



# **A new day for our social care?**

**Chief Executive Jonathan Senker reflects on the core policy areas the new government needs to focus on**

# Introduction

How can the new government dramatically improve the experience of social care?

'Hope-anxiety' is the sort of hybrid emotion that there ought to be a single word for in the German language. It's what I'm feeling now. Is it just me, or is it a sign of a future zeitgeist?

Irrespective of any party-political views — and, as a charity, we have none — I hold an underlying optimism that in any change lies the potential to make things better. And there are things to be hopeful about in the new government's missions and manifesto.

There's an acknowledgement that public services aren't working and that this must change. Although light on actual policy, that's some bold colours pinned to the mast.

We have, however, every reason to be concerned that change will be slow and piecemeal. Within 90 seconds of our new Prime Minister's victory speech at 5am, he stressed that the light of the new day would be pale at first. We all know why — money. Assessed spending plans have resulted in public services reduction on a scale never previously experienced — 'hope-anxiety'.

Of course, we must hold the new government to account to make the fundamental change they've promised — and that, we as a country, have voted for — even if we're sketchy on the shape of this.

But more than this, we must encourage, support — no insist — that they get alongside people most affected by policy to get the big calls right, whatever the financial situation.

# Putting social care at the heart of our future lives

We need our new government to eventually work with us to build the social care support we all rely on, whether for our lives now, our future lives or those of our loved ones. This is more exciting – and further reaching – than funding amount issues and whether this is provided by the state or the individual. A resolution is needed to stabilise social care services and properly reward its skilled workforce. However, money alone is insufficient, social care must fundamentally change.

It's about articulating the vision and purpose of social care, aligning our systems, and supporting ourselves and our communities in delivering it. For this, there is no better starting point than Social Care Future's vision, which has now been almost universally endorsed by grassroots organisations through to the House of Lords.

***“We all want to live in the place we call home with the people and things we love, in communities where we look out for one another, doing things that matter for us. That’s the social care future we seek.”***

We join with campaigners, councils, and charities who [called](#) on political leaders in the days before the election to shift their focus and energy in discussing and working to promote change in social care towards this vision. It's now time for the Labour government to step up to this plate.

# How do we want our lives to be?

In setting out how to deliver on vision, it's vital the government has the courage to face up to one of the most challenging issues, which few speak about. In my decades of experience, I've observed that the nature of support and quality of life for very many older people in nursing and care homes is too often parlous.

At the heart of this is addressing the prevalence of people who require intensive support from large institutions. These all too often, at their best, provide well monitored professional physical care, while doing little to meet people's wider needs. If it's possible to enable people to lead their quality final months and years in a 72-bed nursing or care home, then I've certainly never seen it happen.

As I think of people we care about, and even of my own later life, hope can readily turn to anxiety – deep anxiety.

This is not about social care as an adjunct to the NHS. It's about the lives people lead, now and in the future.

Social care cannot nor should ever be equated with the lives of older people. It's equally vital that it enables people of working age to live a full life with dignity and contributing to our community.

Our new government must work with us to implement chain generational change to forestall and reduce the need for such intensive support, and to re-set over time acceptable standards of support based on human need, not merely bodily well-being.

# Making Changes

There's a cynical view that politicians think that change has been made when a law is passed or Westminster civil servants when the policy is written. Meanwhile, we continue to live as before. In relation to social care, our new government has the opportunity to change this. It may not even have to pass very new legislation; the heavy lifting has been done.

We already have progressive legislation in the shape of the Care Act (2014). This policy articulates powerfully the state's duty to promote individual wellbeing. It also promotes autonomy, focuses attention on prevention, and seeks to support carers. It's good. It was developed through an unprecedented level of engagement with people who draw on, work in and care about social care.

The Care Act provides a modern, progressive legislative framework to support adults of all ages who use social care. However, evidence of its application in practice has repeatedly been found to be absent.

The controversy has been reserved for part II of the Care Act dealing with the as-yet unimplemented care cap and funding reform, to which I shall return later.

Whilst it may lack the drama of coming up with a shiny new law, I can envisage no better opportunity for a government focused on country before party, public service and effective administration than to provide the leadership required to finally and properly implement the Care Act. I urge the government to make a public statement within their first few weeks of office that they will do so.

# What would the Care Act do?

Ten years on, it's worth reminding ourselves of some of the key provisions of the Care Act. They provide a benchmark for decent social care as needed now as in 2014.

