THIS TIME MUST BE DIFFERENT

OVERCOMING BARRIERS TO SOCIAL CARE REFORM

Dr Annie Williamson
and **Avnee Morjaria**

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IPPR
8 Storey's Gate
London
SW1P 3AY
E: info@ippr.org
www.ippr.org
Registered charity no: 800065 (England and Wales),
SC046557 (Scotland)

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ABOUT THE AUTHOR

Dr Annie Williamson is a research fellow at IPPR.

Avnee Morjaria is associate director for public services at IPPR.

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INTRODUCTION

Care is a fundamental tenet of a just society. Every one of us, and those we love most, will rely on someone else's care during our lives. Despite this, we are perpetually stuck between social care crises, using sticking plasters instead of reimagining what a reformed care system that supports independent and healthy lives might look like. Adult social care services across England currently constitute a patchy web of provision failing to support many with care needs, their loved ones, care workers, and providers. Annual care requests now exceed 2 million, with requests among working age adults up 30 per cent over eight years to 658,000 in 2023/24, while those among older people rose almost 10 per cent to 1.43 million (Bottery and Jefferies 2025). Services are struggling to keep up, let alone improve.

Councils have faced devastating budget cuts, with one in eight forced at times to cut social care funding to 'life and limb' rather than the holistic care we desire for our loved ones (Samuel 2022; ADASS 2022). This is the human impact of ever-tighter budgets—reducing people we love to their body parts. And care workers often lack the time, financial security, and skill development opportunities that are the bedrock on which to build personal caring relationships that maintain wellbeing and health.

In the face of these challenges, a broad coalition has advocated reforms to improve social care over the past 14 years, but none of these reforms have been successfully implemented at scale. Social care has long been viewed as too big, too hard, and too poorly understood for reforms to succeed—and so proposals are consistently postponed (Elliot 2021). How can all those who are invested in better care raise and maintain the political salience of reform to see it through to success?

This government committed to establishing a 'National Care Service' prior to the election, a pledge that has now led to the announcement of an independent commission under Louise Casey. Yet we have been here before, with aspirational goals and commissions held back by recurrent barriers to effective action.

This time must be different. This briefing paper focusses on adult social care reform, and sets out the following key points.

1. WHY FAILURE IS NOT AN OPTION

The social care debate has tended to start and end with funding. We begin elsewhere: why we should care about social care in the first place. Before we can decide how much we want to collectively buy and improve a shared good, we must define the good itself. Through political, social and economic analysis, we offer a broader understanding of why successful social care reform is of pivotal importance for all citizens.

2. LEARNING FROM PREVIOUS BARRIERS TO CHANGE

This chapter analyses key policy and political barriers that have stood in the way of social care reform previously. These barriers were identified through detailed interviews across the sector including charities, social care providers, carers, academics, and policy experts from the UK and abroad, in order to anticipate and avoid similar pitfalls in reform efforts this time.

3. A WAY FORWARD THROUGH THE CARE DEADLOCK

The path to effective social care reform lies in defining a clear vision for what effective social care must deliver, then setting out practical steps to convert political barriers into successful policy. We conclude by proposing the 'right to live and age well' as a bold new commitment to serve as a 'north star' for social care reform efforts.

1. FAILURE IS NOT AN OPTION: POLITICAL, SOCIAL AND ECONOMIC URGENCY OF REFORM

For centuries, many older people and people with disabilities were put behind closed doors in institutions, or at home with family members struggling to provide care alone. Yet despite decades of promised reform, too many people who rely on care services still face relatively isolated lives without the support they and their families need.

Funded provision offers less for fewer people, as the volume and complexity of care needs across the population continues to rise (Bottery & Jefferies 2025). Increased pressure on care workers means reduced time with each person who draws on care, affecting quality of life and increasing the risk of loneliness, falls, and other harm (Carr 2014). IPPR deliberative workshops for the Commission on Health and Prosperity spoke of the human cost of overwhelmed services: "they're dealing with so many people that things always get forgotten about" (Thomas et al 2024).

It has become conventional wisdom to describe social care as a lower political priority for manifesto detail or investment than other key policy areas (Humphries & Allen 2024; Care England 2024). Yet a deeper look at public opinion suggests this view underestimates the potential political benefits of reform.

When asked the most important issues facing the country in May this year, only 11 per cent of people selected social care in their top three (More in Common 2025). Yet when asked which public sector area to prioritise for more spending, social care ranked second at 26 per cent behind only the NHS (Health Foundation 2025).

These surveys are not directly comparable, given significant differences including sample populations, question wording, and timing. Nonetheless, these findings align with the view of several policy experts we interviewed—that social care shows relatively low *unprompted* political prioritisation, but there is much higher underlying support for reform than the media or letters to MPs might suggest.

