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Politics and the Care Conundrum: Why does England have a problem funding social care?

James Lloyd

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Executive Summary

The state, the older population and wider society have sufficient wealth to finance a properly funded social care system. The persistent problems of funding care in England therefore poses what can be termed the ‘care conundrum’, as the underlying cause is not a shortage of money or resources. Instead, the causes of the ‘care conundrum’ appear to be issues of politics and governance, and will need to be addressed if a solution to problems of funding care is to be achieved that will sustain over multiple economic and political cycles.

Political science provides a ‘toolbox’ of ideas and theories that can be used to understand and explore the ‘care conundrum’, such as ‘interest group’ and ‘agenda-setting’ theory. Analysis in this report suggests that multiple issues contribute to problems of social care funding and the ‘care conundrum’, for example: the varied, ‘indefinable’ nature of social care; the illogical ‘mess’ of institutions overseeing social care policy; public ignorance of what social care is and what outcomes represent quality; and, the interests of politicians in avoiding potentially unpopular measures.

To address these issues, this paper proposes an Office for Care and Living, which would undertake a range of strategic functions relating to: data; public education, media, interest group; voice; and, framing. This body would build on the model and precedent provided by the Office for Budget Responsibility, which was also set up set up to correct perceived flaws in policy decisions and the functioning of democratic accountability. In the face of voter disinterest toward social care, the government does nevertheless have the power to reposition public and political discourse on care funding to create the conditions for sustainable long-term reform.

The key problems of social care funding in England are unmet need, excessive rationing in public funding of care, ‘catastrophic costs’ and quality.

These problems have persisted despite the resources available to the state, the older population and wider society to finance a properly funded care system. Indeed, the ‘baby-boomer’ cohort that will put pressure on the public system in coming decades is the wealthiest cohort that has ever lived. The

persistent problems of funding care in England therefore poses what can be termed: the ‘care conundrum’, as the underlying cause is not a shortage of money or resources.

Various proposals for reform of public spending on social care have been set out over the last decade, but have not sought to address the underlying causes of the ‘care conundrum’, which appear to arise from issues of politics and governance.

However, if reforms of care funding are to survive across multiple political and economic cycles, it is vital that these issues are addressed; indeed, it is a pre-requisite for a sustainable response.

This paper uses a 'toolbox' of ideas and theories drawn from the academic discipline of political science to understand the 'care conundrum'.

Relevant theories include: civic knowledge; agenda-setting theory; public choice theory; bounded rationality; interest group theory; ideology; and, political psychology.

Using these ideas and theories, analysis in this report suggests that multiple issues contribute to problems of social care funding, such as: the varied, 'indefinable' nature of social care; the illogical 'mess' of institutions overseeing social care; public ignorance of what social care is and what outcomes represent quality; the interests of politicians in avoiding unpopular measures; and, the difficulties of journalists in fitting the many aspects of social care funding problems into a single coherent narrative for readers.

Given the range of issues identifiable, analysis suggests it would be surprising if funding problems did *not* exist in the social care system. A 'fix' to these issues will therefore be necessary if any funding reform

is to be politically sustainable in the long-term.

This paper proposes an Office of Care and Living, which would undertake a range of strategic functions relating to: data; public education, media, interest group; voice; and, framing.

The activities that would be carried out by such a body do not represent a superfluous, 'nice to have', reform, but rather an absolute pre-requisite if sustainable reform is to be achieved.

The model of an Office for Care and Living builds on the precedent of the Office for Budget Responsibility (OBR), which was also set up to correct a perceived flaws in policy decisions and the functioning of democratic accountability.

In the face of public indifference and ignorance toward social care, politicians are not powerless. Even if individual politicians or parties struggle to turn social care into a 'vote winner', the government nevertheless has the power to reposition public and political discourse on social care, to create the conditions for sustainable long-term reform.

1. Introduction

Why would a seemingly rich country – which features a particularly wealthy older cohort – nevertheless tolerate a social care system routinely described as experiencing a funding crisis?...

Social care funding in England represents a conundrum. Why would a seemingly rich society - which features a particularly wealthy older cohort - nevertheless tolerate a social care system routinely described as experiencing a 'funding crisis'?

Over the last decade, various independent commissions, reports and 'calls-to-action' have been published promoting changes to the funding of social care in England. Multiple problems are identified. However, the core issues remain:

- ▶ *Resources* – not enough money is spent on social care as a proportion of GDP, whether from public or private sources, with consequences for care users, paid carers and families;
- ▶ *Risk-pooling* - the limited extent of 'risk-pooling' in the funding of long-term care - whether via public (tax) or private (insurance) mechanisms - results in a 'care-costs lottery' as some families are compelled to spend very large amounts of money on care.

The problems of the social care funding system in England – explored in more detail in the next chapter - are widely acknowledged to cause suffering in the lives of hundreds of thousands of people, despite being entirely preventable and, therefore, wholly unnecessary.

The 'care conundrum'

The last decade has seen proposals for improving how public money is spent in the social care system, such as the King's Fund's 'Partnership'¹ model and the Dilnot Commission's 'capped cost' model.² The last decade has also seen ideas for directing more public and private resources into the social care system, such

as the current author's proposal for a *National Care Fund*,³ as well as the proposal for a new 'care duty' on estates to fund the abolition of means-testing in the local authority social care system.

However, throughout this period, negligible attention has been given to the question of why problematic outcomes with the funding of social care in England occur in the first place. Put simply: why is there a long-term care funding problem in England?

What could be termed the 'care conundrum' arises from the fact that problems of social care funding in England persist despite the considerable resources of the state, the older population and wider society, which could all be deployed to achieve a well-funded system.

Indeed, even the most generous proposals for state funding of care and support that have featured in policy debate would still see social care representing a small percentage of public expenditure. Conversely, the older population - and the 'baby-boomer' cohort in particular - represents the wealthiest cohort that has ever lived, and average wealth per head is more than enough to ensure a well-funded social care system.

However, the persistence of the 'care conundrum' – problems with funding care despite the resources of society - suggests that understanding and addressing its causes will be essential to fixing the problems of social care funding.

Why we need to understand the care conundrum

The objective of this paper is therefore to understand the 'care conundrum' in order to explore how it can be addressed and resolved. To do this, the paper exploits the ideas and insight of political science.

A striking feature of social care funding and related policy debate is that it been largely devoid of study by

Any lobbying that succeeds in boosting public spending on care may only provide a temporary fillip; the political agenda and public attention will ‘move on’, and spending may then dwindle once more...

political scientists. For example, during the last ten years, none of the leading UK academic journals of political science have published research on this topic (see Appendix).

However, the insights of political science can provide a useful toolbox of ideas to identify and analyse the underlying causes of the ‘care conundrum’.

It is worth underscoring that a *sustainable* response to the problems of social care funding in England requires these problems to remain fixed across multiple *political* (electoral) and *economic* cycles.

Although stakeholders in the social care sector have lobbied the government for increased public spending on social care, any lobbying that succeeds in boosting spending may only provide a temporary fillip; the political agenda and public attention will ‘move on’, and public spending on care may then dwindle once more. *Political sustainability* is key.