The Care Act was designed to replace a patchwork of outdated legislation and paternalistic practices with a clear principle-based law. Amongst its main provisions, it sets out to:

- Promote wellbeing: placing the wellbeing of individuals at the forefront of care and support. The act frames this holistically to give weight to personal dignity, individual control, and emotional wellbeing; participation in work, education, and recreation; and physical wellbeing, and protection from abuse and neglect. In other words, people who draw on social care should receive support that enables them to live a good life.
- Enhance personal control: the Act created a duty to provide advocacy to the people who would otherwise find it hard to have their voice heard in decisions. It also requires local authorities to make personal budgets explicit in care plans and to offer direct payments to enable people to have greater control over their support and lives.
- Facilitate informed decisions: requiring councils to provide comprehensive information and advice to help people understand the care and support system available and make informed decisions.
- Focus on prevention and early intervention: the Act encourages proactive measures to help people to maintain their independence and well-being for as long as possible.
- Strengthen carers' rights and support: the critical role of carers is recognised by providing them with the same rights to assessments and support as the individuals they care for.
- Safeguard adults; placing the framework for protecting adults from abuse and neglect on a statutory footing for the first time, the Care Act was intended to mark a shift towards supporting adults in a way that's simultaneously more thorough and person-centred.

In all these areas, compliance with the Act is often poor. To give just a few examples, too often people's well-being, especially where it extends beyond physical well-being, is ignored – or seen as a luxury which cannot be afforded. Our experience at VoiceAbility, and across the advocacy sector, is that the duty to provide advocacy is frequently not complied with.

People who draw on social care complain that the strings attached to the provision of a direct payment rob it of the very value that it's meant to provide in securing choice and control. Social Care support all too often appears to sit like the ambulance at the bottom of the cliff, waiting until after the crisis has occurred rather than being proactively available. There is a growing body of evidence, ranging from the Safeguarding Adult Review into abuse of people at Whorlton Hall to our own data collection, that the safeguarding duties under the Care Act are not understood or complied with.

# What is to be done?

Working to transform social care, the government has its showcase for the new relationship it wants to foster between central and local governments. Given the high proportion of local government spending on adult social care, the stakes are high and the benefits for people and communities are huge. So, what must be done, and how can this be delivered from Labour's vision for greater local democracy, empowerment, and more tailored response?

## Central government's role

**Vision:** articulating the clear and compelling vision of the role of Social Care developed by Social Care Future.

**Funding and resources:** ensuring adequate funding for local authorities to deliver effective social care. Money alone is not the answer, but substantially higher funding is necessary to stabilise social care and to ensure an adequately rewarded workforce. As a part of this, the government must provide their backing for the investment required to deliver the social care workforce strategy.

**Incentivising innovation and leadership:** introducing grants, awards, and training programs to enhance local authority staff skills and critically support visionary leaders.

**Co-production:** creating the expectation of full involvement of local people who draw on services. Based on the principle of 'nothing about us without us' – and backed up by resourcing for user-led and advocacy organisations – the government must make it clear that local people have to be involved in setting local vision, priorities, and delivery. They should emphasise that this requirement cannot be met through episodic top-down consultation but on participatory decision-making. For example, by citizen panels, through ongoing engagement – so that there is real-time feedback and adjustment as plans encounter reality. Central government may have a role to play with local authorities in encouraging and disseminating best practices.

**Performance monitoring and support:** strengthening systems to monitor local authority performance and offer targeted support for improvement. Advocacy plays a central role in ensuring that people who draw on social care have rights respected, yet there's no national data set on service availability and uptake. Conversely, data on Deprivations of Liberty demonstrate widespread breaches of basic human rights, an unlawful detention with huge variances between areas, yet no action is taken. Data must be collected, and the full range of support, encouragement, and, where necessary, insistence employed. Actions must then be taken as a result.



**Commissioning and procurement:** examining and taking action to identify and address legal changes, incentives, or frameworks required to ensure that public commissioning meets long-term population needs, mandates the full involvement of people who are intended to benefit from the services provided, takes an outcome and impact focus and is supported by effective procurement practices.

**Supporting prevention and early intervention:** prioritising investment in preventative programs and enhancing social infrastructure like libraries and community centres. Ensuring adequate funding for user-led organisations and comprehensive advocacy services.

