



**University of Dundee**

## **Common Weal's Manifesto for a Social Care Service**

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Common Weal Policy

# COMMON WEAL'S MANIFESTO FOR A NATIONAL CARE SERVICE

# COMMON WEAL



Common Weal is a Scottish 'think and do tank' which promotes thinking, practice and campaigning on social and economic equality, participative democracy, environmental sustainability, wellbeing, quality of life, peace, justice, culture and the arts.

Common Weal is entirely funded by small donations from members of the public and is entirely independent of any political party. It is governed by a Board drawn from across the spectrum of progressive politics in Scotland.

Common Weal also runs a news service called Source and has a network of autonomous local groups who seek to put Common Weal ideas into practice in their communities.

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## AUTHOR

The Common Weal Care Reform Group. The Common Weal Care Reform Group is composed of a variety of experts in the field of social care ranging from academics and consultants to front line care workers.

## AIM

The aim of the National Care Service should be to promote a caring society and to support and provide care to all who need it, free at the point of need.

## OBJECTIVES

Care provision should be embedded in the context of other social practices, policies and infrastructure that supports civil society as a whole

The objectives of the NCS should be to:

- Support caring relationships and informal care provision in communities;
- Support and develop the social work and social care workforce;
- Prevent care needs developing unnecessarily;
- Assess the care needs of communities and allocate the resources necessary to ensure those needs are appropriately met and as close to the community as possible;
- Establish rights to care services for those who need them;
- Monitor the emergence and evolution of care needs as society changes and respond to individuals and communities whose care needs are unrecognised and unmet;
- Lead research on care needs and care provision and the impacts of social and economic policy on caring relationships;
- Support the provision of care that is integral to other services, including health, education, culture and recreation.

## THE MEANING OF CARE

There is a spectrum of care from the existential, everyday care that humans provide each other all the time to formal care provision, with lots in between, such as volunteering and familial care. Care is an everyday feature of culture and civil society and belonging and community are critical in a caring society. Care is about far more than those individuals who are unable to look after themselves and the state holds an obligation to ensure that citizens are provided with what is required to live a flourishing life.

The need for care services is defined as any assistance, support, enablement and empowerment that is given to people who have needs (limitations, disabilities, disadvantages) that prevent them being able to lead a flourishing daily life and take a full part in social and community life. But care is not just a service to be provided in an instrumental way or right to be claimed. It is fundamentally relational; the nature of the care experience is co-produced between the carer and the cared for. It requires carers who are skilled in carrying out particular care tasks but also that they do so with a suitably caring disposition. This requires qualities of presence, discernment and the application of ethical principles to day-to-day work and for carers to feel safe and adequately supported. As such, care cannot be readily commodified or codified without losing some of its essence.

## PRINCIPLES

The proposed principles that should underpin a National Care Service should not be considered in isolation but inter-relate, inform and strengthen each other. For ease of reference, they are grouped under headings.

### Founding principles

Proposed principle *A National Care Service should be a universal service from the cradle to the grave providing care to all who need it*

**Explanation** All citizens irrespective of age, ethnicity, gender, or creed should have a right to care, based on need, as they do to health and without discrimination.

**Implications** Human rights and the non-discriminatory principle means the care services should also provide for certain non-citizens who are refugees or asylum seekers. The current fragmentation between children's and adult services, accountable to different bodies, would end.

**Proposed principle** *A National Care Service should be free at the point of use*

**Explanation** All charges for care would be abolished. The National Care Service should be funded from the public purse, either from tax or a new national insurance scheme based on a universal 'pooling of risks' with all contributing as per their income, irrespective of the care they may or may not receive. This is the only means of ensuring universal services are accessible to all, whatever their income.

**Implications** In accommodation-based services, like sheltered housing or care homes, people would be expected to contribute a portion of their income (including pension and the non-mobility component of the Disability Allowance) to the costs of their accommodation. People would no longer be required to sell their assets to pay for residential care. The funding shortfall could be met through a more equitable system of inheritance tax, in which the rich pay more than those who bought their council houses, or other taxes. Contributions from income should leave all those in care with sufficient money to continue to exercise consumer choices like the population needing care who live at home and current levels of Personal Allowance should be increased. It would still be possible for people to purchase additional services, over and above that required to meet their needs, if they so wished.

## Resources and resourcing

**Proposed principle** *The resources allocated to a publicly funded National Care Service should*

*be determined by an ongoing assessment of the likely care needs of the population as a whole*

**Explanation** Based on the definition of care, the care needs of the population are those which, in order to be met, require additional support beyond those which are provided by families or the community as part of everyday life. This principle provides the foundation for everyone needing care to be granted a legal right to receive sufficient support to meet their needs.

**Implications** A National Care Service should have a statutory duty to plan for care needs, assess the resources required to meet those and then ensure sufficient services are in place to meet those needs. Because the needs of the population vary over time, this assessment would require to be a continuous process, ensuring that services were sustainable and future-proof. Methodologies would need to be developed to do this. Government would then have a statutory duty to allocate resources to meet those needs.

## Public good

**Proposed principle** *Care services should be 'not for profit'*

**Explanation** Care would be provided by the public or voluntary sector, including social enterprises and co-operatives. In the short-term small privately owned services could continue, so long as they re-invested rather than extracted surpluses from the care system. This would prevent resources leaking out of the care system as a present and prevent the financial exploitation of individuals that is currently justified with reference to consumer choice.

**Implications** This would require new non-market mechanisms to meet the capital investment requirements of services. Mechanisms would need to be developed to buy out private providers (as happened when the NHS was set up) but over time. All new provision henceforward should be not for profit.

