

Putting People First

Shaping your future, choosing your care

Hampshire County Council Commission of Inquiry to help shape future services for people needing support and care

Briefing Paper 9: The local authority - summary of pre-existing evidence from experts and research



Putting People First - Shaping your future, choosing your care

Briefing Paper 9: The Local Authority - summary of pre-existing evidence from experts and researchⁱ

Putting People First stipulates that, in order to transform social care, local authority departments with social services responsibilities will need to:

- Change adult social care policies and processes;ⁱⁱ
- Take a leadership role within the local authority, across public services and in local communities to champion the rights and needs of people in need of care and support.

However, *Putting People First* and the accompanying circular also make it clear that responsibility for people in need of care and support does not lie with adult social services departments alone. The transformation of adult social care requires local authorities to take a holistic approach, meaning the potential contribution of the environment, education, community participation, employment and other mainstream services towards prevention, early intervention, enablement and promoting wellbeing throughout the life-course, should be recognised and utilised. As part of this,

- The local authority is expected to take the lead in working with local statutory, voluntary and independent sector partners to transform social care via a system-wide approach. This should involve making a contribution towards community and social capital development in order to improve prevention, wellbeing, social inclusion, independence and enablement. Work in this area might include combating social stigma, and fostering good intergenerational relationships;
- All departments within local government, such as housing, leisure, transport, environment, adult education, and children's services, are expected to make a contribution towards supporting personalisation and prevention.ⁱⁱⁱ The personalisation agenda encourages a shift from segregated services to increasing use of mainstream services, such as leisure centres, by people who receive social care.

Why a system-wide approach?

Activities that focus on maintaining broader wellbeing for the prevention of ill-health and building the capacity of communities to support the independence of individuals are often viewed as peripheral to the core business of local authority service delivery and thus are most likely to be downgraded or cut when finances are limited.^{iv} *Putting People First* recognises that a new system of social care needs local authorities to have a greater focus on prevention and utilisation of community resources to move away from the reactive acute-focused and crisis-dominated system currently in place. The Government and various agencies have increasingly stressed that mainstream/universal (non-social care) services have an important role in maintaining the wellbeing of citizens^v and research evidence supports this. Research and consultation reported in *A Sure Start to Later Life*, for example, indicated that

factors that have a strong impact on health and well-being include active participation in communities; opportunities for leisure, learning, employment and volunteering; accessible transport; quality of housing; cleanliness and tidiness of the neighbourhood; neighbourhood crime; and access to local amenities and services intended for all, such as shops.^{vi} Early evidence from individual budgets demonstrates a role for mainstream services in meeting the needs of people who require support and care as many people are spending part of their personal budgets on things like going to a leisure centre rather than on traditional core social care services. There is a small amount of evidence that some community-based preventative interventions *targeted* at older people can greatly reduce demand and costs in statutory health and social care services, e.g. a falls service set up by Dudley Primary Care Trust (PCT) and the Council has resulted in reduction in hip fractures saving £3 million,^{vii} and it has been postulated that improving accessibility etc to mainstream council services does the same through contributing to the well-being of citizens.^{viii} Though this latter point is a ‘commonsensical’ view, there is a paucity of research or evaluation evidence to support it and councils are finding it difficult to measure impacts^{ix} - a link between accessible refuse collections and saving money in health and social care, for example, would be difficult to prove.

Local authority leadership and partnership working: Joint strategy planning, place-shaping, commissioning and delivery

“The skills, knowledge and attitude of the [local government] leaders will be critical to the delivery of the programme.”^x

“Participants have so far proved to be good stewards of public money: individual budgets are regularly underspent... Convincing the outside world that mental health money should be spent on cinema tickets and other leisure activities is trickier and programme staff have had to invest in public education around the concept of recover and how self-directed care supports it.” (Vidya Alakeson on the U.S. experience)^{xi}

“Directors of adult social services hold the key. Together with directors of children’s services and directors of public health in primary care trusts, they need to have a whole population focus... The development of direct payments and individualised budgets has focused on freedom to use social care allocations more creatively. This flexibility is often used to fund extra services because of the limitations of core public services for all - health, transport and leisure, for example... local strategic partners will need to develop a citizenship entitlement to good quality, accessible services in the public realm that are there for all and meet the standards required for disabled people or an ageing population.” (Andrew Cozens, IDEA)^{xii}

Though *Putting People First* entrusts directors of adult social services with championing the rights of older people, the disabled, carers and people with mental health issues across the local authority and beyond, the importance of the future of adult social care and the political implications of personal budgets make it essential that council leaders are also fully engaged and instrumental to this agenda. In addition to the implementation of personal budgets, *Putting People First* endows local authorities with a broader responsibility: namely to lead and work in partnership with other statutory agencies, voluntary agencies, their local communities and the private sector – e.g. shops, pubs - to help create communities in which prevention, 2

early intervention, enablement, and social inclusion are the norm. This role ‘fits’ with their wider role as place shapers,^{xiii} a role which was articulated in the report of the Lyons Inquiry into local government, *Place shaping – a shared ambition for the future of local government*^{xiv} and *Strong and prosperous communities: the local government White Paper*.^{xv} According to Lyons, “the modern role of local government can be described as ‘place-shaping’ – the creative use of powers and influence to promote the general well-being of a community and its citizens.”^{xvi}

Mechanisms through which local authorities have been discharging their role as place-shapers, and are recommended in *Putting People First* as a vehicle for addressing the prevention and personalisation agendas, include the Sustainable Communities Strategy and the Local Area Agreement, which are informed by the Joint Strategic Needs Assessments produced by local authorities and PCTs. They are intended to help tackle cross cutting issues such as the economic direction of an area, cohesion, social exclusion and climate change. Sustainable Communities Strategies are drawn up by Local Strategic Partnerships: these contain partners from the public, private and voluntary sectors and are led by the local authority. The strategies set out the overall strategic direction and long-term vision for the economic, social and environmental wellbeing of a local area. Local Area Agreements are the delivery plans for the Sustainable Communities Strategies.

