

# ADASS ACTIVITY SURVEY 2021

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## **SURVEY & METHODOLOGY**

The ADASS Activity Survey was conducted by the Association of Directors of Adult Social Services (ADASS) and was sent to every Director of Adult Social Services (Directors). There are 152 local authorities in England with adult social care responsibility and there were 91 completed returns. The survey was distributed via an online link and remained open between 19<sup>th</sup> March and 21<sup>st</sup> April 2021. Not all questions have been completed by all respondents, so where relevant we make clear the sample sizes. We also make clear where our analysis reflects the number of actual responses and those instances in which we extrapolated from the responses to present what this might look like if the picture were replicated nationally.

We would like to thank the local authorities that took the time to submit responses, especially given the numerous and competing priorities they are facing at this time.

## **THIS REPORT**

The fragility of adult social care in England was well evidenced long before the emergence of the Covid-19 pandemic. Cumulatively, Directors of Adult Social Services have reported that £7.7 billion savings from local authority social care budgets had to be made in the period between 2010 and the onset of the pandemic. Covid-19 has added significant additional need, activity and challenges to an already over-overstretched and under-resourced set of services and supports for older and disabled people over the course of the last year.

ADASS surveys have sought to track and map the impact of historic funding pressures and decision-making, and more recently the pandemic, upon the delivery of key forms of care and support for the millions of older people, disabled people and carers who need care and support to live good lives. This survey follows the ADASS Budget Survey, Covid-19 Survey and the Autumn Survey, which have been published over the last twelve months. This enables us to track a series of issues over that period and beyond.

This particular report focuses on five key activities delivered and overseen by local authorities.

1. Social justice and inclusion
2. Access to services & support
3. Carers and caring
4. Care market sustainability
5. NHS interface.

This report gives us some evidence of the trends people predicted and feared during the Covid-19 pandemic, particularly in relation to the growing number of people needing adult social care and support for mental ill health, domestic abuse and carer breakdown. It underlines the need for the Government to publish its promised plans for adult social care reform and the funding needed to transform the way that care and support is delivered and experienced.

## KEY MESSAGES

- Directors report that local authorities are seeing increased numbers of people seeking support for mental ill health, domestic abuse and safeguarding, and homelessness.
- Closure and unavailability of some services (such as day services) has led to increased numbers of people seeking support for other social care services.
- There has been increased need and activity as a result of people not being admitted to hospital as well as increased social care activity as a result of people being discharged from hospital.
- Adult social care has stepped up during the pandemic and is providing care and support for increased numbers of people who have not been admitted to or who are being discharged from hospital.
- Carers have taken on significant responsibilities during the pandemic as evidenced by Carers UK and other bodies. This has included people taking on caring responsibilities for the first time, as well as carers either choosing not to, or not being able to access services for the person they care for due to infection concerns.
- However, fewer carers have contacted their local authorities for support and fewer carer's assessments have been undertaken. This is despite Directors reporting an increasing number of people seeking support in the event of Carer breakdown or carer unavailability. This would suggest that carers are not seeking help until they actually break down.
- Care markets have continued to experience turbulence. However, time-limited Covid-19 grant funding, such as the Infection Control Fund, is reported to have prevented or delayed some provider failures by way of closures and there have been fewer contract hand-backs to local authorities by providers.

## 1 SOCIAL JUSTICE AND INCLUSION

It is widely reported that the Covid-19 pandemic has disproportionately impacted upon those of us who were already most exposed to existing social inequalities.<sup>1</sup> Older people, those of us who are disabled and/or from poorer or different ethnic minority communities, and those who are homeless or at risk of abuse and/or exploitation have been heavily impacted by both the virus and many of the measures and restrictions (such as shielding) that have been put in place to protect our wider communities. This survey sought to explore some of this impact.

### 1.1 People seeking support due to mental ill health

Much has been reported in the media about the impact of the pandemic and of a series of national lockdowns for our mental health and wellbeing. A recent survey by Mind found that 6 in 10 adults and 2 in 3 young people said that their mental health had 'got worse during lockdown' and that 1 in 4 people of all ages who tried to access mental health support during lockdown say they were unable to do so.<sup>2</sup>

In any conversation about mental health, much of the focus is on NHS services. However, this only represents one part of the story. Local authority teams provide social mental health support and care within our local communities, as well as provide social work services when crisis is reached and a compulsory admission to hospital or treatment in the community is needed.

