

Independent Age's vision for adult social care

Our vision at Independent Age is that as we grow older, we all have the opportunity to live well with dignity, choice and purpose. Social care can play a key role in fulfilling this vision by providing high quality support, when people need it, through a system that is stable, well-resourced and gives older people choice over the care that they receive. However, we hear from many people that their experiences of care services fall far short of these aspirations.

Below we set out some of the distinct challenges we know people face and our calls for actions relating to each of these.

As a charity supporting people in later life, and hearing directly from them, their friends and families, our specific lens on social care is the needs of those aged 65 and over. However, it is important to recognise that adults of working age account for nearly half the total social care budget. Therefore, any system reform must create a system that works for people of all ages who use care and support services. While we urge the Government to ensure it engages fully with people of working age with physical and learning disabilities when planning reform, we hope the principles we put forward here are ones that people of all ages can support.

1. People must be able to access care when they need it

Significant cuts to budgets since 2010 have forced councils in England to effectively ration access to social care. Funding for social care was £700 million lower in 2017/18 than in 2010/11.¹ At the same time, demand has been increasing. In 2018/19 there were 1.9 million requests for social care, a rise of 3.8% on the previous year.²

The consequence has been many more people going without the care they need or relying on family carers to fill the gaps. Age UK estimates that in 2019, there were 1.5 million older people with some unmet need for care. In its 2020 budget survey, ADASS found that a tiny proportion – just 4% - of Directors were confident they would be able to meet their statutory duties in the coming year.³

This situation creates huge amounts of anxiety and suffering for people in need of care and their families. But it also stores up problems for the future. As councils struggle to balance their books, their capacity to invest in anything that is not about immediate crisis management is diminished. This means opportunities for early intervention support are missed.

Constant budget pressures also mean that the emphasis on wellbeing and choice, so clearly set out in the Care Act, has been lost and care is often reduced to the basics of life – keeping people clean and fed. If the values which shaped the Act are to become a reality, social care must have a sustainable funding settlement.

The change we need to see:

- Government must bring forward a funding plan which ends the cycles of crisis and last-minute cash injections that have characterised the social care sector in recent years. This is the fundamental building block of all future reform.

¹ Kings Fund, Social Care 360, <https://www.kingsfund.org.uk/publications/social-care-360/expenditure>

² Ibid.

³ ADASS Budget Survey 2020, <https://www.adass.org.uk/media/7973/no-embargo-adass-budget-survey-report.pdf>

- Funding must also be fairly distributed to areas on the basis of need. The reliance on raising funds at the local level (through the social care precept, for example) runs completely counter to this because the areas where need is greatest are also often areas with the capacity to raise the least.

2. People need a fairer set of entitlements to care and protection from the financial risks of developing care needs

It often comes as a shock to people to discover that they are liable for their social care costs. Many assume the state plays a much greater role, similar to the model of services free at the point of use in the NHS. The system has also become significantly less generous over time, with no change in the 'floor' of £23,250 – any savings above this amount result in people being liable for all their care costs. This threshold has remained unchanged for a decade. Currently one in ten people will face catastrophic care costs (of more than £100,000) which can see lifetime savings wiped out due to developing care needs. With no limit on how much people may need to pay, it is incredibly hard to plan ahead, and care choices become a topic no-one wants to think about until it becomes unavoidable.

It cannot be right that there is such a huge gulf between the financial implications of developing care needs – which are means tested and fall to the individual – and health needs, which are fully met by the state through the NHS. Independent Age supports the introduction of a universal entitlement for social care, such as free personal care. Free personal care would mean support for vital activities such as washing, getting dressed and going to the toilet would be delivered free at the point of use. The Health Foundation estimated that a free personal care policy would significantly increase the numbers of people over 65 in receipt of publicly funded domiciliary care, both in comparison to the current system and in comparison to a reformed 'cap and floor' system.⁴

Personal care is something people in later life have told us they think should be centrally funded and accessed free when needed, like the NHS. Polling for YouGov in 2019 found that 78% of people support the introduction of free personal care and 74% would be willing to contribute more to pay for it.⁵ Ensuring personal care costs are covered would be a major step forward from where we are today and is something that could be built upon in the future to include other non-personal care costs too.

