

Disability Consultation and Advisory Service Adult Social Care Strategy Consultation



Our vision

Supporting people to achieve a fulfilled life, in the way that they choose and in a place where they feel safe.

January 2025

Contents

Background	3
National Context	5
Methodology	6
Feedback	7
Recommendations	13

Background

DOTs Disability is an organisation run by and for Disabled people, older people and carers. We're building a community where everyone gets treated with dignity and respect, where we support one another, grow together and make a difference.

All our work is informed by an in-depth understanding of the Social Model of Disability. This means that our approach acknowledges that:

1. Impairments exist and that people from across different impairment groups have access needs. Failure to meet those access needs results in exclusion and isolation.
2. Society imposes physical, information/communication barriers and attitudinal barriers on people with impairments, which create disability discrimination.

And within the Cultural Model of Deafness, advocates of Deaf culture use a capital "D" to distinguish cultural Deafness from deafness.

The aim of our work is to support organisations and communities to identify the barriers and solutions to inclusion for Disabled people from across the different impairment groups, in a wide range of settings.

We can readily demonstrate that Inclusive Design, co-production and equitable co-production creates policy, procedure, practice and environments that everyone can use. This enables people to access and benefit from the full range of opportunities and services available; confidently, independently, with choice and dignity. This avoids separation or segregation and supports places and spaces that acknowledge diversity and difference, meeting the needs of everyone in society.

Commission

DOTS has been commissioned to provide feedback from disabled people on the Adult Social Care Strategy Consultation.

The draft Adult Social Care Strategy 2025-28 sets out BCPs direction over the next four years, during which time they will continuously develop the services provided. This is a high-level document, which will provide a framework for work going forward.

This feedback is part of broader work undertaken by BCP which is being undertaken to hear the views of disabled people from across the impairment and protected characteristic groups.

DOTS has been commissioned to gather in depth responses and feedback on contents of the Adult Social Care Strategy Consultation (Have Your Say).

Have your say

Adult Social Care Strategy Consultation

Share your thoughts on our vision, areas of focus and ambitions

Our vision

Supporting people to achieve a fulfilled life, in the way that they choose and in a place where they feel safe.

Our areas of focus

Putting people and their families first

We will listen and build good relationships with people so we understand what matters to them.

Living in a place called home

We will help people to connect with their family, friends and community, in a place where they feel safe and at home.

Developing how we work

We are creative and innovative with solutions and resources. We understand and measure the impact we are having.

Our ambitions

Putting people and their families first

- 1 People are empowered to make their own decisions and create support that works best for them
- 2 We understand our diverse communities and we support them to shape the services that matter to them
- 3 We have a diverse care provider market and people have more choice and control over their support
- 4 We have a strong focus on prevention to help people maintain their health and wellbeing for longer
- 5 We keep young people and adults safe from harm

Living in a place called home

- 1 We will establish and define what support at home people and families want in the future
- 2 Reablement services will be led by skilled therapists and focused on promoting wellbeing, confidence, and independence
- 3 We will continue to invest in valuing and supporting carers, and deliver the outcomes from our Carers Strategy
- 4 We support people to better understand and embrace self-directed support to encourage independence where appropriate
- 5 We work with partners to ensure everyone has a safe place they can call home

Developing how we work

- 1 We have the right staff with the right skills, working with people at the right time
- 2 Technology is used to deliver effective and efficient ways of working
- 3 Good quality data and intelligence supports us to continuously improve
- 4 We work closely with our Integrated Care System Partners to support emergency care and hospital discharge
- 5 We have a positive workplace culture
- 6 We offer people helpful information and advice that is easy to find, including those that fund their own care

→ haveyoursay.bcpCouncil.gov.uk/fulfilled-lives

National Context

At a national level, the current issues impacting Adult Social Care are well documented. They include but are not limited to:

