

## Appendix 2

### Adult and Community Services: Voluntary Sector Funding – 2011 Consultation Report

#### Introduction

This report sets out the main findings of the consultation regarding proposed reductions in future funding of the Voluntary Sector in Adult and Community Services (ACS). The findings will form part of the report presented to the lead Cabinet member for signing in May 2011.

#### Consultation Details

The ACS consultation with the Voluntary Sector initially ran for one month from 17<sup>th</sup> February and was scheduled to finish on 17<sup>th</sup> March 2011. However, the date for responses was extended until 31<sup>st</sup> March for providers and until 8<sup>th</sup> April 2011 for users of services. Where, in a few isolated cases, original correspondence would appear not to have been received, organisations were given more time (into April) to respond, on a case-by-case basis.

There were several main channels for the consultation. These included:

- The consultation survey, where, participants completed questionnaires and in doing so responded to specific questions.
- Email or other written correspondence directly to the council or via a councillor or local Member of Parliament - which allowed any comments whatsoever to be made on the proposed changes.
- From June 2010 a number of events were held where various organisations and individuals were presented with information about the loss of the area based grant and the impact this would likely have on the voluntary sector (see Annex 1).
- Providers were also encouraged to begin their own consultation with their clients. At least two organisations advised the Council that they had undertaken this, with the outcome provided to the Council. A commissioning manager attended one of these events, where 5 users attended.
- Number of responses received is illustrated in the table below:

Number of providers responses	16
Number of completed user questionnaires	515
Number of supporting letters (service users, other organisation, MPs, Members Enquiries etc)	10
Petitions	1
Total	542

## Responses to the Consultation

Our consultation sought to reach a wide-ranging audience and we received a significant number and varied set of responses.

There were over **500** direct responses to the consultation including letters and emails, including, **515** completed surveys. Also, we received a petition from one organisation with over 250 signatures

## Accessibility Issues

We produced information about the consultation and provided hard copy questionnaires to all organisations to distribute to users of services. Information in accessible forms was available on request – such as other languages, audio, Braille, large print, etc. Two responses were returned in a community language and translated.

## Interpreting the Consultation Responses

A great deal of time and effort has been put into the responses by contributors to the consultation. For example, many individuals described their personal experiences and providers and local voluntary organisations discussed in detail the specific issues relevant to their organisation and members. Some of the provider responses included case studies of how services provided resulted in positive outcomes for users. All of these responses have been read and analysed.

For the purposes of assessing the impact where possible and appropriate within the responses the different sectors of the voluntary sector affected by the budget reductions have been considered separately.

## The key findings are these:

### 1. Views of users of services

#### User Survey Questionnaires:

A total of 515 responses were received from users of services about proposed changes to the services they received across the Voluntary Sector. The breakdown is as follows:

Organisation	Number of responses
Age UK	335
Asian Carers Support group	25
Bikur Cholim (Jewish Floating Support Service)	8
BME Carers Support	35
Club Anand	20
Crucial Steps	6
HAGA	19 <sup>1</sup>
Haringey Carers Centre	6
HAVCO	9
Markfield	2
Mencap	28
Mental Health Carers Support Association	3
Mind in Haringey	3
Open Door	5
PHASCA	11

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<sup>1</sup> HAGA users also completed approximately a further **150** HAGA designed questionnaires, as well as personal vignettes, and these have also been included in the findings.

Users of services were invited to respond to the consultation regardless of whether the Council's provisional decision in respect of the services was that we were minded to continue funding, continue funding but at a reduced level, or minded to cease funding.

Extent to which users supported the proposals to keep, reduce, or cease the service.	Support	Strongly Support	Neither support or oppose	Oppose	Strongly Oppose	Not Stated
<b>Total</b>	<b>14<sup>*1</sup></b>	<b>44<sup>*2</sup></b>	<b>17</b>	<b>49</b>	<b>375</b>	<b>14</b>

\*1 - 4 'Support' checked on some forms but content would suggest 'Oppose'

\*2 - 17 'Strongly Support' checked on some forms but content would suggest 'Strongly Oppose'

Overwhelming those users of services who responded said that the service they currently received met or exceeded their expectations.

Many said how the service they received was very important not just to them and their loved ones but also to lots of other people and their families helping people as it did with daily tasks, to lead a more independent and active life, to have a hot meal, to learn some skills or take part in other activities (trips out, dance, cooking, music, exercise classes) etc. Some went as far as to describe the service as irreplaceable. Others said how they felt their confidence had grown or that all their worries went away and they could forget about, even if only for a time, their problems, when attending centres or in receipt of provider services.

