

Written evidence submitted by Dr Rosie Read (Principal Academic Social Sciences at Bournemouth University) (ASC0058)

Health and Social Care Committee

Adult Social Care Reform: The Cost of Inaction

Dr Rosie Read, Bournemouth University

Written evidence submitted by Dr Rosie Read, Bournemouth University, to the Health and Social Care Committee call for evidence on Adult Social Care Reform: The Cost of Inaction.

Dr Rosie Read is Principal Lecturer in Social Sciences in the Faculty of Health and Social Sciences, Bournemouth University, UK. She is writing in her capacity as a researcher with a track record of scholarship concerning adult social care, particularly that delivered outside of residential settings, within homes and communities.

Dr Read is available to provide further detail and give oral evidence as needed.

ADULT SOCIAL CARE REFORM: COST OF INACTION

1. Most people receive adult social care in their homes and communities, rather than in residential care homes, or hospitals.¹
2. Adult social care provided in homes and communities relies on waged and unwaged contributions from families, communities and services. Three groups of particular importance are (1) unwaged carers, who are often related to the person they care for, (2) home (domiciliary) care workers and personal assistants, and (3) community initiatives which draw on inputs of unwaged time and effort from local people, i.e., volunteers.
3. These three groups each play a vital role in sustaining people in their own homes and communities on a day-to-day basis. Each group enables older, chronically ill and disabled people to live independently in their own homes, thereby reducing demand for long term residential social care and contributing to government policy agendas around prevention.²
4. Carers UK estimate that there are around 10.6 million carers across the UK, of which a growing proportion are of working age – between 45 and 64.³ Home care workers comprise 43% of the total social care workforce.⁴ Initiatives to support older, disabled and chronically ill people to remain well in their homes and to tackle social isolation and loneliness rely on volunteers to a significant extent.⁵
5. However, these three groups are also poorly compensated and rewarded for the important contributions they make to health and wellbeing of people who need adult social care. Carers Allowance is among the lowest benefit of its kind, with eligibility rules which exclude many carers.⁶ The Low Pay Commission has defined social care as a low pay industry in every year since its first report in 1998. The majority of home care workers and a significant proportion of personal assistants are employed on zero hours contracts which do not offer guaranteed hours of work. Although average pay for home care workers has risen in recent years, Skills for Care estimate that it has fallen by 6% in real terms between 2020-2021 and 2022-2023, whilst vacancy rates and churn in the social care workforce remain an ongoing issue.⁷ Recent research indicates that financial pressures within local government have created barriers to consistent investment in prevention strategies enabling older, disabled and chronically ill people to live independently in their homes with support from community initiatives and organisations.⁸
6. The 2020-2021 pandemic offers a case study into the important (if under-recognised) role of carers, home care workers and volunteers in delivering adult social care to people in their homes and communities. These three groups were pivotal to sustaining many disabled, chronically ill and older adults who were disproportionately clinically vulnerable to severe illness or death from infection with the coronavirus. Dr Read's research examines the vital contribution made by carers, home care workers and volunteers to enabling clinically vulnerable groups to remain safe and well in their homes. This research also shows how pandemic conditions further exacerbated the undervalued position of each of these three groups.⁹ Carers needs for practical and social support from health and social care agencies were not effectively prioritised, and many carers felt abandoned or ignored by state agencies and authorities. Home care workers were expected to rapidly adapt to upheavals to their working hours and practices wrought by the pandemic, lockdowns and social restrictions, not least the additional risks to their health and those of the family members they cared for, and the security of their incomes.¹⁰ Many pandemic support networks in neighbourhood and communities received no funding from government budgets.¹¹

7. Looking ahead, demand for adult social care within homes and communities is set to increase. The Kings Fund research shows that requests for adult social care support in England are rising amongst people aged over 65. At present, only people with the highest need and the lowest means meet eligibility thresholds for public funding for their adult social care needs, and there are growing levels of unmet need for adult social care which will increase with demographic ageing.¹²
8. On this trajectory, the costs of inaction on reform of adult social care will be to increase pressure on carers, home care workers and volunteers, whilst continuing to underfund and undervalue the social contribution they make. Any reform to adult social care must confront the needs of these groups to be better compensated and rewarded. In particular, carers' employment rights (for example to paid time off for caring obligations) need to be expanded, as does eligibility for, and rate of, Carers Allowance. Rates of pay for home care workers and personal assistants also needs to rise to make these occupations more attractive, reduce high vacancy rates and create an adult social care workforce which can meet the needs of an ageing society. Finally, local government adult social care budgets must be ringfenced, and investment in prevention strategies delivered in partnership with community organisations and volunteer groups needs to be increased and sustained over time.

