

# Adult Social Care

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Numbers needing adult social care are growing rapidly. This is usually attributed – uncritically – to the fact that people are living longer, many with multiple chronic conditions that intensify with age. Yet there is no shortage of evidence that most long-term conditions are avoidable<sup>1</sup>.

So it is not enough to call for more and better adult social care services. The starting premise should be that older people are an asset to society, rather than a problem. This calls for a whole systems approach in which care for those who are unable to look after themselves is combined with collective activities that maintain and improve wellbeing across the life cycle. These would include universal access to all of life's essentials (the Social Guarantee) as well as specific measures such as access to physical exercise, opportunities to socialise, a flexible approach to retirement and life-long learning.

If prevention were taken seriously and acted upon, there would be no reason to assume that care needs and costs will rise in matching step with population ageing. But of course many people will need care at some stage. The starting point is entitlement: everyone has a right to the care they need. There is then a balance to be struck between quality, quantity and affordability.

There are six crucial factors affecting this balancing act. The first is the extent to which measures are in place to prevent care needs arising. The second is informal care (the unpaid labour of predominantly family members) and how well it relates to and is valued and supported by formal care systems. The third factor is the paid workforce: their training, qualifications, pay and working conditions. Fourthly, there is participation by people who need care and their informal carers – how far they are involved in finding solutions to their own care needs, and how far care is designed around the individual concerned ('personalisation' in the jargon). Next, there is government regulation – to set and enforce standards of care, and to constrain (or eliminate) profiteering by commercial providers. Finally, there is the overarching factor

of political choice, which can make or break all the others: whether to exercise collective responsibility to meet shared needs, or to let the burden fall on individuals and their families.

What people need is highly individualised and varied over long periods of time. Services include home-based care, day centres and full-time residential care. Overall, adult social care depends heavily on a huge cohort of informal carers who work unpaid to look after their relatives and loved ones. Around 6.5 million carers in the UK provide care whose value has been estimated at between £57 and £100 billion a year<sup>2</sup>. Informal carers need support, too. How much they get varies widely between countries. Denmark, Sweden, Norway, Finland and Iceland offer near-universal and comprehensive long-term support for carers, including long-term leave, cash benefits and benefits in kind<sup>3</sup>.

In most countries, care services are provided by a mix of public, non-profit and commercial organisations, with for-profit companies rapidly growing their share of the market. Concerns have been raised in the UK about financialisation in the care sector, where private equity firms rush to acquire businesses that seem to promise rich returns, then run up debts that lead to closures<sup>4</sup>. In Scotland, personal care is free if you are over 65 and nursing care is free at any age provided you are assessed and found to need care by your local authority<sup>5</sup>. In the rest of the UK all but the rich struggle to get the care they need.

Public spending on long-term care across OECD countries ranges from 4.3% of GDP in the Netherlands and 3.2% in Sweden, to 1.8% in France and 1.2% in the UK, with the US at 0.5% and Greece at zero<sup>6</sup>. This reflects different expectations about the balance of formal and informal care, and about how much people should pay out of their own pockets.

The Netherlands was the first to introduce a universal system of long-term care insurance in 1968. Sweden established the right to tax-funded social care in 1982/3. Compulsory long-term care insurance schemes were introduced in Germany in 1995, Japan in 2000, France in 2002 and Korea in 2008<sup>7</sup>. All these have provided at least some support to everyone with needs above a certain level, regardless of ability to pay. However, many governments have since struggled to maintain financial viability and have adopted various strategies to constrain costs. These include restricting services, raising contributions and introducing competition between insurers and/or providers. Germany's scheme remains one of the most successful<sup>8</sup>.

Good quality care services can improve the wellbeing of elderly and vulnerable people and their carers; they can help some family members who would otherwise be trapped at home to take paid work; they can enrich local communities by enabling more people to participate; they can prevent or delay conditions getting worse and needing more intensive interventions; they can help to reduce demand for costly medical care. They can also provide secure, rewarding paid work for professional carers and others employed in the care sector, with multiplier effects for the economy<sup>9</sup>.

## End Notes

<sup>1</sup>Conference Proceedings. (2007). Early Intervention and Older People The Case for Preventative Services. London: Kings College London. <https://www.kcl.ac.uk/scwru/mrc/makingresearchcountreport2610721.pdf>.

<sup>2</sup>Houses of Parliament. (2018). 'Unpaid Care'. POST PN 582. London: Houses of Parliament, p.1.

<sup>3</sup>Bouget, D. et al. (2016). 'Work-life balance measures for persons of working age with dependant relatives in Europe: a study of national policies'. Brussels: European Commission, p.9.

<sup>4</sup>Davies, R. (2018). 'Profit-hungry firms are gambling on social care. Are the stakes too high?'. The Guardian. <https://www.theguardian.com/society/2018/feb/28/profit-hungry-firms-gambling-care-homes-stakes-too-high>.

<sup>5</sup>Bell, D. (2018). 'Free personal care: what the Scottish approach to social care would cost in England'. The Health Foundation Newsletter.

<sup>6</sup>OECD. (2018). 'Key issues in Long-term care policy'. <http://www.oecd.org/els/health-systems/long-term-care.htm>.

<sup>7</sup>Robertson, R. et al. (2014). 'The health and social care systems of nine countries'. Commission on the future of health and social care in England. London: King's Fund, p.10.

<sup>8</sup>Glendinning, C., and Wills, M. (2018). 'What can England learn from the German approach to long-term care funding?'. <http://blogs.lse.ac.uk/politicsandpolicy/german-approach-to-long-term-care-funding/>.

<sup>9</sup>Department of Health and Social Care. (2017). 'Adult Social Care: Quality matters'.