A sustainable response to problems of social care funding must therefore be capable of lasting beyond the next Treasury ‘comprehensive spending review’ or change of government, and cannot rely on a ‘permanent campaign’ by care lobbyists and stakeholders, but must identify and address those structural factors and issues that result in underfunding in the first place. When these underlying structural factors have been addressed, a long-term, sustainable fix to the problems of social care funding in England will be possible. The objective of this paper is to start this process.

Politics and the ‘Care Conundrum’: Why does England have a problem funding social care?

In the next chapter, background information is provided on social care, and the ‘mixed-economy’ of social in England, and the problems of funding

routinely identified. Chapter 3 surveys some key ideas drawn from within political science in order to explore how they can be applied to the issue of social care and explain the longstanding persistence of the ‘care conundrum’.

The fourth chapter builds on the analysis and insights of the previous chapter to set out a potential response to the political and governance causes of the care conundrum built around an Office for Care and Living.

Chapter 5 concludes with key messages for policymakers.

Key points:

- ▶ Problems of social care funding in England have persisted despite the resources available to the state, the older population and wider society, to fund a proper system. This apparently illogical outcome can be termed the ‘care conundrum’.
- ▶ Thus far, the various proposals for reform of social care funding and related public spending, have not sought to address the underlying causes of the ‘care conundrum’ that arise from issues of politics and governance.
- ▶ However, if reforms of care funding are to survive across multiple political and economic cycles, it is vital that these issues are addressed; indeed, it is a pre-requisite for a sustainable response.

2. Background: Social care and the social care system in England

Social care needs may arise from a range of physical and cognitive impairments...

The Introduction set out the 'care conundrum' of social care funding in England, and the need to understand and address the underlying causes.

This chapter provides background information on social care, the operation of the 'mixed-economy' of social care provision in England, and its financial costs. Finally, the chapter highlights the key problems of social care funding in England that have persisted for over a decade, and continue to deteriorate.

What is social care?

Social care needs may arise from a range of cognitive and physical impairments, for example, associated with dementia, arthritis or various long-term health conditions.

'Social care' is an umbrella term that refers to a wide range of activities, including:

- ▶ Personal care, such as help with washing, dressing and using the toilet;
- ▶ Practical help such as cooking or cleaning;
- ▶ Aid and equipment;
- ▶ Telecare alarm systems;
- ▶ Meals delivered to the home.

Social care can be provided by family and kin – so-called 'informal care' – or by paid care workers, known as 'formal care'. Social care can be provided in a person's home or in a residential care facility.

Ultimately, social care is that help and support that enables individuals to live with dignity, independence, control and quality of life.

Social Care in England: The numbers

There are estimated to be 1 million people aged 65+ with some form of care need in England.⁴

Public Spending on Care and Support: Local authority social care system

Local authorities in England are responsible for assessing people in their area with disability-related needs, and allocating publicly funded support to them on the basis of a *needs*-assessment and *means*-assessment

Of local authority social care expenditure, 59% was on services for older people in 2007-2008, and 22% on adults aged 18-64 with disabilities.⁵ Public spending on social care is around £6.37 billion in relation to those aged 18-64 and £7.39 billion in relation to those aged 65+.⁶

Among older people, 170,000 have council-funded places in residential care, and 610,000 receive funded services in their home.⁷

Demand for social care in England is rising commensurate with the ageing of the population, reflecting trends observable not just in the UK, but across the developed world. With demand for care rising, there is considerable evidence that local authorities are being compelled to ration support by tightening the criteria that determine who is eligible for council support. For example, research undertaken for Commission for Social Care Inspection (CSCI) found that the number of older people using community and residential services has reduced from 867,000 people in 2003 to 827,000 in 2008, despite the population aged 75 and over increasing by 5% during this period.⁸

Unmet need is the most important problem with social care funding...

Public Spending on Care and Support: Disability benefits

In addition to the local authority social care system, public spending on care and support needs also comprise disability benefits controlled and funded by the Department for Work and Pensions (DWP).

The key disability benefit for older people is Attendance Allowance (AA), which is a tax-free, non means-tested, cash benefit for people aged 65 or over who need someone to help look after them because they are physically or mentally disabled. It is paid weekly at a higher rate of £71.40 and a lower rate of £47.80. The benefit is paid by DWP to 2.16 million people aged over 65 across the UK at a cost of £7.5bn per year.⁹

Private spending on care and support

Among retirees who do not qualify for council-funding, 120,000 are private self-funders in residential care, and 400,000 purchase services privately in their own home (albeit, potentially using disability benefits to do so).¹⁰ Private expenditure on care and support among the over-65s in England is estimated at £8.3 billion in 2009/10.¹¹

Informal carers

Despite the focus on formal care in policy debate, it is important to underscore that the majority of care provision is informal care, provided by family and kin. Informal carers are predominantly from older age groups. Nearly half of carers are aged 65 or over, 44% are aged 45-64 and the remaining 7% are aged 18-44. Two-thirds are female.¹²

Within the 50+ age-group, around 10% provide care: around 39% care for a spouse, 35% for a parent (-in-law), 24% for a relative friend or someone else, and

11% for a child. Among the 50+, the large majority (86.5%) care for no more than one person.¹³

Estimates of average hours of informal care provision vary. The volume of care provided depends on how the recipient is related to the carer and whether care is provided to a fellow household-member. One survey found 57% of carers spent 35 hours or more per week looking after or helping the person they were caring for, 49% spent 50 hours or more caring and 37% of carers spent 100 hours or more per week caring.¹⁴

Academic research from the University of Leeds published by Carers UK, a charity representing carers, suggests that the equivalent financial value of unpaid care provision in the UK was £87 billion in 2007.¹⁵ This assumes that one hour of informal care is worth the same as one hour of home care provided formally at £14.50 per hour. At least some of the value of this informal care provision represents a direct saving to public expenditure; however, means-testing rules mean that many of those receiving informal care would not be entitled to state support.

Social Care Funding in England: The problems

For the last decade, commentators and stakeholders have demanded reform of social care funding in England. What are the problems associated with the system?

► Unmet need

The most basic indicator of a society under-funding and 'under-consuming' social care is the prevalence of unmet need: individuals not receiving the care and support they need, from either formal or informal sources.

Unmet need is hard to measure, but a report from CSCI estimated that the total number of older people who receive no services and have no informal care,

Other problems include excessive rationing by local authorities, ‘catastrophic costs’ and quality...

despite having high support needs, is around 6,000; and 275,000 older people with less intensive needs.¹⁶ Academic research has projected that under the current system in England, there will be 38.93 million hours of unmet need in 2015 rising to 44.74 million hours in 2025.¹⁷

▶ Excessive rationing in the public system

The local authority social care system is under-funded, in that new funding has failed to keep pace with demand, and specifically, is undermining the ability of local authorities to meet their legal ‘duty of care’.

