The impact of the Care Act in Shropshire

Research funded by Healthwatch Shropshire

citizens advice Shropshire

healthwatch Shropshire

Contents

Citizens Advice Shropshire

Citizens Advice Shropshire (CAS) provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities. We value diversity, promote equality and challenge discrimination. We're an independent charity and part of the national Citizens Advice network across England and Wales.

We use our clients' experience and stories to campaign for positive change, speaking up about the policies and services that cause people problems. As a local Citizens Advice we can spot emerging issues early, and use our evidence to tackle the root cause of problems. With over 7,000 clients each year this evidence is hard to ignore.

In 2016 Citizens Advice Shropshire were awarded a research grant from Healthwatch Shropshire with a focus on exploring the impact that the Care Act has had on adult social care users in Shropshire.

Citizens Advice Shropshire

Our impact in 2016/17

Anyone can have a problem

Nearly 3 in 4
of our clients said their problem affected their lives, including causing anxiety and financial difficulty

1 in 2
of our face-to-face clients have low confidence about taking action on their money matters

Who we helped

7,841 people
helped face to face, by phone, or by letter

22,498 issues
people sought our help with

How we do this

12 locations
where we provide free and independent support

119
dedicated local staff and volunteers

£398,550
estimated worth of donated hours by our 84 volunteers

The difference this makes

2 in every 3
clients had their problem solved

4 in 5
clients said advice improved their lives, including reducing stress and improving finances

90%
of our clients reported satisfaction with the overall service

All of this benefits individuals and society

Background

What is the Care Act?

Before the Care Act 2014, people in the UK had different entitlements for different types of adult social care and support. These were spread across a number of Acts of Parliament, some over 60 years old. The law was confusing and complex. The Government wanted to design a simpler, modern law for care and support, focusing on the needs of people. The Care Act means that now there is one route for determining entitlement, which works for all groups of people in all circumstances, instead of the old system where different groups of people were treated differently. On the GOV.UK website the Government states that "we do not want people to be dealt with differently based on the type of service they need or where they receive it."

The Care Act came into effect on 1st April 2015. Key areas of change include:

The Care Act created a single, consistent route for establishing an entitlement to public care and support for all adults with needs for care and support.

For the first time carers have entitlement to support from their local authority equal to those they care for.

Local authorities now have a general responsibility to promote people's wellbeing, focusing on prevention and providing information and advice.

Eligible people now have a legal right to a personal budget and direct payment to support their wellbeing and help them to remain independent for longer.

Background

1. **To identify the changes which have emotionally resonated the most with clients and if they have improved their quality of life.**
2. **To identify what changes have had the biggest impact and to ascertain from clients if they would like to see alternative provisions.**
3. **To discover if the Care Act has positively or negatively affected those who access adult social care in Shropshire.**

Original proposal

“The survey will produce our quantitative data, and we will analyse this to produce statistics and infographics which demonstrate the experiences of our respondents. Our qualitative data will come from the shared experiences at our workshops from which we will be able to produce anonymised case studies.

People2People have been quoted in the press as having carried out 874 assessments in their first year. Taking that figure as a baseline, we would want to survey 80 people for a statistically valid set of data.”

In our original research proposal we envisaged that our six Community Advocacy and Advice Network (CAAN) partners (AgeUK, A4U, PCAS, OSCA, SIAS and Taking Part) would be able to support the research project and aid in the collection of the majority responses.

Unfortunately, due to their limited resources our partners were unable to assist us as we had imagined and sadly OSCA, who were involved in designing the survey tool closed a few weeks before the survey went live.

Acknowledgements

Thanks to Healthwatch Shropshire for awarding us with the research grant, our partners, MRE consultants and Charlotte Hopkins, and all of the survey respondents.

Methodology

Research and designing the survey tool

We began work on this project in March 2016, with assistance from MRE consultants who had previously helped us with research into client satisfaction and impact under the Shropshire Partnership for Advice & Advocacy project. MRE helped us research and design the survey tool.

We contacted the Service Manager of Adult Services at Shropshire Council who explained how Shropshire Council had responded to the Care Act legislation, and what changes had been put into place. This meant we could start designing the survey questions to answer objectives 1 and 2 (To identify the changes which have emotionally resonated the most with clients and if they have improved their quality of life, and to identify what changes have had the biggest impact and to ascertain from clients if they would like to see alternative provisions.) The changes Shropshire Council reported are listed alongside the survey data in the findings section on page 11.

Following this conversation, we decided we would sort respondents into three categories. Those who began accessing adult social care before October 2014 (when Shropshire Council began to implement changes in preparation for new law in April 2015), those that accessed between October 2014 and April 2015 when some but not all of the changes were made, and those who began the process after April 2015 when the new model was in place. Sorting respondents into these categories would mean we could compare peoples' experiences and identify any positive or negative differences. The survey would be open to anyone who had accessed adult social care as a carer or as an independent accessor in Shropshire and could recall when they began the journey.

Think Local Act Personal (TLAP) (a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support) produced 'I statements' which express what people want to see and experience when accessing adult social care and could be used as a measure of different aspects of peoples' wellbeing. We incorporated 12 of these into the survey so respondents could rate how far they agree with the statements. These statements would allow us to understand if people accessing adult social care before or after the Care Act had differing emotional responses to their involvement with adult social care in Shropshire and understand if they were positively or negatively affected by the process.

Citizens Advice Shropshire has a strong record of partnership working with other voluntary organisations and invited advocates within our Community Advice and Advocacy Network (CAAN) partnership to a focus group to discuss the sort of questions we should be asking during this research. The CAAN advocates provided a wealth of knowledge and experience from working with people accessing adult social care in Shropshire under the old system for many years and supporting people to engage with the revised system for 12 months prior to the meeting.

Following this meeting a draft survey was designed, which we measured against the Think Local Act Personal national survey which was also running from August 2016 (developed after Healthwatch agreed funding for our research). We found that our survey was similar, though smaller and more specific to Shropshire, reflecting our aims, research objectives and resources. We felt it was confirmation we were on the right track to gathering some really good evidence.

Testing the survey

Once we had designed a draft paper and online survey tool we invited our CAAN partners and Citizens Advice Shropshire staff and volunteers to feedback on the survey design. We also set about contacting our partners to arrange focus groups with their clients at existing established sessions in order to test the survey, gather feedback and general experiences. Our CAAN partners work with different groups of vulnerable people and we had hoped to get feedback from a variety of groups engaging with adult social care in Shropshire to ensure our survey was relevant and appropriate across the board.

Unfortunately, at this time our partners were extremely busy and their resources were stretched to the limit, so only one of our partners was able to help us with this particular element of the research project.

Taking Part invited us to a regular group session they hold for people with learning difficulties where we spoke about the research, the aims of our survey and tested it with the group. The morning was successful, providing helpful feedback for both the paper and the online versions of the survey. The group felt very positively about being consulted for this research, and one participant said 'if you get it right for us, you'll get it right for everyone'.

Following the focus group we revised the draft survey, making sure the layout was as simple as possible, without adding too many more pages to get through which we understood could be overwhelming for people. We also rerouted the online survey and updated the in built logic so it would skip irrelevant questions and keep the survey as short and simple as possible, with clear and simple pages.

We amended any confusing or over complicated language and included explanations and definitions where needed and before the final version of the survey was agreed, and cross referenced our questions against our research objectives.

