

# Inclusion London's evidence to the long term funding of adult social care inquiry

## 1.0) Inclusion London

Inclusion London is a London-wide user-led organisation which promotes equality for London's Deaf and Disabled people and provides capacity-building support for over 70 Deaf and Disabled People's Organisations (DDPOs) in London and through these organisations our reach extends to over 70,000 Disabled Londoners.

2.0 We welcome the opportunity to submit evidence to the long term funding of adult social care inquiry by the Select Committee on Housing, Communities and Local Government.

## 3.0 Executive Summary

### 3.1) Key points

- A sustainable funding solution for adult social care is urgently needed as the current funding system is failing Disabled people.
- There has been £6.3 billion savings in the social care budget since 2010, as a result many Disabled peoples' social care packages have been reduced to a basic clean and feed model of care, which isolates Disabled people in their own homes so contact or participation in the community is not possible.
- Disabled people call for a social care and support system which is adequately funded in sustainable way so our rights under Article 19 – Living independently and being included in the community under the UN Convention of Rights of Persons with Disabilities (UNCRPD)<sup>1</sup> are fully implemented.

### 3.2) Summary of key recommendations:

- That social care and support, free at the point of delivery is funded through general taxation.
- That the following underlying principles under pin the sustainable funding model of social care in the future:
  - The rights contained in Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the UNCRPD Committee's General Comments on Article 19.
  - The social model of disability.<sup>2</sup>
  - The twelve pillars of independent living<sup>3</sup>

<sup>1</sup> <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html>

<sup>2</sup> <https://www.gov.uk/government/publications/2010-to-2015-government-policy-equality/2010-to-2015-government-policy-equality#appendix-9-the-social-model-of-disability>

<https://www.inclusionlondon.org.uk/disability-in-london/social-model/the-social-model-of-disability-and-the-cultural-model-of-deafness/>

<sup>3</sup> "12 Pillars of Independent Living" are:

Appropriate and accessible information, An adequate income, Appropriate and accessible health and social care provision, A fully accessible transport system, Full access to the environment, Adequate provision of technical aids and equipment, Availability of accessible and adapted housing, Adequate provision of personal

- The future funding model supports a National Independent Living Service as described in this document

## Inquiry questions

- ❖ How to fund social care sustainably for the long term (beyond 2020), bearing in mind in particular the interdependence of the health and social care systems; and
- ❖ The mechanism for reaching political and public consensus on a solution.

### 4.0) A social care service for the future – delivering independent living

Before deciding on a funding model it is necessary to consider what should the social care service of the future look like? What is the social care service that Disabled people have a right to? Below we attempt to answer these questions before providing our recommendation for a sustainable funding model:

#### 4.1) Independent living

Disabled people call for a social care system that implements our rights under the UN Convention on the Rights of Persons with Disabilities,<sup>4</sup> particularly the rights under Article 19 – Living independently and being included in the community.<sup>5</sup> The UK ratified the Convention in 2009<sup>6</sup> and should be taking practical steps to implement the rights contained in the Convention.

4.2) In practical terms the rights contained in Article 19 enable Disabled people who require social care and support the same level of opportunity<sup>7</sup> and choice as non-disabled people to pursue a career, have an active social life, find a partner and have a family, be involved in cultural activities, politics, sport/physical activities and be active in the community. Also to exercise their control over their day-to-day life<sup>8</sup> such as having control over the time to get up/go to bed, when and what to eat, where to meet friends and family, where to go on a night out etc. Non-disabled people often do not give a second thought to these decisions or choices. Disabled people believe that they should have the same level of autonomy.

#### 4.3) Article 19 - the right to independent living and inclusion in the community

Article 19 states that the government:

---

assistance, Availability of inclusive education and training, Equal opportunities for employment, Availability of independent advocacy and self-advocacy, Availability of peer counselling.