Creating communities in which prevention, early intervention, enablement, and social inclusion are the norm will be an exceedingly difficult task. Taking social inclusion for example: evidence suggests that the wider community is often a hostile place for disabled people. Disabled people are four times more likely to be assaulted than non-disabled people.^{xvii} Respondents to a recent survey for people with learning disabilities said that attitudes were a significant barrier in preventing them from being included in communities and mentioned violence in the neighbourhood and youths pestering people with learning disabilities.^{xviii} A survey of over 3,000 people has revealed that over two-thirds of people with mental health problems are prevented from doing things they want to do, such as applying for jobs or going out, due to the stigma associated with their condition. Over 50% of their carers feel that their own lives are impacted by stigma, citing, for example, negative reactions from friends and family.^{xix} A survey of disabled people revealed that some had encountered problems when trying to access mainstream goods and services such as cinemas and banks, due to people’s discriminatory attitudes towards them. Experiences included being verbally or physically abused, being refused entry and being asked to leave.^{xx} Community development combating issues such as societal attitudes, requires joined-up action across departments within the local authority and with outside agencies and partners.

Some examples of partnership working for prevention, social inclusion and community development include:

- Elston village shop. Elston village in Nottinghamshire had lost their last shop in the 1990s. Lack of a shop can lead to social exclusion to rural people, particularly disadvantaged young and older people. Work between local people, the Parish Council and Rural Community Action (Nottinghamshire) led to the establishment of a ‘shop in a box’: a village shop in a portable building staffed by volunteers.^{xxi} Some of the other organisations who have

also supported the shop include the County and District Councils, the European Social Fund and DEFRA. In addition to providing basic groceries, the shop offers a broad a range of services such as dry-cleaning, Pay Point for paying bills, Internet access, local produce and tickets for local events.^{xxii} Hence, it not only helps to maintain the staple independence of local elderly people, it also helps to develop community cohesion and combat social exclusion by acting as a meeting point and facilitator of local commercial and recreational activity.

- North Staffordshire Plates Project. This project, developed by North Staffordshire Health Authority and supported by 24 partner organisations, combated stigma associated with mental illness by encouraging people to think about mental distress and mental health in a positive way and challenge their negative perceptions. Over 1,000 people designed plates expressing positive perceptions about mental health and 350 were displayed at the Potteries Museum and Art Gallery, which is run by the local authority. The Potteries Housing Association and Stoke Social Services, amongst others, also provided support for the project.^{xxiii} Combating stigma for those with mental health issues is mentioned as an early priority in *Putting People First*.
- Blackpool Care and Repair, This is a Home Improvement Agency funded through the Local Area Agreement and the PCT to provide a preventative service that helps maintain people's independence. It tackles large scale essential repairs and small jobs around the home for disabled and older people, often for free, removing environmental hazards that may lead to accidents or ill health, thereby reducing GP visits and premature admission to hospital or residential or nursing care:

“A scheme in Blackpool that really works. Without the help I would find staying in my home difficult.” (Older resident)^{xxiv}

Social capital and interdependence

Enhancing the social capital of an area is key to both the personalisation and place-shaping agendas. Social capital is the collective value of social networks and the inclinations that arise from these networks to do things for each other. It is embodied in neighbourliness, volunteering, citizenship, trust and shared values, and community involvement.^{xxv} Social capital can be measured by the amount of trust and reciprocity in a community or between individuals. Improving access to social capital can help maximise the potential resource that can be drawn upon to maintain wellbeing, ensure people can have the best quality of life irrespective of illness or disability, and prevent the need for acute health and social care: it can ensure more help is available in the community. Volunteering, for example, enables older people to make a contribution to and participate in community life, which increases life satisfaction and self-esteem, lessens the likelihood of their experiencing depression and increases altruistic behaviour.^{xxvi} One example of social capital in action would be a self-help group for carers, which provides personal support as well as knowledge of how local services work. Social capital can also help towards the alleviation of

loneliness and isolation, which is highlighted in *Putting People First* as a major priority for the new system.

There are various measures that local authorities can undertake alone or in partnership with others to help foster positive interdependence and build social capital. For example, they could set up skills exchanges, timebank schemes or community-based websites, acting as an intermediary between those offering skills or time. Alternatively, they could provide capital or facilities (e.g. admin support or webspace) to support others running such schemes. Surrey County Council, for example, have contributed some funding to Wey River Timebank which operates in areas of Guildford. Timebanking is a reciprocal model in which time is used as currency. This sort of scheme recognises and utilises the contributions people can make to neighbours. Participants 'deposit' their time in the 'bank' by giving practical help and support to others. Then they are able to 'withdraw' their time when they need something done themselves. An older person in the scheme for example, might be able to offer time sewing or teaching someone another language and obtain for themselves some 'low-level' help around the home, such as gardening or DIY in return. It could ensure the abilities and skills of older people are utilised, help them feel socially included, valued and respected (which contributes to wellbeing and good mental health),^{xxvii} and enable them to stay in their own home for longer.^{xxviii} Such intergenerational programmes in which older people are involved as active citizens are earmarked as early priorities in *Putting People First*. The benefits of social inclusion opportunity to make a valued contribution that timebanking can provide can be useful to all people who might need care and support. Bee Harries, a mental health service user and personal budget recipient, teaches poetry in a timebanking scheme and feels that it has increased her confidence and assisted her towards recovery.^{xxix}

Homeshare schemes have similar potential benefits to timebanks. They are schemes in which a homeowner offers to share their house with someone rent-free in exchange for an agreed amount of low-level support (e.g. lifts in the car, cleaning, cooking etc). This arrangement creates a relationship of interdependence, which is of mutual benefit. A co-ordinator ensures that the homeowners are matched with suitable people seeking accommodation. Two pilot homeshare schemes have been funded by the Department of Health, via the National Association of Adult Placement Services (NAAPS), in West Sussex and Oxfordshire.

