% increase in the proportion of expenditure on services committed to help older people living at home, whilst for younger adults there has been a decrease. There are a number of factors that account for this; primarily, councils are looking after people with increasingly complex needs and those who previously would have been in hospital. It has thus been difficult to shift resources easily from residential to community services. In addition, because people with higher levels of need are using costly community-based services, councils have reduced services to people with less complex needs.

Our data also shows that compared to 2003, fewer older people per 1000 older population are receiving council-arranged care services in the community. There has been a

significant reduction in the rates of home care, meals and day care services per 1000 older population.

The number of people with learning disabilities reported by councils to be remaining inappropriately in a hospital environment (as at April 2007) increased from 830 in 2006, to 923 – close to the 2005 number of 982.

Waiting times for major adaptations in people's homes to support them to live independently have improved but there is still an average waiting time in excess of six months from agreement to start of work for over 50,000 people.

Deciding who qualifies for services and who does not

The picture is very different for those people who are deemed not eligible for council-arranged services and there is no consistency as to who falls outside of the system.

- The proportion of councils who have set their eligibility threshold higher at 'substantial' level of risk has increased from 53% to 62% in 2006-07. The trend is expected to continue as 73% councils anticipate they will be operating at 'substantial' or 'critical' level in 2007-08.
- As eligibility thresholds increase, fewer people are receiving supported home care – a fall from 479,000 households in 1997 to 358,000 in 2006.
- As at 31 March 2006, over 600,000 older people were using council-supported community-based services; it is estimated a further 150,000 older people were purchasing such care privately.
- It is estimated that in 2006, older people not eligible for council support (based on needs and financial eligibility rules) spent £3.52 billion, mostly on care homes.
- If charges and top-up expenditure are added, total private expenditure is estimated to be nearly £5.9 billion, that is about half of all expenditure on personal social care for older people.

Steps to control demands on finite resources have been necessary because of a number of factors. These include the high costs of care for younger people with complex needs; rising numbers of older people, particularly those who are very elderly, requiring support; and expensive home-based care for people with very intensive needs. Councils, too, have tried to juggle the funding of preventative services at the same time as concentrating resources on people with the greatest needs.

However, one council in our special study⁶ was in the process of moving away from setting its threshold for accessing services at 'critical only' because it had concluded that this approach had failed both to meet legitimate needs and to save money. The policy was

found to be ultimately self-defeating as people arrived in the system with more intensive and costly needs than might otherwise have been the case.

Indeed, our study shows that the precise point at which councils establish the threshold for eligibility is not necessarily a predictor of how criteria operate in practice at the front line. Policy on eligibility for services set locally by councils within the national framework (called 'rationing by directive' in the study) is often differently interpreted in practice by social workers and front-line staff (called 'rationing by discretion'). This is more informal and individually focused as practitioners seek to find ways to meet the needs of people.

Councils are increasingly using 'signposting' to other sources of help as a way of diverting demand (so-called 'rationing by diversion'). Whilst this may be an appropriate strategy, in practice our study found councils rarely know what happens to people signposted out of care-managed support. None of the councils in our study collected this important information to feed into their planning and commissioning for their local population.

People paying for their own care are a significant and vulnerable population but are rarely known to the council. Only one of the six councils in our study had developed any kind of strategy to support this group of people. Most councils claimed that they would offer an assessment to people paying for their own care *if requested*. The onus was very much on people seeking this out for themselves rather than it being actively promoted.

Outcomes for people 'lost to the system'

The CSCI was concerned to find out about the impact on people's lives of tightening eligibility criteria following last year's state of social care report and commissioned a special study. The outcomes for people who are 'lost to the system' contrast strongly with the progress being made in delivering better outcomes for people who do access council-arranged care.

Quality of life

A small number of positive examples were evident where people deemed ineligible for other services had been supported through different Partnerships for Older People Projects in two of the council areas.

However, the majority of people interviewed for our study experienced a poor quality of life. People had low expectations and modest wishes about what help they might get, but most had been turned down as ineligible for social care, were receiving less help than they felt they needed, or were simply trying to find their own way in the system with little or no help.

They described daily lives where they could not easily leave the house, particularly where there was an absence of essential equipment or adaptations.

Choice and control

People do not turn to the council lightly. For many, it is a last resort that they consider only in a crisis and when other arrangements have broken down.

People ineligible for services are left to take the initiative in following up leads to other help and this takes some to a dead end, where they remain with no further assistance. Others get help from a combination of friends, family and privately organised support, but these arrangements are frequently fragile and liable to break down.

Personal dignity and respect

People care about the state of their home and garden, particularly when their world is reduced to little more than that. None of the councils provided help in this area, such as cleaning, unless this contributed towards a larger package of personal care. In this situation, the risk is that people try to cope unaided, and may have accidents in the process, and their mental health may suffer.

