

**Parliamentary Health & Social Care Committee**  
**Social care: funding and workforce Inquiry**

**British Association of Social Workers England submission**  
**29.7.2020**

It is widely accepted that the challenges brought about by Covid-19 have highlighted the need for urgent reform of social care. As the professional association representing social workers, BASW is able to articulate the perspective of its members who are at the front-line of making decisions about how social care is provided.

Social workers have a key role to play in decisions about how people access and receive social care. They work with people who have needs arising from illness or disability, with the aim of enabling them to make best use of the resources available to live as independently as possible. They do this by assessing the needs of individuals and their carers and making arrangements with them to meet these needs, through commissioned or personalised social care services and direct therapeutic support. Local authorities have a duty to meet eligible care and support needs under the Care Act 2014, and the decision about whether a person has eligible needs rests mostly on the professional judgment of social workers. They also play a key role in delivering on the local authority's duty to improve wellbeing by preventing, reducing and delaying needs, by using their skills to support people in developing their own strengths, and identifying and facilitating access to community resources. Social workers are instrumental in both the gateway to care and support and promoting independence.

Social workers also play a lead role in adult safeguarding, including within statutory services that undertake enquiries. The ethical purpose of safeguarding is to uphold the inherent dignity and worth of all people, and to uphold their human rights. This is echoed in legislation about protecting people from abuse and neglect, and in promoting wellbeing, as well as in the Human Rights Act 1998.

The values of social work include a responsibility to promote social justice. Accordingly, BASW England believes that quality social care should be available to all regardless of socio-economic status and the same high standard of care should be provided to individuals whether or not they are eligible for public funding.

**What impact is the current social care funding situation having on the NHS and on people who need social care?**

Social workers manage the Care Act responsibilities of local authorities in relation to hospital discharge. They assess people's care and support needs and make arrangements for them to be met, particularly where social care services are essential to an individual being discharged from hospital safely.

At present the regulations that require local authorities to make arrangements in these circumstances have been suspended by Coronavirus Act, and whilst local authorities continue to support the process through their social workers, they currently do not have a duty to assess and meet needs and the NHS is at present responsible for funding new services to facilitate safe discharge.

BASW England cautiously welcomes the extension of NHS funding principles to meet the care and support needs of people being discharged from hospital, although for many people this will make little difference as social care services that facilitate hospital discharge are already free for a limited period. However, it is concerning that the current arrangements for hospital-led decision-making has sometimes led to overly restrictive arrangements for individuals and to the detriment of the health and wellbeing of individuals, and in some cases may have contributed to avoidable deaths. Social workers continue to play a vital role in the multi-disciplinary planning of the discharging of people with continuing health and social care needs. The NHS Long Term Plan identifies social care and the role of social workers as particularly important in enabling individuals to return home in a safe and timely way. We think that their role in determining the best and safest way of meeting people's care and support needs should be strengthened. We have our concerns that the important safeguards for individuals, including those enshrined in law such as human rights and compliance with the principles of the Mental Capacity Act, in this distinct separation of roles, may be compromised by integrating health and social care as they are currently structured.

Reductions in primary, community services and Continuing Health Care (alongside decreases in social care) has meant that many people end up in hospital as there is no other way to respond to their needs or situation. Lack of provision or access to the right support in the community will disproportionately impact older people and those who are the least affluent reinforcing inequalities and leading to poorer outcomes.

### **What level of funding is required in each of the next five years to address this?**

The impact of reductions in funding for people who receive social care have been well-documented. In addition, BASW has identified<sup>1</sup> how austerity has had a direct impact on social workers through:

- Reductions in preventative services increasing the statutory caseload and severity of citizen needs coming forward;
- Reductions in staffing relative to demand, increasing caseloads and risk;
- Increased stress and consequent ill-health;
- Increased ethical and professional dilemmas if citizen's needs cannot be met and austerity policies do not fit with best professional judgement.

We would like to see sufficient funding to address these concerns.

**What is the extent of current workforce shortages in social care, how will they change over the next five years, and how do they need to be addressed?**

We acknowledge that the intention of this section is address the shortage of staff who provide social care. Our comments address the implications of this shortage for social work and we make suggestions for improvements for enhancing the role of social care workers so that there are closer parallels with social workers.

Working in social care requires both skill and commitment to values of caring for others, but people working in social care often feel unrecognised and undervalued in our society. We need to put in place the frameworks, policies and programmes to change that and support employers to recruit enough people with the right skills and values to meet the needs of all citizens who need care and support.

Social care is often described as low skilled without recognised formal qualifications and poorly paid. We challenge this narrative and believe there are many skilled staff in the social care sector. We strongly advocate that by increasing the amount people in the social care workforce are paid will help to make working in the care sector attractive and a viable option in comparison with other sectors, encouraging retention.

Opportunities for career progression are limited as a result of flat occupational structures and therefore national career pathways need to be developed to promote and support careers in social care, including links with social work apprentice programmes. There needs to be a greater emphasis on the skills, knowledge and values required for the variety of roles and learning and development programmes that are co-produced: designed, delivered and evaluated by and with people receiving social care. We believe that regulation of the social care workforce can increase status and recognition for this role and suggest that this should be revisited.

