

‘A Charter for Change’

Reforming care and support for older
people, their families and carers

January 2008

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1 Summary

There is a growing consensus that the UK care system is in crisis.

a crisis of funding – can we afford to get old?

a crisis of fairness – who pays for our care when we do?

a crisis of confidence – is the care system one that people understand and have confidence in?

A growing “care gap” exists between older people who need care and those who receive state support, and a growing funding gap between what the state will pay for and what both informal care and privately funded care provide.

Wanless calculated that 80% of need is “unmet”.ⁱ There are 1.9 million disabled people in Great Britain aged over 65 who do not receive state funded care and instead rely on informal care. This is set to grow to 2.6 million by 2022.ⁱⁱ

The value of informal care provided by carers for people aged over 65 is £61 billionⁱⁱⁱ.

At £5.4 billion, privately funded care accounts for 57% of total care expenditure (£14.9 billion). On current trends this share will grow to 66.5% by 2022.^{iv} Those who need care will be expected to pay more of the cost.

The combined “care funding gap” which is met by informal care and privately funded care is equivalent to £24,600 per year for every disabled older person in Great Britain^v.

- Over 65s now outnumber children. By 2051, the number of over 85s will have almost quadrupled from 1.1 million to 4 million.^{vi}
- The number of people with dementia in the UK will rise from 870,000 in 2010 to 1.8 million in 2050^{vii}
- 100,000 people use Counsel and Care’s Advice Service every year.
- 3 in 4 local authorities now only provide care to those whose needs are “critical” or “substantial”.^{viii}
- There are 420,000 older and physically disabled people living in care homes across the UK^{ix}, while the number receiving state funded home care in England is 359,200^x
- Just to meet population growth alone, the cost of social care is expected to rise from the 2002 level of £10.1 billion (1.1% of GDP) to £24.0 billion (1.5% of GDP) by 2026. Achieving more ambitious goals for social care would mean increasing the proportion of GDP spent to 2% by 2026.^{xi}

- In total informal carers save tax payers £87 billion per year because of the informal care they provide – more than the annual NHS budget.^{xii}
- CSR 2007 increased targeted funding for prevention and personalised services for older people and carers by £190 million to £1.5 billion but local authority funding will increase by just 1% in real terms over the next three years.^{xiii}
- Falls alone cost the NHS £1 billion each year.^{xiv}

New evidence from Counsel and Care's Advice Service shows:

- **Older people and their carers are left baffled by the care system** with 6 out of 10 (61.22%) people complaining about a lack of information – particularly in relation to council care services
- **Confusion about funding is widespread.** Those with modest savings feel penalised by a system that expects them to self-fund their care
- **The way care eligibility criteria are applied is unclear and perceived as unfair.** 4 out of 10 (43%) of those contacting the Advice Service about assessment raise concerns about eligibility
- **More than 6 out of 10 (62%) formal complaints are about local authorities**
- **More than half of the calls (55%) about carers highlight conflicts of interest** where the needs of the older person are being balanced against the needs of the carer. **1 in 4 carer enquiries (25%) are regarding a lack of access to local services**
- **3 out of 10 mental health enquiries relate to dementia**
- **Help with essential housing repairs is the single biggest charitable request** for home owners living on a low income with limited savings.

Government has promised a radical rethink of the care system with a green paper due in 2008. Ahead of this, Counsel and Care's *A Charter for Change* establishes 10 tests a new system has to meet alongside 5 key principles for reform.

5 principles for reform

Any new model must ensure:

- ✓ **simpler** access for older people, their families and their carers
- ✓ **fairer** access to services so it is clear what the taxpayer pays for and what the individual is expected to pay and why
- ✓ **transparent** provision of services and funding mechanisms

- ✓ **consistent** definitions of care needs across the country, with a minimum safety net of high quality care wherever you live
- ✓ **flexible** care services which are driven by the needs of older people, their families and their carers.

10 tests for a new model of social care

- ✓ Is it a **person-centred approach** rather than a needs-based approach, informed by **dignity and respect** for older people?
- ✓ Does it **support the choices** and the diverse needs of older people, their families and carers?
- ✓ Is it **delivering independent living and active citizenship** for older people?
- ✓ **Is it clear what the state will provide and what the individual is expected to provide?**
- ✓ Is it **sustainable** in the longer-term?
- ✓ Does it provide **value for money** – to whoever is paying?
- ✓ Does it provide **good quality, flexible care?**
- ✓ Does it **improve the skills and pay of the care workforce?**
- ✓ Does it bring **health and social care services together?**
- ✓ Is it **inclusive and progressive?**

This report sets out an ambitious challenge to Government to deliver a sustainable package of reform for the future. Because the scale and complexity of the care debate often divorces it from older people themselves we have drawn on new evidence from our Advice Service and casework to highlight what a social care system in crisis really means. **Unless we keep the experiences of older people, their families and carers at the forefront of the debate there is a risk that the promised radical rethink of the care system will deliver something that works better for everyone but older people themselves. That simply cannot be the outcome.**

2 Context

2.1 Government action

Government has recognised that inaction is not an option. Health ministers have stated their intention to establish one Health and Wellbeing Service. They have also launched a campaign for dignity in care and Ivan Lewis MP, the Department of Health's Parliamentary under-secretary of State for Care Services has set out the Government's ambitious aim:

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“We want a world class service where older people are treated with dignity and respect”^{xv}

Putting People First,^{xvi} the social care reform concordat between central and local government published in December 2007 is a welcome and essential step towards the realisation of the necessary transformation of adult social care. Announced alongside it, funding of £520 million for Personal Care budgets (which includes funding announced in the Comprehensive Spending Review this year) includes some NHS funding, recognising the savings to the NHS of improved social care and earlier interventions.^{xvii} But while extra funding is welcome, it does not fundamentally alter the way the care system works.

The CSR 2007 promised to reform the current social care system. As part of the CSR the Chancellor announced that a green paper would be published in 2008. Additionally, it established a new cross-government Public Service Agreement (No 17) to tackle poverty and promote greater independence and well-being in later life. However, this year also saw a tight public sector funding round and local authority social services departments are already responding by rationing care services even further. Recent Commission for Social Care Inspection (CSCI) evidence suggests that nearly 3 in 4 local authorities are now proposing to restrict care to everyone whose needs are considered to be either “substantial” or “critical”. The Government’s stated policy preferences for independent living and early intervention are being undermined by a crisis in delivery. In practice, it has become a case of continued dependency for older people and an over-reliance on crisis intervention. Growing evidence suggests that late interventions are not only leaving considerable levels of need unmet and are not giving service users the dignity and personalised care that Ministers and others are aiming for, they are also economically and medically inefficient as crisis care costs more and is less effective.

In addition to the anticipated 2008 green paper and the campaign for dignity in care, Government is taking a number of further steps towards reforming the social care system. The Carers’ Strategy Review is considering the needs of the 6 million people who provide informal care, saving the taxpayer £87 billion each year. The Department for Communities and Local Government’s National Strategy for Housing in an Ageing Society makes the connection between older people’s housing and their health and wellbeing. New legislation will establish a Care Quality Commission – an integrated regulator for health and adult social care.

The Office for Disability Issues (ODI) is reviewing the costs and benefits of independent living, building an evidence base to support early interventions and more choice and control for disabled people. Particularly encouraging have been the Department of Health’s Partnerships for Older People Pilots (POPPs) which use innovative approaches to sustain prevention work in order to improve outcomes for older people. Early analysis has found that spending £1 on a POPP project per month reduces the cost of

hospital bed stays by more than £1 per month.^{xviii} But the benefits of early intervention to the older person themselves, in terms of greater well-being, are far greater than the economic value of reduced NHS bed occupancy. POPPs also improve service delivery on the ground by bringing a range of agencies together.