The workforce

Adult Services

Remodelling and the roles of social workers and care managers

Putting People First requires a shift from care management processes to self-directed support and person-centred planning. According to the recent publication *Putting People First – working to make it happen: adult social care workforce strategy – interim statement*,^{xxx} this will mean the workforce will need to be remodelled. Currently social workers spent a lot of time assessing need, commissioning services, gatekeeping resources and managing risk. In the new system of social care geared towards enabling people who need care to have more control, social workers will still have a major role in safeguarding and will have a role in managing personal budgets on behalf of those people who cannot, or do not wish to, have a 'hands on' role in managing it themselves. However, in all instances, the social worker's role 5

will be to work in *co-production* with the person needing care rather than to manage care for them. They may spend much more of their time on providing support, brokerage and advocacy than previously. This will include more joint working across sectors. Some care managers and social workers have welcomed the shift from care management as an opportunity to do 'real social work'.^{xxxix} Research undertaken in three local authorities by Henwood and Hudson in 2007 revealed a view amongst participants that those who were more recent to the profession and had only known the care management process would find it harder to adapt to new roles than those who had been social workers for a long time.^{xxxix} Further definition on the roles and tasks of social workers in the new personalised system of adult social care will be in the full adult social care workforce strategy to be published in the autumn.^{xxxix}

Notably, the greater emphasis on self-assessment, use of RAS, and increased opportunity for people to commission their own services may mean that fewer social workers are needed.^{xxxix} Furthermore, though the recent addition to the Department of Health Personalisation toolkit, *Good practice in Support planning and brokerage*, states that local authority staff are one viable means of provision of support brokerage,^{xxxix} it also states "is important that we do not, in effect, just replace a paid system of care management with a paid system of brokerage. There is an important role for User-led organisations, with Centres for Independent Living providing good examples from their direct payment support schemes, and communities groups and networks and people doing it for themselves – these will need intentional support to develop fully as viable options."^{xxxix} Indeed, some have argued that support, brokerage and advocacy is better provided by independent organisations rather than local authorities,^{xxxix} and if this became the norm the number of social workers needed in the local authority might be reduced further. The move to personal budgets may also have an impact on the local authority workforce if many users decide to employ personal assistants and choose not to use traditional social care services.^{xxxix} As Leece has noted:

"Many care workers providing homecare support funded by local authorities are now employed by voluntary or private agencies that are not unionised and offer minimal employment rights. Increasing user-controlled support may result in women losing jobs in the public sector where they have pension provision, union representation and safe working environments for casual employment as personal assistants with less beneficial terms and conditions."^{xxxix}

Attitudes and culture

"A lot of elected members are resistant to losing control and not providing services. It's very much about what we do as paternalistic and it's hard to change." (Lead Member of a local authority)^{xl}

It is recognised that a positive workforce commitment is essential for the success of personalisation.^{xli} Evidence suggests that many members of staff view personal budgets and other measures to ensure that service users have more choice and control in their lives as a positive development.^{xlii} However, *Putting People First* may necessitate a shift in culture and attitude amongst other staff. Person-centred planning and self-directed support need staff to adopt an enabling attitude in which they are less risk-averse and are glad to relinquish power they have previously

held over people needing care or support. This requires the rethinking of power relations, so that power can be vested in individual service users, thus enabling choice and the potential for self-determination.^{xliii} This is not easy for all. It has been intimated that (as yet unpublished) evaluation of the individual budget pilots has found that staff culture has contributed to problems in making personalisation work for older people and people with mental health.^{xliiv} Research undertaken in three local authorities by Henwood and Hudson in 2007 identified the existence of a number of cultural barriers and attitudes that would need to be overcome in order to successfully implement self-directed support. These included:

- The tradition of ‘giving and doing’ to help social care users as much as possible.^{xliiv} Though well-intentioned, this tradition is one in which power is firmly held with the professional;
- Inappropriate assumption about the capacity and desires of service users;^{xlivi}
- The tradition of acting as a financial gatekeeper;^{xliivii}
- Mistrust of service users and carers.^{xliiii}

The *State of Social Care in England 2006-07* found evidence of ‘impersonal’ traditions that have arisen as a result of the dominance of financial rationing in social care, including a view amongst staff that ‘self-funders’ were not the responsibility of the council^{xlix} and a service led, rather than person-centred approach:

“The unqualified staff tend to be very service-led, You can pick up an assessment and you are so clearly reading something written by somebody who is driven by eligible needs and trying to found out what these are – not trying to find out the person.” (Team manager)^l

Clearly, such attitudes and traditions run counter to the notions of self-directed support, user control and independence inherent to the personalisation agenda and, where they exist, training will be needed to challenge the thinking and previous practice that informs them.

Development, training and trainers

In order to ensure the characteristics and skills that are needed to deliver personalisation are maximised in the workforce, local adult social care workforce development strategies will need to be produced. Local authorities are expected to co-produce, co-develop, co-provide and co-evaluate these strategies with the private and voluntary sectors as well as users and carers.^{li} This could impact on the workload of trainers in the local authority. A national Adult Social Care Workforce Strategy will be published in October this year and will provide a framework for local strategies. One area in which greater training may be required is person-centred planning - evidence suggests that there has been a skill deficit amongst frontline workers due to a lack of training in person-centred approaches in the past.^{lii} Helga Pile of Unison has suggested that personalisation could alienate care workers in home care, day care centres and in supporting people’s services: *“The message they’re getting is that what they’re doing is not required anymore. This is another reorganisation and everything has to be chucked out.”^{liii}* Hence, people and management skills will need to be maximised in order to ensure all staff are ‘on board’ for successful implementation of personalisation:

“One of the lessons we’ve learned from our pilot [of individual budgets] is that this is about a whole systems change. To drive a whole systems change you have to 7

take the whole workforce with you. We think there is a critical role there for frontline managers; they need the skills to be able to drive that change. So we need investment in people skills at that level.” (Andrew Leece, Coventry City Council)^{lv}

In addition to providing training it also might be useful to incentivise staff to take ownership of the personalisation agenda by rewarding demonstration of exemplary practice. Independent providers, TLC Homecare and Look Ahead Housing & Care, for example, both offer rewards such as gift vouchers or letters of recognition for staff who work flexibly and embed personalisation into their everyday practice.^{lv}

