“Less money doesn’t have to mean a poorer service for disabled people...”

COPING WITH THE CUTS

Claudia Wood
Phillida Cheetham
Thomas Gregory

DEMOS

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This project was a true team effort but any errors and omissions are solely mine.

Claudia Wood
September 2011

Foreword

Budget cuts are at the heart of Government's response to the financial crisis.

Since the Government first revealed its deficit reduction strategy, Scope has been speaking—through the Destination Unknown series—to disabled people and their families about the impact of cuts made at a national level. However, we have also become increasingly concerned about the impact of local budget cuts.

Coping with the Cuts is a vital yet natural continuation of this conversation with disabled people. This groundbreaking study reveals the reality facing many disabled families across England and Wales. It demonstrates that it is possible to assess accurately the impact cuts have on disabled people. And, in doing so, it shows that disabled people are being badly affected.

Surprisingly, it shows that the scale of cuts across an area has no real bearing on the extent to which disabled people are affected. We know that every local authority has to make cuts and there is no simple solution to protect front-line services. Yet some local authorities have taken creative steps to reduce the negative impact on disabled residents in an attempt to shield them.

That is not to say that this isn't a difficult time for disabled people living in these areas. Changes to local services can create a great deal of anxiety, but we must commend those local authorities which have taken the initiative to approach budget cuts in this way.

Unfortunately, this report also shows that some local authorities haven't been quite so successful—some even appearing to fail to understand the numbers of disabled people who benefit from the very services they are proposing to change.

Coping with the Cuts allows us to showcase some of the principles used by the 'best coping' local authorities to

approach budgetary decisions. Some have managed to reduce the negative impact on disabled people by involving them in decision-making processes or by prioritising services that promote independent living. We would encourage the 'worst coping' authorities to consider if they too can apply any of these principles.

Coping with the Cuts is not about attacking local authorities and forcing them into action. It should arm disabled people and their families with the tools to hold their local authority to account over budget decisions.

At a time when the message is one of restrictions, reductions and closures, this report shows what can be possible when you put disabled people and their families at the centre of decisions that affect their lives.

For Government, *Coping with the Cuts* is a cautionary tale for its localism agenda. Some local authorities will always seek to innovate, but in other areas, residents will feel the full brunt of cuts and here the Government's claim that it is 'protecting the vulnerable' will continue to ring hollow.

Richard Hawkes
Chief Executive
Scope
www.scope.org.uk

Executive summary

The project

We began this research in an attempt to explore the local impact of disability-related cuts on disabled families. Following on from our report *Destination Unknown*, which considered the impact of national reforms (primarily to welfare benefits) on disabled families, we realised we knew little of what was going on 'on the ground' with local services. The local analysis we undertook for this project addresses this gap, by quantifying and mapping the impact of local cuts, to establish a national picture of a highly local process. Until now no one has been able to capture in a robust statistical fashion the impact on disabled people of the cuts made to local authority budgets across the country.

To map the impact of the cuts, we created a new measure—one which combined the level of budgetary cuts with elements of service delivery—such as increases in user charges, eligibility criteria and so on. We issued a freedom of information (FOI) request to all local authorities in England and Wales to gain access to these data. Our measure enabled us to look beyond how much local authorities were cutting, to how they were cutting and whether it was affecting their front-line disability services.

Our findings provide an extremely important contribution to the debate on the effect of the Government's cuts to the local funding settlement, announced in the October 2010 Spending Review.

Our findings

We applied our new measure to the 152 and 22 top tier local authorities (those with responsibility for social care) in England

and Wales respectively, and gave each one a score out of 100. The higher the score, the less impact the budget cuts were having on the front line of disability services. We mapped these results with colour coding on a dedicated website, www.disabilitycuts-maps.demos.co.uk. The full list of authorities ranked by coping score can also be found on the website.

The top and bottom 10 local authorities in England by overall coping score are shown in rank order in table 1, where the highest scoring authority is ranked number 1, and the lowest scoring authority is ranked 152.

Table 1 **Local authorities where cuts are having the least and the worst impact on the front line: the top and bottom 10 ranked by overall coping score**

Local authorities where cuts are having the least impact on the front line

Ranking out of 152	Local authority
1	Knowsley
2	Peterborough
3 =	Oxfordshire
3 =	Rochdale
5	West Berkshire
6	East Riding
7	Merton
8	Hartlepool
9	Islington
10	Windsor and Maidenhead

Local authorities where cuts are having the biggest impact on the front line

Ranking out of 152	Local authority
143	West Sussex
144	Southend
145	North Somerset
146	Barnsley
147 =	Bristol
147 =	South Tyneside
149	City of London
150	Westminster
151	Lambeth
152	Gateshead

We found that the top and bottom 10 local authorities are geographically widely spread across regions. There were fairly small differences between the average scores of the different regions in England, with the East of England coming top with an average score of 54.7 out of 100, and councils in the North West bottom with an average score of 43.5.

There was also a mixed picture when it came to rural and urban areas. Using the classification given by the Office for National Statistics for rural and urban local authority areas,[1] in the top 10 there are seven urban and three rural areas[2] and in the bottom 10 there are eight urban and two rural areas.[3]

Another interesting area of comparison is the level of local deprivation. Reviewing the 2010 Index of Multiple Deprivation (IMD),[4] a dataset published by the government every three years measuring the relative deprivation of different areas across the country, we found that two local authorities in the top 10 list—Windsor and Maidenhead, and Oxfordshire—are among the least deprived in the country, but a further two local authorities in this list—Knowsley and Hartlepool—also happen to be in the top 10 most deprived areas of the country.

Overall, therefore, our findings have identified where the cuts to care and support budgets are having the least and the most impact on front-line services. Those with the best scores, like Knowsley, could be said to be coping well with the cuts by protecting their front-line services (and, therefore, their disabled populations) from the worst of the cuts.

But we found that no one region is significantly outperforming the rest, with the top and bottom 10 spread across the country. Urban or rural status also does not seem to affect a council's coping score, and an area's level of social deprivation is also no predictor of how it will cope with the cuts.

The sheer complexity of our findings, and local variability in front-line eligibility, user charges and financial rules brings a whole new meaning to 'postcode lottery'. It is perhaps better described as a minefield, given the life-changing differences in levels of support we have recorded between even neighbouring areas. In such a system, disabled

people will be unable to know with any great certainty the services they are entitled to, and what they need to pay for.

But of greater concern is the difficulty with which we gathered these data. The striking finding of this report is that most local authorities do not systematically collect data that enable them to predict how budget cuts will affect disabled people in their areas.

For example, most of the respondents from local authorities told us they did not know how many disabled people were living in the area—with many still referring to the 2001 census. Others relied on numbers of people using their services—potentially excluding large numbers of disabled people living in the area who do not access council-funded support services, but who are still affected by local cuts (eg to third sector grants and universal services). Some did not even know how many people were using their services, particularly when it came to those commissioned from the third sector.

Without knowing how many disabled people live in an area, where they live and what services they rely on, it is impossible to carry out an accurate impact assessment of budgetary decisions.

Much of the data we asked for in our FOI request would have been crucial for local authorities to guide their budgetary decisions, so it was reasonable to assume they would have had the information readily available (particularly as we sent out first FOI requests in April, shortly after budgetary decisions had been made by local authorities). However, many local authorities refused our request, stating they did not have the data to hand, or did not gather or collate it, and it would take too long (beyond the 18-hour limit stated in the Freedom of Information Act) to reply to our requests. We resent shorter requests, but even then responses were often only partially completed. We had to supplement our findings by scrutinising public sources (eg minutes of council meetings) and calling individual council offices directly.

This suggests, therefore, that local authorities are not marshalling the data that would be necessary to carry out predictive impact assessments of their budgetary decisions,

nor systematically collecting the data related to their front-line services that is so important in reviewing the effects of budgetary cuts. This, in turn, hampers national government's ability to understand the impact of its reduced financial settlement for local authorities, as they have no robust local data to draw on. If all local authorities had modelled the impact of their budgetary cuts and reported this back to the Department for Communities and Local Government (DCLG), then the Government would have been able to understand more adequately the impact of its local cuts and could have created a more robust national impact assessment of local cuts.

In the absence of these data being recorded systematically at local and national level, there is a considerable risk that local authorities and national governments are making poorly planned cuts to vital services without fully understanding the consequences—leaving disabled families across the country vulnerable to significantly reduced quality of life.

Capturing the lived experience

Our findings capture a considerable amount of statistical data, in order to map on a national scale the impact of highly local and relatively opaque decisions. However, we also wanted to see how this was actually affecting real people. We spoke to three disabled families and the service providers who support them in three areas where our analysis suggests that front-line services are being affected by budget cuts—Bristol, Shropshire and North Tyneside.

Niamh, a mother of a disabled child, was facing an uncertain future as North Tyneside was reducing the hours offered at a disabled child play scheme which offered her a valuable source of respite from caring for her daughter and enabled her to stay in work. She was also finding restrictions imposed on her direct payment, so she could not secure the flexible support she needed for her daughter. Anita's support provider in Bristol was facing a 6 per cent budget cut but felt they were one of the lucky ones, as the

local commissioning strategy was reducing the number of providers in favour of a small number of very large 'prime' providers. Leila and Beth have had problems with their personal budgets in Shropshire, as a move from children's to adults' services has led to a substantial reduction in Leila's funding, although her support needs are the same. Both young women have seen significant increases in the costs of their adult education services for people with learning disabilities, as subsidies were cut.

Our interviews provided a snapshot of how cuts were affecting every type of family—including older disabled people living with support, parents of disabled children, and young disabled adults moving from children's to adults' services. And every type of support service was affected, from traditional care in the home through to respite and leisure and education, across the statutory, third and private sector.

Most importantly, we found that our interview participants were encountering several negative impacts simultaneously—they were trying to cope with personal budget reductions or restrictions, increased user charges, restricted eligibility and service closure all at the same time. As one provider in Shropshire put it, 'So much is happening, so quickly; it's hard to get a handle on.'

This *cumulative* effect on disabled families is an important issue when assessing the negative impacts of local cuts. In order to spread the savings they need to make, local authorities are undertaking several activities such as increasing costs and reducing services across many different service areas, so that no one service type is disproportionately affected. But in everyday life, disabled people use multiple services and supports in their communities. These 'evenly spread' cuts will therefore often converge on disabled families—leading to a cumulative and disproportionate impact. This is rarely reflected in impact assessments.

Innovative approaches to coping with the cuts

We did not carry out this analysis and mapping of local data to 'name and shame' local authorities or to suggest no cuts are necessary. We recognise that local authorities face a very difficult situation in maintaining services in the face of unprecedented cutbacks.

Nonetheless, budgetary reductions need not inevitably lead to front-line cuts, higher charges or poorer quality services. There are ways—some innovative, some everyday and commonsense—to mitigate the impact of the cuts on the front line.

We considered some of the strategies used by the top scorers in our measure, such as Knowsley, Peterborough and Hartlepool, and also looked at three local authorities in depth—Darlington, Essex and Sutton. These were not chosen for their top ranking, but rather for the innovative strategies they were implementing to protect and improve the outcomes for disabled people in the face of financial pressures.

We also reflected on the new radical developments taking place in the London tri-borough (Westminster, Kensington and Chelsea, and Hammersmith & Fulham) and Caerphilly and Blaenau Gwent in Wales, though it is too early to assess the impact they will have on disabled services.

We identified some elements common to the local authorities we reviewed. These include:

- Coproduction—involving service users in designing and planning their services, and in some cases delivering them.
- A capabilities approach to disability—looking at people's strengths and promoting what they can do, rather than a deficit model, which focuses on what people cannot do for themselves.
- A strategy of progression or 'just enough support'—where people gradually rely on less formal services and more community-based support.
- A move towards more integrated services, bringing in care, health and often housing and leisure.

- A commitment to personalisation, not as a cost-cutting measure, but as a foundation on which these other strategies can be built around.

Concluding thoughts

In some cases, it is simply too early to tell how well local authorities will cope with the unprecedented funding restrictions announced in October 2010. It was not until the Government's Funding Settlement was finally announced in December 2010 that local authorities knew exactly how much funding they had to work with — giving them just a few months to plan and consult on changes that would enable them to balance their April 2011 budgets.

Many local authorities are, therefore, still in the midst of developing their responses to the cuts and embedding new strategies. By creating our new measure and mapping the results across England and Wales, we have created a tool with which local authorities can mark their progress and identify areas in need of improvement. Next year, we plan to repeat this analysis to see how local authorities have fared in 2011/12. We hope that by demonstrating that a decrease in funding does not inevitably lead to a reduction in services, and by detailing some of the ways in which local authorities are breaking this link, we will see a more positive and proactive response to the cuts.

For many, however, the first step must be to develop more effective ways of gathering local data to identify their local disabled population, and the impact various service changes are having on these groups. Local impact assessments must be based on a robust understanding of what is actually happening and a recognition that cuts spread across several service areas can create a much larger cumulative effect on individual families than one might have predicted. Without this level of assessment, cuts will be made without any understanding of their effect, leaving hundreds of thousands of disabled people at risk. Moreover, national impact assessments will be significantly less accurate — central government will simply not understand the effect of reducing local budgetary settlements unless local authorities feed up the information of effects from the front line. The quality of local and national policy decisions are no doubt suffering as a result.

1 Introduction

The new Coalition Government came to office in 2010 with a promise to reduce the country's deficit more rapidly than the incumbent Labour Government. David Cameron warned that achieving such a rapid repayment would require cuts to welfare benefits and public services, which would change 'our whole way of life'.[5]

Within a month of being elected, the Government laid out many of these proposed cuts in the Emergency Budget of June 2010, which was supplemented with additional measures in the October 2010 Spending Review. Throughout this period, there has been much analysis and commentary in the press and policy circles on the impact of these cuts for different social groups—families on low incomes, single parents, large families in urban areas and so on.[6] The impact on disabled people, on the other hand, remained a debate held primarily among lobby groups and the third sector rather than in the wider public sphere. However, a number of high profile interventions have changed this: the High Court ruling that Birmingham Council's cuts to its disability services did not comply with the Disability Discrimination Act;[7] Disability Alliance's legal challenge against the Government over its plans to abolish Disability Living Allowance (DLA) and introduce a new benefit (Personal Independence Payment—PIP);[8] the Hardest Hit March in May this year, when 8,000 disabled people and their representatives converged on London in protest over disability-related cuts;[9] and Ministers being criticised by the Work and Pensions Select Committee and others for portraying disabled people as 'benefits scroungers' and 'work shy'.[10]

As a result of such events and subsequent high profile press coverage, the impact of the Government's actions on disabled people—as a group with a unique reliance on a range of welfare benefits and public services—has become a more

widely debated issue. Demos, with Scope, began looking at this issue as early as August 2010, before the furore from these public actions raised its profile. The reason why this pressing social and policy problem drew our attention was twofold.

First, evidence clearly shows that disabled people are particularly vulnerable to cuts in services and welfare for a number of reasons — for example, disabled people are far more likely to be unemployed than non-disabled people: 48.2 per cent of disabled people were employed in the 12 months to September 2010, compared with a 70.2 per cent national average employment rate.[11] Given that 43 per cent of disabled people were employed in 1998, and 50 per cent were employed in 2007, this is clearly an entrenched problem with little sign of improvement.[12] Even those disabled people who do work tend to be in lower paid jobs — with the Equality and Human Rights Commission (EHRC) presenting estimates in 2009 of a disability pay gap of 6–26 per cent for men and 6–17 per cent for women.[13] More worryingly, social mobility among disabled people seems to be in decline. The EHRC's flagship 2009 review of equality, *How Fair is Britain?,* found that that the chances of low-qualified British disabled men having a job halved from 77 per cent to 38 per cent between the 1970s and the 2000s.[14] This may be attributed to disabled people's lower educational opportunities — disabled people in their early 20s are twice as likely not to be in employment, education or training as non-disabled people,[15] though a body of evidence increasingly points to external social factors as a driving force that limits disabled people's education and employment opportunities — everything from inaccessible transport to employer prejudice.[16]

Whatever the reason for these inequalities, the result is that that disabled people are more than twice as likely to live in poverty as non-disabled people. It is accepted that this is due to not only their higher levels of unemployment and lower wages but also their increased (disability-related) living costs.[17] By including both reduced income and increased costs, the number of disabled people estimated to be living in poverty increases significantly: while 17.9 per cent of individuals in the UK reside in households below the poverty line, this figure is 23.1 per cent for households with a disabled member.[18] However, *when the additional costs of disability are taken into account*, the proportion of families with a disabled member living below the poverty line jumps to 47.4 per cent.[19]

Low income, high living costs and high unemployment combine to make disabled people more reliant on benefits for a significant proportion of their income, and also more reliant on state-funded and public services such as public transport and social housing. Disabled people are also — clearly — more reliant on NHS and social care services than the non-disabled population.

They are therefore likely to be at the sharp end of the Government's cuts to benefits and services, given their somewhat unique position of being a group reliant on multiple benefits *and* a range of public services as a result of their condition or impairment.

The second reason why exploring the impact of the cuts on disabled people is so important is that in spite of this group's vulnerability to changes to benefits and public services, it is clear that those in national and local government have only a limited idea of how budgetary cuts and service reforms affect disabled people. The narrative around key reforms at national level has been confused over the past year, and statements related to incentivising work, medical testing and so on have been retracted and changed. Specific reforms — such as withdrawing the DLA mobility component from those in residential schools and care homes — have been delayed following significant protest.[20] There have also been legal challenges like the one launched by Disability Alliance on the lack of an impact assessment by the Department for Work and Pensions (DWP) on DLA reforms.[21] At local level, there has been a successful legal challenge in Birmingham[22] and others pending in the Isle of Wight and Stoke on Trent,[23] suggesting that neither national nor local government has fully taken into account the implications of their cuts to benefits and services. As the National Council for Voluntary Organisations (NCVO)

concluded recently in its report *Counting the Cuts*:

There have been significant inconsistencies in the way that different parts of government and local authorities are implementing cuts. Funding from some parts of government is being hit particularly hard—including some central government departments, local authority spending and capital expenditure.[24]

With this in mind, Demos, with Scope, began to explore the impact of the Government's cuts on disabled people in *Destination Unknown* in October 2010.[25] This report primarily focused on welfare benefits, interviewing five disabled families to establish how much worse off they would be as a result of lower benefits income over the course of the current Parliament. Our analysis of DWP caseloads revealed that, overall, the 3.5 million disabled people currently claiming disability-related benefits would lose about £9.2 billion of financial support by 2015 as a result of the Government's announced changes. The cumulative impact of several benefit cuts on disabled families, who rely on multiple disability and non-disability-related benefits, was a revelation and had not been taken into account by the Government as part of its impact assessment.

Although these numbers were hard hitting, we realised our analysis only told half the story, by only focusing on the national picture. Disabled people are disproportionately reliant on welfare benefits and public services. While the former is part of national policy reform, the latter is heavily influenced by local authorities. Therefore, to fully understand the effect of the cuts on disabled families, we must also look at the local picture of service change.

The local picture—an overview

For disabled people, local services are extremely important. First and foremost, social care and support falls under local authorities' responsibility. Hundreds of thousands of disabled adults and children rely on these services every day. But

there is also a raft of other local services apart from social care—such as specialist transport, employment support services, day centres and befriending services, respite, disabled children's play centres, and so on, which disabled families use to get to school and work, and to have active lives in their communities.