<sup>4</sup> <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

<sup>5</sup> <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html>

<sup>6</sup> <https://www.equalityhumanrights.com/en/our-human-rights-work/monitoring-and-promoting-un-treaties/un-convention-rights-persons-disabilities>

<sup>7</sup> <https://www.equalityhumanrights.com/en/equality-act-2010/what-equality-act>

<sup>8</sup> <http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted>

‘... shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that’:

- a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

#### 4.4) UNCRPD Committee’s Comments on Article 19

The UNCRPD Committee’s General Comments on Article 19<sup>9</sup> provide detailed clarification on these rights. Below is a brief summary of some of the key rights contained in the Committee’s Comments:

- ✓ Disabled people are able to make all the decisions regarding our day to day life.<sup>10</sup>  
The Committee spells out in practical terms why this is important:  
‘..where we live, with whom, what we eat, whether we like to sleep in or go to bed late at night, be inside or outdoors, have a tablecloth and candles on the table, have pets or listen to music. Such actions and decisions constitute who we are.’<sup>11</sup>
- ✓ Disabled people are able to access all available services and facilities in the community.<sup>12</sup>
- ✓ Support services are not restricted to services inside the home but extend to activities in the community such as employment, cultural and political participation, attending relatives and friends, travel and recreation.<sup>13</sup>
- ✓ The individual’s personal development is dependent on the social aspect of being part of a community.<sup>14</sup>

---

<sup>9</sup> [DOC\]CRPD/C/18/R.1 in English \(Word\) - OHCHR](#)

<sup>10</sup> ‘Independent Living:..... Personal autonomy and self-determination is fundamental to independent living, including access to transport, information, communication and personal assistance, place of residence, daily routine, habits, decent employment, personal relationships, clothing, nutrition, hygiene and health care, religious, cultural and sexual and reproductive rights.’ (See paragraph 16. (a) Independent Living:

[DOC\]CRPD/C/18/R.1 in English \(Word\) - OHCHR](#))

<sup>11</sup> See paragraph 16. (a) Independent Living: [DOC\]CRPD/C/18/R.1 in English \(Word\) - OHCHR](#)

<sup>12</sup> Ibid

<sup>13</sup> 29. Subparagraph (b) specifies various individualised services, which fall within this category of support services. They are not restricted to services inside the home, but must also be able to extend to the spheres of employment, education or political and cultural participation, support services empowering parenthood and the ability to attend family relatives and others, participation in political and cultural life, once leisure interests and activities, and travel as well as recreation.’ (See section D. Article 19 (b) 29: [DOC\]CRPD/C/18/R.1 in English \(Word\) - OHCHR](#))

<sup>14</sup> See Introduction paragraph 9: [DOC\]CRPD/C/18/R.1 in English \(Word\) - OHCHR](#)

- ✓ The Committee strongly emphasises throughout their Comments that the placing of Disabled people in institutions goes against the right to independent living and that all institutions should be closed.<sup>15</sup>

#### 4.5) Key rights from Article 19

Article 19 and the UN Committee' Comments make it very clear that Disabled people's access and inclusion in the community is a key right as is the right to choose where and with whom you live. Also that Disabled people should not be isolated or segregated from the community, which many Disabled people are experiencing due to cuts in their care. We will evidence this later in this document.

#### 4.6) Inclusion London recommends the following underlying principles underpin the sustainable funding model of social care in the future:

- The rights contained in Article 19 of the United Nations Convention on the Rights of Persons with Disabilities and the UNCRPD Committee's General Comments on Article 19
- The social model of disability, which recognises that barriers are created by society. These can be physical, organisational and attitudinal barriers, which can be changed and eliminated.<sup>16</sup>
- The twelve pillars of independent living<sup>17</sup>

4.7) Below is a draft model of a care and support/independent living service based on the principles mentioned above. Disabled People's Organisations are currently discussing the details:

#### 4.8) National independent living service (Draft)

Support for Disabled people will be administered by new 'national independent living service' managed by central government, led by disabled people, but delivered locally. It will be for need, not profit and will not be means tested. It will be independent of, but sit alongside, the NHS and will be funded from direct taxation.

4.9) The national independent living service will be located in a cross-government body, which can oversee implementation plans in all areas covered by the twelve pillars of

---

<sup>15</sup> For example: 'The systematic realization of the right to independent living in the community requires structural changes. In particular, this applies to de-institutionalization in all its forms'.

