

Fully Funded Social Care

IN ASSOCIATION WITH THE RECLAIM SOCIAL CARE CAMPAIGN

by **Simon Duffy** and **Gordon Peters**



RECLAIM SOCIAL CARE

campaigning for social support, independent living and care

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FOREWORD



Social Care policy, provision and support has been neglected, impoverished, downgraded and destroyed over decades, by a combination of cuts and privatisation. It is still based on the principles of the Victorian Poor Law – means and needs testing - which the post-war welfare state sought to, and largely succeeded in abolishing.

Reclaim Social Care is a campaign that brings together disabled people, family carers, practitioners, academics, people with lived experience of Social Care, professionals and unions. We are fighting for a better, comprehensive, accessible and universal Social Care and Support system. We want this system to reflect and respond to the rights and needs of the people it is meant to serve, as well as the staff it employs. Currently both are devalued and marginalised by the system.

However, ideas for sustainable Social Care and Support are not easy to implement. Governments have side-stepped any long term solutions, whilst continuing to run the system down. It has apparently been easier for them to let down the fast growing numbers of older and disabled people needing support, at a time of major demographic change, rather than to fix things in such a way that it benefits them, their families and society as a whole.

This paper now seeks to challenge this inaction.

We set out the current situation and offer a new way of thinking about Social Care and Support which has its origins in the experience and ideas of disabled people and other service users themselves. We assess the financial requirements - not just to get back to pre-crash status quo – but to create a system the country can proud of. We need a sustainable and universal system of Social Care that embraces the much-loved principles of the NHS and that supports and inspires people towards independent living and more control over their lives.

The sums involved are not small – but they are not unaffordable. It is the present damaging and wasteful system of social care that is unsustainable. The paper shows that, if this country begins to treat Social Care and Support as an investment, then we all benefit, both in economic and human terms: those who need its support, the staff with high quality and sustainable employment and the people of the UK as a whole.

We have here set out an initial blueprint for the future. Let's explore this, challenge it and take the debate further. Let's take it out to the country as a whole to open up a new and essential debate on Social Care and Support for all.

Peter Beresford and Brian Fisher

on behalf of the Reclaim Social Care Campaign

SUMMARY



In summary this policy paper proposes:

Social Care and Support is a distinct and vital part of the welfare state, it has its own purpose and it needs to be organised to reflect that purpose. We refer to Social Care and Support as a joint approach, rather than the term Social Care on its own, because we don't just want to see better funding, we also want to see a different kind of system. People do not want to be passive recipients of care, they want to support to be active, to be all they can be and to make their own unique contribution as full citizens.

We need a fully funded Social Care and Support system, free at the point of use, with no means-testing, and paid for by progressive taxation. The current system for funding Social Care and Support is incoherent and the current policy on Social Care funding is completely unfair and unsustainable. It needs to be utterly replaced.

After 10 years of Austerity, Social Care and Support has been subject to deeper cuts than almost any part of the welfare state, and these costs have been borne by disabled people and families. A better system of Social Care and Support funding must be dynamic and sustainable. Social Care and Support is an investment in community life and funding levels should be based on the outcomes we need to achieve. Our initial target for funding should be 2% of GDP.

There are 12 reasons why we need a fully funded Social Care and Support system:

- 1.** Means-testing unfairly targets taxes onto disabled people
- 2.** The current funding system makes no moral nor economic sense
- 3.** We are currently failing in our international human rights obligations
- 4.** Social Care and Support is a local economic and community investment
- 5.** The current system severely discriminates against women
- 6.** Social Care and Support must have the same status as other public services
- 7.** Only a fully funded system can adapt to changing demographic needs

- 8.** Local coordination of services requires fair funding for all services
- 9.** The public will only fully support a fully funded system
- 10.** NHS principles need to be protected from means-testing in Social Care
- 11.** Increased efficiency requires different kinds of investment
- 12.** The chasm between services for children and adults must be bridged

Any campaign for Social Care and Support will benefit by using an approach to funding Social Care that builds a wide alliance and encourages everyone to understand that Social Care and Support is a universal service that benefits everyone. Above all the campaign needs to be based on ambitious but realistic demands, backed up by the lived experience of disabled people and their families.

DEFINING SOCIAL CARE AND SUPPORT

Social Care and Social Support is a vital public service, which is just as important as any other public service. The goal of Social Care and Social Support is to ensure every member of society can develop and flourish in order to play their full role as an equal citizen, from birth to death. Nobody should be left isolated, alone, excluded or unable to take their place in community life.

In the UK Social Care and Social Support is a devolved matter (each of the four countries of the UK has a distinct model). For the purposes of this short paper we will concentrate on England, but it is vital that any policy proposals respect the reality of our current constitutional settlement. In addition, there are many who seek devolution within England, and the highly centralised nature of Social Care in England is unusual by international standards.

Disabled people and families now rightly expect that they can shape the support they receive around their own lives. In the last least three decades there has been some progress towards shifting power towards disabled people, although much of this has been undermined by Austerity. In terms of the whole system, careful attention needs to be given to ensure that the right decisions are made at the most appropriate level, and arguably there are at least four different levels relevant to Social Care and Social Support:

- 1.** England (i.e. country level)
- 2.** Local authority (i.e. sub-regional)
- 3.** Community (i.e. neighbourhood)
- 4.** Individual or family (i.e. citizen)

However this paper will not explore the issue of the different roles and responsibilities of these different levels. We should just note that issues of equity and resource distribution arise at every level and that effective use of whatever resources are available depends on the principle of subsidiarity - power should only be centralised if decisions at a local level will damage the whole system. This is an important issue for our campaign, but not one to be discussed in this paper.