As a result, the number of individuals receiving council support in England has diminished, and the number of councils raising their needs-threshold for providing support needs has increased

As demand grows over the next two decades in line with population ageing, these problems are likely to become significantly worse.

Indeed, just to ‘stand still’, expenditure on adult social care in England will have to increase from £14.5 billion to £22.8 billion in 2025. Simultaneously, to maintain entitlement, annual spending on disability benefits will have to increase from £11.7 billion to £14.9 billion by 2025 (2010/11 prices).¹⁸

▶ ‘Catastrophic costs’

Individuals falling above the means-test threshold of local authority support for social care in England may purchase care out-of-pocket and ultimately spend down many thousands of pounds on social care – ‘catastrophic costs’ – particularly, if they live in residential care for an extended period.

▶ Quality

The rationing of expenditure on care by local authorities and private households has put care providers under intense cost pressures, ultimately having a negative effect on quality of services.

Reforming the Funding of Social Care in England: Some numbers

Given population ageing and rising demand, the cost of the current adult social care system in England is projected to rise from £14.5 billion in 2010/11 to £22.8 billion in 2025/26. Over the same period, the cost to the Exchequer of adult disability benefits will increase from £11.7 billion to £14.9 billion.

As such, merely to cope with rising demand and maintain existing levels of support, public expenditure on social care and disability benefits each year in England will have to increase by £12 billion by 2025. To fund this gap, policymakers have three choices:

- ▶ New taxes, such as a tax on the value of estates;
- ▶ Redirecting spending from other areas of public expenditure;
- ▶ New ring-fenced contributions into the social care system, for example, through the creation of a *National Care Fund*¹⁹ or the use of private insurance.

In addition to the issue of funding the current system going forward, various proposals have been put forward to reform the shape of the current system, improve fairness and increase generosity:

- ▶ The King’s Fund ‘partnership’ model, which would apply the principle of ‘progressive universalism’ – everyone gets something, proportional to means – funded through taxation and the introduction of

The underlying cause of long-term care funding problems in England is not shortage of money and resources...

means-testing to disability benefits to release public spending for the social care system.

- ▶ The 'capped cost' model, put forward by the Dilnot Commission on Funding of Care and Support, which would cap at £35,000 the total amount of council support individuals were excluded from through means-testing, owing to the fact that they fall above the means-test threshold.
- ▶ The Labour government's 2010 White Paper Building a National Care Service would have seen all entitled to universal free personal care funded by the state.

Both the current system going forward, and any additional public spending on social care, could be funded entirely through the state. Even the most generous proposals – universal free state-funded personal care – would be unlikely to see social care accounting for more than 4% of public expenditure.

Turning to potential private expenditure, the older population - and the baby-boomer cohort in particular - that will drive demand-pressures on the social care system in the coming decades are in fact the wealthiest cohort that has ever lived. Average median household wealth, excluding pension wealth, is £243,000 for the 55-64 age group, £213,200 among the 65-74 age-group, and £182,700 among those aged 75-84.²⁰ This age-group therefore possesses sufficient wealth on a per capita basis to provide resources for a well-funded social care system free of the problems described above.

As such, however the current system is funded going forward, and in whatever way policymakers choose to make the system more generous, the underlying cause of long-term care funding problems in England is not shortage of money and resources.

The next chapter therefore turns to the ideas and insights of political scientists to understand the causes of this 'care conundrum'.

Key points:

- ▶ Social care can take different forms, and is provided to individuals with cognitive or physical impairments.
- ▶ Care and support can be provided in a person's own home, or in a residential facility.
- ▶ Social care can be informal – provided by family and kin – or paid, formal care, funded by households or local authorities.
- ▶ Demand for social care in England is rising commensurate with population ageing.
- ▶ The principal problems of social care funding in England are unmet need, excessive rationing in public funding of care, 'catastrophic costs' and quality.

3. Explaining the ‘Care Conundrum’: Using the toolbox of political science

The academic discipline of political science provides a ‘toolbox’ of idea and theories to analyse the ‘care conundrum’...

This chapter uses the insights and ideas of political science to explore the ‘care conundrum’ posed by the social care funding system in England.

The previous chapter set out the principal problems associated with social care funding in England, and the fact that these problems cannot be explained as a shortage of public or private money or resources.

This chapter sets out to provide explanations of the ‘care conundrum’ by using the ‘toolbox’ of ideas and theories contained within the academic discipline of political science. The chapter identifies a number of relevant approaches within political science, and for each approach:

- ▶ Defines the core idea or ‘hypothesis’;
- ▶ Explores how it could be used to explain the ‘care conundrum’;
- ▶ Draws out a conclusion from this analysis;
- ▶ Identifies what a strategic response would look like.

Name:

Civic knowledge

What’s the idea?

Levels of civic knowledge among the voting population on a particular issue shape and determine policy decisions and outcomes.

Relevance to social care:

Limits on public understanding of social care

Social care can take many different forms, and be provided by many different people in many different settings to individuals with many different conditions and impairments. The effect of this diversity in the nature of social care is to limit public knowledge and

understanding of what social care is, with implications for the prominence of social care in political debate.

Confusion over public entitlements

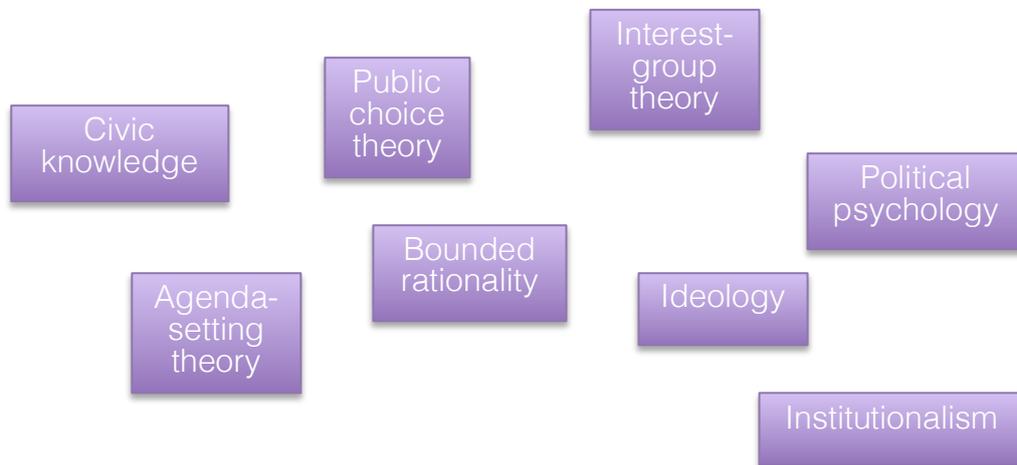
Public consultations have repeatedly shown a widespread perception that state support for care and support needs in England is more generous than it is in reality. This may reflect both the operation of notionally free personal care in Scotland, and the fact that local authority support in England is itself variable across different areas, and average levels of support have changed over time.

Limited knowledge of acceptability and quality in care

Public responses to outcomes in the social care system resulting from under-funding may reflect limited knowledge among the public - and the absence of a conceptual framework - regarding what acceptable outcomes are.

