

# BASW ENGLAND CONSULTATION ON THE FUTURE OF ADULT SOCIAL CARE

## [Abstract](#)

Since the government announced the plan to publish a green paper in 2017 regarding adult social care, BASW England has continued to develop a response. This consultation document summarises ideas and seeks feedback from BASW members.

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## Introduction

*All adults and carers have access to quality and effective support when they need it that ensures full and equal citizenship through upholding rights, including the right to independent living. This support should be equitable and make the best use of resources.*

BASW Vision for Adult Social Care

The British Association of Social Workers (BASW) is the strong and independent voice for social work and social workers with over 20,000 members. In response to the announcement in 2017 that the Green Paper on Adult Social Care would be published, BASW England established a task and finish group to develop a position on behalf of BASW England members – the task and finish group is a subgroup of the Adult Policy, Practice and Education Group (PPEG). This consultation paper seeks views of BASW England members regarding the delayed Adult Social Care Green Paper and the future of adult social care.

Over the past few years it has become increasingly accepted that a major review of adult social care in England is required to respond to the increase in proportion of the population with care and support needs. How we support people to have a dignified and hopeful life is a test of society's moral worth. We all hope to have a level of wellbeing at least as good as that of most others around us and to be in control of our own life. That is why wellbeing and a person-centred approach to social work are central to this consultation paper based on the vision of the Care Act 2014.

The Green Paper task and finish group have considered various difficulties arising within adult social care and the impact upon social workers and adults' experience of social work and what needs to change. Throughout these discussions, various viewpoints have arisen regarding the solutions to the difficulties within the current system. This document is informed by existing evidence in relation to adult social care and includes a four-step approach developed by social workers for social workers and the people who rely on the social care system. BASW recognises that this approach is untested, however, seeks to use the outcome of this consultation to initiate debate within the health and social care sector.

We hope that BASW members will take the time to review this paper and respond to the consultation questions at the end.



Andy Gill, Chair of BASW England Committee

## A note on language

Language is important and as such BASW England has chosen to use language that supports a person-centred approach and steps outside current discourse that pervades health and social care. As such BASW England has chosen to adopt a humanist position within this document with language that promotes people's strengths. Where 'we' is used in this document it refers to the adult social care green paper working group.

## 1. BASW Membership Survey 2018

### In 2018, BASW members told us their priorities for the Adult Social Care Green Paper.

The highest responses were sustainability of funding of care (including provision of adequate and fair resources) and joined up health and social work practice. These leading priorities were followed closely by the role of social work in embedding person-centred, strength-based practice that respects the human rights of individuals, families and wider communities.

## 2. Why a review of Adult Social Care?

**Adult social care, and social work within it, has a great deal to offer to society. When it works well it can uphold rights, promote wellbeing and transform lives. However, we currently face significant challenges, which we believe need urgent action to overcome.**

One major challenge is that local authorities have a statutory duty under the Care Act 2014 to help more people than they have funding to support and, for those that do have support, there is insufficient funding to do so to the level their needs require. BASW's submission to the Local Government Association (LGA) review of adult social care in 2018 called for a review of the application of the Care Act 2014.<sup>1</sup> We also believe the current system described by the Local Government Association (LGA) as the 'eligibility driven approach' must end. A similar position is reflected by the House of Lords Economic Affairs Committee<sup>2</sup> and the House of Commons Health and Social Care Committee<sup>3</sup>.

Our focus is not on the debate about how social care can be better funded and whether it should be free, but how the system of assessing and meeting needs can be made more transparent and place more emphasis on promoting independence.

In this section, we outline the significant issues and challenges within adult social care and welcome your views upon this.