Others were deeply appreciative of what they variously called valuable, excellent, reliable, reasonably-priced and affordable services and described the help and support they received as a 'life-line' that enabled them maintain their independence and quality of life as well as, on a more practical level, get out of the home and/or interact with others and/or participate in the wider community. Respondents said it prevented them from becoming a burden to or placing an even greater burden on family members, carers and others. Some went on to say how they would struggle to cope without the current services they received or to afford the alternatives. Many said they would be upset and would have nothing to look forward to or 'keep them alive'. Others worried about having to rely on other services than the one(s) they currently used and the reliability, trustworthiness, reputation, cost and peace of mind of using alternatives to such as the handy person service and the fear they had of getting strangers in or spoke of other activities and facilities to the ones they used being too inflexible or expensive for them to use. A number pointed to how, in their view, there was no similar affordable service.

Responses were as follows:

Q2. To what extent do you support our proposal to reduce or cease funding for this organisation?

Sector	Strongly Support	Support	Neither Support nor Oppose	Oppose	Strongly Oppose	Not stated	Total
Older People	30	7	16	26	271	16	<b>366</b>
Mental Health	0	0	0	4	18	0	<b>22</b>
Learning Disabilities	0	0	0	6	24	0	<b>30</b>
Alcohol misuse	3	0	1	2	13	0	<b>19</b>
Carers	11	6	0	8	44	0	<b>69</b>
General		1		3	5	0	<b>9</b>
<b>Totals</b>	<b>44</b>	<b>14</b>	<b>17</b>	<b>49</b>	<b>375</b>	<b>16</b>	<b>515</b>

Overwhelmingly those who responded were opposed or strongly opposed to the proposal.

The majority (if not all) of the people who said they ‘strongly support’ the cuts made clear in their comments that they did not want the service to be cut. It is likely that they interpreted this question as being about how much they supported the service.

Many people who responded to the consultation said what life would be like for them should the 1:1 or other care and support they received from, as some described it, fully-trained staff, not be there or in its present form. Many said it would be difficult, depressing, distressing, stressful or even devastating for them or that their personal situation would worsen or they would be left feeling totally helpless or, in extreme cases, the consequences even prove fatal and foreshorten their life. Others that the proposed changes would reduce people’s options or spoke of how respite for themselves or loved ones and/or the role of the carer, parent and siblings (some of whom worked full-time) would become more difficult.

A number of people, particularly those with substance misuse problems spoke of how they could resume their old habits of drug taking and street drinking. A number of people pointed to how they were on limited incomes or lived alone and had no families to help them, were in poor health or had problems with mobility. For them, costlier alternatives or a future without access to the same levels, or to any replacement sources of practical help whatsoever, would limit their future enjoyment, impact unduly on their physical and mental well-being, or leave them effectively isolated, lonely and housebound, missing the companionship of friends and worse off overall. Some spoke of the increased risks of an accident in the home if they had to do the repairs themselves or the sheer fact that there were things in the home that they were simply not able to do for themselves and how they had no one else to do them. Some people worried that without their current service they would end up in a residential home or that other placements would be extremely difficult to find.

Q3. Do you understand why Haringey Council is proposing to reduce or cease funding to organisations in some instances?

Sector	Yes	Not Sure	No	Not Stated
Older People	217	50	85	14
Mental Health	10	5	7	0
Learning Disabilities	10	11	9	0
Alcohol misuse	9	2	8	0
Carers	34	14	21	0
General	6	2	1	0
<b>Totals</b>	<b>286</b>	<b>84</b>	<b>131</b>	<b>14</b>

Respondents were given the opportunity to comment on their understanding. Of the 286 people who said ‘yes’ they understood, 49 comments were received. Some people indicated they knew that the Council’s budget had reduced, due to government cuts, and therefore the Council was making cuts. However the majority of the people who commented, felt that the Council should not be making budget reductions in adult social care organisations, with many stating specifically that their service should not be cut/reduced. Of the 49 comments received, 41 of these were from older people. The majority of these users felt that older people are an ‘easy’ or ‘soft’ target. About 25% of the older people who commented, felt that Council should reduce services in another area. Information carers who commented (five people) felt that carers would suffer as a result of the loss of services available to them.

