

Social Care

Overview

Social care is one of the key services provided by Lewisham Council to Deaf and disabled people, and also reflects a significant proportion of the Council's budget expenditure. The Commission is committed to the principle that adult social care should be free at point of access, rather than being chargeable.

Extensive co-production work across adult social care has taken place in a variety of localities as well as on a national level, and is encouraged as a way of providing more personalised services with higher user satisfaction, at a lower cost.

Recommendations from the report

- Social care was one of the issues raised repeatedly throughout the report. There were recommendations made across a wide range of areas, including:
- An immediate inflation-equal uplift in the minimum income guarantee and personal expenses allowance.
- A commitment to ensuring that charging for social care will never take anyone's income below the UK poverty threshold (excluding any income from Personal Independence Payments designed to meet extra costs of disability).
- Development of a process to offer financial support to disabled people facing additional energy costs, including those facing these costs due to the presence of essential carers.
- A commitment to the principle that social care should be free at the point of access and working to achieve this. Ideally, this should be done by exploring interim steps such as reduced charging, financial modelling, and working with other Local Authorities to explore feasibility.
- Creation of a Deaf and Disabled People's User-Led Organisation (DDPULO), where the community benefit could include supporting and expanding personalisation in adult social care.
- Formation of a social care working group bringing together people who use, work with, provide, and commission adult social care services overseen by the Senior Policy Lead in a Co-Production role until the DDPULO is in a position to oversee it.

Extension: Social Care

There was also the recommendation for a long term co-produced Independent Living Strategy. The areas this covered included how to put Deaf and disabled people as well as DDPULO's at the heart of designing the future of social care in Lewisham.

This should be developed with the Policy Lead in Co-Production role, and be a disabled-led strategy. With this, we will bring together adult social care and NHS healthcare teams as well as other partners, including care providers, NHS bodies, and housing associations, allowing us to realise the future of independent living. This strategy should be formed around a 'core understanding' that independent living isn't about cutting support, but about self-directed lives

Whilst the priorities of the Independent Living Strategy will be set by its own working group, there are proposals included at the outset to carry out the following:

- Campaign to provide social care to people in breach of immigration restrictions on the same terms as other residents.
- Provide a disabled-led independent living support service locally (ideally led by the DDPULO).
- Campaign nationally for a disabled-led independent living service, free at point of access.
- Carry out a financial analysis of the implications of reducing and eliminating care charging.
- Develop a strategy to move towards ending care charging.

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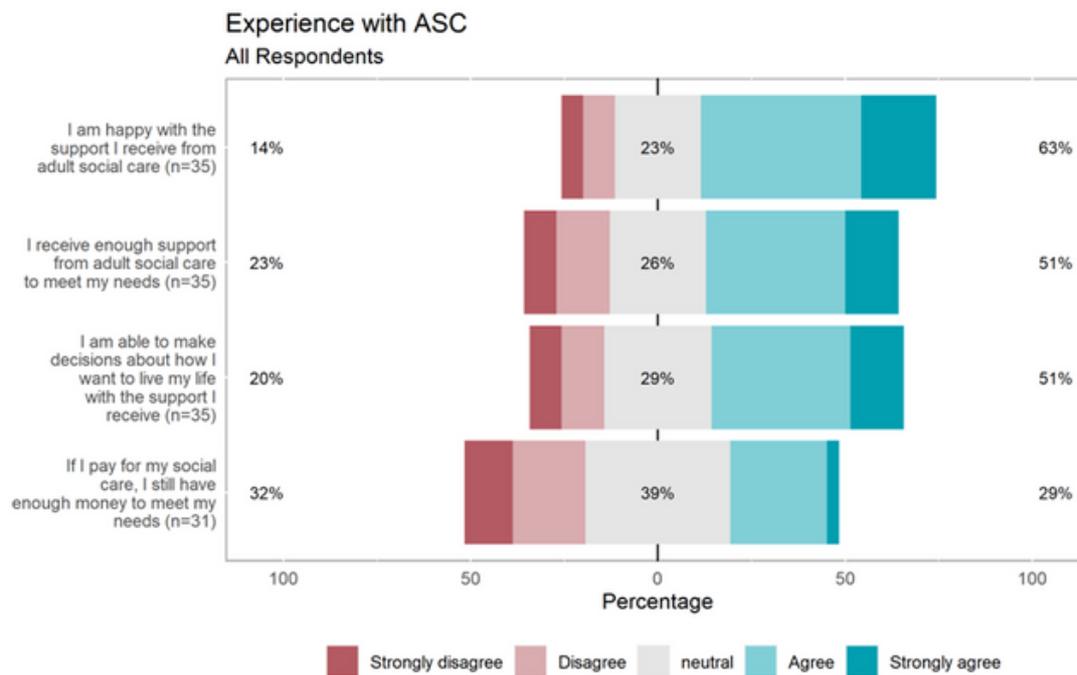
...I'm worried as everything is going up, i.e., gas, electric, food, and my benefit are not going up as much. I will struggle to pay for service.