Care may not be front of mind for many initially, yet it elicits a strong and supportive response once prompted. While people in England are split on whether the government should prioritise building cross-party consensus for social care reform (43 per cent) or delivering reform quickly to improve care services (40 per cent), only 12 per cent declined to give a view on this question either way (Health Foundation 2024).

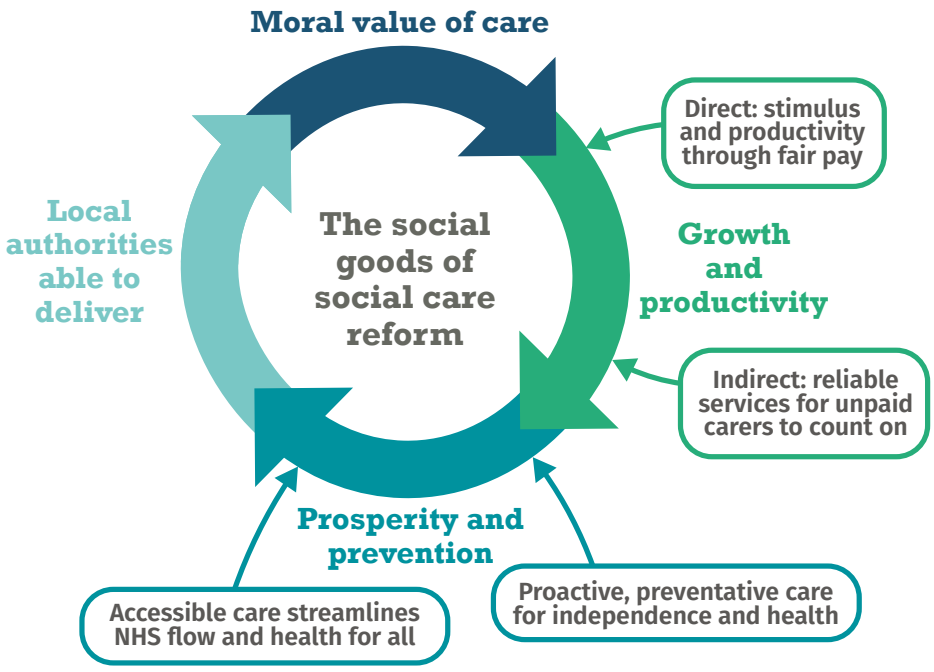
Why, then, is social care not always at the front of voters' minds? Evidence reveals a widespread optimism bias around independence and ageing—the tendency to think that we and our loved ones will never require care or need to rely upon others in future (Bonsang & Costa-Font 2019). Simultaneously, there is limited understanding around what support is available—almost 40 per cent of those surveyed believe that social care services are generally free at the point

of need (Health Foundation 2022). Many people therefore underestimate the costs and complexity of the system until they or their loved ones really need it in times of distress (Humphries 2022).

More broadly, the political case for social care reform has historically been made in a narrow way, limiting focus to the NHS or catastrophic costs. Voices ranging from those who draw on care, through to the secretary of state for health and social care, describe a system 'in crisis', but this conversation has largely focussed on the need to mitigate harms (Streeting 2025). The full breadth of the case for reform is rarely front and centre of the political conversation.

The reality is that the untapped benefits of social care are enormous. This section considers four 'social goods' of reform that should harden the resolve of politicians and maintain social care at the front of all our minds.

FIGURE 1.1: SCHEMA OF FOUR BENEFITS OF EFFECTIVE SOCIAL CARE SERVICES



Source: authors' analysis

1. THE MORAL VALUE OF SOCIAL CARE

Millions of people with care needs face catastrophic care costs in order to meet basic needs, or risk deep indignities if these needs are not met. Yet the case for first-rate care goes beyond averting catastrophe. Care is a fundamental tenet of a just society. Every one of us, and those we love most, will rely on someone else's care during our lives.

Just as childcare and development has an inherent moral value—for all of us—that cannot be reduced to each child's future 'productivity', all adults with care needs deserve safe, empowering services that support to do the things that matter to us (Social Care Future 2025).

This moral significance of social care is intuitive to all who stop to think about care—yet is often left off the economic 'balance sheet' of care reform, because it is

difficult to quantify the 'value' of such outcomes (Van Ark 2022). What is the value of taking the time to look at photo albums with a person with dementia, or a young adult with severe autism developing a trusting relationship with their carer? We don't need to quantify these moments to capture their value—they are part of what makes us human, and what makes a society dignified and just.

2. THE GROWTH AND PRODUCTIVITY PROMISE OF TRANSFORMING SOCIAL CARE

The fact that economic modelling cannot capture every aspect of the value of care, or even the most important aspects, should not prevent us recognising major productivity benefits from getting social care reform right. Any effective social care reform must encompass fairer pay for a large and currently low-wage workforce, as well as accessible and reliable care services to better support those who draw on care and their loved ones. Combining these improvement areas, transforming social care holds significant growth and productivity promise (FSCC 2023).