- **Underfunding:** Chronic underfunding and a lack of long-term funding make it difficult to plan
- **Staffing shortages:** High vacancy rates and low pay make it difficult to recruit and retain staff
- **Rising demand:** Demand for care services is growing quickly, especially among working-age adults
- **Difficult working conditions:** Fluctuating hours and shifts, zero hours contracts, and safety issues make it difficult for staff to balance work and life
- **Limited career progression:** Limited opportunities for training and career progression
- **Inadequate funding:** Inadequate funding and an undervalued workforce make it difficult to provide high-quality care
- **Poor quality of care:** Some services are rated as inadequate for safety or well-led.
- **Delays:** People may complain if they experience delays or cancellations for no good reason
- **Lack of communication:** People may complain if they feel there has been a lack of communication or information
- **Fees and charges:** People may complain about the fees and charges they are charged for services
- **Poor complaint handling:** People may complain if they feel their complaint was not handled well
- **Assessments:** People may complain about their assessment, care plan, or review of their services
- **Safety and safeguarding:** People may complain if they are concerned about their safety or the safety of others

Several Commissions have referred to “a lack of progress” in implementing the proposals of previous high-profile reports for improvements to this area despite national and regional initiatives to support providers to improve Adult Social Care. These include but are not limited to:

- The Adult Social Care Outcomes Framework (ASCOF) is used to set priorities for care and support, measure progress, and strengthen accountability
- Skills for Care published a workforce strategy for adult social care in 2024

Locally, statutory bodies continue to struggle to meet ever increasing needs with diminished budgets and traditional resources.

Therefore, the implementation of this strategy journey is a welcome step forward and we very much welcome the opportunity to support local older, disabled people and carers to share their views, to support the development of this strategy.

Methodology

To do this work, local older, disabled people and carers reviewed the material.

We listened to and had discussions with older people, disabled people and carers (from across the protected characteristic groups) about their experiences and wishes in relationship to the areas of work and ambitions contained within the strategy document.

People wanted us to record things that they wanted the strategy to address and change in their lives.

Where we have recorded some negative experiences/case studies in this report; it is as evidence to demonstrate the need to enhance/change or include things which remove or mitigate barriers within the strategy and to inform specific recommendations.

Feedback

1. People were pleased to be consulted in the development of a new Adult Social Care Strategy. There is recognition that BCP employees are working in '**challenging times**' to deliver on this area of work. In addition, there is a strong sense of urgency from some disabled people keen to see progress.

“we need a plan to solve the problems we have... we need to be practical and get on with this... people are struggling”

2. The framing of the strategy as a way of achieving “Fulfilled Lives” was viewed positively.
3. But people did not like the logo image because of the somewhat transparent, faceless cartoon characters representing disabled people and carers.
4. People felt that it was very important that the new strategy explicitly acknowledge the realities of the current challenges that BCP faces in achieving the overarching Vision with limited resources, so that the strategy can respond to the constraints which it is under. Some felt this acknowledgement would really help people to work in different ways and think creatively.

“how these things [changes] are going to happen if we are being told all the time that there is no money”

5. People said that transparency and relationship building between disabled people, communities and BCP decision makers was going to be very important, if older, disabled people and carers are

going to help BCP understand the challenges from their 'lived experience' perspective. People felt that any ongoing participation will need to '**work hard**' to avoid a blame culture and focus on a creative solution-based culture and whole person and whole community services.

6. Some questioned if some of the wording in The Ambitions section of were reflective of a "**do to**" (Medical Model of Disability) rather than "**remove the barriers to**" (Social Model/Human Rights approach)

"[It] talks about "helping people" and "encouraging" to them to "embrace" independence. For me personally, it's a bit condescending"

7. Similarly, people considered "embrace" to be an emotive word and felt that it was more about disabled people and carers being able to make an informed choice. For example, carers might have the intellectual capacity and confidence but not the time to support someone with intellectual capacity issues. They were concerned that they might be judged as having "**failed to embrace enough**".