Other local authority staff

Attitudes, understanding and training

If local authorities are to ensure that people can maintain independence, exercise choice in their lives and access mainstream resources, it is essential that non social-care departments address attitudes and understanding amongst their staff and in their own areas of influence. Respondents to a recent survey of people with learning disabilities felt that people’s attitudes were a major challenge to enabling them to use ordinary community facilities instead of special social care-funded services for people with a learning disability. They cited a lack of understanding about learning disability in ordinary housing services, for example.^{lvi} Qualitative research undertaken in London 2004-2005 on disabled people’s experiences of housing, employment and post-16 education services corroborates this picture. The study found that disabled people experience discrimination, harassment and lack of awareness and understanding from professionals as well as members of the public; people with hidden impairments experienced a serious lack of understanding and had their rights undermined; and there was no evidence of a proactive approach to promoting disability rights, such as raising awareness, enforcing the law and committing sufficient resources.^{lvii} The study recommended disability equality training for all staff responsible for reception and service delivery in the fields of post-16 education, housing and employment.^{lviii}

Provision of compulsory disability equality training for all local authority staff would be a start for ensuring that mainstream services can meet the personalisation agenda. It has also been suggested that staff in universal services provided by the local authority should receive training on the principles of self-directed support in addition to/alongside social care staff employed by the local authority and private and voluntary staff who will receive it as part of local adult social care workforce development strategies.^{lix}

The impact on local authority departments

In order to meet the personalisation and prevention agenda, various contributions and improvements will need to be made in specific local authority departments. The Local Authority Circular *Transforming Social Care* stated that tools will be developed to assist councils with regards to how the wider contribution of local government services, such as housing, leisure, adult education, transport and environmental services, can support personalisation.^{lx} These tools have not yet been published. However, indications on the steps local authority departments could or should take can be inferred from research evidence.

All departments^{lxi}

Involvement

“Sometimes the council has consulted once a job is already done. I was told the new pavements were fine but they hadn’t been checked out with older people. Consultation had not been made part of the planning process and in the end it was too late to put the problems right.” (Councillor)^{lxii}

Putting People First stipulates that local authorities must establish networks, such as LINks (Local Involvement Networks), which ensure that people using services and their families have a collective voice, influencing policy and provision in social care.^{lxiii} However, in order to meet the personalisation agenda, councils must consider involving the public, including older people, people with disabilities, mums with young children and other carers, in the design of *all* local authority services (not just social care services) at the outset.^{lxiv} Research indicates that many people in need of support do not feel valued, do not feel ‘at home’ in their neighbourhoods and are presented as financial ‘burdens’ or ‘bed-blockers’.^{lxv} Community engagement is proven to help people feel valued and is linked to quality of life and wellbeing.^{lxvi} Involvement is inexpensive and has dual benefit: it can ensure that universal services are more accessible and inclusive, allowing people to maintain independence and enjoy their neighbourhoods more; and it enables people to make a valued contribution rather than just be viewed as passive recipients of services.^{lxvii} Research on transport, for example, has indicated that consulting older people in street and transport design is more successful in accessibility planning than use of accessibility planning software tools. The better the transport planning, the greater the contribution to people’s quality of life.^{lxviii}

Cross-departmental planning and delivery

Personalisation involves looking at people’s lives holistically. Hence, *Putting People First* requires local authorities to undertake integrated policy development to support independent living. This means that different local authority departments will need to be involved in more joint working with each other and other agencies in areas such as housing, access to work, education and training, and leisure.^{lxix} This might take place as the result of Local Area Agreements or as part of smaller scale initiatives arising independently, e.g. ‘Active Hearts’ arts activities and performances in nursing and residential care settings in Hampshire arranged in partnership between two departments, Recreation & Heritage and Adult Services, within the local authority.^{lxx}

One practical method in which departments could work together to provide a holistic service that helps prevention and wellbeing is ‘First Contact’. This is a LinkAge Plus scheme developed in Nottinghamshire. It is based around a very simple and short multi-agency checklist, which acts as a referral gateway to a range of low level preventative services for older people. The First Contact scheme works through a number of local partners, including:

- The County Council, and within that, the fire and rescue service and adult social care;

- The PCT;
- The police;
- The Pension Service/welfare rights/local advice agencies;
- The Councils for Voluntary Service;
- Home Improvement Agencies;
- Energy efficiency agencies;
- Borough and district councils.

When any of the partners contact an older person, where they think it beneficial and with the older person's consent, they complete the checklist. This sets in train automatic contact to be made to the older person from any of the other partners. Referrals are made through a First Contact coordinator who makes sure that they are followed up. The scheme is linked into the Nottinghamshire contact centre, which enables a record to be made of the type and date of referral and for follow ups to be made if the referral is not actioned within the expected time. Referrals are made on a wide range of services, including:

- Welfare benefits advice and forms completion;
- Falls assessments and advice on falls prevention;
- Home safety and security advice – fitting of free smoke detectors and security devices;
- Housing advice, repairs and adaptations;
- Information on transport schemes;
- Affordable warmth – access to Warm Front;
- Information on groups and activities.

Partners in the scheme have praised it as time-effective and cost-effective, reducing preventable incidents and problems, and are looking at funding the service from mainstream resources instead of LinkAge Plus money.^{lxxi} It could be postulated that the service would be beneficial to other clients in addition to older people, such as people with disabilities and their carers.

Travel and transport

“Transport, transport, transport – without that nothing else works ... If you can't get out and about you are trapped and without transport you're just unable to socialise” (Older person's focus group participant)^{lxxii}

Research demonstrates that access to transport is essential to enable people to maintain the social networks and access the services they need to live independently and well. In a new research study, only a quarter of the 2000 disabled participants found traveling about very easy, and three in ten found getting about difficult or very difficult.^{lxxiii} One in ten participants said transport difficulties were barriers to their participation in social activities, community participation, and education and learning^{lxxiv} and 15% said it affected their ability to access health services.^{lxxv} 5% of those who had to leave paid work for reasons related to their impairment said they could have remained in paid work if it was easier to get to their place of work.^{lxxvi} There is also evidence that lack of transport can lead to low morale, depression and loneliness amongst older people.^{lxxvii}

