

SOCIAL CARE: THE CATASTROPHE CONTINUES

By David Plank

Cambridge Fairness Review
Update of Social Care: the Silent
Catastrophe
February 2017

The Cambridge Commons

Social Care: The Catastrophe Continues

Contents

Yet more cuts	3
No rescue for social care	5
Budget 2017/18: Real cuts denied	7
Discredited austerity in full flood	12
Annex One: The human cost of the savings	14
Annex Two: What is social care?	19

David Plank is a former local authority Chief Executive and Director of Social Services. He is author of the Cambridge Commons reports *Social Care: From Crisis to Catastrophe*, and *Social Care: The Silent Catastrophe*; and co-author with Deborah Padfield and Stuart Weir of *Cambridge: Wealth and Want*. He now lives in Cambridge.

SOCIAL CARE: THE CATASTROPHE CONTINUES

A FURTHER UPDATE

Yet more cuts

Yet more cuts in council services are being made this year, particularly by Cambridgeshire County Council which is responsible for social care and other vital services. Local authorities elsewhere in England are also making cuts, particularly those responsible for social care where the pressures are greatest. For readers of my Cambridge Commons' reports this will be no surprise. [Social Care: From Crisis to Catastrophe. September 2015; Social Care: The Silent Catastrophe. January 2016. The Cambridge Commons]

It is important to remind ourselves why this is happening. Since the last Labour administration, central government funding of local government has been cut and cut again - and will go on being cut. The government's "Revenue Support Grant" (RSG) used to be the main source of council funding alongside council tax. In 2010/11 immediately after the great financial crash before "austerity" first bit, RSG in England was £24.7 billion a year. By the end of the Conservative/Liberal Democrat coalition government it had been cut to £12.7 billion, a cut of more than 48 per cent. The plan to remove RSG altogether by 2020 made by the coalition government has been continued by the current Conservative government. In 2016/17 it fell again to £7.2 billion and December's Local Government Finance Settlement for England confirmed that it will further reduce to £4.9 billion in 2017/18 - and to zero in 2020/21. This is a cash cut of 80 per cent for the coming year and 100 per cent by 2020. RSG in Cambridgeshire will cease in 2019/20.

Contrary to what the government would have us believe, this huge cut has not been and will not be made up from the council tax or business rates through the so called "localisation" of local authority taxation. Due to government controls, income from this source has not increased and will not increase in real terms. The end result is the 25.2 per cent reduction in local authority revenue spending in England between 2010/11 and 2015/16 reported by the National Audit Office. [Financial Sustainability of Local Authorities' Capital Spending and Resourcing. NAO, January 2017]

It is the distribution of income from council tax and business rates that is being changed significantly, not its total amount. Its

distribution is becoming less and less fair to the poorer areas - those that have lower property values and less economic growth. A key purpose of RSG, in addition to supporting local services, was to equalize resources between authorities in relation to need so that local people were not penalized for the lower level of prosperity in their area. This is being removed. The national distribution of business rates also had an equalization effect which is also being removed as authorities are allowed to "retain" an increasing proportion of the income raised from business rates in their areas. In this way less prosperous areas lose out from the removal of RSG and the "incentive" offered by the government to retain more of what an authority "raises". The market driven approach integral to the government's policy of "localisation" penalizes Cambridgeshire's poorer local authority neighbours.

In addition, as my recent letter to The Guardian shows, Council Tax is now so regressive that it is akin to the detested Poll Tax thus making our poorer personal neighbours pay proportionately much more than those who are better off. [The Guardian, Letters 13 December 2016] So much for this government's avowed concern for the poor and the "just about managing". This key aspect of our society is most certainly not "shared".

And remember we are talking cash here. Cash buys less each year in the real world of local government due to inflation - not least to meet the new National Minimum Wage which is a major factor in social care - and even more importantly to meet the huge growth in need due to a population which is ageing and in which disabled people are surviving birth more and living longer. So, RSG should be going up in cash terms to provide for this, not going down. The greatest demand per head of population for social care comes from people aged 85 or more whose numbers in Cambridgeshire increased by 64 per cent between 2001 and 2016, will double by 2021 and double again by 2036. It is estimated that 1 in 6 people aged over 80 years will be affected by dementia. More people are surviving serious health problems such as strokes and cancer. [Cambridgeshire County Council, All Age Carers' Strategy 2016-2020]

And lest we forget, the population of children and young people in Cambridgeshire is also rising - as is the number of children and young people in need of help and protection. The recent Children's Society report showed that there were 2,186 such children in our midst as a result of abuse and neglect [Cambridge News, 6 January 2017]; and the number of children in care had risen at the count last October to 631 - having risen over the last two years from the historical level of 470 - only part of this increase being due to the increased number of refugee unaccompanied minors.

Cambridgeshire County Council's Revenue Support Grant was £111 million a year in 2010/11. This had fallen to £72 million a year by 2014/15 - further reducing to £15.3 million in 2017/18, £3.9 million in 2018/19 and zero in 2019/20. If it had been increased, as it should have been, in line with inflation at a modest rate of 2 per cent, it would have been more than £127 million a year in 2017/18 and nearly £133 million a year in 2019/20. In practice it should have been increased by more than this to take account of the increase in numbers of adults and children in need. If provision is made for this as well it would have risen to more than £136 million a year in 2017/18 and nearly £145 million a year in 2019/20. This assumes significant efficiency savings requiring provision for population change of only one per cent a year. Removal of this level of funding is the real effect of austerity driven government policy since 2010.

