

# The continuity of social care when moving across regional boundaries.

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## Abstract

*Summary:* This paper reports the experiences of adults in receipt of social care when relocating to new local authorities, and of family carers. While many matters need to be considered when moving, the study focussed specifically on the 'portability' of social care. The study draws on data from semi-structured interviews conducted between July-November 2013 with 12 adults who had relocated between English local authorities. Data were collected prior to the implementation of the Care Act 2014; the potential impact of the Act in respect of relocation is considered.

*Findings:* Although some positive experiences were identified, participants primarily reported challenges when moving with social care support. Five themes were identified, these related to the amount of organisation, planning and activity required; the need for a timely approach and the risk of delays and interruptions to care delivery; differences between the practices of local authorities; a lack of control and involvement; a negative impact on emotional and physical wellbeing. As a result of such difficulties some experienced delays or interruptions to their care and support; lost all or some of their care package; experienced stress, anxiety and worry.

*Applications:* The paper documents the experiences of people relocating with social care support, which have been little explored to date within the UK or internationally and contributes to the evidence base in respect of relocation and portability of care. It highlights the importance of smooth transitions for those relocating between local authorities, and the potential for social workers to assist by addressing potential problems.

## Keywords

Relocation, portability, geographic mobility, disability, social care, social work, continuity of care

## Introduction

Within social care many moves or transitions have been documented. Moving to a new area can bring opportunities for career advancement, education, to live closer to friends and family or independently. However, in common with other transitions, individuals may experience challenges during the move to a new area. This paper presents the findings of a study which examined relocation across English local authority boundaries for disabled adults and family carers who were in receipt of local authority funded adult social care services or support. Although people who receive social care support may need to address a wide range of matters when moving areas (for example housing, healthcare, welfare benefits), this study primarily explored individuals' experiences of moving their social care support between local authorities. The recent implementation of the Care Act 2014 sought to address and provide clarification when adults seek to relocate between local authority areas. The data for this study were collected prior to the Care Act; the potential impact of the Act on future relocation, and the need for further research to explore relocation experiences after the Care Act are highlighted.

## Background and context

Geographic mobility and the freedom to move between areas may be considered a basic right and an important element of citizenship, promoting economic participation and social inclusion. Article 18 of the United Nations Convention on the Rights of Persons with Disabilities (United Nations n.d., 13) highlights the rights of disabled people to 'liberty of movement, to freedom to choose their residence and to a nationality, on an equal basis with others'. However, evidence suggests that disabled people may experience significant barriers in exercising choice about where they live, in comparison with non-disabled peers. Such barriers to freedom of movement include a lack of accessible and adapted housing (Equality and Human Rights Commission, 2017). Further, challenges have been identified in respect of the 'portability of social care', defined by the Law Commission (2011, p. 45) as 'the ability of service users to ensure continuity of support when they move between local authority areas'. This lack of portability and continuity in respect of social care may act as a significant barrier to individuals who seek to exercise their right to geographic mobility and relocate to a new local authority area. Further, it may reduce opportunities for labour mobility among disabled people in receipt of social care support who need or want to move to access employment opportunities, acting as a source of injustice and disadvantage, and militating against their right to employment equity (Sayce, 2011).

Although specific challenges have been identified, the experiences of relocation for individuals in receipt of social care have rarely been investigated. A scoping review carried out as part of this present study found no research which had explored the nature of relocation with social care support as a primary research question; although some research identified problems associated with relocation in the context of broader inquiry

(White, Marsland & Manthorpe, 2016). Further, while some grey literature identified challenges for individuals relocating, such literature could be anecdotal and hard to interrogate. Within the literature reviewed, a range of problems and challenges associated with portability was identified. Individuals reported anxiety and fear of losing care and support, which may act as disincentives to relocation (Arksey & Baxter, 2012; Dilnot, 2011; National Union of Students (NUS), n.d.; Sayce, 2011). Poor transitional arrangements were identified, with the potential to cause delays and disruption to care delivery as people move (Dilnot, 2011; NUS, n.d.). Accounts were provided of individuals who had lost care and support or who had encountered reduced funding/care hours on moving (Kay & Connolly 2013; NUS, n.d.), although there was also potential for increased provision. Further, there were examples of decisions about care and support being made ‘at the last minute’, close to the time of moving (Arksey & Baxter, 2012).