Methodology

Gathering responses

- The survey was live from October to December 2016.
- Promoted the survey on social media to a combined follower count of 1063 people, encouraging followers to share the information regularly.
- Displayed posters in our waiting rooms, interview rooms and reception spaces. All CAS clients were given a survey leaflet. Flyers were handed out at external meetings and other charitable events and where we spoke to key figures such as councillors and Shropshire Mayors.
- Advertised the survey on our website homepage, our research and campaigns page, and our news section and in our public newsletter.
- Encouraged CAS workers to share the survey with their wider networks e.g. choir, sports clubs, parent and toddler groups etc.
- Our specialist debt team and our IASS (0-25 information, advice and support service for people with special educational needs and disabilities) team supported us to identify clients to complete the survey with us over the phone.
- Our Pension Wise team, who attended a lot of community events, distributed surveys, flyers, and prepaid returns envelopes.
- Contacted local press & contacted Shropshire Council's news room.
- Provided our partners and other organisations (including the VCSA, Shropshire Disability Network (SDN) and The Carers Trust) with copies of the survey, prepaid returns labels, links to the online survey and promotional materials. The VCSA included it in their newsletter and SDN promoted it on their website.
- Displayed information and provided copies of our survey at our Annual General Meeting and promoted the research to the attendees.
- Attended two 'Carers rights days' at Shropshire libraries where we promoted the survey, handed out paper copies to complete and prepaid returns labels. We also left publicity materials at the libraries.
- We attended IASS coffee morning focused on adult social care and transitioning to adult social care, where we spoke to the group about the survey and gave out flyers, surveys and return envelopes.
- We contacted day centres and other similar organisations asking to drop in on events/ promote survey/ complete survey with service users.
- Our Research and campaigns volunteers and key survey champions promoted the survey in our offices - top of the agenda in monthly internal newsletters and our regular internal meetings.

Limitations

We based our sample size around the 874 clients People2People (who provide social work and occupational therapy services across Shropshire) were reported to have seen during their first year. Taking that figure as a baseline, we intended to survey 80 people to produce a statistically valid set of quantitative data. Our own internal guidance from Citizens Advice states we need 50 responses of any survey to confidently use the data to identify any trends.

Unfortunately, only 47 people attempted to complete the survey (both through our online collector and paper version). Only 34 of these were valid responses (most people were disqualified for not accessing adult social care in Shropshire or being unable to recall whether they began the process (before or after the Care Act). 25 of the respondents were carers, 13 were people who accessed adult social care independently and 4 people who responded fit into both categories as they were involved in mutual caring. Overwhelmingly the respondents were female (26 female, 7 male and 1 respondent preferred not to say).

The survey was 9 pages long, with 22 questions, the last two of which involved rating 12 of TLAPs 'I statements'. It is highly likely the length of the survey reduced the number of participants, and contributed to the number of questions skipped, but with such a broad topic to investigate and multifaceted research objectives we felt the survey was as short as it possibly could be. The online version counteracted some of the length with inbuilt logic so it would skip irrelevant questions based on individuals' answers.

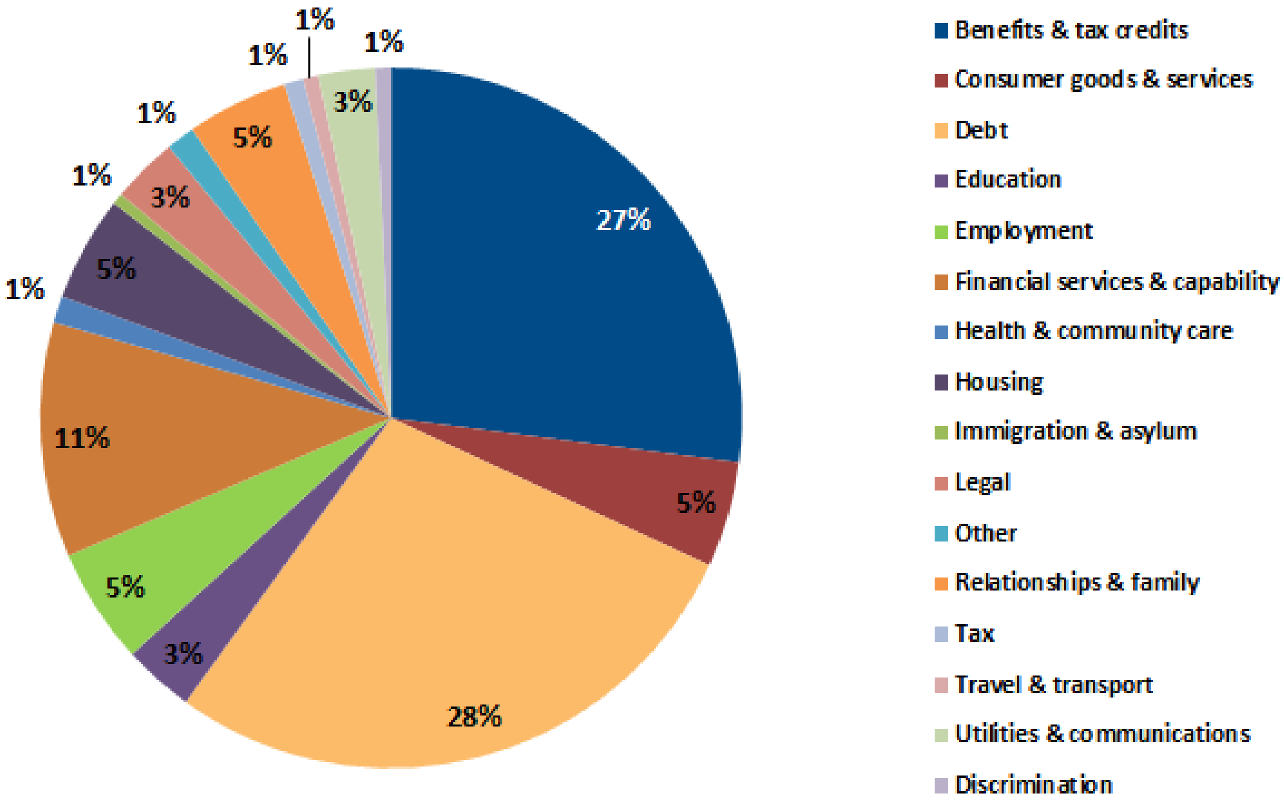
The number of questions skipped by respondents reduced our ability to identify statistically valid trends for individual questions, or have a enough numbers to meaningfully split topic answers down into carers vs cared for and people accessing before and after the Care Act.

We had not predicted that our Partners resources would be limited in such a way that they were unable to assist us as per our original proposal. Our partners specialise helping a range of groups of vulnerable people who are likely to access adult social care and we had hoped to get responses reflecting as many different experiences as possible.

Unfortunately, our Partners' lack of resources also meant it was very difficult to secure a slot at appropriate and established client groups to test the survey, capture comments and listen to stories about people's experiences. (We had moved away from CAS trying to recruit participants for focus groups recognising the time pressures many carers and individual accessors face).

For the duration of this research project we had our own strict time and resource limitations and can appreciate the position of our Partners. The survey results/statistics quoted in the this report are a selection only of relevant questions that were answered. Some questions (with the benefit of hindsight) were redundant and some were so rarely answered by respondents they were not valid.

At CAS we see a varied client base but over a year only 1% of our information and advice work relates to Health and Social care issues.



However, **28%** per cent of our clients living in Shropshire are disabled or had a long-term health problem (where disability/health status was recorded).

Using the disability types recorded, we estimate:

- **48%** had a long-term health condition
- **20%** had mental health problems
- **27%** had physical or sensory impairment
- **3%** had learning difficulty or cognitive impairment
- **4%** had multiple impairments

It could be expected then that whilst clients accessing adult social care may not come to us for help on that topic, they could come to us about a debt or benefit problem instead. This is why we gave all our clients a flyer promoting the survey to reach as many people as possible.