Fundamental to the future delivery of improved care services, the Government has established Local Strategic Partnerships (LSPs), bringing key players together at a local level to improve joined up service provision, with Local Area Agreements (LAAs) establishing local priorities. Integrating care services with other services such as housing, and using creative solutions such as telecare, enable older people to remain in their own homes for longer and live active, independent lives. Adapting the Sure Start model to turn local Sure Start Children Centres into intergenerational centres also brings older people and the wider community together for mutual benefit, recognising the intergenerational links between older people, young adults and children. Alongside this, practice-based commissioning in the health service is working in some areas to facilitate joined up working between health and social care. However, it remains unclear how the shift towards localism will combine with the need for national standards and a basic safety net of care for everyone, wherever you live.

2.2 Demographic change

The main driver of the renewed focus on social care is demographic change. Over 65s now out-number children and by 2051 those aged over 85 will have almost quadrupled from 1.1million to 4 million. They are also more likely to have multiple long-term health conditions or be living longer with a disability. The number of people with dementia in the UK will rise from 870,000 in 2010 to 1.8 million in 2050. ^{xi} There are currently 6 million carers in the UK, providing informal care valued at £87 billion.^{xx} Carers UK has calculated that the number of carers will need to increase by 3 million by 2037^{xxi} if we are to care for our ageing population.

A global challenge

We are not alone in facing this challenge. Countries such as Japan, Germany, Holland and Denmark, Australia and New Zealand are also grappling with the same demographic changes. Japan and Germany, for example, have overhauled funding and integrated it into a single, national structure. In New Zealand, health and social care have been united under one agency. In Scotland, free personal care has been introduced, but in practice resources are still being rationed.

Changing family life

Trends in family life and household structure will also affect the care that people will both need – and are able – to provide. There is a growing number of single person households (almost 1 in 3 or 32%) and this trend is set to continue, rising to 38% in 2026.^{xxii} Older people, particularly women, are those most likely to live alone. Added to that, those who have until now been relied upon to provide informal care, most typically women in their 50s who currently have a 1 in 4 chance of becoming a carer^{xxiii}, will in the future be more likely to be working themselves and living some distance from their ageing parents. Half (49%) of all women with children under 1 now work.^{xxiv} When the time comes they may be less prepared and less able than their mothers and grandmothers to provide informal care.

A survey in 2006 found that the current working age population is not as willing to take on the caring role as previous generations may have been. When asked about the likelihood of being able to provide regular unpaid care to a friend or family member who developed a disability or long term health condition, only one in five (21%) said they were 'very likely', while three in ten (29%) said they were 'fairly likely' to. But more

than a third (35%) of respondents said that they were 'unlikely' to provide regular unpaid care in the future with men and women being equally represented in this group.^{xxv}

In the future, where informal care is provided it is increasingly likely to be provided by partners, who are also ageing and may be ill themselves, rather than children. As a result, a growing number of older people living alone will become increasingly dependent on care services and older couples too will need more support.

2.3 A crisis in funding

Despite CSR 2007 increases in NHS funding of 4% per year in real terms, taking it to £110 billion by 2010/11, social care remains the poor relation of health service funding. Funding for prevention and personalised services for older people and carers received a £190 million boost to £1.5 billion, but local authority funding will increase in real terms by just 1.5% next year, by 0.8% in 2008/9 and 0.7% in 2009/10.^{xxvi}

Wanless calculated that in order to simply keep pace with population changes caused by increasing numbers of older people, the total spend (public and private) on social care for older people would need to increase from the 2002 level of £10.1 billion (1.1% of GDP) to £24.0 billion (1.5% of GDP) by 2026. Achieving more ambitious goals for social care would mean increasing the proportion of GDP spent to 2% by 2026.^{xxvii} But Treasury projections of increases in long-term care spending remain cautious, expecting it to rise from 1.2% of GDP now to 2% by 2054-55. In the absence of adequate state funding the individuals and their families will be faced with growing care bills, with the private contribution rising by nearly a half relative to GDP.^{xxviii} Additionally, Joseph Rowntree Foundation (JRF) research found that care homes were being underfunded by £1 billion each year.^{xxix}

A service that cares?

There are 420,000 older and physically disabled people living in care homes across the UK^{xxx}, while the number receiving state-funded home care in England is 359,200.^{xxxi} Despite the welcome shift towards supporting people to live independently in their own homes, availability of places and standards of care in the care home sector are still critical to many older people's daily lives. From 2008, the Commission for Social Care Inspection (CSCI) will be assessing the standard of care homes in England and awarding new quality star ratings. A recent CSCI assessment of Adults' Social Services in England shows there are 28 councils (19%) with one star, 74 (49%) with two stars and 48 (32%) with three stars. While this is an improvement on last year, it still gives cause for concern that only a third of local authorities provide a 3-star rated service, defined as performing well across all identified outcomes.^{xxxii}

A workforce equipped to care?

Meanwhile, the care workforce remains low paid and poorly trained. An Equal Opportunities Commission (EOC) report^{xxxiii} found that it is in part because 9 out of 10

care workers are women that their profession is undervalued. The projected increases in care spending do not allow for enhanced rates of pay for care workers so that low pay can be addressed, staff turnover can be reduced and professionalised care services can be provided. Increased investment in the care workforce is intrinsic to the delivery of better care for older people. A 2006 Government review of the care workforce^{xxxiv} made a number of recommendations for change, but despite recent progress these have yet to be implemented.

2.4 A crisis of fairness

The public at large perceives the social care system to be part of the welfare state and an NHS that should be “free at the point of use”. In practice, social care has never been fully funded in this way but, nevertheless, the expectation of support is there – as is the confusion, shock and anger that older people and their families feel when they realise that the support they expected to receive will not be available to them. The much needed debate, similar to that which occurred to achieve pension reform, about how to share the costs of care between general taxpayers, care users and their families has simply not taken place.

Counsel and Care’s national survey of local authority care charging and eligibility criteria – *Care Contradictions 2007* – found that there is a triple lottery for home care services: where you live, how the local authority applies the eligibility criteria for services and their charging policy.

a location lottery

Widely varying provision across the country means if you live in Wokingham, Surrey, West Berkshire or Harrow your needs have to be assessed as “critical” (life-threatening) if you are to receive any social care support, while residents in Kent or West Sussex for example can qualify for assistance if they have moderate needs (an inability to carry out several personal care or domestic routines).

a language lottery

Additionally, what is defined as “substantial” or “critical” care needs in one area will be different to the definition of those terms in another area. If an older person moves between local authorities they could find themselves defined in/out of the care system while their needs have not changed at all. As a result of funding pressures, the annual incremental tightening of local authority eligibility criteria combines with a growing shift of focus towards using older people’s assets to finance the care they need. Even older people who are eligible for local authority care home support are expected to hand over their pension to pay towards their care and are faced with the indignity of being left with a meagre £20.45 personal expenses allowance.

a price tag lottery

There are also considerable variations in local authority charges for services, with the maximum ranging from £60 per week to £326 per week^{xxxv}. The shift towards local provision and local control has in practice left some older people stranded without basic levels of support and fundamentally undermines the Government's stated policy aims of dignity, independent living and early intervention.

Local authorities also set a "standard rate" for what they are willing to pay for certain levels of older people's needs in care homes. These rates are supposed to be flexible, responding to the care needs of the individual, but only 1 in 5 (19%) of local authorities surveyed provided a range of standard rates, suggesting a lack of flexibility.