Overall, the scoping review observed that the existing literature in respect of relocation and social care support ‘could be understood as ‘impressionistic’, rather than providing clear, comprehensive accounts of a range of different relocation experiences’ (White et al., 2016, p.535-536). It concluded that relocation between local authorities is unusually complex, a risky undertaking, and an uncertain process, which may provoke anxiety and stress (White et al., 2016).

The present study was concerned with relocation between (and into) English local authorities. However a small body of evidence suggests that the challenges of relocation for individuals in receipt of care and support are experienced within the devolved nations of the UK and beyond. Discussion papers and consultation documents from Scotland and Australia have noted challenges associated with the portability of care and funding (National People with Disabilities and Carer Council, 2009; Independent Living in Scotland, 2014; Scottish Government, 2014). Recently conducted research exploring the experiences of US military families who have relocated with a disabled relative has also highlighted the challenges associated with such relocation. This noted the difficulties of navigating access to services in new areas, lack of continuity of support on moving and delays in accessing support (Davis & Finke, 2015; Aronson, Kyler, Moeller & Perkins, 2016). Within mental health legislation (see the Mental Health Act 1983 and the Mental Health Act Scotland 2015) transfers across the borders of the devolved nations of the **UK** have received attention.

### The policy context

Until recently (2015) local authority powers and duties to facilitate the relocation of people in receipt of social care were not prescribed within legislation. In contrast, statutory social care guidance in England has outlined the broad range of actions which should be undertaken by staff such as social workers in local authorities; these include assessing people who have ‘firm plans’ to move into the authority; taking into account provisions made by the previous authority; providing a written explanation of significant differences in the services provided (Department of Health (DH), 2003, 2010a). However, the Law Commission (2011, p.146) suggested that ‘the receiving authority’s duty to assess...is an important aspect of portability that appears to be widely misunderstood’, such that those moving may risk discontinuity and loss of care. A need for greater portability of social care was identified (DH, 2010b; Dilnot, 2011; Sayce,

2011) leading to the Care Act 2014 provisions to ensure continuity of care and support as people move between local authorities, placing the issue of relocation and social care on a legislative footing for the first time (similar to the provisions of the Social Services and Wellbeing Act (Wales) 2014). The Care Act 2014, and its associated guidance (DH, 2017) implicitly recognised the right of all members of the community to move to a new area and sought to promote continuity of care during the transition between local authorities, such that ‘the person’s care and support continue, without disruption, during and after the move’ (DH, 2017, s20.3). The Act highlighted the need for local authorities to work together, keeping the person who is moving, and carers, at the centre of the process. For the first time, the Act specified the actions which must be taken if assessments have not been completed on the day of the move. In such circumstances the new local authority must meet the needs and outcomes outlined in the existing support plan, until the completion of the new assessment. The Care Act was implemented in April 2015; the research on which this paper is based was conducted prior to the Act.

## The Study

The present study sought to address the lack of research in respect of relocation and social care by collecting and analysing the experiences of people in receipt of publicly funded adult social care who had moved across local authority boundaries in England. Further, it sought to produce information for people in receipt of social care moving or planning to relocate (Marsland, White & Manthorpe, 2014).

The research focused on adults who relocated their place of ‘ordinary residence’; in such moves the new local authority may assume responsibility for funding their care and support, subject to assessment and reference to local eligibility criteria. Moves in which the funding authority did not change, for example moves to ‘out of area placements’ or to study during educational term time only, were not included. Social care which was publicly (i.e. local authority) funded was included, both support directly commissioned by local authorities and support paid for through local authority provided direct payments by the eligible individual.

## Methods

Qualitative methods of data collection (semi-structured interviews) and analysis (Framework Analysis to identify significant themes) were employed in the study. Such methods enable exploration of issues where there is limited pre-existing knowledge and provide an in-depth exploration of individuals’ situations, circumstances and perspectives, providing information-rich data (Snape & Spencer, 2003; Bowling, 2014).

## Participant recruitment

An extensive range of organisations throughout England (including disabled people’s or carers’ organisations; advocacy agencies; student support services; disability and employment agencies) was contacted and provided with information about the research. They were asked to publicise the study via their websites, newsletters or social media. Overall, responses to these requests were positive, with many agencies indicating that they perceived this an important matter.