Equitable stimulus through fair pay for care

Despite years of focus and attention, 48 per cent of all care workers still earn less than the real living wage. What's more, those with five or more years' experience are paid an average of just 4p per hour above than those new to the sector (Skills for Care 2025).

Fairer pay for care workers would represent a 'financial transfer' to many of the lowest-paid workers in every corner of the UK. Simulated models of both the US and South Africa found a 1 per cent GDP expansion invested in the care workforce generates far higher stimulus than spending on physical infrastructure like roads and bridges, with the added benefit of 'pro-poor growth' that supports lower-wage workers (Antonopoulos & Kim 2011). Such workers are more likely to spend a high percentage of their income, and to spend locally. Although England differs from these two modelled countries, these findings align with UK evidence that sustained care investment could particularly benefit regions like the North and Midlands while serving as an economic stabiliser across business cycles (Skills for Care 2021; FSCC 2023).

Moreover, investment in skills-led productivity can drive transformation of a major sector of the economy which has often been overlooked. The UK is in desperate need of a productivity transformation. Productivity has almost flatlined since the financial crisis. This stagnation exceeds similar economies, with productivity gaps between the UK and France, Germany, and the US doubling from 2008 to 2023 to a 19 per cent gap in latest data (Resolution Foundation 2023; Harari 2025).

People-focussed services like social care have been missing from the productivity conversation, which is a missed opportunity. Labour-saving innovations mean that manufacturing no longer generates sufficient jobs for UK-wide productivity (Rodrik & Spencer 2023). Conversely, services like health and education are already the largest employers and set to grow further (Hutton & Zaidi 2024) with over 1.8 million workers across the UK making social care a larger sector than electricity and power, and twice as big as agriculture (Skills for Care 2021). "Raising productivity in these sectors is the surest route to ensuring that good jobs are distributed most equitably throughout the UK" (Rodrik & Spencer 2023). Evidence demonstrates a particularly high return on social care investment, with US initiatives to prepare unskilled workers for skilled roles in care and similar sectors producing an 18 per cent earnings increase and 11 per cent higher likelihood of maintaining continuous employment (Maguire et al 2010).

Reliable care services for unpaid carer productivity

The adult social care system is currently underpinned by "an assumption… that families will simply step in if someone has care and support needs" (Adult Social Care Committee 2022). This is far from true for many adults with care needs. It also places undue expectations on many—particularly women and those of ethnic minorities.

Half of carers said that a lack of effective support with care impacted their physical health, and 78 per cent suffered from stress and anxiety as a result (Carers UK 2016). Moreover, the limited, patchy, and unreliable nature of the care services that are available mean 2.6 million people have left paid work entirely to care for loved ones, and many more changed to jobs less suited to their skills simply to attain flexibility (ibid 2024).

If those who care for loved ones could rely on dependable social care services, they would gain the freedom to maintain employment and education alongside their caring responsibilities. UK evidence suggests reliable paid care is linked to increased labour supply from people who also provide care (Pickard et al 2015). Flexible and dependable scheduled care can help prevent unwanted career interruptions, skill loss, or burnout themselves. Better support may also improve labour matching if people do not have to limit themselves to the most flexible jobs that may not align with their skills and interests (Jones & Kumar 2022).

3. PROSPERITY AND PREVENTION FROM BETTER CARE SERVICES

Accessible care is key to fixing the NHS

The government, and the public, have identified 'fixing the NHS' as a top priority for this parliament. Social care reform must not be reduced to an instrumental role in improving health services—its importance is far wider and more significant, as figure 1.1 sets out. Nonetheless, more accessible and preventive social care is pivotal to maximising the chances of delivering on this NHS promise. Given the inadequacies of social care provision in many areas, there may be 'lower hanging fruit' to drive improvements here than in the oft-reformed NHS.

At every stage of the patient healthcare journey, social care reform offers potential.

- When social care is easily accessible and efficiently delivered, it prevents health conditions from escalating to avoidable crises that arrive at the NHS' doors. NHS evidence shows that for each £100 cut from social care funding, A&E visits rise—and A&E costs increase by £3 per resident (Crawford et al 2018).
- Accessible and streamlined social care services can reduce delays in hospital discharges, freeing up valuable NHS capacity and reducing costly bed-blocking (see below).
- There would also be further related savings from a more seamless discharge process, including reducing hospital-acquired infections and resulting longer stays (Manoukian et al 2021).
- With proper social support, many health issues can also be managed in social care settings without specialist intervention, freeing up valuable clinical capacity within the NHS system.