All these various services came under threat when the Government imposed local authority budget cuts of 28 per cent in the October 2010 Spending Review—translating to 7.1 per cent each year—over the course of the current Parliament.[26]

However, the level of the cuts imposed was highly variable. While the Spending Review announced a 7.1 per cent average budget reduction, local authorities had to wait until December to find out exactly what their individual funding settlement would be.[27]

As it turned out, the 7.1 per cent average hid wide variations—from a 16.8 per cent decrease in funding this year for places like Stroud, Woking and mid-Sussex to a 0.01 per cent increase in the Isles of Scilly.[28] Translated into cash terms, Manchester will lose £68.9 million in funding this financial year (2011/12), equivalent to an 11.04 per cent reduction. Liverpool is worse off—losing £72.2 million in funding this year, equivalent to an 11.34 per cent reduction. Hastings is only losing £4.5 million, but as a proportion of the authority's total budget this is very significant—a loss of 21.51 per cent.[29]

To make matters more complex, the Government also announced in the October Spending Review that ring fencing of many local authority budgets would end. These meant that budgets formerly reserved for specific services could be redistributed across local authorities according to local priorities. For some, this has been a welcome development, giving local authorities greater discretion to respond to local needs at a time of severe financial constraints.

However, this is a highly significant development, which gives the oft-used phrase 'postcode lottery' a whole new level of relevance. Local authority budgetary cuts will increasingly be interpreted differently from area to area, and the subsequent impact of the cuts on services will therefore be totally different.

Moreover, through the forthcoming Localism Bill[30] and the Open Public Services White Paper,[31] more power is to be devolved to local authorities to set their own priorities around spending, regeneration planning, health services, parks, and so on. They are also being given more discretion to try new forms of local governance and delivery, in order to achieve savings without undermining the quality of services. This includes becoming 'commissioning councils' and outsourcing their entire service delivery, as well as 'joint councils'—pooling their resources and service areas with neighbouring authorities. We look at some of these different and innovative solutions in chapter 4. It is entirely possible—indeed probable, therefore—that within a short period of time people's experiences of local austerity will vary hugely depending on where they live.

While this will have an impact on entire communities, for disabled people the consequences could be life changing. Disabled people are reliant on a whole range of different local authority and third sector provided services and support systems to enable them to maintain a decent quality of life, employment and friendship networks, and to live independently. Moving to a neighbouring street across a local authority border could, therefore, have very significant consequences for a disabled person—their support might be totally different or even removed altogether. This would be enough to turn an active member of the community, living independently, into someone who is socially isolated, confined to their home, unable to work, and dependent on others for daily tasks.

If we consider social care (community and personal care) as the largest single service that disabled people are likely to use to enable them to live independently, we can see clearly the possible impact this local variation might have. Someone living in the London Borough of Islington, for example, may decide to move across the road to the neighbouring borough of Camden, the two sharing an extensive border. This year, Islington will be removing the discretionary 15 per cent discount on care charges for those paying for their own care.[32]

So, if this person was partially or fully funding their care, a move to Camden might seem financially prudent as costs in Islington are going up by 15 per cent. However, Islington funds care services to those with moderate needs and above,[33] while Camden only funds care for those with substantial and critical needs.[34] So the person moving to Camden may have dodged a 15 per cent cost increase, but may well lose their eligibility for support altogether if they have moderate needs.

On the other hand, the person moving to Camden may in fact find they have a broader range of low level support services in the area to choose from, because Camden is London's top spender on 'discretionary' support services—these include open access resource centres for older people, luncheon clubs, befriending services, and advice and advocacy services. Islington, on the other hand, is one of the lowest spenders on these services—spending just £1.4 million last year compared with Camden's £6.75 million.

However, this positive picture in Camden may soon change, as the council is looking to make £16 million worth of cuts to social care spending this financial year, with £5.9 million coming from front-line services. This will include cutting £900,000 from discretionary services this year and £1.8 million next year. The person moving to Camden would also find an increase in Taxicard services from £1.50 to £2.50 per journey, and might no longer be eligible for a freedom pass if he or she had a mental illness but no physical disability.[35] Having said that, in Islington, Taxicard services are already £2.50 per journey[36] with Camden simply following suit—however, freedom passes in Islington are still provided to those with mental illnesses.

Just comparing these two neighbouring boroughs demonstrates the highly variable and complicated picture that emerges and how each local authority responds differently to budget cuts. This is in part due to the flexibility of care and support services: local authorities actually have four methods at their disposal of reducing spending or cutting costs:

- They can simply reduce the amount of money spent on services, potentially reducing quality, qualified staff numbers, and so on. For those disabled people using personal budgets, this may translate into a reduction in the amount of money being given to them to spend on services.
- They can also increase user charges, clawing more money back from the individual for things like meals on wheels, transport and leisure activities.
- They can close or reduce the operating hours of particular services—particularly those that are asset heavy (require the ownership and operation of property), such as residential homes and day centres, as this frees up significant amounts of money.
- They can restrict eligibility to state-funded support, reducing the caseload of people for whom they need to provide free or subsidised services.

In reality, there are several other ways in which social care budgets can be reduced, including cutting back office functions and admin, and making efficiencies that do not actually affect the availability, affordability or quality of front-line services. We discuss some of these in chapter 4, but these back office measures can only achieve a certain amount of savings. All local authorities have to engage in some front-line reductions, which have a fundamental impact on disabled people's quality of life. We explore these front-line reductions in this project.

Background to the project

The highly variable and complex nature of the local cuts and their very significant impact on disabled people was the starting point for this ambitious project. No one has yet attempted to quantify and map council cuts to establish a national picture of a highly local process; so, until now, no one has been able to capture in a robust statistical fashion the impact of the cuts made to local authority budgets on disabled people across the country. The local analysis we

undertook for this project addresses this gap, and should be seen as complementary to national analysis we undertook in *Destination Unknown*, as mentioned above—a report we produced last year which calculated losses to disability-related benefits income at a national level.[37]

This report should also be read in conjunction with our local impact map, which can be viewed at www.disabilitycuts-map.demos.co.uk. This provides the full dataset in graphical format—a colour coded map of England and Wales shows how each top tier local authority is coping with cuts in protecting their front-line services, with additional information related to closures and restrictions presented alongside.

Figure 1 **Map of England and Wales showing the results of our analysis; interactive version online (www.disabilitycuts-map.demos.co.uk)**

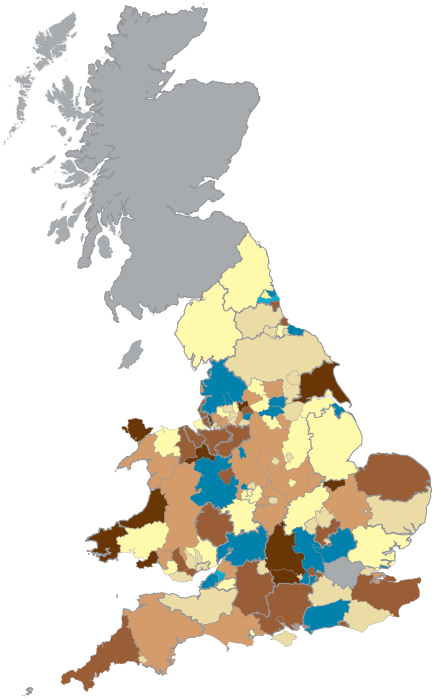


Figure 1 shows the impact the cuts are having on local authorities. The local authorities in which the cuts are having the worst impact on front-line services are shown with darker shading. We can see there are no clear geographical differences, with no one region particularly outperforming another. We carry out more detailed analysis of these results in the following section.

Gathering the data

In order to gain a national picture of local disability cuts, Demos issued a freedom of information (FOI) request to every local authority in England and Wales—numbering 437 individual requests. Of these local authorities, 152 have social care responsibilities in England, and 22 in Wales. Therefore, some of the questions in the FOI request were not relevant to every council. We asked:

- What the budget was for this year and last year for a series of disability-related services, including social care (home care, day centres and residential care), as well as disability-related education, employment and leisure services for disabled children (aged 0–18), disabled adults (aged 18–64) and older people.
- Whether any user charges had changed for services like community meals, taxi-card, emergency alarms and so on between last year and this year.
- Whether any care and support services had been closed, or their opening hours restricted.
- Whether the local authority (if one of the 152 social care local authorities in England) had changed its care eligibility criteria in the past year.
- Whether the local authority (if one of the 152 social care local authorities in England) required disabled people to contribute part of their DLA towards their care costs and, if so, by how much.
- Whether the local authority (if one of the 152 social care local authorities in England) reduced the amount of money it gave to people as a personal budget compared with when services were delivered directly by the council.

Achieving usable data from this request proved extremely problematic. In particular, answering our opening question—'how many disabled people live in your local authority area?'—was a challenge. The majority of authorities did not provide this information for us. Some local authorities provided data from the 2001 census. Others relied on numbers of people using their services—potentially excluding large numbers of disabled people living in the area who do not access council-funded support services, but who are still affected by local cuts (eg to third sector grants and universal services). Some did not even know how many people were using their services, particularly when it came to those commissioned from the third sector.

Without knowing how many disabled people live in an area, where they live and what services they rely on, it is clearly impossible to carry out an accurate impact assessment of budgetary decisions. This is a worrying finding. The rest of the data we asked for in our FOI request would have been crucial for local authorities to guide their budgetary decisions, so we assumed they would have had the information readily available (particularly as we sent out first FOI requests in April, shortly after budgetary decisions had been made by local authorities). However, many local authorities refused our request, judging that the amount of data requested was too much, involving more work than the Freedom of Information Act limit of £450 or 18 hours to collate. Others said they simply did not collate the data we requested and that they would be unable to gather it together within the time limit. We resent shorter requests, but even then responses were often only partially completed.

To overcome this initial difficulty, we looked to national sources to verify some of our data, for example, we drew from DWP's caseload statistics to establish how many DLA claimants there were in each council in the country, and we also used the annual data on local authority spending of the Department for Communities and Local Government

(DCLG)[38] and data from the National Adult Social Care Intelligence Service (NASCIS) on the total number of social care users in each local authority (2009/10).[39] When faced with incomplete and non-comparable data provided by the local authorities, these alternative sources enabled us to make consistent comparisons of the top line budgetary reductions across local authorities. But other gaps in data proved more challenging—we had to supplement our findings by scrutinising public sources (eg minutes of council meetings available from local authority websites) and calling individual council offices directly in order to fill some of the gaps.

The difficulties we experienced in accessing these data, which local authorities should be using to guide budgetary decisions, suggests that many local authorities are not marshalling the information they need in order to carry out thorough impact assessments of the cuts they are making to funding and services. It also seems they are also not systematically collecting data related to their front-line services, which is so important in reviewing the effects of budgetary cuts after the fact. This, in turn, will hamper national government's ability to understand the impact of its reduced financial settlement for local authorities, as they have no robust local data to draw on.

A sensible approach would be for local authorities to predict the impact of their cuts on disabled groups (using accurate data about their disabled populations) and to relay this to the DCLG, which, in turn, could provide a more robust national impact assessment of the budgetary cut imposed on local authorities. But in the absence of these data being recorded systematically at local and national level, there is a considerable risk that local authorities and national governments are making poorly planned cuts to vital services without fully understanding the consequences.

Comparing local authorities

Once we had collected as much local data as we could, we had to create a consistent way of comparing local authorities. We could have compared local authorities by their level of budget cuts and ranked them in order of spending cut. However, this gives a fairly narrow picture of what is actually happening on the ground. For example, if we compare two local authorities with a 3 per cent and a 10 per cent budget cut in adult social care respectively, we might assume that the former has more money to spend on services. The local authority with the 3 per cent cut would be a better place to live for a disabled person and their family as the authority provides more generous services.

However, this does not take into account other factors. What if the local authority cutting 10 per cent of its budget makes those savings by cutting red tape? What if it invests in a strategy to provide low level and preventative services that make savings, but also improve outcomes? On the other hand, what if the local authority with a 3 per cent cut makes no attempt to get more for less, and simply passes this cut straight to front-line services? In this scenario, living in the local authority with the more significant budgetary cut may not be so bad after all.

The potential difference in how local authorities make cuts, rather than the size of the cut *per se,* was something we wanted to build in to a new measure for comparing local authorities. We decided to use a measure that captures both the level of budgetary cuts *and* how these are affecting front-line disability services. Together, they show how well a local authority is protecting its front line and coping with the cuts. This measure is made up of six elements:

- Total level of spending cuts to social care between 2010/11 and 2011/12.
- Changes in service charges for a range of disability-related services (see 'Change in user charges for disability support services' in chapter 2 for full list).

- Current level of social care eligibility criteria (level of assessed need eligible for council funding).
- Any change between 2010/11 and 2011/12 to the above-mentioned eligibility criteria.
- Whether income from DLA is taken into account when assessing how much needs to contribute to their care.
- Whether personal budgets are set at a lower cash level than the equivalent care delivered by the local authority.

We also collected data on service closures and restrictions, but, unfortunately, we were not able to include this in our measure, as the information was too anecdotal so we were unable to compare local authorities.

We applied this measure to the top tier English councils (excluding Isle of Man, Jersey and Guernsey) which are responsible for social care.

We also applied the measure to the 22 Welsh unitary authorities with social care responsibilities. However, as Wales has a slightly different care system, we had to create an alternative measure and use data regarding care expenditure from the StatsWales database.[40] The two measures are very similar, but we did not include anything about personal budgets in the Welsh measure as Wales does not use them. In the next section, we present English and Welsh results separately.

The measure gives each local authority a score out of 100, based on the combined score across the individual elements. The higher the overall score, the lower the impact of the cuts in a local area. This means the higher scoring councils are coping better with their budgetary cuts and managing to prevent negative changes to front-line services.

However, we did not want simply to describe and map the impact of service cuts faced by disabled people across the country. We also wanted to demonstrate that reduced resources do not inevitably lead to fewer services or poorer outcomes. We know that many local authorities are rising to their financial challenges—creating ingenious and innovative ways to mitigate the impact of budgetary cuts, protect front-line services and maintain positive outcomes for their disabled populations. These positive and constructive responses to a dire financial situation need to be highlighted and shared with other local authorities, in the hope that more will follow suit.

In the next chapter we present the findings of our analysis of how local authorities are coping with budgetary cuts in England and Wales. In chapter 3 we look beyond the numbers to explore the human face of the cuts—with interviews from three disabled families living in areas in the country that score poorly in our measure. Then in chapter 4 we counterbalance these findings, exploring some of the ways in which local authorities are trying to do more with less and mitigate the impacts of the cuts through innovative ways of working. We conclude by reflecting on this evidence, and suggest ways forward for other local authorities that are currently facing a difficult financial situation.

2 Our findings

This section presents the findings from our analysis of the FOI data we gathered from local authorities in England and Wales. We begin by presenting the total scores for England, showing how local authorities are coping with the cuts in their areas. Then we look at the results in each of the six separate elements that make up that total score. We then do the same for Wales.

Overall scores for England—how well are local authorities coping?

The main score out of 100 in our measure shows the overall impact of budgetary cuts. Our analysis shows the best score—out of 100—was 78, achieved by Knowlsey Council, in the North West. The worst was 20.1, achieved by Gateshead, in the North East. Table 2 lists the top and bottom 10 scores in our measure and their scores out of 100.[41]

Table 2 **Overall coping score of the top 10 and bottom 10 scoring local authorities when measuring the overall impact of budgetary cuts on the front line**

Top 10 scoring local authorities — the 'best copers'			Bottom 10 scoring local authorities — the 'worst copers'		
Rank	**Authority**	**Score**	**Rank**	**Authority**	**Score**
1	Knowsley	78/100	143	West Sussex	28.9/100
2	Peterborough	73.6/100	144	Southend	27.7/100
3 =	Oxfordshire	71.5/100	145	North Somerset	27.5/100
3 =	Rochdale	71.5/100	146	Barnsley	26.4/100
5	West Berkshire	71.1/100	147 =	Bristol	24.3/100
6	East Riding	69.1/100	147 =	South Tyneside	24.3/100
7	Merton	68.8/100	149	City of London	24.1/100
8	Hartlepool	68.1/100	150	Westminster	27.4/100
9	Islington	67.6/100	151	Lambeth	22.2/100
10	Windsor and Maidenhead	66/100	152	Gateshead	20.1/100

Table 3 ranks all the London boroughs by their total score for coping with the impact of budgetary cuts on the front line.

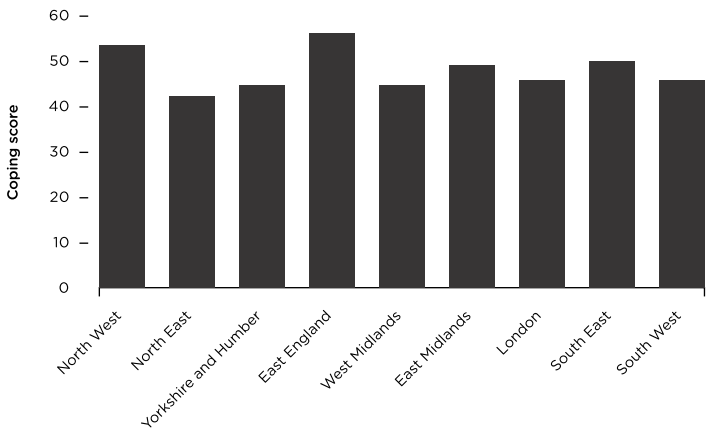
Table 3 **London boroughs by their total score for coping with the impact of budgetary cuts on the front line**

London borough	Total coping score	National ranking
Merton	68.8	7
Islington	67.6	9
Enfield	64.4	12
Hillingdon	62.9	16
Hackney	61.3	18
Harrow	60.5	20
Havering	58.1	27
Haringey	56.9	34
Bromley	56.6	35
Sutton	55.1	39
Richmond-upon-Thames	54.9	40
Barking and Dagenham	54.0	44
Newham	50.9	59
Hammersmith & Fulham	50.7	60
Camden	47.2	81
Brent	46.7	85 =
Ealing	46.7	85 =
Wandsworth	44.4	99
Croydon	44.1	102 =
Bexley	44.1	102 =
Kensington and Chelsea	43.1	111
Greenwich	42.1	116 =
Southwark	42.1	116 =
Redbridge	41.5	119
Waltham Forest	39.9	124
Hounslow	38.4	128
Barnet	37.9	129
Kingston Royal Borough	34.5	135
Tower Hamlets	32.4	137
Lewisham	31.6	139
City of London	24.1	149
Westminster	22.4	150
Lambeth	22.2	151

It is interesting to note both the wide regional dispersal of these results, and also the demographic variability. In the top 10, there are two local authorities in the North West, three in the South East, one in the East Midlands, two in London, one in Yorkshire and Humber, and one in the North East. The bottom 10 are located in the South West (two), North East (two), Yorkshire and Humber, South East, East Anglia and London (three).

As we can see from figure 2, there are not significant differences between the regions in average scoping scores—with councils in the East of England coming top with an average score of 54.7, and councils in the North West bottom with an average score of 43.5.