One parent with a learning difficulty shared her struggles understanding complex things. She is trying to manage her daughter's personal budget. As a carer she has never been given any training on how to manage any budget and no one has ever 'checked in' on her to ask if she needs support. "Sometimes I get really big bills [invoices], and I do not know why." This is impacting negatively on her health.

8. People felt a commitment to participation was clearly reflected in Ambition 2, which was very much welcomed.

2 We understand our diverse communities and we support them to shape the services that matter to them

However, some people wanted further clarification about the extent of involvement and influence. **‘Is the support to shape services at an individual level or community or strategic level?’**

9. We all acknowledged that people are more likely to repeat and share the bad news stories. However, older, disabled people and carers felt that they were justifiably worried about Adult Social Care. Local disabled people hear the news about cuts and rising costs, and they share stories of experiencing ‘gatekeeping’ and ‘jumping through hoops’ and what they often describe as poor or ‘really stretched’ services.

“The Support workers turn up on different days and times. This can disrupt plans we have made ... I have stopped making plans. There is often no explanation, and it might even be a new person who my daughter does not know. In those circumstance it can be hard to get her to engage and go with the support worker. The taxi is kept waiting, she is late for the activity, and I get charged more!”

The carer had been given explanations relating to staff shortages, limited resources but there was no discussion on how to address the presenting issues from her perspective as the person commissioning.

10. The commitment to supporting carers was welcomed but within the context that the Carers Strategy and Adult Social Care are inextricably linked, impacting on the health, wealth and wellbeing of carers.

A carer had retained a 3 hour a day part time job for several years had to give up her job because of a reduction in services for the person she cared for. She had loved her job and the sense of identity it gave her.

“overwhelmed...manging this is my whole life – I have no energy for nothing else... it’s all I talk about”.

11. Carers wanted the strategy to tackle the problems that they as carers perceived with the system so that the negative impacts that they currently experience can be reduced.

A carer, with children and a full-time job spoke about having been refused Attendance Allowance for her disabled parent. She received a generic letter and when she sought help to appeal received a list of instructions for what she needed to do because the refusal letter did not provide her with the basic information on which to base an appeal.

She reported feeling tied and **“just been given another form to complete”**.

“Why cannot they give you the real information the first time around – why cannot I just click a button on a website like the NHS site... why make it so hard”

12. Some people were concerned by the prioritisation exercises within the questionnaire. One person pointed out that this type of survey contributes to the picture but cannot be the sole basis for a

prioritisation exercise because the issues also impact the people who did not take part in the exercise, who might have higher or different needs.

13. People expressed positive interest in doing new things and having more varied opportunities and experiences. They noted that the strategy would need to create a framework for ensuring that settings and activities were accessible and inclusive. People felt that places and spaces with systems which deliberately support health and wellbeing were important and were about something more than going swimming or for a coffee and that often access was not well understood. People felt that the strategy needed to create access standards that everyone understood and complied with.

- Social talking or knitting groups often take place in pubs but there is often no Induction Loop making inclusion rather than just presence difficult.
- Self-Assessment of access features is poor. No one wants to admit that they don't know if their toilet is accessible.

14. People welcomed the reference to being safe. It is a big concern for many people. People felt there were lots of groups talking about this issue but that it did not feel very joined up and that the discussion needed to be moved forward to actions that prevent people experiencing abuse and hate crime.

Lived Experience: Hate Crime

A local man with learning difficulties had two support worker visits per week. The staffing was inconsistent and neither noticed that he was being manipulated by a new 'friend' who was always in his home.

He came to activities at The Bridge and because he felt safe, he spoke about what was happening to him and was supported to request information under Clare's Law.

15. Many were concerned about the request for a full postcode in the monitoring section of the document. This seemed incognisant with the rationale that the purpose was to establish differences across the sub districts of the conurbation. The first part of a postcode provides this information and the second provides information about streets and groups of houses within those streets. Some people felt they could be identified from this.