A high proportion of older and disabled people are reliant on public transport or specialist transport targeted at disabled people. In the aforementioned survey of 10

disabled people, 46% of respondents reported that they drove a car themselves and 4% used a mobility scooter but others were reliant on other forms of transport such as public transport, lifts from other people, taxis and transport services intended for disabled people. Although the number of older people holding driving licences is predicted to rise there will always be large number of older people without a car as car ownership has a strong link with income and some people have to give up driving due to health reasons.^{lxxxviii} Hence, older people are often heavily reliant on public transport and the accessibility and availability of transport is key to enabling them to use it to maintain social arrangements and get to basic services such as shops, banks, doctors, dentists or hospitals. This is particularly acute in rural areas, where services and amenities might be at a considerable distance away.^{lxxxix} Evaluation of new subsidised bus services introduced in four deprived areas in England found that the services enabled people to take up job opportunities, access health appointments and make shopping trips that were previously not possible. The services also facilitated an increase in participation in leisure and social activities.^{lxxx}

Public transport is also important for those people who receive Direct Payments from adult social services and wish to employ their own personal assistant with the money. A significant proportion of direct payments recipients surveyed for Skills for Care cited poor transport links in their area as a cause of difficulty in obtaining employees as few prospective employees were car owners.^{lxxxxi} This problem could become more acute in the immediate future as personalisation of adult social care may mean more people want to use personal budgets to employ personal assistants.^{lxxxii}

Clearly, making improvements to transport services, both public and those targeted towards people in need of support, would help disabled and older people obtain independence, maintain wellbeing and improve the ability to exercise choice. Recognising this, the Audit Commission has recently suggested that councils should take the lead in partnership working with transport providers and the community to address transport problems.^{lxxxiii} Which specific areas then, need to be addressed?

Availability, reliability and flexibility

“The bus pass is fine if you have a bus! Transport is a very serious issue – people can’t get to hospital or to GP appointments. And there are not enough bus shelters. Some buses don’t turn up and we have lots of old buses.” (Older resident)^{lxxxiv}

Older people have the benefit of free bus travel nationwide. However, provision of bus services, particularly in rural areas, is often very scant, and times and frequency of services may inhibit their use.^{lxxxv} This situation has been exacerbated as the Government has provided many local authorities with insufficient compensation for the costs of enabling the free service, and in turn local authorities have given insufficient subsidies to the bus companies to cover their costs of running the services for passengers who do not have to pay.^{lxxxvi} In Hampshire, for example, the company ‘Wilts & Dorset’ cut services in the New Forest, where there is a large elderly population, due to increases in operating costs combined with insufficient funding for concessionary fare schemes.^{lxxxvii}

There is no statutory provision for alternatives to the free bus pass (e.g. taxi travel tokens) for older people who have no bus service nearby or are too immobile to use one.^{lxxxviii} For disabled people who have no transport or find it difficult to use

mainstream public transport, travel concessions and 'community transport services' exist in many areas. However, they are not available in all areas and there is great variation in terms of costs and eligibility criteria for these schemes. Council funding for them is discretionary and variable. Respondents to a recent survey of people with learning disabilities indicated that some councils provide much appreciated free bus passes for people with learning disabilities and an 'escort' or companion,^{lxxxix} but many have cut such concessions as well as special transport services:

"Cuts to transport have meant centre session times are much shorter as minibuses double up or people arrive late and leave early."^{xc}

"I used to go out once a week in the transport to either carriage driving or just somewhere for coffee/lunch. Now all I get is a walk in my wheelchair to our local Asda store just a few minutes from our centre."^{xc}

"I can't go out where I want without paying lots of money especially [as] taxis are difficult to get in the evenings. If I didn't have to pay, I would do more leisure things."^{xcii}

"No longer provide free transport, Have to pay for taxi, dial a ride or community transport – which limits how much I can afford. I have been isolated from the community, thus my friends, thus the staff who supported me."^{xciii}

Simon Duffy has argued that special buses used by local authorities to transport people to services inhibit individual choice and independence and limit the contribution people can make to their community by segregating them. He argues, "when people don't use accessible taxis, accessible [public] buses or their own mobility systems, they weaken the community's socio economic fabric",^{xciv} however, these are not always available options and free special buses are valued by many, as the above quotes demonstrate.

Where services are available, one type of service is not always the ideal solution to people's needs. Interviews with older people undertaken in London by Counsel and Care, for example, indicated dissatisfaction with Dial-a-Ride as the service could be unreliable and, as pre-booking was required well in advance, unplanned journeys could not be catered for.^{xcv}

"You live in a bubble at home; you live in a bubble on the day centre transport and you live in a bubble at the day centre. It's not like that on a scooter. ... to actually feel the rain was wonderful." (Older resident)^{xcvi}

In Camden and Islington the Borough Councils, in partnership with Transport for London, decided to improve flexibility of transport for those who can no longer use public transport by creating a pool of 50 personal mobility vehicles, such as electric wheelchairs and scooters. Evaluation has indicated that these have allowed residents to have more freedom and spontaneity than other door-to-door transport services. The services has enabled users to visit family and friends, resume use of leisure and cultural facilities, contribute to the community, travel independently to health care appointments and rely less on carers. This has meant that users have benefitted from improved physical and mental health.^{xcvii} However, though this service is very useful for an urban situation where services are not at a great distance, it would be considerably less effective for rural areas where no services are available locally. This highlights the importance for local authorities of supporting a range of different transport options.

Physical issues

In addition to issues of availability and reliability, an individual's mobility constraints can also create difficulty in using the transport system:

“Well it seems as if you take your life into your own hands... they jolt and you could fall over and there are steps that you can't see and it is a bit dodgy”. (Older person)^{xcviii}

Disabled people have expressed the view that drivers are not always considerate in allowing people enough time to get seated or get up at their destination.^{xcix} In Camden, older residents filmed their own poor experiences of local bus services with concealed cameras. The Council used the films to influence Transport for London, who subsequently showed them to drivers in order to improve awareness and sensitivity to the needs of older users.^c

“Transport for London is listening. But we need to keep checking with older people to make sure there have been genuine improvements. This has been a slow process but it's getting better – through talking, listening, going back to Transport for London again.” (Assistant Chief Executive)^{ci}

Recommendations arising from recent focus groups with 81 older people in Leeds include developing training for bus and taxi drivers to take into account people's safety with an accompanying accredited standard for companies, to be enforced by local authorities.^{cii}