We initially sought to recruit participants who had moved for reasons of education or employment, reflecting a concern with education/employment opportunities for disabled people, and the associated barriers. However, despite contacting many agencies, we were unable to identify sufficient participants meeting these criteria. We therefore expanded the inclusion criteria to include people moving for other reasons. Under these revised criteria, individuals were invited to participate if they:

- Had moved (or were in the process of moving) from one English local authority to another during the previous three years
- Had actively attempted to move, but had been unsuccessful, due to insurmountable problems
- Had moved for education, employment or other reasons, such as to be closer to family, friends and support networks
- Were receiving (or had received at the time they moved) social care support or funding from a local authority.

#### Interviews with people with experience of relocation

Semi-structured interviews were chosen as the best way to explore varied experiences in depth. The interview schedules included questions about care and support received prior to moving; planning and preparing to move; actions undertaken by participants or others to facilitate the move; the care and support received after the move; any problems and challenges during relocation. All interviews were conducted face to face (except for one interview conducted via Skype, at the participant's suggestion), audio recorded and transcribed verbatim. Participants were provided with written and verbal information about the study and asked to sign a consent form. Ethical approvals were received from the Social Care Research Ethics Committee. Interviews were conducted between July – November 2013.

#### Data analysis

Interview transcripts were analysed using Framework Analysis following the process detailed by Ritchie & Spencer (1994) and Gale, Heath, Cameron, Rashid & Redwood (2013). Framework Analysis provides a systematic, rigorous, dynamic and comprehensive approach to the thematic analysis of qualitative data (Gale et al., 2013; Ritchie & Spencer, 1994; Woolham, Steils, Daly & Ritter, 2016) and is emerging as a valuable analytic tool within social care research (for example, Bentley, Powell, Orrell, & Mountain, 2016; Mitchell, Beresford, Brooks, Moran, & Glendinning, 2017; Rabiee, Baxter, & Glendinning, 2016; Stevens et al., 2018). A selection of the transcripts was reviewed by two of the researchers, enabling familiarisation with the data, and identification of key issues and themes through a process of open coding. A thematic framework was developed, consisting of main and sub-themes, which were allocated

numeric codes, used to 'index' the data within each transcript. The data was then 'charted' into thematic charts or matrices, in which the relevant data for each participant was summarised. This enabled a detailed exploration of the key themes.

## Participants

Twelve interviews were carried out with 13 participants (one being a joint interview with a person who had moved and their family member). Nine participants were people in receipt of social care support who had relocated between local authorities; this included people who had physical disabilities, mental health needs, sensory impairments and/or long term health conditions. Additionally three family members of people with learning disabilities or older people who had relocated, and who had liaised with local authorities on their relatives' behalfs, were interviewed. Further, one person who was in the early stages of planning to relocate was interviewed; their interview provided valuable contextual information about the range of factors to be taken into account when planning to move when in receipt of social care support.

The majority of participants were aged 25-55 years; only one participant was aged over 55, reflecting our initial concern with work or education related relocation. The majority of participants identified as White British or of 'other' White Background; one participant identified as Asian/Asian British.

Participants had moved into neighbouring authorities, as well as across considerable distances. All had moved in the previous three years (approximately half within the previous year). A range of reasons for moving was reported, with several reasons often underpinning individual decisions to move; these included moving to study; getting married; being closer to family; responding to a family crisis; redundancy; wanting to live in a different area. Two participants moved in response to housing problems and the difficulties of finding appropriate, accessible accommodation in their previous local authority. This suggests that housing difficulties can act as a 'push' factor, propelling individuals into moves they may not otherwise choose (in contrast to moving in response to positive 'pull' factors which may draw individuals into new areas) (Reed, Cook, Sullivan & Burrige, 2003).

It was notable that, in addition to being considered 'experts by experience' based on their experiences of relocation with social care and support, a substantial majority could also be characterised as 'experts by employment', with past or present experience of working in organisations for disabled people and carers. Such experience could be expected to provide an in-depth knowledge of contemporary social care policy and practice; however, despite such knowledge participants had encountered significant barriers and challenges when moving (or supporting a relative to move) with social care.