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<sup>1</sup> BASW (2018) [BASW England statement in response to 'The Lives We Want to Lead'](#)

<sup>2</sup> <https://publications.parliament.uk/pa/ld201719/ldselect/ldeconaf/392/39202.htm>

<sup>3</sup> <https://www.parliament.uk/business/committees/committees-a-z/commons-select/communities-and-local-government-committee/inquiries/parliament-2017/long-term-funding-of-adult-social-care-17-19/>

## *Inequitable model of funding*

Quality social care should be available to all regardless of socio-economic status. The same high standard of care should be provided to individuals whether they receive statutory funding or self-fund provision. There needs to be sufficient funding and allocation of resources for sustainable provision, including preventative and public health services.

## *Funding Gap*

There is currently a **funding gap** between resources and sufficient provision. The Permanent Secretary to the Department of Health told the Public Accounts Committee that councils had all the funding they required to meet all obligations under the Care Act. However, there is compelling evidence from the third sector, service user organisations and human rights organisations of people's needs being unmet or under-met. The LGA estimates it would cost £5 billion to address unmet need.<sup>4</sup>

## *Postcode Lottery*

There is a postcode lottery, unrelated to need, resulting in *gross inequity*. After allowing for regional price differences the highest spending councils spent £21.4K per service user in 2017/18 and the lowest spending £11.5K – an astonishing 86% difference. The inequity is compounded by **social injustice** in that the councils serving the wealthiest communities are likely to be among the highest spenders and vice versa. The councils serving the 10% wealthiest communities in 2017/18 spent £19.5K per service user and the councils serving the 10% most deprived £15.7K – **24%** more.<sup>5</sup>

## *Unmet need and Under-met need*

Social workers report that austerity and budget cuts are impacting upon the resources available to meet need. The Institute of Fiscal Studies reported that councils most dependent on government grant had been most affected by austerity and had to reduce spending by some 30%<sup>6</sup>. BASW notes with concern that Age UK estimate 1.4 million adults are not receiving necessary support<sup>7</sup>. It is alarming that local authorities do not record the numbers and needs of people they deem ineligible and the extent to which people are under-supported. Therefore, there should be the proper recording of how need is translated into resource allocation so that we can establish the funding gap.

## *Persons Views*

In TLAP's survey of over 1,000 service users into implementation of the Care Act, 70% said their needs were either never, rarely or at best only sometimes listened to<sup>8</sup>. There needs to be a professional judgement because of using public money; however, adults and carers state that it is disempowering when what they regard as their needs are classed as wants. This is evidence of the *disempowering* effect of the system which is the opposite of the aim of giving service users control of their support.

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<sup>4</sup> LGA (2019) [Joint Letter on Adult Social Care](#)

<sup>5</sup> Slasbourg, C (2018) [Reablement : A New Analysis](#)

<sup>6</sup> IGG (2018) [Performance Tracker 2018 Adult Social Care](#)

<sup>7</sup> Age UK (2017) [Health and Care of Older People in England](#)

<sup>8</sup> TLAP (2017) [The Care Act 2014 Survey Results Annex: Background Research and Statistic](#)

## **Lack of Transparency**

There is a *lack of transparency* about funding decisions. Adults and carers say that they do not understand the process. The recent Joint Parliamentary Committee into Funding of Social Care described the system as 'bewildering', with the Ombudsman<sup>9</sup> sharing the same concern.

## **Prevention**

BASW members are concerned that due to limited resources social workers are increasingly responding to crisis situations rather than intervening early to prevent escalation of situations. In 2016, BASW found that 40 per cent of survey respondents disagreed that the aims of the Care Act (2014) in preventing, reducing and delaying needs for care and support had been achieved.<sup>10</sup> The British Red Cross identified in a recent survey that some local authorities have conflated the Care Act duties around "prevention" and "provision of information"<sup>11</sup>. As such, in some instances the only "preventive" offer that many people receive is to be given a directory of services in their area. Good quality preventive work requires much more than this and has to be based on better and closer relationships with service users and local communities. The values, knowledge and skills of social workers can be very effective to help develop these relationships; however, this would require social workers to be freed from excessively bureaucratic administrative tasks.