<sup>16</sup><https://www.gov.uk/government/publications/2010-to-2015-government-policy-equality/2010-to-2015-government-policy-equality#appendix-9-the-social-model-of-disability>  
<https://www.inclusionlondon.org.uk/disability-in-london/social-model/the-social-model-of-disability-and-the-cultural-model-of-deafness/>

<sup>17</sup> "12 Pillars of Independent Living" are:

Appropriate and accessible information, An adequate income, Appropriate and accessible health and social care provision, A fully accessible transport system, Full access to the environment, Adequate provision of technical aids and equipment, Availability of accessible and adapted housing, Adequate provision of personal assistance, Availability of inclusive education and training, Equal opportunities for employment, Availability of independent advocacy and self-advocacy, Availability of peer counselling.

independent living, whether it be in transport, education, housing, or social security. This will ensure that independent living is mainstreamed in every area of activity.

4.10) The national independent living service will be responsible for carrying out assessments, reviews and administering payments to individual Disabled people. Individuals will not be obliged to manage their support payments themselves if they choose not to.

#### 4.11) Lessons from the ILF and other services

The national independent living service will build on lessons learnt from the Independent Living Fund (the ILF), which was established in 1988 but was closed by the government in 2015.<sup>18</sup> The ILF provided support to people who were termed as ‘severely disabled’, ‘to achieve positive independent living outcomes and to have greater choice and control over their lives’.<sup>19</sup> Importantly the personal assistance provided enabled Disabled people to live in the community rather than in a residential home. Also the ILF was the first scheme established in the UK to give funds directly to Disabled people to purchase their own support.

4.12) The experiences of user-led Disabled People’s Organisations (DPOs), which have innovated and developed exciting models of self-organised and self-directed care through personal budgets and peer support, will also inform the new service as will failures of the local authority care and support system.

#### 4.13) Investment in local provision

Alongside establishment of the national independent living service will be investment in local service provision so that within each area Disabled people will be able to choose from a range of peer support options delivered by user-led disabled people’s organisations, co-operatives and social enterprises, supporting them to exercise choice and control over the support they receive and to manage their financial, administrative and employment responsibilities.

#### 4.15) Co-created with Disabled people

The national independent living support service will be co-created with Disabled people through an independent living task force led by Disabled people and representatives of adult social care service users.

**Recommendation:** The future funding model supports a National Independent Living Service described above.

## 5.0) Sustainable funding for social care for the long term (beyond 2020)

### Recommendations:

---

<sup>18</sup> <https://www.gov.uk/government/organisations/independent-living-fund>

<sup>19</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/493440/53543\\_HC\\_591\\_Print.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493440/53543_HC_591_Print.pdf)

- Inclusion London's key recommendation is that general taxation funds care and support which is free at the point of delivery. This provides a long term, sustainable solution to ensuring Disabled people's rights under Article 19 are implemented.

We recommend funding social care and support through general taxation because it would:

- Be a fair system, as those with higher incomes pay more.
- Allow greater flexibility to respond to changing levels of need and avoid stigmatisation of the recipients.
- Provide support to people at an early stage in their own home so the cost to NHS Hospital services will be reduced.
- Be an uncomplicated system, which can easily understood by the general public.
- Be a transparent system, because there are no hidden costs such as the so called 'hotel costs' for those in residential care as under Dilnot's recommendations.<sup>20</sup>

Also the general public is now receptive to an increase in tax to pay for social care costs.

### 5.1) Scotland's free personal care system

Scotland has had free personal care since 2002.<sup>21</sup> It is proof that a system delivering care which is free at the point of delivery is possible. So there are positives aspects of the Scottish system to draw on, but there are also draw backs, we give examples of both below:

- Only the over 65's are eligible for free personal care, which is of concern. However, this will be rectified as the system has proved so popular that the Scottish government has committed to the extension of free personal care to those under 65, to take effect by April 2019.<sup>22</sup> A feasibility study indicated that the vast majority of Scots are in favour of this.<sup>23</sup>
- According to the Kings Fund the Scottish system has seen a welcome 'shift in the balance from hospital and care homes to community care by supporting people to remain in their homes',<sup>24</sup> which would take the strain of NHS hospital services as requested by the Select Committee on Health.<sup>25</sup>

---

<sup>20</sup> <http://www.careport.co.uk/social-care-costs-should-be-capped-individuals-dilnot-report>  
<http://webarchive.nationalarchives.gov.uk/20130221121534/http://www.dilnotcommission.dh.gov.uk/our-report/>