Our scoping review suggested that relatively few social care recipients move between local authorities (White et al, 2016). Therefore our study participants are potentially easy to identify. Consequently we have provided little extraneous demographic information, in order to preserve anonymity. Pseudonyms are used throughout. Permissions were sought for the use of participant quotes, which are used to illustrate key points.

## Findings

Participants reported some positive experiences within their accounts of relocation. Primarily these points related to the practice and attitudes of individual social work practitioners. For example:

I was lucky with the social worker who walked in...she sat with me for I think 4 or 5 hours and she recognised the urgency (Anika)

Some participants also identified that they were receiving, or expected to receive, similar or higher levels of social care and support/funding following their moves. Some had received interim funding from their previous local authority while their new local authority was carrying out assessments. Similarly, some had been able to use their direct payments flexibly to provide additional support while moving. Overall however, the positive factors noted were disparate and did not group into clear, identifiable themes. Moreover, participants' accounts were dominated by discussion of the challenges and difficulties they had experienced. Difficulties were highlighted in respect of the process of relocation, even when individual social work (and other) practitioners had offered positive and valued support or positive outcomes were experienced:

It feels like the package we've got is perfect...it's a good package, we've got what we need – and the first social worker has helped us shape that very well, it's in a sense been getting to it really, it's the length of time to get to it - and arguably at a time...when you most need it, because that's when things are very, very difficult (Janine)

While each participant's experience of moving was unique, analysis of the interview transcripts enabled us to identify five key themes which highlighted challenges associated with the experience of relocating with social care.

### Theme 1. When people move with social care support they have a considerable amount to consider, plan and do

Moving, for anyone, can be expected to involve a great deal of work, planning and energy. However the interview data suggest that when people in receipt of social care moved to a new local authority, additional factors affected the amount of organisation, preparation and activity required, with challenging consequences if everything was not in place in time. Participants appeared to have to take several dimensions of need into consideration. These included requirements in respect of social care, as well as health; accommodation; work; and equipment. Those moving are therefore likely to have to liaise with several organisations and practitioners (potentially in both local authorities) to ensure that their needs are met as they move. Many participants reported contact with several agencies and practitioners including social workers/care managers, health practitioners, Occupational Therapists, Access to Work (national agency funding support, travel or equipment costs for working disabled people), and care providing agencies.

Participants described a range of specific matters they needed to consider, organise and attend to when moving with social care. These included drawing up detailed support plans for themselves or their relative, to ensure their needs would be understood and addressed, identifying information about the process of moving when in receipt of social care, as well as identifying and visiting potential services. Participants also described a range of tasks in respect of organising Personal Assistants (PAs) or directly employed care workers using personal budget finance from the local authority. Such tasks included writing job descriptions, advertising, interviewing, and making contingency arrangements if a PA left for a new job ahead of the move: 'All my daytime PAs started leaving to find other jobs while I was still in [original authority]' (Anika). This suggests an important, and potentially unexpected consideration, which may contribute to discontinuity during relocation, and which should be considered by people employing care workers, when planning to move, and by the practitioners supporting them.

## Theme 2. When people move with social care support they may encounter challenges associated with time, timing and delays

When people with social care support move it can be critical that their social care is in place and there is continuity as they move. Therefore ensuring that all aspects of the relocation process are addressed in a timely manner appears important. However, participants' accounts suggested that local authorities had not always responded quickly or taken a proactive approach when they were informed of an individual's plans to move. Local authorities were reportedly slow to contact people, act on referrals or begin assessments, sometimes not starting assessments until after the person had moved:

Me and my mum between us phoned...them on an average weekly basis...to say "look, she's coming, I'm coming back, what are you putting in place?". "Oh well"...and when I actually got back they were like "oh right" and I was like "well, I've been telling you this for months", "oh well, we didn't really realise that....we needed to do much before you actually.... (Emily).

Delays in the conduct of assessments led to two participants experiencing significant interruptions and gaps to their social care support (of approximately 2-3 months) as they or their relative moved. These interruptions to their care and support required them to devise strategies to ensure they were able to manage during this period. These included using other sources of funding such as Independent Living Fund (ILF - (source of care funding, now abolished in England) payments: 'It was just a matter of trying to, for the first few months, employ people on less money while the funding actually got sorted out' (Emily), and family members providing care and support, with the potential for them to become overstretched and exhausted when trying to support their relative alongside existing commitments. Even where funding/care was not interrupted (due to the provision of interim funding while assessments were being conducted), individuals could still face uncertainty and difficulties. For example, Clare reported that:



[I] was only really able to offer my new PAs monthly contracts because I didn't know what would happen with the new budget, which isn't helpful when you're trying to get good staff and a routine going.