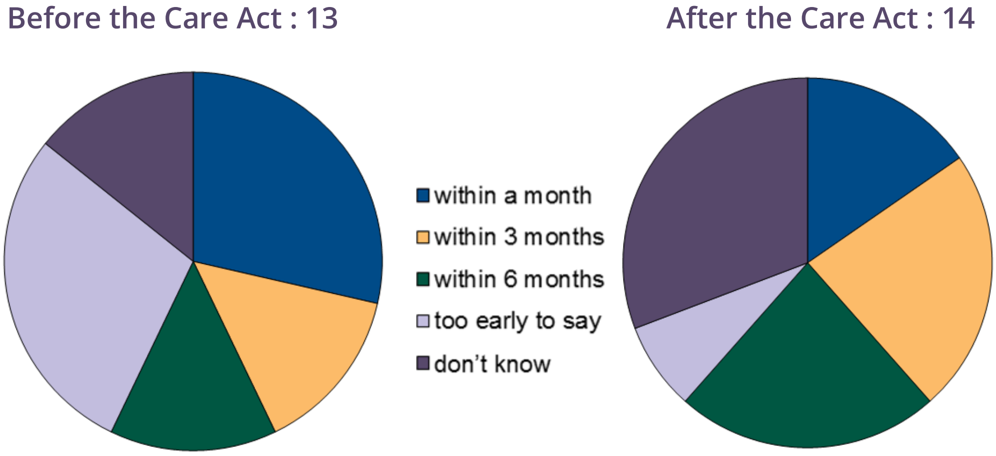
All data is based on a small sample of 34 respondents, meaning that patterns and trends are identified with caution and should be validated through research using a larger respondent base.

Data was analysed using IBM SPSS statistics, through a combination of t-tests, frequency tables and descriptive statistics.

Findings

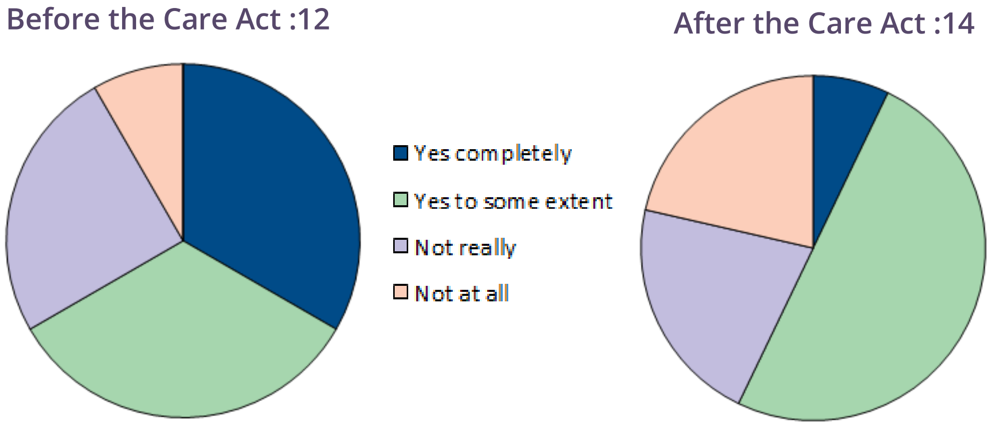
Previously, when first beginning the process (ringing Shropshire Council) people may have had to wait to get their initial query resolved. Now people in Shropshire with complex needs will be allocated a Social Worker right away and Shropshire Council have trained their First Point of Contact (FPOC) staff (who are supported by Social Workers) to provide information with a view to reduce waiting times.

In response to this we asked people “How quickly did you get your original enquiry or issue resolved?” to find out if the changes Shropshire Council implemented had sped up the process and reduced waiting times. (Q12)



After the Care Act 42.8% of people got their original enquiry or issue resolved within 3 months, compared to 38.4% before the Care Act.

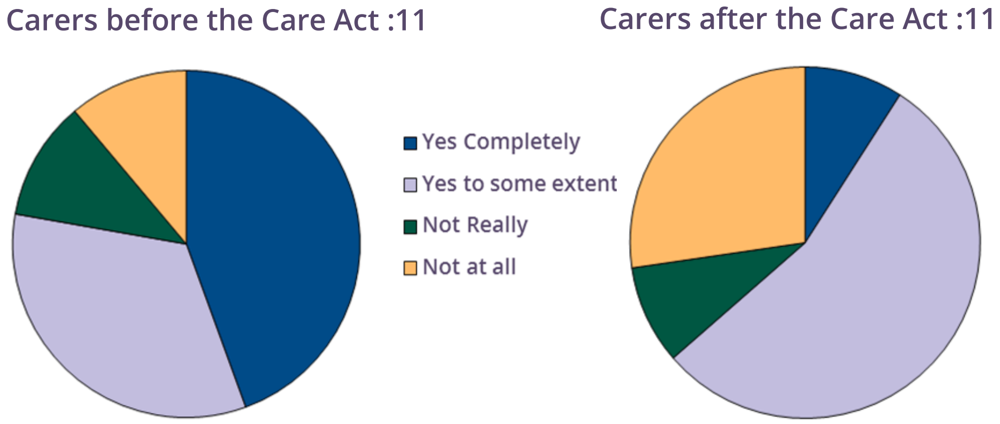
We also wanted to find out how people felt about their interactions with Shropshire Council/ FPOC so we asked ‘When you spoke to the council or ‘First Point of Contact’ did you feel you were understood? ’ which would also highlight if the training received by FPOC staff after the Care Act helped them assist and understand clients. (Q8)



Before the Care Act only 1 person stated that they felt they weren’t ‘understood at all’ this increased to 3 people after the Care Act.

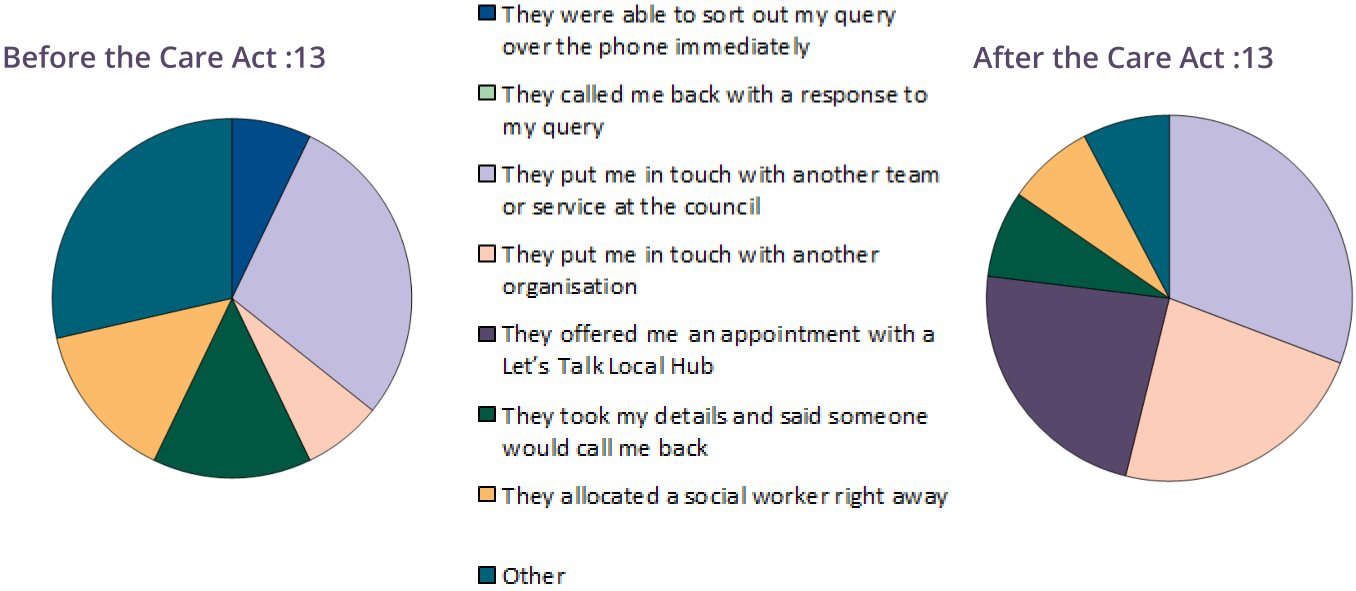
After the Care Act people who felt they were ‘understood completely’ by FPOC dropped to 1person, but people who felt they had been ‘understood to some extent’ increased (to 4).

This question had enough respondents to break the data down further, and see if carers or independent accessors had different experiences with FPOC.