This survey provides a snapshot of the increasing need for social care mental health support.

68% of Directors who responded reported there have been increases in the number of people presenting with need as a result of **mental ill health** since November 2020. It should be noted that this is the first time we have specifically posed this question to Directors, so it is not possible to track this over time, but we will be able to do so in future surveys.

Allied to this, those Directors who responded reported that in 2020-21 there were 71,050 Mental Health Act assessments carried out by social care, compared to 68,453 in 2019-20. These are assessments where there is consideration of compulsory admission to hospital for assessment or treatment, or the use of compulsion in the community<sup>3</sup>. This represents a 3.8% increase in the number of Mental Health Act assessments carried out by adult social care, in a year.

As with other areas, this increase masks a more complex picture, with lockdowns decreasing assessment numbers, only to see them rebound as society re-opened.<sup>4</sup>

### 1.2 Those seeking support related to domestic abuse and safeguarding

Under the Care Act 2014, local authorities have statutory duties relating to the safeguarding of adults who need care and support. Throughout the pandemic, the need to exercise these duties has been more vital than ever. Many people have found themselves locked down, socially isolated and at greater risk of harm, abuse or exploitation.

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<sup>1</sup> Public Health England (2020), [Disparities in the risk and outcomes of COVID-19](#)

<sup>2</sup> ADASS & LGA (2020), [COVID-19 Adult safeguarding insight project: findings and discussion](#)

<sup>3</sup> Compulsion in the Community largely relates to the use of Community Treatment Orders and Guardianship, both are Mental Health Act powers.

<sup>4</sup> See [The impact of the Covid-19 pandemic on Approved Mental Health Professional \(AMHP\) services in England](#) | [www.basw.co.uk](http://www.basw.co.uk) for more details.

Directors who responded report that there were 101,929 formal safeguarding enquiries in 2020-21, compared to 104,187 enquiries in the previous year (2019-20). This reduction of 2.2% year on year, like the figures around Mental Health Act assessments, hides the complexity on the ground, which has been picked up by the 'Insight' report, described below.

The ADASS and LGA Insight report has been tracking the national picture regarding adult safeguarding activity during the different phases of the pandemic. Its latest report provides a picture of activity between July and December 2020, vividly illustrating the impact of the different lockdowns on reporting of safeguarding concerns:

*'The general picture in England shows a sharp decline in the rate of safeguarding concerns in March and April 2020, only to increase steeply in May, June and July 2020, where it remained at a high level before decreasing during December 2020, following the second lockdown. Rates of safeguarding concerns were overall higher than in the previous year.'*<sup>5</sup>

This picture is reflected in the responses to the Activity Survey. 57% of Directors who responded reported an increase in people presenting needs and/or being referred to adult social care services related to **domestic abuse and safeguarding**<sup>6</sup>. Although this figure has decreased from the 69% of respondents reporting increases in the ADASS Autumn Survey, this is likely to reflect the timing of the survey, which coincided with the end of the Jan-April lockdown. In other words, based on experience from last year we are expecting to see another rise in safeguarding referrals as restrictions are eased.<sup>7</sup>

### 1.3 People who are rough sleepers presenting with a social care need

In March 2020, at the start of the pandemic, the Government launched the 'Everyone In' initiative, providing an initial £3.2million in funding to support local authorities and their partners to find accommodation for rough sleepers. This resulted in a reported 90% of those who were rough sleeping receiving offers of temporary accommodation by April 2020.<sup>8</sup>

'Everyone In' appears to have increased the number of people who were rough sleeping who were known by local authorities and has enabled more of them to access the care and support they needed during the initial weeks of the pandemic.

On 24 May 2020, the Government committed a further £105 million of funding to provide interim accommodation to those being supported by 'Everyone In'. However, on 28<sup>th</sup> May, the Housing Minister wrote to local authorities notifying them of the need to *'carry out individual assessments and take decisions on who you can provide support to, which would include providing accommodation to vulnerable people sleeping rough.'*<sup>9</sup> The HCLG Select Committee suggests that this marked a move away from 'Everyone In' and had particular implications for those with 'No Recourse to Public Funds'.<sup>10</sup>

The pandemic appears to have brought more of those who are sleeping rough into contact with local authorities, and highlighted their social care needs. Research by Crisis suggests the series of lockdowns, the number of people furloughed, rising unemployment and

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<sup>5</sup> ADASS & LGA (2020), [COVID-19 Adult safeguarding insight project: findings and discussion](#)

<sup>6</sup> It is important to note that these are people with care and support needs who are experiencing or at risk of abuse or neglect, so would not include those people who have experienced domestic abuse at the hands of an intimate partner, but don't have care or support needs.