Participants' accounts indicate that the process of relocation could be disjointed, lacking in continuity and a time of uncertainty, in which participants did not always know ahead of moving what (if any) care and support would be in place, reducing their abilities to make long term plans and transitions to new support arrangements. However, continuity (even if only short term) appeared to be particularly important to participants. Chloe was informed just prior to moving that she would not be eligible for care and support in her new local authority, and described this experience as:

Just like falling off a cliff...even if you had, I think, that three or four weeks it would be less traumatic than just saying "right, I've arrived here, I've no support, let's see what we can do"

In contrast Anika had received an assurance from her original local authority that she would receive funding for one month after her move. She reported that 'I wouldn't have moved without it...I wouldn't have moved without that letter'.

### Theme 3. When people move with social care support they may experience important differences between local authorities

The delivery of social care support in England has been underpinned by significant variation between local authorities, with a widely reported 'postcode lottery' (Commission for Social Care Inspection (CSCI), 2008; Dilnot, 2011; Henwood, 2012) in which people 'with similar needs for support [are] treated wholly differently' (CSCI, 2008, p.77). The Care Act 2014 sought to address some of these sources of variability.

Participants reported variations between local authorities including differences in what is funded, the charges levied for care and support, their perceived cultures and priorities. A key difference experienced by participants related to the levels of social care support provided by the new local authority. Four participants received the same or increased levels of support (for example, due to changes in their circumstances and the changed availability of family support, although some had experienced interruptions and delays prior to funding decisions being made). A further four participants lost some or all of their care and support in their new local authority. For the remaining participants it was not clear at the time of the interview precisely what level of support they would receive; for example because final decisions had not been made. Reasons for losing support appeared to relate to being found ineligible (perhaps as a result of differences in eligibility thresholds employed in different authorities or reductions in social care funding affecting the local authorities), or other changes, such as changes in income, or living with a partner, which had been considered to reduce risks and therefore needs for publicly funded care and support. This loss of care and support on moving was hard-felt.

Further, one participant indicated that while she continued to receive an equivalent care package in respect of number of care hours provided, the monetary value attached to the care package reduced, meaning she paid her new PAs at a lower rate than previously (although still in the legal range) ‘I feel it’s like slave labour, but there’s nothing I can do about it’(Anika).

Although there was insufficient information within this study to draw firm conclusions, participants’ accounts suggested that certain people may be especially vulnerable to losing social care funding when moving between areas. This may include people whose conditions fluctuate, so that they may appear well at the point of assessment, or people who have relatively ‘unusual’ care packages (such as social care support provided to increase the confidence and wellbeing of people with mental health needs, such as courses, activities, home improvements, as described by Eost-Telling, 2010). Such individuals may be at risk of their needs not being well understood and recognised, and of losing care and support as they move from an area in which they are known, to one in which they are unknown; however the reductions in local authority spending may have meant some would have experienced such reductions had they remained in their local authority. Alexandra reported her concerns regarding her relative’s assessment in their new local authority:

Are they going to use all of what’s in that [old] assessment as a basis or because they don’t know the person are they going to do their own assessment and only go on their own judgement, in which case they’re going to miss out a lot of information because if my [relative] walked in here now you would be forgiven for thinking “oh, he doesn’t have too much of an issue” because he’s chatty, personable, and yet there’s an underlying very complex area of difficulty.

Two participants, who lost care and support following their move, subsequently had all or some of their support reinstated following physical or mental health crises. It may be speculated that had their needs and the thinking that had underpinned their care packages been better understood at the time they moved and were reassessed, they may have been able to experience greater continuity, reducing risks and preventing crises. However, being known to the local authority does not guarantee a smooth transition; there were examples of participants returning to local authorities in which they previously lived experiencing substantial delays or loss of services. Further research, with more participants, and over longer time periods, may help to better illuminate the range of circumstances in which people’s care and support changes, and highlight points of vulnerability and risk, or resilience and empowerment.