16. Some people were concerned about the structure and purpose of Question 22. People were not quite sure what information the researcher wanted to gather and how that information would be used. They considered the question to be part equalities monitoring and part exploration of personal experience of impairment. There were several issues:

The first part of the question asks people if they consider themselves to be disabled using only part of the Equality Act 2010 definition. The phrase “expected to last at least 12 months” does not address the issue of fluctuating conditions, which many older and disabled people experience and these health conditions are also considered to be disability within the legislation.

The check box part of the question was also considered confusing because it requested a self-assessment of the impact of the severity of impairment. People did wonder if the question was trying to ascertain how hard it was to manage daily but that without context, people were unsure how this made sense.

“my house is not adapted so this [health condition] has a big impact, if it was adapted it [the health condition] would not have a such big impact”

Some people considered impairment groups and considered it to be overwhelming. Whilst some welcomed the examples, they were concerned by then many subdivisions of impairment group and unsure how that level of detail would be used.

In terms of Deaf people, one person commented that Deaf should be capitalised and should be a separate group because **'being Deaf is not a hearing impairment'** and needs to be recognised as such.

Recommendations

1. Going forward the strategy should make a statement relating to the current socio-economic landscape and its impact on how the strategy might evolve
2. The strategy and subsequent work should be developed within the context of the Social Model of Disability. Therefore, serious consideration should be given to Disability Equality Training which supports an understanding of the Social Model as a framework for defining the barriers and solutions as external to individuals. This helps us to avoid an unintentional use of a Biopsychosocial Model of Disability which frames the responsibility for Disabled people's situation back onto the individual Disabled person. For example, a failure to 'embrace' an opportunity
3. Supportive 'Check-In' activities should be considered to create space for developing an in depth understanding of the Social Model as a tool for the removal of barriers and to ensure that the approach is maintained throughout; thus, reducing the risk of unintentionally reframing **'poor outcomes'** from the perspective of personal deficit

4. BCP should consider how it might sustainably and meaningfully involve a diverse range of older, disabled people and carers throughout development and monitoring of the Adult Social Care strategy and make an explicit statement about this approach
5. BCP could consider a scrutiny panel of service users who provide an informed 'critical friend' input to the development of the strategy
6. The wording of The Ambitions should be reviewed within the context of a Human Rights and Social Model framework. The wording should reflect the removal of barriers approach and the provision of Reasonable Adjustments to enable access to goods and services
7. The strategy needs to acknowledge that some people may not want to manage or only want partial management of a Personal Budget. Their reasons need to be respected, and neither service users nor carers should feel pressured towards self-management
8. For those that do want to self-direct, the strategy needs to explicitly state that it will provide the appropriate accessible and inclusive training, independent advocacy and ongoing support as needed
9. BCP should avoid use of imagery which focuses on the features of impairment rather than cultivating an understanding people to be known and respected as having a voice and use positive images of real older and disabled people
10. BCP should use real positive images of real disabled people
11. On going consultation and work to keep disabled people safe from crime should be undertaken in partnership with the police within the context of removing the barriers to equitable service with non-disabled people
12. BCP should remove the request for full post codes and consider amending to a request for the first part of the post code

13. The wording of Question 22 needs to be revisited to resolve the following:
- Currently, the first part, which asks if an individual self identifies with being a disabled person, uses an incomplete framing of the legal definition of disability which many people might not affiliate with anyway
 - The section asking people to grade the impact of their impairment should be removed and replaced by a question asking about the impact of environmental, physical and social barriers
 - The use of the phrasing “your disability/disabilities” reflects Medical Model language and should be substituted with Social Model language to reflect BCPs commitment to this model as a mechanism for achieving its legal requirements. If there are concerns that this might not be understood by the population then neutral language can be substituted
 - The impairment list should be simplified and consideration given to reducing the headings to those used in the Equality Act 2010
 - “Deaf” should be listed as a separate group to reflect the “Cultural Model of Deafness, which again reflects a commitment to the removal of barriers/legislative approach