

Read online or download at:

<http://www.ippr.org/research/publications/ethical-care>

SUMMARY

With the possibility of a long-term funding settlement for social care, there is an urgent need for a bold reform agenda. For two decades, politicians have promised a long-term funding settlement for social care but failed to deliver on this. As a result, the policy conversation has been unable to move beyond the need for more funding. But we are now moving closer towards a solution, with a growing cross-party consensus behind the idea of introducing free personal care as recommended by IPPR's Lord Darzi Review. If this happens, social care will need a bold vision and reform plan to ensure this investment fundamentally transforms the care.

Enabling people to live fulfilling and meaningful lives as they grow older must be at the heart of our vision for social care. The traditional view of social care is quite limited, covering basic tasks such as help getting up, washed and dressed; eating meals and shopping; and taking medication. However, in the context of a growing gap between life expectancy and healthy life expectancy, we must broaden this vision to include improving people's wellbeing as they age, and therefore activities designed to engender purpose, meaning and social connection.

There are many examples of innovative and high-quality care across England, but there is also significant variation. Based on our qualitative research and a literature review, we define high-quality social care as care that is: accessible, personal, relational, preventative, joined-up, and safe. There are some excellent examples of this across the country including Shared Lives, local area coordination, Buurtzorg, and NHS England's enhanced health in care homes vanguard (to name just a few). But too many care providers are failing to learn from the best. There is a significant postcode lottery in care that must be addressed to deliver high-quality care for all.

Our research has identified three major drivers of quality in social care.

- **Funding:** Cuts to adult social care spending have significantly reduced access to care. This is a national scandal, but it has helped to protect quality for those who are still receiving it. However, we may now be reaching a 'tipping point', where the drivers of quality are overcome by budgetary pressures. Moreover, cuts to non-statutory services may have contributed to low levels of user satisfaction in terms of 'social connection'.
- **Workforce:** There is a strong consensus in the sector that workforce is a significant driver of quality. In particular, the Care Quality Commission (CQC) has identified a link between high vacancy and turnover rates, and poorer levels of care being provided, while carers themselves highlight a lack of time and training as a factor. This is concerning because we are facing a workforce crisis, with high turnover and vacancy rates driven by low pay, training, progression and status in caring jobs.
- **Provider type:** There is some evidence that the provider type and a provider's business model has an impact on quality. Future Care Capital analysis of CQC data shows that, on average, private residential care providers deliver a lower quality of care than is delivered by the voluntary and state sector. This can be explained in a number of ways; for example, there is evidence that private providers have worse workforce outcomes, are more unstable (with a higher risk of bankruptcy) and tend to be larger (with smaller care homes on average delivering better care).

Based on our research, we call for a package of interventions across each of these three areas, which include the following.

- **A long-term funding settlement for social care to ensure the system is well-funded.** Government should commit to providing the additional funding – up to £20 billion per year by 2030 – needed to introduce free personal care. This should be funded out of increases in general taxation (either national insurance or income tax). £2 billion of this new settlement (over a five-year period) should be top-sliced to create a new social care transformation fund with an objective of spreading best-practice across the system.
- **A ‘new deal’ for the social care workforce to ensure social care staff are well-trained, well-paid and well-respected.** All social care providers receiving state funding should be required to pay at least the real living wage at a cost of £740 million per year. A new system of sectoral collective bargaining for adult social care should be introduced to drive up working conditions in the sector. And, to improve professionalisation in the sector, the care certificate should become a robust and mandatory licence to practise for all care workers.
- **A new ethical commissioning charter to drive low quality and unethical providers out of the market.** Government should introduce a new ethical commissioning charter – with conditions relating to the workforce, care quality and provider transparency – in order to drive a change in the provider market. This would force failing providers out of the market and encourage the entrance or expansion of more innovative, socially-minded providers. To facilitate this, we call for a new Ethical Provider Fund worth £7.5 billion over the next decade to enable the creation of innovative new state or voluntary care providers.

The progressive policy think tank

Citation: Quilter-Pinner H (2019) *Ethical care: A bold reform agenda for adult social care*, IPPR.
<http://www.ippr.org/research/publications/ethical-care>

Permission to share: This document is published under a creative commons licence: Attribution-NonCommercial-NoDerivs 2.0 UK
<http://creativecommons.org/licenses/by-nc-nd/2.0/uk/>

Institute for Public Policy Research

IPPR, 14 Buckingham Street, London WC2N 6DF | www.IPPR.org | [@IPPR](https://twitter.com/IPPR)