For example, in contrast to healthcare – for which quality and adequacy are defined by an individual ‘getting better’ – users of care and support will frequently not recover functioning, and care services provide support, not treatment. The social care system itself increasingly defines successful outcomes in terms of highly subjective, abstract concepts such as ‘independence’, ‘choice’ and ‘control’.

In wider public discourse, it is not clear that any indicators of quality and outcomes for social care have become widely recognised unlike, for example, the NHS, for which ‘waiting times’ and ‘hospital cleanliness’ have become widely understood indicators.



Understanding of rising demand

As described in earlier chapters, problems of social care funding in England result from the ageing of the population and consequent rising demand. However, although public knowledge of population ageing has increased in recent years, particularly in the context of reforms to the pension system, it is not clear that the public relates these demographic trends to pressures on the social care system.

Subjectivity of local authority ‘needs-assessments’

Public spending on social care is allocated via local authority needs-assessments, which are ‘carer-sighted’, and ultimately dependent on the personal choices of individuals and families regarding whether or not to engage in informal care provision.

As such, the level of publicly-funded council support to individuals is affected by personal choices and behaviour. This disrupts the ability of government to set out a clear ‘contract’ or rules on contributions and entitlements, making it much harder for the public to understand ‘offer’ represented by the publicly-funded social care system.

Conclusion

The characteristics of social care and the social care system suggest it may be inevitable that civic knowledge about what social care is, outcomes in the system, quality and funding issues, will all be constrained. A lack of awareness and knowledge among the public will have clear implications for the political impact of social care funding.

Strategic response

Improved levels of public understanding and knowledge about what social care is, the design of the

social care system, adequacy, outcomes and underlying demographics.

Name: Agenda-setting theory

What’s the idea?

Policy decisions and outcomes result from issues reaching the top of the media/political agenda, and the different factors causing them to move up or down the agenda.

Relevance to social care:

Local decisions treated as local issue

Individual decisions regarding levels of public funding received by care users are taken by local authorities. As such, social care outcomes may be viewed as a ‘local issue’ resulting from local decisions, limiting national media coverage and discourse on the decisions of individual councils.

Problems experienced as many small crises

Social care funding may struggle to achieve the kind of media exposure that would result in a consistent political response, because the effects of social care funding problems are felt ‘behind closed doors’, and result from thousands of individual, separate decisions at a local level taking place at different times.

In this context, social care funding lacks a defining narrative or ‘big events’ that would drive media interest. Only rarely – for example, the failure of ‘Southern Cross’ – do issues of social care funding result in an accessible, compelling narrative.

Social care funding is not one problem, but several, creating challenges for journalists to cover social care...

Social care funding is not one problem, but several

As described in earlier chapters, there are multiple problems associated with social care funding in England. As such, media coverage of the issue may become disjointed, as journalists focus on different issues – ‘catastrophic costs’, quality, local variation – that do not result in a coherent overarching narrative for the public that could drive public interest in reform.

The role of journalists

Media coverage of the issue of social care funding is shaped by the personal interests of journalists, their individual understanding of the social care system, and that of their editors.

Journalists may struggle to locate ‘news hooks’ in the social care system, in contrast to the potential closure of hospitals or schools, or problems in the transport system. Journalists may struggle to convey how changes in social care may affect the reader; for example, although all newspaper readers know they may use their local hospital, relatively few may be likely to ever use the ‘safety net’ of local authority support, or even know about the support on offer from their council.

Conclusion

The nature and complexity of social care and the ‘care funding crisis’ has shaped – and limited - media coverage of the issue of social care funding, beside periodic new stories of ‘funding cuts’, or the failure of large care home providers. No single, over-arching narrative has emerged. Journalists may struggle to grasp such a complex area and present the issue in a simple way.

Strategic response

Sustainable long-term reform of social care funding will require journalists with a greater understanding of the problems of the care funding system, and possessing better data. The problems of the social care system need to be brought together as a consistent, overarching narrative across the media.

Name:

Public choice theory

What’s the idea?

Policy is determined by politicians and civil servants seeking to maximise their own objectives – or ‘utility’ – however they personally define that. For politicians, this could be maximising votes or advancing their position in the Cabinet hierarchy. For civil servants or institutions, it could be maximising the budget they manage, their reputation, autonomy or the prestige of the policy area they control.

Relevance to social care:

MPs and political parties do not believe they can win votes by increasing public spending on social care

Public spending on social care is not perceived by politicians and MPs to result in political rewards, and social care is therefore given a low priority in Comprehensive Spending Reviews compared to other areas of spending, such as the NHS.

Politicians may not want to take responsibility for the current system given public ignorance

Various consultations have revealed a widespread belief in England among the public that all social care is free at the point of need, paid for by the state. As such, any government wishing to engage the public in

Proposals for reform of social care funding may create opportunities for ‘political opportunism’...

reform must first educate the public about the true picture of the means-tested local authority social care system. However, politicians may perceive there to be little reward in challenging this public ignorance, given the risk that they will suffer politically for a problem not of their making.

Reform of social care funding may involve unpopular measures such as new taxes or contributions

Improving the funding of social care is likely to involve the population paying more whether via taxes, insurance or other means. Indeed, various proposals for reforming social care funding in England have involved new forms of taxation, such as a new hypothecated tax on the value of estates. As such, politicians may opt to maximise their public support, rather than threaten their ‘political capital’, through promoting potentially unpopular measures to address problems of social care funding.

Social care funding reform creates scope for political opportunism

Opposition politicians may perceive that they can win votes by criticising government plans for a potentially unpopular reform to social care funding, such as new forms of taxation or cuts to other areas of public expenditure. Presented with such incentives, cross-party agreement on reform may be difficult to coordinate, particularly given the involvement of stakeholders - such as political advisers to parties - whose primary objective is to attract votes and damage other parties, rather than to reform the social care system.

Ministerial self-interest

Government ministers across the multiple Whitehall departments with responsibility for social care may perceive it to be a ‘high-risk’ issue that could damage

their reputation and career if poorly handled, so opt for a low-risk strategy of not addressing the issue of funding reform. This may apply to new forms of contributions or taxation, as well as to reallocating existing spending.

Fear of mistakes among civil servants

Civil servants across the multiple government departments with responsibility for social care funding may fear making mistakes in attempting reform, and the potential for damage to their career or reputation. On this basis, civil servants may prefer to minimise their personal involvement in reforms, and that of their department.

Preference among civil servants and politicians for maximising budgets and responsibilities

Reforming social care funding may involve transferring budgets or responsibilities from one government department to another, or from local to national control.

Civil servants, politicians, government departments or local authorities may all seek to maximise the financial resources they control and their sphere of power and influence over policy and decision-making. As such, structural reform of social care funding may be resisted by government departments and councils that perceive they will lose responsibilities, control of budgets or prestige.

Conclusion

Politicians - and to some extent, civil servants - may actually be incentivised to avoid or defer reform of social care funding in England, if the costs for them personally are perceived to exceed the benefits, whether in terms of risk avoidance, popularity, professional reputation, control or prestige.