It is also important to note that Social Care been increasingly split between Children's Social Care and Adult Social Care. This split has increased the institutional weakness of Social Care and Social Support and both forms of Social Care are often seen by policy-makers as subservient to the goals of Education or Healthcare. In this paper we focus more on Adult Social Care data; but there are good reasons to think that an integrated approach, which put Children and Adult Social Care and Social Support, back together again, would make more sense than the current highly divided system.

One of the other complexities of Social Care and Social Support is that the people who need it are divided into distinct groups. Often these groups receive somewhat different services and Social Care policy is often subject to different narratives and different pressures. Advocacy for Social Care, and Social Support has become fractured between the many organisations who claim to represent those groups; some of these groups are also service providers, and there is often a tension between the interests of those organisations and the interests of people and families themselves.

The largest group receiving Social Care are disabled people who are over 65, a group that is often labelled 'the elderly.' Policy-makers and the media often seem to think of Social Care only in terms of this group and there is often a tendency to neglect their human rights and expectations are often set very low indeed. The older people who need Social Care and Social Support should expect the highest level of support and should be able to exercise their human rights in the same way as every other citizen, whatever their age.

At the same time it is also important to remember that there are other large groups of people who use Social Care or Support, including:

- Families who need help, because of domestic violence, poverty or other problems
- Children and adults with learning difficulties or autism
- Children and adults with mental health problems
- Children and adults with physical impairments or chronic illnesses
- Other people marginalised through homelessness, discrimination or addiction

For the purposes of this paper we will refer to everyone who uses Social Care and Support, as a disabled person. This is because International law understand anyone who experiences, impairment, long-term illness or

impairment as a disabled person. The rights of disabled people are protected by the United Nations (2006) Convention on the Rights of Persons with Disabilities (CRPD) to which the UK is a signatory.

Critically the UN Convention recognises that it is the interaction of physical or mental impairments with social structures that creates many of the negative experiences of disability: exclusion, segregation or the inability to exercise the full range of human rights as an equal member of society. The UN Convention recognises this ‘social model’ of disability and places each society under an obligation to progressively improve society and to remove the barriers that disabled people face.

The international community understand that disability is a wide-ranging concept. It is not restricted to younger adults in wheelchairs, people with Down Syndrome or some other group that is stereotypically understood to be ‘disabled.’ It certainly includes older people who because of physical frailty, dementia or long-term illness find themselves needing extra assistance and it includes many other groups as well. Many people with chronic illnesses, like ME, are also disabled.

This wide-ranging international understanding of disability challenges the way that Social Care has evolved in the UK. The current system divides people into different groups, with different services and different levels of funding. The system does not treat everyone as a unique individual, instead it fits people into narrowly defined services. Older people have been the most severely impacted by this service-centric approach to Social Care. Their services are the worst funded, the most segregated, the most congregated and they have been the services most targeted by cuts since the Conservative’s Austerity programme from 2010 onwards. By treating all these different people as disabled people we do not mean that everyone will want or need the same assistance - all of these things will vary from person to person and it is important not to generalise. However we do mean to say that everyone has the same fundamental human rights and no individual or group should be disregarded or downgraded because of their age, impairment, gender or race. Everyone is equal - and everyone should be able to get the support they need to live with dignity as an equal.

As we will discuss, while it may seem unusual to bring together the needs of all these different groups, under this broad-based definition of disabled people, this is a vital first step in building a more powerful movement for social justice. This broad-based definition of also consistent with the international understanding of our human rights obligations (Hunt, 2017).

This is vital. We must not seek pity or ask for charity. We must demand universal human rights - rights for all of us - rights that will benefit not just every disabled person, but rights that will enable everyone to live without having to fear disability, illness or need.

FULLY FUNDED SOCIAL CARE AND SUPPORT

We propose that Social Care and Support should be fully funded and this means:

1. Everyone gets the Social Care and Support they need
2. The system is universal and free with no means-testing and no special taxing of disabled people
3. Disabled people who need Social Care and Support get entitlements that are sufficient to enable them to live as equal citizens
4. Social Care and Support staff are paid fairly, not exploited, nor pushed on to the lowest possible salary
5. The essential role of family and the wider community is recognised, respected and supported
6. Social Care and Support is funded by progressive taxation, on the same basis as other public services, not linked to some hypothecated income stream, which may or may not be adequate over the long-term
7. The system is subject to regular review and is accountable to disabled people, families, staff and the wider communities that they serve and it can be monitored against human rights standards

It is perfectly possible for the UK to fully fund Social Care and Support; in fact the failure to invest in Social Care and Support has created multiple problems, which have significant social and economic costs. Most importantly the failure to fully fund Social Care and Support is a failure to recognise the human rights of disabled people.

THE CURRENT BROKEN SYSTEM

Arguably Social Care and Support has existed in some form for hundreds of years. Many of its functions were organised by the Church in the Middle Ages and then by local government after the Reformation. The history of Social Care is also complex, and sometimes very dark (Beresford, 2016). After the new Poor Law of 1834 central government pushed local government into providing care through asylums and workhouses, whose purpose was partly to discourage the poor from seeking relief from poverty and to support the interests of industrialists in suppressing wage levels. Later in the nineteenth century the eugenics movement began to encourage the use of sterilisation, sexual segregation and institutionalisation. Institutions continued to grow in size until the 1970s, when various counter-movements began to challenge these old assumptions and models.