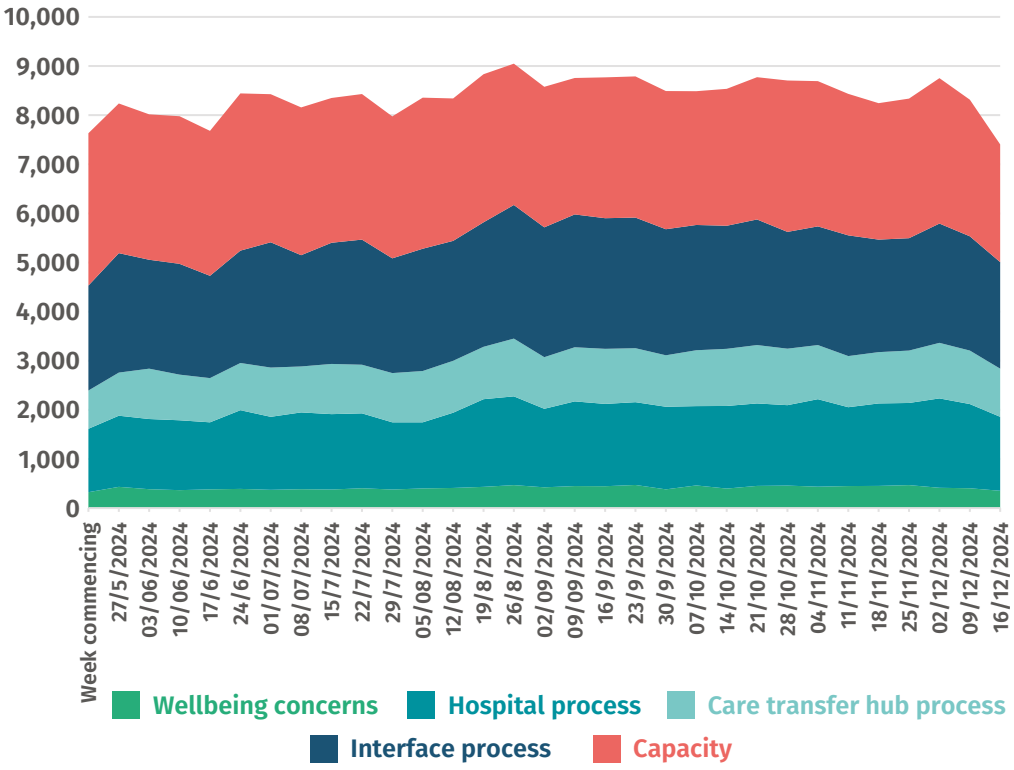
Hospital discharges are too often delayed due to social care barriers. NHS data does not disaggregate social care-related delays, but delay reasons reveal social care underpins many (though not all) delays due to 'interface' or 'capacity' issues; ie where support is required but unavailable. These categories are the two leading reasons patients are unnecessarily in hospital, together making up an average of 63 per cent of delayed discharges amongst patients with a length of stay over 14 days in the second half of 2024 (figure 1.2). The NAO has calculated that the cost

to the NHS of delayed transfer of care is around 4.5 times higher than the cost of appropriate community support (NAO 2016).

Of course, even an outstanding social care system would not avert all delayed discharges. Yet global examples of social care reform demonstrate feasible improvements. The Swedish Adel reforms in 1992 improved social care capacity and gave incentives to discharge patients once medically fit. Between 1990 and 1999, the percentage of in-patients waiting for discharge fell from 15.0 per cent to 6.6 per cent (Andersson & Karlberg 2000). Whilst Sweden differs from England in many ways, this highlights the link between care reform and wider system benefits.

FIGURE 1.2: INTERFACE AND CAPACITY ISSUES ARE THE TWO LEADING CAUSES OF DELAYED DISCHARGES

NHS discharge delays by reason, patients with length of stay 14 days or over



Source: NHS England 2025

While fixing social care would of course require substantial investment itself, these points also demonstrate the possibility of 'spending to save' back a significant proportion of the upfront investment. Recognition of this potential has been held back by spending silos: costs are counted in the care space without being balanced against the savings that would accrue to almost all other parts of government expenditure.

It is also worth noting how quickly potential NHS savings could materialise after investing in more accessible care services. Because a sufficient care workforce is the only input for most care-delayed discharges, investment can immediately streamline flow and lead to savings. This was seen in Sweden, where over half the

improvement in discharge rates accrued in the first year after reform (Andersson & Karlberg 2000).

Effective care supports more independent and healthy lives

Effective social care reform also offers myriad wider benefits to health and care services through care that supports people to maintain their independence. When preventive social care is properly resourced and functioning effectively, it can reduce emergency hospital admissions by proactively addressing risks such as reduced mobility before an admission event like a fall occurs (Logan et al 2022). Valuing and retaining care workers forms a key part of this resourcing, as long-term relationships between care workers and service users are vital to maintaining personalised independence, particularly for older people and those with learning disabilities (Carr 2014).

The ageing of populations is already viewed as a major challenge for the UK. However, this demographic shift does not have to mean forever-rising care costs. Data across Europe finds little evidence for an inevitable trade-off between older people and younger generations (Greer et al 2022). Well-designed policies, like skills-based investment the social care workforce, offer win-win benefits for every age category in society.