Additionally, the rate for nursing home care should be higher and in 2007 averaged £467.08. But evidence from Counsel and Care's Advice Service suggests this is still far below the actual cost for this type of care.^{xxxvi}

2.5 A crisis of confidence

Much of the confusion about funding arises from the split between health care which is provided free at the point of use and social care which is chargeable. Government is trying to streamline long-term nursing care by establishing a National Framework for NHS Continuing Healthcare, but while this is a step in the right direction it still leaves many people out and does not extend to social care. Essentially, health and social care remain poles apart. But for the older person, their family and their carer, the distinction appears arbitrary. In order for taxpayers and service users to have confidence in the system and to accept the case that they need to pay more for social care, they need to both understand what their money is paying for, why they are paying for it in a certain way (either as taxation or as a charge for a service) and, should they or their family need to use the service, how to access it. Currently it is unclear what general and local taxation will cover and what needs to be paid for by individual “top-ups”. And as our advice service analysis shows, nor is it clear how to gain access to basic information such as what local services are available, where to go to for advice about care homes, care charges and benefit entitlements.

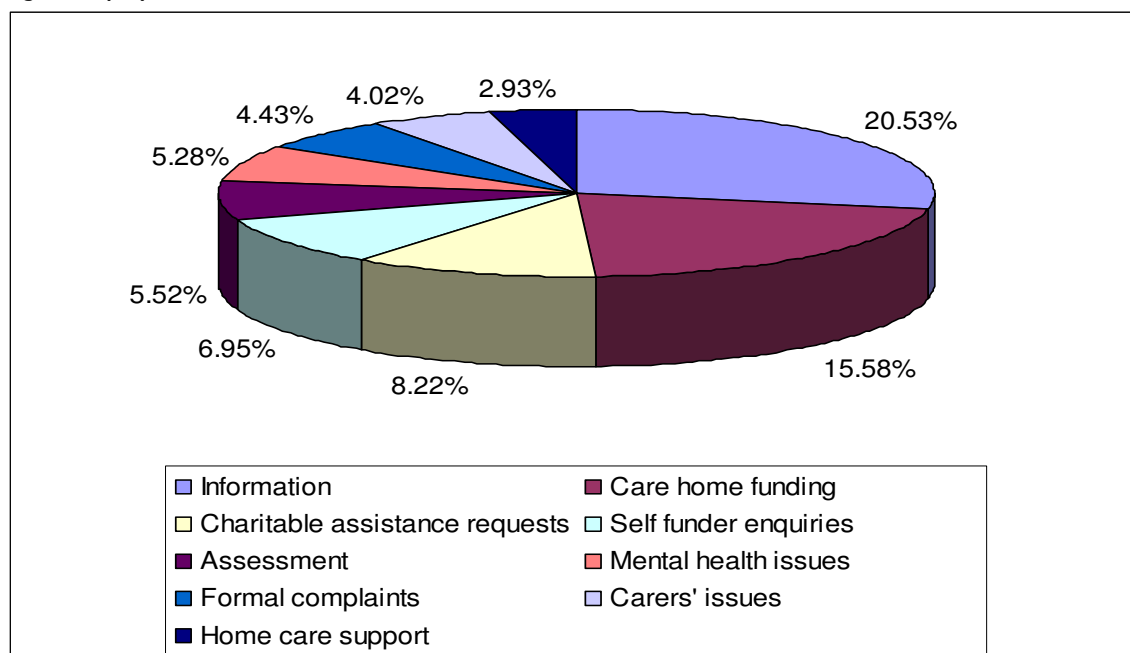
A recent survey found that 40% of people are afraid of being alone in their old age, while two thirds of the adult population are “frightened” of moving into a care home.^{xxxvii} Other evidence shows that new generations of older people – the “baby boomers” of the 1960s - are likely to be both more demanding of the services they receive and less tolerant of the way the funding system works than their parents and grandparents have been. Their individualism and liberalism^{xxxviii} means the “consumer” is replacing the “service user” and that is likely to have lasting implications for service provision and funding. They are also becoming increasingly significant politically. Age Concern’s report *Winning in 2009: the importance of the baby boomers*² reveals that older voters cast more than 40% of all votes in the last General Election - and this number is set to grow considerably over the next decade as the “baby boomers” hit retirement. Social care is therefore set to become increasingly politically significant in the years ahead.

Driven by the need to keep costs down rather than the need to provide the care required, the care system is more easily characterised by the barriers it erects rather than the services it provides. While there is no underpinning philosophy or approach to explain the rationale for the way resources are allocated and while there is no nationally provided basic safety net of provision, the system will continue to be perceived almost universally to be unfair. As a result, the system as it stands is neither legitimate nor effective. Neither taxpayers nor service users can have confidence in it. This is becoming increasingly politically significant for all the main parties.

3 Older people's experiences

Counsel and Care is widely regarded as *the* expert in eldercare. Our dedicated advice services offers information and support to more than **100,000 people, their families and carers** in the UK each year. Based on a sample of more than 5,000 enquiries, this survey^{xxxix} paints a revealing picture of the nature and complexity of the crisis in social care.

Fig. 1 Top queries to the Counsel and Care Advice Team



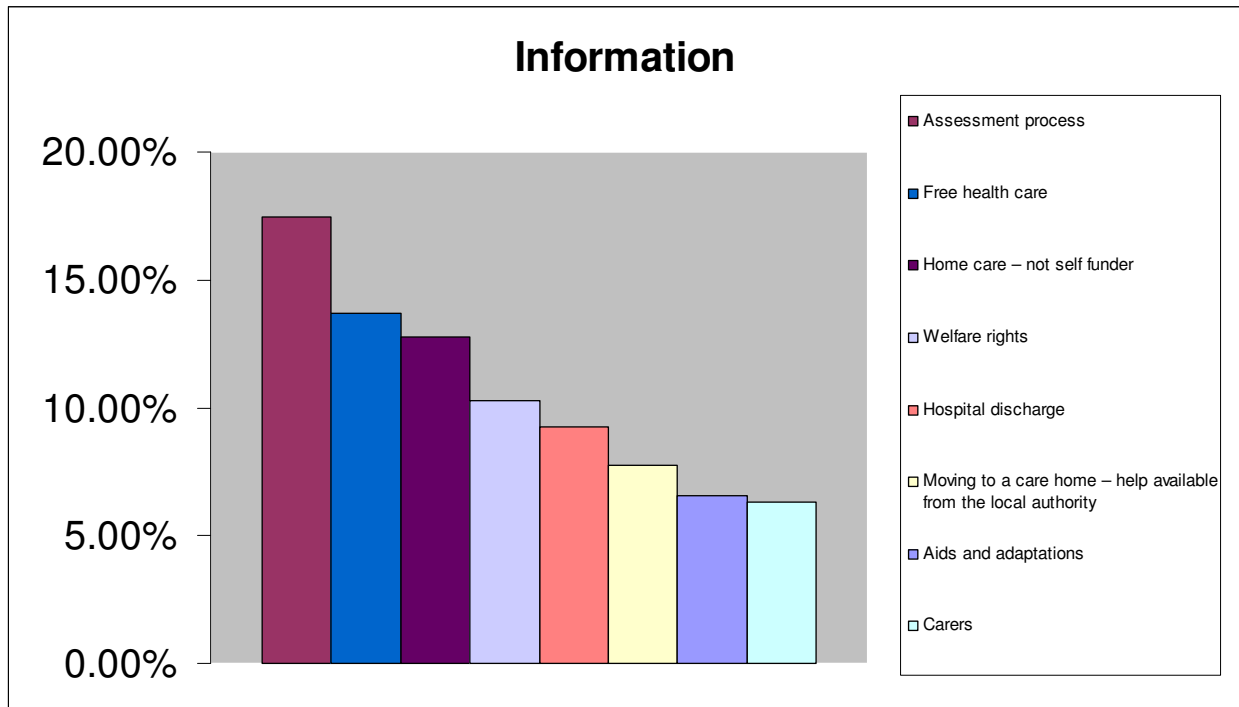
N.B the remaining 26.54% of queries were on various topics, each constituting less than 1.77% of calls.