Carers were less likely to feel 'understood' when first speaking to FPOC compared to those who spoke to Shropshire Council before the Care Act.

We asked people what happened when they first spoke to Shropshire Council or FPOC to find out if the new approach to training staff and allocating social workers had had an impact on how people began their journey. (Q7)



After the Care Act there was an increase in people being signposted/put in touch with another organisation. No one reported having their query sorted out immediately, compared to 1 person before the Care Act.

Before the Care Act 2 out 13 of people reported that they were allocated a social worker right away. After the Care Act was introduced this dropped to 1 out of 13.

This change in social worker allocation may reflect case mix.

As Shropshire Council sign post clients to other organisations they now call people back four weeks after they first speak to FPOC to make sure people got the help they needed and didn't get lost in the process and give up. (Q11)

On average, receiving a follow-up call left participants feeling twice as happy than those who received no follow up call.

Respondents after Care Act expecting a follow up phone call express how not receiving that call made them feel:

'It just made me give up on it, I'm hoping to move house now rather than get adaptations' - independent accessor

'Confused' - carer

'Felt I was battling alone' - carer

'Having not used the service before it would have been helpful to have been contacted regularly and kept updated on what was happening' - carer

'Isolated' - carer

Respondents before the Care Act when a follow up call was not routine express how not receiving a follow-up call made them feel:

'Very unhappy - because that's what I expected, I expect a contact with social services about care that was going to be provided for my son' - carer

'Very disappointed with the lack of care"- carer

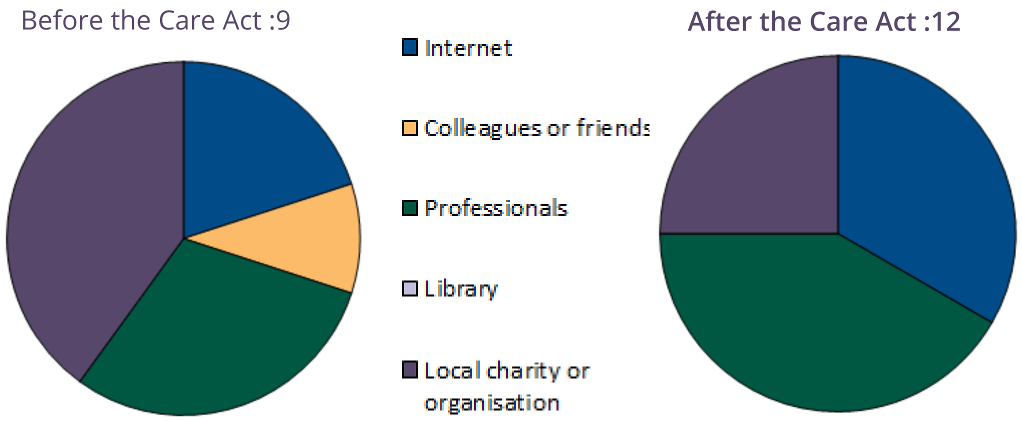
People who received a follow up call express how it made them feel:

'Felt I was being taken seriously" - carer (after the Care Act)

'They seemed to have control of the situation which gave us confidence"- carer (before the Care Act)

The Shropshire Choices website was introduced – this is an information portal which holds information about most organisations in Shropshire. People can access this remotely and out of hours to find information on adult social care in Shropshire and their options.

(Q15) We asked people 'how did you find information on adult social care in Shropshire?' to see if this change would make a difference to how people found information.



Before the Care Act 22% of people used the internet to find information.

After the Care Act this rose to 33%.

Overall carers were as likely to use the internet to find information as they were to speak to professionals (e.g. their GP).

Independent accessors were most likely to ask for help finding information from a local charity or organisation, and no one from this category used the internet to find information.

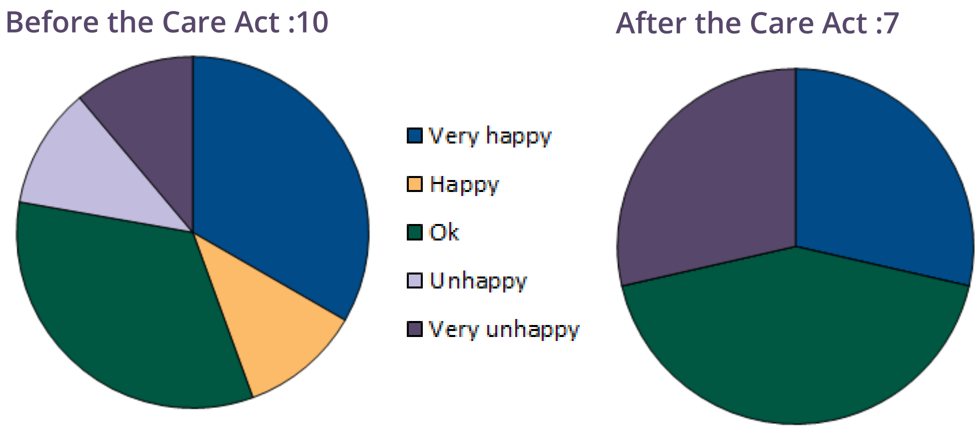
'Let's talk local' hubs were introduced across Shropshire providing bookable appointments. When you speak to FPOC they will make people aware the option of going to Let's Talk Local Hubs is there, which speeds up peoples access. The Let's Talk Local Hubs are run in partnership with other organisations and voluntary organisations so they aren't duplicating services and people are accessing as much information as soon as possible.

(Q9) We asked people who were offered an appointment with a Lets Talk Local Hub if they were happy with how quickly they were seen. This question only had 4 respondents and only carers answered, but they all answered positively.

Very happy - 1 Happy - 2 Okay - 1

All locations used for the Let’s Talk Local Hubs have two separate rooms so carer and individual can been seen separately, and carer assessments are offered. Previously people would have had to wait for that.

(Q13.b) We asked people how happy they were with the outcomes of any Care needs assessment they had at any location in Shropshire.



After the Care Act more people felt ‘very unhappy’ with the outcome.

Respondents explain in more detail how they felt about the outcome of the Care needs assessment:

“Relief”- carer before

“Because my son is an adult, no details are shared with me, because his Asperger's and anxiety/depression conditions are ‘hidden’ he can appear very capable (the last social worker expressly told me he was 'erudite' and implied that I should leave him to her). However she was just 1 of 5 social workers he’s had in 2 years. Most of whom have had very little contact with him and even fewer have any understanding of his condition” - Carer before

“His needs were considered and fulfilled” - carer before

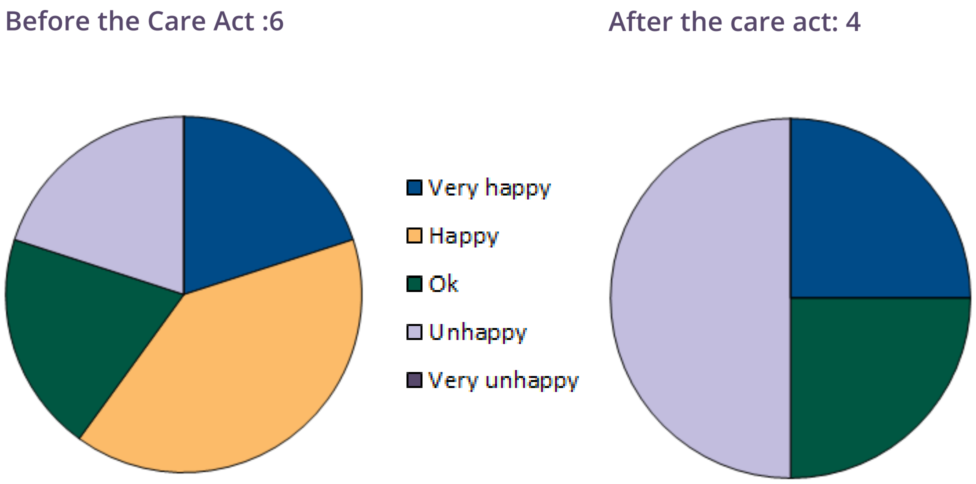
“I had no positive feedback but I had to make about 12-15 calls before I found someone who knew where to find grab rails “ - Person involved in mutual caring after

“If I have had one, haven't had a copy. haven't seen care plan at care home, eventually managed to get one emailed about six months ago “ - carer after

“I never saw a copy of the needs assessment”- carer after

The Care Act means that for the first time carers are legally entitled to support from their local authority. This means all carers are entitled to a carers' assessment with Shropshire Council where they can discuss what support they need to maintain their own physical and mental wellbeing alongside caring.