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However the shift in provision from institutional models towards something that respects the human rights of all disabled people has remained only partially realised. Today most funding for Social Care and Support is spent on residential care, which is often segregated and institutional in character. Progress towards new models of support and human rights principles has been real, but is far from complete. Social Care and Support has never been regarded as an essential part of the welfare state and the post-War reforms did not seriously address these needs.

This complex history is reflected in the current funding model for Social Care and Support, which is confused, inadequate and unjust:

1. Local authorities are increasingly being left to rely solely on Council Tax and Business Rates to fund Social Care and Support; this is despite the fact that this tax base makes no moral nor economic sense. Areas with a high tax base will often have low levels of need; areas with high levels of need will often have a low tax base.
2. As part of the important policy of deinstitutionalisation local government was asked to take on increased responsibility for growing numbers of people who were transferred over from the care of the NHS. However this policy did not lead to a long-term commitment to transfer sufficient resources to local government in order to reflect

these increased responsibilities. A similar transfer of responsibilities, with inadequate change in the funding base, recently occurred when the Government closed down the Independent Living Fund.

3. Now the NHS is propping up local systems through inadequate improvisations, such as the Better Care Fund. At the same time local authorities are tempted to redefine the needs of disabled people as medical in order to access Continuing Health Care funds or to transfer people with 'challenging behaviour' into Assessment and Treatment Units (Duffy, 2019). This shifting of responsibility between systems that are funded on an entirely inequitable basis, for no good reason, only further undermines the coherence of the whole welfare state.
4. Sometimes other government departments have provided resources for Social Care, in particular the DWP and DCLG, through systems such as Supporting People. As with NHS funding, these streams of funding are in constant flux, as one part of government partially subsidises Social Care, while also pursuing its own objectives and protecting its own resources.
5. Finally Social Care and Support is also funded privately. Some people are forced to pay charges to local authorities for the services that are organised for them. Others are excluded from statutory system altogether and must fund their own care.

The critical fact is that the funding model for Social Care and Support, which has always been inadequate and confused, is now **broken beyond repair**. We should use this fact to confidently advocate a new model, built on progressive taxation and in parity with other public services.

It is not an accident that previous attempts to reform the funding of Social Care have all completely failed. There have been for no less than 14 national reports since the 1999 Royal Commission on Long Term Care for the Elderly proposed free personal care and more equivalence with health. Each initiative has offered a technical fix, aimed at modestly increasing spending, while avoiding any wider social understanding of what it is necessary to achieve.

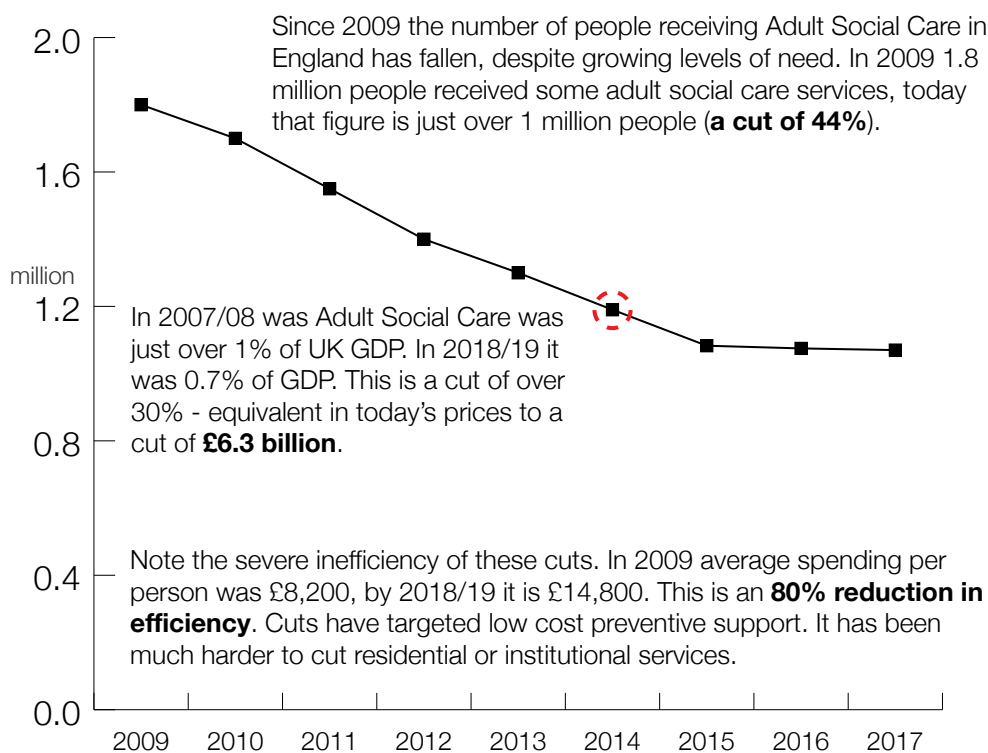
Each time Social Care makes it on the political agenda ordinary people begin to wake up to how unfair the current system is; we must capitalise on this fact and develop a model which is fit for the future and has wide public support.

THE IMPACT OF AUSTERITY

As part of its Austerity programme the UK Government began a radical programme of funding cuts to English local government in 2010, cutting about 10% each year. These cuts continued after the 2015 and 2017 elections and the current plan is to eliminate all support for local government and leave it reliant on Council Tax and Business Rates.

The two largest functions of local government are Social Care for adults and Social Care for children (the latter is approximately 50% the value of the former). Local government has tried to protect these services from cuts and other local services have often been cut first. Nevertheless the cuts to Social Care have been severe. In 2009 Adult Social Care supported 1.8 million people, today it supports 1.0 million, a cut of 44%.