**Creating a system which works:** social care is far more than an adjunct to the NHS. Its fundamental purpose is different, and it supports people who require assistance to lead a full life, not just be healthy. Yet the way that it works in alignment with the NHS (and housing and other public services) is critical. The government must set and encourage a framework for relationships which work.

## **Local authorities' role**

Local authorities who are succeeding in the face of adversity do so by leading, innovating, and involving their communities.

**Local leadership and innovation:** authorities which are doing well have leaders with vision who galvanise colleagues across organisations to work together. Central and local governments should explore together how they can foster, showcase and spread excellent practice – and how to systematically encourage, through targeted funding, grassroots leaders in user-led organisations and community groups.

**Community involvement:** local authorities must involve local people in setting visions, priorities, and delivery plans. This participatory approach should be continuous with ongoing engagement to ensure real-time feedback and adjustment. Attention must be given to ensuring all voices are heard and responded to, especially those of people who are seldom asked, and rarely engaged with in ways which work.

**Planning and making change together:** fostering genuine collaboration between those who commission and procure services, deliver them, and use them. Ensuring that procurement processes are transparent and inclusive, with service users and carers, people who may need services in the future, and people who feel most excluded from services involved in designing, planning, and evaluating services and mainstream community provision. On-going dialogue and genuinely sharing power should become the norm, rather than merely episodic formal consultation.

This should be backed up by training and resources to user-led, community-based and advocacy organisations to enable them to participate effectively in commissioning and procurement processes; ensuring their voices are not just heard but are central to decision-making.

**Commissioning and procurement:** using the full flexibilities currently available to commission based on impact and outcome, rather than inputs, and to fully involve citizens in setting requirements and decision-taking.

**Investing in social infrastructure:** our social infrastructure is vital to prevent, reduce and delay the need for more intensive support. It's going to be a difficult truth to reconcile in a tough economic climate, but the social and financial costs are high if we do not address the funding required for good civic amenities. Libraries, meeting spaces, third sector organisations, leisure facilities – the small support which enables people to help and connect with one another and stay healthy – are all needed and must be supported through funding and incentives.

By integrating these elements, central government can provide the necessary framework, resources, and encouragement, while local authorities can drive innovation and involve communities directly. This balanced approach aligns with Labour's devolution principles, fostering a more localised and responsive social care system that better meets the needs of all individuals.

# Funding reform

Much political debate about social care has focused on the question of when and how much individuals pay. Social care, unlike most NHS care, is not free. Indeed, individuals with assets above £23,250 must fully fund their own care. Following the Dilnot Report in 2011, part II of the Care Act (2014) provided for increasing the threshold and introducing a cap on care costs. Its implementation has been delayed due to lack of funds, and whilst it is due to be introduced in 2025, there is scepticism as to whether this will happen as the money has been reallocated.

While a huge issue for many, this does not, however, touch the lives of most people who draw on social care. For this reason, it would be remiss to ignore what has been a defining political debate on social care.

The now Secretary of State for Health and Social Care suggested prior to the election that change would come as a result of cross-party consensus. However, the scale of the labour majority, and the fact that reform was legislated on by the coalition government and set as policy under a conservative one, risks making this appear to some less a matter of necessity and more a party decision not to use political capital in taking forward an expensive change which will be subject to criticism.

To my mind, the question must be when rather than whether to introduce the change. The order should be determined by priority for funding and the ability of the social care system to absorb and lead change. For these reasons, I believe that the urgent task is re-orientating social care towards the vision set out here — and investment to stabilise the provision of support to all. However, charging reform should not be the can that continues to be indefinitely kicked down the road.

Given the lead-in time for local authorities to prepare for charging reform and the urgency of actions to reset social care, this, in effect, would delay any change in charging until the end of a first parliament. With its mandate and determination to conceptualise its programme for two terms, the new government is in a strong position to push back on accusations of deferring financial pain to its successor.

# A light in the darkness

As the Prime Minister emphasised, change will come over time, and not in the flick of a switch. Now, however, is the time to turn a bright light on the purpose of social care and recognise that ultimately, this is about our lives, the lives of people we love, our communities, and the sort of country we aim to be.

The government can ensure that anxiety felt by millions of us turns to hope. This is an opportunity no government focused on service should allow to slip through its fingers. Over time, we may find that few of us can afford for it to squander this chance.