These needs were often dismissed by councils as 'wishes, wants and desires', but none of the people interviewed for the study identified frivolous needs and none approached the council without considerable forethought. Every person was trying to get help they viewed as vital to their daily lives. They said they found the whole experience of assessment frustrating and disappointing. Those who are coping, but with considerable difficulty, found the situation bewildering.

People often found it easier to get help in the form of equipment for daily living than personalised support. When people do get some kind of personal support, a more mechanistic approach to people's needs, such as providing strip washes rather than baths, singularly fails to respect people's dignity and well-being.

Improved health and emotional well-being

In contrast, people who were not eligible for social care after a period of intermediate care had much better experiences where they had been successfully supported through a crisis and their independence restored. This points again to the value of rehabilitation and re-ablement schemes.

People who fund their own care

- People fund their own care for different reasons; some may pay the full costs ('self-funders') and others may be 'council supported' but still pay a charge.
- It is estimated as at 31 March 2006 just under 150,000 older people purchased community-based care privately.
- In addition, it is estimated that 118,000 older people paid for care-home places privately.

It might be thought that people who fund their own care would have the greatest choice and control, but on the contrary, our study found these people were often disadvantaged and isolated. Rather than making active choices, many appear to end up in situations as a matter of chance. None of the people who were self-funding had experienced a social

care assessment prior to entering a care home, and most had not considered alternative solutions.⁷ People who self-fund are at risk of being fast-tracked into residential care.

People are fearful about their savings running out but ill informed about what might happen once savings were depleted. They are not warned of the possibilities of being asked to move from their current care home to another where fees are at a level acceptable to the council.

The quality of care services

The average percentage of national minimum standards (NMS) met by care services has improved for the fourth consecutive year, with home care agencies making the greatest improvement, moving from an average of 72% of standards met in 2005-06 to 78% in 2006-07. But these are national *minimum* standards; that is, core or what some describe as basic standards, and moreover the rate of improvement appears to have stalled. For example, care homes for older people meet on average 80% of the standards, only a 1% improvement from March 2006; care homes for younger adults meet on average 83% of the standards, also a 1% improvement from last year.

Significant further improvement is needed in relation to a number of important standards. For example, more than a third of care homes for older people and home care agencies are performing poorly in relation to care plans. These are the plans that should be drawn up with individuals, detailing their personalised care based on a comprehensive care assessment.

A sustainable and fair system?

One of the overall messages of this assessment of the state of social care is of an increasingly sharp divide between those who are and those who are not supported by the system. This confirms and adds more depth to the conclusion in last year's report. Whilst for some people the quality of the social care services they use is improving and giving them more personal choice and control, the extent of shortfalls in care estimated in Part Two of this report and the poor experiences of people who are 'lost to the system' offer a stark contrast.

There is a tension between councils having to focus on narrowly defined adult social care (out of necessity to manage budgets) *and* meeting broader objectives to improve health and well-being and ensuring personalised care. The standardisation and explicit decision making that goes with targeting services sit uneasily in practice alongside the personalisation agenda that is about self-assessment, individual direction and arm's-length accountability for expenditure decisions.

There are encouraging and important steps being taken by councils to mobilise wider community and other resources beyond social care to improve people's quality of life;

⁷ 50% of survey respondents who funded their own care did not have a care assessment in a recent CSCI study of people's experiences of finding a care home. CSCI (2007) *A fair contract with older people?* London: CSCI.

to develop POPPs and similar approaches to prevent or delay the need for social care; and to move away from old paternalistic models of care to those that restore and enable independence. But if personalised care is to be the norm, these shifts in ways of working will need to accelerate alongside greater clarity as to funding responsibilities. In this context the new Social Care Reform Grant should play a significant part.

On the basis of our activities, including what people tell us, we believe that, at the very minimum, people who have to fund their own care should have expert, timely advice and information, a proper assessment of their care needs and access to high quality care services. This will mean all councils taking account of all those who might need social care, including people who fund their own care, when commissioning for their whole population. It will also require care providers to continue to improve the quality of their services, especially in areas where there remains substantial room for such improvement.

The crucial role played by carers – family and friends – is again highlighted in this report. Given the relatively slow progress in providing the support needed, it is hoped that the new national strategy for carers will be able to secure the necessary changes and that the standing Commission on Carers, recently announced by the Prime Minister, will keep these issues under review.

The Government acknowledges the pressures: “...in the face of unprecedented demographic change, it is clear that our social care system needs to change. The Chancellor has announced that we will develop a Green Paper exploring options for reform, with the aim of increasing dignity and reducing dependency for those who rely on our social care systems.”⁸ It is in this context that the Green Paper offers a significant opportunity to tackle the challenges highlighted in this report and to establish a sustainable, affordable and fair system that ensures the dignity and human rights of people needing support, whether they pay for their own care or not.