As a direct result of successive cuts in RSG, services provided by local authorities have now experienced year on year cuts from 2011/12 onwards which have become more and more severe. This has affected all services including social care for adults and children. Between 2010/11 and 2015/16 spending in England on adult social care went down in real terms by more than 7 per cent according to official figures. [Personal Social Services Expenditure and Unit Costs 2015-16, Department of Health] And this makes no allowance for the rapid growth in need described above. So, realistically we have a cut in real terms which is much greater than 7 per cent. To meet the reduction in RSG and provide for inflation and growing need, Cambridgeshire County Council had to make savings between 2011/12 and 2016/17 amounting to £225 million a year. This included large cuts in social care for all age groups of £175 million a year including £26 million a year added in 2016/17. More than two thirds of the £26 million savings were assessed by officers as having the highest level of risk in their impact on adults and children in need.

These cuts have had real effects on the people of Cambridgeshire. The human effects of the social care savings made in the 2014/15 and 2015/16 budgets are spelled out in my 2015 report, "Social Care: From Crisis to Catastrophe"; the relevant passage is shown in this report at *Annex One*.

No rescue for social care

Contrary to what the government said last year and is saying now, this dire situation will not be rescued by the so called council tax "adult social care precept" and the "addition" to the Better Care Fund to protect social care - the asserted extra resources for social care of £3.5 billion by 2020.

As anticipated last year the product of extra council tax for social care will be nowhere near the £2 billion a year by 2020 predicted by the government. At best it is unlikely to produce as much as £1 billion a year by that year. And the increase in the permitted social care precept announced by the government last December to 3 per cent from 1.99 per cent a year is no increase at all. It simply allows councils to levy a 3 per cent increase in each of the next two years and nothing in year three rather than the previously available 1.99 per cent in each of the next three, i.e. 6 per cent over two years rather than 6 per cent over three. It is a bring forward not an increase.

In Cambridgeshire the County Council decided to levy an additional 1.99 per cent council tax for social care last year and 2 per cent this year but declined to levy the "ordinary" increase of 1.99 per cent a year allowed by the government as well. Therefore, the net effect is a yearly increase of 2 per cent in council tax not the 4 and 5 per cent allowed in each year of those years. This has had no noticeably favourable effect for social care as its share of "ordinary" council tax income is not ringfenced and can be reduced in the same amount as the extra income from the social care precept to protect other hard pressed services against even more severe cuts. Many councils have not raised the full amounts, some because they were aware of the harsh effect on the less well-off who pay disproportionately or get into arrears.

And the planned addition to the Better Care Fund of £1.5 billion a year by 2020 is not new money. It is wholly funded out of existing NHS resources, i.e. top sliced from the desperately hard pressed budgets which are trying to cope with the near collapse of A&E, not least at Addenbrooke's. Also, it is totally overlooked that to date more than half of the Fund is devoted to the funding of community health care services to assist the "adjustment of the balance of care" to which the government aspires but does not will the means. [Cambridgeshire & Peterborough Better Care Fund Annual Report 2015/16] Therefore, at best the Better Care Fund "addition" to protect social care might amount to £1 billion a year by 2020. This explains why only one of the Cambridgeshire adult care savings in 2017/18 relies on improved protection of social care funded from the uplift in the Better Care Fund. [County Council reference A/R.6.169] This represents 7.4 per cent of the total savings planned in adult social care. Better than nothing but most certainly not the panacea the government might lead you to think - and it produces nothing extra to help meet escalating need, its purpose being to protect social care not add to it.

When set in context these sums of "new money" pale into relative insignificance alongside the cash cut of £24.7 billion a year in RSG

plus the government's failure to protect its support to local government from the ravages of inflation and population change. To assert otherwise requires extraordinary exercise of the proverbial "smoke and mirrors".

Budget 2017/18: Real cuts denied

It is worth reminding ourselves of all this because it is the context within which the County Council has just decided its budget for 2017/18. Further savings of £29 million a year are to be made by the Council as a whole and within this of £20.5 million by the Children, Families and Adults Services, rising by 2021/22 to £101 million and £42 million a year respectively - with £38 million a year still to be allocated by the Council to services in later years, part of which will have to be met from social care as it is so large a proportion of the much reduced total budget. These are large sums when set in the context of the huge savings already made.

Yet it appears that an orchestrated attempt is being made by the administration at Shire Hall to give the impression that the £12.5 million a year planned savings in services for adults in 2017/18 rising to £23.8 million a year in 2020/21 will have little or no significant negative effect. Indeed they are presented as service improvements under the "Transforming Lives", "Assistive Technology", "Community Resilience" strategies to increase independence and personal choice and release the untapped energies of our communities. Collectively this is part of the Council's "transformation programme" - words being used across the public service, most prominently in the NHS.