<sup>7</sup> Further changes in safeguarding activity will be monitored via the ongoing work of the 'insight' report.

<sup>8</sup> Housing, Communities and Local Government Select Committee (2021), [Protecting the homeless and the private rented sector: MHCLG's response to Covid-19](#)

<sup>9</sup> Housing, Communities and Local Government Select Committee (2021), [Protecting the homeless and the private rented sector: MHCLG's response to Covid-19](#)

<sup>10</sup> Housing, Communities and Local Government Select Committee (2021), [Protecting the homeless and the private rented sector: MHCLG's response to Covid-19](#)

financial uncertainty led to an increase in the number of people who were homeless or rough sleeping.<sup>11</sup> They reported local authorities were ‘surprised by the sheer scale of need’ that work with rough sleepers uncovered.<sup>12</sup>

This is reflected in the findings of our survey. In the Autumn Survey 2020, 35% of respondents reported their local authority had seen an increase in the numbers of people who are **rough sleepers** presenting need or being referred to adult social care services, coinciding with the ‘Everyone In’ initiative. However, this level of activity has more or less continued despite the move away from the ‘Everyone In’ approach, with 32% of local authorities reporting an increase in rough sleepers presenting with social care need.

This requires further examination to understand what is happening. Are more people who sleep rough seeing services as available to them, and seeking help, are services themselves changing and recognising their obligation to be involved, and/or are an increasing number of people being pushed into rough sleeping as the pandemic progresses?

**Table: Reasons for Accessing Social Care Support**

<b>Reasons for accessing support</b>	Increased by >10%	Increased by <10%	No change	Decreased by <10%	Decreased by >10%
People being referred from the community (inc. Personal Assistants’ breakdown, sickness or unavailability, people who are shielding)	32.14%	36.90%	21.43%	9.52%	1.19%
People not being admitted to hospital	14.29%	33.33%	32.14%	8.33%	8.33%
Temporary closure of services	21.43%	34.52%	39.29%	2.38%	2.38%
Unavailability of community or voluntary support.	13.10%	25.00%	48.81%	10.71%	2.38%
Providers concerned about accepting new clients	21.43%	27.38%	40.48%	7.14%	1.19%
Carer breakdown, sickness or unavailability	27.38%	39.29%	27.38%	3.57%	2.38%
Discharges from Assessment and Treatment Units (ATUs)	16.67%	17.86%	52.38%	3.57%	1.19%
Discharges and Assessment from hospitals	54.76%	20.24%	11.90%	8.33%	4.76%

<sup>11</sup> Crisis (2021), [The homelessness monitor: England 2021](#)

<sup>12</sup> Crisis (2021), [The homelessness monitor: England 2021](#)

## 2 ACCESS TO SERVICES & SUPPORT

The onset of the pandemic led to a significant change to the way that services were delivered and experienced. Many in-person and face to face services across both adult social care and the NHS, including non-Covid hospital admissions, primary care and day services provision were restricted or ceased, whilst other services moved online. Healthwatch has illustrated the issues in relation to access to primary care services during the pandemic, highlighting issues in accessing appointments, face to face consultations and timely diagnoses.<sup>13</sup>

This ADASS Activity Survey sought to gauge the impact of such closures for those of us with care and support needs.

### 2.1 Those seeking support due to temporary closure of services

56% of the Directors who responded report that the **temporary closure of services**, has led to an increase in the number of people presenting with needs or being referred to their local authority. 21% reported that they had seen increases of more than 10%. This figure has reduced from 66% in our Autumn Survey which covered the period from March 2020 to October 2020.

### 2.2 Those seeking support as a result of providers' concerns about accepting new clients

49% of Directors who responded reported an increase in the number of people presenting with social care needs as a result of **providers' concerns about accepting new clients**. In the ADASS Autumn Survey, which covered the period March-October 2020, 65% of respondents highlighted this to be the case.