We support the view of a "reablement culture" to health and social care that promotes Independent Living by tackling some of the issues that have the potential to increase a person's dependency on services; such as risk-averse practice, inadequate housing, unreliable and inaccessible public transport. There needs to be a more joined up approach to prevention within the health and social care system.

## **Social care provision and the social care workforce**

BASW England is committed to the concept of *independent living*. This has major implications not just for the assessment and resource allocation system but for a functioning and stable market of care provision. If assessments identify the unique needs of people to experience *independent living*, the market must operate with business models that have the ability to respond.

We know this is currently not the case. The market is far from being in good health and is seen to be at a point of collapse. For instance, it is important to know how the market needs to function. The assessment is the primary source of information about what an individual needs. Systems should be created to capture from individual assessments when the market is not able to meet the needs of individuals. This should be used by strategic commissioners and providers to know how the market needs to develop. Additionally, there needs to be "fair pricing" for providers of adult social care to ensure recruitment and retention of skilled and experienced social care professionals. The current situation suggests that recruitment and retention are difficult due to low pay and a lack of a proper career structure. Equally, as a result of Brexit, the social care market faces the potential loss of many

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<sup>9</sup> Ombudsman (2018) [Review of Adult Social Care Complaints 2017 - 2018](#)

<sup>10</sup> BASW (2016) [Report on the findings of the BASW England survey on members' experiences of implementation of the Care Act](#)

<sup>11</sup> British Red Cross (2017) [Prevention in Action: How prevention and integration are being understood and prioritised locally in England.](#)

skilled and experienced social care professionals. At a time of increasing demand, we should have a vibrant and growing market with a whole range of innovative solutions being offered rather than a social care market which is struggling under pressure.

Alongside those protecting the social care workforce, BASW England will continue to work with government, service users, carers, employers and others in the sector to ensure recognition and support for social workers so that they can provide evidence-informed, person-centred help. This includes having pay and working conditions that are conducive to good quality work, ongoing learning and development, opportunities for career advancement and time for critical reflection. The social work workforce should be adequate to meet demand. Standards for Employers<sup>12</sup> of social workers should be upheld, in particular so that we can support the retention of social workers.

### ***Health and Social Care Integration***

BASW is supportive of partnership working where it is done well, properly and is appropriate. The BASW charter for integrated working sets out the arrangements necessary for successful partnership between social work and health services:

“A separate and distinct social work identity is not only necessary for social workers to practice effectively, but it is vital for the effective functioning of aspects of health services. The independence of social workers, who are able to practice without fear, can be a necessary check to decisions made by health services and can be vital in upholding the rights of people who use services.”<sup>13</sup>

While social workers are key members of partnerships with health professionals in hospital and community settings, there is also experience of integrated arrangements which have broken down because of poor planning and a lack of support for the social work contribution. Integration should be based on respect and an equal partnership between social care and health of their different and complementary offers. Integration of health and social care cannot be achieved with two completely different systems of needs assessment and resource allocation.

At present, there is a divide between “health” needs (which are met free at the point of access) and “social care” needs (which are means-tested). In most cases a single person will have both types of need that will arise for the same reason). For example, if a person who has suffered a stroke takes warfarin to prevent further strokes this is a “health” need for which there is no charge; however, having help with getting washed and dressed because of the upper limb weakness caused by the previous stroke is a “social care” need which is means-tested.

Aligning health and social care will have funding implications and will require difficult decisions about what will and will not be supported. The best chance for a discussion around difficult choices is to start from a principled, human rights-focused position in order to offer reasons for the decisions being made. Adult social care and the NHS working together through collaborative or integrated arrangements will be dependent upon the sound professional relationships between individuals, organisations and structures. It is essential, therefore, that leadership co-design any improvements to joint policies and services with all stakeholders involved.