Some care users – such as residents of care homes – may struggle to achieve a ‘voice’ in political debate...

Strategic response

For politicians and officials, the cost of failing to address problems of social care funding must be more than the benefits.

Name:

Interest group theory

What’s the idea?

Policy decisions result from the competing activities of different interest groups, their size, how strongly they are lobbying or want something, their membership, financial and other resources.

Relevance to social care:

Care users may struggle for a ‘voice’

Many users of care and support may struggle to participate in lobbying or campaigning activities owing to cognitive or physical impairments. Compared to other interest groups - such as farmers, environmental campaigners and divorced fathers - care users may be less able to engage in high-visibility public protests or campaigns to draw attention to the outcomes they experience.

Diversity of care users

Social care users are extremely diverse in their social and demographic characteristics. As such, many may not identify themselves with other care users, and may not seek to engage in collective lobbying for their interests, or even perceive themselves to have ‘shared interests’ with others. Indeed, it is widely acknowledged that many informal carers do not identify themselves as such.

It is also worth underscoring that care users may occupy different segments of the ‘care economy’ that result from means-testing. For example, private purchasers of care and their families may not campaign for increased public spending on care by local authorities, given they may not expect to benefit. In this context, it is noticeable that no single ‘care users’ lobby has ever emerged in England, despite public and private expenditure on care totalling tens of billions of pounds.

Diversity of social care stakeholders

In addition to recipients of care, multiple stakeholder groups are active in social care policy representing such a diversity of interests that their impact on policy may be diluted. This list includes informal carers, providers of different types of care and assistance across domiciliary and residential settings, and other key agents such as local authorities.

Disparate nature of ‘social care’

Unlike healthcare, which is provided by doctors and nurses, frequently in designated medical locations such as hospitals and GP surgeries, care and support is enormously varied and disparate in its form and nature.

As such, ‘social care’ is an abstract concept that covers multiple different types of activity, and the very disparate nature of social care may affect the formation and the effectiveness of relevant interest groups.

Complexity of social care system and the challenges of representation

Commentators often observe that the social care system in England is complex, characterised by rules on entitlement that are difficult to understand, policy

Responsibility for social care funding policy is split across multiple government departments...

frameworks – such as an entirely separate disability benefits system – that appear illogical, and geographical variations resulting from local authority discretion.

Inevitably, this complexity will affect the capacity of stakeholder groups to influence and lobby for changes in the social care funding system. The complexity of the social care system may make it more difficult to mobilise campaigns, reach and articulate ‘collective positions’, as well as adapt lobbying positions to local conditions. This is particularly true if complex detailed changes are sought through lobbying, rather than simple, ‘single-lever’, changes.

Conclusion

The role that interest group lobbying plays in the policy process will inevitably be different for social care, given the nature of social care and the social care system, the wide range of stakeholders, and the functional challenges confronting many users.

Strategic response

Measures to address the obstacles to social care interest groups in influencing policy, which may involve extra resources, privileged access and improved coordination.

Name:

Institutionalism

What’s the idea?

The form and structure of institutions, such as government departments or statutory agencies, affect policy decisions. A variant - ‘new institutionalism’ - defines institutions in a broader way, looking at the influence of institutions on people’s behavior through

the operation of rules, norms, language and other means.

Relevance to social care:

Number of state agencies with responsibility for care results in divided leadership and coordination problems

No single government department has full responsibility and control for outcomes among users of care and support in England. Social care policy is developed by the Department of Health, but public expenditure on social care is routed through local authorities under the aegis of the Department for Communities and Local Government (CLG). Many care users also receive disability benefits, which are the responsibility of the Department for Work and Pensions (DWP). The 152 autonomous local authorities in England have responsibility for public spending decisions on social care at a local level, and in relation to what individuals receive.

As such accountability, coordination and control for the English social care system is complex and divided, having evolved in piecemeal fashion over time rather than through rational design. This disjointed institutional policy framework hampers effective policy on social care funding.

Social care funding problems relate to budgeting decisions that de-link responsibility and accountability

The outcomes that result from public spending on social care and support are the result of separate, disparate budgeting decisions. In particular, social care spending at a local level results from the decisions of autonomous local authorities via grants made to local authorities from the Communities and Local Government (CLG). Spending on disability benefits depends on the priorities of the (DWP).

Local and national spending decisions on care are split...

As such, there is no single 'social care budget' over which HM Treasury or any other body presides. This inevitably results in a disconnection between responsibility for social care outcomes at the population-level and individual budgeting decisions. In particular, outcomes in the social care system may not track levels of funding allocated to councils, who may choose to prioritise other local concerns when deciding how to allocate their budgets.

The institutional design of HM Treasury determines spending decisions on care

HM Treasury oversees public spending in the UK. Within the Treasury, senior officials may have limited knowledge or experience of social care, affecting the prominence given to social care and the resources it is allocated.

In addition, social care is placed within a wider health and social care team within HM Treasury, and must therefore compete for the attention of time-constrained senior officials against the backdrop of changes to the NHS. Social care is therefore 'twinned' with a policy area (health) prone to frequent crises, in contrast to other highly-relevant policy domains, such as housing and families policy.

Local authority responsibilities shape the framing of social care funding problems

Public spending on care and support is underpinned by a legal 'duty of care' for vulnerable individuals, which applies to local authorities rather than any national statutory body (in contrast to the NHS, for which the Secretary of State for Health has a legal responsibility). Through assessments of need, councils typically exclude - and have limited contact with - individuals who fall above their means-test threshold or can rely on informal care.

For this reason, problems with social care funding have been often defined in relation to local authority users, rather than wealthier care users or recipients of informal care. This framing has seen policy debate defined by the question of how much money local authorities can spend on social care, rather than the adequacy of private or aggregate spending on care, 'catastrophic costs' or the resources potentially available to the social care system at a population level.

System design and attitudes

The means-tested nature of local authority social services, means that it targets the most vulnerable and poorest individuals. This may result in an associated 'stigma', that shapes the attitude and political perspectives of the rest of the population toward the social care system, potentially reducing public interest in reform.

Conclusion

The institutional framework for the social care system is complex, illogical and confusing. Accountability and responsibility is fragmented at a national and local level. This will inevitably impact upon policy development, and the scope for significant policy changes that would address problems of care funding.

Strategic response

Barring major reform of the institutional framework for social care funding in England, measures are required to address the effects of the current disjointed institutional framework for social care.

Policymakers may struggle to understand the complexities of the social care system...

Name:

Bounded rationality

What's the idea?

The decision-making of politicians and civil servants is limited by the information they have in their hands, their understanding of an issue, their individual 'cognitive' limitations, and the limited time and resources they have. This may result in incremental, not fundamental, reforms.

Relevance to social care:

Social care funding reform is too complex for politicians, officials and government departments

The social care system in England is inherently complex, characterised by multiple different rules, frameworks, types of spending and policy agendas. In this context, reform of social care funding may be limited by the ability of politicians and civil servants to fully grasp and understand the current system. In addition, the multiple options for reforming funding of social care are also complex, characterised by nuanced, detailed 'pros' and 'cons', compelling officials and politicians to rely on external bodies - such as think-tanks - for advice.