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Source: NHS Information Centre: NHS and Adult Social Care Data: Community Care Statistics: Social Services Activity for various years during period. The data system was changed in 2014 and the figure for 2014 is an estimate. Data for 2018 has still not yet been published.

FIGURE 1. Cuts to Adult Social in England

Financially, Adult Social Care and Support spending in England in 2007/08 was £14.7 billion (net), whereas GDP was £1.447 trillion, in other words, Adult Social Care was just over 1% of GDP for the UK. [It is important to remember that GDP here is for the UK, not England. Social Care is separately governed and budgeted in Scotland, Wales, and in Northern Ireland. The proportionality figure for England could then be up to about 1.2%]

Net spending in 2018/19 was almost exactly the same at £14.8 billion, whereas GDP is now £2.1 trillion, which is 0.7% of GDP. So the cut in Adult Social Care and Support spending has, in terms of GDP, been over 30% and the equivalent in today's prices of a cut of £6.3 billion.

It is also important to note the severe inefficiency created by these cuts. In 2009 the average level of funding per person was £8,200. Today the average spend per person £14,800, this is an 80% reduction in efficiency. This is because, savings are made by eliminating low cost, community-based and preventive support. It is much harder to make savings in residential or institutional services.

What Austerity certainly shows is that many of the previous reports published on this topic made the entirely false assumption that growing needs would automatically lead to increased expenditure. However, despite rising demographic need, the Government has 'successfully' reduced local government funding. Increased need did not lead to increased cost, because local authorities were able to control costs by a series of strategies:

- Limit and control eligibility for Social Care and Support, often by requiring people to be in crisis or by making services so unattractive that people would rather not be supported
- Use charges and means-testing to discourage the use of Social Care and Support and to generate additional income
- Use competitive tendering to outsource services wherever possible to reduce the price of Social Care and Support (a policy which had been in place for more than two decades and which has also made the care sector highly compliant and very poor at advocating for those it serves).
- Push frontline salary costs as low as possible (while also allowing inequality in salaries to grow to extreme levels).
- Transfer costs to the NHS both by formal subsidies, like the Better Care Fund, by treating people with complex needs, challenging behaviour or chronic illness as having 'medical' rather than social needs and by leaving people in hospital for longer than necessary.

People and communities have paid a terrible price for Austerity, which has led to growing indignity, isolation, institutionalisation, crisis and unnecessary deaths (McKie, 2019). Ultimately the 'system' of Social Care and Support continues to survive - despite the extreme cost reduction that began in 2010. However the costs of Austerity have been transferred on to the backs of disabled people and their families.

WHY THINGS MUST CHANGE

1. Means-testing is very harmful

Government has been unwilling to convert Social Care and Support into a universal service, despite the obvious costs, complexities and injustices of the current system:

- Local authorities can tax disabled people who receive social care up to 100% of their income, as long as they leave people living at home with an income above the Minimum Income Guarantee (MIG), which is set as low as £71.48 per week (DHSC, 2019) and £24.90 per week Personal Expenditure Allowance for people in residential care. This means Social Care pushes people into poverty, and extreme dependency on family and friends (Collinge, 2019).
- The system penalises people on even the most modest income and creates a severe tax on savings. You must pay for all your own care costs if you have savings over £23,500 and savings between £14,250 and £23,500 (DHSC, 2019) are deemed as a contribution to income in the financial assessment for care. You may still not get a contribution to care costs if your income is only slightly above care costs, and disability benefits, other than mobility, are seen as income. The local authority's contribution towards care costs may not cover the full costs forcing disabled people to rely on family and friends to contribute towards your care, but you cannot use any of your own capital to pay 'top ups'.
- Defenders of the current system argue that means-testing is justified because it often means taxing the wealth locked up in excessive house prices (wealth which was not earned and is really just a function of the UK's dim-witted housing policy). However this policy is not a fair wealth tax, for it is a tax which only targets disabled people, and as such it is totally unfair. If a wealth tax is helpful then it should be a tax on wealth - not on disabled people and their families.
- When one of a couple goes into care, the other person sees their income drop by half as they are only allowed to keep half their partner's occupational pension.
- Many people have abandoned getting the support they need because they cannot afford to pay the charges (Coalition on Charging, 2008). Families will also spend or transfer savings between themselves in order to protect the eligibility of disabled people with eligible need.

- 167,000 people have been driven into debt because of local authority 'charges' and 78,000 people had had debt management procedures started against them for non-payment (GMB, 2018).
- About half of those receiving adult social care have had to reduce the money they spend meeting basic needs (rent, food and heating) in order to afford their social care charges (Waters, 2018).
- The charging system costs nearly £70 million to administer (about £0.5 million per local authority). The process of assessing people's needs and finances is often confused and disconnected. People find themselves subject to multiple assessments, at different times and unable to determine what is really in their best interests.

In essence the system has created a disability super-tax that targets disabled adults, including older people. It fosters poverty, stigma and insecurity, while undermining wider public support and legitimacy. The system is radically underfunded, unfair and it undermines equal citizenship and the wider social fabric.

Essentially - like any non-universal public service - Social Care and Support lacks public support because it does not create clear and universal entitlements that people can be confident will exist should they or those they love need them. The system is also still closely associated with institutional solutions which leave people cut-off from community life - not just because of inadequate or segregated services, but also by poverty and shame.