Figure 2 **Average total score for local authorities in England coping with the impact of budgetary cuts on the front line**

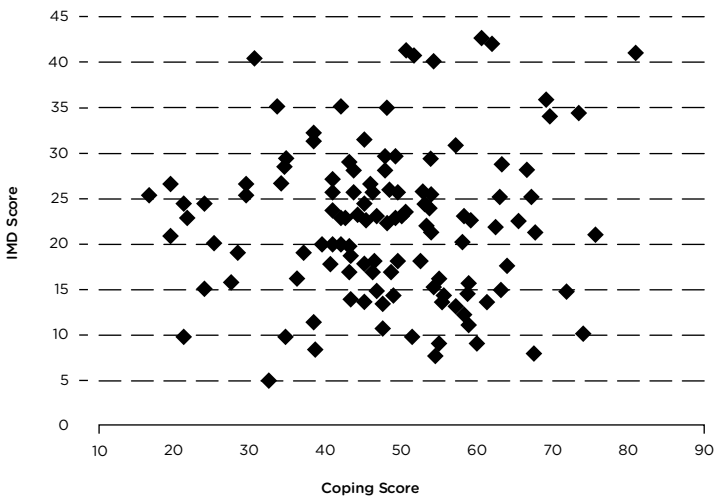


The top and bottom ranked local authorities are also a mixed group according to the Office for National Statistics' local authority rural/urban classifications.[42] In the top 10 there are seven urban areas, and three classed as rural.[43] In the bottom 10, there are eight urban areas, and two rural ones.[44]

Another interesting area of comparison is the level of local deprivation. Reviewing the 2010 Index of Multiple Deprivation (IMD),[45] a dataset published by the government every three years measuring the relative deprivation of different areas across the country, we found that two local authorities in the top 10 list—Windsor and Maidenhead, and Oxfordshire—are among the least deprived in the country. But a further two local authorities in this list—Knowlsey and Hartlepool—also happen to be in the top 10 most deprived areas of the country. Interestingly, none of our bottom 10 ('worst copers') are in the ten most deprived areas.[46] Of the five London boroughs in these two lists, more and less deprived boroughs are side by side—Lambeth and Westminster are both coping less well, while Islington and Merton are doing better.[47] Hackney—London's most deprived borough and also one of the most deprived areas in the country—did well, coming 18th out of 152 in our ranking.

Our analysis shows that there is in fact no correlation between a local authority's IMD score (reflecting their level of social deprivation) and our coping score (figure 3).

Figure 3 **The relationship between the IMD and the Demos coping score**



Overall, therefore, our total coping scores paint a mixed picture. The budgetary cuts to care and support budgets are having less of an impact on front-line services in local authorities with high scores, such as Knowsley. We might say these top ranked local authorities are coping better with the cuts because they are protecting their front-line services (and therefore, their disabled populations). But no one region is significantly outperforming the rest, with the top and bottom 10 spread across the country. Urban and rural status also do not seem to affect a council's coping score, and figure 3 clearly shows an area's level of social deprivation is also no predictor of how it will cope with the cuts. This is a very interesting finding—suggesting that other factors not identified here may be helping local authorities cope with the cuts.

Individual elements of England's scores

Now we have identified the best and worst scoring local authorities in our coping measure, we look at each of the six individual elements that made up their total scores.

Total level of spending cuts to social care between 2010/11 and 2011/12

The first element of the measure compares budgets for 2010/11 and 2011/12, using DCLG statistics.[48] Each local authority's score was based on the total percentage change in spending, which was based on the average change in children's, adults' and older people's care and support budgets.[49]

The final score each authority receives is based on which decile they fall into. The 10 per cent of authorities with the highest average budgetary reductions received 0 points; those 10 per cent with the lowest reduction (or, as it turned out, a budgetary increase) received 10 points. Tables 4 and 5 show the local authorities with the largest and smallest budgetary settlements for care and support in 2011/12 compared with 2010/11.

We found that the best settlement was in Bournemouth, which averaged an 11.80 per cent increase in funding. At the other end of the scale, Wirral is facing a 21.67 per cent *decrease* in funding. In total, 33 local authorities out of the 152 increased their average budgets for care spending this year, but these averages obscure changes in specific types of care funding—for example, while Peterborough has an average 8.17 per cent increase in funding this year, it actually cut its funding to adult care services by 10.86 per cent. The 26.41 per cent increase in children's care and support services improved the overall average.

Table 4 **Local authorities with the largest increase in budgetary settlement for care and support in 2011/12 compared with 2010/11**[50]

Rank	Local authority	Percentage increase (%)
1	Bournemouth	11.80
2	Gloucestershire	11.34
3	Bedford Borough Council	10.05
4	Poole	9.74
5	Peterborough	8.17
6	Warwickshire	6.11
7 =	Somerset	5.72
7 =	Hartlepool	5.72
9	Thurrock	5.61
10	Rochdale	5.52

Table 5 **Local authorities with the poorest budgetary settlement for care and support in 2011/12 compared with 2010/11**

Ranking out of 152	Local authority	Percentage cut
143	Wirral	–21.67
144	North Tyneside	–21.45
145	Buckinghamshire	–21.40
146	Bradford	–20.11
147	South Tyneside	–19.33
148	Barnsley	–18.16
149	Tameside	–17.04
150	Gateshead	–15.55
151	Durham	–14.61
152	Hammersmith & Fulham	–14.56

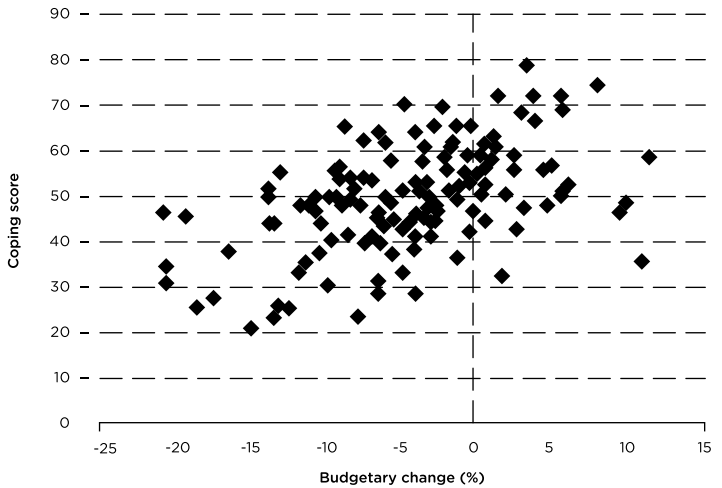
A further analysis

It is very interesting to compare local authorities' budget increase or decrease, and their overall 'coping' score. In previous analyses of care funding statistics, local authorities have been ranked by the severity of their budgetary cuts and the harshest cutters were labelled the 'worst'. Until now, no one has considered the impact of these cuts. This is the value of our new measure. While it includes the budgetary settlement of a local authority (as we felt this was likely to influence the quality of care provided, staffing levels etc) it also includes the impact of this on front-line services—factors such as service charges, efficiency targets placed on personal budgets, and eligibility changes.

If we compare this more detailed measure with the basic budget data, we can separate the amount of money a local authority has from what they do with it. We might expect that local authorities with funding increases to their care systems would cope better—their services would not be negatively affected in any way. Conversely, it is reasonable to assume that local authorities with the largest budget cuts will have the worst coping scores, as they are more likely to raise service charges, restrict eligibility, and so on.

However, our analysis shows the two measures do not match exactly. In figure 4 we see there is a relationship between funding and coping score, but not a strong one. Those local authorities towards the top left of the graph are doing well in spite of their cuts—these include Sunderland, Isles of Scilly, and Hackney. Those in the bottom right are underperforming relative to generous budgetary settlements—these include Gloucestershire, North East Lincolnshire and Stockton.

Figure 4 **The relationship between budget change and coping score**



This suggests a good budget settlement helps a local authority protect its front line, but it does not guarantee it. We can illustrate this further if we compare the top 10 in over coping score with the ten authorities with the largest budget increases to care and support (table 6). We can see only three are in the same group. These three, understandably, are doing well in protecting front-line disability services with the aid of a more generous care budget. But the remaining seven top 'copers' do not have the best financial settlements.

Table 6 **The ten authorities with the highest coping scores and the ten authorities with the highest care funding increases in 2011/12 compared with 2010/11**

Top 10 'best copers' with cuts		Local authorities with the highest care funding increases	
Rank	**Authority and score out of 100**	**Rank**	**Authority**
1	Knowsley (78/100)	1	Bournemouth
2	Peterborough (73.6/100)	2	Gloucestershire
3 =	Oxfordshire (71.5/100)	3	Bedford Borough Council
3 =	Rochdale (71.5/100)	4	Poole
5	West Berkshire (71.1/100)	5	Peterborough
6	East Riding (69.1/100)	6	Warwickshire
7	Merton (68.8/100)	7	Somerset
8	Hartlepool (68.1/100)	8	Hartlepool
9	Islington (67.6/100)	9	Thurrock
10	Windsor and Maidenhead (66/100)	10	Rochdale

If we consider the rest of the top social care spenders, we can see that their ranking in our coping score is very mixed (table 7).

Table 7 **Local authorities with the highest care funding increases and their ranking by coping score**

Local authorities with the highest care funding increases	Ranking by coping score
Bournemouth	33
Gloucestershire	134
Bedford Borough Council	81
Poole	93
Peterborough	2
Warwickshire	58
Somerset	64
Hartlepool	8
Thurrock	70
Rochdale	3

This shows us that, despite increases in care funding, local authorities such as Poole and Gloucestershire are scoring poorly in our coping measure. They are not doing well in translating their higher budget funding into an improvement in front-line services.

However, we can also show the loose relationship between the two factors in table 8: most of the top 10 scorers in our measure have a budgetary increase, rather than a cut. The bottom 10 scorers on the other hand have all imposed budgetary cuts, most of them large. Therefore, there is certainly a relationship between funding and coping, but there are plenty of exceptions to the rule, both positive and negative. In table 8 for example, we see East Riding and Merton are both doing well in the coping index, despite having budgetary cuts. Moreover, in the bottom 10 coper list (shown above), while most local authorities do have significant cuts, North Somerset only has a moderate cut—of 4.62 per cent. We have a situation, therefore, where East Riding is 12th best in the country (out of 152) in protecting its front line from cuts despite a -5.63 per cent budgetary cut. And yet North Somerset is 145th in our ranking, but has a smaller budgetary cut than East Riding, of -4.62 per cent.

Table 8 **Top 10 scorers on the Demos coping measure and their care funding settlement**

Top 10 scorers on our coping measure

Rank	Authority and score out of 100	Care funding settlement (%) and ranking
1	Knowsley (78/100)	3.14 (16)
2	Peterborough (73.6/100)	8.17 (5)
3 =	Oxfordshire (71.5/100)	3.71 (15)
3 =	Rochdale (71.5/100)	5.52 (10)
5	West Berkshire (71.1/100)	1.15 (24)
6	East Riding (69.1/100)	–5.43 (87)
7	Merton (68.8/100)	–2.75 (56)
8	Hartlepool (68.1/100)	5.72 (7)
9	Islington (67.6/100)	2.72 (18)
10	Windsor and Maidenhead (66/100)	3.81 (14)

Therefore, we can see that a large budgetary cut may make it harder for local authorities to protect their front-line disability services—but not impossible. There are plenty of local authorities with significant cuts who are scoring well on our coping measure. On the other hand, there are also plenty of local authorities with small cuts—or even budget increases—which are reporting a negative impact on their front-line services. So a generous budget settlement does not guarantee a local authority will maintain front-line services.

Change in user charges for disability support services

For this element of the measure, we ranked each council according to the changes in charges they reported over the past year, covering the following services:

- Meals on wheels/community meals
- Home care (hourly rates)
- Day centre activities or meal charges
- Specialist transport fees (eg charges for shuttle bus services)
- Short breaks or respite services rates (or the level of contribution that is made by the parent or carer)
- Disability-related equipment
- Careline or emergency alarms
- Home adaptations.

We averaged all of the service changes each council reported to us to come up with an overall percentage increase or decrease.

The majority of local authorities increased their service charges; several made no changes, and a very small number decreased some charges. Some had introduced a new charge for a service that had previously been free.[51]

We gave a median score to councils that did not provide any information at all for this answer (as there were some local authorities that for a number of reasons did not provide us with complete FOI responses).

We then ranked the councils and gave them points according to which of five groups they fell into (table 9).

Table 9 **Ranking of councils by average change in charges (%) and the number of points given for each**

Average change in charges (%)	Points
No change, or decrease in charges	10 (about 29 councils)
An increase of less than 3.2%	7.5 (about 26 councils)
3.2% increase and above (including councils with no response)	5 (about 42 councils)
3.3% to 10% increases in charges	2.5 (about 29 councils)
10% increase and higher	0 (about 27 councils)

The median change in charges is an increase of 3.2 per cent, which is just under the OECD rate of UK inflation for 2010.[52] This suggests that increases across the country are in line with inflation—a welcome finding. However, on looking at the number of councils falling into each group in table 9, we can see that this average did not come about as a result of every council applying a 3.2 per cent increase—27 councils actually had a higher than 10 per cent increase in charges (considerably higher, in fact), while 29 had no increases at all. We actually found that a small number actually decreased their service charges on average:

- Blackburn with Darwen (12.8 per cent)
- Wolverhampton (3.7 per cent)
- Barnet (3 per cent)
- Northumberland (0.7 per cent)
- Southwark (0.3 per cent)
- Bromley (0.1 per cent).

Those with the highest average percentage increases in service user charges were:

- Westminster (412.5 per cent)
- North East Lincolnshire (358.6 per cent)
- York (290.2 per cent)
- Barnsley (193.7 per cent)
- Northamptonshire (193.4 per cent)
- Bexley (118.5 per cent)
- Warrington (109.4 per cent)
- Lambeth (66.7 per cent)
- Camden (66 per cent)
- Milton Keynes (58.3 per cent).

Therefore, there is again a highly locally variable picture between local authorities. Although the average increase may be 3.2 per cent, this hides very wide upper and lower values—from a 12.8 per cent decrease in charges, to a 412.5 per cent increase. Many of those with the highest increases had in fact introduced a number of new charges for previously free services, including laundry services and in day centres. Where this was the case, we allocated the council the same percentage increase as the highest increase of all councils for that service category. This was to reflect the fact that any increase from zero (free) cannot be quantified as a percentage.

Fair Access to Care Services level (FACS)

Eligibility for social care funding from the local authority is based on a person's income and need. Needs are assessed and placed into four bands—low, moderate, substantial and critical, as described in the Fair Access to Care Services guidance.[53]

Box 1 **FACS 2010 Guidance**[54]

The eligibility framework is graded into four bands, which describe the seriousness of the risk to independence or other consequences if needs are not addressed. The four bands are:

Critical—when any of these conditions apply:

- *Life is, or will be, threatened.*
- *Significant health problems have developed or will develop.*
- *There is, or will be, little or no choice and control over vital aspects of the immediate environment.*
- *Serious abuse or neglect has occurred or will occur.*
- *There is, or will be, an inability to carry out vital personal care or domestic routines.*

- *Vital involvement in work, education or learning cannot or will not be sustained.*
- *Vital social support systems and relationships cannot or will not be sustained.*
- *Vital family and other social roles and responsibilities cannot or will not be undertaken.*

Substantial — when any of the following conditions apply:

There is, or will be, only partial choice and control over the immediate environment.

- *Abuse or neglect has occurred or will occur.*
- *There is, or will be, an inability to carry out the majority of personal care or domestic routines.*
- *Involvement in many aspects of work, education or learning cannot or will not be sustained.*
- *The majority of social support systems and relationships cannot or will not be sustained.*
- *The majority of family and other social roles and responsibilities cannot or will not be undertaken.*

Moderate — when any of the following conditions apply:

- *There is, or will be, an inability to carry out several personal care or domestic routines.*
- *Involvement in several aspects of work, education or learning cannot or will not be sustained.*
- *Several social support systems and relationships cannot or will not be sustained.*
- *Several family and other social roles and responsibilities cannot or will not be undertaken.*

Low — when any of the following conditions apply:

- *There is, or will be, an inability to carry out one or two personal care or domestic routines.*
- *Involvement in one or two aspects of work, education or learning cannot or will not be sustained.*
- *One or two social support systems and relationships cannot or will not be sustained.*
- *One or two family and other social roles and responsibilities cannot or will not be undertaken.*

Local authorities have discretion over which need groups they will provide free or subsidised care for (assuming someone also passes the low income threshold). However, the FACS guidance states:

Councils should prioritise needs that have immediate and longer-term critical consequences for independence ahead of needs with substantial consequences. Similarly, needs that have substantial consequences should be placed before needs with moderate consequences; and so on.[55]

Therefore, local authorities cannot support 'low' needs and not those that are moderate, substantial or critical. Those supporting 'low' needs have also then to support everyone above that level of need. The lower the FACS band a council sets, therefore, the more local people they will support.

Based on council responses to the Demos FOI request, we assigned points to each local authority according to the current FACS criteria they are applying to social care services, giving 10 points to those who provide care for those with low needs and above, and 0 points to those local authorities reserving their funding for those with critical needs.

From our FOI information, we were able to establish that 81 per cent of local authorities reserve care funding for those with substantial and critical needs. A small number — Northumberland, West Berkshire and Wokingham — reserve funding for critical needs only, while at the other end of the spectrum, the Isles of Scilly and Sunderland provide support to every level of need — low and above.

A small number of others described their FACS differently, for example, stating they helped 'high moderate' needs (eg Bexley, Middlesbrough, Newham and Norfolk), or 'greater substantial' (eg Brighton and Hove, and Dudley) needs. Both of these groups technically fall into the 'substantial' FACS category but the former perhaps looks to the lower end of this band while the latter looks to the upper, higher need end.

Changes in eligibility between 2010/11 and 2011/12

We then gave additional points depending on whether the council had changed its FACS level between 2010/11 and 2011/12, and assumed that the higher up the eligibility criteria, the more negative an effect this has (and therefore a lower point score). When a council had made no change in eligibility it received 10 points, but at the other end of the spectrum, if it had shifted from meeting substantial needs and above to meeting only critical needs, it received 0 points.

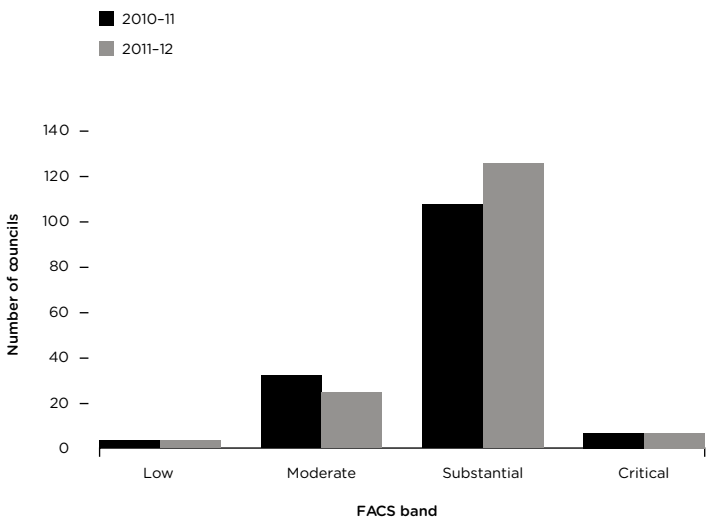
Overall, we found that the number of councils reserving care funding for those with moderate needs and above has decreased this year—from 37 councils to 24. The number of councils setting their eligibility as substantial and critical needs had subsequently increased—from 109 last year to 123 this year. That is a change from 72 per cent to 81 per cent of councils. North Tyneside, Havering and Herefordshire also reported they were consulting on changing their criteria from supporting those with substantial or critical needs to supporting those with critical needs only, though for the purposes of this analysis we placed them in the substantial/critical band (as we cannot penalise a local authority for a planned change).