Such dilemmas are amplified by the fact that both politicians and civil servants will frequently have their positions rotated, limiting the time available to 'master their brief'. For example, a (Shadow) Minister for Care Services may have only limited knowledge of the social care system upon taking office, but may be moved from the role even as they are acquiring the necessary knowledge and understanding to drive reforms to the social care funding system.

Conclusion

Reform of social care funding is constrained by the sheer complexity of the problem and the policymaking capacity of civil servants and politicians.

Strategic response

Rules or precedents limiting rotation of (shadow) social care ministers and officials would be useful. In addition, opposition politicians should have extra resources made available to aid them in engaging on the issue of social care funding.

Name:

Ideology

What's the idea?

Politicians and the public all have an ideology, i.e. a set of ideas that determine their values, actions, expectations and how they interpret information and situations.

Relevance to social care:

Ideologically rooted attitudes toward different aspects of social care impact upon policymaking.

Ideological perceptions and standpoints can be observed in several aspects of debate on social care funding reform.

Some commentators argue that the state should fund all care for free, regardless of means, and give little weight to counter-arguments relating to fiscal sustainability, as well as intergenerational equity.

Others argue that such an expansion of the welfare state is wrong in principle, and the cost of care should be a question of individual responsibility, with some

Public dislike of thinking about the risk of needing care may undermine public debate on social care funding...

arguing that families should have total responsibility for the care of family members.

The role of the private sector insurance industry in funding care is highly contested reflecting different ideological biases. Some believe that all long-term care funding should be routed through private insurance products, despite an extensive academic literature detailing the barriers to markets in products, such as pre-funded care insurance.

Conversely, other argue that the insurance industry should have no role whatsoever in long-term care funding, as a matter of principle.

Conclusion

Ideology influences the actions and attitudes of stakeholders in the social care funding debate.

Strategic response

Improved understanding and knowledge of the system among the public and politicians may dilute the influence of ideology in shaping attitudes and perceptions toward social care funding reform.

Name:

Political psychology

What's the idea?

A sub-field at the intersection of psychology and political science, which sees political actors (voters, politicians) analysed in terms of their psychological and emotional responses to issues and situations.

Relevance to social care:

Public aversion to imagining the care needs of family members and themselves

Public debate on social care policy requires individuals to imagine themselves and family members, particularly parents, as vulnerable and unable to look after themselves. Individuals typically have an aversion to thinking this way, so resist engaging with public debate on the topic.

Kinship responsibility and guilt

Individuals feel a sense of responsibility for providing care to family members. However, policy debate on social care funding necessarily invites people to think about other individuals being paid to provide care to family members. This results in a latent sense of guilt about failure to fulfil kinship responsibilities, and as such, individuals avoid public debate on social care reform.

Discounting of the risk of needing-care

Individuals may engage in mental discounting of the risk of needing care potentially many years into the future – “it won’t happen to me” - and as a result, under-estimate their own individual risk of needing care. This discounting subsequently shapes how individuals perceive the social care system, determines what they think is an appropriate level of public spending and their attitude to making new or specific contributions to protecting themselves against the risk of needing care, whether through taxation or private insurance.

Conclusion

The psychological response of the public to thinking about social care and care needs has an important

It would be surprising if funding problems did not exist in the social care system...

influence on their engagement with the issue of social care reform.

Strategic response

Improved understanding of how social care can be framed in such a way as to overcome the public's psychological responses to thinking about social care. More public education about social care and the risk of needing care.

Conclusion: Explaining the Care Conundrum

This chapter has surveyed different ideas and theories within political science in order to generate insights into the 'care conundrum' observable in England, and the persistent problems of funding experienced in the social care system. Two key observations can be made:

1) *It would be surprising if funding problems did not exist in the social care system.*

The analysis presented in this chapter suggests that multiple features of social care, the social care system, civic knowledge and psychology, all potentially combine to create the persistent problems of funding in the social care system: the 'care conundrum'. Indeed, the analysis set out above suggests that it would be surprising if there were *not* problems of funding social care in England.

2) *A 'fix' to the issues identified above will be necessary if any funding reform is to be politically sustainable in the long-term.*

Given the range of factors that explain the 'care conundrum', this analysis points to the need for a strategic 'fix' in response to the issues identified. As set out in the Introduction, if any reform of social care

funding in England results from a lobby campaign, this may prove only a temporary fillip, if the issue subsequently declines in political importance and entitlements are not maintained. A long-term, political sustainable response to the problems of social care funding in England require the underlying causes of the 'care conundrum', set out in this chapter, to be addressed.

Key points:

- ▶ Political science can provide a 'toolbox' of ideas and theories to understand the 'care conundrum' and problems of social care funding in England.
- ▶ Relevant theories include: civic knowledge; agenda-setting theory; public choice theory; bounded rationality; interest group theory; ideology; and, political psychology.
- ▶ Analysis suggests that multiple issues contribute to the 'care conundrum' and problems of social care funding, such as: the varied 'indefinable' nature of social care; the illogical 'mess' of institutions overseeing social care; public ignorance of what social care is and what outcomes represent quality; the interests of politicians in avoiding unpopular measures; the difficulties of journalists in fitting the many aspects of social care funding problems into a single coherent narrative.
- ▶ Given the range of issues identifiable, analysis suggests it would be surprising if funding problems did not exist in the social care system.
- ▶ A 'fix' to these issues will be necessary if any funding reform is to be politically sustainable in the long-term.

4. Solving the Care Conundrum: An Office for Care and Living

The issues identified could be addressed through the creation of a new, statutory body...

The previous chapter explored how the problems of social care funding in England can be explained using the theories and ideas of political science.

It was possible to identify a range of factors that may explain the 'care conundrum' of social care funding in England; and indeed, which cumulatively suggest that problems with social care funding will be inevitable.

This chapter builds on this analysis to explore what sort of response is available to policymakers and politicians.

An Office for Care and Living

The core recommendation of this chapter is that the issues identified in the previous chapter would be best addressed through the creation of a new independent, statutory body.

At present, various national institutions have roles in the social care system:

- ▶ The Department of Health (DH) sets strategic policy for social care;
- ▶ The National Audit Office (NAO) evaluates value for money of public expenditure on care and support;
- ▶ The Care Quality Commission (CQC) regulates the quality of care services, although some functions are now to be undertaken by local authorities;
- ▶ The Social Care Institute for Excellence (SCIE) collects and communications information on good practice in social care;
- ▶ The General Social Care Council (GSCC) sets standards of conduct and practice for social care workers and their employers in England

In addition, various charities are active representing the interests of older people, family carers and

disabled groups. Such organisations are often highly effective and resourceful as political actors, but as representative groups, are unable to claim objectivity.

It is therefore striking that no national body has responsibility for observing, recording and communicating outcomes across the entirety of the social care system. There is no single 'voice' for social care that holds up a mirror to the care system and communicates about the state of social care to the whole population.