The care sector is pre-dominantly a female workforce and an employer of a high percentage of workers from Black and Ethnic Minority communities. The disproportionate impact of Covid-19 on social care workers from BAME communities has been significant and the government urgently needs to redress this imbalance. The impact of Covid -19 on the workforce including local spikes and concerns about

a UK second wave could lead to a significant reduction in the number of people able to provide care. This in turn could result in reductions in the amount or quality of social care provided. Staffing shortages could lead to an increase in the number of people not receiving care that adequately meets their needs.

### **What further reforms are needed to the social care funding system in the long term?**

We think that the reform process should include a review of the scope of social care, and that it is important to do this before concluding on how social care is best funded and to what extent it should be free. This would include reviewing eligibility thresholds and the principles that should apply where people wish to make their own arrangements for social care.

We believe that the way eligibility is determined should be revised. Age UK argue<sup>2</sup> that the threshold is set too high and therefore significant numbers of people have lower-level unmet needs. There is merit in this argument but we support the view of the LGA<sup>3</sup> that there is not enough meeting of low-level needs that can prevent further needs developing, because of what they describe as the “eligibility driven approach”.

It is our view that there is a case to be made for placing more emphasis in supporting people to have greater independence, not only as an equality principle but as a means of preventing, reducing and delaying the development of needs. The Care Act made significant advances in enshrining a preventive approach, but the funding arrangements did not give it the pre-eminence it needs. 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.

We are of the view that for people that have life-long support needs the focus should also be on supporting independence and well-being with support built around the person. For example, evidence from Building the Right Support<sup>4</sup>, the work of the Centre for Welfare reform and NDTi shows that small support works best, enabling a flexible response to meeting needs and a reduction in high cost, out of city care arrangements. Also, there should be more collaborative commissioning across health and social care, investing in developing the right support, including co-produced, person-centred approaches to care and support provision are effective at preventing hospital admissions and re-admissions for autistic adults and adults with learning disabilities.

We note and endorse the case for a revisiting of the scope of social care that is inherent in the report of the Equality and Human Rights Commission, on how the UN believes the UK can improve implementation of the UN Convention on the Rights of Persons with Disabilities. In the most recent report<sup>5</sup> in June 2018 it noted that “the UK Government has yet to take any concrete steps to address the concerns and recommendations of the UN Committee”, and these included ensuring that “persons with disabilities ... receive appropriate and individualized support, including through personal assistance, and have access to community-based services on an equal basis with others”. It added that the UK Government needed to take steps to “ensure that the budget allocation is sufficient for local authorities to meet their responsibilities regarding assistance for persons with disabilities”.

There is a groundswell of support for long-term personal care to be free and no longer means-tested, as the starting point for the debate about reform. We certainly endorse this but also recognise that there are arguments for all social care to be free. However, the extent to which social care should be free is a complex debate. For example, there are arguments for free social care being limited to circumstances where the individual and their family would otherwise face catastrophic costs e.g. dementia.

The complexity is added to when considering how free social care would be best managed. If the arrangements are similar to those for NHS health care, it could result in a move away from the Care Act duty to meet eligible need to more of a focus on operating within a set budget for social care and managing this through waiting-lists, and this could mean that people would have to wait for funding to become available to meet their non-urgent needs, and consequently the resources available for prevention may diminish. We are also concerned that free social care could result in thresholds for eligibility being raised, resulting in greater unmet need.

An added benefit of free social care is that it is likely to produce more efficient and effective use of the available resources for providing social care for people who are self-funders under the existing system. Everyone would receive a professional assessment of need and care planning to meet needs, from social workers and occupational therapists - unlike the current system where many people who do not qualify for publicly-funded support, often make their own arrangements without the benefit of expert help.

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. Great strides have been made through the development of direct payments and subsequently personal budgets but we agree with the need for further improvement that was recognised in the proposals for the Green Paper in March 2018<sup>6</sup>. This set out 7 principles to underpin its development, including the principle 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.

Most people agree that reforms to the social care funding system 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. But however good the system is on paper, effective implementation can be undermined if the decision-making process is not transparent. This process involves both professional judgements by social workers about eligibility and what is required to meet need, and also resource-related factors that budget managers must take into account. At present this distinction is muddled and can lead to obfuscation. So we would like the reforms to develop a clearer specification of professional judgement within the overall local authority decision-making process, about how and to what extent individual social care needs are going to be met from public funds.

## REFERENCES

1. Position statement on austerity – BASW (2017)
2. Health and Care of Older People in England - Age UK (2017)
3. The lives we want to lead - Local Government Association (2018)
4. Annual Budget Survey- Association of Directors Adult Social Services (2019)
5. Building the Right Support- NHS England (2015)
6. Overview of key concerns about social security reforms and protecting disability rights in the United Kingdom - Equality and Human Rights Commission (2018)
7. We need to do better on social care – Jeremy Hunt MP (2018)