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<sup>12</sup> LGA (2014) [Standards for employers of social workers in England](#)

<sup>13</sup> BASW (2016) [Charter for Integrated Working](#)

## Supporting families, friends and carers

39% of carers are struggling financially with 68% using their own finances to pay for care or support<sup>14</sup>. The impact of austerity and reduced budgets is impacting upon the wellbeing of family, friends and carers. Social workers are ideally placed to build relationships, address conflict and develop networks to support carers; however, as identified earlier this requires social workers to be released from overly bureaucratic and administrative processes.

## 3. Wellbeing and Independent Living

**The UN standard of independent living should be the standard of wellbeing that we aim to promote.**

The Care Act defines wellbeing by reference to the elements that comprise it. Section 1(2) of the Care Act (2014) sets out 9 such elements. Whilst this is a sound approach to saying what is meant by wellbeing, it does not create a vision for what social care should achieve. If there is to be a vision for the service that has any meaning for those with care and support needs it would require the extent to which wellbeing should be promoted to be declared.

As such, it is important to have a shared definition of wellbeing. BASW advocates for the use of the United Nations Convention of the Rights of Disabled Persons concept of independent living to be adopted as the standard of wellbeing against which 'needs' should be identified. This would mean that all activity to promote wellbeing would be directed to a standard of wellbeing which is consistent with the standard of independent living.

The UN definition of independent living is a vision designed to underpin **all** service models.

*"All Disabled people to have equal rights to live in the community, with choices equal to others, and be fully included and able to participate in the community, through":*

- *the opportunity to choose their place of residence and where and with whom they live on an equal basis with others, without being obliged to live in a particular living arrangement;*
- *access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;*
- *community services and facilities, for the general population are available on an equal basis to Disabled people and are responsive to their needs'* <sup>15</sup>

The House of Lords Independent Living Strategy Group summarises Independent Living as being 'what non-disabled people take for granted'. It adds that 'same principles extend to people managing

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<sup>14</sup> Carers UK (2019) <https://www.carersuk.org/news-and-campaigns/news/state-of-caring-report-2019>

<sup>15</sup> [United Nations Convention on the Rights of Persons with Disabilities](#)

long term health conditions and include people of all ages. In other words, it's a vision that applies to all groups of service users receiving all models of support.<sup>16</sup>

## 4. Strengths-Based Practice

**Strengths-based working, through genuine partnership, should be the aim for all adult social care.**

The Code of Ethics for Social Work identifies a commitment for social workers to “focus upon the strengths of all individuals”<sup>17</sup> as such we welcome the recent focus in policy documents on strengths-based approaches which are holistic and multidisciplinary. We wholeheartedly support this practice approach however being strengths-based is only one of the principles within BASW’s Code of Ethics. Others include the need for self-determination and full participation. When all the Codes’ principles are taken together practice can be described as authentically *person-centred*.

Strengths-based approaches require strong and meaningful partnerships between the person and social worker. It is grounded in the professional’s ability to build trust and collaboration to support individuals to realise their own strengths and desired outcomes whilst co-producing the way forward.

There are increasingly heard complaints from service users that the language of ‘strengths’ or ‘assets’ is being used to justify cost cutting however the recently published Strengths-based Approach Practice Framework states “it is important to clarify that ‘reduction of packages of support’, is generally a collateral benefit of a strengths-based approach. A reduction in provision of services, should not be the outcome we are seeking, and this is not what the application of a strengths-based approach is”.<sup>18</sup> We believe that promoting fully *person-centred* practice is the route to ensure this happens.

## 5. The Way Forward

**We want to know your views on how we can increase transparency and fairness in decisions about care and support provision.**

BASW England is working to the goal of transparent assessment built around partnership working and professional judgement, alongside transparent financial decision making, with clear recording of unmet need. We have looked at how this goal could be achieved through developing a four-step approach.

There is sector wide support for the LGA’s call for an end to the “focus on an eligibility driven approach to needs to one focused on prevention and picking up unmet need early to prevent escalation”<sup>19</sup>. We have set out how this can be achieved within the four-step approach, which would provide radical change to the current system of assessing and meeting needs.