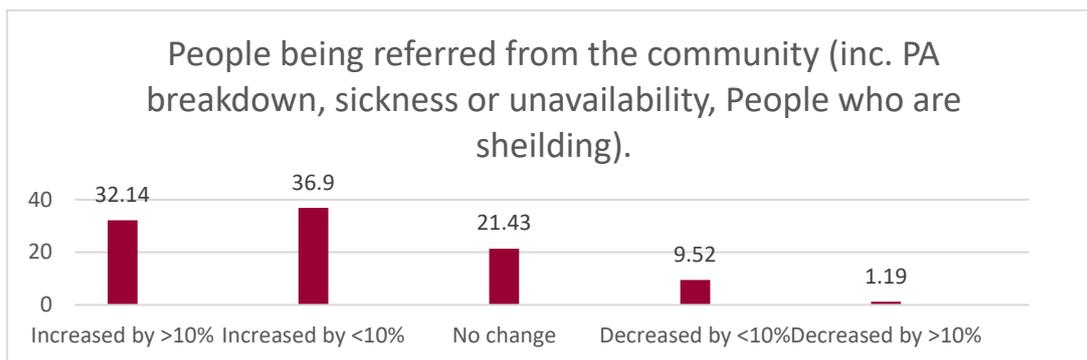
### 2.3 Those being referred from the community

The proportion of **people being referred from the community** (including as a result of personal assistant breakdown, sickness or unavailability, people who are shielding) increased in 69% of respondents' areas. This has increased from the 63% reported in our Autumn Survey. Just 11% report they have seen a decrease in referrals.

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<sup>13</sup> Healthwatch (2020), [GP access during COVID-19](#)

**Table: People being referred from the community**



## 2.4 Those seeking support due to the unavailability of community or voluntary support

The **unavailability of community or voluntary support** as a result of Covid-19 has led to an increase in the number of people presenting needs or being referred in 38% of respondents' local authority areas since November 2020. By comparison, from March 2020, as reported in our Autumn Survey, this figure was 43%.

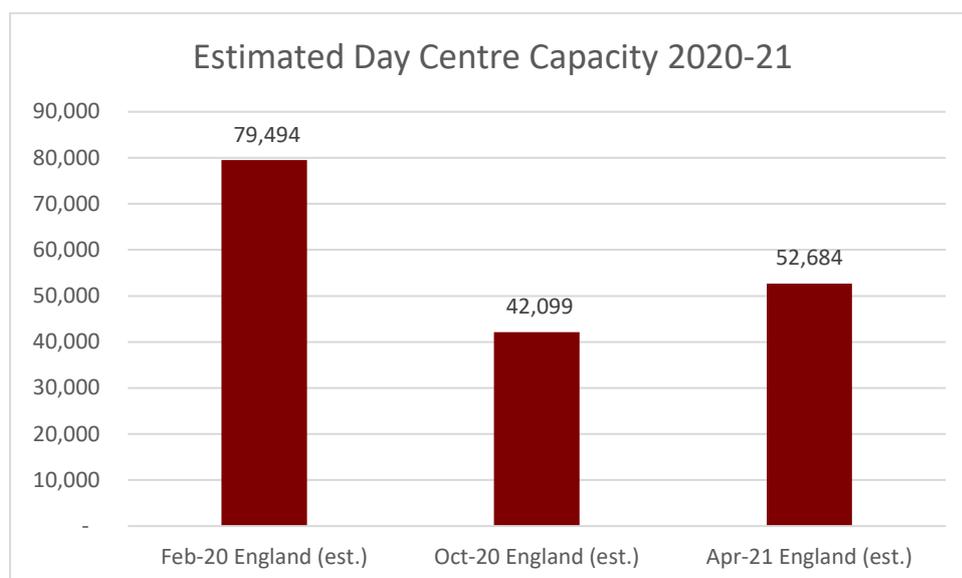
## 2.5 Commissioning or providing day services

Directors were asked to report 'the number of people who they could commission or provide day services for' at the time of completing this survey (April 2021). This included different types of services. We were then able to compare this to data we collected in February 2020 and October 2020, enabling us to compare pre and mid pandemic with the current data.

Directors' responses indicate that services are opening up again as we emerge from the latest phase of the pandemic, yet the numbers of people who could use day services have not yet returned to pre-pandemic levels.