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2. The current system is totally unsustainable

As central government funding for Social Care diminishes to zero local government is now expected to fund Social Care from a mixture of Council Tax and Business Rates. This is clearly incoherent and unjust. The emerging system guarantees its own failure: communities with the greatest need are most likely to be in places with the fewest available economic resources. Places like the City of London, which have little demand for Social Care and Support will be able to fund almost anything. This is a funding system with no logic.

Also, while there are short-term attractions for forms of hypothecation, special taxes or National Insurance, these systems are not wise long-term commitments. They become hostages to fortune and there is no reason why public service should be hypothecated, while others are not.

The arguments for hypothecation are short-sighted and tend to stress the needs of one service, whilst forgetting that the whole system is inter-dependent. A wise society will be mindful of changing needs, wider social changes and the interrelationship between different systems and society over time. Hypothecation simply ties our hands - for no long-term advantage.

Funding for Social Care and Support should come from a system of progressive taxation and that will change as society and the relevant tax base evolves over time. Wider social change and economic changes are unpredictable and funding for Social Care and Support should not rise or fall on the basis of some special tax base. There is no reason why the principle on which the NHS is funded should not be the same for Social Care and Support. Maintaining the current system is a form of economic discrimination against disabled people.

The progressive tax base which underpinned the welfare state from 1948 onwards has been eroded, particularly since the Thatcher government in 1979. However now is a good time to restore progressive principles and the need to build a new Social Care and Support system provides one more good reason for doing so. Options for increased taxation include, but are not limited to (Mitchell et al. 2018):

- Raising income tax for higher earners, e.g. those earning more than £100,000 pa
- Raising corporation tax levels which are now significantly below OECD levels
- Tightening tax haven regulations
- Reforming local taxation to replace extremely regressive Council Tax
- Introducing a Land Value Tax, which would also reform housing policy

Paying our taxes is the way we show our commitment to one another as fellow citizens. It creates a system of mutual security. It should be a matter of pride that we do so and people will understand the need to pay more taxes if they understand that these taxes are fair and they will be used to meet basic needs which are shared by everyone in society.

3. We are failing to meet human rights standards

The UK is bound by international treaty to respect the rights of all its citizens, including disabled people. The current system, which has allowed cuts to be targeted on social care, has been the subject of severe criticism from human rights bodies, including the United Nations, and it is entirely unfit for purpose (CRPD, 2016):

“the Committee considers that there is reliable evidence that the threshold of grave or systematic violations of the rights of persons with disabilities has been met in the State party.”

The CRPD report is just one of several highly critical reports from United Nations committees and experts (CESCR, 2016). Without exception all of these experts note that the UK Government has introduced policies which it knows will particularly disadvantage disabled people, but it has refused to calculate the impact of those policies on disabled people (Duffy, 2018). Cuts to Social Care are a common concern, but not the only one. Other cuts include benefit cuts, housing cuts and cuts in legal aid and advocacy.

The UK Government has become an extreme example of a government that seems to be capable of disregarding its international human rights obligations. It is time to take human rights seriously - and radically reforming Social Care and Support is one positive step forward.

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4. We need to invest in our communities

Without a fully funded Social Care and Support system we will fail to properly invest in ourselves as a community and without this investment we will miss out on the benefits of:

- Greater social contribution by disabled people
- Stronger and more resilient families
- Increased community action and self help
- Reduced costs in other public services (NHS, education, prisons etc.)

Social Care and Support already makes a significant contribution to the local economy. It provides a wide range of jobs (indeed marginally more than the NHS) and through the spending power of local employees, the ordering of

key services and materials, and other induced effects, it is itself a significant local industry. The current very low wages, limited training and career development are vital factors that a local economic as well as social strategy should redress, with national backing. In fact regions like the West Midlands have already started to think about Social Care as an engine for economic development (Powell, 2017).

Social Care provision enables disabled people and community groups to manage funds and grow their contribution to the local community. It has been calculated that the provision of adult social care in England contributes through Gross Value Added at least three times its cost to local authority budgets (Kearney & White, 2018). Social Care and Support is a large employer, increasing life skills across a wide population, cementing community links and fostering citizen contribution. Social Care enriches community life for everyone.

The First Joint Report of the Health and Social Care and Housing, Communities and Local Government Committees of Session 2017–19 found that in adult social care alone a further 500,000 staff would be needed (2018). As technology makes increasing numbers of jobs redundant it should be a priority to make Adult Social Care and Support a positive employment opportunity with decent wages, training and development opportunities.

5. Women should be treated fairly

Gender inequality is built into the current system. Inadequate funding for disabled people, for staff and for families and an impoverishing means-testing system all harm women much more than men:

- Adult Social Care employs about 1.6 million people, 85% are women (Land & Quilter, 2018)
- About 6 million people are providing unpaid care, more than 60% are women
- The majority of people needing Social Care and Support are women
- Women are at the heart of most families, and it is lack of support for women, often in the face of male violence, that creates a significant level of social care need for children (Duffy & Hyde, 2011).

A new deal for Social Care and Support will be a new deal for women and it needs to be based on increasing terms and conditions for staff and improving the entitlements of disabled people and family carers.

Note also that the benefit system must also be considered when thinking about Social Care and Support. It is estimated that five times more care is provided by family and friends than is provided by paid support staff (Duffy, 2016). Benefits for carers are one important factor in creating the best overall support for community life and human rights. Also there are arguments for restoring the ILF or some other model of individualised funding through the benefit system. All of this reinforces the importance of not treating Social Care and Support as a system unto itself, but as seeing it instead as one part of an ecological and dynamic system.