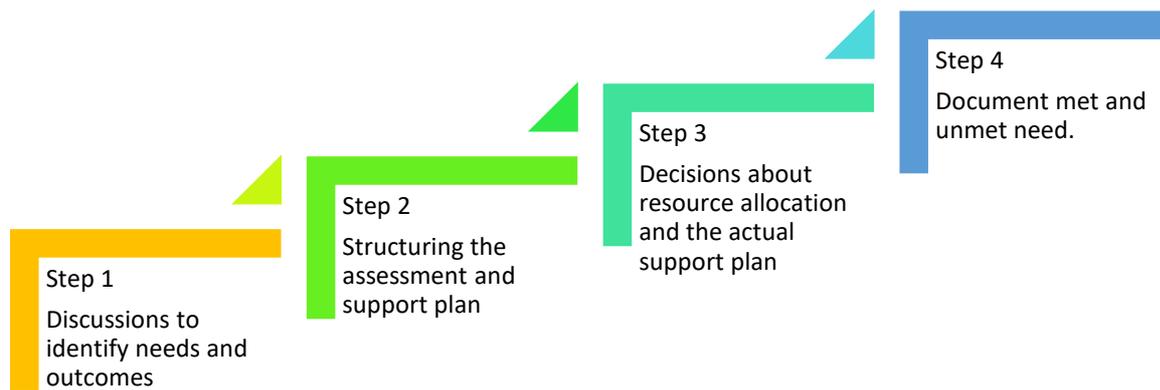
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<sup>16</sup> <https://staging.inclusionlondon.org.uk/campaigns-and-policy/act-now/independent-living-a-position-statement-from-the-independent-living-strategy-group/>

<sup>17</sup> BASW (2019) [Code of Ethics](#)

<sup>18</sup> DHSC (2019) [Strengths-based approach: Practice Framework and Practice Handbook](#)

<sup>19</sup> LGA (2018) [The Lives we want to Lead](#)



## Step 1 – Discussions to identify needs and outcomes

A good assessment, as per the Care Act 2014, addresses needs, impact and outcomes, and takes a strengths-based approach to promoting wellbeing. The objective will be to identify what care and support needs would have to be met to achieve *independent living* - as defined by the United Nations.

The assessment must start from the assumption the person is best placed to know their own needs and support requirements. The role of the practitioner is to support the person to structure their view and to ensure it meets the requirements of a good assessment.

Any difference of view between the practitioner and service user must be addressed openly and ethically.

*“I want to ask you about what matters to you, what is happening in your life and what would help you to live the life you want. We can then think through proposals to make it happen. The council wants your view of your needs to form the basis of your support plan. Everyone is unique and you know your needs best. An important part of this is to make the best possible use of your own strengths and of those around you. This is doubly important as it will ensure you remain in control of your life, with council support fitting around your own efforts. If you would like help to tell us what these are, we can arrange for someone to support you with this.”*

## Step 2 - Structuring the assessment and support plan

The output from step 1 must be structured and recorded in a way that enables subsequent decisions. Decisions have to be made that ensure both *value for money* and *consistency*. Step two is primarily a practitioner responsibility.

Step 2 will include a professional judgement about necessary and sufficient care and support to achieve the wellbeing standard of *Independent Living*. Each specific need that will require a resource will need to be set out with the following components:

- the specific outcome sought in meeting the need
- how this outcome promotes independence and prevents, reduces and/or delays needs
- the most cost-effective resources to achieve the outcomes
- the impact on wellbeing of the required resources not being available

The document must set out any differences of view that could not be resolved between the practitioner and service user.

