

Funding social care: what service users say

Viewpoint
Informing debate

March 2010

Service users have not been adequately involved in discussions about the future funding of social care, yet they are the people most affected by these decisions. This *Viewpoint* reports the views of a diverse range of adult social care service users, brought together to explore current proposals for funding social care.

Key points

- Service users feel that, in general, the public do not understand what social care is or who pays for it. While supportive of service users' needs being met, abstract concerns about public cost make it difficult to have a meaningful public debate about social care currently needed.
- Social care's low political profile is linked with this lack of public understanding. Policy panic about the tax burden of an increasing elderly population means that service users are seen as a burden, ignoring the contribution they can make and undermining proposals to increase independence, choice and control.
- Service users feel that a false divide between social care and health care is perpetuated by conflicting funding arrangements.
- People do not generally want to live in residential care homes, yet nearly half a million people currently do. This is often presented as the only option, particularly for older people who need support.
- Almost all service users consulted think general taxation is the best way to fund social care. They do not see the options presented in the 2009 Green Paper *Shaping the Future of Care Together* as offering a viable or fair system.
- Political fears about raising taxes to cover social care do not take account of the ways in which properly funded social care support could prevent problems, reduce costs and enable people to contribute to society.
- Service users reject any withdrawal of existing universal disability benefits, such as the Disability Living Allowance and Attendance Allowance, to fund means and needs tested social care.
- More open public debate is needed to work out what is wanted and how it should be funded. Service users call for discussions to be supported around the country to share and develop service users' views and ideas about future social support.

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Background

There is widespread agreement, extending to all major political parties, that the present funding system for social care requires major reform as it is inadequate, unclear and unfair (Collins, 2009). Social care policymakers face three interrelated questions:

- How can social care meet the greatly increased demand expected, particularly from older people?
- How should social care be funded to ensure a good quality, fair and sustainable service?
- How should social care be delivered?

The Government's 2009 Green Paper *Shaping the Future of Care Together* is the starting point for this *Viewpoint* and the national service user 2009 consultation on which it reports. The consultation brought together a diverse range of social care service users from different parts of the country, including both older people and people of working age (see 'About this paper' for more information). All anonymous quotations are taken from this consultation unless otherwise stated. See a complete record of all quotations taken from the event at www.shapingourlives.org.uk

The demand for social care

Service users consulted strongly agreed with the prediction that both the number and proportion of people needing social care support are likely to increase (Collins, 2007). They did not, however, accept the way that this is being presented as a growing burden from a greater number of older people. There were also concerns that growing needs of groups of working age are not officially recognised and that inequalities in society will disadvantage some people.

[Hasn't research been reported] which says that people are going to live longer and in better health? I think that the cataclysmic predictions are exaggerated and unfortunate. Wasn't this known in the 1980s?

The people who are going to live longest and healthiest are the better-off part of the population... So I think it is quite complicated. It is also not about the numbers, but it is about the changing nature of the needs that people have for social care. Professor Eric Emerson says there are 1.5 million people with learning difficulties in England and that group of people would actually rise year on year by about 4 per cent...The government think that it will only raise by about 1 per cent...I think the government is distancing themselves on the ground of cost...and the population is actually going to have higher support needs. The amount of support for each individual case will be more complex. For people with learning difficulties that are on the margin, have mild learning difficulties, I think that they are more likely to actually lose the support that they have got, to keep themselves independent now.

I understand that we have an increasing elderly population. I don't view this as a negative thing, as that discounts the inherent value in everybody, so I hate the way this is being sat upon by the news, but it is nevertheless the case that social care needs will increase.

Options for funding social care

Recent discussions and proposals for social care funding in England have focused on a partnership arrangement between the individual and the state. Sometimes the family is included in this relationship. This arrangement has been presented in terms of the individual upholding their responsibility to care for others in society. This reflects both the shift in emphasis in welfare policy from entitlements to obligations and the political belief that entitlements are subject to the fulfilment of obligations.

This was the approach adopted by the Wanless Review (2006), the Caring Choices initiative (2008) and is at the heart of the three proposals offered by the Government in its 2009 Green Paper. It is often presented as if it were the only possible partnership, with, for example, minimal consideration of the possible role of the market as a potential contributing partner.