(Q14b) We asked people how happy they were with the outcomes of any Carer's assessments they had (at any location) in Shropshire.


Before the Care Act :6

After the care act: 4

Half of people who had a carer's assessment after the Care Act felt 'unhappy' with the outcome.

Respondents explain in more detail how they felt about the outcome of a carers' assessment:

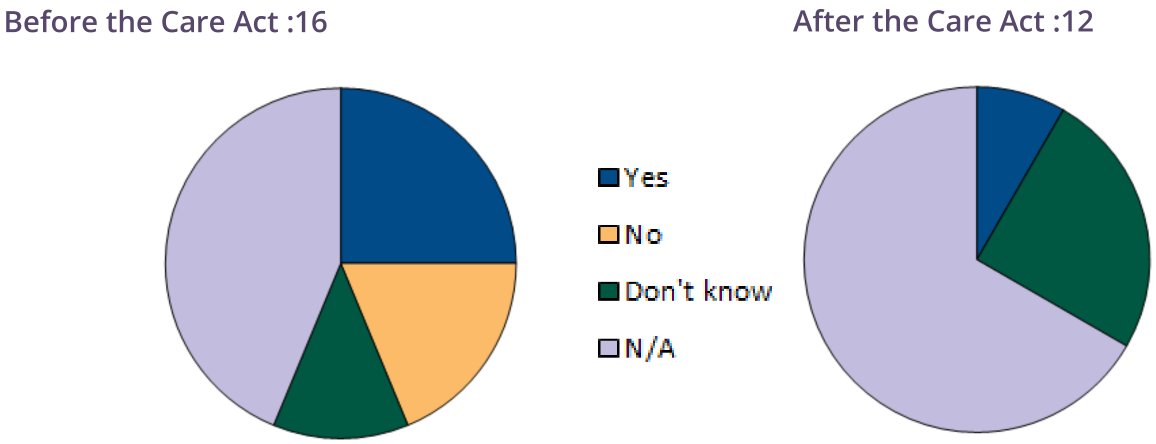
"Assessment correctly identifies problem still waiting for help" - carer before

"All that came from the assessment was that if I had any queries or problems I could talk to my sons social worker"- carer after

"No one has told me about this" - mutual carer before

The Care Act means Shropshire Council now have a adult safeguarding duty, so enquiries about this are streamlined into the 1st FPOC number, where they will be able to help and advise with next steps.

(Q18) We asked if people had a safeguarding issue, was this picked up on by Shropshire Council or their 'First Point of Contact' department so we could see if streamlining had improved the process and if safeguarding was a widespread issue for people in Shropshire.



People were unsure about this topic, or it wasn't relevant to them. Worryingly before the Care Act 2 respondents said that their safeguarding issue had not been picked up on. We hope that streamlining the numbers will help people get the help and support they or the person they care for needs.

Advocacy is a new duty for Local Authorities. FPOC try to work out if someone needs assistance and then will provide advocacy for 'Let's Talk Local' or social worker meetings.

(Q16) We asked people if they found the process of accessing adult social care difficult were they offered an advocate.

Before the Care Act:
(9 people, all carers)

None of them had been offered an advocate.

After the Care Act:
(9 people, all carers, including 1 carer involved in mutual caring)

None of them had been offered an advocate.

People who accessed before the Care Act respond to ‘Has accessing adult social care in Shropshire improved your/their quality of life?’ (Q19)

‘My relation has dementia. Her condition steadily deteriorates’ - Carer

‘Sadly breakdown with the placement’ - Carer

‘The quality of life has improved, it has meant that they are able to remain at home’ - Carer

‘they've organised respite care for her’ - Carer

‘Not enough money for care needs. Having to cut heating to pay for help. Three days week soup and bread is main meal. If it were not for neighbours giving us left overs we stuck. Don't go anywhere now as cannot afford taxi’ - person involved in mutual caring

‘mother happy’ - Carer

People who accessed after the Care Act respond to ‘Has accessing adult social care in Shropshire improved your/their quality of life?’

‘the care package on discharge from hospital was totally inadequate for the needs’ - **carer**

‘In part as the occupational health help was very good. The assessment for my mother has not happened. My mother is means tested out of any help, so it is not clear whether or not she should have or needs an assessment. The social worker contacted me about 2 months after my initial call and was very defensive saying that she had only just received the information. She couldn't tell me anything about the assessment and asked me what was wrong with my mother and what the plans were. I was unable to answer either of these questions as my mother's health had suddenly deteriorated, but she had not yet been seen by the hospital consultant, and I had had to move her to a care home to receive 24 hour care, but had no idea what "plans" would be for a future. The systems and who does what is very confusing. The District Nurse did visit my mother at the care home, but has not been seen since. The care we arranged at home we had to do ourselves.’ - carer

‘Initial care agency allocated was good however problems arose when that agency withdrew and the allocated social worker was unable to get a new care agency in place despite having a months notice, she went on holiday during this time and didn't feel the case was urgent enough to be left for someone else in her absence meaning that my grandfather had to go into a care home for a week which was hugely disturbing for him as he wasn't consulted about this. After the first week there, care still hadn't been arranged and the SW arranged for him to stay in the home for another week. My grandfather was not consulted about this extension and was informed by the home manager. He refused to stay any longer and I had to give up my job to be able to bring him home and care for him myself. Eventually a new agency was put in but due to the high number of new faces and inadequate care including staff not reading his assessment, they were declined after 3 days. Further to all of this, the finance team failed to send an invoice for his contribution for approximately 6 months meaning he has a high level of debt which is distressing for him. He also has letters addressed to his 'estate' which he has found deeply offensive as he is still alive. He now gets weekly letters and loses sleep over this. He is also still being billed for services in November despite his care ending in May. Overall we are very disappointed with the whole system and feel disheartened as if our needs change then I don't feel confident in the service that Shropshire Council provides.’ - carer

‘We no longer have support as after originally being told that the support would be free as my sons social worker had accessed funding we were then faced with a big bill which we weren't expecting which added more stress to our lives.’ - carer

‘No cos it didn’t do nothing’ - independent accessor

‘Yes it’s protected him I suppose’ - carer

‘am still waiting for a half step to exit the house after 6 weeks’
- independent accessor

Whilst quantitative data is very limited meaning we cannot draw robust conclusions from our small pool of evidence, the comments the survey collected, particularly the more negative examples, capture peoples frustrations and disappointments with their experiences of accessing adult social care in Shropshire.

When designing the survey we thought it was unlikely that those accessing after the Care Act would have a working knowledge of how things were done previously, so could not comment directly on the changes that were made in Response to the Care Act. We asked about people’s overall views on adult social care improving their quality of life so we could compare between the access time frames and try to identify any difference. It is concerning that fewer people are sure that quality of life has been improved, and worrying that more people did not feel it had improved compared with those that were accessing adult social care under the old system.

Identify which changes have emotionally resonated the most with clients

In response to the Care Act Shropshire Council redesigned the processes of accessing adult social care and created FPOC. They trained FPOC staff (who are supported by Social Workers) to provide information when people first call. This theoretically should make the client journey easier. However, our data suggests less people felt ‘completely understood’ after this change of process.

In particular carers who began their journey after the Care Act was implemented were less likely to feel understood indicating that this change may not have been as positive as initially presumed. As with all of our findings, this is based of a low response rate and may well not be indicative of a wider client experience.