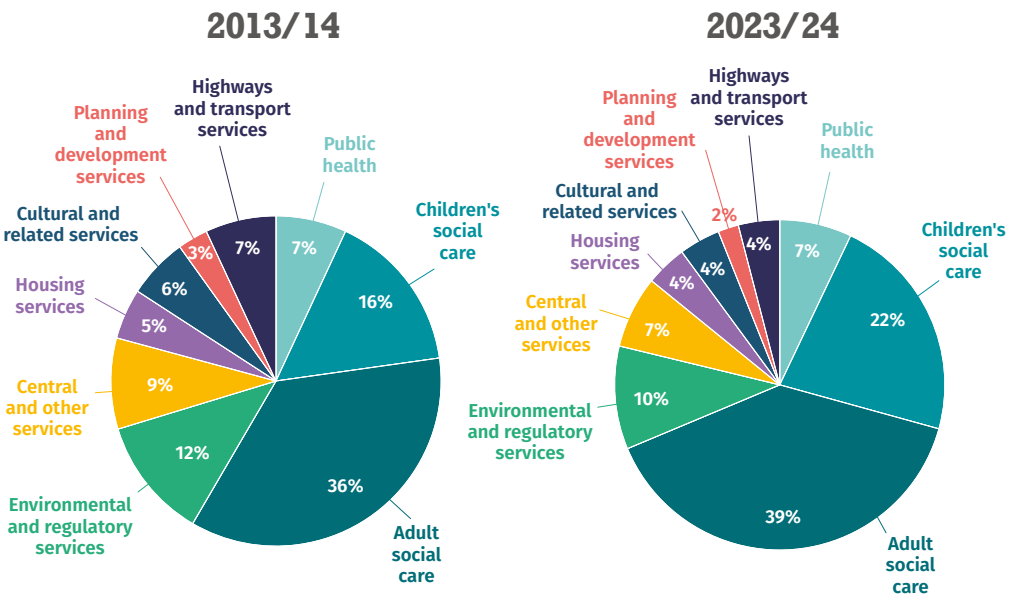
Personalised, prevention-focussed services may require more time at first, but this quickly pays off—especially for those with specialist needs (Kuipers 2019; Health Foundation 2016). Regular home visits, falls prevention, and rehabilitation enable older people to remain active and independent community members for longer (Kingston et al 2022). For working-age people with a range of care needs, tailored support services like Individual Placement and Support can foster greater workforce participation for those who wish to work (Learning & Work Institute 2019). Assistive technologies and home adaptations may further extend independent living, reducing costly institutional care while enabling meaningful societal participation.

4. LOCAL AUTHORITY SERVICES ABLE TO DELIVER ACROSS ALL POLICY AREAS

Year after year, councils allocate increasingly larger portions of tight budgets to care. Adult social care now makes up almost 40 per cent of council spending, excluding ring-fenced education (LGA 2024; see figure 1.3). Without meaningful reform of social care at a national level, local authorities will remain trapped in a cycle of increasing costs with diminishing resources, undermining their ability to serve communities effectively across all service areas.

Social care needs are often urgent and thus cannot be deferred, yet this has led to a haphazard system which often results in high and inefficient spending alongside poor satisfaction. Just 13 per cent of the UK were ‘very’ or ‘quite’ satisfied with social care in 2024 (Taylor et al 2025). Meanwhile, growing complexity of care needs alongside rising input costs consistently drive up expenditure without a comprehensive plan to match or meet these associated funding challenges (Foster & Harker 2025). If local authority budgets continue to shrink or stagnate, we are likely to see further cuts concentrated on youth services, work and skills programmes, libraries, and leisure centres to meet an ever-increasing statutory social care bill (YMCA 2025).

FIGURE 1.3: THE RISING SHARE OF LOCAL AUTHORITY SPENDING ON SOCIAL CARE



Source: LGA analysis of Revenue Account budget data published by the Department for Levelling Up, Housing and Communities and ONS population projection data (LGA 2024)