The three government options

The Green Paper offered three main funding options: 'partnership', 'insurance' and 'comprehensive'. Most people consulted thought these options were inadequate and not helpful. The comprehensive option was preferred as the 'least worst'. Concerns were raised about the implications linked with these proposals:

- if retirement age were raised, as currently planned, beyond 65;
- for people at 65 who have never worked; and
- for women with interruptions in their employment history (carers for example) whose pensions are reduced in relation to men.

Failure to ensure equity

Very few participants thought that the three options would ensure equity. This point is consistent with academic findings (Keen and Bell, 2009). Yet any future system of social care must ensure fairness and equity (Keen, 2008). There were strong fears among service users about setting up a 'two tier system' like the problematic US health care system, and associated concerns that people might be excluded from insurance by increasing use of genetic testing.

I wanted to agree with what others said about the worrying implication of a move towards the American health care system and the massive inequalities we know that has created.

I can see insurance companies [covering] themselves carefully. 'You have got this prior condition? Oh we can't help you'. So, we are saying, bringing the private sector into social care, you have a recipe for disaster. I would say no to the insurance option....If you have a certain amount of wealth which is the kind of moderate amount that lots of middle class people will tend to have, then you end up paying your full costs in which case your moderate wealth doesn't last very long. You will have to be really wealthy to afford it, not moderately wealthy.

None of the three options was seen as offering a basis for everyone to have the support they might need from social care to live their lives fully and equally.

They are as unhelpful as they are divisive. All are inherently INSET unfair and arbitrary and would be very costly to administer.

The insurance and comprehensive options are effectively another tax. [I] thought that was what 'national insurance' was for anyway.

Failure to ensure independent living

We asked participants whether they felt the three funding options could ensure people the wide range of support they might need to live their lives independently, in line with the philosophy of independent living developed by disabled people. This would include help with ordinary activities and having the same choices as non-disabled people and non-service users. Some were unsure, but most people did not think the options were adequate in this respect. They highlighted the need to be clearer about what social care is and what it is for, as a basis for agreeing funding arrangements.

I did a consultation with service users about their experiences of the services. In it you saw their inability to use social care services, say to access the mosque, or to go to the nearest culturally appropriate shop to buy what they wanted, or to cook in the way they needed. They saw these as key failings. There is either social care or no social care. So our idea of what social care is, definitely needs re-imagining and reinventing to make it consistent with what we expect of a society and what we expect of services...We can't have this debate about funding until we are clear about what social care should do.

Strong support for universal disability benefits

One proposal in the Green Paper was to divert money currently spent on universal welfare benefits like Attendance Allowance and Disability Living Allowance to help fund proposed new arrangements for social care. Strong opposition to this was reflected in a petition with more than 20,000 signatures on the Prime Minister's website. It was also rejected unanimously by service users in this consultation, where serious concerns were expressed about denying people a universal entitlement to prop up the funding of means and needs tested support.

I think this is really dirty dealing. I go back to the 'right to control' agenda. What that is about, is about giving people control over what they spend the resources on for what they need. That is exactly what DLA allows people to do. It is a backward step, regressive in terms of what government claims it is trying to do. I think these two [benefits] already fund social care, but they put it in the control of the disabled person and what the government is talking about is taking it out of that control. That is why I say it is like, like double dirty dealing, I think it is despicable.

I think the one thing we have never achieved in this country is a proper disability income. Remember in the '70s and '80s, we were fighting for that, in the sense the DLA played that role and it is all about the extra cost of disability, that has never been taken into account. You know, a lot of people use that money really creatively to cover the extra costs and if we lose that, you know, well, it is just, going back to what was said in the beginning about disabled people are among the most poor in the country. [There would] be a lot more poverty than there is now. Also going back to the whole issue of taking away from the individual and putting it back into the state where the local authority has the control over the money, goes completely against the independent living principle we fought for so long, which is what the right to control is about. That money should be ours.

They are taking away a non-means tested benefit and make it means tested. [This will] impact on those people who, if they are in work or do things like that, rely on [these benefits] to compensate for the cost of work and then penalise us.

Social care and health

A key concern of policymakers has been to improve the integration of health and social care in England to increase their efficiency and cost-effectiveness. This was an underpinning aim of the 2009 social care Green Paper. Yet the two systems have been based on fundamentally different and arguably conflicting funding methods; social care is needs and means tested, health services are essentially universal and free at the point of delivery.