3.1 A lack of information

Older people and their families are baffled by the care system and desperately need better sources of information as well as a system that is easier to understand.

The biggest enquiry is requesting general information (fig 2) about how to access services (18.76% of total calls). Of those requests, the biggest single issue raised is information about the assessment process.

Fig. 2 Breakdown of requests within the category 'Information'



N.B Other information requests included: Extra care housing (4.68%), Housing (4.45%), Independent advocacy (2.69%) Pensions (2.57%), Social isolation (1.28%), Mental health (1.17%).

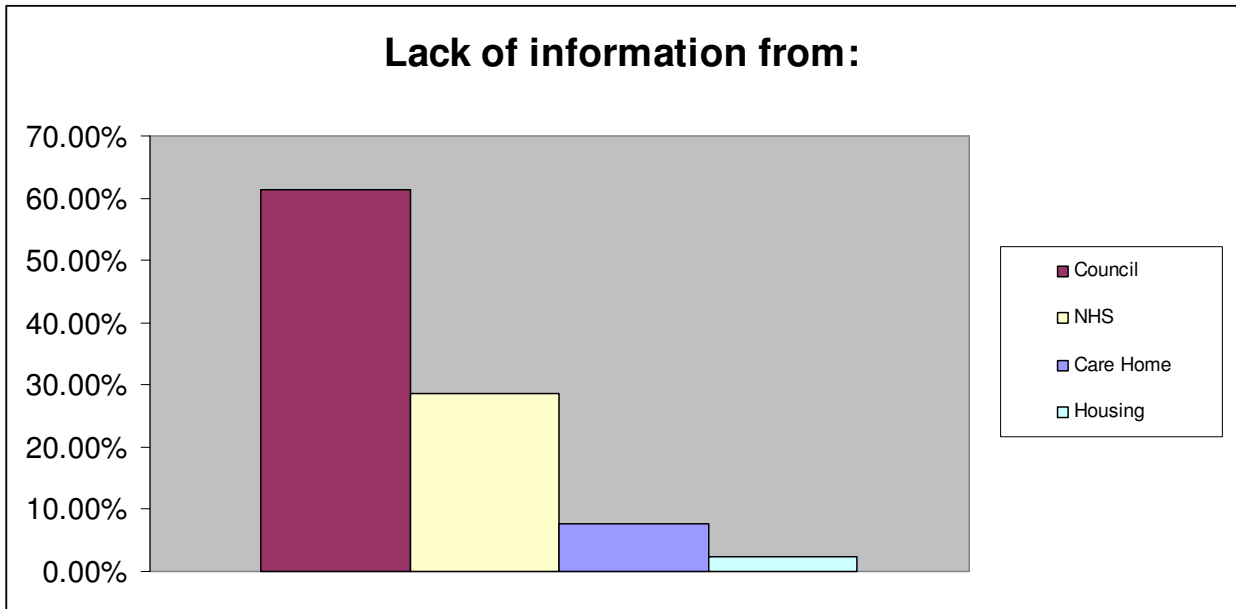
Ms. L, Norwich

“My mother had been suffering from Alzheimer’s disease for some time. My father had been caring for her, but as my mother’s behaviour became increasingly unpredictable and aggressive, he found it very difficult to manage. We felt my mother now needed to move to a care home. However, we were worried that if she did go into a home permanently, my father would be made homeless as he would have to sell the family home to pay the care home fees.

“Counsel and Care’s Advice Worker was able to send a tailored letter to my parents outlining their rights and entitlements. My father felt reassured that he would not lose his home if his wife moved permanently into residential care. As a result, my father consented to a referral to social services and a comprehensive needs assessment was carried out for my mother, followed by a successful move to a nursing home that could meet all her needs.”

Linked to this are complaints about a lack of information (fig 3), particularly from council social services departments (raised by 6 in 10 callers in this category). Alongside others in the voluntary sector, Counsel and Care’s Advice Service finds itself filling that information gap.

Fig. 3 Breakdown of complaints within the category 'Lack of information'



3.2 Funding

Confusion about funding is widespread and self-funding is perceived to penalise those with modest savings. Where they are expected to top up care home funding, people do not understand what their contribution is expected to be, nor why they are contributing. Those with modest savings feel penalised by a system that expects them to self-fund their care.

Mrs C, Kent

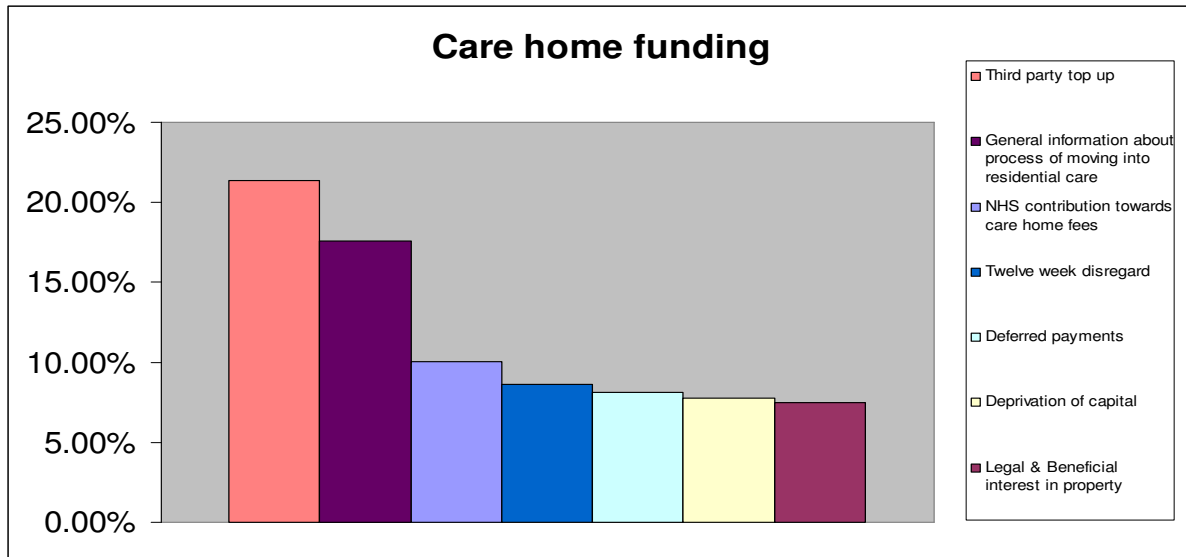
"I contacted Counsel and Care's Advice Service after my mother's care home fees almost doubled over the course of a year. I was very upset about the huge and unexpected increase in the cost of her mother's care; my mother's nursing needs had not increased to a level that warranted such a jump in charges.

"Counsel and Care's Advice Worker suggested that I ask the care home for a breakdown of the new fees, so I could see what the increase included. They advised me that the care home shouldn't charge for a resident's nursing care needs and if the care home could not quantify the charges in writing, I could contact my local trading standards office to make a complaint about the price increase.

"In the end, my mother decided it was best to move to a new nursing home, which charged fees at a more reasonable rate."

Third party top-ups account for 1 in 5 (21.34%) of care home funding inquiries (fig 4), while 1 in 5 (17.58%) need general information about the process of moving into residential care.