Those Directors who responded recorded capacity to commission day centre/services provision for 27,382 people. If this was replicated nationally this would equate to 52,684 people across all local authorities. This equates to an increase of 25.14% in the availability of day centres/services since October 2020. However, if replicated nationally then it is estimated this would equate to 26,810 fewer people being able to access day services support than recorded in February 2020, prior to the onset of the pandemic.

**Table: Estimated Day Centre Capacity 2020-21**



## **2.6 Day services: commissioning Community Support Schemes**

Directors who responded state they were in a position to commission or provide community support schemes for 15,565 people in April 2021. This compares to 16,587 in October 2020 and 31,177 prior to the onset of the pandemic in February 2020.

## **2.7 Day Services: commissioning and providing home-based respite**

Directors report that in April 2021, they were able to commission or provide home-based respite support for 3,202 people, which if replicated across all local authorities is estimated to be equivalent to 6,161 people being able to access home-based respite. The total is an increase of 1,998 people (48.01%) from October 2020 and an increase of 1,256 people, compared to February 2020. Capacity in this instance is above pre-pandemic levels and indicates that breaks at home have in part substituted for breaks away.

Overall, the data suggests that in a number of areas of provision, things are building back up, alternatives are being sought, but are yet to revert to pre-pandemic levels or forms of support. What is not clear is the degree to which the gap is due to new rules relating to social distancing and infection, prevention and control. Or the degree to which the pandemic has created a situation in which individuals, carers, providers and local authorities have had to rethink provision and provide alternative, potentially more personalised support. Where people are happier with that alternative provision, it may well be that previous models do not return to pre-pandemic levels, quite simply because they have had a better offer.

**Table: Day Service Capacity**

All local authorities' day service capacity	Feb-20	<i>Feb-20 England (est.)</i>	Oct-20	<i>Oct-20 England (est.)</i>	% Change in service availability from Feb- 20	Apr-21	<i>Apr-21 England (est.)</i>	% Change in service availability from Oct- 20
Day centres	56,776	79,494	30,068	42,099	-47.0%	27,382	52,684	25.14%
Home-based respite support	3,503	4,905	2,973	4,163	-15.1%	3,202	6,161	48.01%
Community support schemes	22,267	31,177	11,847	16,587	-46.8%	8,090	15,565	-6.16%
Other day service schemes	32,314	45,244	30,757	43,064	-4.8%	3,245	6,244	-85.50%

### 3 CARERS AND CARING

Data published for Carers' Week 2020, estimated that that 4.5 million more of us became unpaid carers in the first three months of the pandemic.<sup>14</sup> This is in addition to the 9.1 million carers prior to the pandemic. Lockdowns, shielding, the closure of day services and a move towards online services meant that this group, whilst greater in number, found themselves more hidden than ever.

During the initial period of the pandemic, many carers and those they support were advised to shield and face to face services and assessments were severely restricted. This unprecedented situation has created a complex picture in which local authorities report greater awareness of carers because of recent initiatives such as the vaccination programme, yet the numbers of people receiving formal carer's assessments has fallen. The fact that Directors also reported increases in those experiencing carer breakdown, sickness or unavailability is perhaps indicative of a situation where crises arose as a consequence of carers being unable or unwilling to access services for such an extended time.

#### 3.1 Awareness of Carers

55% of respondents indicated that they have become more aware of people who are carers and/or have care and support needs as a result of the vaccination programme.

#### 3.2 Requests for Carer's support

Directors report that in 2020-21 there were 83,104 requests for carer support, which compares to 89,644 requests in 2019-20. The likely causes of this overall reduction of 7.3% in requests for support are described above.

#### 3.3 Number of Carer's Assessments undertaken

Similarly, the number of carer's assessments undertaken reduced. In 2019-20 there were 92,378 requests to local authorities for a carer's assessment. In 2020-21 this fell to 83,104, a reduction of 13%. This picture conceals considerable variation in the number of assessments being undertaken by individual authorities (some local authorities reported three times as many assessments as had been undertaken in 2019-20, whilst others reported just a third as many assessments compared to the same period. This mirrors Carers UK's evidence to the Adult Social Care taskforce which stated:

*'There is a mixed picture with carers' assessments with one area nearly seeing a doubling of assessments, however in many areas, referrals for assessments are significantly down as carers have less contact with GPs, social workers and key referral routes.'*<sup>15</sup>

#### 3.4 Those seeking support due to carer breakdown, sickness or unavailability

Whilst the number of requests and assessments are down overall, the number of people 'seeking support due to carer breakdown, sickness or unavailability' increased with 67% of Directors who responded indicating this to be the case in their area, compared to 64% in our Autumn Survey, which looked at the period from March-October 2020.