**Theme 4. When people move with social care support they may experience disempowerment and may need to exert control to ensure things happen**  
Participants described the processes and systems they encountered while moving as inflexible, such that things must happen in a prescribed way. Examples included being informed by local authorities that they had to register with a General Practitioner (family doctor) before any details could be taken, or that they had to move to their new local authority and establish ordinary residence, prior to their relative moving.

Perhaps as a result of encountering inflexible systems, participants described a range of approaches they had adopted to 'make things happen' and move on with the process of relocation. Participants described actions which could be understood as working to 'get around the system', for example, some had tried to avoid informing their original local authority of their plans to move, for example, due to fears that their funding would stop before they moved. They also described prompting and chasing, to ensure that information was shared and to drive the process forward. This included regularly contacting the local authorities involved; Anika reported 'I was ringing up social services I think for the first week, every day to say "when am I having my assessment? When am I having my assessment?"'. Furthermore, participants described 'agitating' and taking action when things went wrong or progress was not being made, in an attempt to ensure care and support was in place. Such actions included making complaints, threats (for example, to contact the press) and involving people in influential or supportive roles (such as lawyers, Members of Parliament (MPs), advocates). Consequently the process was perceived by some as punitive.

Accounts within this section suggest that people moving may feel relatively powerless, when confronted with a system they perceive as inflexible. However, it also indicates that individuals worked hard to exert some control over the process of relocation and to move forward the process, ensure their needs were met on moving and to effect change when things went wrong. This further underscores the amount of organisation, activity and energy required by those who relocate with social care and support.

Participants' responses also appear to suggest a lack of confidence in the process of relocation and the systems and agencies encountered, and an anxiety that their needs would not be met as they moved. This was underlined, for example, by some individuals seeking not to inform the local authority of their plans to move, and of their actions to prompt and chase up local authorities to ensure arrangements were made.

## Theme 5. When people move with social care they may experience a negative impact on their emotional and physical health and wellbeing

Moving has been reported to be a substantial source of stress (Metcalf, 2006; Reimer, 2000). Participants reported experiencing a range of negative emotions, such as stress, anxiety, worry and fear, in respect of relocating their social care support/funding. These related to a range of aspects of relocation and the transition to a new local authority. Prior to and during their move participants were anxious about whether there would be a loss or interruption to their care funding, as well as the unknowns and risks associated with moving to a new area when in receipt of social care support, 'that was the anxiety wasn't it, you don't know what you are coming into' (Anika). Further, participants experienced uncertainty and concern about when assessments would be conducted and delays and interruptions to care and support would be resolved. Losing care and support also impacted on participants. Alison described the emotions she experienced:

It was a huge disappointment to lose what I had...I remember actually, it made me feel physically sick at first when they said on the phone, physically sick and angry.....but I

think the anger comes from fear, it really does come from the fear of you know, how you're going to manage and knowing what I would go back to (Alison).

Further to the stress and anxiety noted, five participants explicitly reported a negative impact on their mental and emotional health and wellbeing. For example they described feeling depressed, close to breakdown, unable to cope, experiencing panic attacks, and becoming socially isolated. Three reported physical health problems and injuries following relocation; examples given included weight loss, and injury due to not having access to appropriate equipment in their new home.

## Discussion

This research sought to further our understanding of the little studied area of relocation for individuals in receipt of local authority funded social care and support. In so doing it identified some key challenges that were experienced by adults in receipt of social care, who sought to exercise their right to freedom of movement and geographic mobility. The study highlighted the complexity of such relocation, which is underpinned by the myriad of needs to consider and address, extensive planning, and liaison with a range of agencies and practitioners. It also highlighted the uncertainty and risk inherent in a process in which individuals could not be certain, prior to moving, what level of social care support (if any) they would receive, as well as the lack of continuity for individuals who experienced delays and gaps in their care, such that relocation could be considered a disjointed process. The findings suggested that relocation, as well as representing a positive opportunity, could be a time of vulnerability and risk for individuals; some participants' accounts highlighted a loss of care and support (short or long term) and a negative impact on emotional and physical health and wellbeing. It is noteworthy that these challenges and difficulties were encountered by a group who, collectively, had considerable experience and knowledge of the social care system through direct experience of receiving social care, as well as often through employment experiences within organisations supporting disabled people and carers, highlighting the challenging nature of relocating with social care and support. Further, although the study was primarily concerned with relocation with social care support, the findings indicated the significance of and connections between social care and other forms of support, including health and housing support. Participants' accounts indicated that relocation could also present challenges in respect of the delivery of physical and mental health services and support. The relationship between social care and housing was highlighted, with two participants reporting that their moves were in response to limited housing options. In moving to access appropriate and accessible accommodation these participants had experienced a reduction in or loss of social care:

The big issue is housing, and you can talk about the moving from one local authority to another, yes that had a really big impact [in] that I don't get the care and we're still fighting that front, but actually I had a really good system, and I had a really good life in the last place, I just couldn't find housing locally (Clare).