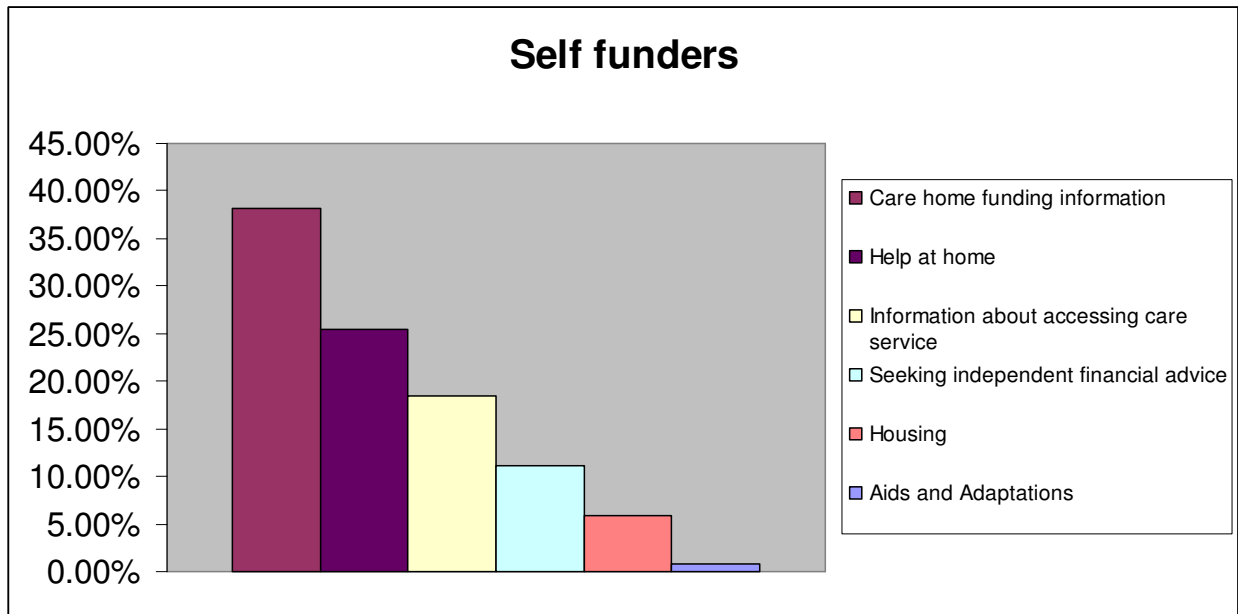
Fig. 4 Breakdown of information requested within the category 'Care home funding'



N.B. Other issues raised included: Spend down of capital (4.98%), Local authority standard rate too low (4.61%), Older person forced to move to cheaper care home (3.11%), Ordinary residency (2.24%), Fee increases (1.49%), Treatment of Private pensions in financial assessment (1.24%), Liable relatives (1.12%), Older person being forced to share a room (0.37%)

Our Advice Service also confirms a lack of support for those needing to move into residential care who are defined as “self funders” and who are again dependent on information and advice from the voluntary sector - nearly 4 out of 10 (38.24%) inquiries are in this category (fig 5). 1 in 4 (25.41%) need advice about help at home while 1 in 5 (18.43%) need information about accessing care services.

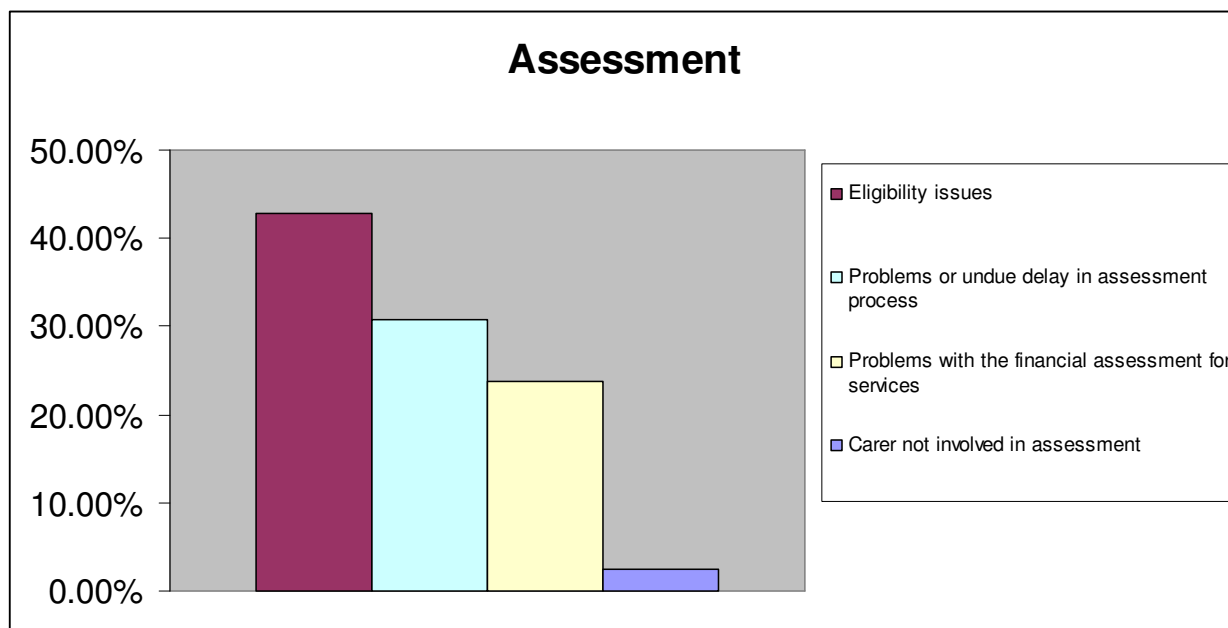
Fig. 5 Breakdown of queries within the category 'Self-funders'



3.3 Assessments and eligibility criteria

The way care eligibility criteria are applied is unclear and perceived to be unfair, both for care assessments and for home community support. The process of assessment is a source of confusion and dissatisfaction, with more than 4 in 10 (42.86%) inquiries in this category relating to eligibility issues while 3 in 10 (30.84%) complain of undue delay in the assessment process (fig 6).

Fig. 6 Breakdown of inquiries within the category 'Assessment'



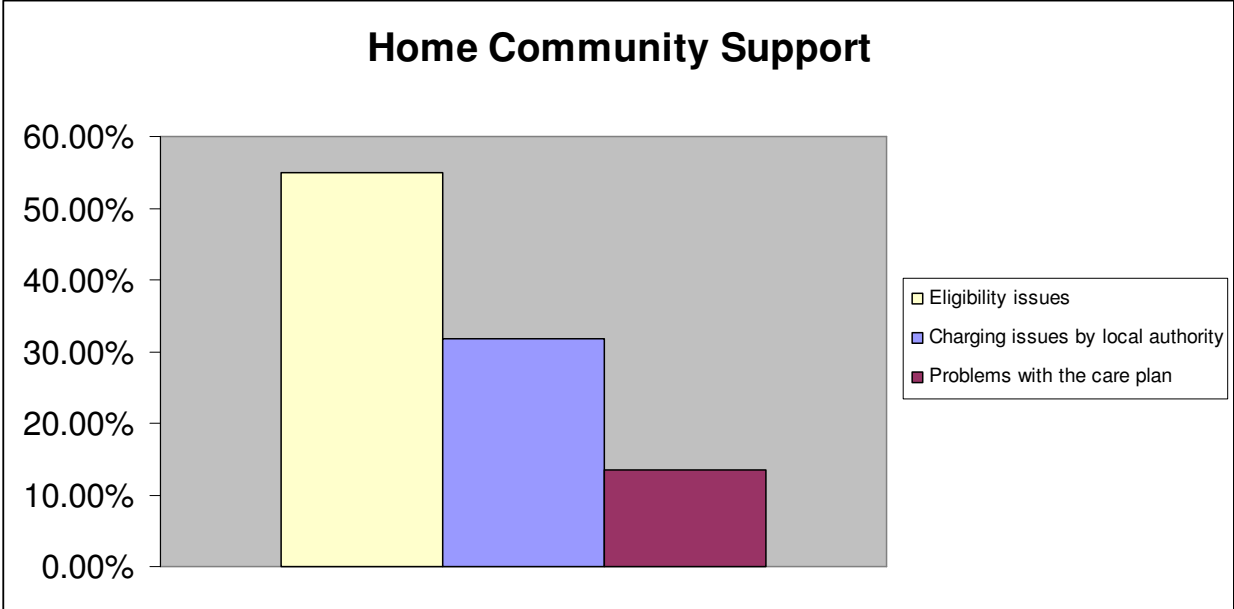
Ms F, Leicester

"I called Counsel and Care's Advice Service in a state of distress about my father who was in hospital after suffering two strokes. The medical team working with my father were recommending that he move into a nursing home. However, my father wanted to return home. We agreed with this, but were worried about who was going to look after him, especially with me and my sisters working full-time. The social worker had offered support from carers, but there was no consideration of my father's nursing needs, which were far above what could be managed by the district nurses.