Carers have contributed so much over the last year and as society increasingly opens back up, it is vital that everyone can get the support they need to enable them to continue to fulfil this essential role.

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<sup>14</sup> Carers UK, [Carers Week: 4.5 million become unpaid carers in a matter of weeks](#)

<sup>15</sup> Carers Advisory Group (2020), [Submission to the ASC Sector COVID-19 Taskforce: How can we prepare?](#)

## 4 CARE MARKET SUSTAINABILITY

Over the course of the last decade care market sustainability has emerged a primary concern for Directors of Adult Social Care. Over this period, the ADASS Budget Survey has tracked the number of reported closures and contract hand-backs.

It is important that we look at what ordinarily drives closures and hand-backs. Over the course of 2010-20, Directors have been required to make £7.7 billion in savings in adult social care budgets. Directors and local care providers have been under sustained pressure to deliver savings and to reduce costs. This has led to a significant number of providers exiting the market and/or handing-back individual care contracts. ADASS and other partners have long argued that the Government should provide additional funding to ensure that we have the right capacity of high-quality services locally.

The Care Act states that:

*'The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.'*

Successive Governments of all political colours have failed to provide that additional funding required to fully achieve that ambition. The Department of Health and Social Care's own analysis underlines the need for substantial increases in investment and reform of adult social care:

*'We believe the starting point must be an increase in annual funding of £3.9bn by 2023–24 to meet demographic changes and planned increases in the National Living Wage. However, such an increase alone will not address shortfalls in the quality of care currently provided, reverse the decline in access or stop the market retreating to providing only for self-payers. Further funding to address these issues is therefore also required as a matter of urgency.'*<sup>16</sup>

When reading the figures in this section of the report, it is important to recognise that each and every closure or contract hand-back has a direct impact upon the health and wellbeing of individuals and their families. It is essential that we focus on the individual impact rather than simply the macro-economic impact of care market volatility.

### 4.1 Provider closures and contract hand-backs

In the past six months 53% of local authorities that responded reported that providers in their area had closed, ceased trading or handed back local authority contracts. These have impacted upon 2,487 people in total. This compares to 60% reported in the six months prior to the ADASS Autumn Survey (May-October 2020). The remaining 47% of respondents have not experienced any provider closures, cessation of trade or contract hand-backs over the past six months.

The proportion of local authorities reporting closures, or providers ceasing to trade, for home care is 21% for the past six months. This compares to 22% reported in our Autumn Survey 2020, 15% for the six months prior to the onset of Covid-19 and 48% in 2018-19. On the latter

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<sup>16</sup> [The Government Response to the Health and Social Care Committee report on Adult Social Care: Funding and Workforce](#)

figure it is important to note that this includes the failure of Allied Healthcare, which led to the cessation of trading of the business and the need for several thousand people who accessed care and support services through them to transition to new providers.

Over the past six months 35% of local authorities have experienced the closure or cessation of trading of residential and nursing homes. This compares to 41% reported in the six months prior to the ADASS Autumn Survey (May-October 2020). For the six months prior to the onset of Covid-19 this figure was 25%, whereas in 2018/19 35% of local authorities were subject to the closure or cessation of trading of residential and nursing homes.

For the past six months 392 people have been impacted by the closure or cessation of trading of home care providers. This is an average of 21 people per local authority that reported one or more provider to have ceased trading or closed in the past six months. In residential and nursing settings, 1,009 people have been impacted by the closure or cessation of trading of providers. This is equivalent to 33 people per local authority that reported providers closing or ceasing trading in the past six months.

805 people have been impacted by contract hand-backs by home care providers in the past six months, which is equivalent to 42 people per local authority that reported they have been subject to contract hand-backs. For residential or nursing care providers, 281 people have been impacted by contract hand-backs in the past six months, which is equivalent to 23 people per local authority area that has been subject to contract hand-backs.