Bracknell Forest is the only local authority which reported that its eligibility criteria have become more generous—from supporting those with critical needs and above in 2010 to supporting those with substantial and critical needs in 2011.

Changes in the four bands between 2010/11 and 2011/12 are shown in figure 5; the figures demonstrate that overall there has been a tightening in the eligibility for social care funding, so the vast majority of local authorities are now reserving care for those with substantial and critical needs only. As we can see from box 1, this constitutes a significant level of need.

Thousands of care users in 14 local authorities have lost eligibility for council funded support this year, and the withdrawal of support is imminent for people in another three local authorities. We should also note how some local authorities are creating sub-categories within FACS bands, potentially to restrict support further without formally changing their eligibility criteria—another worrying development.

Figure 5 **Number of councils applying each FACS band, 2010–11 and 2011–12**



How personal budget values are calculated

Personal budgets—where a person eligible for care and support from their local authority is given a cash payment to purchase their own services, rather than have them provided by the council—are an important part of the government's vision for social care reform, as they are seen as an effective way of giving greater choice and control to service users. Local authorities now have a target of transferring 100 per cent of care users from directly delivered services to a personal budget by April 2013.[56] In order to calculate the value of a person's personal budget, local authorities use a resource allocation system, which gives people a point score based on their assessed needs, and then translate that score into pounds and pence.

Local authorities have considerable discretion over the resource allocation system they use. This includes systematically giving care users less in cash than the value of the care they had previously been receiving directly from the council. These reductions, known as 'deflators', can be problematic—as a large deflator could lead to people being unable to afford the same package of care in the open market that they had been receiving before from the council. This is a powerful tool for local authorities to use to reduce their care spending while rolling out personal budgets. A recent poll by *Community Care* found that 48 per cent of social workers felt personal budgets were set at too low a monetary value to achieve personalisation; this is clearly an important issue.[57]

Overall, around one fifth (33) of local authorities adopted some form of inbuilt reduction to their Resource Allocation System. This ranged from Salford City and Shropshire councils, which both applied a significant 25 per cent deflator. This means a person's personal budget could be 25 per cent less than the value of the care they had been receiving before, directly from the council. At the other end of the spectrum, Solihull's 4 per cent and Lewisham's 2.5 per cent deflators are far less stringent. Other councils did not use a deflator, but still reduced the value of their personal budgets by linking the amount they gave people to the bottom end of local market prices.

Other local authorities stated that they applied a reduction as part of 'contingency planning'. Best practice guidance on resource allocation systems recommends that a proportion of a person's personal budget (around 15–25 per cent) is set aside as a contingency fund, in case they need more than was first calculated by the council.[58] The idea is that contingency funds will become less common as councils become more expert in allocating the correct amount to each individual.

However, it is difficult to see how a contingency may not be used to disguise a cut in personal budget values (a deflator). For example, if a care user requires care worth £100, local authorities are unlikely to set a contingency *on top of* that amount (to give a person £100 and a £20 reserve fund for unexpected costs). They will instead give a person £80 and leave the remaining £20 as a contingency, so that, if the worst comes to the worst, the most a person will spend is their allocated £100. One local authority—Warwickshire—actually gave us information on how their 25 per cent contingency is broken down, stating that 2 per cent of it was an efficiency saving.[59]

These findings are concerning. As local authorities try to meet their 2013 target of achieving a 100 per cent take up of personal budgets, at a time when significant cuts to spending are required, there is a real risk that personal budgets will simply become a cost cutting tool rather than a way of giving more choice and control to care users. Evidence of whether personal budgets are 'cheaper' than council-provided care (because individuals shop around, or want less expensive services than the council had given them) is still fairly limited– as the Social Care Institute for Excellence states: 'There is virtually no reliable evidence on the long-term social care cost implications for individual budget schemes for the UK.'[60]

Therefore, it is highly unlikely that councils' sweeping reduction of personal budget values—of up to 25 per cent—is based on evidence that the care users in their area only need to spend 75 per cent of the value of their previous care package to maintain (let alone improve) their independence and quality of life. Systematic reductions to people's care packages, in the name of personalisation, is one of the most concerning findings of this project.

How local authorities take into account people's income from Disability Living Allowance

As social care is means tested, local authorities need to assess—from a person's income—how much they must contribute to the costs of their social care (assuming they meet the need criteria outlined in the FACS guidelines, explained in box 1). People who have more than £23,250 in savings and investments must pay for all of their care costs (although some local authorities are more generous and raise this limit, for example to £25,000 in Kensington and Chelsea). If a person

has less than £23,250 in savings a financial assessment must be carried out, considering various sources of income, to establish how much a person must contribute. Local authorities follow the Fairer Charging and Fairer Contributions Guidelines for the assessment,[61] but are given discretion over various elements, the most relevant being whether to include DLA in the financial assessment, what proportion and at what level.

A note on Disability Living Allowance

Disability Living Allowance (DLA), introduced in 1992, is a tax-free, non-means tested (the claimant's income is not taken into account) benefit. Disabled people can also claim DLA if they are in employment, as the allowance is designed to help people meet the extra expense of living with a disability. Many disabled people who receive DLA use it to pay for things like medical equipment and travel; others have said that without it they would be unable to pay bills or get the healthcare they need.[62]

DLA is divided into two components—care and mobility. A person may receive one, or both, at different levels (high and lower for mobility, and high, middle and low for care). Government guidelines state local authorities cannot count a person's DLA mobility as income when assessing care contributions, but can take the DLA care component into account. The DLA care component is currently paid at low (£19.55 per week), middle (£49.30) and high (£73.60) rates.[63]

This proved to be the most complex body of information we gathered. Every local authority opted for a slightly different approach—only four local authorities (Cornwall, Kingston upon Thames, Newham and Plymouth) told us they did not take DLA into account at all. The rest took a very wide range of approaches; at the least generous end of the spectrum, seven councils took 100 per cent of a person's DLA care component into account as income. A large number (26) only took the middle care rate into account, unless night time care was provided, at which point the higher rate of care was also taken into account, in accordance with the 2003 Fairer Charging Guidelines.[64] Another, more generous group opted for this

approach, but also disregarded varying amounts of disability-related expenditure. Again, although this is set out in the Fairer Charging guidelines, local authorities have discretion of this—therefore some authorities opt for a set monetary amount (Wokingham sets a £40 limit, for example), while others use a percentage (Haringey applies a 65 per cent disregard for expenditure).

There were then several other variations—some local authorities reported taking only medium level DLA care into account, some only 50 per cent of medium level. Others low care only.

In short, there was an *extremely variable and complex picture across the country*. Overall, we were able to define nine separate types of approach, and gave points to councils according to their relative generosity in disregarding DLA income when calculating a person's contribution to their care costs.

This particular policy of requiring disabled people to give some of their DLA to pay for their care is important in that it tests assumptions regarding the purpose of DLA. Some will certainly claim that DLA, as an allowance to contribute towards people for the additional costs of living with a disability, should be used to pay for care—this is an additional cost of living with a disability after all. However, DLA is also seen as an important resource for people to spend on things that fall outside care services—everything from childcare to enable disabled parents to work, through to gifts for family to maintain informal support networks.[65] If DLA is eaten up by local authorities to pay for care packages, then the value of DLA as a non-ring fenced resource is threatened. This development should also be considered in light of the imminent replacement of DLA with a new benefit—the Personal Independence Payment (PIP), which is likely to be reserved for those with more complex needs than many who currently receive DLA.[66] This could lead to greater alignment between eligibility for social care and eligibility for PIP, with the former being used by local authorities to subsidise the latter—thereby undermining the original purpose of DLA as a recognition of disability-related living costs, as distinct from care needs.[67]

What about closures?

We have now looked at both the overall coping score for each local authority, and the component parts of the score—charges, eligibility criteria, and so on. However, a significant minority of local authorities also stated that they had closed or reduced services, but these could not be included in our measure, as the information was not comparable between areas. In this section we therefore describe the range of closures local authorities informed us of.

Several local authorities reported that a range of services—such as disabled children play schemes and disabled unemployment support, day centres and transport services—were being closed or restricted because of lack of funds. However, some local authorities reported closures due to low capacity, or were closing as part of a service reconfiguration. So, for example, contacts in some of the local authorities that were closing residential homes told us they were building new extra care homes or supported living facilities. Those closing day centres were moving to more 'day services' or 'day opportunities', providing people with the ability to access similar opportunities to socialise and engage in activities, but within mainstream services. While such closures are often unpopular in the local community and attract negative press, any attempts to ensure front-line services are maintained in the face of unprecedented budgetary pressures—albeit in different locations or contexts—should be seen positively, and are very different from where services are withdrawn with no contingency strategy or replacement for service users.

This is a snapshot of some of the information local authorities sent us:

- Bolton—We were told that 'a 30 per cent reduction of funding to Bolton Carers Support[68] has resulted in a reduction of opening hours and the operation of the helpline at specific times where demand has been recorded as low'.
- Bristol—People in residential care who previously attended day centres are having the day service withdrawn.
- Central Bedfordshire Council—There has been a service reduction in relation to working age adults with disabilities in this area for 2011/12. Central Bedfordshire Executive approved the closure of the LuDun (supported employment) workshop, which employs 24 staff with a range of sensory, physical or learning disabilities. This is expected to achieve a saving of £300,000 in a full year.
- Chester West and Chester—One community support centre for older people has been closed due to high levels of vacancies. Equivalent service levels continue to be provided in other local buildings.
- Peterborough—Two homes have been closed: Conygree Lodge in March 2010 and The Croft in March 2011. Both were part of the Older People's Accommodation Strategy service redesign (agreed in 2007) to provide additional extra-care facilities in the city.
- Wandsworth—Overnight service at a residential short breaks unit has been reduced from 56 nights per year to 48 nights per year per child. Each child still accesses a break of three nights every three weeks.

Overall, around half of the local authorities we gathered data from had implemented a closure of some kind. The most common were in residential, day centre and respite services, but children's play clubs, transport and employment services were also affected. The impact of these closures is hard to ascertain, as at least some were prompted by service improvements, rather than the need to make savings. Nonetheless, the geographically widespread and varied nature of closures, and lack of replacements or alternatives in some cases, suggests this does not hold true for all local authorities.

The picture in Wales

The Welsh care system is slightly different from that in England. In February 2011, the Welsh Assembly set out its ten-year vision for social care in Wales, *Fulfilled Lives, Supportive Communities*.[69] Although this has not

yet been implemented, it will usher in clearer differences between the English and Welsh models. While social care is currently delivered by each of the 22 local authorities in Wales, the vision suggests a move towards greater coordination—for example, by introducing a pan-Wales social care eligibility criteria; a national contract for care homes and non-residential services, developed jointly with the NHS; and regional commissioning arrangements.[70] Perhaps as a reflection of this different approach, Wales has made a conscious decision not to adopt the personalisation agenda as defined by English policy makers[71] so while direct payments exist, take-up is very low and Welsh local authorities do not offer personal budgets. Care charging guidance is also slightly different, with local authorities in Wales not able to charge for certain services. Rules also introduced in 2011 state that local authorities must ensure that people keep at least the amount of their Income Support, Employment and Support Allowance (ESA) or Pension Credit Guarantee Credit plus 35 per cent. They must also allow service users to keep a further 10 per cent as a contribution towards their daily living costs.[72] There is also now a cap, so that charges are never more than £50 per week for all of the services a service user receives (except where they charge a flat rate for a service such as meals).[73] This means that even those with higher incomes than the minimum amount outlined above will not have to pay more than £50 per week.

This is more generous than the English Fairer Charging Guidance, where the minimum additional buffer on top of basic income is 25 per cent, and there is no standard percentage set for disability-related costs. Our FOI of English local authorities demonstrated a plethora of different charging polices, from those who stuck to this minimum recommended entitlement to those who were more generous and disregarded DLA, or whose maximum limit for disability-related expenditure was set much higher.

Given that Wales does not offer personal budgets to care users, we were unable to use the same measure for Welsh

local authorities as we did for English local authorities, as one of the elements related to personal budget values was not appropriate. This means that the Welsh coping scores are not comparable with the English scores.

Coping scores and budgetary change in Wales

Using the health and social care budgetary data from Wales' StatBase dataset, we compared the average funding change (across children's, adults' and older people's care and disability services) between 2010/11 and 2011/12.[74] The first point to note is that the scale of budget cuts and increases is much smaller in Wales than in England, at around -/+5 per cent. In England, budgets ranged from an 11.8 per cent increase, to a 21.67 per cent decrease; in Wales, the difference between the best and worst budgetary settlement is much smaller.

Table 10 shows all Welsh local authorities in order of their coping score, alongside their budgetary change from 2010/11 to 2011/12. As we can see, the highest scoring local authority in our coping index is Carmarthenshire, and the lowest scoring is Monmouthshire. Monmouthshire also has the third worst budgetary settlement in Wales (-4.23 per cent), so this should perhaps be expected.

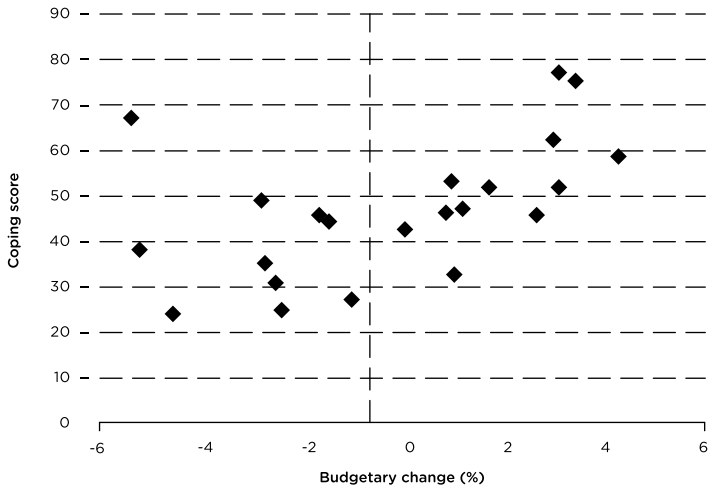
However, what is unexpected is that the Isle of Anglesey—with the largest budgetary cut in Wales—is actually our third highest scorer in the coping index—suggesting it is doing well in maintaining front-line services in the face of resource constraints. It is also interesting to note that Merthyr Tydfil and Powys have the same coping score, and yet have very different budgetary settlements.

Table 10 **Local authorities in Wales by coping score and budget change from 2010/11 to 2011/12**

Local authority	Coping score	Budget change (%)
Carmarthenshire	76.68	3.56
Ceredigion	75	3.85
Isle of Anglesey	66.68	−4.96
Pembrokeshire	61.68	3.44
Wrexham	58.35	4.72
Denbighshire	52.5	1.38
Rhondda Cynon Taff	51.68	3.51
Flintshire	50.85	2.14
Cardiff	48.35	−2.4
Neath Port Talbot	46.68	1.59
Gwynedd	45.85	1.33
Merthyr Tydfil	45	−1.25
Powys	45	3.1
Torfaen	43.35	−1.08
The Vale of Glamorgan	41.68	0.47
Newport	37.5	−4.83
Caerphilly	34.15	−2.26
Swansea	31.68	1.47
Blaenau Gwent	30	−2.11
Conwy	26.68	−0.55
Bridgend	24.15	−1.98
Monmouthshire	23.33	−4.23

Figure 6 shows how, like in England, the two factors—budgetary change and coping score—have a relatively loose relationship.

Figure 6 **The relationship between coping score and budgetary change in Wales**



Changes in FACS criteria

None of the 22 local authorities in Wales have changed their FACS eligibility criteria this year. None provide support to those in the highest need band (critical) only, but 15 provide support to those with substantial needs and above. Bridgend, Caerphilly, Monmouthshire and Powys provide support to those with moderate needs and above, while Rhondda Cynon Taff is the most generous and provides support to every level of need—low and above.

Charges

Only four—Caerphilly, Ceredigion, Newport and Merthyr Tydfil—of the 22 local authorities reported no increases in their service user charges, but two—the Isle of Anglesey and Powys—also reported charge decreases alongside their increases. In fact, taking the Isle of Anglesey's increases and decreases in charges overall, they actually have a very small average *decrease in charges* of 0.06 per cent. This is interesting given that they are also the council with the largest budgetary cut.

Increases ranged from the very small—a 10p increase on meals charges in Cardiff and a 21p increase on hourly care charges in Neath Port Talbot—to slightly larger ones—a £1 increase on meal charges, and a £2.90 increase in hourly care charges in Powys. However, this was the largest proportionate increase (37 per cent) seen in Wales—much smaller than we saw in English local authorities where some increases were ten times this. Some respondents to our FOI request mentioned the £50 cap on weekly care charges—which was implemented in April 2011—as a factor in keeping their charges down.[75]

Contributions

All Welsh authorities are now following the new charging guidance issued by the Welsh government in April 2011, though some are more generous—for example, Carmarthenshire does not take higher rate DLA into account (even though rules say they can do so when a person received night time care), and also disregards a further 25 per cent of middle rate DLA as disability-related expenditure. Ceredigion also adds an additional £20 per week as a disability expenditure disregard on top of the 10 per cent stipulated in the Welsh charging rules. The Isle of Anglesey once again stands out in not taking any DLA into account whatsoever.

Again, several local authorities drew our attention to the £50 per week care charge cap, which meant some people would not have to contribute any of their DLA. The cap is the equivalent of 65 per cent of higher rate DLA, or just 70p over the middle rate.

Closures

As with the English measure, we did not include closures in the Welsh coping measure. We also found that there were only a handful of closures reported, with the majority related to residential and nursing homes. Two day centres had merged, and only one service was reported to have been restricted (day opportunities for older people reduced by one hour per day in Torfaen).

Overall, therefore, the picture in Wales is more stable than in England. There are less dramatic budgetary changes—and this may explain why there are relatively small increases in user charges, no changes in care eligibility, and very few service closures. However, it is clear that the new charging guidelines brought in in April 2011 have also been a stabilising influence, particularly on people's contributions to their care and the level of user charges being set. The idea of a maximum weekly charge for services is certainly attractive, but may be less viable applied to the increasingly diverse English local authorities. It seems that while English local authorities are diverging in their response to the cuts, Welsh authorities are starting to become more standardised—at least in care and disability related services.

3 What does this mean for local families?

Our report, up until this point, has been based on our analysis of the responses to the FOI requests Demos sent to local authorities during April and May 2011. It provides great insight into the effect of cuts, charges and closures across the country.

However, this does not give us a picture of how disabled families, and the service providers that support them, are experiencing these cuts on the ground. The following section therefore presents three case studies, based on interviews with a range of disabled families and their support providers in three areas that have not scored well on our coping measure, suggesting their front-line services are being significantly affected by the cuts:

- North Tyneside, ranked 141
- Bristol, ranked 147
- Shropshire, ranked 142.

We interviewed a disabled adult, the parent of a disabled child, and a young disabled person moving from children's to adults' services, giving us a varied picture across different service settings of the impact cuts were having to their quality of life. Their stories give a human face to our statistical analysis.