### Effects of the Change

Q4. Which of the services you currently receive from this organisation do you value most and why?

469 people talked about the services they valued. Users of services almost universally valued the services they received, some worrying that other agencies or organisations would not be as

understanding of their situation. Moreover, the respondents appeared to value the same five things about their service, regardless of provider, namely:

- Opportunities to socialise, eg through social gatherings and outings (including getting a break if in an informal caring role)
- Providing moral and emotional support and getting to meet with others in the same situation
- Facilitating access to leisure and opportunities for exercise, through for example, dance classes)
- Providing information and advice, and also advocacy when needed (such as when navigating the benefits system.
- Supporting recovery from illness, and getting back into normal life activities, such as working.

Q. What impact will a reduced level of service or no service at all have on you? Respondents also asked to indicate how it affected **one or more** of their equalities protected characteristics)

Sector	Age	Disability	Ethnicity	Gender	Religion	Sexual Orientation	TOTAL
Older People	223	171	37	27	10	4	<b>472</b>
Mental Health	8	6	4	3	5	0	<b>26</b>
Learning Disabilities	0	19	0	0	0	0	<b>19</b>
Alcohol misuse	2	4	1	0	1	0	<b>8</b>
Carers	27	16	28	3	6	0	<b>80</b>
General	1	0	1	0	1	0	<b>3</b>
<b>Totals</b>	<b>261</b>	<b>216</b>	<b>71</b>	<b>33</b>	<b>23</b>	<b>4</b>	<b>608</b>

This table lists the responses of those service users who responded. There are no major surprises here. You would expect age and disability to be prominent characteristics of the Older People's sector and disability a feature of the Learning Disabilities and Mental Health sectors (as well as prominent characteristics overall given whom Adult Social Care helps). For BME groups, a clear theme emerged about access to services that are culturally specific and who could speak the user's first language.

Gender response by Sector

Sector	F		M		Not Stated	
Older People	248	48.2%	82	15.9%	38	7.4%
Mental Health	12	2.3%	7	1.4%	3	0.6%
Learning Disabilities	20	3.9%	10	1.9%	0	0.0%
Alcohol Misuse	1	0.2%	15	2.9%	2	0.4%
Carers	40	7.8%	12	2.3%	16	3.1%
General	7	1.4%	1	0.2%	1	0.2%
<b>Total</b>	<b>328</b>	<b>63.7%</b>	<b>127</b>	<b>24.7%</b>	<b>60</b>	<b>11.7%</b>

## Ethnicity of respondents

<b>Ethnicity</b>	<b>Alcohol Misuse</b>	<b>Carers</b>	<b>General</b>	<b>Learning Disabilities</b>	<b>Mental Health</b>	<b>Older People</b>	<b>Total</b>
<b>White</b>	<b>14</b>	<b>22</b>	<b>3</b>	<b>11</b>	<b>14</b>	<b>153</b>	<b>217 (42.1%)</b>
White British	11	4	1	4	8	106	134
White Irish	1	0	0	1	0	7	9
Other White	2	18	2	6	6	40	74
<b>Mixed</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>14</b>	<b>19 (3.7%)</b>
White and Black Caribbean	0	1	0	0	1	8	10
White and Black African	0	1	0	0	1	2	4
White and Asian	0	0	0	0	0	0	0
Other Mixed	0	1	0	0	0	4	5
<b>Asian or Asian British</b>	<b>1</b>	<b>31</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>51</b>	<b>90 (17.5%)</b>
Indian	1	23	3	2	0	23	52
Pakistani	0	2	0	1	0	4	7
Bangladeshi	0	1	0	0	0	5	6
Other Asian	0	5	0	1	0	19	25
<b>Black or Black British</b>	<b>3</b>	<b>8</b>	<b>2</b>	<b>11</b>	<b>6</b>	<b>135</b>	<b>165 (32%)</b>
Caribbean	0	4	0	8	1	104	117
African	3	4	2	3	3	24	39
Other Black	0	0	0	0	2	7	9
<b>Chinese or Other Ethnic Group</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>8 (1.6%)</b>
Chinese	0	0	0	2	0	4	6
Other Ethnic Group	0	0	0	0	0	2	2
<b>Not Stated</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>9</b>	<b>16 (3.1%)</b>

### Q. How do you think the service you currently receive could be provided differently?

349 people commented on this question, with 312 providing useable comments. Asked how the service they received could be provided differently, very few people came up with concrete proposals and said they either genuinely did not know (58 respondents). The vast majority of respondents said the service should not be changed and/or there is not alternative (184 respondents). Quite a few people even suggested that more not fewer resources were needed (52 respondents). Quite a number did not, for whatever reason, respond to this question.