The risk assessments of previous years, which had the perhaps inconvenient merit of stating risk clearly, are nowhere to be seen. Instead, councillors and the public have to rely on Community Impact Assessments (CIAs). These are not true risk assessments as their purpose is to ensure that the Council meets its duty under the Equality Act 2010 not to discriminate against people with "protected characteristics" and to advance equality of opportunity between people with these characteristics and those without. By definition, all potential and actual recipients of social care are likely to have a protected characteristic of one sort or another and, if eligible, receive a service, whereas others are unlikely to. For this reason the risk of discrimination seems remote. Therefore, at best the CIAs give a masked picture of risk. But their relentlessly upbeat tone, at least as far as adult services are concerned, serves to further obscure the reality. Nor do the CIAs contain the risk assessment ratings of red, amber and green for individual savings presented until this year - which served to sharpen the focus for both the risk assessor and decision-maker.

There is improved practice in the proposals. Who after all would do anything other than commend the emphasis on increased personal independence which has been an objective of good social work / care practice for the 40 years of my association with it? In truth, however, most of the planned savings are tighter and ever tighter rationing of reduced resources to growing numbers of frail and vulnerable people with ever growing reliance on their "carers" who are often also frail or stressed. This is explicit in many of the CIAs. For example, in relation to adults with learning disabilities we are again particularly adversely affected, one Assessment says "... community resource and family or social network support (will be considered) *before* statutory support". [My emphasis] [A/R.6.114 and related] Yet we are talking about adults here not dependent children - adults who should have the right to be seen in their own light as human beings and have their needs met as adults not just as dependents of others - as indeed should their carers. This theme is a constant throughout - repeated in all services for adults including those with physical disabilities and with autism as well as older people. [A/R.6.111]

I also cannot condone "Accepting a higher degree of risk (for adults with learning disabilities and their carers) within care packages by withdrawing aspects that are currently in place to mitigate the likelihood of a situation occurring rather than *actual risk*." [My emphasis] [A/R.6.114 and related] Anticipating and preventing risk is crucial to good social care; and its distinction from "actual risk" is tantamount to waiting for the risk to be incurred before intervening, i.e. crisis care. Nor do I support "Expectations on independent sector providers to meet needs around social inclusion and activity within their funding to a greater extent than is expected currently". [Also A/R.6.114 and related] This "funding" has already been cut in absolute terms in previous years with under provision for inflation and cash reduction of direct payments and personal budgets. It is unrealistic and unfair to rely on hard pressed providers to square the circle for the State when many are already at risk financially. [Care home closures set to rise as funding crisis bites. Graham Ruddick, The Guardian, 11 January 2017] The reality is that this is a cut which will reduce yet further the hard won provision of previous decades to enable the inclusion of people with learning disabilities in the mainstream of our society. This is being lost before our very eyes as a result of the savings of £47.5 million a year already in place or in train for these vulnerable members of Cambridgeshire's community. The further large cuts now proposed for 2017/18 and beyond will make this even worse.

Further cash reductions in "personal budgets", which allow people to pay for their own services, are anticipated across the board in all

services for adults - having been reduced already in previous years. [e.g. A/R.6.111]

Vulnerable people at risk should also have available to them "out of hours" services which include real people. Of course, good use should be made of the improved technology which is to hand. I support its humane use. However, I am uneasy to say the least about the explicit purpose of reducing the availability of personal on-call support to people in their own homes. The aim of preventing premature admission to residential care is supported of course. But services should be assisted by technology not de-personalized by it in the pursuit of cost reduction. This risk is not assessed in the CIAs. Nor should the use of "Just Checking" equipment which monitors people's movements become a routine part of assessment given its intrusive and impersonal nature which might not be tolerated for adults who are not in need of care. [A/R.6.145]

It is not as if Cambridgeshire County Council is way behind other authorities in its efforts to maximize personal independence as a source of the large additional savings now decided; indeed it is well ahead. Official statistics for 2015/16 show that 28 per cent of all first time referrals of people aged 65 or more in Cambridgeshire receive "short term support to maximize independence" compared with 15 per cent for England as a whole and 14 per cent for Cambridgeshire's "comparator group" of local authorities, i.e. it is much higher. And for adults aged 18 - 64 the proportions are 9, 4 and 5 per cent respectively; also significantly higher. Yet the Council is now placing even more reliance on the vulnerable and frail to produce the savings to fund their own services, or at least such services as remain, through more and more determined use of "ST-MAX" (in the jaunty jargon).

Interestingly, the same official statistics for first time referrals of people aged 18 - 64 show that those getting "No services provided - any reason" is much higher in Cambridgeshire at 48 per cent than in England - 33 per cent - and in its "comparator group" - 36 per cent. The comparable proportions for people aged 65 or more are 35 per cent for Cambridgeshire, 27 per cent in England and 35 per cent in its comparator group. Cambridgeshire's provision of no service to people referred for the first time is relatively high.

The effects of years of tighter and tighter rationing of social care are illustrated in related official statistics which show that in Cambridgeshire "requests for support from new clients per 100,000 adults decreased significantly between 2014/15 and 2015/16 from 3,335 to 2,755 (17.4 per cent) with significant decreases both for those aged 18 - 64 (28 per cent) and, astonishingly, for those aged 65 or more (15.6 per cent) (remembering the rapid growth in the number aged 85 or more). This effect is also apparent in the figures

for Cambridgeshire's "comparator group" but at a lower level of reduction (10.6 per cent) but not in England as a whole where requests went down by only 2.8 per cent. Overall requests for support are significantly lower in Cambridgeshire than in England and in its "comparator group" of local authorities; by 34.4 and 29.4 per cent respectively. The message may be getting out after year upon year of tighter and tighter rationing that it may not be worth the effort of making a request to our County Council unless absolutely desperate. [Source for this and the preceding two paragraphs - Community Care Statistics England Comparator Dashboard 2015-16 & 2014-15, Health & Social Care Information Centre]