North Tyneside

If [the play scheme] gets cut any further… I don't know what I'm going to do about work.

Situated in the North East of England, North Tyneside has traditionally been a centre of heavy industry and coal

production. Today, though, most of the heavy industry has disappeared; the area has a high degree of deprivation. In recent months, children's care and support services have been hit hard by the cuts to the local authority budgets. The impact of a 27.1 per cent reduction has had a dramatic effect on children's services and specialist play schemes.

Patrick, the manager of a local play scheme for disabled children and young people aged between 5 and 18, explained how the wider organisation's funding had been affected by the budgetary reductions. Last year, they received a core grant from the local authority of £70,000; this year, it had been cut completely.

'It was "no, you're not getting [the money]" and that was it,' Patrick said. The organisation, which offers support services to disabled people at every stage of their life, was left in dire straits. Their chief officer had to take redundancy and is now working voluntarily; two staff were made redundant; all other staff had to reduce their hours.

Not receiving the core grant has meant they have had to cut the play scheme for disabled children by 30 per cent—reducing its service by six days in the summer holidays, and two days over the Easter break. They have also had to lower the cap of the number of children to whom they can offer the service—from 100 last year, to 80 this year.

Gina's family is one of those affected by this significant reduction in service. Gina is 10 and has learning disabilities, coupled with a mild visual impairment. The play scheme offered Gina's mother, Niamh, an invaluable source of respite during the school holidays. She and other parents were able to leave their children there and have a few hours free—to do the shopping, pick up other children or simply have a bit of time to themselves—a break from what are often round-the-clock caring duties: 'It's an outlet for the parents as well,' Niamh emphasises.

Before Niamh found the play scheme for her daughter, Gina used to attend a local, more mainstream service. But, as Gina got older, her requirements became more complex and she needed one-to-one support. This type of specialist

childcare, Niamh said, just isn't out there. For example, a lot of more mainstream provision does not offer help with a child's toiletry needs. Gina needs one-to-one support otherwise she is not able to join in. The last time Niamh sent Gina to a mainstream play scheme, she ended up paying £150 per week for one-to-one support for Gina—on top of the £40 a week charge for the scheme itself. But this also impacts on Gina, as Niamh pointed out: Gina does not know the one-to-one workers at the mainstream alternative; nor does she know the staff or other children. At the specialist play scheme, she knows people and has friends.

Reducing the hours of the play scheme has therefore had a big effect on Niamh and Gina, particularly on Niamh's working hours. For 16 hours a week, Niamh works as a health visitor in the local area; her husband is a full-time paramedic. Given the complexity of Gina's needs and the support she requires, Niamh is unable to increase her hours. 'Because of Gina's needs, even going to the shops is difficult,' she says. The cut in days when the play scheme is on offer has meant that this year Niamh has had to take extra days off work out of her holiday allowance to look after Gina while her daughter is at home. This has made it very hard to plan and has put pressure on her job. She's not the only one; other parents and families she knows have been put in an equally difficult situation: 'If [the play scheme] gets cut any further I don't know what I'm going to do about work.'

'We've lost almost a week [of days they can offer the service] over the summer, which is one of the busiest and most stressful time periods,' said the play scheme manager. The scheme itself has been running for almost 20 years. More recently, the fixed, 'stand still' budget the scheme receives from the local authority has not been enough to cover ever-increasing overhead costs.

The local authority does offer alternatives to children like Gina. But Niamh says these don't offer the same respite, as parents have to stay with their child for the whole time they are there:

I can't get anything done... It's not respite because Gina needs constant supervision. Gina can't go to play schemes at other people's homes, because, often, these aren't suitable or accessible. Parents can't look after her... we're reliant on other services... there isn't an alternative.

Gina's mother is entitled to seven hours of support a week, which she receives in direct payments. She uses the money to employ Gina's carer, who has been with the family since 2006. Gina's 'really happy with her,' Niamh says. The carer takes Gina out once a week after school and one morning at weekends, giving Niamh some much needed respite.

Managing these direct payments, however, hasn't been plain sailing. Despite having to pay the wages of Gina's carer, plus employers' liability insurance and tax, Niamh found that, over time, she was accruing a small amount of money left over from her direct payments. This she used to pay for Gina to go to a specialist after-school club costing £6.50 to £9 a session—which she thought was incorporated into her daughter's care plan. During the time Gina was at the after-school club, Niamh could work late, do the shopping and then come back and pick Gina up. The flexibility this provided was vital, especially when Niamh's husband fell ill.

However, despite always submitting her paperwork for the direct payments, along with all her receipts, she was told by the social worker at her review last month that she's no longer allowed to use this money to pay for Gina to go to the after-school club. 'I don't understand it', she says. Initially, North Tyneside demanded that she pay this money back—which amounted to a couple of hundred pounds. 'It wasn't very pleasant [with the local authority],' she said. She contested this decision and doesn't have to pay the extra back, but has been told that she can only use it to pay for the after-school club 'now and again'. North Tyneside suggested Niamh send Gina to the local respite unit instead of the after-school club, but this doesn't meet her needs—the unit offers respite each month and takes children overnight—from either Friday to Monday, or from Monday to Friday. 'But that's not what I want,' Niamh says.

'I don't want [Gina] not to be here... I don't want to get rid of her for the whole weekend. What I would like is more flexibility in using the after-school club.. I can't understand the rationale.'

Niamh is also not allowed to use the direct payment to pay for the additional travel expenses that Gina's carer incurs when she takes Gina into town. So, instead, she has to fund these additional costs out of her own pocket. It seems the only thing she's allowed to use the extra money for is for Gina's carer, and so Niamh has increased her pay.

Thinking about the days and months ahead, Niamh is worried about the play scheme. She didn't know if it was going to run this year. She is also concerned about the direct payments she receives to pay for Gina's care. Some families she knows have had the amount of hours they receive payments for reduced. The next review for her and Gina is in December: 'I'm not confident it will get to December and [the local authority] will say "you still have your seven hours [of payments]".'

Bristol

It's pretty scary... things get a lot, lot worse. Disabled people take a bigger hit than many people.

In the South West of England, Bristol is one of the most populated cities in the UK—and one of the areas hit hardest by the cuts to local government budgets. Bristol came 147th out of 152 in our coping index, and experienced both significant cuts to care budgets (a 13.7 per cent budget cut overall, but a 30.74 per cent reduction in working age care budgets) and changes on the front line—charges for community meals have increased by 33 per cent and many services that had been free at the point of delivery are now chargeable as part of a person's care package (such as the guide communicators service for deaf or blind people).

Anita lives in Bristol and uses direct payments to pay for Max, her live-in carer who has lived with her for the past two years.

With no one else to take care of her, she considers Max family, and uses the £35,000 she receives each year in direct payments—combined with money from her Disability Living Allowance (DLA) and additional funding she gets from the Independent Living Fund—to employ him; £88 per week from her DLA and other income goes towards her care: 'I do get DLA, but I don't get it. If I didn't get a top-up on my pension, I'd be on the poverty line.'

Anita's care package, and payments for it, is managed by a local agency. The money she gets allows her to pay for care for eight hours a day and seven nights a week.

Up until last year, Anita worked as 'a roadie', driving bands and musicians on tour all over the world. She has multiple sclerosis (MS), and suffers from stomach ulcers, extreme fatigue and incontinence. When her conditions worsened, her lorry driver's licence was revoked and she was left unemployed; she said she 'would have loved to have kept working'.

Now 61 years old, Anita lives in accessible bungalow, provided by her local housing association. She is unable to live alone, as she is considered a danger to herself, as she remains at risk of falling and hurting herself and also has problems with her memory—she has accidentally set fire to the house four times and flooded it once. She is unable to manage her finances, so these are overseen by her bank and a local support agency.

The arrival of Max has radically changed Anita's life. Receiving care at home allows her to be much more independent. She finds buses inaccessible—despite being eligible for a free bus pass—and Dial-a-Ride inflexible and oversubscribed, so Max drives her everywhere. In order to support Anita, who is a sailing enthusiast, Max taught himself to sail and maintain boats, and he now helps with a project she set up to take disabled youngsters on sailing trips.

But, very recently, Max, who is Brazilian, has had his residency status reviewed and may well be sent back to the Brazil. This, Anita says, 'will literally destroy my life' and leave her 'with no care whatsoever'. While she and Max have a very

good relationship, Anita finds it very difficult to get on with people she does not know and she dreads the idea of having to pay for a different carer from an agency. In the past, she has had very bad experiences with carers who have abused and stolen from her. Therefore, if Max goes, she says she will have to pay for equipment, aids and adaptations such as hoists and automatic doors. Before Max arrived, Anita spent 12 days in a nursing home during which time, she says, no one checked on her and she was given a bath only once; frequently her food was delivered cold. 'I am not going to go to a care home' she replied when asked what will happen if Max has to return to Brazil. She is currently trying to appeal this decision.

When asked about changes to support services around her she said, 'Everything's being cut... They attack you anyway they can.' She is very worried about the future—what will happen to Max and her direct payments.

The service manager of Anita's local support agency also brought to light some of the harsh realities of operating in the local market. She said, 'If you're a small organisation, you're in a difficult situation,' and explained how during the past year, local support and advice organisations in Bristol had seen a seismic shift in the way that their services are contracted and commissioned. She explained that, increasingly, the local authority is moving away from commissioning local service providers and user-led organisations, and is instead opting for bigger contracts aimed at attracting larger prime contractors.

This often results in contracts going to larger companies that can deliver services at a cheaper rate, but that often provide less support to the individuals who need it. Consequently, many local organisations have had to downsize and move to smaller premises; others have had to make redundancies and cut services. This year, the agency manager told us there are around 60 providers of children and young people's disability support services in Bristol; next year, this will be reduced to between six and 12. It is likely that these few will be larger prime contractors. She told us that the only way she could compete in this environment would be to find ways to partner with other local organisations and bid for

contracts collectively via consortia—it's the 'only way we can be successful'.

The manager felt that Bristol local authority was increasingly awarding contracts 'based on money' to organisations that lack the experience and expertise that's needed. 'People end up in crisis situations... Everything is getting a lot harder for service users.' Many smaller organisations like her agency have seen cuts—or, at best, no increase—in the funding for the services they deliver, but have had to cope with increasing demand. At the end of last year, her agency had to close its support service aimed at offering advice to disabled people receiving DLA, in spite of there being very high demand, which will only increase if the Welfare Reform Bill becomes law and DLA is replaced with the Personal Independence Payment.

Previously, the local authority commissioned services from her agency, which was contracted on a rolling basis. This all changed last year: at short notice, the agency was provided with decommissioning forms and had to prove the need for the services they offered. At the start of this financial year, the local authority introduced a new 'traffic light system' with which to rate services' value. Rated services are awarded a colour, which decides their fate. Rated green, the service faces a 6 per cent cut; rated amber and the contract for the service has to be renegotiated; rated red, and the contract ends, with no further referrals from the council. Regarding her own agency's rating, the manager told us: 'We were actually celebrating [being rated green] because we're getting a cut, but at least we still have a service!'

Recently, Bristol local authority also put out to tender a contract for an organisation to review recipients of direct payments to see if they should be getting less support. The manager felt it was 'really worrying to see the amount of money being offered' and said that her agency had wanted no part in such a project.

As outlined above, our research has found that a significant minority of local authorities are applying an efficiency measure, or deflator, to their resource allocation systems with which they calculate the value of personal budgets. This means the cash value of a person's personal budget could be lower than the value of the care they were being provided directly from the council. However, other local authorities stated that they applied a contingency. Think Local Act Personal's Common Resource Allocation Framework provides a guide for local authorities to set the monetary value of a personal budget according to a person's need. One aspect of accepted good practice in the framework is to set a 'contingency' level—a proportion of a person's personal budget is set aside so that, should they have fluctuating needs or for some reason need to spend more than their allocation, a contingency fund is available for them to do that without a drawn-out process of reassessment. Bristol is one such local authority, applying a 5 per cent contingency to personal budget values. The support provider manager told us that she knew of cases where disabled people receiving direct payments in the area had taken this up with an advocate and had discovered that they had originally been awarded more.

She explained how many people were now fearful. Several of her clients are having their personal budgets and direct payments reviewed; some of them are having their awards cut, the number of hours for which they can receive care reduced: 'Disabled people are being hit from all sides. It's not going to be an easy time ahead.'

Shropshire

We'll have to change some of the things we do, but we'll always keep the same principles.

Shropshire lies just on the border with Wales, in the West Midlands. The river Severn runs through the county—one of England's most rural and sparsely populated. Being the largest inland county in England, advocates, support and social workers often have to drive many miles when visiting clients. 'Lots of organisations have gone by the wayside this year,'

says Florence,[76] an advocate from a local advice centre, which experienced a 5 per cent cut in funding from the local authority and primary care trust. They used to rely on money from the Learning Disabilities Development Fund, part of the programme Valuing People Now, set up by the Labour Government in 2009. However, in March 2011 the specialist team delivering the strategy was axed; the scheme will no longer be delivered by a centrally funded team, but via local partnership boards and a cross-government programme board.[77] But this has had a big impact on Florence's centre: the organisation has had to look at alternative sources of funding, but these are not guaranteed for 2012. Lisa, the manager of the service, said:

We're looking at a significant cut in funding next year—about £50,000... Everything's got a price... A lack of resources means the organisation can no longer provide free services. It's difficult getting that balance, because you want to be there [to help].

After 2012, funding will be harder to obtain and will probably be reduced. 'Things are getting worse,' Lisa says. 'Obtaining funding from other sources is almost impossible.' In spite of this, Lisa and Florence remain sympathetic to the local authority: 'We're in a difficult position because we're fighting, but [the local authority] have their hands tied too.' They would like to see much more support from central government, which they feel have put the pressure onto local authorities. Specifically, they would like to see the government fund advocacy services for people with learning disabilities.

Florence says that day centres are under threat for this client group. One day centre in the area has closed; another is closing soon. However, the demand for day centres for people with learning disabilities will be sure to increase as cuts to specialist adult education start to take effect. If adult education and college courses for disabled people and people with multiple complex needs close, or if the charges go up, as they have done, many will be left with no alternative but to go to the day centre. She said:

[The] biggest fear for the people [with learning disabilities] we work with in day services is if their building closes and what will happen to them. The continuity is very important. Everybody is worried; all the staff are worried.

Leila and Beth have certainly both been affected by the cuts to specialist adult education that Florence told us about. Beth is 24 years old; her sister Leila turned 18 a few months ago. Both young women have learning disabilities and multiple, complex needs. They live with their mother and younger sister in Shropshire. Up until this year, their mother worked as a financial manager for local social clubs, but was recently made redundant. She says many of the clubs she worked for have closed because of funding cuts.

Leila goes to a local college which provides courses like living skills and drama for adults with learning disabilities. Her sister Beth attends a different college, where she likes to take classes in dance—jazz, tap and belly dancing.

But from September 2011 many of the courses Beth and Leila take will no longer be free of charge to disabled adults. The charges for Beth's courses have doubled: from £45 to £90 a term. Leila's courses used to be free for disabled adults receiving DLA and ESA at the support group rate (for disabled people who are assessed as not having to undertake work-related activity). Now this offer has been limited to only those receiving ESA at the work-related activity group rate (for those who are assessed as being capable for working in the future), as a way of getting this group ready for employment. The change is very much work-based, their mother says; it will have a direct impact on Leila, who receives support group ESA and so will not be eligible for the discount.

When Leila turned 18 she moved from children's to adults' social services. Before then, she received a direct payment that was half the rate of her older sister. But at her assessment for adult services, Leila's mother was told that Leila's direct payments would not be increased to the adult level her sister Beth was receiving, because they had managed to cope up until then. Only when her mother 'kicked up a fuss'

did the local authority increase Leila's payment—although there is still a £2,500 annual difference between what Leila and Beth receives, in spite of the fact that both women have very similar needs and require the same level of support (eg they each need two-to-one round-the-clock support). 'There's an example of how [Shropshire] is trying to save money,' their mother says.

Leila's move to adults' services has also been problematic. Her mother told us she was shocked at how ill-prepared the local authority seemed to be. Having already been through the move from children's to adults' services with the local authority with Beth a few years earlier, she felt that because of the cuts, it was much more of a challenge this time around as there was less support being offered. She says that parents of disabled children are 'very much left to handle it on [their] own' once the child turns 18.

Managing the direct payments for both women has also been very difficult, at times—especially if a mistake is made and the recipient is overpaid. Several times, Leila and Beth's mother has checked her bank account only to discover that there's no money in it at all, as it's been retracted because of an earlier overpayment. Two months after Leila's 18th birthday, her mother found that £1,900 had been paid out of her account because of an overpayment. Paying back the overpayment is not the issue, she says, 'but they don't let you know beforehand... it's no way to plan' and puts families like hers into a very tight position, financially: 'You anxiously wait every month to see if the money's there... With personal budgets, I feel like it's "take it or leave it". I find that threatening.'

Budgetary cuts have also meant that it is harder for Leila and Beth's mother to get access to a social worker. Rather than have direct access to a social worker known to the family, she now has to put in for a referral and then be transferred onto a waiting list to see someone: 'The moral of the story is you have to be prepared to negotiate toughly [with the local authority] and some families aren't able to do that.'

Voluntary and community services managed by people like Florence and Lisa are vital sources of support for families like Leila and Beth's. Many of them are now under threat from cuts and closures. '[Shropshire] don't realise how much preventative work we do,' Lisa says. 'If you work on a reablement model, you can avoid [disabled clients reaching] the crisis point.' Tighter budgets and fewer funding sources will mean those in the voluntary and community sector that survive the cuts have to find different ways of working—and work more collaboratively than they have before. When asked about the coming days and months ahead, Lisa is hopeful. Despite future funding being uncertain, budget cuts could be an opportunity for those in the voluntary and community sector to pick up where the local authority previously delivered services that weren't very efficient or cost-effective: 'There are lots out there in the community... you have to empower people to try new things.'

However, while local voluntary and community groups have pulled together under the cuts, there has been little guidance from the local authority, which has been slow to respond: 'There's a big lack of understanding in what the voluntary sector does,' Lisa says. 'It's difficult times.'

Overview

Our interviews provided a snapshot of how cuts are affecting every type of family—an older disabled person living with support, a parent of a disabled child, and young disabled adults moving from children's to adults' services. We also found that every type of support service was affected, from traditional care in the home through to respite, leisure and education, and across the statutory, third and private sectors.

Most importantly, we found that our interview participants were encountering several negative impacts simultaneously—they were trying to cope with personal budget reductions or restrictions, increased user charges, restricted eligibility and service closure all at the same

time. As one provider in Shropshire put it, 'So much is happening, so quickly; it's hard to get a handle on.'

This cumulative effect on disabled families is an important factor when assessing the negative impacts of local cuts. In order to spread the savings they need to make, local authorities may well take several steps, such as increasing costs and reducing services, across many different service areas, so that no one service type is disproportionately affected. We can see that in practice through our FOI data and, on the face of it, this seems a prudent financial approach. However, in everyday life, disabled people use multiple services and supports in their communities. Cuts that on paper seem 'evenly spread' will, in the real world, often converge on disabled families—leading to a cumulative and disproportionate impact. However, this is rarely taken into account in (local or national) spending strategies and again underlines the importance of robust impact assessments being based on 'real' data from those using services.