Given the exceptional challenges of politics and governance confronting the social care system that were identified in the previous chapter, there is a compelling case for a new, publicly funded statutory agency – an Office for Care and Living - that would be tasked with addressing these issues. This agency could undertake a range of strategic functions relating to: data; public education, media, interest group; voice; and, framing.

An Office for Care and Living: Data function

Key activity: Up-to-date, comprehensive data on all aspects of care need, formal and informal provision, by locality made accessible to local and national politicians, the media and the public, covering both public and private expenditure, and informal care.

Multiple types of data could be made available including:

- ▶ Per head spend on social care by local authority;
- ▶ Percentage of informal carers in area receiving public support;
- ▶ Percentage of council budget spent on care;
- ▶ The number of individuals 'turned away' from local authority support;
- ▶ The number of individuals in an area spending more than £100,000 on their care;

An education campaign could inform the public about what social care is, what quality is, as well as underlying trends in demand...

- ▶ The average number of hours of publicly-funded formal care received each week.

Some, but not all, of this data is currently collected by the NHS Information Centre, which focuses mostly on council-funded users of care and support.

An Office for Care and Living could also publish regular projections of demand, private and public expenditure on care, so as to inform social care stakeholders and policymakers.

Why? Improving the availability and accessibility of data in the public domain would:

- ▶ Combat ignorance by better enabling the public and media to hold politicians and the social care system to account in terms of public spending, performance, outcomes, etc.
- ▶ Enable greater benchmarking of outcomes by the public and local politicians;
- ▶ Enable opposition politicians the same information and projections on demand and expenditure on care that are available to Ministers.

Notes: Such a data-driven approach to improving policy is already being spearheaded by the charity Shelter in the field of housing. The Shelter Housing Databank²¹ enables individuals to access data for their area on housing need, supply and affordability for the last decade.

Measurable indicators:

- ▶ Availability of different types of data;
- ▶ Accessing of data by different stakeholders;
- ▶ Citation (use) of data by different bodies.

An Office for Care and Living: Public education function

Key activity: Public education campaigns about social care, quality and outcomes, and the impact of demographic trends.

Why? The analysis of the previous chapter identified how limited public knowledge and understanding of social care needs and services affects policy outcomes, and ultimately the choices of politicians to push potentially unpopular funding reforms. Reform of social care funding will never become a 'vote winner' if the public does not understand what social care is or how the social care system in England works.

Notes: Various ongoing and occasional public education campaigns would be possible. For example, a campaign could focus on educating the public about what social care is, as well as the underlying demographics:

- ▶ Case Study: 'This is care' campaign

In order to promote public understanding of care and support, an Office of Care and Living could undertake a '*This is care*' education campaign conveying in simple terms the nature of need and different types of support. For example:

"Mary is 93. Arthritis in her fingers means she can no longer prepare her own food. Each day Karen visits to help Mary prepare her meals and cook. This is care."

Other types of education campaign could focus on improving public knowledge of quality and outcomes, such as control and independence.

Journalists could be provided with education and training in how the social care system ...

▶ Case Study: Demographics

An Office for Care and Living could undertake education campaigns to promote awareness of rising demand for care.

An example of this approach was the Pension Commission, chaired by Adair Turner, which was instrumental in creating public acceptance of the need to increase the State Pension Age and for individuals to save more – both reforms that were deemed politically unachievable when the Pension Commission was launched.

This feat was achieved in part by members of the Commission using the media to repeat the same simple narrative about the need for change:

“We are all living longer; so, we are all going to have to retire later and save more into a pension.”

Given the same underlying demographic trends are driving the need for reform in social care funding, a similar approach could be taken in creating public awareness of increasing longevity and underscoring the fact through whatever mechanism, care will have to be paid for:

“We are all living longer, we are all going to need more help when we are elderly and infirm; so we are all going to have to pay for it.”

Measurable indicators:

- ▶ Public knowledge of care, the care and support system, and quality indicators, measured through annual surveys.

An Office for Care and Living: Media function

Key activities: An Office for Care and Living would be responsible for:

- ▶ Educating journalists about the social care system through training, information packs and providing experts to field queries;
- ▶ Collating local social care news stories for national media;
- ▶ Producing a league table of coverage for different media to highlight those outlets that ignore the issue of social care.

In short, the Office for Care and Living would be responsible for ensuring that social care received appropriate, substantial and accurate coverage in the media.

Why? As explored in the previous chapter, both the social care system, and the issue of funding in particular, present confounding problems for the media in terms of complexity, the shortage of national-level ‘news-hooks’ and knowledge of the system among journalists.

Measurable indicators:

- ▶ Volume, type and quality of coverage of social care in mainstream media.

An Office for Care and Living: Interest group function

Key activities: An Office for Care and Living would be responsible for:

- ▶ Providing different types of support for the formation and activities of social care interest groups, such as seed funding, advice, and grants to

Politicians could be censured for politicising the issue of social care funding reform...

support the voice of those - such as residents of care homes - who may struggle to be heard.

- ▶ Helping with coordination and formation of networks, for example, across different types of users in a local area.

In short, the Office for Care and Living would be tasked with helping social care interest groups improve their effectiveness.

Why? Given the diversity of social care stakeholders, the tangible barriers to voice among those receiving care, and the complexity of the social care system, social care interest groups confront significant challenges in influencing the policy process.

Measurable indicators:

- ▶ Participation by different users in interest group activity.

An Office for Care and Living: Voice function

Key activities: An Office for Care and Living would be a reliable, objective voice on social care issues in public and political discourse. This would involve providing independent feedback and commentary on political and policy decisions, including public spending decisions. It would also involve delivering 'censure' when politicians or public bodies present misleading information or appear to place their private/political interests above those of the social care system, for example, running misleading billboard campaigns on social care reform in the run-up to a general election.

Why? As explored in the previous chapter, both politicians and civil servants may resist or defer reform of social care funding out of self-interest, for example, a desire to score 'political points', cling on to budgets or defer difficult decisions. Criticism from interest group

stakeholders within the social care system may be dismissed as biased.

An Office for Care and Living would provide independent, objective public commentary and feedback on policy decisions, ultimately increasing the 'cost' to politicians and civil servants of acting against the interests of social care funding reform.

Measurable indicators:

- ▶ Pronouncements by the Office for Care and Living on political and policy decisions.

An Office for Care and Living: Framing function

Key activities: Researching and putting into practice measures to improve the framing of social care in public and political discourse.

Why? The analysis of the previous chapter explored the role that psychology and ideology may play in determining social care policy. Reflecting these tensions, it is not clear that any government or stakeholder has identified how best to frame issues of social care and funding reform, and indeed, there is no consistency or coordination in how these issues are framed by different organisations.

For example, there are various ways in which the outcomes of a reformed system could be framed for the public, by emphasising:

- ▶ *Services* experienced by care users, for example, the Labour government proposal for a National Care Service;
- ▶ *Money* individuals will receive from the state and other sources if they need care, for example, the Dilnot Commission's proposals for a 'capped cost';
- ▶ *Outcomes* individuals will experience, such as independence and control.

