

# Towards a New Deal For Care and Carers

Executive Summary

Report of the PSA Commission on Care, 2016





The University  
Of  
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Political Studies  
Association







The Political Studies Association Research Commission on Care was established in response to the intensifying crisis that is playing out in the delivery of care for older people and the failure of successive governments to acknowledge, and take action, to address this crisis.

The financial crisis followed by eight years of austerity policies has accelerated a restructuring of the welfare state through radical changes to tax and benefit systems, public sector expenditure and employment cuts, and increased labour market flexibilisation. The implications for care have been significant. Most immediately, there has been a withdrawal of state funding from many care functions, with women being particularly affected because of their role as the main providers of both unpaid and paid care.

The Care Commission has spent a year gathering evidence on the crisis in care for older people and measures to address it. In the course of its work, the Commission has engaged with the formal care sector, local authorities, recipients and providers of care, as well as academic experts. The scope of the Commission's remit was restricted to the care of older people in England. During the period of the Commission's work the referendum result that heralds the exit of the UK from the EU has introduced further uncertainties and complexities in the provision of care, especially as migrant workers play an important part in this provision.

This report summarises our findings. We firstly set out some of the key issues in the future provision of care: its resourcing, the challenges of navigating a complex system of provision, the unmet needs of BAME and migrant populations, and issues pertaining to the care workforce. Our concluding chapter is an urgent call to make care for older people a political priority and take action. To this end, we make the case for a 'New Deal for Care and Carers' that is underpinned by the establishment of a National Care Service (NCS), which is comparable to the NHS and free at the point of delivery.

## The Care Landscape in England

There are significant demographic pressures facing the adult social care sector as well as those providing unpaid care going forward. The UK has an ageing population; census figures show that the number of residents in England and Wales aged 65 and over increased by nearly a million between 2001 and 2011, from 8.3 million to 9.2 million, a jump of 16% (ONS, 2013a). Along with this growth in the older population, care needs have been increasingly unmet and this is likely to worsen as the population continues to age.

Our mapping of the care landscape reveals that care needs to be understood as paid and unpaid work that is deeply gendered. Women more likely to be involved in caring, whether paid or unpaid, and even when men are engaged in this kind of work various forms of gender inequality persist. In addition, the care sector remains highly dependent on migrant labour and is thus impacted by ongoing changes to UK immigration regimes that have focussed disproportionately on low wage immigrant labour as a 'problem'.

In considering the experiences of care recipients, the Commission finds that this is impacted not only by class and the ability of certain groups in society to afford to pay for their care, but also by factors relating to race and ethnicity. We strongly urge for steps to be taken to ensure that care is not delivered using a 'one size fits all' approach, but to meet diverse needs.

Finally, our mapping of the regulatory environment finds that new measures are unable to address some of the market failures and social injustices at work within the increasingly privatised and marketised care landscape.

## Resourcing Care

The key issue for care provision is funding. The numbers of people eligible for local authority funded care services is declining significantly leading to considerable concern about a growing population of people with unmet care needs. State-funded support for care activities is increasingly focussed solely on those with the most severe and acute care needs.

The severity of the local authority funding crisis means that it is difficult to see how further spending cuts, innovations and efficiencies could be achieved without shifting costs elsewhere in the system, such as acute care services. Additional funding in the form of the council tax precept will not have significant impact on the ability of local authorities to sustain adult social care provision – not least because those councils with the highest concentration of older people and unpaid carers are those that stand to raise the least amount of money via the 2% council tax rise (Franklin 2015).

Underfunding of local authorities has been accompanied by the outsourcing of public services on unsustainable terms in order to make savings. This has led, in many cases, to significant detrimental consequences. Such outsourcing can serve to undermine accountability and the public service ethos, leading to a worsening of pay and working conditions and create moral hazards by shoring up the power and influence of a small number of large multinational corporations (Bowman et al 2015).

In addition, local authorities are struggling to fund programmes that support and identify unpaid carers. Unpaid carers are faced



with a triple jeopardy: reduced formal services, reduced support for unpaid carers, and cuts to other local authority services, such as lunch clubs and libraries, that provide information and respite.

## Accessing Care

There are over a million older people in England who need care but who don't receive it from any public source. As the King's Fund and Nuffield Trust report highlighted recently '[a]ccess to care depends increasingly on what people can afford – and where they live – rather than on what they need.' Increasingly it is self-funders and unpaid carers that are having to fill the gap between diminishing publically-financed supply and growing need. (Humphries et al 2016)

While funding is a key issue, so is the complexity of the care system. Accessing care involves navigating a complex system of care provision. The personalization agenda has added to this complexity with the cared for, and their carers, taking on the role of employer and other administrative burdens.

