

BASW England ‘Ten reforms we would like to see in social care’

The need for social care reform has had a rising profile this year, sadly because of the impact of Covid-19. The Prime Minister has reiterated his promise to fix “the injustice of social-care funding”, and the possibility of this being translated into policy received a boost with the recent publication of the Parliamentary Health and Social Care Committee inquiry into social care funding and workforce.

Commenting on this report, a Guardian editorial in October said the pandemic has exposed the “unfairness, confusion and humiliation felt by people using the system” <https://www.theguardian.com/commentisfree/2020/oct/25/the-guardian-view-on-the-social-care-crisis-fix-a-broken-system>. This editorial was prompted by the Parliamentary Health and Social Care Committee calling for investment in the social care sector of £7bn a year by 2023-24, the introduction of a lifetime cap to protect against catastrophic care costs and endorsing “further consideration” of free personal care. The report also called for improvements to the pay and recognition given to social care workers

But will these measures alone fix what is described by politicians on all sides and the media, as the ‘crisis in social care’? The answer from most social workers will be a resounding no.

The BASW England Adults Group has been discussing social care reform since the announcement in 2018 that a Green Paper on Adult Social Care would be published. Many of the ideas that have been developed were outlined in the BASW England submission to the Parliamentary Health and Social Care Committee:

<https://www.basw.co.uk/system/files/resources/parliamentary-health-social-care-committee-social-care-funding-workforce-inquiry.pdf>

What follows outlines what has been agreed by BASW England about how social care should be reformed, but the debate continues and the BASW England Adults Group welcome your views.

1. Widen the scope of reform to include assessment of need

There was no reference to social work in the report the Parliamentary Health and Social Care Committee, despite the BASW England submission emphasising that “social workers have a key role to play in decisions about how people access and receive social care”.

To some extent this omission is understandable because of the focus on funding. But the report nevertheless painted a picture of individuals having to struggle by themselves to find social care without support, reinforcing the current narrative whereby social care is something that just needs to be accessed and there is no recognition of the role of assessment and care planning. It’s like talking about the NHS and ignoring the role of GPs.

We need to establish social work more firmly into policy agenda. None of what follows can be achieved without this.

2. Establish a clearer statutory mandate for professional judgement

We would like the reforms to develop a clearer specification of professional judgement within the overall local authority decision-making process. Local authorities have a statutory duty to make decisions about individual social care needs, the extent to which they meet the Care Act eligibility criteria and how these are going to be met from public funds. Social work professional judgements are a core element of this.

We would like to see a clear distinction in the decision about how much money is required to meet an individual's needs, between the professional judgment of the social worker about how needs can be most effectively met and how resource constraints are taken into account.

3. Greater transparency

Whatever system of funding is adopted, we think it should aim to improve the ability of individuals to exercise control over how their health and social care needs are met. One of the principles that was to underpin the development of the Green Paper that was proposed in 2018, was that of "Control", which was described as follows: "What matters to individuals and families is the ability to direct the care they receive and autonomy to lead the lives they want".

We think that an essential element of achieving this control is greater certainty and transparency in the way that the system operates. We propose that the framework provided by the Care and Support Statutory Guidance be revised to achieve greater transparency in assessment of need and financial decision making.

4. Place more emphasis on supporting people to have greater independence

This is important not only as an equality principle, but as a means of preventing, reducing and delaying the development of needs. For people that have life-long support needs, the focus should be on supporting independence and well-being, with support built around the person.

We believe that there is a strong argument for the Care Act to be amended to incorporate the United Nations Convention on the Rights of Disabled Persons concept of independent living i.e. "the equal right of all persons with disabilities to live in the community, with choices equal to others".

5. Better prevention

The Care Act made significant advances in enshrining a preventative approach, but the funding arrangements did not give it the pre-eminence it requires. Also the relationship between needs that can be prevented, reduced or delayed and eligibility, is convoluted and confusing.

Rehabilitation has been facilitated by making local authority reablement services free, and there have been significant developments by social workers in applying a strengths-based approach to prevention, but there is still insufficient emphasis on the benefits of prevention both for individual health and social care outcomes and costs.

There is widespread agreement that there is not enough meeting of low-level needs that can prevent further needs developing, because of what LGA has described as the “eligibility driven approach”.

We believe that the way eligibility is determined should be revised to incorporate prevention more explicitly and transparently.

6. Recording of unmet need

The report of the Parliamentary Health and Social Care Committee stated: “unmet need is frequently raised as a major problem in social care”. Age UK have undertaken some research and estimate 1.4 million adults have unmet needs.

The Parliamentary Health and Social Care Committee went on to state that “local authorities now restrict funding for social care to those with the most severe needs, meaning that individuals who might previously have been eligible for Government-funded care now either have to self-fund, rely on family, or go without”.

We think that local authorities should collect data on needs that have been determined as ineligible and that this should be published locally and nationally.

7. Increase the number of social work posts

There is widespread recognition that significant investment in social care is required to reverse the detrimental impact of austerity. But the narrative is about responding to increasing need arising from demographic changes, through increased funding for service provision.

We want to see sufficient funding to address concerns about how austerity has had a direct impact on social workers through

- reductions in staffing relative to demand, increasing caseloads and risk
- increased stress and consequent ill-health

8. Enhancing the role of social care workers

As well as calling for improvements to the pay and conditions of social care workers, the Parliamentary Health and Social Care Committee report proposes the streamlining of “the training of social care workers in order to improve routes of entry to the profession and improve career progression for existing social care workers”. BASW England supports this but it is of concern that no reference is made to career progression into social work. Instead the focus is on on developing “proposals to improve alignment with training for NHS staff and to improve the professional recognition of social care staff”.

9. No more Care Act “easement”

Some of the changes brought about by the Coronavirus Act have intended to simplify how needs are met. There is a case for some of these changes to be adopted permanently, but in our view this is not the case for the Care Act easements guidance. Any proposal that elements of this guidance be incorporated into the Care and Support Statutory Guidelines, is a reform that BASW England would oppose.

Our concern is the Care Act easements guidance significantly reduces transparency in local authority decision-making in determining what needs will be met. Whilst this an understandable consequence of emergency powers, it is not acceptable in the longer term and would be a backward step.

10. Social care should be available to all regardless of socio-economic status

The debate about social care funding reform will inevitably focus on introducing a cap on care costs and free personal care. BASW England will engage in this debate by arguing that the same high standard of care should be provided to individuals whether or not they are eligible for public funding.

We will also closely scrutinise proposals for free personal care to guard against a dilution of the Care Act duty to meet eligible needs. Our concern is that people may have to wait for funding to become available to meet needs that are not related to personal care and deemed less urgent.

CONCLUSION

Reforms have to produce greater certainty about how care and support needs will be met, both for those people who currently have needs and for those of us who may have needs in the future. This will take more than just reforming the social care funding system, people need also need more certainty about whether or not their needs will be met and more transparency about how decisions are made.

BASW England will be considering how to lobby for the debate on social care reform to be widened and to address these priorities.

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