Another effect of great stress in the care system is shown in so called "bed-day delays" (BDDs in the jargon). That is days hospital beds are occupied unnecessarily due to inability to discharge patients who do not have a medical need to remain but for whom a more suitable alternative cannot be arranged. In November 2016, a total of 3,267 bed-day delays relating to Cambridgeshire residents were reported by relevant hospital trusts, 30 per cent of which were attributable to adult social care and 5 per cent where responsibility was shared between adult social care and NHS organisations. This is the highest number of BDDs recorded in a single month since November 2014 when 3,354 BDDs were recorded. The three month period between September and November 2016, saw BDDs attributable to adult social care (951 per month) at their highest since the period December 2013 to February 2014 (1,036 per month). And this is despite the benefit of top priority national attention and dedicated resource. [Department of Communities and Local Government 2015 announcement and additional Better Care Fund]

At Addenbrooke's Hospital serving Cambridge and elsewhere, the 513 BDDs attributable to adult social care in November 2016 was the highest number since March 2013. Delays in arranging social care for adults at home and places in residential and nursing homes all contributed to this, increasing significantly over the previous month. November 2016 also saw the first significant number of social care assessment delays since August 2014.

Jargonistic reference to "BDDs" should not be allowed mask the stark reality of enforced stay in a hard pressed hospital setting and of the opportunity delayed or denied for urgent, essential or long awaited elective hospital treatment through over long stays in A&E and cancellation of planned operations.

And then there are the children and young people of Cambridgeshire. Social care, after all, is not solely about adults or about the impact of inadequate social care on the NHS. Large cuts have been made in relevant budgets since 2013/14 - in the family support and preventive services and in budgets for children in care in

particular. For example, the children's centres budget has been reduced by £1.5 million a year, i.e. by one quarter, which reduced the number of skilled family social workers in the service - with the prospect of a further £1 million a year being cut in 2017/18 with replacement of some centres with more limited, less effective provision in generic "community hubs"; and youth support has been decimated. In the budgets up to 2015/16 provision for specialist residential and fostering placements for children and young people in care was reduced by £8.5 million a year, with a further £7.2 million planned from 2016/17. Unsurprisingly, this further saving has not been fully achieved as the number of children in care increased to 631 as at October 2016, nowhere near the 453 planned for 2021 through improved "edge of care" practice. As a result, £3 million a year is having to be put back into these services - but this is having to be found by making other savings in social care services.

It may be small comfort but at least the Community Impact Assessments for children and young people do state the risks more clearly. For example, negative impacts of the "Looked after Children Savings" include: "The LA will be managing higher levels of risk with children expected to remain in dysfunctional homes for longer periods of time with exposure to greater risk than previously considered acceptable"; "The expectation will be that children with disabilities remain at home and in local schools and this may result in family breakdown"; "More 16+ young people will be expected to remain within their families with the possibility of more NEET and sofa surfing." [Not in Education, Employment or Training] Equally worrying is the Strategy's apparent continued reliance on reducing the number of children in care to 453 by 2020/21. [A/R.6.213, 238 & 239 - saving £653,000 in 2017/18 rising to £1.335 million a year by 2020/21]

These harsh realities undermine the upbeat, rose tinted tone of the Community Impact Assessments for savings in adult care services. It may be no surprise that unattributed informal feedback from care staff seems different. "They've given up" - not on providing services but on seeing any light at the end of the tunnel - and "all they do is assessing ... assessing, assessing, assessing ..." Compare this heartfelt expression of fettered response to human need with the true definition of what social care is meant to be as given in my report, "Social Care: From Crisis to Catastrophe" - Annex Four, "What is social care?". [Reproduced in this report at Annex Two] The helping hand we should be offering to our most vulnerable neighbours is at risk of becoming a turned back.

Discredited austerity in full flood

These cuts are continuing to be made in the discredited cause of the government's policy of "austerity" whereby the penalty for the devastating crash created by the reckless and irresponsible behaviour of the banks and financial institutions is visited on the poor and vulnerable, not on those who created it. While at the same time the benefit of the huge sums in quantitative easing raised to stimulate the stagnating economy at the expense of a huge increase in public sector debt, has lined the pockets of the rich - at the expense of the poor and just about managing. And the very conditions of escalating personal debt fuelled by easy credit appear to be recreating the conditions which produced the 2009 crash. Austerity has proved to be a no win game for all but the rich.

This is the inhumane expression of neoliberal policy and the residual state it advocates in full brutal operation. Minimal provision is made for the most deprived which is then controlled by tighter and tighter rationing criteria with the real burden being transferred away from the State, i.e. us, to people in need, their carers and volunteers. The State which should be the collective expression of our common humanity is become a mere remainder. As Paul Mason puts it:

"The combined impact (of quantitative easing) was to flush money into the economy via rising share prices and revived house prices, which meant that it was first flushed into the pockets of those who were already rich ...