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Extension: Social Care

Evidence and reflections

As a topic, adult social care was discussed frequently in the survey. In both focus groups, exploring health and social care was a clear area of concern for Deaf and disabled residents, especially with regard to care charging.

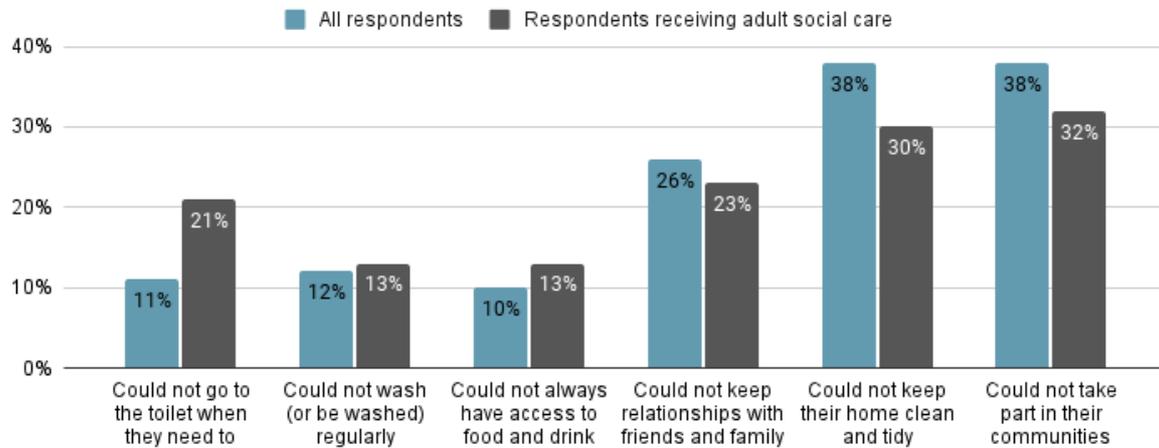


Within the Borough, 35% of respondents were satisfied with adult social care as a service, in line with the average satisfaction across all services of 36%. However, when people who receive support from adult social care were asked about their experience with adult social care, 63% said they were happy with the support they received. However, only half of respondents had enough support to meet their needs, and only half of respondents were able to make decisions about how they lived their lives with the support they received.

This suggests that there is a high level of unmet need, and people are not always effectively facilitated in living self-directed lives.

Extension: Social Care

Access to activities of daily living for respondents with and without adult social care



Respondents in receipt of social care were more likely than those not in receipt of social care to have significant survival needs unmet, including not always having access to food and drink (13% vs 10%), not always being able to wash or be washed regularly (13% vs 12%), and not always being able to go to the toilet when they need to (21% vs 10%). However, they were more likely than those without adult social care to be able to keep their homes clean and tidy, keep relationships with friends and family, and take part in their community.

This suggests that there is a group of residents who are able to meet their day-to-day personal care needs, but who require support with keeping their homes clean and tidy, keeping relationships with friends and family, and taking part in their communities. This group of residents isn't receiving the support they need to do this.

At the same time, there is a second group of residents who are receiving support from adult social care, but are not receiving enough support to be able to have access to food and drink, wash or be washed regularly, or go to the toilet when they need to. There is also a group of residents not receiving support from adult social care who also do not have those basic needs met. This group is discussed more in the 'Unmet Need' section.

Extension: Social Care

Respondents in receipt of social care were more likely than all respondents not to have enough money to pay their rent and bills (33% of respondents in receipt of adult social care, vs 29% of all respondents). They were also more likely than all respondents not to have enough money each month to meet their regular expenses (38% of respondents in receipt of adult social care, vs 32% of all respondents).