The emotional response recorded from people who had not received a follow up phone call was telling. People said it made them disengage, ‘it made me give up on it’ and that they felt ‘isolated’ and were ‘battling alone’. Before the Care Act and a follow up call being routine people felt disappointed because that’s what they already ‘expected’, showing that the introduction of the call back was a key way to reach out to people, provide them with a more positive experience and make sure they didn’t get lost or disengage with services. When this procedure is followed, it really makes a difference to people, they feel ‘taken seriously’ and draw ‘confidence’ from the council.

The Let’s Talk Local Hubs were designed to have space for assessments so carers and cared for could be seen separately if needed, and with an aim to reduce waiting times, though most of our respondents had care needs assessments at their homes. After the Care Act, more people reported feeing ‘very unhappy’ with the outcome of the assessment. People said they hadn’t ever received a copy of the assessment which would explain their dissatisfaction.

While a direct comparison can’t be drawn because the Let’s Talk Local Hubs didn’t exist before the Care Act, it is important to note all the respondents who had an appointment at the hubs felt positively (very happy, happy, or okay) about how quickly they were seen. This change was carried out with a view to speeding up the process of people’s access and our respondents who could weigh in on this appear pleased with the process.

One of the big changes the Care Act brought to Shropshire was around including support for carers in legislation. This now means that all carers are entitled to a carer’s assessment so they can be appropriately supported by Shropshire Council with a focus on their health and wellbeing as well as that of the person they care for. Half of people who had a carers’ assessment after the Care Act felt ‘unhappy’ with the outcome. However this was from a very small group of four respondents. One person indicated that they felt the assessment may not have been as thorough or in-depth as they’d hoped ‘all that came from the assessment was that if I had any queries or problems I could talk to my son’s social worker’.

Have these changes improved the quality of people’s lives?

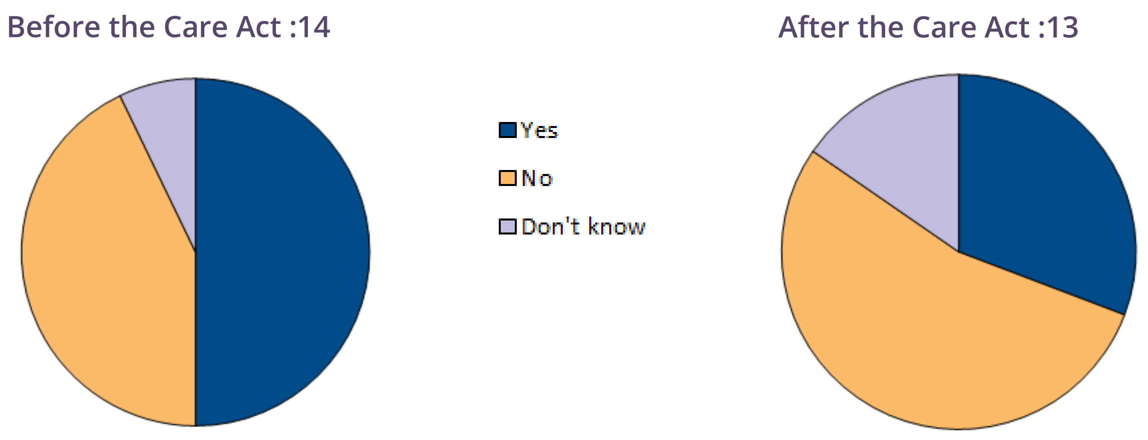
50% of all respondents feel their quality of life has been improved by accessing adult social care in Shropshire

Overall, half of all the survey respondents (accessing at any time) felt their or the person they care for had their quality of life improved by accessing adult social care in Shropshire. This is true for people accessing before the Care Act also.

However, as illustrated below, after the Care Act more than half (7 people) of respondents did not feel that accessing adult social care in Shropshire had improved their quality of life and there was an increase of people who felt unsure.

Whilst this is a small sample this is a worrying indication but it is important to note that these results might have been influenced by the fact that those who accessed before October 2014 are likely to be further along their adult social care journey than those who accessed more recently and may be in current crisis. People who have been in the system for longer may also have more realistic expectations of how adult social care can improve the quality of their or their loved ones life

We asked people ‘has the adult social care that you’ve accessed in Shropshire improved your or the person who you care for’s quality of life?



Findings

To identify what changes have had the biggest impact

Shropshire Council were keen to reduce waiting times for people, specifically around getting peoples initial issues/enquires resolved and making sure waiting times at Let's Talk Local Hubs were shorter than waiting times people before the Care Act had experienced. The responses we received indicated a move towards more people getting resolution within 1 month and 3 months which indicates the changes made to FPOC are having a noticeable and positive impact for people living in Shropshire.

The Care Act brought a duty to provide advocacy for those that need it, and Shropshire Council trained FPOC staff to work out if this assistance was needed. No respondents who felt that they needed advocacy were offered one, either before or after the Care Act.

Introducing a call back protocol elicits a very positive response when it is actioned, and the comments respondents shared with us indicate how crucial that 'checking in' function can be, with people stating they felt 'taken seriously' when they did receive the call, and that they gave up and hoped 'to move house now rather than get adaptations', felt 'confused' and isolated' and that they were 'battling alone' if they didn't receive a call back when expecting one. Even before the Care Act, it was clear that people 'expected' contact from Shropshire Council and felt 'disappointed' when it wasn't routine. This change clearly has scope to have a big impact on the wider public accessing adult social care in Shropshire, and has done so for our respondents also.

Whilst we need to remain cautious in the face of the low numbers responding to this survey, it appears that although the law now protects Carers and puts a duty on local authorities to make sure they are supported, Carers' assessments after the Care Act don't seem to be living up to expectations with 2 out of 4 respondents stating they felt 'very unhappy' with the outcomes. The council has to give you advice and information about other sources of support in your local area, even if you're not eligible for practical help. This could be from local charities or support organisations and the comment from a carer who had an assessment after the care act 'All that came from the assessment was that if I had any queries or problems I could talk to my son's social worker' indicates that at least in one instance somebody did not feel they were given much information, or offered any support.

Shropshire Council created an online directory, Shropshire Choices, which allows people to access information remotely (important in our rural county) and out of hours. It is difficult to determine if more people are using the internet post April 2015 due to a general behavioural shift towards using the internet, or if more people are now using the internet because Shropshire Council have created a reliable information portal where people can easily find relevant information. It is worth noting that after the Care Act was introduced more people reported approaching professionals e.g. GPs for information, and that it is only people who have a caring roll that use the internet. None of our independent accessors reported finding information this way, so there is still a need for Shropshire Council to provide clear and accessible information offline and in traditional paper formats for clients.

To ascertain from clients if they would like to see alternative provisions

To understand if people wanted to see alternative provisions of adult social care, we asked everyone ‘other than council services, who else would you want to provide adult social care services?’ (Q20)

We felt it was relevant to include all responses either before or after the Care Act as people were answering with the present in mind. (In most cases people have answered with services they want, rather than who should provide them).

- **Alzheimer’s society - dementia support cafe's and groups.**
- **Charities or support groups who have experience and are objective. Care should not depend on cost.**
- **More services for older people, meals on wheels, groups for older people who are more able and can play cards and dominoes etc.**
- **All of the above sound good but as I don’t know of any services, I couldn’t comment on what I’d like my son to have.**
- **Art therapy drama therapy looking for something when she isn't in college.**
- **It would be independent living.**
- **Leisure clubs for learning disabled.**
- **Mayfair (community centre) Church Stretton provide excellent social care.**
- **Older person befriending service.**
- **Befriender.**
- **Befriended and people on phone treating us as people and not another person whinging for help.**
- **Someone who is trained to deliver [services] to people with learning difficulties [who have learning difficulties [themselves].**
- **Not for profit charities. Don’t make us into a business!**
- **Advocacy should always be involved.**
- **Yes Bridgnorth library.**

It appears most respondents here were confused by the question and instead of suggesting who should provide alternative provision talked about the kind of practical activities or support that would be beneficial to themselves or their loved one. There are several calls for a befriending service which might point to an increased feeling of loneliness and isolation among our survey respondents, and a need for respite or conversation with people who understand by experience the pressures carers may be facing.