More than this, as commentators such as Madeline Bunting have argued, this is about valuing our humanity and treating human needs as vital aspects of our being, not as problems to be solved and discarded (Bunting, 2016). Tackling the Social Care crisis is about valuing ourselves as full human beings, with all our gifts, capacities and needs. This is a gendered issue and the perspectives and interests of women and families need much more attention.

6. We need parity across public services

One of the most peculiar features of the unwillingness to properly fund a non-means-tested Social Care and Support system is that Adult Social Care system is a very small service compared to other universal non-means-tested services:

- GDP is about £2.1 trillion
- Adult social care in England is £15 billion - 0.7% of GDP
- Children's social care is not means-tested and costs £8 billion - 0.4% of GDP
- NHS is not means-tested and costs £125 billion - 5.9% of GDP
- Education is not means-tested and costs £90 billion - 4.2% of GDP

In other words, Adult Social Care is only 6% the size of the combined size of the two biggest universal public services (£238 bn). Yet it is somehow deemed unworthy of being converted into a universal service or of being properly funded. This then creates serious systemic problems across the

welfare state as Social Care and Support cannot protect its integrity of purpose nor establish a relationship of equality with other public services. It is frequently having to plead for resources from the bigger services and watch as terms and conditions and other rights are relatively diminished.

7. We must adapt to changing patterns of need

Over the past two decades or more the case for increasing funds for adult Social Care and Support has often been made on the basis of ‘increasing need’ and in particular the changing age profile of the UK population - crudely, more older people, fewer younger people. This argument has not succeeded in unlocking increased funds for Social Care and it may even have contributed to an unwillingness to address this important public policy issue. Instead policy-makers simply bury their heads in the sand.

But it is a mistake to think of Social Care and Support as merely the cost of ageing: the fact that people are living longer and are more able to contribute to society is a fact to be celebrated and even a fully funded Social Care and Support system cannot replace the support and interrelationships upon which family and community life depends.

It is also incoherent to think about a changing demographic profile as only increasing costs. The reality is more complex and more positive. If there are fewer children to support then this may allow resources to be targeted elsewhere. If Social Care and Support is properly funded then people can also be supported to make a greater contribution to help each other meet each others needs. Needs do not always lead to the creation of financial costs; they can often lead to the creation of meaningful community action and cooperation.

The real challenge is to ensure that, across a local community, it is possible to move resources (and this does not just mean money) towards solutions that create better outcomes. Sometimes increased funding for Social Care and Support may be the best solution; at other times resources might be better directed towards housing, further education, environment or other community budgets.

As it stands public investment is linked to public esteem, professional status and the universality of a service. We have locked ourselves into a system

which fails to invest in the most efficient and effective means of reducing need. Instead the gap between social care and other public services keeps growing. In the future we need a grown up approach to improving family life and ensuring everyone can contribute to the community.

8. We need coordination of local services

The organisational integration of health and (only adult) Social Care remains a questionable policy goal. It has been a political priority for 50 years, but it has never been achieved and where it has been attempted empirical evidence of its success is lacking. More importantly it is a distraction from focusing on the real needs of the distinct public service that is Social Care and Support (for both children and adults).

At the moment local government cannot hold the NHS to account; instead it must plead for extra resources in order to subsidise the growing funding gap for social care. The funding problems in Social Care undermines long-term planning, coordination and sensible forms of integration. Fully funding Social Care and Support will make better local coordination easier because it will end the inequality built into the current arrangements. Leaders in Social Care and Support will be able to work with their peers in healthcare, education, housing or the police without being at a continuing disadvantage.

The real problem is that the NHS is not truly accountable to the local communities it serves; in fact it is not even organised with the same boundaries as local government. Instead, if local communities could hold all public services in their area to account and could direct or influence how their resources were allocated then there would be significant opportunities for greater innovation, community involvement and efficiency.

It is not organisational integration or further centralisation that will drive positive change, but subsidiarity and local democratic accountability for all public services - within a secure national framework of rules and rights. When people can look each other in the eye - at a local level - then they may be able to find many ways of improving things and building better partnerships between people and services (Gillespie, 2011).

9. We need public support

Currently most people do not understand how Social Care and Support works. They combine a rather contradictory faith that somehow it is part of the universal NHS while at the same time being uneasily aware that they may be charged if they need residential care (Gregory, 2014). When, as happened during the election campaign of 2017, Social Care does receive attention it immediately creates bad news, not so much because of the details of any proposed policy, but because the proposed policy underlines how unfair the current system really is.

Political leaders should take heart from the example of Australia, where a new system of Social Care, which involved a 50% increase in funding for Social Care and Support. This system was widely supported, and the tax increases that were associated with the change were very popular, because people believed that every Australian would benefit from a new, non-means-tested and properly funded system.

This change was also preceded by a campaign - led by disabled people, families and service providers working together - which was called Every Australian Counts (Galbally, 2016). Hopefully the Campaign to Reclaim Social Care can begin the necessary process of bridge-building that will enable a much wider understanding of the benefits of fully funded system. Certainly positive support from the public will only happen when people feel that the proposed change will benefit everyone.

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10. We need to protect the principles of the NHS

The current system of means-testing in Social Care and Support also creates significant risk to the integrity of other universal public services, in particular to the NHS. For example:

- If means-testing can be used to reduce the demand on eligible services then organisations may seek to re define healthcare services as social care services in order to limit demand, or
- If the NHS takes over means-testing systems as part of integration with local Social Care systems then it may also be tempted to adapt and extend means-testing for its more personalised healthcare services. In fact in recent discussions on the long awaited Government Green Paper, it has been suggested that more personalised budgets

be introduced into the NHS (Westminster Health Forum, 2019). And the danger here is that could be more an attrition of universal services than any gain in autonomy.