A number of other areas also could be improved. For those using wheelchairs, though provision of ramps in public transport has become more widespread, those on buses can be difficult to use and the built environment can affect this:

“All the buses have got a ramp built on... but you've got to have pavement. The bus has to draw level with the pavement or you can't come on.” (Male, 39-50, North West)^{ciii}

There is strong evidence that people with visual impairments find buses particularly difficult to use. For example, audio announcements to tell people where they are on a bus route are not always available or given.^{civ}

Pedestrian journeys are another area where local authorities can assist the personalisation and prevention agenda by ensuring that people are able to stay safe, maintain independence and 'keep connected'. Research shows that people over 65 consider traffic as the most serious problem affecting their neighbourhoods. They find it a serious obstacle to leaving the house, socialising and participating in community life.^{cv} In Hartlepool, the Council responded to complaints from older people about the time traffic lights allow them to cross the road and as a result the timing was changed, enabling older people to have greater confidence and safety when crossing the road.^{cvi} The aforementioned research in Leeds recommends the development of more segregated pedestrian areas with seating, and better enforcement of those existing so that people are not impeded or put at risk by cyclists, parked cars, scooters, etc.^{cvi} The proper maintenance of pavements is essential in order to prevent falls and to ensure that people are not trapped in their homes for fear of tripping up if they go out.^{cvii}

Attitudes

Lack of mobility is not the only barrier to using public transport in areas where it 13

is available. Carers have also spoken about practical difficulties they have with travelling with disabled people they care for, particularly if the person they care for has an 'unseen' condition such as dementia. Of the 2,000 disabled people who took part in the aforementioned study commissioned by the Office for Disability Issues, three in ten of those who found it difficult to travel around day to day said that at least one attitudinal barrier (such as attitudes of staff, attitudes of other passengers and lack of confidence) made it more difficult for them. Indeed, attitudinal barriers were cited more often than barriers relating to physical access with regards to impacts on people's ability to travel.^{cxix} Some participants were afraid of public transport as they had little experiences of it, but others were afraid because of having received negative comments from other passengers in the past.^{cx} Participants with mental health conditions were the most likely to be discouraged by the attitudes of other passengers or previous bad experiences.^{cxii} Another barrier to using public transport cited by older people is fear of crime (for example, at unlit bus stops) and anti-social behaviour.^{cxii}

Local authorities have been required to incorporate accessibility plans into their 2006-2011 Local Transport Plans, but what else should be done?

Leisure, recreation and heritage

"I have never been to a day centre ... I go dancing, bowling, swimming, and a meal out. I have an individual support worker and direct payments." (Person with learning disabilities)^{cxiii}

For many people with social care needs, leisure opportunities in the past have often been provided in day centres provided by social services departments rather than in mainstream services, or in the form of segregated classes in mainstream leisure settings. However, due to the shift towards personalisation in social care and cuts in external funding for special services - meaning people are encouraged to use mainstream services - the importance of ensuring that mainstream leisure services are inclusive of people with care needs is magnified. Currently, leisure services can be very difficult for people with social care needs to access. Carers have highlighted the lack of help for carers to assist with tasks such as changing at sports facilities.^{cxiv} Leisure services should perhaps think about ensuring that employees are trained and/or equipment is provided to ensure that those with mobility issues are able to use facilities.

For some people, totally integrated provision is not ideal and thus councils providing leisure services may need to think about running sessions that are more tailored to people with particular needs.

"Community activities such as keep fit sessions and yoga run by the Learning and Skills Council no longer happen due to funding problems. Some people can join in day classes or activities run for all, but I need a slower pace and small groups – I want to join activities with my peers." (Person with learning disabilities)^{cxv}

In Hartlepool, the Council has worked with older people to ensure that a wide range of leisure services are accessible to the over 50 population. There is a GP referral scheme into leisure services and leisure activities are provided both at leisure centres and in the community to ensure a wide range of people are reached. Activities include low-level exercise such as chair aerobics and walks, which the

older community say they want.^{cxvi}

Council leisure and recreation departments also might wish to consider greater partnership working in delivery of services with people who are traditionally recipients of social care services. In Hartlepool, for example, the Council have a walks programme for older people. It is self-sustaining and involves partnership between the council and volunteer walk leaders who are older people. The Council provides training, navigation skills, clothes and boots.^{cxvii}

Public libraries have long provided accessible services for people with disabilities, such as home library services for people who are housebound, visually impaired or in residential care homes, providing free loans of talking books to the visually impaired and computers in the library with access technology. They are also popular with older people: 70% of older people use them, compared to 55-60% of the total population.^{cxviii} Reminiscence work is an activity supported and undertaken by many libraries, as well as museums and archives, often working in partnership with other agencies, for example Age Concern. Many libraries have made links with NHS trusts, Mental Health Practitioners and GP's to offer "Books on Prescription". The scheme allows specially chosen books to be prescribed by GP's and mental health practitioners. Once issued, the prescription can be exchanged at the local library.^{cxix} Councils could further build on this good work as part of personalisation. In North Somerset, for example, libraries are used as gateways to information and council services, including social care: a 'first stop shop' that ensures that people in need are able to have face-to-face contact at the point of initial inquiry.^{cxx}

Education/training/employment/access to work/economic development/business support

Adult education services will need to ensure that some mainstream services are accessible for people with disabilities. Across the country there has been a 15% cut in college courses for people with a learning disability as the Learning Skills Council have withdrawn funding. The closure of these courses is often attributed to the poor quality of the courses or lack of progression on the part of the pupils. It has been rightly suggested that sometimes courses are more about providing people with recreation rather than education but courses are often cut before any new provision, e.g. training to gain employment, is made available.^{cxxi} However, mainstream adult education courses can be an option on which people with disabilities choose to spend their individual budgets:

"I use community activities college courses, i.e. Pottery & healthy eating. These are mainstream courses and I access them with my support worker." (Person with learning disabilities)^{cxxii}