There are further telling comments in this group of suggestions, particularly around the quality of care not depending on cost, people with care needs not being turned into a business and people feeling like they are inconvenient because they are asking for the help they are entitled to, and end up feeling like a burden to those who should be helping them: treat ‘us as people and not another person whinging for help’.

Has the Care Act positively or negatively affected those who access adult social care in Shropshire.

The Care Act introduced a general duty on local authorities to promote an individual’s ‘wellbeing’. This means that they should always have a person’s wellbeing in mind and when making decisions about them or planning services. Wellbeing can relate to:

- personal dignity
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation
- the individual's contribution to society

(Q22) We asked people to rate how much they agreed with 12 of Think Local Act Personal’s ‘I statements’ to determine if people’s well-being was improved after the Care Act, and to determine if people had an overall positive or negative experience of accessing adult social care in Shropshire.

I know where to get information about what is going on in my community

On average, those accessing adult social care before the Care Act agreed more strongly with this statement than those accessing after.

I feel safe and can live the life I want and I am supported to manage any risks.

On average, those accessing adult social care before the Care Act agreed more strongly with this statement than those accessing after.

I can decide the kind of support I need and when, where and how to receive it.

On average, those accessing adult social care before the Care Act agreed more strongly with this statement than those accessing after.

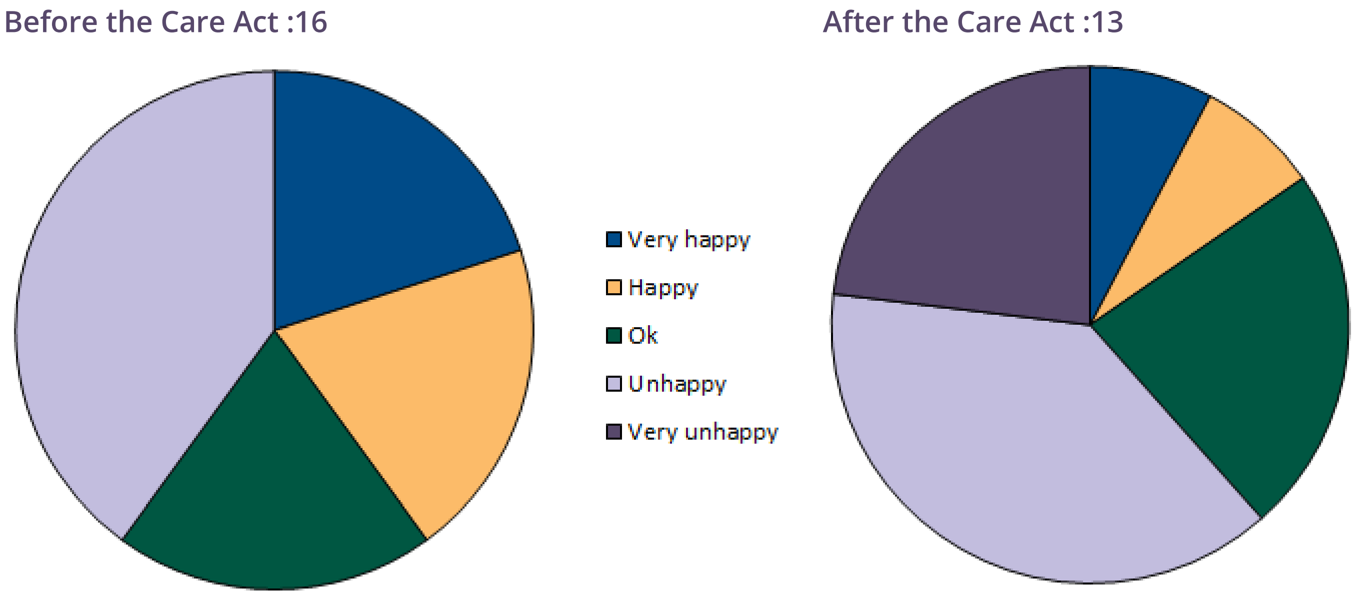
I know the amount of money available to me for care and support needs

On average, those accessing adult social care before the Care Act agreed more strongly with this statement than those accessing after.

Of the 12 ‘I statements’, the responses for the above four were significantly different when comparing those who accessed adult social care before and after the Care Act. This was tested using independent sample t-tests.

Generally, the people who had accessed adult social care before agreed with the statements, suggesting that those who accessed after the Care Act had had a less positive experience and their wellbeing had not been maintained or improved as a result of accessing adult social care in Shropshire.

We asked people ‘How happy are you with your overall experience of accessing adult social care, information and support in Shropshire?’ (Q21)



Although we had a low response rate and all findings must be taken with caution, it is interesting that after the Care Act 3 people reported feeling ‘very unhappy’ vs 0 people who accessed before the Care Act.

Rating their experience of accessing adult social care, Carers who began the process before the Care Act were, on average, twice as happy than those who began the process after the Care Act.

More than half of people accessing after the Care Act are unhappy and very unhappy, and the number of people who reported feeling very happy and happy has dropped in comparison to those accessing before.

Carers who started the process before October 2014 were twice as happy as those who began after the Care Act.

This may be because they were closer to the start of their journey and are more likely to be experiencing crises or not have all the support in place yet, in comparison with people who have been in the system longer and have had more resolution.

It is important to acknowledge that the very nature of surveys means that people with something definite to get off their chest, more often than not a more negative experience, are more likely to complete surveys as a way to voice their dissatisfaction and disappointment with a service.

People who accessed before the Care Act respond to 'How happy are you with your overall experience of accessing adult social care, information & support in Shropshire?

'Difficult to get to speak with anyone in a crisis...simply get given the emergency mental health phone number...but as my son doesn't KNOW these people he would NEVER talk to them, particularly not in crisis.' – carer

'Because my relation is a 'self-funder' I feel that the council is relieved at being free (as it sees it) from any responsibility. As my relation's carer, finding care home accommodation was left entirely to me. The council was unable to provide reliable information at an earlier stage about care services / meals that I could purchase for delivery at my relation's flat (e.g. I was given the name/contact info about a company that delivered meals - it no longer existed) Now that my relation is in a care home, I have the freedom to continue with my life without daily interruption.'- carer

'As a carer I have been told how important my role is but I am never given help for me to keep going. There is discussion but no practical support.'- carer

'Struggling'- carer

'Mother happy'- carer

'Because I get independent support' – independent accessor

'Was very happy til social worker retired, in-between social workers at the moment, bit of a hiccup. Have some mental health concerns for my daughter. If I needed anything I could get in touch with social worker she understood us completely and that was brilliant'- carer

'Please note that currently I have had no dealings with social care for perhaps 4 years so are unable to comment on many of these questions as I imagine that reductions in staff and funding have had a considerable impact.'-carer

'Staff don't understand think family and neighbours should help but they work. Council don't care as long as they don't have to help with cost.'
- Person involved in mutual caring

It's complicated too much online too much complicated still through post – independent accessor

'Council didn't get back to me would like more information' – mutual carer

People who accessed after the Care Act respond to ‘How happy are you with your overall experience of accessing adult social care, information & support in Shropshire?