We are clear that free personal care should never be a stand-alone policy. As we see from the experience in Scotland, it must be accompanied by overall increase in social care funding so that local authorities can introduce this universal entitlement without reducing the number of non-personal care activities they offer, or reducing the numbers who are eligible for state-funded care.⁶

A universal entitlement to personal care will not in itself eliminate the risk of catastrophic costs. The average weekly cost of residential care is £615 and 'hotel costs' make up two thirds of the total fees⁷. These hotel costs (board and lodging in a care home) can easily mount up if someone spends

⁴ See table 9 on p 57 of Health Foundation, *Social care funding options*, May 2018,

<https://www.health.org.uk/sites/default/files/Social-care-funding-options-May-2018.pdf>

⁵ Social care funding/ YouGov poll: 10th - 12th September 2019. Total sample size was 2,840 adults. The figures have been weighted and are representative of all England adults (aged 18+). <https://www.independentage.org/a-taxing-question-how-to-fund-free-personal-care/why-free-personal-care>

⁶ Independent Age 2020, *Free Personal Care: Insights from Scotland* <https://www.independentage.org/policy-and-research/FPC/Scotland-briefing>

⁷ Laing Buisson, 2018

years in residential care⁸. There are currently no mechanisms for individuals to insure themselves against these financial risks. As Sir Andrew Dilnot and others (including insurance providers themselves) have made clear, private insurance markets cannot provide a solution. The Health Foundation's international review found that no country they studied has been able to make voluntary insurance work for social care.⁹ The state must intervene to effectively share the burden of this risk with the individual.

The change we need to see:

- Government should introduce a universal entitlement to social care free at the point of use. This must include covering personal care costs but we would welcome any policy that went further to include services that go beyond personal care.
- Government should establish a mechanism to protect people from catastrophic costs. However, it is crucial that any policy to cap these costs forms just one part of a package of wide-reaching reforms.

3. People should receive high quality care, delivered by properly paid and supported workforce

It is vitally important that people have the chance to get to know and trust the individuals caring for them. This is undermined if carers change so frequently they feel like strangers. Endemic low pay, poor opportunities for career development and progression have made it extremely difficult to recruit and retain social care workers in sufficient numbers.

There are currently more than 112,000 vacancies in social care, and if the workforce is to grow in line with demographic changes then there will be an additional 520,000 social care roles to fill by 2035.¹⁰ The national turnover rate in adult social care is 30.4%, equivalent to approximately 430,000 leavers in the last year.¹¹ There are many reasons for this. While there have been some improvements in pay over the last decade (due to the introduction of the National Living Wage) it is still the case that hospitality and retail jobs often pay equivalent or more for arguably much less demanding work. More than half of care workers in domiciliary care are on zero-hour contracts, which while providing flexibility that suits some, also give little stability.¹² Pay progression is also poor: a care worker with five or more years of experience can expect to earn just 12 pence more per hour than a care worker with less a year of experience.¹³

The impact of this for older people using the care system is that there is often little continuity in the carers they see, meaning they have very limited opportunity to build up a relationship with those who are assisting with intimate tasks such as washing and dressing. Older people also tell us their care can often feel rushed, and short visits mean the care they receive is very basic and transactional. Squeezed local authority budgets mean the price paid per hour to providers in their

⁸ Our research indicates that under a free personal care system there would still be 80,000 people who would face costs of more than £100,000. See 'Free Personal care: how to eliminate catastrophic costs': <https://www.independentage.org/free-personal-care-how-to-eliminate-catastrophic-costs>

⁹ The Health Foundation, Identifying options for funding the NHS and social care in the UK: international evidence, July 2018 https://www.health.org.uk/sites/default/files/Social%20care%20funding%20-%20international%20evidence_web.pdf

¹⁰ Skills for Care, The state of the adult social care sector and workforce in England, October 2020 <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

¹¹ Skills for Care, The state of the adult social care sector and workforce in England, October 2020 <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

¹² Ibid.

¹³ Ibid.

contracts is suppressed and there is little slack in the system to allow people to provide high quality care.