Seven years on, the system has been stabilized. By running government debts close to 100 per cent of GDP, and by printing money worth around a sixth of the world's output, America, Britain ... injected a shot of adrenaline to counteract the seizure. They saved the banks by burying their bad debt ... Then, through austerity programmes they transferred the pain away from people who'd invested money stupidly, punishing instead welfare recipients, public sector workers, pensioners and, above all, future generations ... Services are being dismantled ... Meanwhile, lacking any real alternative model, the conditions for another crisis are being assembled."

[PostCapitalism: A Guide to Our Future, pages 13, 4 & 5]

What's this got to do with Cambridge and Cambridgeshire I hear some local activists say? Everything, I say. It is imperative that we work to turn back the false tide of ideologically driven neoliberal austerity and place responsibility for our commonweal on all of our citizens not just the poor and vulnerable and those who care for them. In the meantime of the here and now we must do all we can to mitigate its grossly unfair impact and to attack the damaging and

hurtful ostrich-like pretence that the cuts are for the betterment of our neighbours and not to their detriment - the Pecksniffian spirit of which stalks the corridors of Shire Hall as well as Whitehall at this very moment.

David Plank

15 February 2017

Extract from "Social Care: From Crisis to Catastrophe"

Refers to the savings made in 2014/15 and 2015/16 - which were added to in 2016/17 - and will be again in 2017/18 and beyond.

The human cost of the savings

In plain language this is the effect of some of the savings made in the last two years, summarising the detailed account given in the first two annexes to this report. For a full understanding of the savings it is important to read these annexes. Annex Three explains in full the two categories of eligibility criteria for the provision of social care, "critical" and "substantial" [not reproduced in this report]. Annex Four, in defining social care, underlines how vital it is for many vulnerable people in our society [reproduced in this report as Annex Two].

Older people with critical or substantial care needs

The savings mean: having their incontinence pads changed less frequently; less help and/or less frequent help with their personal toileting, washing and bathing; less assistance to go to the toilet, making distressing incontinence more likely; more reliance for these essential activities by often bedridden or housebound people on frequently frail and stressed carers with greater risk of breakdown (we are often talking here of a very frail 90 year old being looked after by a frail 85 year old spouse or brother/sister); loss of self-esteem which is known to be related to increased illness and earlier death; greater likelihood of abuse of the older person by a carer pushed beyond breaking point, or of the carer by an older person with severe dementia; more frequent changes of paid home carer and less time per visit with associated distress and isolation. Many of the people concerned have senile dementia, Alzheimer's Disease, Parkinson's Disease, clinical depression or severe confusion as well as being physically frail or infirm. Disturbed sleep patterns require help at any time of the night or day; carers are often exhausted and their health is adversely affected; all are likely to be, and to feel "imprisoned" within the four walls.

Adults with mental ill-health and critical or substantial care needs

The savings mean: Less ability to get a much-needed place in residential care, leading to delayed admission and associated deterioration and distress; less home care support; reduced day, supported accommodation and advocacy services with associated deterioration of their condition which might otherwise have been prevented; and increased burdens on stressed and sometimes frail carers with greater risk of breakdown. We are talking here about people who, by definition, are disabled by their mental ill health, who suffer often severe distress or anxiety as a result of their

illness, who are likely to be a great source of worry, anxiety and exhaustion to their families and carers, who require substantial help with their daily lives and, hopefully, to recover - and, having recovered to a degree, sometimes require significant support to re-establish a way of living and to continue doing so. The effect of the savings on these people is made worse by significant reductions in NHS adult mental health spending over recent years.

Adults with learning difficulties with critical or substantial care needs

The savings mean: provision of crisis care only in most instances and withdrawal of care where it would have been continued in the past; less help at home including for people with multiple disabilities; reduced ability to live independently due to less support with their personal care such as toileting, washing and bathing and essential routines such as shopping; less opportunity for them to live a normal life and to go out because there is no-one suitable available to accompany and help them - and/or not being able to pay for transport from a reduced personal budget - more "imprisonment" within the four walls; more frustration in daily life due to less support and diversion; more challenging behaviour for carers and others to deal with, including occasional violence; less opportunity for some to go out to work (local authority supported employment schemes are also being cut); increased burdens on stressed and sometimes frail carers with greater risk of breakdown. These are people with normal needs and wishes - as are their often lifetime carers who pay a huge price for their devotion in terms of lost opportunity, income and health. The savings mean a cut in their ability to be people - cared for and carer.

Adults with physical or sensory disabilities and critical or substantial care needs

The savings mean: Less ability to live independently; less opportunity to live a normal life and to go out - more isolation and loneliness - more "imprisonment" within the four walls and less life satisfaction; less opportunity for some to go out to work and/or to use their talents in other ways; more demands on stressed carers and the risk of breakdown in carer support, due to ill health and no longer being able to cope with, for example, heavy lifting, changing clothing or assisting with washing and bathing. More being cut off from the world around them for both cared for and carers. We are talking here about people with a wide range of conditions: from degenerative disease such as Huntington's Chorea or Multiple Sclerosis; to severe effects of Thalidomide; to severe paralysis and double incontinence as a result of industrial or other accidents, to lifetime blindness and deafness with physical disability, to macular degeneration in adulthood, to severe disability arising from a middle-life stroke. We are also talking about severely disabled young adults emerging from the more supported environment of the school or college into a very cold adult world with little opportunity of supported employment or gainful activity, despite an innate ability and desire.