Some could not comprehend why we were proposing the changes or saw cutting them as an easy option. Other said it was cruel to be contemplating cancelling them or queried why such small cuts relatively-speaking were being made to their services. That this would leave vulnerable people without help was a common theme. Others worried about the future and the general lack of

available services, as they perceived it, of help generally across the voluntary sector and questioned the timing when demand as they saw it was on the increase. A number of respondents spoke of how the organisation they used understood their needs and/or could meet their cultural or religious needs in a way others couldn't or pointed to how theirs was the only such project in the Borough. Other pointed to the fact that cuts would only increase the demand on other organisations or for other services, including residential care. Several said that cuts or no cuts - there would still need to be some form of provision or support (for example, a drugs and alcohol service).

Those with an alcohol-related illness worried about a relapse and the impact for children and loved ones. They also said that they did not like or rate alternative sources of provision.

Those who did venture to answer this question suggested that organisations join together and look at more cost effective ways of doing things -combining repairs and inspections for example (three respondents); charge more for services (five respondents); or organisations could fund raise (three respondents). One respondent recognised that the service they used was available elsewhere (eg Job Centre Plus), however s/he preferred to access it from the voluntary organisation.

### **Alcohol misuse services – summary of comments**

All respondents in this service area either opposed or strongly opposed any cuts to this sector. A number of users commented on the importance of having support outside office hours. Several users also commented that they could not have survived without the support of their services, and that it provided structure, social integration, and support whilst recovering from addiction. Users also talked about how having such a service, helped with life-skills, self-esteem, and also prevented hospitalisation, and helped them back into 'normal' living, for example, getting back into employment.

### **Informal carers – summary of comments**

Respondents of organisations that work with informal carers, talked about the value of having moral and psychological support, social contacts as well as advice, information, and regular meetings. Many of the respondents valued the social outings provided, as well as getting a break from their role (respite through a sitting service) A big theme was having access to interpreting to help with forms for example, as well as advocacy and signposting, particularly around benefits advice, and working with the statutory sector.

### **General services – summary of comments**

Respondents under this client group category (all referring to the proposals about the Volunteer Centre) opposed cuts to this area, and talked about the opportunities that they had accessed through the Centre, including voluntary placements, improving job prospects as well as socialising.

### **Learning Disabilities – summary of comments**

People who use learning disabilities were all opposed to any proposed cuts in funding to this area. Respondents talked about how they valued the support they got to be independent, including help with communication, day to day (and evening) activities and learning new skills (such as cooking). Respondents valued the advocacy role of one of the services, and the ability of staff to support people with complex needs, helping them to more fully participate in the community, and keep active.

### **Mental Health – summary of comments**

Respondents in this sector valued the support they received in terms of both emotional and practical (including benefits advice). Advocacy was a valued service, in helping users to express themselves, and get problems resolved, including writing letters, completing benefits forms, accessing training and volunteering opportunities. Having structure in the day was important to

some respondents, and some feared the loss of service would result in being hospitalised as they would not be able to cope.

### **Older People – summary of responses**

Respondents generally felt concerned that their quality of life would be affected, and they would lose their independence, or become isolated. Having access to regular activities was a common theme, to be able to exercise, socialise, and keep as active as possible. Having access to practical support was also highly valued, getting things fixed at a reasonable cost and in a reasonable timescale. The service that support people returning to independence after a stroke received strong support, for similar reasons, including regaining confidence, having emotional support and accessing leisure and exercise opportunities. Assistance with benefits applications, easy access to ‘trusted’ advisors in terms of information and advice, was highly valued. Respondents worried about becoming more isolated and lonely.

## **2. Providers and Voluntary Sector organisations**

Throughout this section of the report, we have sought to include recurring themes emerging from stakeholder responses, rather than detailing specific, individual issues or outlining every point of view.

16 organisations representing a total of over 1000 users of services from across the sexes and with a range of other protected characteristics (age, ethnicity, disability, religious belief, sexual orientation etc) responded to the consultation.