The array of needs to be addressed and challenges reported in respect of social care and other needs, suggest that the process of relocation is highly demanding of

individuals' emotional and physical energy, time and resources. During relocation individuals are required both to plan ahead, and react quickly to find solutions to unexpected and unforeseen situations (such as the loss of PAs prior to moving, delays in assessments). In addition, relocation may place particular stresses and demands upon those who move because all or some of these challenges may be experienced simultaneously, so that the impact of each is magnified, creating significant demands and stressors for those moving.

Our findings suggest that relocation is a significant transition which is fraught with challenges. Drawing on the work of Bridges, transitions can be understood to consist of endings (such as the leaving of a local authority), a gap in continuity or period of limbo or instability, followed by a new beginning or period of stability (Mereis, Sawyer, Im, Hilfinger Messias & Schumacher, 2000; Tanner, Glasby & McIver (2015). . Transitions should be understood as significant life events, which include 'social, psychological and emotional dimensions' in addition to spatial or service dimensions, which can be facilitated by practitioners who may support individuals to achieve positive experiences and outcomes (Tanner et al., 2015, p.2061). Studies of a range of transitions within social care, such as those associated with geographic movement, transitions between care settings and between children's and adults' services, have highlighted factors shared with the current study (for example Hudson, 2006; Ottosdottir & Evans 2014; Owen, Hubert & Hollins, 2008; Reed et al., 2003). These include complexity, a lack of involvement in decision making, a lack of preparation, loss of services, discontinuity, and a lack of proactivity (Abbott & Carpenter, 2014; Beresford, 2004; Gridley, Brooks & Glendinning, 2014; Hudson, 2006; Owen et al., 2008; Reed et al., 2003). Hudson (2006, p.49) writing about transitions from children's services to adult social care noted that such transitions privilege discontinuity over continuity, observing that 'it is in the privacy of family households and relationships that the price of this discontinuity is paid'. Recent research into the experiences of disabled people undergoing the transition from ILF to local authority funding (Department for Work and Pensions, 2017) highlighted the uncertainties, worries about potential loss of care and support, stress and fear of the unknown experienced, further illustrating the anxieties experienced when care provision/funding becomes the responsibility of a new agency or authority. This study, along with other studies of transition within social care underline the need for practitioners to recognise and respond to transition as a specific potential source of disruption, discontinuity and risk, and to recognise the support which is required throughout the transition process. This includes the need for proactive planning and support among agencies and practitioners when an individual seeks to move to a new local authority. Furthermore it emphasises the need for actions to minimise the discontinuity or 'limbo' which may be experienced (for example when decisions about future care packages are protracted or there are interruptions to care and support), ensuring that those moving are able to embark on new beginnings and a state of stability within their new area.

When moving between local authorities people with care and support needs leave one authority, in which they may be known, their needs and situations understood, and their care and support needs funded, to a new area in which they are generally unknown and their needs, circumstances and the underlying thinking which has informed their care