We draw attention to the Link Age Plus pilots, which were tested in a number of localities from 2006 to 2008. Building on the Sure Start concept, these one-stop shops were designed that connected all sections of the community with the services they needed and in so doing also provided centres where older people and their carers could socialise and support each other. Despite being very positively evaluated, there has been no national roll-out (Ritters and Davis 2009). The Commission finds that the idea of a central location of information and advice would do much to improve the obstacles people face in accessing information as well as services.

## Delivering Care

Delivering care poses questions about the quality of care as well as of labour standards and the increasing reliance on unpaid care.

The care workforce is deeply gendered, with women continuing to outnumber men four to one. There is a reliance on migrant workers, particularly in lower paid roles within the sector. Further, the growth of private care providers has exerted downward pressure on pay and conditions. One study estimated in 2011 between 150,000 and 220,000 care workers were being paid below the minimum wage (Ramesh 2013).

The assumption that caring is a 'natural' skill means that the need for training often goes unrecognised. The integration of different adult social care services means that staff are increasingly faced

with complex care needs. The Commission urges for funding of training and regulation to address this.

Finally, the Commission's survey of 169 care workers found that those engaged in the the delivery of care may find their health and wellbeing adversely impacted (or 'depleted' (Rai et al. 2014)) as they struggle to combine the demands of a difficult low paid job with other care and family responsibilities.

## Conclusions & Recommendations

### A system in crisis

The Commissioners found that the social care system is unsustainable and in crisis. Sustained under-funding, exacerbated by austerity policies over the last decade and a dysfunctional care system, has caused this crisis. A lack of political will to solve it has perpetuated it. But the problem is not going away. Instead it is growing as our population ages and more people face older age with chronic ill health and multiple conditions. The number of people who are living with unmet care needs has increased and yet the spend on the care of older people has fallen in real terms.

Gendered norms of caring mean that there is an assumption that women will step in to provide care and compensate for the services that the state is failing to provide. But looking ahead we face a shortage of both paid and unpaid carers. Women are more active than ever in the formal labour market. Their paid work will become increasingly difficult to reconcile with unpaid caring responsibilities. Stricter migration regimes, which look likely to be implemented over the coming years, threaten the supply of workers in the formal care sector.

The system, as it currently stands, is failing care recipients. They often do not get what they need and feel they must be grateful for what they do get. At best the system is functioning to give people what is needed to exist and is far from providing a personalised care service focused on raising their capabilities and helping them feel cared for. It is also a one size fits all system and does not respond to the needs of particular groups such as BAME and LGBTQI people.

The deficiencies of the care system directly increase costs elsewhere. These deficiencies result in preventable hospital admissions, causing queues in A&E and cancelled operations, and force the NHS to hold patients who no longer need medical care in wards because they do not have the support to go home.

Finally, those who provide care are ill-served by the system. Underfunding and the involvement of the private sector means tight budgets must be stretched if a profit is to be produced. Often this occurs at the expense of care workers and those they care for, and leaves provision insecure if providers cannot sustain their business model. Low pay, poor working conditions and negligible career prospects are endemic in the sector. This cannot be a basis for good quality and sustainable care.

As outlined in chapter 3 and 4, there is pressure on paid care workers and unpaid carers which adversely affects their ability to look after themselves and may prevent them supporting other dependents, including children. These pressures result in over two million unpaid carers dropping out of the labour market (Carers UK 2013). Women also find it difficult to return to work, which contributes to a persistent gender gap in earning and pensions.

## Why isn't social care a political priority?

Despite repeated attempts in the past few years, resolving our care crisis is not a political priority. The Commission suggests this is the result of a number of interwoven factors:

1. The size of the problem is seen by many as 'too big' to tackle. There is a view that it is financially unaffordable to provide good quality care for all who need it, instead of a recognition that a failing care system is costly in social and economic terms.
2. The assumption that 'someone will step in' to keep the system going and, more specifically, that women will step in to do unpaid caring or work, particularly if they are migrants, or unemployed, for low pay and under poor conditions.
3. The lack of concern about, and value placed on, the lives of older people and carers. Despite talk of the 'grey vote' older peoples' concerns are overlooked through a lack of cross-party political consensus on a way forward.
4. The assumption that 'anyone can care' leads to caring being regarded as low status and unskilled work, not requiring training and continuous professional development.

## The way forward?

The current government appears to be pursuing only one strategy for addressing the crisis of social care – individual saving for old age. However, this is highly inefficient and unreliable, as well as raising important questions about fairness and equality. Individual needs for care in old age are extremely variable and unpredictable. They are not determined by, and often will not reflect, how much we have been willing or able to save. Women, who as primary carers tend to have lower earnings and more time out of the labour force, will be doubly disadvantaged: they will have less ability to save for their own care and be left to pick up the pieces when relatives or friends have unmet care needs.