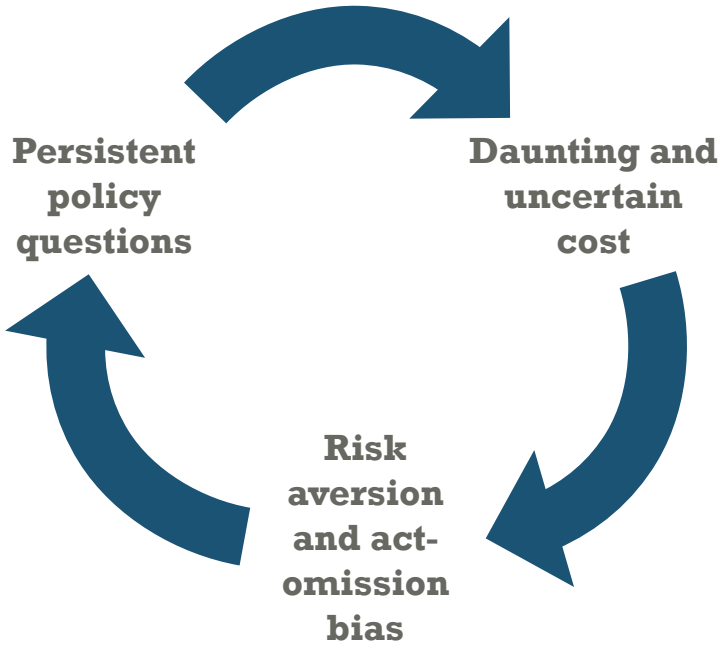
The current model places costs squarely on individuals and local councils, already operating under severe financial constraints. While local authorities are not the only provider of care, they have a statutory duty under the Care Act 2014 to ensure care and support services for adults in need. Thus, the bill for those who cannot self-fund ultimately rests with councils.

The current financial situation is untenable, and threatens the stability of local governments as they struggle to deliver across all priorities. When the costs of care provision grow faster than council budgets, funding must be diverted—threatening the viability of other local services, without effectively serving those who rely on care. The King's Fund highlights: "the simple arithmetic that care costs will soar as more of us grow older. Without reform they will fall indiscriminately on councils, individuals and their carers, providers, and the NHS. There isn't a no-cost option" (Humphries 2012).

Conversely, local authorities can play an effective anchor role in prevention-focussed services that integrate with social care (Maguire 2021). For instance, Greater Manchester is both an Age Friendly City and a Marmot City, seeking to reduce health inequalities by targeting wider determinants (Manchester City Council 2022). Effective, well-resourced local authorities can design linked-up policy for better outcomes, from investing in footpaths and benches to help older people remain mobile. to commissioning person-focussed and preventive care providers.

2. WHAT STOOD IN THE WAY BEFORE: LEARNING FROM BARRIERS TO PREVIOUS REFORMS

FIGURE 2.1: A DOOM LOOP OF POLICY PARALYSIS



Source: Authors' analysis

STEP 1: MAJOR UNANSWERED POLICY QUESTIONS LEAVE PARALYSING UNCERTAINTY

The social care system in England has long been stuck in a state of policy paralysis, stemming from a persistent lack of consensus on fundamental questions that has impeded meaningful reform for decades. Lack of clarity of purpose and solution ambiguities are also highlighted as critical barriers to social care reform globally (Ilinca et al 2025). In England particularly, policy reform for social care has consistently failed when it reaches the point of requiring trade-offs. Who should pay for care: individuals or society?

This impasse dates to the Sutherland Commission (1997–99), when commissioners split over the affordability of free personal care recommendations and whether we should carry collective financial responsibility to support individual care needs—a division that has characterised the debate ever since (Health Foundation nd).

Our current partial co-payment system still relies on individuals, risking underinvestment and catastrophic costs for the most vulnerable. However, shifting to more extensive societal cover would require more tax funding, either diverting resources from other services or through new tax rises that politicians are loathe to discuss. This is where politicians lose their nerve at both national and local level. In a key recent example, the Care Act of 2014 saw dignity reforms brought into legislation, yet funding to support a cap on care costs has since been consistently shelved (Burn et al 2024).

Over several decades, policymakers have repeatedly commissioned reviews of social care but failed to settle these big questions. Without agreement on eligibility criteria and state-funded provision boundaries, there is persistent fiscal uncertainty which has always stopped policy implementation in its tracks.

STEP 2: DAUNTING AND UNCERTAIN COSTS ACT AS A HANDBRAKE FOR TREASURY AND THE PUBLIC

The persistent ambiguity surrounding these trade-offs transforms costs of reform from merely substantial to dauntingly uncertain, creating a powerful deterrent to decisive action. Many have estimated costs of meeting demand and improving, including the Dilnot Commission itself and more recent cost analysis by the Health Foundation (Dilnot et al 2011; Stevenson et al 2025). Yet while political uncertainty remains around 'big questions' of funding, eligibility, and pay, these costs cannot be definitive—and cannot easily be weighed against likely savings.

Treasury siloes between departmental budgets and an aversion to new spending further compounds the problem. Simultaneously, short-term political cycles discourage investment in long-term structural solutions, as governments prioritise initiatives with immediate results over those that are believed to accrue after they leave office.

The media and politicised policy debates further strengthen this handbrake effect. Terms like 'dementia tax' and 'death tax' trigger immediate public backlash (Travis 2017). These emotionally charged labels play on uncertainty and shut down policy deliberation before it can begin, making politicians hesitant to champion reforms.