Almost all service users in this consultation felt that social care support should be available free and as an entitlement in accordance with the founding principles of the National Health Service. Service users were at the same time strongly sensitive to issues of cost and the need for agreement to be reached about what would be covered by social care; a broader discussion that has yet to take place.

I think again it depends on how you define social care and what you put in social care and I think that getting out of bed and having a pee actually should be free at the point of delivery, at that end of the spectrum. Maybe having your garden sorted out should not be free.

Two quick points. One is about the difficulty of a kind of cut off line. There was a case in one county recently where an older person was put into residential care with dementia and this was seen as social care and they had to sell the family home and all sorts of things to pay for it. Now it is being seen as health and so it has gone through the courts and it is too late. They sold the house. Defining what is social care and what is health care, is not as straightforward as it might first appear.

Charges for these services are a tax on disability.

The provision of social care was equated with securing people's human and civil rights and tackling discriminatory assumptions about age and disability in policy and practice.

It is a human right, we can discuss what that means and by the way, I think society has a right to say what we can pay for, but the individual has a right to decide how they prioritise or meet their own needs. So two principles are there. Society as a whole needs to agree what it is trying to do; the individual needs to define for him or herself what that means.

There was strong agreement that the funding options set out in the Green Paper would not provide a basis for social care to be free or an entitlement.

These options are not rights based or properly funded. There is only one way to provide this service fairly [general taxation] and that one has been discarded due to insufficient information being provided for us to make an informed choice.

Funding social care through general taxation

In the consultation leading up to the green paper, many people expressed a preference for funding social care through general taxation. The Green Paper acknowledged that this was probably the simplest and most easily understood payment option, but ruled it out of consideration (DH, 2009, p116-117, p16). This reflects a broader sense that while funding social care out of general taxation might be the ideal, it is not a viable or practical option (Hampshire County Council, 2008; Ashcroft, 2009). Yet social care in many other countries is a universal service paid for through general taxation or social insurance (Glendinning and Bell, 2008).

The importance of including this option

While acknowledging the complex issues involved, service users strongly disagreed with the exclusion of this option from consideration in the Green Paper. Only one person supported this decision.

It is about our values, what we value and what we don't value...If we compare the level of social care versus health care or education or defence, or arts, are they the right balances? The assumption is that we are paying a shed-load for social care. Are we? I am not sure we are... [General taxation] shouldn't be ruled out from discussion?

The problem why that arises in my opinion is, because nobody ever thinks that they are going to need social care. I think that is a very big issue.... Here is a sort of feeling that if they deny it, it won't happen to them. That is the problem.

I think in addition to what was said about people don't think they are going to need it, I think they don't realise that people already have to make a financial contribution to it... They won't understand that people have to make a contribution to it. I remember I had my first PA [personal assistant] for about 18 months before I mentioned something about a contribution. Her jaw dropped open, saying, 'Do you have to pay?' Even someone who was working that closely with a disabled person, that wasn't part of their understanding. So one of the things about whether or not people pay for it through taxation needs to be raising the public's awareness of who does pay and how it works at the moment.

I attended one of the consultation sessions that the Department of Health run on the Green Paper...At that, they were describing the tax situation as an enormous tax burden that everyone is going to have to shoulder if we go for that. What are the facts behind that? They need to be clearer about that. Are we being asked about the system at the moment? Is the tax burden going to be running the present system. We are not necessarily talking about the same care system. We are not necessarily talking about the same sorts of costings.

The need to explore funding through general taxation

All but one person said that the Green Paper consultation should have included paying for social care out of general taxation as one of the options.

I am a yes. They want a big debate and they rule out the major issue.

The NHS works and it is done in Scotland. It is the most equitable way.

One service user summed up the arguments for including funding through general taxation for consideration:

Social care should be available on the same basis as health care: at the point of need irrespective of means. It should therefore be financed via direct taxation. My reasons for holding this view are:

1. It is very difficult (some might say impossible) to separate medical from social care in promoting the health of individuals.
2. Universal provision is the most efficient way to deliver any service. It removes the need for a very expensive bureaucratic means testing...whilst adopting the progressive attribute of taxing people fairly according to ability to pay.
3. I am affronted by the notion that this issue has 'crept up on us'. Early national surveys have noted the trend; plans should have been laid for meeting this need a long time ago when it would have been more manageable. And double standards are in play; I can't recall the government dismissing direct taxation to bail out the banks.

There was strong consensus that this funding option had been excluded for essentially political reasons.