But there is an alternative. The government can provide collective insurance for care needs by investing in care. This could be financed by a care levy – a tax hypothecated for spending on care – that would reduce the uncertainty of individual saving. Research by the Women's Budget Group, presented at the Commission's London event, demonstrates that public investment in care makes economic and social sense (Taylor 2016). Economic modelling has shown that investment in the care sector creates more employment and economic output than a comparable investment in construction (De Henau et al. 2016). Both physical and social infrastructure are vital. If money can be found to fund physical infrastructure projects, some of it would be better spent on investing in our care infrastructure to meet urgent needs while at the same time generating employment and economic growth.

Fundamentally, as a society we need to provide for older people – not only for economic reasons but to secure a fair and caring society where everyone gets the support they need, irrespective of their colour, class or creed.

### Recommendations

Care must be central to policy decision-making in order to ensure that society is able to provide for its most vulnerable. To this end, we recommend:

#### 1. ESTABLISH A NATIONAL CARE SERVICE

The Government should:

- Give social care equal status with the NHS and establish a National Care Service, which would aim to provide care free at the point of delivery.
- Minimum standards must be established and strictly enforced, while preserving diversity of provision. These standards should aim to provide care that we would all wish to receive for ourselves and our loved ones. In particular, these standards should include the following:
  - The voices of care recipients and carers incorporated into policymaking and shaping service delivery through systematic

channels of communication and representation

- A personalised and person-centred care service for all those in receipt of care.
- A service that meets the diverse needs of our population including BAME, disabled and LGBT people.
- Increased resources for those living with alcohol or drug misuse or mental health problems.
- Commitments to ageing better with a focus on prevention and on enhancing care recipients' capabilities which might support independent living.
- A preventative approach that communicates a healthy, active living agenda to younger generations in order to reduce demands on social care services in the future.
- A trained, professional workforce able to respond to the complex needs of older people, including those living with dementia, chronic or multiple conditions.
- Intelligent use of technology where it enhances the quality of care without diminishing caring responsibilities and relationships.
- Assess and implement findings of pilot projects which are working towards integrating health and social care for older people who have undergone hospital treatment.
- Strengthen regulations to ensure private sector providers of care maintain good quality and sustainable provision for recipients of care and their families.
- Redesign the commissioning system so that both public sector and small local private care providers are able to compete on a level playing field with large corporate providers.

## 2. INVEST IN THE SOCIAL CARE INFRASTRUCTURE

- The Government should take the opportunity afforded by the relaxation of the fiscal rules and the move away from pursuing a budget surplus in 2020, to invest in the social care infrastructure.
- Reductions in central grants to local authorities should be reversed. Social care expenditure should be regarded as a form of infrastructure spending.
- Introduce a social care levy which would be redistributive and used to fund good quality social care for all.

Local authorities should:

- Recognise the economic and social benefits of care spending in their local communities and budgets.
- Calculate the numbers of people living in their area with unmet care needs and set targets to rapidly reduce this number over time.
- Review the current plans for care services for the short, medium and long term to ensure they are effective.
- The Care Quality Commission should monitor local authority performance against these improved plans.

New Combined authorities and Metro Mayors should:

- Use the opportunity presented by devolution to create a sustainable social care infrastructure in their region

## 3. PROFESSIONALISE AND SUPPORT THE CARE WORKFORCE

The Government should establish 'Care First' – a new initiative which would:

- Professionalise the social care workforce, raising standards and pay. Establish a national policy on recruitment and training of domiciliary and residential care workers, with a new qualification which will bridge the gap between care workers and nurses to deal with increasing complex care needs
- Create career pathways for the social care workforce, including into and out of the health service, to prevent women being trapped in low paid, insecure work.
- Address workforce shortages and improve standards of care. This would include the implementation of UNISON's Ethical Care charter and other steps to ensure appropriate remuneration, contract and non-wage benefits for care workers at all levels.
- Give social care workers keyworker status, providing them eligibility for housing support.
- Set targets to get more women into management levels and more men into social care, challenging gender norms and stereotypes and helping to close the gender pay gap.
- Immediately guarantee that all EU migrant workers in the social care workforce will be allowed to remain in the UK.

## 4. RECOGNITION AND SUPPORT FOR ALL UNPAID CARERS

The Government should:

- Establish and promote a national source of information and guidance for individuals and family members about entitlements, availability of different services, and assessments.
- Ensure that any consideration of intergenerational fairness recognises the value of unpaid care work by relatives and friends, the depletion they experience in doing this work and provides appropriate services to support them.
- Introduce a new entitlement to family leave so that carers are able to take time off work without losing their jobs. At least part of this entitlement should be paid leave.
- Drive a culture of flexibility for employees in the workplace. Progress from the right to request flexible working to a presumption of flexibility so that all jobs are offered on a flexible working basis unless there is a business case for them not to be.
- Invest in supporting carers to return to work. Incentivise employers to employ people with caring responsibilities and tighten legislation to prevent them being discriminated against at work.

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