The change we need to see:

- Government must publish a comprehensive workforce strategy, akin to the People Plan for the NHS.
- Wages must be increased to reflect the complex and demanding work that professional carers do. There must also be pay parity between the NHS and social care for equivalent roles.¹⁴
- Professionalisation of the care sector which should include establishing a registration model to bring England in to line with Scotland, Wales and Northern Ireland. Government and care providers also need to work together to develop clear career pathways in social care, including a system of portable, accredited training.
- Government must bring forward an immigration system that will enable a route for care workers from overseas, as it is unlikely we can fill gaps with domestic recruitment alone.

4. People should be supported to understand how they can access care and have the opportunity to challenge if they do not think the correct decisions have been made

Awareness and understanding of how social care operates is very low and for many people the first time they come across the system is when they, or a family member, develops an urgent care need. We know from calls to our Helpline that people find the system incredibly complicated to navigate and often require significant support to work out what they need to do. We frequently hear from adult children who are trying to support older parents to access care because they have become stuck and need help interpreting the information they have been given by their local council. If understanding social care is difficult, even for those with family members dedicating huge amounts of time to support, it is harder still for those without family to support and advocate for them.

In addition, we are concerned that it is difficult for people to effectively challenge decisions made about their care and support. In the majority of councils, people have to use a complaints procedure, which in our view is not fit for purpose. Local authorities are required to respond to a complaint within six months, but in reality it can take much longer than this, creating significant stress and worry for older people and their families. The language of 'complaints' and its negative connotations can also be off putting. From calls to our Helpline, we know many older people are not comfortable with the idea of complaining. Many do not feel it is an appropriate response to wanting decisions made about their care and support to be reviewed. Furthermore, the high proportion of complaints being upheld by the Local Government and Social Care Ombudsman suggests that issues are not being dealt with effectively through current complaints procedures. The Government has previously acknowledged the importance of a robust appeals system for adult social care and consulted on this in 2015, but no response to the consultation was ever published.

The change we need to see:

- Councils must take seriously their duties under the Care Act to provide clear, actionable information and advice to everyone who needs it, including self-funders.

¹⁴ For example, nurses working in the NHS earn 7% more than those working in adult social care – a gap set to grow under the new NHS pay deal. The Health Foundation, What should be done to fix the crisis in social care? <https://www.health.org.uk/news-and-comment/blogs/what-should-be-done-to-fix-the-crisis-in-social-care/1-stabilise-and-sustain-the-current-system>

- Government should implement a statutory appeals process for adult social care, as already outlined in the Care Act. As a first step, they should re-open the consultation on an appeals process for adult social care.

5. People providing unpaid care must be well supported

Being a family carer can be hugely rewarding, but there are also risks that people performing this vital role don't get the support they need. Our work on carers is particularly focused on the one in five older people in England who are acting as carers.

Some people with caring responsibilities do not recognise themselves as carers and are not aware of the forms of support available to them. We know from the calls that we receive on our Helpline, and through our research with people in later life, that it can be especially hard for older carers to prioritise their own well-being. Full-time older carers are at increased risk of low mental wellbeing compared to non-carers.¹⁵ Older carers are more likely than non-carers to suffer from poor physical health and are less likely to have had more than 10 visits to the GP in the past 12 months than non-carers.¹⁶ There are also clear financial impacts – full-time carers are more likely to be in the lowest income quintile after housing costs than part-time carers and be unable to cover unexpected costs.¹⁷

The change we need to see:

- Local authorities must take steps to actively promote the entitlement to carer's assessments and increase the number of assessments they conduct to ensure that the safety and wellbeing – including mental wellbeing – of unpaid carers is protected. This must be adequately resourced to make sure that local authorities are supported to implement this work.
- Local authorities should ensure all family carers are aware of the options open to them for respite and how to access these.

¹⁵ Independent Age, In Focus: experiences of being an older carers, https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/factsheets/2020-03/IA-PI-377_Carers_snapshot_v4.pdf?Q_zkx1vVmCSRIKBUCoGe99aswplOEeWS

¹⁶ Ibid.

¹⁷ Ibid.