<sup>21</sup> <http://www.legislation.gov.uk/asp/2002/5/contents>

<sup>22</sup> <http://www.gov.scot/Topics/Health/Support-Social-Care/Support/Adult-Social-Care/Free-Personal-Nursing-Care/Implementation-free-personal-care-under65>  
<https://www.kingsfund.org.uk/sites/default/files/2018-02/Approaches-to-social-care-funding.pdf>

<sup>23</sup> <https://www.kingsfund.org.uk/sites/default/files/2018-02/Approaches-to-social-care-funding.pdf>  
[https://strathprints.strath.ac.uk/46778/2/FEC\\_36\\_3\\_2013\\_BellDNFRutherfordAWrightRE.pdf](https://strathprints.strath.ac.uk/46778/2/FEC_36_3_2013_BellDNFRutherfordAWrightRE.pdf)

<sup>24</sup> <https://www.kingsfund.org.uk/sites/default/files/2018-02/Approaches-to-social-care-funding.pdf>  
[https://strathprints.strath.ac.uk/46778/2/FEC\\_36\\_3\\_2013\\_BellDNFRutherfordAWrightRE.pdf](https://strathprints.strath.ac.uk/46778/2/FEC_36_3_2013_BellDNFRutherfordAWrightRE.pdf)

<sup>25</sup> <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news-parliament-20151/accident-emergency-winter-planning-report-published-16-17/>

- The definition of personal care in Scotland is too narrow; support to participate in the community is not included and even support for tasks such as housework, laundry and shopping are not covered.<sup>26</sup>

5.2) So while we can learn from the success of Scottish system their model of personal care would not provide Disabled people with supported needed to enable independent living as stated in the UNCRPD Committee's comments on Article 19, so a huge opportunity would be lost if this model is followed in all aspects.

### 5.3) Other funding models

#### Hypothecated tax

We recommend that social care is not be funded through hypothecated tax with set precepts or levies, as they have caused difficulties as evidenced by those encountered in Australia with their National Disability Insurance Scheme (NDIS).<sup>27</sup> The NDIS was financed by an increase in the Medicare levy in June 2014 from 1.5 per cent to 2.0 per cent of taxable income. This has proved to provide insufficient funding<sup>28</sup> and there is a lack of cross party support for a further increase on taxes to fund disability support.<sup>29</sup> Also according to the Kings fund hypothecated tax 'could exacerbate the lack of alignment between the health and social care.'<sup>30</sup> Funding through general taxation allows the flexibility needed to respond to changing levels of need.

#### 5.4) Private insurance schemes

Private insurance scheme would disadvantage working age Disabled people who are likely to be charged higher premiums.

#### 5.5) The solution

Care and support free at the point of delivery funded by general taxation provides a long term sustainable solution to support the implementation Disabled people's rights under Article 19.

### 5.7) The current failing social care system

A new sustainable funding solution is urgently needed because the current system is failing failing Disabled people even though the Care Act 2014 places a duty on local authorities h to promote well-being. Below are the particularly relevant parts of the Act:

- (2) "Well-being" ...means that individual's well-being... relating to any of the following—
- (a) personal dignity (including treatment of the individual with respect);
  - (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);

<sup>26</sup> <http://www.gov.scot/Publications/2005/08/13113129/31333>

<http://www.legislation.gov.uk/asp/2002/5/contents>

<sup>27</sup> <https://www.nds.org.au/news/state-of-the-disability-sector-report-2017-reflects-sector-under-pressure>  
<https://www.theguardian.com/australia-news/2017/dec/04/ndis-costs-and-demand-overwhelming-disability-service-providers-report-says>

<sup>28</sup> <https://www.nds.org.au/news/state-of-the-disability-sector-report-2017-reflects-sector-under-pressure>

<sup>29</sup> <https://www.theguardian.com/australia-news/2017/may/22/malcolm-turnbull-prods-labor-into-backing-05-medicare-levy-for-ndis>

<sup>30</sup> <https://www.kingsfund.org.uk/sites/default/files/2018-02/Approaches-to-social-care-funding.pdf>

- e) participation in work, education, training or recreation;
- (f) social and economic well-being
- (g) domestic, family and personal relationships;<sup>31</sup>

5.8) However, the guidance on the Care Act allows local authorities to take its own finances and budgetary position into consideration.<sup>32</sup> The leeway that this guidance provides has trumped Disabled people's rights under the Care Act so a basic clean and feed model of social care has developed. As a result Disabled people are isolated within the four walls of their house, unable to be involved in the community, visit friends or relatives or participate in cultural or sports or any other activities outside their home.