"After speaking to Counsel and Care's Advice Worker, I followed their advice to set up care for my father at home, with three visits from carers per day funded by social services and three nursing visits per day, funded by the NHS. We were happy with this and my father returned home within the week to be cared for in the comfort of his own home, with his family around him."

More than half of the enquiries about home community support also raise eligibility issues while a third relate to local authority charging policies, suggesting confusion about how these are applied (fig 7).

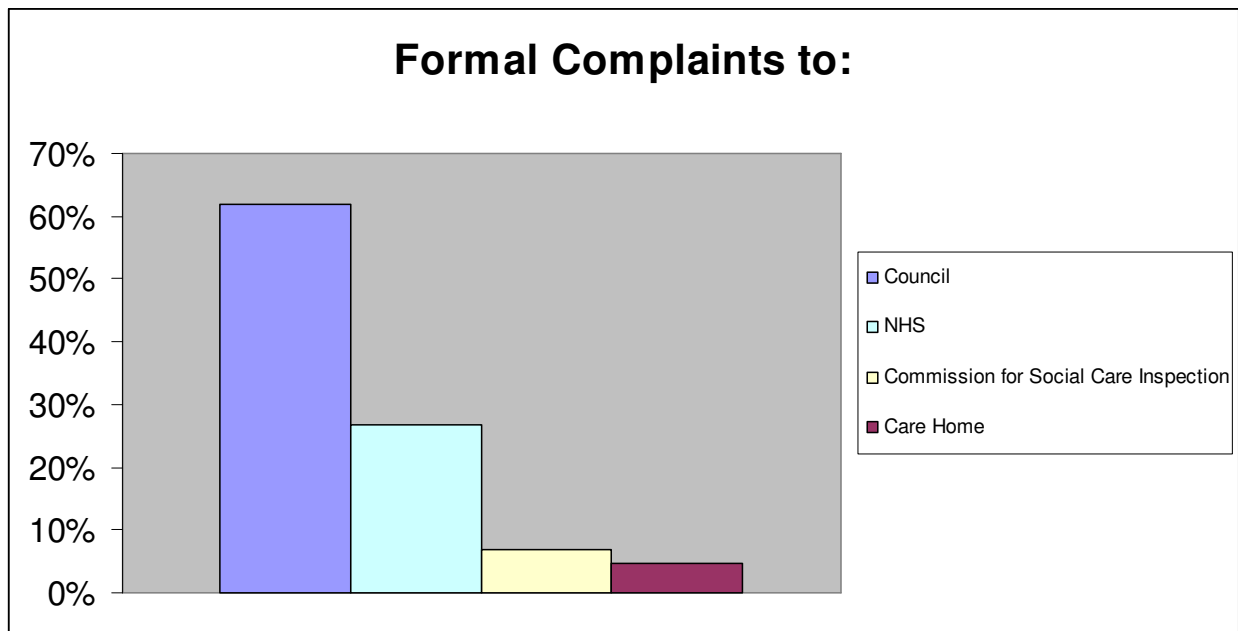
Fig.7 Breakdown of enquiries within the category 'Home Community Support'



3.4 Formal complaints

More than 6 out of 10 (62%) of formal complaints are about local authority services, (fig 8) suggesting that older people's needs are not being met by social services departments, either because of the quality of care they receive or because of the level of unmet need that exists. The level of unmet need is set to grow as rationing of local authority care services continues to tighten. A further 1 in 4 (26.65%) formal complaints are about the NHS.

Fig. 8 Breakdown of 'Formal Complaints'



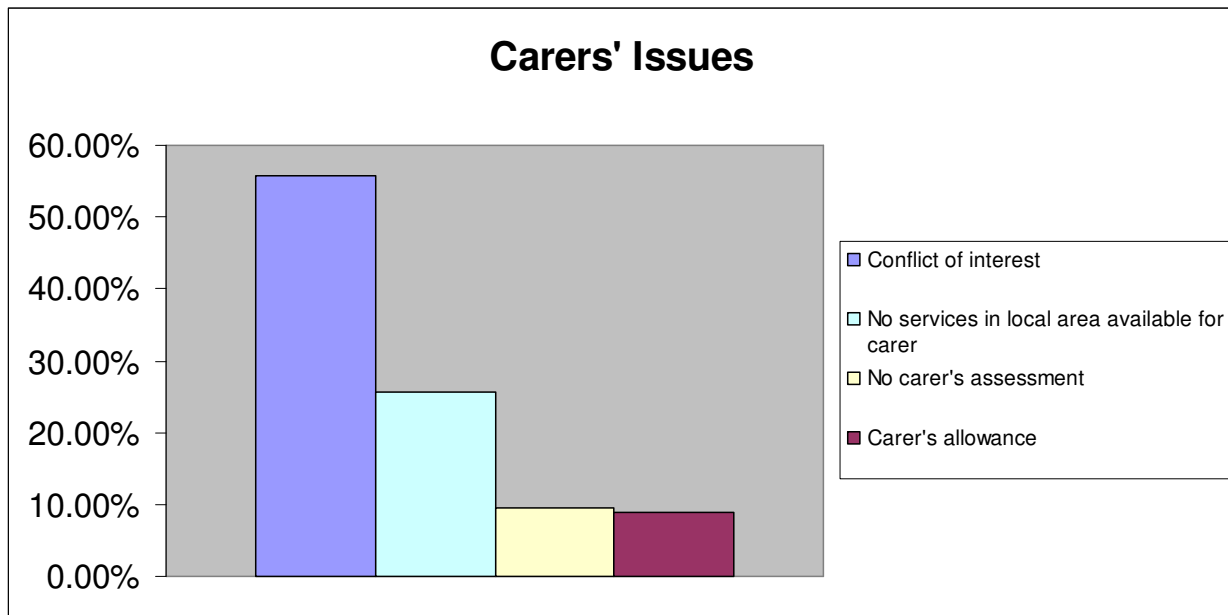
Ms D, Bristol

"I was concerned about my brother who was in a care home in Bristol far away from his home town and all his family and friends. He was only 64 and still mentally active but was becoming very depressed in his current home. His local council social services would not increase the rate they were willing to pay in order to enable him to move to a care home that could meet all his care needs. Counsel and Care's Advice Worker was able to provide me with the relevant legislation and a draft complaints letter to support my complaint about this to my brother's local council. As a result, the local council agreed to raise their standard rate to a level where a care home could be found that was in his local community near to his friends and family so we could visit him."

3.5 Carers' issues

1 in 10 (9.5%) enquiries about **carers' issues** (fig 9) concern the fact that there had been no carer's assessment, while 1 in 4 (25.7%) are regarding an absence of local services for carers. More than half (55.8%) said the needs of the older person are being balanced against the needs of the carer, suggesting the relationship can be put under considerable strain.