In the correspondence and meetings with them, providers were given the opportunity to comment on the Council’s funding proposals for 2011/12, the overarching criteria that in the determination of the future funding of voluntary sector organisations and (and other organisations where relevant) and to put forward representation on the Council’s proposal (as indicated to each organisation separately) either to cease funding or commissioning their service by 31<sup>st</sup> March 2011, continue funding but at a reduced rate, or to continue funding the services provided by their organisation at the current rate.

They also had an opportunity to explain the impact that a reduction in expenditure would have for them and on those they supported. They were advised that their comments would inform the consultation and Equalities Impact Assessments.

### **Core themes:**

#### **1. Comments on the Proposal.**

Several organisations expressed their opposition to any cuts in funding that threatened services for vulnerable people within the community, particularly on top of previous or other cuts to their budgets, elsewhere in the Council or the wider public sector. Some felt that services currently (in working with alcohol misuse for example) that they were adversely impacted because they received funding from several Council departments, who were all concurrently implementing proposals for savings. Others saw cutting services as regressive, something of a false economy or disproportionate. Some felt that flexibility would be lost with these changes as would a person’s independence and choice.

Most organisations did acknowledge the impact of public sector funding cuts on the Council, however only one suggested negotiating a reduced cost to provide a different model of service.

Some organisations expressed dissatisfaction with the short timescales for the consultation and the notice period provided for termination of funding. In Learning Disabilities, this was particularly a concern, in terms of having insufficient time to work with users about the understanding the proposals and the impact.

Providers were worried for the support of their client groups and that this would put them at greater risk, cause them hardship or distress or lead to them being unable to access services they hitherto received because of religious, cultural and other barriers or because they would not now be “reached”. Worries about users of services becoming increasingly marginalised and socially excluded within the Borough, particularly given its demographic, (leading to them having a reduced presence and/or voice in the local community and less able to make a positive contribution) was a common message.

Several providers, including BME and MH and substance misuse prevention providers, pointed to how they offered a culturally, linguistically or otherwise unique or non-stigmatised service within the Borough. They went on to say how without them, users of services would effectively be left without a service as their condition (mental health) or the nature of their requirement (alcohol) often precluded them from other forms of specialist or higher threshold level services. Without the levels of current help, support and, in some cases, treatment, it was argued, for issues such as mental health and addiction, providers thought their clients would find it difficult to overcome the additional obstacles that would be put in their way. They saw this as having a direct and negative impact on their overall health and well-being.

Many providers have made the case for how they offer unique services, and said how they already offered value for money as well as giving case studies of how they made a positive contribution to the well being and independence of their users of services.

A number of respondents worried that the cuts would result in reduced levels of social interaction with the corresponding benefits reduction that would bring as well as reduced levels of confidence in re-integrating into the community or result in more cases of people being housebound or, in the case of drugs and alcohol, reverting to “old behaviours”. There was a particular concern among mental health and substance misuse providers that users of services would be unsupported at weekends. There were concerns too about a potential increase in hospital/A&E admissions and interventions by other agencies such as social services and the police.

## **2. Comments on the Criteria Used**

Very few comments were provided on the actual criteria used by providers. Those that did comment felt that use of the Fair Access to Care Criteria was considered unfair, particularly where the users of their services were not in receipt of statutory social care services. Some said that it is difficult to separate ACS funding from other funding streams, many of which were also being cut.

Several others queried, as they perceived it, the arbitrary nature of ACS’s scoring system for determining the impact of stopping a service, and made a case for additional points to be awarded (evidence provided) under the system. Reviewing the award of points did see many projects provisional scoring increase, although for only about five did this result in the organisation achieving sufficient points to retain their 2010/11 funding at either the same or reduced level.

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## **Notes on Interpreting the data**

### **Qualitative research**

There are a number of issues to bear in mind when interpreting the data. First, a consultation such as this is predominantly qualitative in nature and has involved listening to what people have said and the way in which they have said it and interpreting their completed surveys.

This does not devalue their evidence – far from it. Qualitative methods based on ‘themes’ and ‘concerns’ are much-used and well-respected in research.

A number of verbatim comments are included to illustrate and highlight key issues that were raised. These are attributed, where appropriate to specific audiences or sectors.

### **Quantitative research**

Statistical data is included in order to illustrate the relative importance of particular issues compared with others and to specific groups with protected characteristics as well as to assist commissioners and others shape a future potentially without some SP services or current levels of SP funding.

Some figures/response rates in the report are relatively small given the scale of the sector or overall numbers consulted; they must therefore be treated with caution.