They are terrified to open up the debate about taxation.

I think the big problem is that the people that are putting the figures together, they actually have no contact with real people and so they see things from a bigger point of view, not a human perspective. They have got no connection with how we cope with our day-to-day lives.

Almost all service users, of all ages, rejected the argument offered in the Green Paper that paying for social care out of general taxation had to be ruled out because it placed 'a heavy burden on people of working age' (DH, 2009, p16). They felt that this was a divisive and inaccurate argument which wrongly implied that older people do not pay tax and that people are only taxpayers when they are working. This is consistent with challenges to policy assumptions that 'intergenerational transfers' are solely from younger to older people (Godfrey, 2009, pg)). Intergenerational consultations held by the Joseph Rowntree Foundation in York and Bradford last year also suggest that people of working age are concerned about how they will be supported in later life (Croucher, 2009).

To me it is simple. Either we live in a society which supports each other and takes on responsibilities to enable us to support each other, or we live in a society where we stand on our own two feet, full stop...We all pay tax. Every time we buy a pint of beer or whatever, you are paying tax.

I am of working age for a start! Most people will come to need social care at some point in their lives. In any case I really object to older people and other social care service users being seen solely as a burden on younger/non-disabled people. It's just offensive.

Almost all service users felt general taxation could offer a good basis for funding social care. There were also reminders that social care is already paid for at least in part in this way.

Complexities of funding

People highlighted the complexities of funding social care, including the risk of service users 'double-paying'.

Even people who are paying for social care... directly are also ...paying taxation too.

It seems to be a contradiction to talk about a national care service and rule out [general taxation]. Local authorities receive a lot of money from central government, so it's a bit misleading to rule this out if it is happening by a different route.

Some different debates need to be had around what social care is. If you have credible or substantial needs at the moment and you get your needs met, you also get the needs met that are not necessarily part of the critical and substantial needs - if you see what I mean - that actually as a working person you might pay yourself anyway. So I get some hours, an hour or so a week for cleaning costs, but actually I am a full time working person, I might well pay for a cleaner. So, I think that is a debate we need to be having and that is related to the how do we fund that bit?

The value base of the Green Paper

While the 2009 Green Paper states a commitment to 'national rights and entitlements...personalised to individual needs' (DH 2009, p9), service users consulted did not see it as consistent with these values. They expressed a strong and shared view that the Green Paper failed to offer a clear basis for funding social care support for people of working age or for people who were in paid employment.

Having read the Green Paper and the executive summary, it simply doesn't make it clear how this social care need will be paid for.

There was considerable agreement that the Green Paper was preoccupied with older people, for negative reasons.

This is defensive paper. It is not an open discussion. I think that the reason they haven't done it is because the whole reason for doing this is about fear and they are very afraid of how much social care or how much dealing with older people is going to cost as the population ages. This is a kind of a panic reaction to that. They kind of know that they need to think about disabled people as well. Every now and again they sort of say, 'oh, and other disabled people' but it is not the thing that is in the forefront of their mind. [That] is this absolute panic about how they are going to cope with an ageing population with increasing care needs.

It goes back to the assumptions that underline the Green Paper; the assumption that older people are the big issue. Also the assumption of who service users are, as if it is a very straightforward narrow category. Actually, there are an awful lot of complex issues to be worked through.

Service users consulted did feel that a philosophy and set of values underpinned the Green Paper, but not one reflecting its advocacy of personalisation, self-directed support or user-centred provision. Instead views were generally negative about the Green Paper's philosophy, seeing it as implying cynicism and the devaluing of service users.

For me the values and philosophies about the paper is, it blatantly assumes that if people are not in paid work, they are of little value. ... Disabled people, for whatever reason can't always go into paid work...They are paying tax and if they get the right support they will be contributing to society more and if they have PAs or support workers working for them, they are paying into the kitty

They start themselves from a position of fear and therefore they push that fear on to the [Green] Paper readers.

...They are replicating old, out-of-date ideas about people and older people particularly... People are just seen as not having any value or any resource themselves. I think that is quite a dangerous perspective.

A lot of this is about adding to the care industry because it is going to put the [private] insurers in there as well. [It's] back to the economics of it, which is one of the things that really intrigues me...I think disabled people are actually - in terms of the work that gets generated in supporting us and so on - probably quite valuable to the country, but nobody does the economics.