STEP 3: ACT-OMISSION BIAS—SLOW FAILURE IS LESS RISKY THAN BOLD, DISRUPTIVE CHANGE

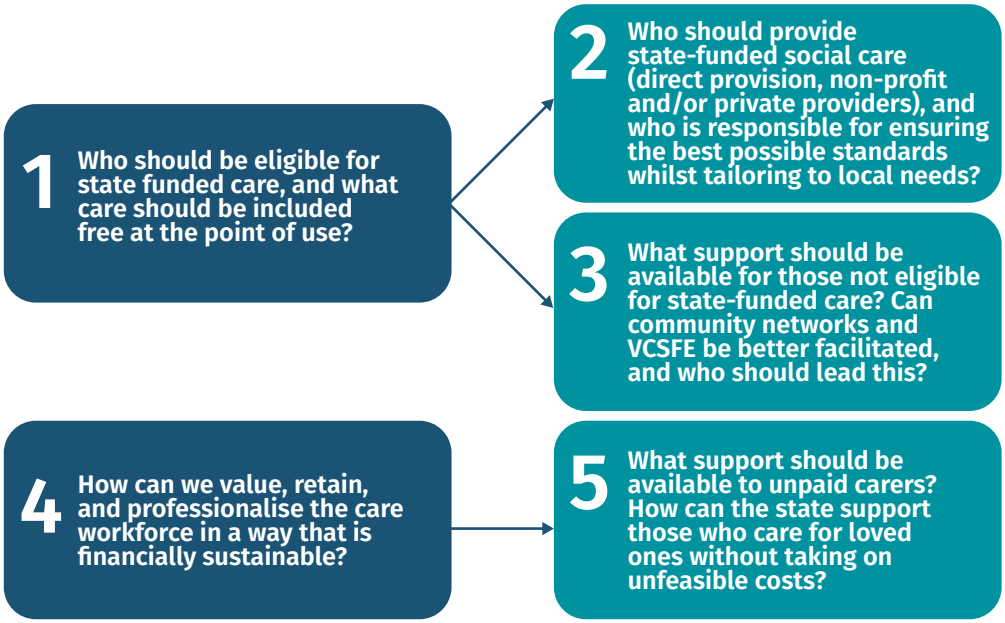
Political leaders perceive inaction as safer than ambitious reform, despite the mounting human cost. At key points, Westminster has not just failed to engage with local authorities, but been willing to let local authorities fail themselves through inadequate resource allocation.

This has, in past, created a critical obstacle to progress. Local authorities opposed cost cap reforms based on proposals from the Dilnot Commission under Boris Johnson's government, voicing concerns this would further shift responsibility without proper funding (King's Fund 2023). Such wariness is understandable in context. Yet the instinct of political leaders to avoid the risks and initial cost of properly funded and comprehensive reform leaves many with care needs and vulnerabilities to navigate an increasingly fragmented and inequitable care landscape. Under-provision and access barriers are thus too often accepted as an unchangeable status quo.

CLARITY AS A CIRCUIT BREAKER

If uncertainty lies at the heart of this doom loop, clarity will break the cycle. We identify five key questions which must be resolved for reform to break this policy paralysis.

FIGURE 2.2: FIVE KEY QUESTIONS FOR THE CASEY COMMISSION



Source: Authors' analysis

The terms of reference for the phase 2 (long-term) of the Casey Commission are notably broad, calling for Commissioners to "look at the model of care needed to address demographic change, how services must be organised to deliver this and discuss alternative models that could be considered in future to deliver a fair and affordable adult care system" (DHSC 2025).

These proposed questions offer a more specific way forward, learning from the unanswered questions that held back reform in the past. While many have engaged powerfully with aspects of each question (eg Bottery 2019; Humphries 2022), none of these contributions have resulted in firm political agreement and settled policy goals on these big issues. Without consensus on these five fundamental questions, social care reform advocates will struggle to clarify costs and secure and maintain the political priority necessary for comprehensive change. This must be the priority for the Casey Commission.

Among these five questions, there is a clear order of which to settle first. Questions 1 and 4 represent essential foundations upon which a sustainable system must be built. The purpose of care and who should be eligible for this (question 1) must precede decisions about delivery and quality standards (question 2) as well as supplementary support (question 3). Similarly, an effective plan for a better, more professional workforce (question 4) is a critical first step in thinking about unpaid carers (question 5), as the relationship between formal and informal care provision is inherently interconnected.

Nonetheless, a truly transformative reform agenda must engage across all five domains to deliver care that is not just financially sustainable but also person-centred, community-led, and able to support both those in need and those who provide care.

3.
THE 'RIGHT TO LIVE AND AGE WELL' AS A BOLD NEW COMMITMENT TO CARE

Excellent social care, alongside deliberate creation of supportive communities, could unlock more active and prosperous lives for millions. We call for a right to live and age well, built on a three-tier approach to transform how we care for those in need.

First, at the population level, we must invest in organisations—from exercise groups to community centres—that support age- and disability-friendly communities for all. Delivering on this vision is challenging but local models offer promise, with useful examples from 'walking audits' to mobile Men's Sheds combatting loneliness (Centre for Ageing Better 2025).