4 A solution? How local authorities are reacting with innovative solutions

Through the course of our research we have seen that the way in which local authorities balance their costs at the front line is extremely complex, with several variables to take into account—from charging and contributions policies, to eligibility for and access to a range of services. And this has to be achieved across children's, adults' and older people's care and support services, carers' services, transport, disability employment, and so on and so forth.

In one sense, this makes local authorities' jobs that much harder—to achieve a fine balance between costs and outcomes by applying multiple policy levers across multiple service areas requires expert coordination and strategic coherence. On the other hand, this does mean that local authorities have many more tools available to them to manage in difficult financial times. Perhaps the clearest message from our research with local authorities is that protecting front-line services in the face of efficiency targets is more of an art than a science. There is no one 'magic formula' for mitigating the impact of cuts for disabled service users, and it is not easy to point to one particular strategy in those local authorities that are doing better than others at coping with budgetary reductions. In this section, we consider in detail three local authorities—Essex, Sutton and Darlington—which are each applying a variety of innovative approaches to their care and support services.

We also look a little more closely at two further developments—the merger of Caerphilly and Blaenau Gwent in Wales and the tri-borough (Westminster, Kensington and Chelsea, and Hammersmith and Fulham local authorities, which are merging many of its services) in London, whose radical new approaches have yet to be tested for their impact on front-line disability services.

However, before we look at these in-depth case studies, let us consider our top 10 'copers' once again. Just a cursory look at these local authorities uncovers a broad spectrum of approaches to managing their disability-related services. Knowsley, which achieved the highest score on our coping measure, is known for its integrated health and social care system. Back in 2002 when Knowsley's primary care trust (PCT) was established, closer working between health and social care was already a priority. The 1,300 health staff and 900 local authority social care staff began working together in joint teams almost immediately and made joint appointments at senior levels.[78] This was followed by a joint governance arrangement in 2004,[79] which allowed the two bodies to pool budgets, establish integrated teams and merge functions.[80] This makes Knowsley one of the first local authorities in the country to become an integrated care organisation, alongside authorities like Herefordshire.[81] More recently, the partnership expanded further to bring in leisure and cultural services, to become Knowsley Health and Wellbeing.[82] This move has led to more joint working between these various services—for example GPs can now refer patients to an exercise programme. It is possible that this integration of staff and back office functions, commissioning processes and so on has helped protect Knowsley from the worst of the cuts by giving the authority an opportunity to make cost savings by combining services together.

Peterborough local authority is ranked second in our coping measure, and it is interesting that it was one of the first local authorities to integrate its health and care services under Peterborough PCT in 2004.[83] It was also one of the first local authorities to establish an arm's length trading association—Peterborough Community Services—to deliver social care services in 2008, as well as an early adopter of personalisation, ending all large-scale council contracts and moving to individual service user contracts back in 2008 in its Independent Living Support Service.[84] In reality, it is unlikely that any one of these steps made a difference on its own. Rather, the fact that Peterborough had already in place several important structures (eg joint care and health, personalisation) by the time the most significant cuts to local authorities' budgets were announced in October 2010 may have led to a cumulative effect that could have left the authority better placed to make efficiency savings.

Hartlepool, another high ranking local authority, is known for its innovative approach to 'whole-person', support services through its Connected Care initiative. This brings social care, health, employment, housing, education and other services together to meet individual people's needs. A team of community care navigators, employed from the local community, help determine people's needs holistically and then work to integrate statutory and third sector services around a person to meet those needs. Providing low level and preventative support is part of the strategy, with a specially created community interest company providing such services for the navigator team. The community interest company's services are 'designed to prevent an individual's circumstances deteriorating to such a point that they require intensive and complex support to resolve their health and social care difficulties' and include handyman and gardening services, befriending, a benefits advice service, and mobile outreach.[85]

Hartlepool was also one of the earliest adopters of personalisation—with a joint strategy with InControl going back to 2006[86] and starting with direct payments.

It is clear just from this brief review of some of the top scorers in our coping measure that there are many ways in which local authorities can become smarter with their limited funds. But while savings delivered through back-office efficiencies certainly play a part, the opportunity for significant savings within the confines of traditional services is undoubtedly limited. When faced with unprecedented budgetary cuts, those local authorities that are willing to depart from tried and tested service approaches may stand the best chance of protecting their front lines. Many local authorities have taken bold measures and there are a variety of innovative approaches currently being implemented—including integrating health and social care,

outsourcing of services, collaborating with neighbouring authorities, coproducing with care users and carers, reducing residential care and focusing on rehabilitation and supported living, and a greater use of universal and community solutions.

We now look at three areas in depth to illustrate some of these strategies, chosen not primarily for their high scoring positions, but rather for their innovative approaches to front-line service reform.

Darlington

Darlington's social care strategy — the 'whole system' model

Over the past 15 years life expectancy in Darlington has been consistently below the national average, with the borough suffering from severe health inequalities between its deprived and more affluent wards. Darlington's health and social care services are not only dealing with an ageing population, but also with growing numbers of younger people with poor health who are likely to develop long-term care needs.

In response to these challenges and an imminent budgetary reduction, Darlington produced an innovative 20 year strategy entitled *Commissioning for Citizenship*. At its heart was a move from seeing individuals not as service users, and not defined by their care needs, but as citizens in their community with rights.[87] Darlington's commissioning and investment strategy is heavily influenced by this belief and, as a result, its plans go far beyond the remit of a traditional care and support model. The authority has identified the following priorities for investment:

1. Universal services so people remain healthy and socially active, including leisure services, the health service, adult education, employment services, information and advice, advocacy and housing
2. Supporting people to stay as independent as possible, including the right low level support prevention and early intervention will be at the heart of all of our commissioning strategies

3. Supporting people to use their allocation in ways that make sense to them and encourage innovation, including the coproduction of a range of individually tailored ways of support; this fundamentally involves a shift in power from the local authority to individuals
4. Ensuring that those natural community and family supports that are in place and supplemented by paid support services will be an important part of an individual's support plan, as being a part of the community in which you live is a key part of being a citizen.

This last point differentiates Darlington's approach from many other local authorities, as it seeks to draw from the community and family more explicitly to supplement formal support services. This is part of the belief in the benefit of treating people as citizens and part of their communities. Mary Hall, Darlington's voluntary and community sector engagement manager, told us:

It's about trying to make funding cuts in a way that reduces the negative impact, and unlocks the wealth of people's skills that are out there in the community. We're moving away from a deficit model, to a we-can-do model. We're also currently looking at a Darlington Together model to provide a platform for developing resilient communities.

People have been 'done to' an awful lot. It's about the community realising that people have all sorts of skills, and we can do this. And at the same time its staff within public sector realising that their role's changed. They're no longer doing to, they're doing with those communities, and they're a tool for those communities to tap into.

While Mark Humble, Darlington's Strategic Commissioning Manager for Learning Disability and Mental Health and the author of the 2009 strategy *Commissioning for Citizenship*, told us that this would inevitably be more cost effective: 'If you stick to the script about personalisation and citizenship, then you start to deliver efficiency, because

you're starting to develop social capital, you're focusing on the services and support that exist in the local community.'

Engaging and stimulating the voluntary and community sector

In order to achieve such a model, Darlington has engaged heavily with the third sector and provided financial and non-financial support to ensure there are thriving community networks to support people outside of formal provision, and also to encourage coproduction between the local authority and user-led groups so its strategies reflect the needs of the local community.

Communication and coproduction

Darlington has a long history of third sector involvement in public service provision, with strong links between the council and the voluntary and community sector; but now the council is supporting social care providers in the third sector to take on the challenge of funding cuts.

Communication between the community and the local authority has been facilitated in Darlington by the existence of pre-established community networks in the form of community partnerships. Until around 12 months ago the groups tended to have a limited membership structure. However, more recently the council's engagement team have been working to change the dynamic of the groups—making them more inclusive, focusing more on running consultations and making sure that the community feels it has an influence on council decisions. The benefits of this new flexibility are emphasised by Mary Hall: 'For every priority issue it's a different group of people you need to work with. It's a new way of working that we're all learning together.'

Organisations such as the user-led organisation Darlington Association on Disability (DAD), which supports people with advice on personal budgets; Age UK, which provides a non-council-funded befriending service; and the user-led group Growing Old Living in Darlington (GOLD), which advocates for older people, have all contributed strongly to the debate about how best to face the cuts. The presence of strong user-led advocacy groups such as these has been crucial during the consultations on cuts to services. DAD has been particularly influential in making sure that disability equality impact assessments have been or are being carried out on budget proposals. Mary Hall said, 'For us, it's important that the decision makers understand the impact. We've tried to understand what [a decision] would actually mean for an individual.'

Darlington is now seeking to formalise the offer provided by these third sector organisations by looking at the feasibility of establishing a community support network that is tailored to the needs in Darlington.

Darlington has a broad range of active third sector organisations for which this could be an opportunity to build on strong partnership working. EVOLution, a local organisation whose objective is to develop the community and voluntary sector in Darlington, has also developed an online directory of third sector organisations that is designed to assist commissioners to understand the local market.[88] It also has a service hub for voluntary community groups that provides back office services.

Alternative funding sources

Darlington's strong existing relationships with the third sector were also important in determining how best to plan budgetary cuts. Because supporting the third sector is an important strategic aim of the council, it has worked to alleviate the effects of funding cuts by seeking out alternative funding sources, and phasing in budget reductions to allow other options to be developed. So far, the council's dedication to exploring a range of alternative routes has allowed the voluntary and community sector to continue to operate.

Mary Hall describes how the development of 'very good working relationships' between the council and County Durham Community Foundation (CDCF)—an independent grant-making charity, which links up donors with their chosen causes[89]—has opened up a whole new funding stream for community projects. Following a pilot last year, the council was able to support CDCF to utilise funds from donors in Darlington

and to signpost local groups to CDCF where applicable. By drawing on alternative sources of funding such as the CDCF the council has been able to reduce the strain on bigger strategic grants. Phasing has also ameliorated the impact of funding cuts where they have had to take place, giving the voluntary sector time to explore other sustainable funding options and to include full-cost recovery in contracts.

Commissioning in the third sector

Supporting the third sector has also been a central feature of Darlington's post-cuts commissioning strategy, particularly with regard to providing ongoing support to people with low level needs according to FACS guidelines. Where there are cuts proposed in budgets Darlington will look at where a service may, in other local areas, have been provided through the voluntary and community sector. It will then see whether that can be translated into a workable model in Darlington. If third sector provision does seem a viable solution, there are a range of support services that the council offers to encourage the local community groups to enter the market. Darlington's main infrastructure organisation for the third sector is eVOLution. Established in 1966 as the Council for Social Services, eVOLution offers a range of support services to the third sector at well below market rates, including development and training courses, business and admin services, marketing, and advice on commissioning and procurement. The organisation also provides a community accounting team who will manage voluntary organisations' payroll for them and take on their bookkeeping.

While Darlington's infrastructure service has had a small budget cut this year, it has been protected from budget cuts next year, to ensure it is able to support smaller organisations to rise to the challenge of increased demand, and to give advice on tendering for council contracts. The council's introduction of three-year contracts for the voluntary and community sector also gives third sector organisations a measure of continuity.

Intermediate care plus

Darlington Council and Durham and Darlington NHS are also trying to develop a more sustainable and streamlined commissioning strategy for intermediate care. Historically, the number of people living in residential care in Darlington has been well above the national average and the new 'intermediate care plus' model aims to deliver efficiencies through a better integrated service that increases people's ability to receive health and social care in their own homes. The programme will be developed by an integrated intermediate care team—made up of social and health care staff—carrying out functions related to reablement, rehabilitation and recovery. In addition, the joint commissioning powers shared between the council and the NHS will link intermediate care in with wider services such as housing, leisure, and the voluntary and independent sector. This is another example of Darlington's 'whole system' model—decreasing their reliance on residential care, and avoiding the costly crisis situations caused by people falling through the cracks in care services.

Essex

With proposed savings of £54 million,[90] social care spending in Essex has decreased in older people's services by 11.81 per cent and in adult services by 4.71 per cent. As one of the largest local authorities in the country, Essex has had to adopt a multi-pronged strategy to ensure its population is not adversely affected by these financial constraints. Essex County Council is putting or has already put into place six separate strategy measures, which were helping to protect front-line services in the face of budget cuts. These have a particular focus on personalisation, progression and outcomes, combined with a commercial strategy making for a more preventative, less crisis-driven approach to social care. By focusing not only on cost-effectiveness, but on quality improvements for service users through personalisation and coproduction, Essex endeavours to both protect and improve its front-line services. The first and most significant of these is the establishment of Essex Cares.

Essex Cares

As a trail blazing local authority trading company set up 18 months ago, we have had time to put our house in order[91]

Essex Cares, set up by Essex County Council in 2009, was the first local authority trading company (LATC) in the country to offer social care services, and specialises in delivering support to adults across Essex.[92] Adopting a trading model of social care has delivered a range of benefits for Essex County Council (ECC). Services have become more efficient, particularly with pricing and use of resources, and excelling in supported employment services. Mark Lloyd, Managing Director of Essex Cares, reported very significant savings in reducing its corporate costs, as it is run as a competitive business competing for contracts from ECC as well as other local authorities and private contractors. However, as it is owned by ECC (the council is the 100 per cent shareholder), staff's pensions and conditions are protected, but they have freedom to trade as an independent company with other local authorities, and complete decision-making powers.[93] The fact that Essex Cares was in place a year before the worst of the financial cuts is regarded by Nick Presmeg, senior operational manager of adult social care at Essex County Council, as a key factor in helping Essex staying afloat in the choppy financial waters. He believes that moving services into this type of trading model helps breed innovation and efficiency, improving services and making them more attractive to personal budget holders: 'They are really quite keen to embrace innovation because innovation is the only way they are going to survive. When they were in-house services the opposite was probably true.' [94]

Essex Cares has managed to maintain supported employment levels this year, which, as Nick points out, in this economic climate is 'nothing short of miraculous'. He also explained that Essex Cares serves as a 'seedbed' into which the council can plant new ideas and see how successfully they grow in an environment that is independent from council restrictions, but relatively protected from the open market, creating an incubator for new and untested ideas. As he says: 'You've got a provider you can talk to at any time, float ideas with, maybe try out projects.' [95]

As local authorities begin to face new, undeveloped demands—such as the need for dementia care for those with learning disabilities in later life—the advantage of having a safe testing ground comes into play:

You go out to the traditional commercial market [to meet this new demand] and initially you have either got to be very smart, very prescient or very lucky to get the contract right first time... When you work with your own LATC you can have a little bit more risk loaded in there. If it goes wrong, it's not a disaster.[96]

Nonetheless, Essex Cares is independent of ECC and free to trade with other local authorities. Conversely, ECC does not use Essex Cares as its sole provider, and some of the new service ideas developed in Essex Cares are not then automatically delivered by the company. ECC commissions on best value, which, over the years, has made Essex Cares more efficient. Nick also feels that, because the trading company is separate from ECC, the funding for social care has been viewed as 'separate'—helping to give it some protection during an era of universal budget cuts.

Outcomes and progression

While Essex Cares has been an important tool in delivering innovative and cost-effective services, Nick Presmeg told us that Essex's strategy of focusing on progression and outcomes had been a key factor in sustainable services, particularly learning disabilities services.

Progression in Essex means moving care users—particularly those with learning disabilities, towards greater independence, reduce reliance on formal support, and participating in a 'normal life', like getting a job. Resource plans do not just look at levels of activity, but where the person is going to be three years from now, and whether resources are

focused on achieving the right outcomes over the longer term, not simply inputs or outputs.

While Nick recognised there are always some people in the community who will require intensive and continued support, he feels there is still a great way to go among Learning Disabilities groups in Essex which are only limited by their aspirations in the move to greater independence:

Very focused enablement for people with LD is very different to a 6 week input you get for older people—with LD you might need a 6 year input, because it can happen in very small steps.

The ideal outcome for ECC is that each individual requires less support as they become more independent —this is a win-win situation for both the individual and ECC:

Someone getting two to one care is an oppressive situation for somebody. If you can find a way of reducing that hopefully they'll get more choice control and freedom and economically it's much more efficient.[97]

Coproduction and personalisation

Richard Watt, the director of the Essex Coalition of Disabled People (ECDP), an organisation run by and for disabled people in Essex since 1995, also believes that Essex Cares is not the lynchpin of Essex's sustainability strategy. He feels that the effective engagement with local disabled groups and the fostering of coproduction has been the vital ingredient in creating services that achieve financially sustainable and positive outcomes.

Essex has a strong tradition of user-led organisations[98] and ECDP has an active role at a strategic and operational level with ECC, including providing expert advice to improve services and ensure Essex's strategies are aligned to the needs of the local disabled population. Nick Presmeg identified ECDP's involvement in developing the council's support planning as particularly valuable, as well as an effective way of communicating with the local community:

Support planning from ECDP has brought a new dimension for us. Much more person centred, much more user led... We've been able to explain what we're doing and why and the necessity of some of it.[99]

Personalisation

Coproduction has been an integral part of the person-centred, user-led structure of care in Essex. Personalisation and the use of personal budgets are integral to Essex's entire care strategy as they result in improved outcomes and progression towards independence in a financially sustainable and user-led way.

Essex was an early adopter of personal budgets.[100] Built on its excellent progress with using direct payments, ECC was one of the 13 local authorities to first pilot individual budgets in 2006. In 2008, Essex updated its strategy in light of what it had learnt from the pilot, identifying the following action points:

- Develop a dedicated transformation programme to take forward self-directed support and personal budgets
- Have full public consultation
- Review business systems
- Review policies
- Actively engage with providers and service user-led organisations.[101]

Essex has continued to think progressively about personalisation, and is now a pilot site for the programme Right to Control, which brings services and some benefits together in a single pot for the first time.[102] If eligible, service users have the legal right to combine the support they receive from six different sources including Access to Work, Supporting People and Independent Living Fund and decide how best to spend the funding to meet their needs.[103]

ECC has also worked with the National Development Team for Inclusion (NDTi) to explore the value of brokerage and personal budget support provided by user-led organisations,[104] and is pioneering the first longitudinal study of personal budgets by commissioning in 2008 the ECDP and

OPM to run a longitudinal study of cash payments for adult social care in Essex. The three-year study seeks to:

- Capture the impact of self-managed cash payments on the lives of people who use them, including evidence of how and why impact is being achieved over time.
- Assess the effectiveness of practices and processes being used by ECC and its partners to support the delivery of cash payments, including evidence of how the market is evolving over the study period.[105]

Nick Presmeg explained that personal budgets are vital to Essex's wider plans for progression and improving outcomes: 'Personal budgets are a necessary condition of where we need to get to. Everyone who goes through transitions is getting a personal budget.'[106]

ECC's ambition is to introduce personal budgets to children's services fully so they are embedded in early life and achieve their full potential. Nonetheless, personal budgets are not seen as a cost cutting measure in and of themselves, and Nick recognises that not everyone's care package will be cheaper with a personal budget. Nonetheless, Nick did feel that budgets have ushered in more creative support planning and improved outcomes:

Once people know that's the level of resource you've got, people treat it in a more focused way and get better outcomes for it. It's also been very good at helping people bring in their natural resources and their other benefits.[107]

So while personal budgets may not drastically reduce costs, they are an effective tool in significantly improving outcomes without requiring substantial new investment. Over the longer term, and as people become more independent, ECC will reap both social and financial rewards.