### 5.9) Cuts in funding for social care and support

According to the ADASS in 2017 the cumulative savings in adult social care since 2010 is £6.3 billion.<sup>33</sup> The ADASS estimated a funding shortfall of £1.6 billion in 2017/18.<sup>34</sup> Government measures such as the Social Care Precept, Better Care Fund, Adult Social Care Support Grant have failed to plug the resulting funding gap.<sup>35</sup> In addition the Social Care Precept 'exacerbates distributional inequalities.'<sup>36</sup>

5.10) The Local Government Association (LGA) estimates a minimum of £1.3 billion is required immediately to stabilise the adult social care provider market<sup>37</sup> as providers are struggling financially. The Chairman of the LGA's Community Wellbeing Board warned of the risk of care provider market failure and the creation of a two-tiered care system.<sup>38</sup>

5.11) The Select Health Committee raised concerns about the impact on NHS A & E departments saying that 'unless the shortfall in social care provision is addressed, people will continue to face avoidable admission and delayed discharge from hospital'.<sup>39</sup>

5.12) The ADASS has been warning of the impact of the funding crisis for years. In 2013 the current president said "gazing into the next two years, without additional investment from that already planned, an already bleak outlook becomes even bleaker."<sup>40</sup> In November 2016

---

<sup>31</sup> <http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted>

<sup>32</sup> 10.27 In determining how to meet needs, the local authority may also take into reasonable consideration its own finances and budgetary position, and must comply with its related public law duties. <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

<sup>33</sup> <https://www.adass.org.uk/adass-budget-survey-2017-difficult-decisions-and-more-cuts-need-to-be-made>

<sup>34</sup> <https://www.adass.org.uk/autumn-statement-2016-representation-by-adass>

<sup>35</sup> <https://www.adass.org.uk/adass-budget-survey-2017-difficult-decisions-and-more-cuts-need-to-be-made>

<sup>36</sup> <https://www.adass.org.uk/budget-2017-representation-by-the-association-of-directors-of-adult-social-services>

<sup>37</sup> <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7903>

<sup>38</sup> <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7903>

<sup>39</sup> <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news-parliament-20151/accident-emergency-winter-planning-report-published-16-17/>

<sup>40</sup> <https://www.adass.org.uk/social-care-funding-bleak-outlook-bleaker/>

the immediate past president said “ Urgent and significant government investment is needed now to address funding for the sector, or thousands of people who rely, or hope to rely, on receiving care, will suffer as a result.”<sup>41</sup>

### 5.13) What is the impact of reduced funding for social care and support?

In June 2015 the ADASS informed the Commons Select Committee on Health that 400,000 fewer disabled and older people received social care than in 2009–10. The ADASS survey of councils in 2015–16 found that that £228 million (28%) of reported “efficiencies” were in fact met by reducing volumes of care packages.<sup>42</sup>

5.14) The Care and Support Alliance survey<sup>43</sup> reveals the human cost, below are quotes from social workers:

“I had to reduce the care package for three brothers who live together. Each has a mental health problem, physical or learning disability. They had a substantial care package for 15 years. It kept them safe from financial abuse and enabled them to live in the community. After reducing the care package two of them went into residential care and died. The other was admitted to hospital with dehydration and hypothermia.”

“A person with hoarding issues and a tendency to eat rotten food had their shopping and housework call cut, resulting in an admission to hospital with food poisoning.”

“Reducing support for someone with mental health difficulties is very unhelpful. In essence, it usually has a negative impact on any progression that individual might achieve in terms of their wellbeing and personal development, hence producing a revolving door syndrome which I have personally seen in practice.

“There really is no such thing any more as a person-centred approach.”

“I cannot get new packages of care agreed or increases agreed when needs have increased.”