The NHS and other public services need to be inoculated against this risk by banning means-testing across the whole public sector. Ensuring NHS principles apply in Social Care and Support will also reduce conflict between these two systems.

11. We need increased efficiency

Under-investment does not increase the efficiency of Social Care, instead it reduces its efficiency. Local authorities have been increasingly forced to cut low cost, community-based and preventive services because they are forced to prioritise the funding of institutional services for people with the highest needs (Duffy, 2016). Efficient use of resources requires a shift in investment from building-based or segregated services towards community-based solutions (Richmond & Squire, 2017).

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Fully funding Social Care and Support means creating the capacity to strengthen our communities and our citizens:

- Helping families stay strong and well supported
- Nurturing local community groups and local businesses
- Making public services, spaces and buildings accessible for all
- Supporting people to work, contribute and connect
- Growing skills which will help us all flourish
- Protecting green and open spaces

Community-based Social Care and Support is efficient, not only because it can cost less, but - more importantly - because it adds to the quality of life of the whole community. Segregation and exclusion is inefficient, not only because it can cost more, but - more importantly - it cuts people and families off from one another, leaving us more isolated, afraid and incapable or playing a positive role in society.

Efficiency is not about spending less and spending badly; efficiency means spending the right amount wisely.

12. We should reintegrate social work

A new funding model of Adult Social Care and Support should be combined with a new model of funding for children's services and serious attention should be given to simply reintegrating adult and children's social care (Brindle, 2008).

For the current policy situation is a confused mess. Officially, local authorities are supposed to promote the integration of Children's Social Care with Education; while at the same time they are meant to promote the integration of adult Social Care with the NHS. However the reality is that many under-funded local authorities can no longer afford to run two different systems and have started to appoint "Director of People Services." This rather strange title is a symptom of a system which is being pulled in far too many different directions.

Instead Social Care and Support needs to be given much more attention in its own right. The social work profession, working in partnership with disabled people, families and other social care workers need to be supported to create a coherent public service, built on human rights principles. Integrating adults and children's services will also help us avoid the current situation where there are various transition crises and failures to support children in care as they become adults (Murray, 2010; Hyde, 2018).

Reintegrating social care and support for children and adults creates the possibility of a coherent service built around the human rights principles that are central to Social Care and Support. It also increases the opportunity for a more balanced discourse between the major public services - with their distinct cultures and objectives - and the chance of a better appreciation of how communities themselves can develop their own solutions (Rhodes, 2019).

Ideally there may be a chance to rescue earlier thinking, that was never given the chance to develop. For instance, the Seebohm Report of 1968 proposed the development of community social work and locality or patch-based interventions that broke down barriers between professionals and bureaucracies on one hand and people in communities (Seebohm Committee, 1968). If we can recapture this approach, respecting the rights of disabled people and families, then we can begin to really improve social value for all.

WHAT IT WILL COST

We need a new way of thinking about what we mean by a fully funded social care system. Instead of treating Social Care and Support as some kind of necessary evil, whose costs must be controlled, whatever the human price, we must develop an ecological model that seeks to find the right balance of investment in Social Care and Support to ensure all of the following objectives:

1. Maximise the contribution by disabled people to community life, with full protection for the right to independent living
2. Support the integrity and value of family life, enabling mutual support and a good life for disabled people and for family members ('carers')
3. Foster accessible and inclusive communities that can welcome and support each other and where every citizen can find role of value
4. Pay Social Care and Support staff decent wages, acknowledging their value and the value of those they support
5. Move resources out of institutional or segregated services and reinvest funds to support citizen and community development
6. Guarantee parity and cooperation between Social Care and Support and other public services, enabling it fulfil its distinct role without making it subservient others
7. Ensure Social Care and Support is valued and understood by the whole community and there is widespread support for ensuring sustainable investment in it.

Over the life of one Government (5 years) there is no reason why the following objectives could not be achieved:

- Commit to end means-testing for Social Care and Support. This might mean having to fund about £10 billion (current cost of privately purchased care) and a further £1 billion (income from charging).
- Commit to increase the overall level of support provided. Returning to the level of Social Care and Support available in 2009 (a 44% increase) will cost approximately £6 billion.
- Commit to increase the salary levels of support staff, say by 25%, which implies a cost of about £5 billion.

- Commit to an increase in progressive taxation to pay for the introduction of a new and improved universal Social Care and Support service. This means that while the better-off will be paying more in tax, they will also be reducing risks and costs for themselves - should they or those they love acquire a disability - at any stage of life, including old age. They will in effect be insuring themselves from the impact of disability by contributing to an efficient universal system.
- Commit to reduce pay inequalities, capping top salaries and aiming for a salary ratio of 1:3 between direct staff and top management (this will also radically improve efficiency by making more direct support available).
- In total this implies a total cost increase, after 5 years, of £22 billion, bringing the total cost of Adult Social Care and Support in England to about £40 billion or 2% of GDP. This is of course a very rough estimate, and it does not count in savings from cutting out wasteful administration or savings for other public services. It is not proposed that this amount is either in itself necessary or sufficient but it is an entirely viable level of increase.

This figure is completely affordable and is funded by providing a clear entitlement for a universal service to people who are currently having to either pay for that service or who should plan to pay for it in the future.