‘Very happy with the individual people who tried to help but most unhappy with the understaffed system that was unable to offer help to a 91 year old living in a rural area’ - carer

‘As I said above occupational therapy came out and were very helpful and quickly arranged and brought equipment. Social worker - no idea what they are supposed to do and why how much money you have means you get no service at all?’ – carer

‘No clear way of finding out what's available in the local area. We only found out about things by chance, or by asking professionals who visited from other agencies’ – carer

‘The whole 'set- up' is far and away- too cumbersome unavailable. Much 'pruning' and thought for the patient's view point needs doing.’ – person involved in mutual caring

‘Part I tried didn’t work’ – individual

‘Just because of lack of info that applies to myself as a carer, being kept in the dark, not signposting me to what’s available financially to help him manage and that sort of thing, not explaining that being in a full residential unit that we would have to contribute to care financially, weren’t informed that that beforehand, which they are legally obliged to do. Not very happy with having to deal with the financial services department at Shropshire council, having to appeal against their huge invoices they keep sending.’ – carer

The responses from people who accessed before the Care Act indicate people were unhappy with their overall experience because the help available to them was lacking: ‘difficulty to get to speak with anyone in a crisis’ and ‘I have been told how important my role is but I am never given help for me to keep going. There is discussion but no practical support’. An independent accessor highlighted in this section that ‘its complicated, too much online’ indicating that they had a less positive experience because finding the information they needed was difficult. A self-funding carer had issues accessing up to date information also - ‘the council was unable to provide reliable information at an earlier stage about care services was given the name/contact info about a company that delivered meals –it no longer existed’). It is important to note positives where they are found - a carer described a good relationship they had with a former social worker, illustrating how powerful good support can be ‘If I needed anything I could get in touch she understood us completely’.

Despite introducing a duty to provide information as part of the Care Act, respondents who reported feeling unhappy after the Care Act did so siting issues with lack of support or provision of information, with one Carer worryingly stating ‘no clear way of finding out what’s available in the local area. We only found out about things by chance’. This suggests more work needs to be done around getting people the information they need when they need it.

Conclusion

The response rate for the survey was much lower than we had expected, and because of that we were unable to provide the robust data and clear findings we'd hoped for. Despite this the more in-depth responses and quotes from Shropshire residents accessing adult social care are telling; for many of the people taking part in this research the process has been confusing and at times difficult.

Bearing our small numbers in mind (further research may reach more people and therefore have a more balanced conclusion) there is a shift towards a more negative experience and/or emotional response after the Care Act was introduced. As mentioned throughout the report, this could be because people have been at crisis point and/or at the very beginnings of their journeys when responding to the survey, whereas those using adult social care in Shropshire April 2015 have had more time for their situations to progress and for help to be in place and functioning.

Key area of change - creation of a clear and consistent route to establishing an entitlement to public care and support

The introduction of FPOC and training FPOC staff to provide information to people in order to reduce waiting times appears to be making positive changes for people, with 42.86% of people getting their original enquiry or issue resolved within 3 months. However, fewer people felt they were 'completely' understood by FPOC staff after April 2015 compared to people speaking to the Council before the Care Act. This suggests that clear eligibility and routes as determined by policy makers may be confusing in practice and open to interpretation by local authorities. Our data suggests that in Shropshire there is more that could be done to help people feel understood by FPOC staff, and feel confident in and supported by the services they use.

For the first time carers have entitlement to support from their local authority equal to those they care for

Carers assessments and support available for carers need to be promoted or communicated more clearly to carers in Shropshire. Carers are still feeling like help is not in place, or didn't realise that they were entitled to an assessment themselves. According to our brief results, there has been limited impact for carers in this area.

Local authorities now have a general responsibility to promote people's wellbeing, focusing on prevention and providing information and advice

Isolation and loneliness are two themes that crop up throughout the quotes in this report. In terms of alternative provision, people cited wanting befriending services more than anything else. Shropshire Council should look at provision for tackling loneliness and isolation and invest in publicising existing schemes or the creation of new projects to ease these issues. After the Care Act more people disagreed with the 'I statements' 'provided by TLAP. This indicates a decrease in general well-being and positive outcomes for people accessing adult social care in Shropshire.

The Care Act put a duty on local authorities to make information clearer and easy to access. Shropshire Council's online directory, Shropshire Choices, seeks to provide information to residents 24 hours a day, and can be accessed remotely (providing there is internet coverage) in Shropshire. This is particularly important as we're a rural county and it can be difficult and costly to travel into hubs or towns to find information in person. Based on our respondents, only people in the caring role used the internet to find information, none of our independent accessors went online. After the Care Act, more people reported that they found information through professionals (like their GP), so there is still a definite need to provide physical documents in key locations around the county, and make sure partners receive regular training, so they can help people efficiently begin their adult social care journey.

Eligible people now have a legal right to a personal budget and direct payment to support their wellbeing and help them to remain independent for longer
Those accessing after the Care Act 'completely disagreed' with the following statement 'I know the amount of money available to me for care and support needs' and problems with money and billing crop up throughout the report, with one person advising that they no longer have support in place after a social worker incorrectly told them it would be free, and ended up with a 'big bill which added more stress to our lives'. Shropshire Council should look at how they can better communicate eligibility for personal budgets to staff and the public, and promote organisations that help with managing money for those without entitlement so people aren't hit with shock bills and can make informed choices.

Recommendations

- **Shropshire Council should conduct further, wider reaching research exploring the impact the Care Act has had on service users in Shropshire.**

- **Promote Carers' assessments and new entitlements to ensure carers are provided with the help they need.**

- **Provide up to date and accurate information offline in a variety of formats as well as maintaining the Shropshire Choices website.**

- **Introduce a second follow up call, or letter if the first follow up call results in leaving a message, a wrong number, or no answer. This will provide the reassurance people beginning their often confusing journeys will need and will ensure they don't get lost or disengage if signposted to another organisation.**

- **Communicate eligibility for personal budgets to staff and the public, and promote organisations that help with managing money for those without entitlement so people aren't hit with shock bills and can make informed choices.**

Appendix

For more information on The Care Act 2014 go to:
www.gov.uk/government/publications/the-care-bill-factsheets

Copy of survey questions

1. Have you accessed adult social care in Shropshire?

2. When did you start the process?

3. About you:

4.a About the other person (if applicable)

4.b What was the first part of your postcode when you started using adult social care?

5. How did you start the process of accessing adult social care?

6. When you first spoke to Shropshire Council or 'First Point of Contact':

7. When you first spoke to Shropshire Council or FPOC: (list of options)

8. When you spoke to the Council or FPOC did you feel you were understood?

9. If you were offered an appointment with a Let's Talk Local Hub were you happy with how quickly they could see you?

10. After you had first contacted SC or FPOC, did anyone ring you back to see how your situation was progressing?

11. How did receiving or not receiving a follow up call make you feel?

12. How quickly did you get our original enquiry or issue resolved?

13. Have you had a needs assessment done?

13.a If you have a needs assessment done, where was it?

13. b How did you feel about the outcomes of the care needs assessment?

14. Have you had a carer's assessment done?

14. a If you had a carers' assessment done, where was it?

14. b How did you feel about the outcomes of the carers' assessment?

15. How did you find information on adult social care in Shropshire?

16. If you found any part of the process of accessing adult social care difficult, were you offered an advocate?

17. If you or the person you care for need advice or advocacy, who would/do you go to?

18. If you and/or the person you care for had a safeguarding issue, was this picked up on by Shropshire Council or their FPOC department?

19. Has the adult social care that you've accessed in Shropshire improved your or the person you care for's quality of life?

20. Other than council services, who else would you want to provide adult social care services and why/what for?

21. How happy are you with your overall experience of accessing adult social care, information and support in Shropshire?

22. How far do you agree with the following statements?

- I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities
- I can speak to people who know something about care and support and can make things happen
- I have help to make informed choices if I need and want it
- I know where to get information about what is going on in my community
- I have access to a range of support that helps me to live the life I want and remain a contributing member of my community
- I have a network of people who support me – carers, family, friends, community and if needed paid support staff
- I have good information and advice on the range of options for choosing my support staff
- I feel safe, I can live the life I want and I am supported to manage any risks
- I can decide the kind of support I need and when, where and how to receive it
- I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a council managed personal budget)
- I can get access to the money quickly without having to go through over-complicated procedures
- I have the information and support I need in order to remain as independent as possible

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