5.15) The survey found, that ‘The overall picture painted from this survey is of a system of care and support for disabled and older people that is buckling under the strain of too few resources and rising demand.’<sup>44</sup>

### 5.16) Independent Living Fund

When the Independent Living Fund closed in 2015 the responsibility for care and support was passed to Local Authorities (LAs). But the funding provided by central government has

---

<sup>41</sup> <https://www.adass.org.uk/media-report-2-november-2016/>

<sup>42</sup> <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news-parliament-20151/spending-review-health-social-care-report-published-16-17/>

<sup>43</sup> <http://careandsupportalliance.com/wp-content/uploads/2017/09/CSA-Social-Workers-Speak-Out-Report-2017-FINAL-WEB.pdf>

<sup>44</sup> <http://careandsupportalliance.com/wp-content/uploads/2017/09/CSA-Social-Workers-Speak-Out-Report-2017-FINAL-WEB.pdf>

not been ring-fenced by many LAs so many care packages have been cut, as the cases from the One Year On report reveals:<sup>45</sup>

‘Steven has Cerebral Palsy spastic quadraplegia. He had been in receipt of 24 hour a day care for a number of years. Following the assessment it was reduced by 14 hours and a quarter a day to ten hours and three quarter hours. However, the package provided was so small that it would not allow carers to receive minimum wage and it would have left a severely disabled person in an extremely vulnerable position as he would be left at home without any support at all. Following an appeal, he was re-assessed and it was accepted that he had 24/7 care needs.’

‘Wayne is 44 years old. He suffered from tumours in his brain which had left him with significant physical impairments. He had been receiving 72.5 hours to meet his needs including ILF funding. Following his re-assessment his package was cut to 38 hours per week. The reason given for the decision was that the Independent Living Fund had finished. This would have left Wayne in a position where his hours would be taken up with his personal care and subsistence needs and it would have left him isolated at home. As a person who has many interests and is very involved in the community Wayne would have been unable to maintain his quality of living.

### 5.17) Danger of institutionalisation

Disabled people, particularly people of working age wish to live in their own home in their own community. Yet Disabled people’s rights to choose where and with whom they live are being ignored as the case of Lakhvinder Kaur, reported by the Disability News Service illustrates:

Lakhvinder ‘has spinal muscular atrophy, she says she has been “fighting non-stop” for seven years to secure a proper care package that will keep her safe, and allow her to live in her own home, manage her own support, and enjoy the typical social life of a young woman in her 20s. Instead, she has had to move from one inappropriate care home and supported living setting to another since she turned 21.<sup>46</sup>

5.18) People with learning difficulties have been forced to stay in hospital units or care homes because of a lack of accessible or supported housing and social care and support in the community:<sup>47</sup>

- Over 35,000 people with learning difficulties are in residential, nursing homes or assessment & treatment units in England.<sup>48</sup>

---

<sup>45</sup> <https://www.inclusionlondon.org.uk/campaigns-and-policy/facts-and-information/independent-living-social-care-and-health/ilf-one-year-on/>

<sup>46</sup> <https://www.disabilitynewsservice.com/shocking-case-of-disabled-woman-trapped-in-care-home-that-wants-to-evict-her/#prettyPhoto>

<sup>47</sup> In 2010- 2015 there was £4.6 billion reduction in social care and support funding:  
<https://www.adass.org.uk/media/4345/key-messages-final.pdf>

<sup>48</sup> <http://www.content.digital.nhs.uk/catalogue/PUB21934/comm-care-stat-act-eng-2015-16-rep.pdf>

- 32% of the 3000 people with learning difficulties that were inpatients in September 2015 in England, even though their care plan did not suggest a need for inpatient care<sup>49</sup>

5.19) Because of the huge cuts in the budgets for social care funding, the Care Act 2014 has been unable to ensure Disabled people's wellbeing has been promoted - Disabled people have no control over their day to day life and support is denied to enable an individual's 'contribution to society'. The rights under Article 19 to independent living and inclusion in the community are also being ignored. A solution to the funding crisis is urgently needed.

## 6.0) Conclusion

A sustainable funding model that provides social care and support for independent living, which is free at the point of delivery is urgently needed. We believe the solution is funding through general taxation.

For more information contact:

Inclusion London

336 Brixton Road

London, SW9 7AA

[policy@inclusionlondon.org.uk](mailto:policy@inclusionlondon.org.uk)

Telephone: 020 7237 3181

SMS: 0771 839 4687

[www.inclusionlondon.org.uk](http://www.inclusionlondon.org.uk)

---

<sup>49</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/508909/ld-census-further-sep15-rep.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508909/ld-census-further-sep15-rep.pdf)

---

Registered Charity number: 1157376  
Company registration number: 6729420