Written evidence submitted by Professor Shirin Rai (Global Professor of SOAS, University of London) (ASC0007)

I am Global Research Professor at SOAS, University of London. Before joining SOAS I was Professor of Politics at the University of Warwick. I have been working on issues of social care, caring and depletion through caring for over two decades. I led the Commission on Care funded by the Political Studies Association, which published a report in 2016, and recently, funded by UKRI, I have worked on issues of care and caring during COVID-19, particularly on BAME communities and published a book, *Depletion: the human costs of caring* (OUP, 2024) that argues for valuing care work if we are to reverse depletion of the lives of those who care. Please see my responses to the questions set by this Inquiry below.

How much is inaction on adult social care reform costing the NHS and local authorities, and what impact does this have on patients and the public?

The UK needs a preventative approach – one in which real commitments to ageing can better support people to live independently, thus alleviating pressures on the NHS, but also providing decent living for older people in the community. Issues that need to be considered together here include:

- Investment in social care – around £10 billion is estimated (Skills for Care)
- The provision of social care – the increase in the number of for profit companies investing in this sector has lead to instability of the sector and also provision for older people
- Regulation of social care – The work of CQC has been poor in recent years leading to repeated scandals of provision. These are underlined by poor resourcing of provision, poor pay of staff and incentives for care workers.

What NHS and local authority service reforms are not happening as a result of adult social care pressures, and what benefits are patients and the public missing out on?

Because of lack of investment in the sector, NHS and local authorities are not able to focus on supporting creative thinking to improve the social care pressures. For example,

- there is an urgent need to professionalise and support the care workforce which is lacking.
- Local authorities could establish "Care First", an initiative aimed at raising standards and pay across the sector, providing 'joined up' care services and supporting care in the community (Commission on Care, 2016).

What is the cost of inaction to individuals and how might people's lives change with action on adult social care reform?

Costs of inaction are borne by both recipients of care and care givers.

- For **carers** these costs include **depletion** of everyday lives (see Rai, 2024) through overwork – often paid work and unpaid care work, pressures to manage care leading to anxiety and stress related health issues, monetary loss as some have to give up or reduce paid employment to take care of loved ones, intergenerational burdens with children having to

step in to care for family members leading to costs in terms of school work, friendships, isolation and stress, or grandparents having to cover for care for family members, leading to excessive tiredness that can generate health issues.

- For **care recipients** these costs include the depleting quality of care – the lack of time and thought that carers can devote to caring, feelings of guilt of being a burden to other family members and worry that the monetary costs of care will erode the inheritance of family members can increase stress levels, which are depleting of individuals' health. Increasing for profit investment in the social care sector is leading to instability – the shutting down of many care homes when they do not make profit lead to displacement of older people at their most vulnerable.

Resources invested in health in the community and addressing the costs of caring – through support of carers and funding social care better (Dilnott Report) can address many of these issues and also reduce pressures on the NHS.

Where in the system is the cost of inaction on adult social care reform being borne the most?

The costs of inaction on adult social care reform generates particularly high costs for the most vulnerable in society :

- Women continue to carry most of the burden of care and caring, even as they enter the paid labour force; this double burden leads to depletion of their health – both physical and mental – decreasing productivity, increasing pressures on the NHS and eroding the wellbeing not only of individuals but also of their households (children often feel the effects of this double burden of women negatively).
- There is clear evidence that care workers are disproportionately from BAME groups. The poorly paid social care regime together with the these groups already being from the poorer sections of society means that the double burden of paid and unpaid care work depletes their wellbeing and increases racial inequalities.
- The poor pay of care workers is generating care gaps which are being filled by for profit care homes with migrant labour, which is bad for the workers, bad for care recipients and also generates racist and right-wing politics as was evident in last summer's riots.
- Children who care need support, without which they experience depletion of wellbeing (see chapter 5, Rai, 2024). Based on the UK Census, it is estimated that 'there are more than 166,000 young carers aged 5-17 in the UK. This does not account for many young people who care for someone but have not yet been identified. The figure is now estimated to be closer to 800,000' (Zuvac-Graves, 2020).

What contribution does adult social care make to the economy and HM Treasury and how might this change with action on reform?

Skills for Care notes that 'At the time of publication the adult social care sector in the UK contributed £46.2 billion to the economy, representing 6% of total employment and average earnings of £17,300'. The 2021 report by Skills for Care also estimates that 'a further £7.9 billion could be gained through increased employment opportunities for carers and working-age adults, as well as improved wellbeing for carers and family members'.

To what extent are the costs of inaction on adult social care reform considered by the Government when evaluating policies, including within the Budget and Spending Reviews? How should these costs be assessed and evaluated?

The costs are often thought of in monetary and not human terms. Social care remains a ‘poor relation’ of the UK health regime. Rather than in monetary terms, the costs should be evaluated in terms of wellbeing – of carers, of care recipients and of society as a whole. We need a careful and caring society not a careless one.

The social care sector is dispersed and therefore not able to generate a lobby to pressurise the government to address its problems.

There is also an element of agism in the lack of investment in this sector – the NHS ostensibly focuses on the needs of those in employment or those who are the future labour force for the economy; older people are seen as secondary to this concern.

In our report (2016) we had recommended that social care NOT be brought under the same umbrella as NHS, because it needed strong and separate advocates within government. I suggest that we were vindicated in our opinion – the current government’s focus remains almost entirely on the NHS and there is a silence on social care which is very worrying. Our key recommendation was that the government should seek to establish a National Care Service that is free at the point of delivery, funded through general taxation, to give social care equal status with the NHS.

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