## 5 THE ADULT SOCIAL CARE INTERFACE WITH THE NHS

Adult social care has a number of key interfaces with the NHS, with NHS community services, primary care, community mental health services and acute hospitals.

The emphasis during the initial response to the Covid-19 pandemic was to discourage people from attending A&E and wider hospital services unless it was absolutely necessary and to ensure rapid discharge of those who could be supported at home and within their communities. Across the country there was an almost complete cessation of non-emergency hospital elective activity<sup>17</sup>. More recently, the Government and NHSEI have been focusing heavily and publicly on NHS recovery post pandemic as well as preparing for potential future waves.<sup>18</sup>

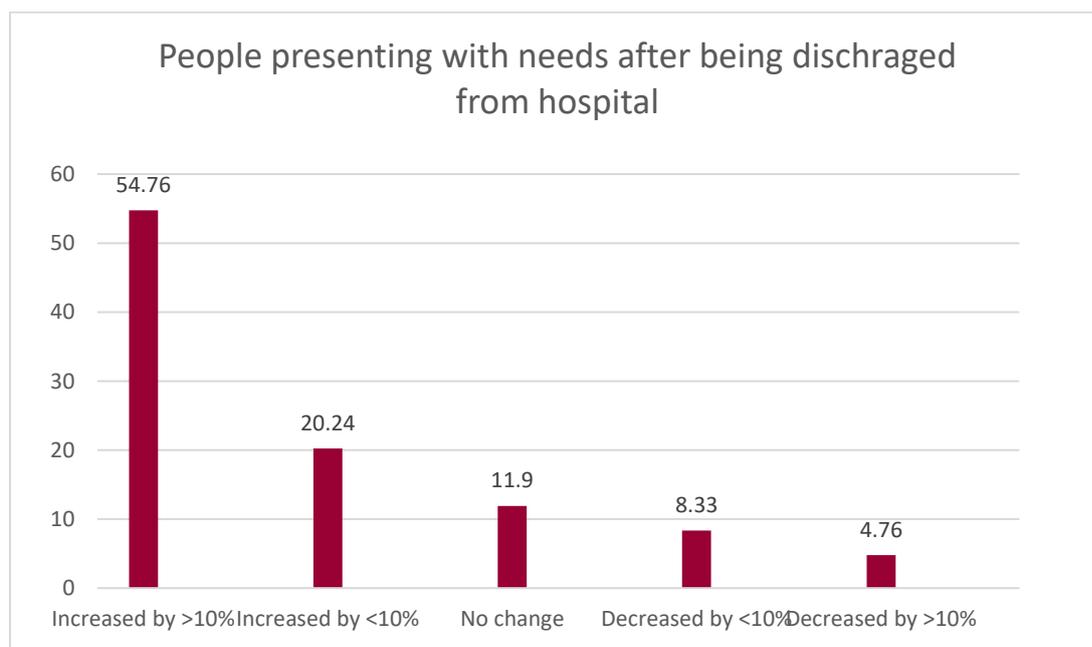
Collectively this has impacted on adult social care, with an increased number of people having sought adult social care and support as a result of not being admitted to hospital or following discharge from hospital.

### 5.1 Requests due to people not being admitted to hospital

48% of Directors who responded indicated that there have been increases in the numbers of people presenting with need as a result of not being admitted to hospital since November 2020. This compares to 45% reported in the ADASS Autumn Survey. This is likely to be linked to people deteriorating as a result of waiting for treatment as well as their reluctance to go to hospitals because of Covid-19.

### 5.2 People presenting with care needs after being discharged from hospital

75% of Directors report an increase in the number of people presenting with care needs to their local authorities since the beginning of November 2020 following discharge from hospital. This compares to 70% of respondents to our Autumn Survey which focused on the period from March-October 2020.



<sup>17</sup>Health Foundation (2021), [Longer waits, missing patients and catching up](#)

<sup>18</sup> NHS England (2021), [Operational Planning and Contracting Guidance](#)

The number of assessments and reviews carried out for people who have been discharged from hospital increased by 7.7% from 2019-20 to 2020-21. Figures from 45% of LAs in England suggest that there has been a **10.3% increase from 2019-20 to 2020-21** in those people discharged from hospital who have then gone on to receive a funded adult social care service. There has also been a 1.4% increase in the number of discharges from hospital that have been made with support from local authority reablement services over the same period. This activity has at least in part been funded by short term NHS 'Discharge to Assess' funding and policy.

