

The government has failed to fix social care and failed to maintain the NHS. Planned funding for both has been and will remain dangerously inadequate. ESCaD has a solution: Social Care and Support as an investment in community life - an investment built on a partnership between disabled people, families, communities and professional staff.

Social care is broken.

In addition to unmet need across the age range, there are issues with low quality care; vast numbers of unpaid carers who have little support; an exploited workforce of carers on poor pay and conditions of service and no public oversight or input to the type of provision we want. Children as young as four years old are helping to care for parents and siblings. Dedicated staff talk of having to cope with the deaths of many of the people they look after whilst juggling concerns for their family and the draining effect that has on their mental well-being. Age UK reports that over half of older people's requests for social care are turned down. People in hospital cannot be discharged because of lack of social care provision.

The shockingly high numbers of Covid deaths in care homes led to many care companies and care homes closing because they cannot maintain the confidence of the public and continue to make enough profit to keep their businesses running.

Recent profiteering by the private sector

Because the govt protects and supports the private sector, we can see sticking plaster, morally dubious, impractical interventions emerging that disadvantage ordinary people.

The government will give funding to the NHS to pay for care home beds in the private sector. This is a short-term fix with many problems. There is no regard to staff availability which is the key rate-limiting factor. Seeing this cash-cow, the private care home providers are asking for twice the going price.

The NHS has also paid for hotels to house people fit to leave hospital, because care beds are unavailable. Another sticking plaster policy which is actually unsafe. The skills and staffing required will not be available in hotels.

Another scam that has appeared recently is private brokers charging extortionate prices offering to find care home beds for the NHS.

The government's response is and has been inadequate.

Social care funding will increase by £2.8 billion next year and £4.7 billion the year after. This will be paid for through delaying the social care reform announced last year and increasing direct central government funding by £1 billion next year and £1.7 billion the year after. This is welcome, certainly.

However, much of this is not new money, and much will need to be raised through increased council tax. This means that much of this increase will come out of the pockets of local people. It also means that disadvantaged areas will get less funding, increasing existing inequalities.

It's also worth remembering that the delayed social care reforms appear designed to protect those with capital, not to reform the system for everyone.

The cost of living crisis is extreme

People are contending with the rise in fuel prices of between 77-100%; the national insurance increase; council tax increases; stagnant wages and the consumer price inflation rate set to be the highest since 1992. Care and support workers cannot afford to remain in the jobs they love. Those

needing support cannot afford the provision which is largely privatised. The severe disability premiums included in benefits to disabled people are no longer available under Universal Credit which means that households with at least one disabled person are losing £1 in every £3 of their income. This has a detrimental impact on the support they can afford.

Councils threaten disabled people with bailiffs for failing to pay social care council charges.

Some borough councils have made changes in the provision - buying care homes to prevent their closure - stopping the charges for care and support services - only commissioning care and support service from those employers who will pay a living wage, employers' sick pay and ensure decent terms of employment. We urge that others do the same in the short term and that all be provided funding from central government to do so.

ESCaD has a transformative national solution

This third rate service must change for all those who need support in their daily lives regardless of where they live, for those who work in care and for the families and friends who provide unpaid care. Everyone should be able to live a dignified, fulfilled life right to the end of life, rather than merely existing.

Our Seven Demands

1. The Government shall have responsibility for and duty to provide a National Care, Support and Independent Living Service (NaCSILS), adopting into English Law Articles from the United Nations Convention on the rights of disabled people that establish choice and control, dignity and respect at the heart of person-centred planning. The rights as understood within the UNCRPD transfer across to older people as well.

2. This will be fully funded through government investment and progressive taxation, free at the point of need and fully available to everyone living in this country.

3. Publicly provided and publicly accountable.

The NaCSILS will have overall responsibility for publicly provided residential homes and service providers and, where appropriate, for the supervision of not-for-profit organisations and user-led cooperatives funded through grants allocated by the NaCSILS. A long-term strategy would place an emphasis on de-institutionalisation and community-based independent living. All provision will deliver to NaCSILS national standards. There will be no place for profiteering and the market in social care will be brought to an end.

4. Mandated nationally, locally delivered

The Government will be responsible for developing within the principles of co-production, a nationally mandated set of services that will be democratically run, designed and delivered locally. Local partnerships would be led by stakeholders who are delivering, monitoring, referring to or receiving supported services or budgets, eg. organisations representing disabled people, older people, people who use other services and care and support workers, in partnership with Local Authorities and the NHS.

5. Identify and address needs of informal carers, family and friends providing personal support.

The NaCSILS will ensure that there is a comprehensive level of support freeing up family members from personal and/or social support tasks so that the needs of those offering informal support, eg. family and friends, are acknowledged in ways which value each person's lifestyles, interests, and

contributions.