Employment can enhance wellbeing, reduce pressure for statutory services and benefit the local economy.^{cxxiii} A review of literature produced by service user and other organisations, undertaken by The Social Policy Research Unit, University of York, indicated that more people who use social care services wish to have the opportunity to work and generate income.^{cxxiv} Only around 17% of people with learning disabilities (compared to 47% of all disabled people) are employed but at least 65% would like to work, for example. However, employment services are not available to all who need support to get into and stay in work and where they are available they tend to receive short-term funding and have a tenuous existence.^{cxxv}

“No support to have a job. I would like regular part time work but get no help from the Government to achieve this.” (Person with learning disabilities)^{cxxvi}

Of 685 respondents to a survey undertaken by the Learning Disability Coalition, 34% of people had access to a service that helped them find a job in the past but half of those said the service no longer existed. Moreover, many supported employment schemes result only in unpaid work placements.^{cxxvii} People cited employers’ attitudes as a barrier to employment.^{cxxviii}

It could be suggested that council departments with responsibility for economic development and business support could have a greater role in forging links with employers to maximise employment opportunities for people with disabilities. West Berkshire Council, for example, has established through Local Area Agreement a ‘Pathways to Employment’ scheme. This brings together potential employers and local jobseekers previously excluded from work due to disability or other issues. Over 50 organisations are involved in partnership with the Council on this service, which has been running since 2005. By July 2007 141 people of the 182 who registered with the service have been placed in work placements of employment. 63 of them had a diagnosed mental illness, 30 a learning disability and 27 a physical disability. 60% of those placed in work placements succeeded in finding paid employment. During this period, 250 employers had volunteered to go on the database and 50 of them had provided work opportunities.

“Neil has misused alcohol and drugs. He has kicked both habits but his past has affected his ability to get work. Pathways to Employment initially helped him with a voluntary work placement at west Berkshire Council Countryside Services. He did well and was then sent on an eight-week work placement as a green keeper at a local golf course where he now works full time.”^{cxxix}

Business support departments also have a role in ‘place-shaping’ to ensure the presence and sustainability of private sector services which help maintain the independence and social inclusion of people who need care and support, such as local shops, post offices, internet cafes, and small business involved in home maintenance.^{cxxx} This might include undertaking projects such as Pub is the Hub. This is a scheme set up by the Prince of Wales to improve community life and the value of rural pubs by providing essential or new services, such as a post office, shop, home delivery of meals, libraries, prescription drop-off and collections, activities traditionally provided by social services day care centres, training facilities or meeting facilities for community groups within the pub. 350 schemes have been established in the UK, created in partnership between the local community, licensees, suppliers, pub owners and local authority bodies.^{cxxxi}

Housing

The importance of the link between housing, social care and health is well known and housing services have a major contribution to make to ensure the well-being of people in need of support and care.^{cxxxii} The Supporting People Programme, housing adaptations and Telecare are areas in which housing and social care already work together to support older people and the disabled. However, there is room for

improvement. *Putting People First* requires that councils offer Telecare as an integral part of support for people in need rather than an optional ‘add-on’,^{cxxxiii} yet currently Telecare services vary between local authorities in terms of what is available and whether the service is provided free or at cost to the user.^{cxxxiv} The situation is the same for adaptations and other equipment that helps people to maintain independence in the home.^{cxxxv} Of 2,000 disabled people surveyed recently, 28% said they would like to have aids or adaptations to help them with daily life in their home but do not have them.^{cxxxvi}

Ensuring people have greater choice in their lives is one of the aims of personalisation. Many disabled people live in homes that are not appropriate for their needs but it can be difficult to find property that is more appropriate.^{cxxxvii} Joint capital projects undertaken between housing and adult services departments and other partners, such as the building of extra-care housing schemes, are one way in which local authorities are responding to the care and housing needs of people in need of support and ensuring that greater choice in appropriate housing stock is available.^{cxxxviii} Many councils have also developed incentives to help tenants, particularly older people, to move to smaller, more manageable accommodation, enabling them to cope better and releasing the larger accommodation to families.^{cxxxix}

Another area that perhaps merits attention is choice-based letting. In the late 1990s, the Government started to promote social housing lettings in which people could choose a property they wanted to live in. By 2006 less than a third of local authorities were participating in choice-based lettings and by 2007 less than half of registered social landlords. Gerard Lemos states:

“In supported housing the situation is dreadful. I am not aware of a single supported housing provider than offers housing applicants a choice about where they are going to live or with whom. Instead, they get tedious, futile “participation” and “consultation”... Choice is much more important for vulnerable people than for others, because making an informed choice is itself a way of gaining confidence and self-esteem.”^{cxli}

In addition to providing choice in social housing, housing departments of local authorities might undertake other types of working that contributes to the personalisation and prevention agendas. Just over a third of older people live in homes categorised as ‘non-decent’. 13% of older people live in homes that are of serious disrepair.^{cxlii} Home Improvement Agencies and programmes that are supported or run by housing departments to improve existing housing stock, such as the aforementioned project in Blackpool, can have a huge role in ensuring people can stay well in their own homes for longer, delaying the need to use social care or health services. Other programmes can involve housing services in joined-up approaches towards improvement in people’s lives. For example, following connected care audits with Turning Point and the local community, Hartlepool Borough Council, in conjunction with Housing Hartlepool and the PCT, have established a connected care service which aims to co-ordinate housing, social care and health. This includes a complex care team integrating specialist health, social care and housing support, a range of low-level support services that focus on maintaining independence, a service co-ordinator to promote a joined up approach across the wider service system, and navigators who work to improve access and choice, ensure a holistic approach to people with complex needs, and integrate with universal and long term support.^{cxliii} Another example is the ‘Trailblazer’ programme. In this programme, twelve local

authorities are receiving Government funding in order to deliver personalised advice and links to employment opportunities and training to people seeking information on housing options. This is intended to help unemployed people find a job as well as a home.^{cxliii}