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¹ Humphries, R. 2022. Ending the Social Care Crisis. A New Road to Reform. Bristol: Policy Press

² Tew J, Duggal S, Ercolani M, Glasby J, Kinghorn P, et al. 2019. Implementing the Care Act 2014. Building Social Resources to Prevent, Reduce or Delay Needs for Care and Support in Adult Social Care in England. University of Birmingham. Available at: <https://www.birmingham.ac.uk/schools/social-policy/research/adult-social-care/care-act.aspx>

³ Key Facts and Figures About Caring, 2024. Carers UK. Available at: <https://www.carersuk.org/policy-and-research/key-facts-and-figures/>. (Accessed 10.12.2024).

⁴ Skills for Care, 2023. The State of the Adult Social Care Sector and Workforce in England 2023. Available at <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2023.pdf>. (Accessed 10.12.2024).

⁵ Tew J, Duggal S, Ercolani M, Glasby J, Kinghorn P, et al. 2019. Implementing the Care Act 2014. Building Social Resources to Prevent, Reduce or Delay Needs for Care and Support in Adult Social Care in England. University of Birmingham. Available at: <https://www.birmingham.ac.uk/schools/social-policy/research/adult-social-care/care-act.aspx>. (Accessed 10.12.2024)

⁶ Gulland, J. (2024). How does Carer's Allowance in the UK construct family carers? History and recent developments. International Journal of Care and Caring, 8(1), 98-113. <https://doi.org/10.1332/239788221X16716339335353>

⁷ Skills for Care, 2023. Domiciliary Care Services in the Adult Social Care Sector. Workforce Intelligence Summary. Available at: <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/Summary-of-domiciliary-care-services-2023.pdf>

⁸ Tew J, Duggal S, Ercolani M, Glasby J, Kinghorn P, et al. 2019. Implementing the Care Act 2014. Building Social Resources to Prevent, Reduce or Delay Needs for Care and Support in Adult Social Care in England. University of Birmingham. Available at: <https://www.birmingham.ac.uk/schools/social-policy/research/adult-social-care/care-act.aspx>.

Hall, P and Needham, C 2023. Social Care in the UK's Four Nations. Between Two Paradigms. Bristol: Bristol University Press.

⁹ Read, R (forthcoming) Feminism Social Reproduction and Adult Social Care: Home and community-based care giving in the pandemic and beyond. Sociological Futures series, London: Routledge.

¹⁰ Read, R., 2025. 'I Don't Think They Were Clapping For Me'. Home Care Workers During the Covid-19 Pandemic. In: Tyler, K., Banducci, S. A. and Degnan, C., eds. Reflections on Polarisation and Inequalities in Brexit Pandemic Times: Fractured Lives in Britain. Abingdon: Routledge. <https://www.routledge.com/Reflections-on-Polarisation-and-Inequalities-in-Brexit-Pandemic-Times-Fractured-Lives-in-Britain/Tyler-Banducci-Degnan/p/book/9781032593159?srsltid=AfmBOooPmMdnYVa8TbplHTWGO0Lg9jfEQ4LXyRWN1Jtc1eUSZckVxZ5>

¹¹ Read, R. 2024. Stay Home, Sustain Lives: Pandemic Support Networks and Social Reproduction. Sociology, 0(0). <https://doi.org/10.1177/00380385241266043>

¹² The Kings Fund, 2024. Key Facts and Figures about Adult Social Care. Available at <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-adult-social-care>. (Accessed 10.12.2024)