Children and young people taken into the Council's care

The savings mean: greater risk of vulnerability to grooming, exploitation or abuse; greater risk of future mental health issues, homelessness and prison. Less independent contact, monitoring, personal support & advocacy due to pressures on social workers who are supposed to be there for them – this is for youngsters who often experience isolation, feelings of loss of brothers and sisters, being on their own whatever their “placement”, as well as the usual turmoils of childhood and adolescence plus low self-esteem and the felt stigma of being “in care”. The children and young people are less likely to be placed in specialist residential or fostering facilities able to address serious personal issues arising from past abuse or neglect, including difficulty in trusting any adult or craving affection inappropriately, and withdrawn, aggressive or very challenging/violent behaviour. And this is for children and young people towards whom the state, through the County Council, has parental responsibility. The pressures on the social workers are increased by a vacancy rate of 23.5 full time equivalent social worker posts in Children's Social Care – within an overall 15 per cent social worker vacancy rate in Children, Families & Adults Service (CFA) in June 2015: together with a significant level of sickness absence due to stress, indicating a service under considerable pressure. [As at September 2015]

The effect of the savings on children and young people in care is made worse by large reductions in NHS child and adolescent mental health spending over recent years.

Children, young people and their families

The savings mean: less social work and other support to help children, young people and their families in difficulty and at risk of deterioration or breakdown, with increased risk of problems further down the road such as reception into care, domestic violence or abuse. Less support to encourage the use of free child care for three and four year olds with attendant development risks for some children and perpetuation of educational disadvantage. The lower take up amongst parents on lower incomes, including the so called “white working class”, and lower educational achievement, particularly amongst boys, is of increasing concern. Further, there is a complete cessation of dedicated youth work with disaffected young people not in touch with mainstream services, with greater likelihood of going off the rails into the criminal justice system, homelessness or substance abuse; and reduced support for young people who are not in education, employment or training and who need support to find employment – an acute concern in the context of a still high youth unemployment rate.

Children with disabilities in need of care

The savings mean: reduced support to families with disabled children who are under great pressure due to the needs of the child or young person and the strain they place on even the strongest parental

relationships; reduction in ability to provide much needed respite; greater risk of breakdown in families. Many of these children have severe physical disabilities, often multiple and/or with significant cardiovascular or other health problems, including distressing degenerative conditions. The children often have disturbed sleep patterns - with great emotional and physical demands on parents who almost always show huge commitment towards their loved child. In circumstances where a child inevitably becomes the centre of attention, sometimes consumingly so, with possible issues for siblings - and for parents at risk of getting cut off from themselves, each other and others by the demands made on them, most of all by themselves - there is a need for outside caring support for parents and their child if he/she is to develop to their full potential and have a satisfying life. These savings make this less possible and their situation worse.

The institutional consequences of the savings

The savings made in the last two years have led to introduction across the board of *tighter gatekeeping and rationing mechanisms* within the County Council's Children, Families and Adults Service (CFA). Proportionately fewer people are defined as "eligible" for services or personal budgets because they are assessed to have critical or substantial care needs; those that are so assessed, get less service and a less good quality service or a smaller budget - and one which is much more likely to be reduced or withdrawn before it would have been previously. This is driven in part only by the stated desire to improve practice. The main driver is the financial imperative to meet growing eligible demand within much reduced budgets. In common with all social care authorities, the County Council must in law meet eligible need regardless of cost. Yet it is also obliged in law not to go into the red. Social care was a heavily "gate-kept" service well before the cash limits came into full force in the 2014/15 budget. We can now see that the very large savings required as a result of reductions in government funding mean even tighter gatekeeping and rationing with all their human consequences.

There is also the *robbing Paul & Peter to pay Peter & Paul* syndrome. The new statutory duties imposed by Parliament and increases in demand from eligible people, due to the rapidly growing numbers of older and younger people, have to be funded by savings within a reduced *cash* budget. For instance, implementation of the new duty to meet the needs of carers costing £3.2 million a year in Cambridgeshire is being funded by service cuts elsewhere which adversely affect those they care for and carers themselves (implementation of the Care Act 2014). The end result is less cash to meet continuously growing eligible need.

Within the savings made by the CFA Service are some improvements in practice and sharpening up of services to use money to better effect. This is commendable and as it should be. But there is no getting away from the fact that *the overall effect of the savings on vulnerable people and their carers is adverse and severely so.* As

will be seen in what follows, the savings required are very large and no service could make them without harming the people whose needs they are intended to meet. The examples listed in Annexes One and Two, on which the above summary relies, provide eloquent testimony to this. And this is only for the last two years. Even larger savings are yet to be made over the next four years. Before we get there, the future must be set in the context of events to date so that we understand why the social care crisis reported in the Cambridge Fairness Review has now become a catastrophe to which no end is in sight.

[Extract from Social Care: From Crisis to Catastrophe. The Cambridge Commons, September 2015, pages 1 to 5.]

What is social care?

Adults of all ages

Imagine yourself without some or most of your basic abilities - the things which you rely on in everyday life, often unthinkingly because they are there, which go to make you a person in your own and others' eyes: imagine yourself in this situation permanently or temporarily, from birth or at a later stage of life: imagine yourself with or without ill-health as well as a disability - with full or with limited ability to think or judge for yourself, with or without a close carer, a caring relative, friend or neighbour - with a reasonable income or not¹ - resilient or worn down - with needs, wishes, fears and anxieties, hopes, abilities, a contribution to make . . .