It rules out an NHS cradle to grave system on cost grounds alone. If this thinking was around, the NHS would not have happened. It is a backward not forward step.

Service users consulted felt that the Green Paper presented them as a burden and failed to take account of the way in which social care support could prevent problems, reduce costs and enable people to contribute to society; a point that has been made by Kalyani Gandhi and Helen Bowers in their exploration of the contribution of people from different generations and cultures (Gandhi and Bowers, 2008).

New funding proposals

The Green Paper confined discussion to three funding options on the basis that these were the only viable approaches. It did not provide full information detailing how it had arrived at its funding calculations, making it difficult to form a judgment about how feasible the options actually are.

During the period of consultation over the Green Paper, new proposals for free social care were offered by both the Government and the Conservative opposition. These would require additional funding and the significant sum for the government proposal was identified by policymakers, despite previous arguments that no more money was available. Both proposals cut across the three Green Paper options, undermining its argument that free social care would be impractical and inequitable. They also reopen the door to discussion of the general taxation and universal models supported by service users consulted.

Labour's new proposal

Gordon Brown announced in September 2009 at the Labour Party Conference that the government intended to provide free domiciliary care for older people and people of working age identified as having 'critical needs' (under Fair Access to Care Services) from October 2010. This was largely seen by service users in this consultation as inconsistent with the funding options set out in the Green Paper and service users had mixed feelings about whether it could be helpful. A minority felt it could mark an improvement. Many service users felt it was politically motivated, coming before a general election, and that it raised major concerns about the meaning of 'critical' in this context.

It depends how they define critical needs because you know, the goal-posts keep moving so we have got to be careful about the definition. In my local authority, unless you can't actually access a toilet on your own, it is more or less impossible to get any funding and I know that is the case in quite a few authorities from people I speak to. They have changed the rules about that. When they see the money is running out or whatever, they change the rules and move the goal posts further away.

...One of the things that concerns me is when you make an intervention in one part of the system, you can have unintended consequences in other parts of the system. I think if you say ok, we are going to provide free domiciliary care, my question would be, what happens in the rest of the system? One of the things that might well happen is that critical becomes so tight, not just about being not able to access the toilets...The other question, the other thing that I can intentionally perceive is that it pushes the boundaries of what everybody else gets out so it becomes all right for [people who are eligible] but actually, really disastrous for everybody else.

The Conservative Party proposal

The Conservative Party announced that they intended to get rid of means testing and make available free residential care to older people on payment of a sum of £8,000 when they reached retirement age. The emphasis on residential services was cause for considerable concern among service users consulted, who were much more critical of this proposal than the Prime Minister's, seeing it as creating perverse incentives towards older people's institutionalisation. Already nearly half a million older and disabled people are housed in residential services in England.

I think it is quite clear here what the consequences will be. Everybody will feel they need to go to residential care, because they don't get anything if they don't. So that just strikes me as a hideous suggestion.

One of the things that has struck me reading it all [is] this assumption that residential care is something that everyone wants to go to and it is the only real option for people. I know from the work that we have done with older people both in and out of residential care, they didn't want to be in residential care. They were in residential care because there wasn't any other option. Sometimes it was because they didn't have a transport system where they lived. Usually [it was] because of some social care failure that made them live in [residential] care. It is terrible.

[It] goes against the philosophy of older people staying in their homes as long as they can. The assumption [this is] the only option in social care, goes against independent living and self-worth. It is actually quite frightening if this is coming in, if they are making these kinds of statements right now.

Service users were also suspicious of the Conservative Party proposals.

[This] was probably made for people who have got older relatives who are worried about them. Not aimed at older people themselves... 'we will come in and solve your baggage problem and get rid of them cheaply'.

This contribution would still not cover the costs involved, where would the remainder come from?

I don't think it's a valid way of paying for the costs. Residential care costs around £500-£600 per week (generally). One payment of £8,000, even if invested wisely, would only pay for four months care maximum

Next steps

The government proposal has since been incorporated in a Personal Care at Home Bill, which has come under heavy attack from both Labour and Conservative critics and local authorities. On the same day that the Prime Minister made a major speech on the subject, which drew front page headlines (Lister, 2010), a new report commissioned by the Department of Health was published. This offered the promise that extra spending on social care, coupled with reform, could save money and should be seen as 'a form of social and economic investment' (Glasby et al, 2010).