may be poorly understood. At the same time the responsibility for funding care and support transfers to the new authority where it may be in competition with a range of other funding commitments. In a climate of 'swingeing cuts' (Lymbery, 2014, p.804) and unprecedented reductions in spending within adult social care (Fernandez, Snell, & Wistow, 2013) we might expect that any in-flow of new people, bringing with them potential new funding commitments, may challenge local authorities. Evidence from earlier studies of social care indicates that local authorities may have 'developed mechanisms for filtering people in or out of the system at the point of referral' (Henwood & Hudson, 2008, p.58), and that practitioners' assessment practice and decision making may be informed by 'their awareness of the constraints and limitations of the resource context' (Foster, Harris, Jackson, Morgan, & Glendinning, 2006, p.131). The inflexibility, gaps and delays encountered by some participants may exemplify what Henwood and Hudson (2008, p.32) have termed 'rationing by delay'. Thus it appears that relocation may be an example of tensions between the gatekeeping and rationing roles within social work, and the promotion of positive transitions, choice making and person-centred practice advocated within contemporary social care policy. The findings of this study suggest that some individuals may be especially disadvantaged when moving to a new area in which their needs are little known or understood. This includes people with fluctuating conditions, who may be subject to 'institutional bafflement', since they are 'not visibly and permanently disabled in the same way from day to day' (Vick 2013, p.185), and those in receipt of 'unusual' or innovative care packages which may be 'perceived as luxuries rather than solutions to fulfil need' (Eost-Telling 2010, p.52). For such individuals, close working and communication between the local authorities concerned are required to reduce the risks of loss of care and the potential for consequent crises.

The Care Act 2014 strengthened the right to geographic mobility, providing clearer processes to inform relocation between local authorities. These may increase individual security and continuity of care. Some of the difficulties and challenges reported by participants in this study may be addressed by the Care Act (implemented in 2015). For example, the delays, gaps and interruptions to care and support while waiting for assessments to be conducted, which were experienced by some participants, should be addressed by the requirement (s38) for the new local authority to meet the needs and outcomes met by the previous local authority while completing the assessment. The risk of losing social care provision due to variations in local authority eligibility thresholds may also be anticipated to decrease following the introduction of National Eligibility Criteria which are expected to reduce local variation through setting a minimum threshold for adult social care with which all local authorities must comply (DH, 2017). However, it cannot be assumed that the Care Act provisions will eliminate risk as individuals move; local authorities continue to have discretionary authority to meet needs not deemed eligible, should they so choose, maintaining a potential source of local difference (DH, 2017). Additionally, the well documented variations in decision making between practitioners in respect of eligibility (Charles & Manthorpe, 2007; Fernandez & Snell, 2012; Henwood & Hudson, 2008; Newton & Brown, 2008) are likely to remain, such that those moving may remain vulnerable to (or may potentially benefit from) individual interpretations of the eligibility criteria. Further, given that many of the Care Act provisions in respect of relocation (such as the need for an assessment by the new

local authority) were outlined in previous policy (DH, 2003, 2010a) but do not appear to have been consistently implemented, there is a risk that the new legislation may have less impact for people moving than might be envisaged. Thus there is a need for further research to identify the impact of the Care Act on experiences of moving with social care, to explore whether challenges remain in place, and the nature of such challenges.

## Limitations of the study

Although providing useful information in respect of a little researched area, this was a small scale, exploratory study, involving relatively few participants. Further research with a larger participant group would enable a more nuanced understanding of the challenges of relocating with social care support, and of the barriers and facilitators to such moves. A larger sample size might allow exploration of whether specific and distinct difficulties are experienced by different groups. However, the challenges of recruitment among what appears to be a relatively small population are acknowledged.

Furthermore this study focused on people receiving local authority funded social care and support, and, due to the initial emphasis on movement for work and education, the experience of only one older person was included. Additional research is required to consider groups that were not represented within the present study, enabling an exploration of the experiences of older people who relocate between areas, as well as 'self-funders', a growing population within the social care market, who have been reported to experience difficulties in navigating the social care systems they pay for and accessing the information they need (Henwood & Hudson, 2008; Putting People First Social Care Consortium, 2011).

## Conclusions

The present study examined an area of adult social care which has been exposed to limited research scrutiny to date, and contributes to the small body of research within the UK and internationally that has highlighted the challenges of relocating between areas for people in receipt of publicly resourced care, support and funding. The present study has identified significant barriers, challenges and difficulties which may be experienced by disabled people, and others in receipt of adult social care, who seek to move to new local authorities. Such moves were reported to be complex, and associated with uncertainty, discontinuity (although continuity was valued), inflexibility, a lack of control and a negative impact on emotional and physical wellbeing. As such they appear to demand significant time, energy and resources from those moving. The findings therefore suggest that the process of relocation, for some people in receipt of social care, may represent an important additional barrier to social and economic mobility and should be acknowledged by social work professionals.

## Ethics

Ethical approval for this study was given by the Social Care Research Ethics Committee (Reference number: 12/IEC08/0021).

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