Back office and commissioning

In addition to forward thinking initiatives at the front line of disability services, Essex council has also pledged to save £50 million from back office and procurement processes in 2011/12.[108] In adult social care, a lower budget means more responsibility is devolved to the practitioner level. Nick Presmeg explains that, like most local authorities, Essex used to have a highly reiterative system, which checked practitioners' work repeatedly. This was neither cost effective nor appreciated by social work staff. Now, ECC has adopted a lighter touch quality control system, reducing the staff time spent on oversight:

We are empowering staff by taking a different approach to how we check the quality of their work. This allows us to get by with fewer practitioners. We haven't minimised the number of staff, but we've taken away vacancy signs.[109]

ECC has also been scrutinising its commissioning, looking for better deals rather than accepting market prices. This smarter market commissioning achieves better deals for the council and beneficial outcomes for service users. As part of this wider agenda, ECC has also reviewed its transitions pathways—developing 'all age' services so there is greater consistency and efficiency for disabled people as they move from children's to adult services. It is also developing a 14–25 pathway—with an educational element—to better reflect the reality of young people's development (at present, young people are subjected to an arbitrary break in services at age 18).

Residential reduction

We've got a very clear policy that we're not about residential care.[110]

As part of its progression strategy, ECC has made a strategic commitment to reduce reliance on residential care and move more people into supported living environments. It is a challenging environment in which to do this: there are

few new supported housing builds, the Supported Living Grant has been cut and the capping of housing benefit reduces opportunities for disabled people to rent suitable accommodation. But, Essex is working in conjunction with NDTi, developing a tool ('The Inclusion Web'[111]) to help residential providers identify which of their resident clients are most able to move on to supported living. However, the economics of this strategy are not black and white, as Nick Presmeg explained:

We inherited a lot of low-cost residential care from NHS campuses.. but we didn't think it was good enough for the independence and inclusion opportunities it gave people, so we're focusing on that cohort to help them move on.

The residential move may prove cost-neutral. Nonetheless, it will achieve far improved outcomes. Preventing a move to residential care, and promoting supported living instead, will be far more cost-effective for young people moving from residential schools to adult services.

Overall, therefore, Essex is undertaking a multi-pronged strategy to achieve improved outcomes and do more with less. Its approach includes making back office efficiencies and smarter commissioning, but also involves more radical rethinking around progression, coproduction and personalisation so as to depart from traditional services. While Essex developed many of these plans to deliver efficiencies over a five-year period, the challenging economic environment has prompted ECC to speed up and achieve efficiencies more quickly. Nick admits this had been hard work, but says it is worth it:

What we haven't had to do is in any way look at reducing the level of service or change the eligibility criteria threshold. We are still managing to work within the cash envelope we have got.

Sutton

Sutton, alongside other councils, needs to cut 25 per cent (£10.5 million) from the net adult social care budget over the next three years.[112] But, as a local authority, it is notable in that it has a clear strategic priority (rather than a wholly economic one) of moving vulnerable adults out of residential care and into supported living—something it has been doing since 2006 for people with learning disabilities. The authority has closed all its learning disabilities day centres and is focused on improving community support opportunities within universal provision and the wider community. It has taken many people out of residential care, considering this approach to be both cost effective and capable of improving life outcomes. This social work approach, together with housing expertise, makes for a powerful dynamic. In closing Orchard Hill Hospital, their last long-stay NHS Hospital for people with learning disabilities, the authority invested NHS capital receipts into new 'state of the art' flats for those with multiple learning disabilities to facilitate the move from NHS institutional settings. These flats are purpose-built, located in popular parts of the borough with good amenities and have telecare wiring integrated into the buildings, as the council works on the value base that people have the right to privacy and dignity without 24-hour surveillance, but that there are always paid staff on hand to be supportive and give guidance if things go wrong.

A recent study of the resettlement of residents of Orchard Hill Hospital into supported living has provided Sutton with clear evaluative data demonstrating the positive impact of such a strategy. The study surveyed all 39 former Sutton residents of Orchard Hill on leaving the hospital and then at six-month intervals for a further 18 months. The research measured quality of life outcomes in the following seven areas:

- Quality and location of housing
- Care planning and governance
- Physical wellbeing
- Social interaction and leisure activities
- Autonomy and choice

- Relationships
- Psychological wellbeing.

The study found significant improvements in all these areas of wellbeing, particularly in care planning and governance, autonomy and choice, and quality and location of housing.

Physical wellbeing was also maintained from a relatively high baseline, despite fears that the move from an intensive supported environment would undermine residents' health.

These improved outcomes were also less expensive: the average annual cost of care at Orchard Hill was estimated to be £133,531, while care in a community supported living environment was £101,000. However, the savings were spread across care costs, housing benefit costs and income-related benefits. The evaluation team concluded:

Our major single recommendation is that there should be widespread dissemination of the description of this resettlement project and its procurement and of the statistically highly significant improvement in quality of life it has brought about for people with profound learning disabilities. There are lessons to be learned here locally, nationally and internationally.[113]

Sutton does offer residential care to some people—recognising that there needs to be residential support for people with dementia or other acute needs who require intensive round-the-clock support. However, people with learning disabilities do not fall into this category, and even the number of elderly people in residential care has declined considerably. Over the last nine months, because they were given genuine choice (i.e. a credible alternative housing option), very few people chose residential settings and demanded less of the local authority when living independently. Sutton found the biggest challenge was giving confidence to carers and relatives that this was a better way forward.

Challenging perceptions

However, closing residential services in a move towards greater personalisation and more independence for people in supported living can be problematic. Residential homes are highly visible and often become representative of council-provided care in local communities. Their closure is often met with local protest and seen as symptomatic of funding cuts. Moreover, care home residents and their families can be reluctant to make such a radical move—particularly older people who may view a move as an unwelcome disruption.

Shaun O'Leary, Executive Head of Adults and Safeguarding at Sutton, told us how high profile closures of day centres and NHS Campus Homes were often unpopular, even though improved outcomes could clearly be achieved and the new housing alternatives (supported living apartments) were of very high quality. He states that there was considerable anxiety and resistance from many care staff and some families, with some relatives finding it difficult to accept the concept of their family members moving out of residential settings and into more independent living:

They couldn't visualise it. This was a world not open to them before. Family members thought it would be a push too far. For people with learning disabilities in particular, it is akin to a civil rights movement, a fundamental, whole-system challenge for change. When you say that these people can live normal lives without having to compromise their basic rights as citizens—for example not having to live in shared accommodation, you really sense you are up against a huge belief system of resistance from many relatives, advocates, some national charities and many health and social care professionals.

The council helped overcome this by ensuring social workers (working with complex cases of dementia and learning disabilities) and community care assessors (unqualified social care assessors, working with less complex needs) were tasked with addressing issues such as maintaining relationships and empowering families and individuals to take responsibility for their lives. This required two changes to staff culture. The first

was to move from a deficit model (an assessment of people's limitations) to a model that identified and assessed people's strengths and capabilities. The second was to adopt a social, rather than medical, model of care, identifying external factors and obstacles that can be changed or removed to enable independent living, instead of focusing on 'internal' obstacles that are related to a person's disability. This social work model also supports people who have been in institutional care for decades, enabling them to regard living in their own flat as a viable option.

Sutton still bases its assessment of needs in line with statutory guidance and internally supports and 'trains' its social workers to assess needs in a positive way, to look at people's natural gifts and aptitudes rather than their deficiencies: what can they do themselves?; what sort of life do they want? The goal is to enable people, and avoid being risk averse.

Shaun reported that it had been a tough challenge during the closure of Orchard Hill Hospital, where time constraints and a scarcity of appropriately skilled social workers made things even harder.

I advertised and recruited frequently to find social workers with the appropriate skills and value base to deliver statutory assessments of needs that identified strengths as well as deficits, as well as work with some traumatised staff and relatives to secure a positive outcome. There was no shortage of competent care managers. There was a serious shortage of skilled social workers.

When social workers spend more time looking at positive capabilities this often results in less conflict with family members when it comes to planning care. 'The research shows that as people are living more meaningful lives they need less and less support.'

This is part of something described to us by Essex as a proactive 'normalisation agenda', which Sutton also is pursuing by moving those with learning disabilities from residential care and day centres into their communities. Sutton has now significantly increased the number of people

with learning disabilities living in their own accommodation in the community, some with employment and volunteering opportunities and using universal services.

Risk and trust

Sutton's commissioners also had to deal with the risk aversion that grew and had been encouraged to grow over many years between NHS care home staff and residents' family members. The NHS staff had been encouraged to see themselves as the social 'aunties' and 'uncles' of the people they served and some still had this title in the job descriptions in 2006. This led to family members, supported by care home staff, feeling that their sons or daughters would only be safe in 'family type' residential settings—a view which needed to be challenged:

The problem is psychological. We think we have a broken society. We have a lot of challenges but essentially human nature is good, 95 per cent of people are good and want to do good. Currently, society works on a belief system that vulnerable people face severe risks of exploitation from bad people or 'predators' and in the grip of this widespread fear we spend fortunes protecting disabled and vulnerable people and at the same time limiting their right to risk and adventure. Something the rest of us take for granted. This is not about being reckless but about managing risk in a positive way.

Shaun explained that the personalisation agenda empowers vulnerable adults to have more control over their budgets and their world. In turn, this means that many carers and family members will also need to develop a different view of the world. For carers that have been caring throughout their life (who have adult sons and daughters with learning or physical disabilities), this means re-discovering a belief that their sons and daughters can live more meaningful lives in the community rather than needing to be protected from it. This is not a quick process but rather a slow, long and often painful journey. However, once achieved, can deliver improved wellbeing and quality of life for both the individual and their family. 'You cannot start today and hope to fix things by

tomorrow. You have to build that trust over a period of time.'

This approach is similar to Essex's 'progression' strategy for learning disabilities (see above), which attempts to promote a gradual reduction of support and recognises that intensive care can—from a different perspective—be seen as round the clock 'surveillance' and oppressive to those deserving of greater independence and privacy. Shaun demonstrated he had a similar outlook to Nick, stating:

Independent living challenges models of care that nurture dependency, giving people access to an expression of human rights, and challenges the deeply entrenched sense that people with LD are not 'full' citizens and where many are 'infantilised' through the care planning process and institutional models of care. What other group of people would we be discussing as to whether they had a right to live in the community?

Community support

Like Darlington, Sutton now has a new target to improve community links to enable people to supplement their support with less formal care. This is part of their progression agenda to reduce people's reliance on formal support. Shaun explained:

We've been working hard to develop peoples' informal networks through personal assistants—highly motivated care staff commissioned to help develop and strengthen informal networks. Previously, this budget had been spent on running day centres but is now being spent on people with learning disabilities to have a wider social experiences and develop networks outside of paid support.

In this way, Sutton is tackling loneliness and isolation, and avoiding the use of more expensive formal supports. Shaun stated that learning disabilities day centres were not only an inefficient use of resources, they created social 'ghettos' and artificial spaces for those with learning disabilities to socialise, whereas better and more natural socialising opportunities already exist in the community (in bars,

restaurants, and mainstream leisure and entertainment venues). People with learning disabilities, as citizens and members of their community, should be part of these natural systems already in place, rather than being placed in artificial systems separated from their community: 'No amount of spending on day centres will give people what they want deep down... What they really want is to be part of life.'

Sutton is also developing a culture where people are encouraged to pool their resources and personal budgets. People with learning disabilities may choose to pool their resources to pay for a shared personal assistant, for example. Even though Sutton has been pursuing this approach for a number of years, personal budgets are now making this easier.

Housing

The reason for Sutton's success is not just a particular social work model, which looks at preserving people's identity and focusing on their capabilities and assets. The authority also has strong commitment from Sutton's housing services to drive forward this agenda.

Simon Latham, Sutton's executive head of community living, is expanding the stock of purpose-built flats within wider community developments. For example, whenever there is a development which includes one-bedroom flats being built in the authority, Simon's team try and get a portion designated for letting to people with a disability, and fit the flat with the right technology so people with learning and physical disabilities can live independently. The team also works closely with Sutton Housing Partnership and registered social landlords to make best use of existing housing stock so that it is accessible as possible as to people with learning disabilities. They then have the same opportunity as anyone else to live a normal life in the community, with people integrating into some of the more affluent parts of the borough. People with learning disabilities are not confined to the outskirts of town, the edge of greenbelt land or trapped on an isolated campus. The community wellbeing teams are also using library

and leisure centres as natural community hubs, and are developing neighbourhood centres.

The cuts

Shaun explains that the work they have been doing since 2006—when the authority embraced the personalisation agenda and saw it as a transformation opportunity—has stood them in good stead for the austerity budgets:

There's something visionary about Sutton Council. Before the cuts came in, Sutton already had delivered an 18 per cent saving in its learning disability net budget between 2006 and 2010. This approach costs less.

We are not only cutting costs but providing higher quality services. This sounds counter-intuitive, and perhaps different to the approaches elsewhere, but if we allow people to be more in control of their lives, what we find is that they want less than what we want to give them. What they most want is what the state can't give them. They want normal lives, they want relationships outside of their families and free from interference.

We're confident we can cope with the 25 per cent cuts without affecting outcomes.

Other approaches

Essex, Darlington and Sutton vary in their approaches; but they have each implemented different strategies based on their belief in improving the lives of their local populations and on a clear vision of how to go about this. All set their course before the current austerity measures were in place and as a result have not made reactionary steps, but simply accelerated or developed the strategies they had already embarked upon. These strategies may well have helped to protect them from the worst impacts of the funding cuts or enabled them not to cut as drastically as they may have done.

However, not every local authority is in the fortunate position of drawing on an ongoing strategy or structures

that have had time to embed themselves. Some are reacting in radical ways to unprecedented financial situations. This includes, for example Suffolk's 'commissioning council' approach, which has not been without controversy,[114] but it is simply too early to tell whether it will have a positive impact on front-line services, including those that support disabled people and their families. We look at two such approaches below.

The London tri-borough

In total the Royal Borough of Kensington and Chelsea, Westminster City Council and Hammersmith & Fulham Council face a 31 per cent reduction in the budget they receive from central government, which means that, together, they must save £100 million by 2014/15.[115] The tri-borough initiative has been taken up in what the councils claim to be a bold solution to the challenges posed by an age of austerity. Through this initiative the authorities propose to achieve £34.6 million of the £100 million they must save by reducing managerial costs and overheads by over 50 per cent. This will be made possible through three main goals:

- establishing joint management and other posts
- collaborating on procurement
- redesigning services to strip out unnecessary costs.[116]

Beyond the need to make savings, the tri-borough initiative is said to be motivated by the belief that in many areas shared managers can commission services that will improve quality of life in central and West London faster than has been previously possible. It is said that because the main changes will be witnessed in shared management and combined service arrangements, front-line services will be protected so local people will not experience much disruption.[117]

Tri-borough proposals and adult social care

Adults' and children's care and support services are the first areas to be integrated under the tri-borough initiative, and those in which the authorities aim to make the greatest savings.

The largest proportion of savings will be made in adult social care—with proposed savings of £9.9 million, representing 29 per cent of the £34.6 million that the tri-borough proposals hope to make by 2014/15.[118]

The key aspects of the adult social care proposals include:

- An aim to develop a single commissioning support organisation for adult social care and NHS GP commissioning with a joint commissioning team led by a single director of adult social care, thus reducing back office costs and overheads by 38 per cent and facilitating savings from joint procurement.
- Separate health and wellbeing boards focused on each borough's particular needs.
- A single integrated provider organisation between adult social care and community health services.[119]

Opportunities

It is far too early to tell whether the tri-borough initiative will improve or undermine social care and disability services in the area. There is certainly great potential for improved joint working and economies of scale, which may mean front-line services are better protected from budgetary cuts. One of the primary ways in which costs will be reduced, according to the plans, is by reducing middle management by 50 per cent across the merged services—which would protect front-line staff.[120]

The tri-borough proposals also aim to establish a combined adult social care unit to commission services alongside clinical consortia, when GPs and clinicians take over new local commissioning responsibilities under the NHS reform agenda. This change could be positive; integrating health and care as well as providing opportunities for smarter procurement has the potential to improve outcomes and reduce costs. The councils have said they hope that improved coordination of care will promote independence for service users and decrease the numbers of costly hospital admissions.

The plans also state that most provision of care will be offered by either the voluntary or private sectors. A small number of social enterprises will be involved—providing services to those eligible for council funding alongside others willing to pay for their own care.[121] Thus the tri-borough proposals can be seen as an attempt to advance further the concept of a 'commissioning council'—one that does not deliver, but rather facilitates greater choice and personalisation of non-statutory services. A move to further the use of personal budgets is inherent in this, and is one of the aims of the tri-borough initiative. Again, this may be a positive step for individuals in the borough as it may speed up the personalisation agenda and empower service users through personal budgets, and also stimulate local care markets to give people more choice.

A Vision for the Future Health & Social Wellbeing of a City, produced by the Westminster Social Care Commission in April 2011 states:

Although there is clearly an urgent need to find cost savings the tri-borough collaboration also has merit in potentially improving outcomes by enabling a greater diversity of service provision and more opportunities for individuals to match their needs to available services… the real benefits for service users will be realised only by the wholesale transformation delivered by a full amalgamation of the three departments. Full consideration should be given to a completely integrated service across all care groups, sharing managers, delivery functions and facilities in order to achieve significant economies of scale.[122]

Challenges

The tri-borough initiative is not without its risks, however. One area of concern relates to how these changes will affect care eligibility criteria. In Kensington and Chelsea, the FACS eligibility criteria is set at moderate needs and above, yet after recent changes to the criteria Westminster Council deems those to be at moderate risk no longer eligible for care services provided by the council and eligibility is now set at substantial needs and above. Hammersmith & Fulham London Borough Council sets its FACS eligibility criteria at a minimum of at what it calls 'greater moderate'—somewhere between moderate and substantial.

Since the tri-borough proposals aim to bring assessment under a joint commissioning organisation, it is likely that the FACS eligibility criteria would need to be standardised across the boroughs. As Westminster very recently upgraded their FACS eligibility from 'moderate' to 'substantial' as part of their attempts to make savings, it seems unlikely that the tri-borough proposals would result in anything but an upgrading to 'substantial' across all three boroughs. This will clearly be of concern to those service users assessed as having moderate needs in Kensington and Chelsea as well as the 'higher moderate' users in Hammersmith and Fulham. There have already been protests from members of the care community and Labour councillors when Westminster increased its FACS eligibility early this year.[123]

Further questions over the tri-borough proposals and their impact on adult care services have been raised by Jeremy Cooper, director of public services consultancy iMPOWER. He has expressed concerns that stripping out middle management (one of the key cost saving initiatives) would leave the organisation without the internal expertise to manage the other radical new reforms and transformation over the longer term. Commenting on the council's plan to integrate health and adult social care, Cooper said: 'Having a more integrated platform needs driving through and you're not going to have the people around to do it. You cut off your nose to spite your face.' Anna Turley from NLGN agrees: 'There's a serious issue about who we are losing in the workforce and how that's done strategically. All local authorities need to make sure that they are not losing capacity for long-term transformation.'[124]

These concerns also suggest that the tri-borough initiative is trying to make 'quick win' savings, rather than thinking about longer-term goals. With this in mind, it is possible that the tri-borough could see radical improvements to front-line service through the integration of health and care services while significantly reducing inefficiencies, or it could lead to the destabilisation of all three care and support departments and a subsequent deterioration of quality services. At this stage, it is impossible to tell which scenario is more likely.