Care charging was a significant issue for many respondents - where only 29% of residents agreed that if they paid for social care they still had enough money to meet their needs. One response from the survey provided a good overview of the general sentiment regarding this topic: "I think we're all a bit saying as well where we've had good experiences of particular individuals who we feel we have been able to relate to on different ways, but we don't have that same experience of the system."

As well as the areas where people's needs aren't being met, some of the other reflections people offered on their experience with adult social care included:

- The waiting list to access care.
- An assumption that if someone lives at home, their care can continue to be provided there, without support to look at independence.
- A lack of flexibility with the support provided.

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...I was told I'm only allowed care if I was stripped naked for washing every day. I did not agree with this. I should be allowed the support as and when.

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...I have been waiting for nearly 6 months for someone to come and assess my needs and I am told there is a long waiting list. I received a letter last October 2021.

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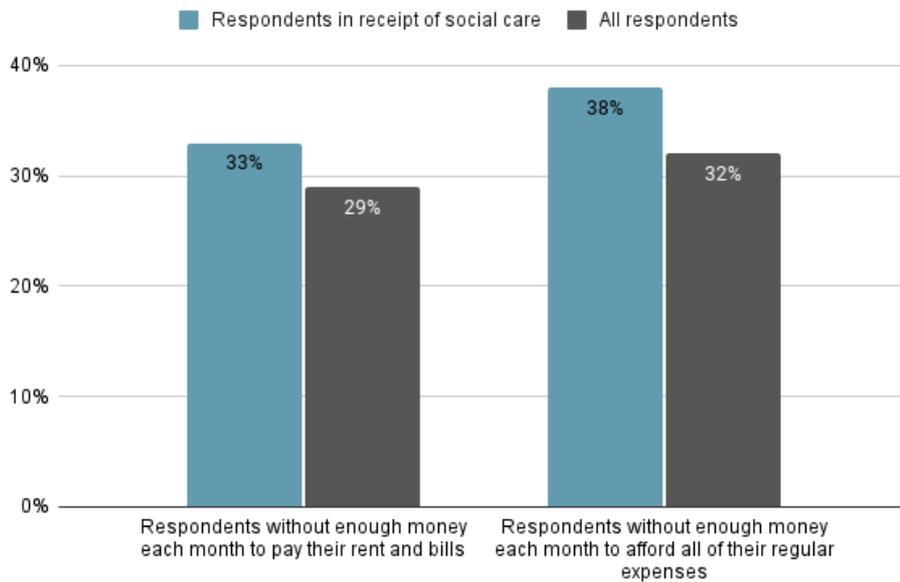
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...It seems because I live at home I do not need social care input which is very frustrating, because perhaps I don't want to live at home.

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Extension: Social Care

Financial situation of respondents split by those in receipt of adult social care



- An adversarial relationship in which people have not had their needs met effectively, and where care packages are seen as ‘under threat’.
- A lack of clear guidance and information on charging and disability-related expenditure, such that where DRE works effectively it is a positive experience.
- Financial problems arising from social care charging.

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...I have had to fight continuously to retain my small care package, though my physical complications remain. I have in the past year had to complain concerning a care package review - the complaint was upheld.

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I supplied evidence of the RA, the financial evidence but also the medical evidence, and it went down significantly and as a result of the cost of living crisis.

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...I'm worried as everything is going up, i.e., gas, electric, food, and my benefit are not going up as much. I will struggle to pay for service.

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Extension: Social Care

- People needed more support to have habitable homes.
- A lack of advice and support with advocacy.
- A lack of engagement with social care users.
- A lack of specific understanding of the needs of people from specific groups in receipt of social care, including LGBT people.
- People were critical of social care charging in particular, both because of the impact on them but also on the idea of social care charging itself.

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...It's a very, very, very high bar to get that kind of support, which is why I think people who end up having better experiences with adult social care are often people who have had to become very good at arguing their own cases. I think that often falls along the lines of people's access to education, first language, immigration status and some other areas in which to be an effective self-advocate.

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you can no longer get help with just domestic stuff like housework, so disabled people who can't do housework have to live in unclean homes

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[The council doesn't] recognise the particular circumstances of an ageing and disabled LGBTQ population and the need to make people feel safe. There are several pieces of research which show how people often end up going 'back into the closet' because of current care provision.

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...Social care charging is evil and immoral - it's a tax for being a vulnerable minority group. Most of us already live in poverty.

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