Securing funding for social care

English social care has a long term problem of inadequate funding. Service users consulted felt that if social care is to gain the increased funding needed, then more campaigning and education will be needed to raise its profile.

You need more campaigning and education, that is how you raise the profile. But raising the profile is about identifying what it is so that people are clear what it is, highlighting the position of people who work in social care and earn the minimum wage or whatever. It is those kinds of things.

All this different stuff is going on; within different departments and the Department of Health around social care and all the work around social work education and user involvement and social care leadership and management. There are so many different strands going on that are never put together.

More education [is needed]. People don't think about growing old and what it might involve. If there's more awareness about this stage in life and why it's necessary to plan for it, there will be less resistance.

The importance of improved public debate

International evidence suggests that people seem more familiar with social care and prepared to pay for it through general taxation or social insurance where support is universal and they know what their entitlements are (Glendinning, 2009). In this UK consultation, some service users felt that social care's residual status as a policy in England exacerbated the public's lack of understanding of it.

I think social care is has been kept in the dark almost deliberately, so that people don't know how to talk about it. I think it is going to be quite a challenging thing to do, to get to the point where people do understand how to talk about it.

Society as a whole does not doubt that we need a health service. It doesn't doubt that we need an education service, why is there a debate about social care?

I still think that society believes it is there. I strongly think that actually if you went out on the street and said to people, 'Do you think that disabled people get the support they need to live their lives', people would say 'Yes'.

Service users felt that there needed to be much more public debate about social care funding. But they felt that this had to be accompanied by more discussion and clarity being achieved about what social care means; its nature, role and purpose, before funding issues could be fully explored and resolved.

Some different debates need to be had around what social care is. If you have credible or substantial needs at the moment and you get your needs met, you also get the needs met that are not necessarily part of the critical and substantial needs - if you see what I mean - that actually as a working person you might pay yourself anyway. So I get some hours, an hour or so a week for cleaning costs, but actually I am a full time working person, I might well pay for a cleaner. So, I think that is a debate we need to be having and that is related to the how do we fund that bit?

Supporting service user involvement in the debate

A sense that the Green Paper consultation was essentially reactive led service users to call for proactive discussions involving a wide range of service users, building on the knowledge and experience they have gained, to work out for themselves what they want from social care, what it needs to look like and how this should be funded. There was agreement that there needs to be more support for service user discussions around the country to share and develop service users' views and ideas about future social support.

The discussion is...about seeing problems rather than solutions. It is characterising us and other people in services as a burden to society. It is not a sort of discussion [in] which we feel it is like engaging in a positive way. We are sort of defending ourselves, making a case why we should exist...We seem to be on the periphery.

Disabled people should be leading this debate. As usual we are playing catch up as a result of cack-handed proposals that have been botched together.

The economist Donald Hirsch, while identifying the continuing problems of finding adequate funding at a time of tight public financial constraints and ensuring fairness and choice, has stressed the importance of consensus.

Successful reform will be a long-term process requiring cross-party consensus around the main principles of sustainable settlement (Hirsch, 2009).

However, a growing gulf seems to be emerging between service user commitments to a universal system of social care based on general taxation, reported both in this consultation and more widely, and the support that has built up for a narrower partnership approach (RNIB et al, 2009; Shaping Our Lives, 2009; Hampshire County Council, 2009). It is crucial that service users and their organisations are supported to be equally involved in discussions about future social care funding. They need to be part of the consensus.

**Now is the time to draw out what principles and guidelines for action can be agreed on. Whatever government is elected in 2010 will have a once-in-a-generation opportunity to implement a care system that is fair, clear and sustainable. It will not be perfect, but it is in everybody's interest for parties to work together to make it as good as possible, and to ensure that it is not undone by subsequent governments. Recognising at the next election where consensus exists will be an important first step.
(Hirsch, 2009)**

About this paper

This paper was written by Peter Beresford, Professor of Social Policy, Brunel University and Chair of Shaping Our Lives. It draws on an England-wide consultation with 18 service users about future social care funding held on 20 October 2009, supported by the Joseph Rowntree Foundation. The service users who took part included older people, people with physical and sensory impairments, people with learning difficulties and mental health service users. Most were current users of social care. They reflected diversity in terms of the range of services they used, as well as in relation to equality issues of gender, ethnicity, age, disability, belief and sexuality. Major national and regional service user and disabled people's organisations were also represented.

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