Fig. 9 Breakdown of enquiries within the category 'Carers' Issues'



Mrs. B, Liverpool

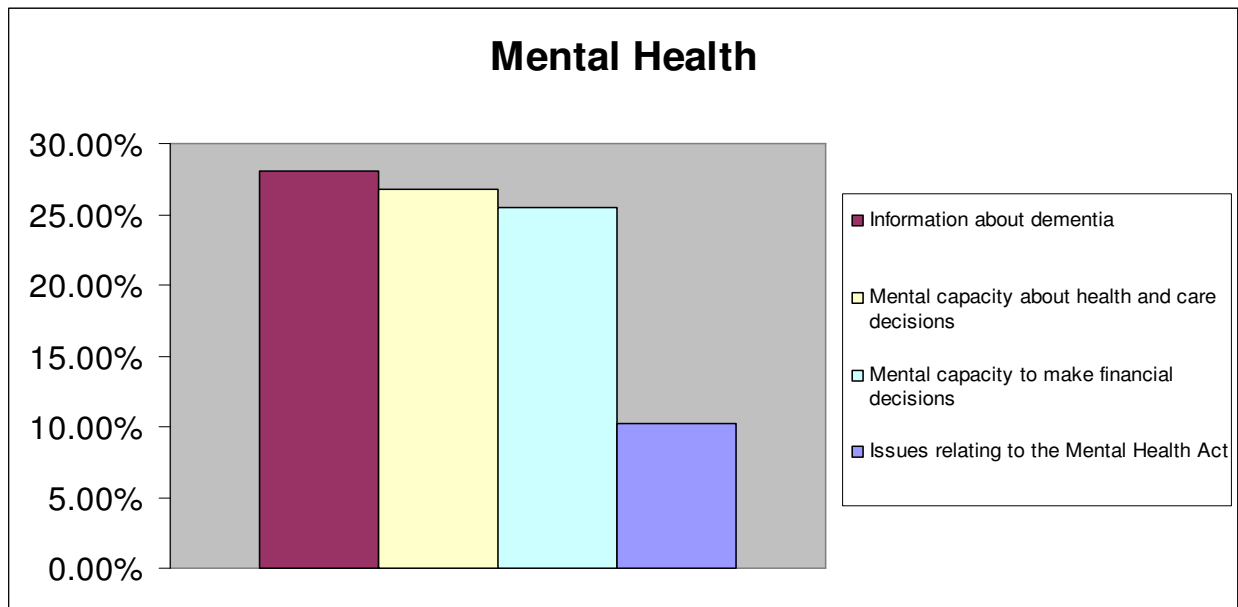
I contacted Counsel and Care after I'd become the main carer for my husband after he suffered a stroke. Even though I had my own health concerns, I had been caring for him without any additional support and needed advice about how I could have a well-deserved break.

"The Advice Worker informed me about my right - as well as my husband's - to have an assessment carried out by my local council, in my case to look at my needs as a carer. Thanks to Counsel and Care's information, I accessed the support I needed to continue caring for my husband, and get the break I needed!"

3.6 Mental health

3 out of 10 (28.07%) mental health enquiries are about dementia (fig 10) while 1 in 4 (26.76%) concern mental capacity issues about health and care and a further 1 in 4 (25.49%) about mental capacity issues in relation to financial decision making. Driven by our ageing population, the increase in dementia is also driving the crisis in social care as most care needs associated with dementia are not classified as “medical” but are rather defined as “personal” so do not qualify for financial support. This distinction is an academic one for people with dementia and their families who are largely left to cope alone with the illness. The number of people with dementia in the UK will rise from 870,000 in 2010 to 1.8million in 2050. ^{xi}

Fig. 10 Breakdown of enquiries within the category ‘Mental Health’



N.B. Other enquiries included: Looking for counselling services (4.9%), Depression (4.57%)

Ms. N, London

"I'm an older lady living alone in London. I used to suffer from depression and periods where I'd become frightened and confused. I found it difficult to care for myself and often felt isolated and lonely. The community mental health team had arranged services for me but I was worried about people coming into my home, so I would refuse to let them inside.

But I did agree that Counsel and Care's Advice Worker could contact a local day centre in my area. A short time after the referral, I began to visit the centre 5 days a week with the help of transport arranged by the day centre, where I could get involved in a range of activities and have a hot meal at lunchtime. My allocated worker at the centre also helped me with emotional and practical support, and liaised with the community mental health team."

3.7 Charitable assistance

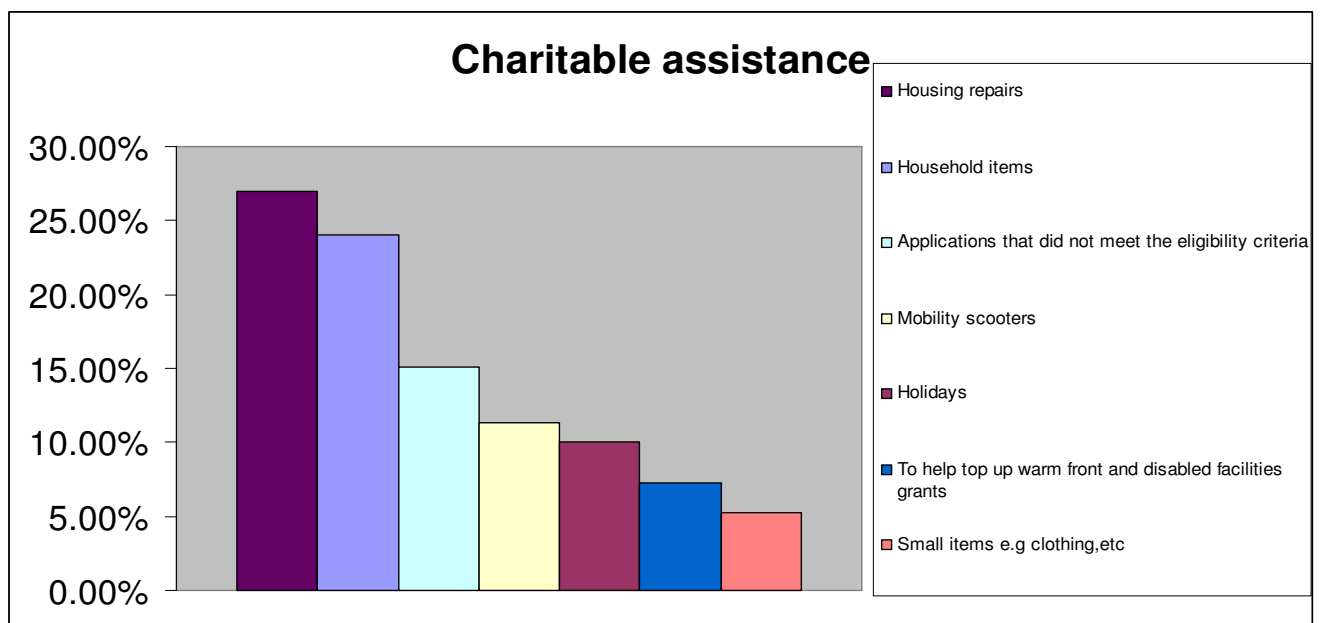
Help with essential housing repairs is the single biggest charitable assistance request (27%) that Counsel and Care receives for people living on a low income with minimal savings (fig 11). This demonstrates the severe lack of funding made available by central government and local councils through grants to help older and disabled people keep their homes in a suitable condition to live. Help with essential household items is the second biggest request for assistance (24%).

Mrs C, London

"I'm a widow in my 80s and live alone in London. I find it difficult to make ends meet as I only have a small pension and have to claim benefits. In June 2005, I contacted Counsel and Care's Advice Service as my stair lift was making a terrible grinding noise. My local council social services had provided me with a stair lift, but could not support me with the cost of maintenance and upkeep. The free guarantee period had passed so it would cost me £80 for an engineer to come and look at it. I contacted the Advice Line in much distress, as I couldn't afford the call out fee and was worried that I wouldn't be able to get to my bathroom and bedroom if the lift broke down completely.