## **CONCLUSIONS AND RECOMMENDATIONS**

- Many more people need care, support and safeguards at home than in care homes, or before or after being in hospital. Future reform (across the NHS and social care) needs to invest in both care at home and support for family carers. This would match and support the realisation of the strategic direction of the NHS Long Term Plan.
- We need a greater recognition of and funding for supports for mental health that are socially based.
- There should be medium-term funding to enable social care to recover, redesign and gain value from longer-term commissioning rather than a series of short-term fixes.
- We need the Government to bring forward its plans for the future of adult social care.

## Annex

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The headline results of the ADASS Activity Survey 2021 are:

### 1. SOCIAL JUSTICE AND INCLUSION

- 68% of Directors who responded reported that there have been increases in the number of people presenting with adult social care need as a result of **mental ill health** since November 2020.
- 57% of Directors report an increase in people drawn to their attention with needs related to **domestic abuse and safeguarding**. The ADASS and LGA Insight report details rises and falls in safeguarding referrals which relate strongly to periods of lockdown and the easing of lockdowns.
- 32% of Directors report that since November 2020 their local authorities have seen an increase in the numbers of people who are **rough sleepers** presenting with social care needs.

### 2. ACCESS TO SERVICES & SUPPORT

- 56% of Directors report that the **temporary closure of services**, such as day services, has led to an increase in the number of people presenting with needs to their local authority.
- 49% of responding Directors report seeing an increased number of people are presenting social care needs as a result of **providers' concerns about accepting new clients** (Autumn survey it was 65%)
- 69% report increased numbers of **people being referred from the community** (including as a result of personal assistant breakdown, sickness or unavailability. In the Autumn Survey it was 63%)
- 38% report an increase in the number of people seeking support due to the **unavailability of community or voluntary support** as a result of Covid-19 (Previously 43% - Autumn Survey).
- Directors report that they have significantly less capacity to commission **day centre provision**. If replicated nationally this would mean places for 26,810 fewer people than recorded in February 2020.
- Directors report a 66.27% increase in the number of people who can be supported with **respite and short breaks** compared to October 2020.

### 3. CARERS AND CARING

- 55% of respondents indicated that they have become **more aware of people who are carers** and/or have care and support needs as a result of the vaccination programme.
- However, respondents say that there has been a 7.3% reduction in requests for **carer support**.
- There has been a 13% reduction in the number of **carer's assessments undertaken** (2019-20 to 2020-21).
- Support for unpaid carers has been a priority for ADASS during the pandemic and we have done separate work on access to day and respite services. We will therefore look much more closely at the reasons why this might be the case including briefer and less formal assessments having taken place, carers not wanting people in their homes and so on.

#### 4. CARE MARKET SUSTAINABILITY

- During the period of the pandemic the government made available a number of short term grants to local authorities to support increased work to manage local outbreaks, support people who were shielding, rough sleepers, cover increased costs of testing, Infection Prevention and Control and other additional costs in provision.
- 53% of Directors reported that providers in their area had **closed, ceased trading or handed back local authority contracts**, these have impacted upon 2,487 people in total (60% in ADASS Autumn Survey). This compares to 60% of Directors reporting that providers in their area had closed, ceased trading or handed back local authority contracts, impacting upon 3,309 people in total, in the first six months of the pandemic (Autumn Survey 2020) and This compares to 43% reporting hand-backs, cessations and closures in the six months prior to the ADASS Budget Survey which was published in June 2020.
- 21% report **closures, or providers ceasing to trade**, for home care in the last six months. This compares to 22% reporting closures for the period May – October 2020.
- 35% have experienced the **closure, or cessation of trading, of residential and nursing homes**.

#### 5. NHS INTERFACE

- 48% of Directors report increases in the numbers of people presenting with need as a result of **not being admitted to hospital** since November 2020.
- There has been a 7.7% increase in the **number of assessments and reviews carried out** for people who have been discharged from hospital.
- 45% of Directors in England report that, since 2019/20 to 20/21 there has been a 10.3% increase in those **people discharged from hospital who have gone on to receive a funded adult social care service**.
- There has been a 1.4% increase in the **number of people who have been discharged from hospital with support from reablement services** over the same period.