*“For the council to be able to make a decision we will have to record the outcomes from our discussions in a particular way:*

- *We need to identify your outcomes that will enable you to live an independent life*
- *For every outcome you have identified to support your independence, we will need to set out what resource will be required to meet it.*
- *We will have to record what would happen if the need was not met and how it would affect your wellbeing.*

*This information will enable the council to know what priority to attach to each need. Recording your assessment in this way will also allow supervisory staff to be satisfied your assessment and plan will enable you to have the life right for you in the most cost-effective way. We now know what the life that you want to live looks like. To get there, we have a lot of different actions – some that you can do with help from people around you or other services, and some things that we need to do.”*

### **Step 3 – Decisions about resource allocation and actual support plan**

The practitioner presents the assessment and proposed plan to the budget manager. The budget manager will make a decision based on whether the outcomes agreed will provide the person with a level of wellbeing which meets the UN standard of independent living. They will also need to ensure the most cost-effective option for each outcome has been identified and have regard to whether the health and safety of the adult or others is endangered or likely to be endangered. Funding is allocated on a priority basis across the local authority population.

Once satisfied that the plan *is fit for purpose*, the budget manager decides how much of the plan can be afforded and whether there will be any planned delay in meeting some or all of the individual's needs. Where there is any delay there should be a mechanism for keeping the persons care and support plans under review and the person should have their plan formally reviewed at regular intervals.

Any differences of view about fitness for purpose must be addressed openly and ethically - the actual care and support plan will be prepared and shared with the individual.

*“I will take your plan to the person responsible for managing the budget. They or other managers and supervisors may have some ideas about how to meet your needs better than we hadn't thought of. If so, I will discuss their thinking with you. You are not bound to change your mind, but you may. The council will let you know what funding you will receive and if there will be any planned delay in meeting needs. The council will keep your needs under review. At least once a year it will review your care and support plan and where there is a planned delay in meeting needs, this will take place more frequently.*

*If any of your needs pose an immediate risk to your life or physical safety, there will be no delay in arranging the services you need.*

*I will work with you to ensure any other supports important to the plan are in place. There will be a contingency plan if there is a planned delay in meeting your needs. That may mean you or others having to do more than the assessment thought to be reasonable and appropriate.*

*You will be given full documentation of the process and decisions, setting out the detail of any differences of view. This will help you if you disagree with any aspect and wish to make representations.”*

#### **Step 4 Document Met and Unmet Need**

BASW England believes that councils must capture data about a person's met, unmet and under-met needs to ensure transparency within the assessment, care and support planning process.

- *Met need* is a description of those needs that a local authority has agreed to meet to enable the person to meet as close to independent living as possible.
- *Unmet need* is where a person in need of funding to enable *independent living* receives none.
- *Under-met need* is when a person receives some council support, but not enough to meet all assessed needs.

The council must use this information to ensure central government is informed of the funding required to ensure all are able to achieve independent living, and to inform the commissioning process that shapes the local market of provision.

*“We record every time we can't provide what we think is needed. This information goes to the local authority and then to the government. This way, we know what the gap is between state funding and what is needed. We will keep asking for the funding to be increased so that we can provide all the help that people need.*

*You can also contact your local councillor or MP about this.”*

## 6. How the four-step approach differs from the current system.

A practical example of the differences would be in relation to a need for support to be put to bed. Most would agree that deciding the *time* of going to bed, something most take for granted, is a choice that contributes to wellbeing. It is a choice that falls within the concept of being able to make a '*choice equal to others*' within the UN definition of *Independent Living*. However, the market is rarely able to offer the flexibility required. Under the current eligibility system being put to bed is the 'need' and timing a mere 'wish'. Even if the practitioner discusses the person's choice, it will not influence the subsequent commission to the provider. Timing will be at the provider's convenience, which could be teatime. There is no unmet need, and no impetus for change.

Under the 4-step approach, time of going to bed will be recognised as part of the need. Providers will be asked how they will make the preferred time possible. They are likely to say they cannot do so within current resources. This part of the need will go unmet and the person put to bed at the providers' convenience. However, the unmet need element will be formally recorded so that the information will show strategic commissioners how the market needs to change.

## 7. Your Thoughts and Feedback

Please take time to share your thoughts and feedback on this approach in order to influence the next steps of your professional association through completing the online questionnaire available [here](#).