To succeed in developing communities that support active independence, policymakers must consider not just state provision, but how to facilitate a more inclusive and supportive social fabric. This 'right to live and age well' is envisaged as a discursive tool, rather than a binding duty. The Care Act already sets out statutory duties to provide care—what is needed now is a conversation about what a positive commitment to care could look like, going beyond minimum provision to deliver great lives for all. This 'right' should therefore be considered in a similar way to the human right to adequate housing (OHCHR 2025). The 'right to housing' does not require government to provide everyone with a house, but it does call for national housing strategies that draw on

public and private provision to deliver the *outcome* of secure housing for all. With ambition and planning, we can strive towards communities of healthy ageing, social connection, and support for one another rather than relying on the state alone.

Second, when individuals do require expert support, our social care services should assess for this need proactively. Rather than ask "what must we provide at a minimum", older people and those with specialist needs should be asked; "what can we offer to keep you well?".

One step towards this end would be automatic assessment of care needs all adults turning 65, and all those receiving other disability-related benefits. The UK should look to the Japanese model of proactive assessments as a model (see case study).

Alongside proactivity, these assessments must be fair, including delivering on the Care Act 2014 commitment to be 'carer-blind'. This means that care needs are assessed before consideration of what unpaid carers are already doing, rather than expecting family members to indefinitely continue in a role that may be far beyond what is feasible or desirable for all.

CASE STUDY: PROACTIVE CARE ASSESSMENTS AND PROVISION IN JAPAN

Japan has the highest proportion of the population aged over 65 in the G7, which prompted a new approach through long-term care insurance since 2000.

On turning 65, people are automatically assessed for a range of support, from home-based help with cooking and dressing to residential respite and some nursing/medical care for long-term conditions. Care is managed by community comprehensive support centres, which employ long-term care specialists, care managers, and social workers. This model emphasizes preventative care and home-based services, reducing both cost and reliance on institutional care while supporting family caregivers. Japan has half the number of people in care homes as the UK, despite a much older population. "Japan's approach is admirable for how it has tackled the need to improve and expand care as part of a very positive policy on ageing" (AgeUK and Incisive Health 2018).

Funding will need to expand to meet this promise, but a more effective state social care system would invest in, not drain, the economy. This includes considering the following.

- How preventive services can maintain physical and mental health and independence for older people, including support to work with age-friendly employers if they wish.
- How to unlock the full potential of millions who quit their job to care for a loved one, including millions with care responsibilities who would like to return to work or increase hours with the right support in place (CSJ 2024).
  How to build a more supportive system for many of the 3.8 million people with disabilities who are not currently working—including many who would like a job with adequate support in place.

If the Care Commission is to make recommendations that encompass each of these groups, new spending will be required. Nonetheless, each of these areas will also unlock greater returns. Each budget line should thus be considered in the context

of the projected wider return on investment – financially, and in terms of building the type of society we care about.

Overall, social care funding reform will require 'radical incrementalism'; a methodical, step-by-step approach from the current complex patchwork to a coherent funding model. We advocate starting with a cost cap based on Dilnot Commission recommendations, with additional central funding, as this bridge to fairer, more accessible care for all in need. What system we should be bridging *toward* lies beyond the scope of this paper. Yet as set out in chapter 2, the Casey Commission must engage directly with these hard and uncertain questions if it is to succeed where past efforts have failed.

Third, a new approach to social care would finally recognise the potential of almost 2 million people working in adult social care across Britain. Care workers are currently among the lowest paid workers in the economy, with limited training or progression. One-third of all staff leave each year, while those who remain often lack the skillset for first-rate specialised support.

A future empowered workforce would have the skills, progression opportunities and time to provide better, more personalised care. A carer with advanced training in dementia-informed care could visit a person with dementia at home, helping to design memory prompts to stay safe in their own environment. Such training could drive up the standards of care work and boost productivity and retention. Local authority 'decent work' policies are another well-evidenced way to improve employment conditions and reduce turnover (Johns et al 2019). Ethical commissioning and skills-based employment standards should be a pre-requisite for receiving public funds for care provision and may drive both quality care and growth.

CONCLUSION

Effective social care reform will require a fundamental paradigm shift with an optimistic vision. The 'right to live and age well' can offer this 'north star', capturing the ambition and social good of a truly progressive social care service, and returning service users at the heart of reform. This will require policymakers to define what social care must deliver and then take incremental steps to convert political barriers into policy successes.

The Casey Commission represents a crucial opportunity to deliver meaningful reform—but only if approached strategically and paired with genuine government commitment. Without this careful balance, reforms risk backfiring, potentially leaving those with care needs in worse positions than before. Conversely by anchoring reforms in the rights of those we care about, we can transform social care from a fragmented system into a better future for all.

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