Caerphilly and Blaenau Gwent

On 6 July 2011 Caerphilly and Blaenau Gwent local authority executives and cabinets agreed to a similar approach to the tri-borough councils—though these two local authorities stop short of full integration and only plan to merge their social care departments. Blaenau Gwent and Caerphilly have a shared border and share similar demographic characteristics, so their residents are likely to require similar service provision in the future.[125] The plan suggests that back office functions will be integrated in 2011/12, front-line adult and children's services in 2012/13, with full integration of all services and the creation of a single management team in 2013/14.

The two councils have said the aim of an integrated service is to cut costs and make better use of existing resources—responding to a rise in demand for their services while the economic downturn has put pressure on their care budgets. The authorities hope that by integrating and joint commissioning they will be able to offer a wider range of services than currently, which they cannot afford to provide individually. They will also have one workforce and training unit, as well as performance management and finances, to improve efficiency.

Suggested benefits of the Blaenau Gwent and Caerphilly integration plan[126]

There will be better outcomes for service users (effectiveness) resulting from:

- *Directorates sharing what works in service delivery and learning from successful innovation, resulting in effective services for citizens.*
- *Bringing together the two directorates, which will increase capacity and promote the sharing of knowledge and expertise among staff across both local authority areas.*

There will be reduced cost of service provision (economy) resulting from:

- *Streamlining management structures for the delivery of services.*
- *Innovative governance that supports the modernisation agenda and*

growth of front-line services.

- *Offering services that individually would be too costly to provide, resulting in a wider range of services for citizens.*

There will be better use of existing resources (efficiency) resulting from:

- *Services being delivered, commissioned or procured together and realising savings as a result of introducing more efficient delivery models and economies of scale.*
- *Redesigning services drawing on each authority's strengths.*
- *Staff time saved from duplication of tasks across local authority areas.*

The leaders of Blaenau Gwent and Caerphilly County borough councils, Councillor Des Hillman and Councillor Allan Pritchard, welcomed the move in a joint statement:

We want to continue to deliver high quality, person-centred social services to the residents of both county boroughs and by collaborating our services in this way we can make sure that we are doing this in the most effective and efficient way.

However, as with the London tri-borough initiative, these two councils have differing FACS levels. Blaenau Gwent operates at substantial/critical level while Caerphilly operates at moderate needs level and above. Given the merger, this difference will need to be addressed—most likely by Caerphilly raising its eligibility criteria.

The proposed merger has also proved to be controversial following Blaenau Gwent's failings in education services, which has led to the Welsh Audit Office launching a review of the council's corporate governance—the administration of the council as a whole—to see if any other significant problems need addressing. As a result one Caerphilly councillor has demanded that the merger be postponed until after the review, describing it as a 'disaster' for service users, claiming it was driven by cutting costs, rather than improving services.[127]

Again, at this early stage it would be difficult to predict how such plans will affect disabled people in these two

Welsh local authorities. But without doubt such cross-border mergers—wherever they are in the country—have the potential to be either highly beneficial or highly destructive, and always controversial.

Overview

In this section we have considered some of the ways in which different local authorities around the country are developing strategies to cope with the reduction in resources in social care and disability support services. Their aim is to achieve more with less and, in so doing, not just protect the front line but improve it with new ways of working. But on reviewing just a small number of local authorities, we can see there is no standard approach to achieving this. Rather, local authorities around the country seem to be blending a number of approaches together, with each area adopting its own unique combination to reflect its local priorities and challenges, and drawing on its specific strengths.

Nonetheless, we did identify some common elements, which are not a 'magic formula' and no local authority we have encountered is adopting all of these approaches simultaneously. Moreover, some of these approaches are proving controversial; it is too early to tell whether they will be effective in driving efficiencies while protecting front-line services. However, local authorities are now readily departing from traditional methods of social care—where individuals are passive recipients of council-delivered services. Although this shift in thinking has been the direction of travel for some years the additional pressure of budgetary cuts may well have focused minds and accelerated this evolution. We describe below the broad approaches we have identified in several local authorities as they attempt to cope with reduced resources.

Capability and coproduction

The local authorities we reviewed in this report had a strong 'capabilities' approach to disability—looking at people's strengths, and what people are able to do and contribute, rather than the 'deficit' approach, where the focus is on

people's limitations and needs. Such an approach often creates opportunities for coproduction—because recognising a service user's expertise and capabilities leads to giving them a role in designing, planning and, in some cases, delivering the services they use. As the Social Care Institute for Excellence explains:

[Coproduction] refers to active input by the people who use services, as well as—or instead of—those who have traditionally provided them. So it contrasts with approaches that treat people as passive recipients of services designed and delivered by someone else. It emphasises that the people who use services have assets which can help to improve those services, rather than simply needs which must be met. These assets are not usually financial, but rather are the skills, expertise and mutual support that service users can contribute to effective public services.[128]

Both Darlington and Essex told us about the benefits of active engagement and coproduction with user-led organisations in their areas. The Essex Coalition of Disabled People were instrumental in designing Essex Council's support planning, while the Darlington Association on Disability ensured disability equality impact assessments have been carried out on Darlington's budget proposals. Phil Hope, the last Labour care minister before the new government, said of coproduction in 2009:

It makes the system more efficient, more effective and more responsive to community needs. More importantly, it makes social care altogether more humane, more trustworthy, more valued—and altogether more transforming for those who use it.[129]

It seems vital, therefore, when faced with the need to make significant cost savings and radical service reforms, that the local population of service users are involved from the start. First, local people using disability and care services are likely to be a valuable source of expertise—coming up

with effective and innovative cost saving solutions, and new ways of working based on their experience of using services and drawing from a range of community-based sources. Codesigning services with disabled people themselves can in fact lead to improved outcomes at lower cost.

Second, coproduction is key to more cost-effective solutions that tap into peer support networks and community support. There are many excellent examples of disabled people providing their own peer and mutual support services through social enterprises and user-led organisations—capturing the true essence of coproduction. Examples include the Southwark Circle, KeyRing (a mutual living support network for groups of nine people with LD)[130] and Never Watch Alone (which enables football and rugby supporters with a learning disability in Wigan to attend matches alongside their fellow supporters).[131]

Third, by working with disabled groups to make budgetary decisions, those most affected by cuts can help decide where to make them. By giving the local population a frank account of budgetary realities, and allowing them to decide on the sacrifices that need to be made, people have a sense of buy in and ownership of even the most difficult budgetary decisions, leading to more public support. Both the Birmingham and Stoke on Trent legal challenges were based on a lack of consultation and poor impact assessments. As one parent of a deaf child in Stoke on Trent said, 'The council is just not listening, so this is the only way forward now.' The charity launching the legal challenges commented:

They have rushed these cuts through with no regard for the impact on the future of these deaf children and have left parents to rely on rumour to find out what exactly has been going on.[132]

Had Stoke on Trent included families of disabled children in these decisions, cuts may have been made in a different way, or at least with the knowledge (if not the full support) of those directly affected by them.

The integration of health and care

An increasing number of local authorities, including some of the local authorities coping well with budgetary cuts, are pursuing Section 75 agreements and creating integrated care organisations to jointly plan and commission health and care services. It is possible that by integrating care and health services these local authorities will (like Knowsley) be able to make significant cost savings in administrative and back office functions as well as improving outcomes by creating more seamless and jointly commissioned packages of care across these two service areas. Going further—by bringing in housing, leisure and transport services—may bring even greater efficiencies and improved outcomes. There may be a natural limit to integration, however. As we have seen with the London tri-borough initiative and Blaenau Gwent and Caerphilly, integration across local authority areas can be more problematic than integration within areas. But while it is too early to establish whether these ambitious new plans will succeed in achieving more for less, there is great potential for radical improvements to services, in spite of budgetary cuts.

Progression and 'just enough' support

Essex and Sutton were keenly aware of the potentially oppressive nature of round the clock and intensive formal support; both had approaches centred on eventually reducing people's reliance on formal support and becoming integrated in the community, and bringing in housing, leisure and employment services to achieve this. Sutton focused on moving people on from residential care through investment in supported living options, while Essex described a 'progression' strategy towards independence and a pioneering supported employment strategy through Essex Cares. The idea is to look at what can be done without support, rather than beginning with a deficit model of what cannot be achieved without support. A report from Paradigm UK describes the principle on which these activities are based as 'just enough' support—that too much support is just as bad as too little:

> *Over-support can be harmful to people's quality of life and often be a barrier to community participation… The idea of just enough support should reduce intrusion into people's private lives of always having staff around and discourage the notion that people need constant 'surveillance' to be safe.*[133]

On the other hand, the provision of 'just enough' formal support can be delivered by bringing in a range of informal support arrangements from family, friends, neighbours, social clubs, and so on. The Paradigm report points out that over-support often discourages this.

Paid staff are both a necessity for many people and a potential barrier to true community inclusion. There is a danger that community members see no or little need to become involved in the lives of disabled people because 'staff are there to do that'. Using alternatives to paid staff as part of an overall package of support may provide opportunities for more efficient use of resources for many people.[134]

This reduction in formal support and investment in alternative community supports (see below), can both improve independence and quality of life, and reduce costs.

Developing the community

Progression and 'just enough support' strategies rely on a flourishing voluntary and community sector and universal services to enable more disabled people to live independently and reduce their reliance on formal care services.

Darlington's investment in their VCS sector and 'commissioning for citizenship', and Hartlepool's 'connected care' initiative are examples of how local authorities are going about encouraging community support to supplement and in some cases replace formal services. This also links back to coproduction, as the encouragement of peer support networks are vital to enable disabled groups to help themselves within their communities (through the like of KeyRing) rather than rely on more expensive (and arguably less effective) forms of traditional support.

In the longer term, such activities help build social capital—something Shaun in Sutton said was an important benefit of encouraging those with learning disabilities to live in their communities. Social capital will also help individuals, and entire communities, become more resilient in the face of budgetary cuts.

Personalisation

Many of the top 'copers' in our study and those we looked at in depth were the early adopters of person-centred services and have pushed for higher take up of personal budgets among care users. As the previous and current governments have placed great emphasis on the personalisation agenda so all local authorities have to ensure 100 per cent of care users have a personal budget by 2013. However, our findings show that a growing minority of cash-strapped local authorities are placing deflators on their personal budget allocation systems, so the cash amount given to individuals is lower than the equivalent value of the care they received previously. There is a risk that the personalisation agenda will be subsumed by the need to reduce costs, with meeting the Government's personal budget target a means of achieving this.

Nonetheless, designing and planning services around the individual and giving people choice and control over their support are necessary to coproduction, progression, community development and even the integration of health and care. Moreover, giving people budgetary control can and does lead to more efficient use of resources—Nick Presmeg from Essex County Council told us, for example, that when people knew how much to spend, they became more creative in their support planning and drew on their own resources—financial and non-financial—to supplement and extend their package of support. Having a strong personalisation strategy and embedding personal budgets is, therefore, an important step in ensuring resources go further to achieve the best possible outcomes for individual service users. As Nick Presmeg from Essex told us: 'Personal budgets are a necessary conditions of where we need to get to.'

It is vital, therefore, that personalisation and personal budgets are not viewed by local authorities as another cost-cutting tool at their disposal, but rather an important driver in improving outcomes and using resources more effectively.

Outsourcing

Some local authorities—like Essex and Peterborough—have created arm's-length trading organisations to deliver care services independently from the council. This can have a number of benefits, generated by the independence of the organisation from the council to innovate and become more efficient, while at the same time returning dividends to its sole shareholder—the local authority. Of course, some local authorities are going further and divesting their delivery responsibilities, without creating an independent organisation for their formerly in-house provision. Suffolk, Brighton and Hove, Lambeth and the London tri-borough, for example, are moving towards becoming 'commissioning councils', outsourcing many of their services, including care and support and disability services. Such radical moves are not without controversy, with Suffolk's plans currently on hold following public outcry.[135] Nonetheless, local authorities do need to consider ways of improving efficiency within their in-house provision if they are to deliver the required efficiency savings—and we have seen that even radical moves can be effective and accepted by local populations if the appropriate communication and coproduction channels are put in place.

5 Concluding thoughts

We began this research in an attempt to explore the local impact of disability-related cuts on disabled families. Following on from Destination Unknown, which considered the impact of national reforms (primarily to welfare benefits) on disabled families, we realised we knew little of what was happening with local services 'on the ground'.

What we found was a highly variable picture, with local authorities not just imposing different budgetary settlements (from an overall 11 per cent increase to a 25 per cent decrease) but subsequently responding to these budgetary constraints in very different ways. Some put up user charges or asked disabled people to contribute more towards their care and support. Others reduced access to services—either by changing eligibility criteria or closing or restricting services. Most employed a combination of the two to balance the books. In short, we found no two local authorities were the same in how they have changed their front-line disability and social care services this year.

The sheer diversity and complexity of the local response to budgetary cuts makes it very hard to understand, on first glance, what impact the cuts to local authorities' budgets (as set out in the local government funding settlement in the 2010 Spending Review) is having on disabled people. It is for this reason that thorough local impact assessments, which can then be fed back up to national government to construct a national picture, is so vital.

And yet, we encountered significant problems in accessing and gathering data which we had assumed local authorities would have to hand, as part of their budgetary decision-making processes. In reality, we found many local authorities were unable to tell us how many disabled people

lived in their area, let alone what services they used, and how they were being affected by changes in these services. Without knowing how many disabled people live in an area, where they live and what services they rely on it is clearly impossible to carry out an accurate impact assessment of budgetary decisions. This is a worrying finding.

The difficulties we experienced in accessing these data suggest that many local authorities are not gathering the information they need to carry out thorough impact assessments of the cuts they are making. This, in turn, will surely hamper national government's ability to understand the impact of its reduced financial settlement for local authorities, as it has no robust local data to draw on.

As national and local budgetary cuts bite, it should be a priority for local authorities to gain a clearer sense of what impact these cuts are having on disabled people in their areas. Moreover, these assessments should be relayed to the Department for Communities and Local Government (DCLG), which, in turn, could provide a more robust national impact assessment of the local budget settlement imposed by national government. Without these data being recorded systematically at local and national level, there is a considerable risk that local authorities and national governments are making poorly planned cuts to vital services without fully understanding the consequences.

Through interviewing disabled families and their support providers in three local authorities we have found that disabled people often have to cope with the impact of multiple cuts simultaneously—the people we spoke to were experiencing increases in service charges, restrictions or reductions in direct payments, and service closures all at the same time. The cumulative effect on disabled families is that even cuts and changes that seem evenly spread across services can converge on individual families and have a disproportionately negative effect. This is rarely taken into account in (local or national) spending strategies and again underlines the importance of robust impact assessments based on 'real' data from those using services.

It is worth remembering that the successful legal challenge to changes to care eligibility and cuts in Birmingham were based on a lack of consultation with local service users and an insufficient impact assessment.[136] The presiding judge said, 'even in… straitened times the need for clear, well-informed decision making when assessing the impacts on less advantaged members of society is as great, if not greater'.[137] A more recent legal challenge by the National Deaf Children's Society against Stoke on Trent City Council is also based on the lack of a proper impact assessment of the cuts to deaf children's services,[138] while at the time of writing, the Isle of Wight was awaiting a High Court decision as to whether a full judicial review should be undertaken regarding its decision to increase care eligibility.[139]

A Community Care survey suggests, in fact, that legal challenges to local authority care policies have increased by 45 per cent this year.[140]

Nonetheless, we did not carry out this analysis of local data and mapping to name and shame local authorities or to fight the budgetary cuts being made; instead we wanted to demonstrate that a budgetary reduction need not inevitably lead to front-line cuts, higher charges or poorer quality services. There are ways—some innovative, some everyday and common-sense—to mitigate the impact of the cuts on the front line and protect disabled people from a reduction or restriction of services.

On reviewing just a small range of these, we can conclude that coping with the cuts is an art rather than a science. There is no 'magic bullet'. Local authorities each have to find the most appropriate strategy for them, based on factors such as the political and ideological approach of their elected members, their distinct demographic challenges related to health inequality and ageing, the diversity of their voluntary and community sectors, the capital buildings they have inherited, their social and cultural traditions and heritage, and so on and so forth.

Every local authority will need to respond differently to the challenges the Coalition Government's austerity measures have placed on them. Nevertheless, in reviewing the work of a small number of forward-thinking local authorities we have

identified some common strategies, including:

- Coproduction—involving service users in designing and planning their services, and in some cases delivering it.
- A capabilities approach to disability—looking at people's strengths and promoting what they can do, rather than a deficit model that focuses on what people cannot do for themselves.
- A strategy of progression or 'just enough support'—where people gradually rely on less formal services and more community-based support.
- A move towards more integrated services, bringing in care, health and often housing and leisure.
- A commitment to personalisation, not as a cost-cutting measure, but as a foundation around which these other strategies can be built.

In some cases, it is simply too early to tell how well local authorities will cope with the unprecedented funding restrictions announced in October 2010. It was not until the Coalition Government's funding settlement was finally announced in December 2010 that local authorities knew exactly how much funding they had to work with, giving them just a few months to plan and consult on changes that would enable them to balance their April 2011 budgets. Many local authorities are, therefore, still in the midst of developing their responses to the cuts and embedding new strategies.

By creating our coping measure and mapping the results across England and Wales at this early stage we have constructed something of a baseline from which local authorities can mark their progress and identify areas in need of improvement. Next year we plan to repeat this analysis, to see how local authorities have fared in 2011/12. We hope that by demonstrating that a decrease in funding does not inevitably lead to a reduction in services, and detailing some of the ways in which local authorities are breaking this link, we will see a more positive and proactive response to the cuts.

The first step for many local authorities must surely be to develop more effective ways to gather data and carry out robust local impact assessments of their budgetary decisions. We urge local authorities to consider the data in this report, and look to their own data collection processes and impact assessments to ensure they truly understand the impact their budgetary decisions are having on people. Until such assessments become standard practice disabled families across the country risk sudden withdrawals of support, and life-changing service reforms, the effects of which have been poorly planned and understood.

We also would urge local authorities to consider the approaches other local authorities are adopting, such as coproduction, integration of services, and so on. These and other innovative strategies can help protect and indeed improve front-line services in the face of budgetary cuts—there are many good ideas at local level, and these should be shared.

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scope

Up until now, the impact of cuts to local authorities on provision for disabled people has not been measured or compared at a national level. *Coping with the Cuts* reveals, for the first time, the true nature of how cuts to social care budgets are affecting disabled people up and down the country and which local councils are best managing budgetary changes. Compiled using freedom of information (FOI) requests sent to all local authorities in England and Wales, this research discovered a shocking dearth in local information on disabled people.

In conjunction with the interactive map that accompanies this research (available at www.disabilitycuts-map.demos.co.uk), this pamphlet provides a localised picture of changes to services for disabled people. It did not set out to 'name and shame' individual councils or to suggest no cuts are necessary. But it does show that smaller budgets need not inevitably lead to front-line cuts, higher charges or poorer quality services. There are ways – some innovative, some everyday and commonsense – to mitigate the impact of the cuts on the front-line.

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