Environment and planning

The contribution of environment and planning departments of local authorities towards personalisation and prevention for adult in need of care and support goes beyond simply ensuring better physical accessibility for disabled people. Everyone is affected by their physical environment, but older people are particularly concerned about the physical appearance of their neighbourhoods, crime, social problems, noise pollution and the absence of amenities. The planning and design of towns, streets and homes can therefore make a great difference to the ability of older people to spend time safely and confidently in their local community.^{cxliv} Research demonstrates a link between highly urban environments and poor emotional wellbeing and one of the factors instrumental to this link is having fewer social contacts in the neighbourhood.^{cxlv} Designing public spaces with social interaction in mind could improve social capital and alleviate loneliness and depression.^{cxlvi} Providing places to sit in shopping areas and incorporating pleasant and secure public spaces in the design of housing schemes could provide greater opportunity for social interaction as well as making shopping easier and life more pleasant.^{cxlvii} Providing public toilets is not a statutory responsibility for local authorities but ensuring that new developments have good provision can make a great difference to enabling older people to get out and about confidently.^{cxlviii} Nearly one in 10 of almost 2,000 disabled people interviewed for the Office of Disability Issues said they have experienced major difficulties accessing goods and services due to problems getting into and around buildings and lack of facilities such as parking spaces or an accessible toilet.^{cxlix} Better planning could help ensure that these problems are eliminated, disabled people have equality of access and businesses benefit from disabled people's custom. Good neighbourhood design means that more sustainable 'lifetime' homes with accessible gardens and room for carers of visiting family need to be encouraged through planning decisions, and design that does not improve the quality of an area, including its accessibility, and the way it functions should not be accepted.^{cl} National spatial planning policy now indicates that local authorities should have regard to the needs of older people and some local authorities involve older people in designing and planning the built environment. Newcastle Elders Council, for example, have tested how sensitive the city centre is to the needs of older people and some recommendations have been acted upon.^{cli}

Environmental health, waste, recycling

“The Council removed the recycling collection service from flats. They issued letters saying you can carry your recycling three roads down. This was not an option for older residents. They no longer have any way to recycle. This illustrates that some parts of the Council are not thinking about older people in a joined up way.” (Older resident)^{clii}

Some core mainstream services are designed and delivered in such a way that people with mobility impairments cannot use them but easy adjustments can often be made to rectify this. In Knowsley, wheels have been fitted to recycling containers so that

older people can make their contribution to recycling initiatives. This was done on advice from the local Older People Voice group, who are represented at local strategic partnership level. The Council also has an assisted collection service for people who cannot put their bins out.^{cliii}

Community Safety

Although older men and women have the lowest rate of victimisation overall for any age group,^{cliv} crime and fear of crime have a major effect on many older people's quality of life and contribute to isolation.^{clv} Various projects instigated by neighbourhood watch schemes have brought older and younger people together to help foster stronger communities, better relations between generations and a subsequent reduction in fear of crime.^{clvi} For example, 'Fishburn in Bloom' was part of an intergenerational project involving Age Concern and the local neighbourhood watch, and supported by the local Borough Council, amongst others. It involved young and older people planting thousands of bulbs and helped to improve the local environment as well as improving understanding between young and old, thus helping to reduce fear of crime and promote social inclusion. Other projects in the programme included the painting of a town mural by young and older people together and visits to residential homes by young people.^{clvii} Such schemes are not, however, commonplace and it could be suggested that local authorities should do more in this line of work through their Crime and Disorder Reduction Partnerships and Local Strategic Partnerships.^{clviii}

Children's Services

Intergenerational programmes

Children's centres and schools can also help community cohesion and understanding by opening up facilities to disabled adults and older people and providing intergenerational projects. For example, at the Quaggy Centre's Centre in Lewisham cross generational activities include parents cooking Christmas dinner for older people, older people volunteering for storytelling and gardening at the centre, children and older people recording their lives in photography, and young and old developing social events and projects together, such as creating a recipe book.^{clix} Derbyshire's Intergenerational Strategy involves schools and community groups in a range of projects such as gardening, digital photography, and book groups. Evaluation has shown that these projects have enabled younger people to benefit from older people's experiences and wisdom, older people have felt respected and valued, younger people have benefitted from being listened to and being able to make a positive contribution, negative misconceptions have been challenged, social bonds created and greater understanding generated on all sides.^{clx}

In Northumberland the Sure Start team have contributed to another kind of intergenerational project that supports the personalisation agenda, facilitating the provision of more personal assistants/carers for older people receiving direct payments or self-funding, and, conversely, providing jobs for parents and carers in need of flexible local work. In partnership with Adult Social Services and Bell View charity, a directory of care workers in rural areas was established so that people who wanted a personal assistant could directly contact and negotiate with them. Sure Start used its contacts with local children to find parents in need of work

who might wish to join the register. Bell View provided knowledge about the local elderly population. Adult Services provided information about employer responsibilities and helped establish Criminal Records Bureau checks. This project has increased choice and control of both care workers and service users, provided employment, improved community cohesion and increased take-up of direct payments.^{clxi}

Transition

“I was living independently; supported by the education authority. When the course ended I had to come home; no transition arrangements were put in place.”(Person with learning disabilities)^{clxii}

“I am 25 and in anything in my area everything stops at this age. That’s if you ever know about anything. It seems that the council does not care; nor the further education college.”(Person with learning disabilities)^{clxiii}

“I can tell you that transition planning for people who have not attended special school is rubbish.”(Person with learning disabilities)^{clxiv}

Recognising that transition of disabled people between children’s and adult’s services is a problematic area, *Putting People First* stated that the transformation of adult social care must involve systems which support integrated working with children’s services, including transition planning.^{clxv} Research undertaken for the Learning Disability Coalition found that the transition from full-time further education provision for people with learning disabilities was a matter of great concern for young people and their families and that people had a severe lack of information about what might happen next, particularly for those who were at residential colleges.^{clxvi} Many were indeed left with ‘nothing to do’ once their education ended and were entirely dependent on parents trying to find opportunities for them.^{clxvii}

Conclusion

Social care services and the people who need them do not exist in a vacuum. To provide a truly personalised service, the transformation of social care must recognise the importance of the contribution of housing, transport, recreation in making a difference to people’s lives, preventing ill-health and ensuring wellbeing. Parish, district, borough, unitary and county councils have the power and responsibility to ensure that the needs and views of their disabled citizens, older citizens, citizens with mental health issues and citizens with caring roles are instrumental in shaping the places they live to make them better for all citizens who might need social care now and in the future.

Rachel Dittrich

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- ⁱⁱ The changes needed have been explored in the previous briefing papers.
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