It may be the case that there are further costs if eligibility is reduced and increasing effort is made to provide preventative services. However such extra costs are likely to lead to savings if stronger families and communities provide support which reduces unplanned admissions and re-admissions to hospital, the use of institutional care or other crises in the community. Moreover, if services are developed in partnership with people, families and local communities there may be no service cost increase, merely a change in how communities function (Rhodes, 2010; Limbrick, 2019).

Most importantly, our approach to funding Social Care and Support needs to change radically. We need to move away from an institutional model where costs are driven by out-of-date service models. Moreover, even if residential care is the best option for someone with limited or diminishing capacity, it should never be at the cost of severance of community ties. Instead we need to see Social Care and Support as an investment in community life - an investment built on a partnership between disabled people, families, communities and professional staff.

CONCLUSION

Fully funding Social Care and Support will not happen unless a wide coalition is built around the idea and the benefits of the new arrangements are made clear and attractive. Universality is an attractive idea and can win public support, but politicians will need the backing of campaigners and civil society groups to make this compelling. In particular international experience suggests that a positive and liberating vision for Social Care and Support - one built on rights, personal agency and inclusive communities - will be much more successful than one that focuses on residential care or other more institutional services.

Defining the right level of funding for a fully funded system will always be subject to debate. There are multiple competing interests, not just services as against taxpayers, but also the differing and valid perspectives of diverse disabled people, families and communities themselves. The coproduction of a strategy for fully funding Social Care and Support and, even more importantly, the guarantee that these groups will be able to hold a future system to account, is probably more important than any initial estimate of the cost of a fully funded system.

At the same time we must start to see Social Care and Support as an economic investment (not merely a cost). It is a way of creating a better society and its benefits are multiple and much greater than its costs. We need to see that people who receive Social Care and Support are citizens and those who support them are also making a vital contribution to the health and well being of the whole community. It is our failure to value each other - and our tendency to see some people as of less value than others - which creates the cycle of under-investment and the on-going sense of crisis that has undermined Social Care. This is fundamentally a question of justice, of treating each other as equals, not simply of economics.

For the reasons that we've set out above, there are very good reasons to resist any 'special' funding systems for Social Care and Support of any specific forms of taxation. The ongoing challenge for Social Care is to be treated as an equally valuable public service - alongside Health, Education, Housing and Income Security (the other pillars of the welfare state). Hiving-off Social Care and Support into its own compartment will not solve this problem, instead it will just make it worse.

The great strength to the Reclaim Social Care campaign is that it brings together key groups from the disabled peoples movement, from older people, from carers, from the family perspective and from trade unions. This is the ideal alliance for defining and campaigning for a new vision for Social Care and Support.

We, the authors of this paper, hope that this proposal will provide a useful beginning for building a powerful campaign and finally bringing the burning injustice of the current system to an end.

Join the Reclaim Social Care Campaign

Reclaim Social Care is a non-party political, coalition of individuals and organisations campaigning for all social support, independent living and care services to be:

- Free at the point of use
- Fully funded through progressive taxation
- Subject to national standards based on article 19 of the United Nations Convention on the Rights of Disabled People, addressing people's aspirations and choices and with robust safeguarding procedures.
- Publicly and democratically run, designed and delivered locally and co-productively involving Local Authorities, the NHS and service users, disabled people and carers.
- Underpinned by a workforce who have appropriate training, qualifications, career structure, pay and conditions.
- Committed to giving informal carers the rights and support they need.

Find out more at: www.reclaimsocialcare.co.uk

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Simon Duffy is the Founder and Director of the Centre for Welfare Reform, an independent think tank and research centre; he is also secretary to the international cooperative Citizen Network. Simon is based in Sheffield and works locally and internationally to advance citizenship for all.

Simon started working with people with learning difficulties in 1990, where his work focused on deinstitutionalisation and helping people to take control over their own support services. He founded inclusion Glasgow, In Control and a number of other organisations in Scotland and England. He developed the keys to citizenship and several other social innovations, including personal budgets.

Simon has a doctorate in moral philosophy; in 2008 he was awarded the RSA's Prince Albert Medal and in 2011 the Social Policy Association Award for outstanding contribution to social policy. Since 2010 Simon's work has focused on challenging the UK Government's austerity policies and developing alternative policies for a fairer world.

Gordon Peters has worked in social and public services since the early 1970s, first as a community social worker in Islington then as a researcher, and academic at Leicester University when he was a co-founder of the journal Critical Social Policy. He was subsequently Director of Social Services for the London Borough of Hackney in the 1980s where he was an early developer of equal opportunities policy and practice, and led initiatives in Training for Care across London.

In the 1990s he became a Fellow in Organisational Development at the Kings Fund, and then chaired the Greater London Post Qualifying Consortium, before becoming an international consultant in health and social development, working over twenty years for various bodies including the World Bank, EU Commission, Unicef and DfID. He has led numerous projects, particularly in eastern Europe and in Asian countries on de-institutionalisation, on implementing human rights such as the UN Convention on the Rights of the Child and UN Convention on Rights of Disabled People.

He is now formally retired but maintains an active interest and promotion of social support and social care through campaigning with Reclaim Social Care, and in the London Borough of Haringey where he is Vice Chair of a social enterprise concerned with rights and participation of users and carers, Public Voice, and in pursuing real engagement of local people in designing better support services through co-production.

Centre for Welfare Reform

The Centre for Welfare Reform is an independent research and development network. Its aim is to transform the current welfare state so that it supports citizenship, family and community. It works by developing and sharing social innovations and influencing government and society to achieve necessary reforms.

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