What help would you need for a reasonable life? i.e. reasonable in your eyes?

-How would you want that help to be given?

-How would you want decisions to be made?

Answers to these questions help to define social care - a definition which for each individual varies with the hugely variable circumstances of ability, disability, life . . .

You might need help with some or a lot of the following things.

- Personal care: going to the toilet; getting in and out of bed; washing/bathing; dressing
- Maintaining life: housing; cooking, eating; drinking; heating; shopping
- Your environment: making the house easier for you to live in, get around; aids/skills to help you move around under your own steam in the house and out
- Maintaining yourself: work; benefits; budgeting; paying the rent; paying bills; management of your affairs; morale and motivation
- A social being: personal relationships - carer, family, social, sexual, difficult . . . ; keeping company, getting out and about, not getting cut off; culture, entertainment
- Personal improvement and fulfilment: developing/regaining skills to cope better, be more independent; arranging education or training

¹ Local authorities responsible for social care have a duty to ensure that all adults in their area, including carers, are able to access comprehensive information and advice about the care and support services local to them. This is to help people understand how the services work, the options available to them and how they can get access to the services they want. Authorities must also help people to benefit from independent financial advice. This duty is not restricted to people who meet the eligibility criteria and the means test.

- Personal safety: protection from exploitation, abuse; when capacity is impaired permanently or temporarily, acting in your best interests; protection of your carers
- Crises: management of critical episodes, emergencies when things go wrong
- Dealing with "the system": information, advice and advocacy in dealing with all the bodies you need to - to arrange your own care, to appeal against a decision . . .; management of your personal budget, making it last
- Your needs and wishes: assessment of what you need and want, and might be able to get; review of the assessment from time to time; including raising things you might not want but may well need
- Big decisions: making really big decisions such as where to live if your needs change a lot, recognizing and working with your feelings, perhaps of loss and pointlessness

The help you want may be: for someone to do something for you or to arrange for it to be done; to help you do it yourself or to arrange it yourself; to provide you with a personal budget for you to spend in the best way for you, and to advise and inform you in dealing with a complex system; to advocate with an agency or organization on your behalf; to help you improve a skill you need for everyday life; to suggest something you may need but do not want or do not realize that you do, e.g., how to get on better with someone important to you and see their point of view, and vice versa; how to challenge a decision you do not like or agree with - whether it concerns a service to you, your landlord's wish to evict you, whatever; to make an application for adaptations to your house to make it more suitable for you; to stop the energy company cutting you off; to help you go out and enjoy other people's company, or to go to work; anything and everything that is part and parcel of everyday life.

You might want the help to be arranged for you, to arrange it yourself, or be helped to arrange it yourself - or all of these depending on what it is.

Whether you can say it or not, you are likely to want to make the decisions yourself, certainly the decisions that are most important to you - which affect you personally - it is your life after all!

This is what social care is. It is meant to give a flavour and is not meant to be a comprehensive description of social care covering the hugely varied circumstances of adults in need. It may be provided by many agencies, but the linchpin is the local authority, and in particular the social care department.

Children and young people: In their "birth" families

Think of yourself as a parent, perhaps on your own, who

- is struggling or not coping with a young child or toddler, perhaps with another on the way, ill-prepared for parenthood,
- and who gets cross and maybe more on occasion

- has a five year old who is seen by others not to be thriving
- has an "out of control" ten year old ...
- has a disabled child, perhaps with many disabilities or a degenerative, life-limiting disease
- has a fourteen year old who disappears, sometimes for days, has extreme moods and sometimes threatens you
- has a fifteen year old who gets into trouble with the law and is in with a "bad lot" in your eyes - and who may be frightening to you
- is into drug or alcohol abuse and may be out of control, perhaps reliant on your child

Think of yourself as that child or young person.

What help would either of you need to see your way through? - Even though you might not know it.

And what action does the state need to take to ensure that the welfare of you as a child or young person comes first and that you are safe and, if necessary, protected.

The fact that there are two "yourselves" here - child/young person and parent(s) - one of whom is a minor and may be at risk, leads to the second question on state action. These factors make the answers somewhat different to those for adults for whom the relationship with informal carers usually does not involve a minor, though sometimes it does of course (e.g., sons or daughters as young carers).

Depending on the circumstances, some or a lot of the following help/actions may be needed.

- Identification of families who are struggling a bit and may need help to function better; building, if possible, a trusting relationship with parent and child; assessing the situation with the family and agreeing the help that might make a difference
- Helping parents to develop their parenting and personal skills, their understanding of children and young people and what they need to flourish, the need to provide structure and boundaries alongside love and affection
- Helping parents and children to take advantage of and benefit from the available opportunities - whether a "soft play" facility, pre-school playgroups, early years places, "out of hours" school provision - or the various forms of professional help that may be available to help with possible developmental delay or behaviour issues
- Helping parents with the basics of life to support reasonable care and development for their child and themselves: income - work, benefits; household organization - cleanliness, safety . . .
- Helping the child or young person to identify / participate in activities which may help them, e.g., sports, youth facilities

(if available), music; helping them to identify and cope with the pressures of modern day childhood and teenage

- Supporting children with disabilities and their parents: advising on/ arranging practical help and respite (if available); providing information and advice, aiding access to often very local assistance; supporting relationships which may be strained or close to breaking, if acceptable to those involved
- Assessing and judging risk - particularly to the child or young person who comes first - sometimes to the parent(s), e.g., if mental illness or substance abuse is an issue
- Taking action to secure the safety / best interests of the child or young person, e.g. applying to the court for an order to take someone into care, voluntary reception into care for a young person, assisting with applications for restraining orders where issues of violence or domestic abuse exist . . .