Conversely, there are various ways in which the target group for reform can be identified and framed, whether in terms of:

- ▶ “I” - what you the *individual* will receive under a reformed system;
- ▶ “They” - what *vulnerable* individuals requiring care and support will receive following reform;
- ▶ “We” - what *everyone* will benefit from following reform.

Given such different potential approaches, an Office for Care and Living could undertake detailed research into how social care and reform can best be framed to overcome some of the problems identified above. By placing the findings of such research in the public domain, this would enable coordination and consistency among political and social care stakeholders regarding how reform options would be defined and framed.

Conclusion

Building on the analysis of the previous chapter, this chapter has sought to show the practical steps that could be taken to address the underlying problems of politics and governance that affect the funding of social care in England, and result in the ‘care conundrum’.

Each of these activities could be undertaken independently and separately. However, bringing these functions together in a single, non-governmental, statutory organisation would be the most effective approach in terms of cost and outcomes.

Key points:

- ▶ Given the exceptional challenges of politics and governance confronting the social care system that were identified in the previous chapter, there is a

compelling case for a new, publicly funded statutory agency – an Office for Care and Living - that would be tasked with addressing these issues.

- ▶ This agency could undertake a range of strategic functions relating to: data; public education, media, interest group; voice; and, framing.

5. Conclusion

The Office for Budget Responsibility provides a precedent and a model for what is required for social care policy...

This discussion paper has explored the longstanding problem of social care funding in England, and the apparent ‘care conundrum’ it displays.

Although the long-term care funding debate in England has produced numerous spending and funding proposals over the last decade, this discussion paper represents the first publication to attempt to unpick the underlying structural factors that actually result in problematic outcomes for care funding.

In the context of a wealthy society, and a particularly wealthy older population, it appears that problems of social care funding can indeed be explained by issues of politics and governance.

Ultimately, the ‘care conundrum’ is not a conundrum. The range of issues affecting the social care system explored in this paper suggest it would be surprising if there were not problems of social care funding in England.

The proposal for an Office of Care and Living represents a response to these issues, and the negative effect they have on social care funding policy in England.

Several points can therefore be made in conclusion.

First, no long-term sustainable response to problems of social care funding will be possible without a strategic response to the issues highlighted in this report.

As such, an Office for Care and Living, or similar framework, does not represent a superfluous, ‘nice to have’, reform, but rather an absolute pre-requisite if social care funding in England is to be put on a long-term sustainable path.

Second, the model of an Office for Care and Living would effectively see the government choosing to create a ‘rod for its own back’. In particular, politicians would be creating an institution that subsequently may seek to criticise them.

This approach can be justified given the range of issues explored in previous chapters, which contribute to the ‘care conundrum’ in England. But there is also recent precedent of this approach, as a response by politicians when normal democratic processes fail to ensure appropriate responses from the government and policymakers.

The Office for Budget Responsibility (OBR) was created by the Coalition Government in 2010 precisely because public scrutiny failed to ensure that fiscal policy was made on the basis of appropriate projections and decisions. The job of the OBR is to produce forecasts and judge the activities of public, communicating its work to the public throughout. It serves no other purpose than to improve policymaking and governance, and was set up to correct a fundamental perceived, flaw in policy development and the functioning of democratic accountability.

An Office for Care and Living would undertake a similar strategic function in relation to social care.

The Opportunity

Ultimately, this report has mapped out an opportunity for politicians.

In the face of public indifference and ignorance toward social care, politicians are not powerless. Even if individual politicians or parties struggle to turn social care into a ‘vote winner’, the government nevertheless has the power to reposition public and political discourse on social care, and to create the conditions for a long-term sustainable reform.

Despite voter disinterest, the government has the opportunity to reposition public and political discourse on social care...

Although there may be few 'votes in social care' now, there could be in the future.

Key points:

- ▶ No long-term sustainable response to problems of social care funding will be possible without a strategic response to the issues highlighted in this report. As such, an Office of Care and Living, or similar framework, does not represent a superfluous, 'nice to have', reform, but rather an absolute pre-requisite.
- ▶ The model of an Office for Care and Living builds on the precedent of the Office for Budget Responsibility (OBR), which was also set up to correct a fundamental perceived, flaw in policy development and the functioning of democratic accountability.
- ▶ In the face of public indifference and ignorance toward social care, politicians are not powerless. Even if individual politicians or parties struggle to turn social care into a 'vote winner', the government nevertheless has the power to reposition public and political discourse on social care, and to create the conditions for a long-term sustainable reform.

Appendix

From 2001 to November 2011, the following political science journals did not include any articles relating to social care policy in England:

British Journal of Political Science
British Journal of Politics and International Relations
British Politics
Political Studies
Politics

¹ Humphries R et al. (2010) *Securing Good Care for More People*, The King's Fund, London

² Commission on Funding Care and Support (2011) *Fairer Care Funding*, Department of Health, London

³ Lloyd J (2011) *Delivering a National Care Fund: How would a public-private partnership work?*, The Strategic Society Centre, London

⁴ Commission on Funding of Care and Support (2010) *Call for Evidence*, Department of Health, London

⁵ CSCI (2009) *The State of Social Care in England 2007-08*, CSCI, London

⁶ Commission on the Funding of Care and Support (2010) *Call for Evidence on the Future Funding of Care and Support*, Department of Health, London

⁷ Commission on Funding of Care and Support (2010) *Call for Evidence on the Future Funding of Care and Support*

⁸ CSCI (2009) *The State of Social Care in England 2007-08*, London

⁹ Commission on the Funding of Care and Support (2010) *Call for Evidence on the Future Funding of Care and Support*, Department of Health, London

¹⁰ Commission on Funding of Care and Support (2010) *Call for Evidence on the Future Funding of Care and Support*

¹¹ Commission on Funding of Care and Support (2010) *Call for Evidence on the Future Funding of Care and Support*

¹² NHS Information Centre (2010) *Personal Social Services Survey of Adult Carers in England, 2009-2010*

¹³ Ross A et al. (2008) *Living and Caring? An Investigation of the Experiences of Older Carers*, ILC-UK, London

¹⁴ NHS Information Centre (2010) *Personal Social Services Survey of Adult Carers in England, 2009-2010*

¹⁵ Yeandle S (2007) *Valuing Carers - calculating the value of unpaid care*, Carers UK, London

¹⁶ CSCI (2008)

¹⁷ Humphries R et al. (2010) *Securing Good Care for More People*, The King's Fund, London

¹⁸ Commission on Funding of Care and Support (2011) *Fairer Care Funding Analysis and evidence supporting the recommendations of the Commission on Funding of Care and Support*

¹⁹ Lloyd J (2011) *Delivering a National Care Fund: How would a public-private partnership work?*, The Strategic Society Centre, London

²⁰ Daffin C (ed.) (2009) *Wealth in Great Britain: Main Results from the Wealth and Assets Survey 2006/08*, ONS, London

²¹ http://england.shelter.org.uk/professional_resources/housing_databank

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