6. National NaCSILS employee strategy fit for purpose.

The NaCSILS' standards for independent and supported living will be underpinned by care and support staff or personal assistants who have appropriate training, qualifications, career structure, pay and conditions to reflect the skills required to provide support services worthy of a decent society.

7. Support the formation of a taskforce on independent and supported living with a meaningful influence, led by user-controlled groups of people who require independent living support, from all demographic backgrounds and regions. This would also make recommendations to address wider changes in public policy.

The costs of our recommendations.

Funding the NHS and Social Care and Support through progressive taxation and providing services free at the point of use is the fairest and simplest way to guarantee support for everyone who needs it, when they need it, and peace of mind for all of us.

It is also an efficient use of resources as money will be saved by getting rid of wasteful and demeaning means-testing and by investing in community-based solutions rather than high cost, segregated institutions. Money will be also saved by ensuring that all provision is not for profit.

Ensuring that everyone can access the support they need to participate equally in community life and paying care and support workers decent wages is an economic investment not just a cost. Disabled people and their families providing peer support and other services create net input into the economy; while 1.6 million workers in the adult care sector alone, particularly if paid decent wages, contribute a huge amount of taxes and spending power.

Currently the UK spends just over 1% of GDP on social care and support, which is around half the amount spent in Norway and the Netherlands and two thirds of Switzerland's spend. Clearly substantial money is needed; about £40 billion a year would bring spending up to 2% of GDP. (1) However, it is not just a question of more cash to deliver a bigger and better version of what we have already; End Social Care Disgrace is about a total, bottom-up rethink of what we all need to have - equal access to a fulfilling life.

It is perfectly possible for the UK to fully fund social care; in fact, the failure to invest in social care creates multiple problems, which have significant social and economic costs. Most importantly the failure to fully fund social care is a failure to recognise the human rights of the people who need support, and are formal or informal users, carers, or clients etc. under the current system, and people in need who have been refused.

We need a new way of thinking about what we mean by a fully funded social care system. Instead of treating social care as some kind of necessary evil, whose costs must be controlled whatever the human price, we must develop an ecological model that seeks to find the right balance of investment in social care to ensure all of the following objectives:

- Maximise the contribution by people with long term health conditions and disabled people to community life, with full commitment to independent living as appropriate.
- Support the integrity and value of family life, enabling mutual support and a good life for people who are disabled and for family members ('carers')

- Foster accessible and inclusive communities that can welcome and support each other and where every citizen can find role of value
- Pay Social Care staff decent wages, acknowledging their value and the value of those they support
- Rebalance social care so that a priority is given to services that support citizen and community strengthening. This would include approaches such as community development.
- Guarantee parity and cooperation between social care and other public services, ensure all public services are as accessible as possible to the whole community.
- Ensure Social Care is valued and understood by the whole community and there is widespread support for ensuring sustainable investment in it.

Over the life of one Government (5 years) there is no reason why the following objectives could not be achieved:

Commit to end means-testing for Social Care and Support. This might mean having to fund about £10 billion (current cost of privately purchased care) and a further £1 billion (income from charging). Commit to increase the overall level of support provided. Returning to the level of Social Care and Support available in 2009 (a 44% increase) will cost approximately £6 billion.

Commit to increase the salary levels of support staff, say by 25%, which implies a cost of about £5 billion.

Commit to an increase in progressive taxation to pay for the introduction of a new and improved universal Social Care and Support service. This means that while the better-off will be paying more in tax, they will also be reducing risks and costs for themselves – should they or those they love acquire a disability - at any stage of life, including old age. They will in effect be insuring themselves from the impact of disability by contributing to an efficient universal system.

Commit to reduce pay inequalities, capping top salaries and aiming for a salary ratio of 1:3 between direct staff and top management (this will also radically improve efficiency by making more direct support available).

In total this implies a total cost increase, after 5 years, of £22 billion, bringing the total cost of Adult Social Care and Support in England to about £40 billion or 2% of GDP. This is of course a very rough estimate, and it does not count in savings from cutting out wasteful administration or savings for other public services. It is not proposed that this amount is either in itself necessary or sufficient but it is an entirely viable level of increase.

It may be the case that there are further costs if eligibility is reduced and increasing effort is made to provide preventative services. However, such extra costs are likely to lead to savings if stronger families and communities provide support which reduces unplanned admissions and re-admissions to hospital, the use of institutional care or other crises in the community.

In summary, our approach to funding Social Care and Support needs to change radically. We need to move away from an institutional model where costs are driven by out-of-date service models. Even if residential care is the best option for someone with limited or diminishing capacity, it should never be at the cost of severance of community ties. Instead we need to see Social Care and Support as an investment in community life - an investment built on a partnership between disabled people, families, communities and professional staff.