This is meant to give a flavour only of what social care is in these hugely varying circumstances. It is not in any way comprehensive, nor is it meant to be. The appropriate balance of attention between parent and child or young person varies greatly and over time. It takes place within a wider network of agency provision - education, health, housing, voluntary, benefits.

Children and young people: "In care"

Think of yourself as a child or young person without your birth parents, who may be around but are not able to bring you up now or at all; and think of what a parent does or is expected to do. Think of yourself as having been in this situation from birth, a very young age or from an older age - with brothers and sisters or not, having been treated well or not, emotionally disturbed or not, abused or not, perhaps distrustful of adults but wanting affection, as all of us do - perhaps never having had it - but maybe still having feelings for your birth parents, good, bad or both, having abilities often unrecognized, sometimes feeling frustrated or angry, etc.

What help do you need to grow up reasonably safe, secure in yourself, healthy, fit for adult life - or at least to have a chance of this?

Many or most of the following help and actions are likely to be required.

- A place to live of your choice following assessment of your needs, as well as your wishes, and informing/advising you - temporary or permanent, which is your home, is secure and supportive, which you trust and trusts you, provides the basics of a reasonable life, treats you with respect and pays regard to you as an individual of worth, helps you to develop, looks after your health, addresses your problems and issues in a responsible way/setting boundaries to what is expected and

what is not, never giving up on you notwithstanding your behaviour at times, even if temporary provides a degree of permanence and continuity for you, helps you to form trusting relationships with others, stands up for you and is honest with you, helps you prepare for the future - and is capable of doing these things is in sometimes very adverse circumstances

- Supports you in your present school or arranges admission to a different school that suits you, participates appropriately in your school career/ represents you with the school as needed, attends parents evenings - helps you to make the most of your education - progressing to further or higher education where this is right for you
- Ensures your protection if you are at risk and is close enough to be likely to know if you are
- Helps you to be healthy and fit, ensuring you have the full benefit of the NHS and that you are accompanied or otherwise supported in doing so
- Supports your participation in sport if you wish - and other activities, cultural or otherwise
- Helps you to learn for and about life in the round, as well as for work
- Helps you to do the things you really like or most want to do - fostering your talents and interests
- Helps you to prepare for adulthood and live independently - with all this entails, practical and emotional
- Where appropriate, working with your birth parent(s) to re-establish / maintain your relationship with them; if it is best for you, helping you to live with them again
- Keeps a watchful and caring eye on you, ensuring you do not get overlooked or lost in the system no matter what, monitoring your progress, finding out what is important to you and what you want to do
- Monitors the place where you live to make sure it is good/suitable for you, taking issues up as needed and making sure they are dealt with
- If necessary and with your agreement, changing the place where you live to one more suited to you
- Support and advice if you get into trouble - being accessible enough to know if you do; being an "appropriate person" if you are seen by the Police, arranging representation if needed
- Makes sure you are referred for specialist assessment and advice when needed
- Helps you prepare for leaving care and supporting you when you do

This is not meant to be comprehensive but to give a flavour of what social care is in the widely varying circumstances of children and young people in care (looked after children in the social care jargon). It takes place in the context of a wide range of agencies, but the linchpin is the local authority social care department.

The Cambridge Commons

We are a new organisation for progressive-minded people in and around Cambridge. We are affiliated to the national charity, The Equality Trust, and we provide a network for Compass. This report is the sixth in our fairness review of Cambridge. We have previously published a report, *Wealth and Want*, on poverty and deprivation in the city; two reports on the damaging cutbacks in social care in Cambridgeshire; and reports on social housing and on the gross health inequality in the city. Printed reports are available for £10 each and they are also on line.

We organise public meetings and hold group discussions on the first Saturday morning of each month at Cambridge Central Library.

We have three priorities:

- To make local people aware of the poverty that exists in and around Cambridge and to bring people together to campaign for the living wage; against the precarious low wage economy; and to end the punitive benefits system which is causing hunger and misery to thousands of residents.
- To campaign for a more equal society and against the rising tide of inequality here and in the country as a whole.
- To draw attention to the absurd cruelty of a housing market that prevents ordinary citizens here from buying or securely renting their own homes, unless their circumstances are so desperate that they qualify for social housing.

There is conclusive evidence on a large range of criteria - e.g., physical and mental health, standards of education, incidence of crime and violence, family stability - that greater inequality has adverse effects across the whole of society and harms richer people alongside the poor. Further, inequality does substantial harm to the economy, as the OECD has demonstrated.

We have and will share a positive belief in a communal response to this country's difficulties in place of the neo-liberal economic and anti-state policies that are now supreme. We stand for a public realm of common citizenship in place of divvying up public services and institutions between private owners. **We believe that fairness and a spirit of co-operation between self-confident citizens is the way forward for our society.**

Membership of Cambridge Commons is free and open to all, but we would be grateful for donations so that we can do more. Check us out on our website - if you wish to join us, you can do so via the website.

www.thecambridgecommons.org