"Within the month, Counsel and Care's Advice Worker had supported my application for a grant to purchase a warranty that would cover the cost of calling out an engineer and the cost of spare parts and repairs for a year. The problem with the stair lift was resolved with the added reassurance that help would be available under the warranty for the rest of the year."

Fig. 11 Breakdown of requests within the category 'Charitable assistance'



4 Moving forward

There is a weight of evidence which points towards a number policy solutions to the care crisis in both the short and longer term. Addressing the present crisis is imperative if today's older people and their families are to be given the care and support they need and deserve. But reshaping the system for the future is equally pressing. Just as we grappled with the need for pension reform, we must now do the same for social care. The Green Paper in 2008 must set an ambitious framework for reform if we are to deliver the transformational change that is needed.

The Prime Minister describes the guiding principle of welfare provision as *progressive universalism* – characterised elsewhere as “a guaranteed minimum for everyone, with more for those who need it most”¹ and “all get help, but those in greatest need get the greatest support”². There is an inherent tension in universality – everybody gets the same and progressive provision – targeted support to those who need it most. How do we address the dilemmas of who needs care and who doesn't? Who provides that care? Who should pay for it?

¹ John Prescott, speech to the Fabian Society, 15 January 2002

² Gordon Brown, speech at launch of new tax credits, 16 Sep 2002
'A Charter for Change'

5 A charter for change

5.1 5 principles for reform

Counsel and Care has established 5 principles for reform. If we are to achieve a once in a generation reform of the social care system which is both more effective and perceived to have greater legitimacy it must provide:

simpler access for older people, their families and carers. There should be a first stop care advice service provided at a national level alongside independent information, advice and advocacy available at a local level. There should also be a single assessment model for those who need care. Care needs assessments should be shared between different care agencies so that older people, their families and carers don't have to repeatedly provide the same information.

fairer access to services so it is clear what the taxpayer pays for and what the individual is expected to pay and why. In advance of reform, the "contract" between service users, their families and the state must be fully debated to achieve a consensus about *progressive universalism* as it applies in social care. What will be available on a universal basis (i.e without means testing) and what will have to be provided by the individual either topping up their care package or being entitled to further assistance from the state must be clearly defined. The system must also be progressive so that those who are least able to pay for themselves should not be left behind. But equally it must not be perceived to be punitive, so that those who have modest savings are not expected to pay for care and homeowners have the option of releasing equity in their property rather than being forced to sell it to pay for long-term care.

transparent provision of services and funding mechanisms. The way assessment criteria are applied, the way services are provided and the way charges are levied must be clear to all.

consistent definitions of care needs across the country, with a minimum safety net of high quality care wherever you live. Currently because of scarce resources, local authorities can screen out care needs by redefining what qualifies as a "moderate" or "substantial" need for example.

flexible care services which are driven by the needs of service users. Personalised care requires flexibility in provision. Care services are rarely driven by the needs of the service users and are usually provided at the convenience of the service providers.

5.2 10 tests for a new model of care

Our *Charter for Change* sets out ten tests for any new model of care to meet. These are a series of questions that place our core principles into a framework for delivery to establish whether the reforms are delivering on the Government's stated aim. Alongside each test we have also posed a question which is typical of those asked by callers to our advice line. What will the answer to those questions be in a reformed social care system?

- ✓ **Is it a person-centred approach rather than a needs-based approach informed by dignity and respect for older people?**

"Will my husband and I be able to stay together if we need care?"
If a couple express a desire to stay together when one or both of them needs care that wish is seen as central to their care needs and services are flexible enough to respond. A greater emphasis on prevention and enabling people to stay in their own homes has facilitated this.

- ✓ **Does it support the choices and the diverse needs of older people and their carers?**

"Will I be able to carry on working if my mum's health deteriorates and I need to care for her?"
Carers have greater access to flexible work and also have support systems in place so that they are not forced to choose between caring for a loved one or staying in work.

- ✓ **Is it delivering independent living and active citizenship for older people?**

"Will they make the adaptations I need to my home so that I can continue to care for myself?"
Growing evidence shows that early interventions such as adaptations to housing enable older people to remain in their own homes for longer and are also more cost effective. Anticipating need and identifying those most at risk enables a greater focus on prevention. Appropriate resources are shifted away from critical care in the NHS towards prevention to deliver independent living for older people.

- ✓ **Is it clear what the state will provide and what the individual is expected to provide?**

"Will my national insurance contributions be enough to pay for the care I need?"
A universal level of provision is available to all, wherever they live. Over and above that, individuals who can are expected to top up their care package from their own resources. Those who are on low incomes are entitled to further publicly funded care.

✓ **Is it sustainable in the longer-term?**

"Will the Government sort this out once and for all?"
A new contract for social care has taken the care system into the 21st century in a planned and comprehensive way.

✓ **Does it provide value for money – to whoever is paying?**

"If I pay for my own care will I be charged more for my place than those funded by social services?"
Those who are paying for their own care are not charged more per place than those who are state funded. Transparency and consistency of funding and charging ensures that it is clear to all what they are expected to pay and why.

✓ **Does it provide good quality, flexible care?**

"Is my carer trained to understand the needs of people like me who have dementia?"
All care workers are trained to care for those with long-term conditions such as dementia to ensure that they can provide a good standard of care.

✓ **Does it improve the skills and pay of the care workforce?**

"Will they have to keep using temporary staff?"
The professionalisation of the care workforce has improved recruitment and retention of staff in the care sector, which in turn has improved the quality and consistency of service delivery.

✓ **Does it bring health and social care services together?**

"Will health and social services finally start talking to each other?"
There has been a fundamental shift in approach which now delivers a full Health and Wellbeing Service. This has integrated health and social care services to ensure that only one care needs assessment is needed in order to deliver a full care package and engage a number of agencies and a wide range of local

services. Transferring resources from health to social care is also much easier because of this integration.

✓ **Is it inclusive and progressive?**

*“Will they be aware of the particular needs of someone like me?
Culturally sensitive provision is part of the flexible package of services that the social care sector can provide. Staff are appropriately trained and are also recruited from the communities they serve.*

6 Conclusion

The growing “care gap” indicates that the care system is in crisis. Counsel and Care’s *Charter for Change* sets the framework for the necessary transformation of care and support for older people, their families and carers. 2008 is the year of the national social care debate. We must achieve a workable consensus for reform that meets the ten tests we have set. Fundamentally, it must include a universal safety net for adult social care, informed by dignity and respect for older people, alongside a progressive approach towards individuals taking responsibility for meeting their own care needs, where they can afford to do so. Those without the means to pay for their own care must receive additional support. No one should be left behind.

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- ⁱⁱⁱ Carers UK calculate the value of unpaid care to be £87 billion. 70% of the recipients of unpaid care are over 65 so the value of unpaid care to over 65s is calculated as 70% of £87 billion.
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- ^v PSSRU calculate the total number of disabled older people in Great Britain to be 2,695,000.
- ^{vi} Raphael Wittenberg et al. *Future demand for long-term care in the UK – A summary of projections of long-term care finance for older people to 2051*. Joseph Rowntree Foundation (JRF) 2004.
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<http://www.lga.gov.uk/Documents/LGA%20briefing%20on%20CSR%202007.pdf>
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- ^{xx} *ibid*
- ^{xxi} *Facts about Carers*, Carers UK July 2005
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- ^{xl} www.alzheimers.org.uk/news_and_campaigns/Policy_Watch/demography.htm



**Counsel and Care is a national charity
getting the best care and support for older
people, their families and carers.**

**We do this by providing advice, information
and financial support and by influencing
future policies, services and funding.**



Counsel and Care
Twyman House
16 Bonny Street
London NW1 9PG

telephone: 020 7241 8555

facsimilie: 020 7267 6877

email: advice@counselandcare.org.uk

www.counselandcare.org.uk

ADVICE LINE: 0845 300 7585 (local call rate)

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