## Provision of care

**Proposed principle** *The design and operation of care services should be driven by those who need care, informal carers, the workforce who deliver care and be embedded in local communities*

**Explanation** Most services in Scotland have been designed from the top down, with some exceptions, for example people who commission their own services through Direct Payments and providers who design services around the person. While having to take account of the regulatory framework, which encourages some participation by service users, most providers either offer services on the open market or through procurement processes. In neither case are services designed by those most involved or rooted in local communities, rather they are often imposed on geographical communities or communities of interest. We are proposing that process is turned upside down and that how services should meet needs is designed from the bottom up.

**Implications** Changing the way services are designed will not be a short term process, it requires a revolution in management attitudes and commissioning practice and will take time.

**Proposed principle** *The National Care Service should ensure care is provided to those who need it*

**Explanation** This arises from the first founding principle. At present local authorities have legal duties to assess an individual's care needs but can then prioritise which individuals receive services, leaving individuals unsupported with almost no redress. This would not alter the current position where the majority of care is provided informally, but would strengthen the rights of those without informal supports. Care needs should be broadly defined by statute and specific obligations to citizens determined by impartial assessments of needs in the context of a normal shared understanding of personal independence and social participation. Proper weight will be given to prospective service users views.

**Implications** A new statutory duty would be

created that would give individuals a right to receive care, akin to the right to receive treatment from the NHS, where rights to treatment are not absolute but mediated through health staff. In normal circumstances those responsible (appropriately trained social work staff) for those seeking help will reach agreement with them on the best way to meet their care needs, whether through support, advocacy, provision of social care service/s or access a range of services and resources which are currently located in such agencies as housing, education departments and health services. Where, however, agreement was not reached various mechanisms would need to be developed to resolve disputes and give this right teeth, while taking account of the differences between "wants" and "needs".

**Proposed principle** *A National Care Service should support the ability of people needing care to continue daily life and fulfil their aspirations with the least possible deterioration in their ability to do so and prevent the need for additional care where possible*

**Explanation** Many care needs develop unnecessarily, either because preventive support is not available or provided timeously or because a person's informal support network breaks down. Policy commitments to shift the balance of care from intensive to preventive services have failed and services are increasingly targeted at those with highest level needs. A properly resourced National Care Service could afford to give due weight to preventive interventions at all levels of the care system, whether this is to prevent care needs arising in the first place, or to prevent care needs, at whatever level, from increasing.

**Implications** The National Care Service would be given a new statutory duty to prevent care needs increasing where possible. Early support for carers will also be crucial to prevent deterioration in their ability to care. The need of individuals for intensive care services would still exist but it could be delayed and, in some cases, avoided, resulting in better outcomes. The preventive duty would over time help drive investment in new preventive community infrastructure and

services.

**Proposed principle** *The provision of formal care services should be founded on compassion and be relationship based*

**Explanation** The evidence shows that to give effect to the rights of people needing care, such as to the rights to feel safe, secure and reach their potential, it is the relationships with the people caring for them that matters most. Caring relationships are therefore the key means by which society can meet the rights of those needing care, particularly for those who lack mental capacity. The challenge is that there can be no right to a caring relationship and paid carers often have to work to try and develop such relationships in very difficult circumstances.

**Implications** Not everyone has the aptitudes to be a carer and recruitment to and training of the workforce needs to take account of this. Carers need to be given time to form and maintain good relationships with the people they support. Technology may support care, but is not a substitute for it.

**Proposed principle** *Anyone needing care or in receipt of care services has a right to be heard, to have their views taken into account and to take decisions about how that care is delivered where they are able and resources allow*

**Explanation** The right to express one's views and have them taken into account is fundamental and crucial to services being designed and controlled from the bottom up. The challenge for care services is that many of those needing care lack the full mental capacity to do so and that the provision of care sometimes includes the need to protect people. The moral right is therefore not simple, has to be addressed within a wider ethical framework and cannot easily be translated into law. Social Workers, who are trained to do so, should have a crucial role in resolving difficulties where they occur, through the relationship-based processes of listening, dialogue and negotiation and, if this is not possible nevertheless ensuring people have their

legal rights respected.

Taken alongside the duty of the state to provide care to all who need it, this would mean everyone has a right to have a say about the service they receive.

**Implications** Listening and negotiating with people about the care they received takes time and resources. Arising from this right, we need to develop new systems for people to take decisions about the care they receive (e.g. to decide what their support is used for on a day-to-day basis) and to get redress if they have not been listened to, including legal rights of redress

**Proposed principle** *The National Care Service should treat informal carers as equal partners in decisions about the provision of care*

**Explanation** Most care is provided by informal carers, sometimes in conjunction with paid carers, but at present they have no rights to be involved in decision making processes, even where the person who they care for lacks mental capacity and they are the person best placed to take decisions in that person's interest.

**Implications** Just as for people needing care, a National Care Service needs to design new systems and new rights of redress to enable informal carers to take decisions about the day to day provision of care services.

## Workforce

**Proposed principle** *The National Care Service should be a professional, fully trained service including social workers and care staff from a variety of disciplines*

**Explanation** The base disciplines of staff may include social care, social work, nursing, home help and other backgrounds. Social workers and the social work profession would be as central to a NCS as Doctors and medicine are to the NHS.

**Implications** All care staff will be supported and enabled to undertake a generic training in social care, on top of any base discipline,

and further training appropriate for their role. This training should support staff to develop the full range of caring capabilities and not be merely instrumental or the minimum required to protect the individual/employer, as at present. Qualification will attract appropriate pay grades comparable with other health and education workers. The process of professionalisation will take time but all social care staff should be required to undertake minimum (paid) training prior to commencing work and be paid to undertake a minimum number of days training each year.

**Proposed principle** *Pay and conditions for the social care workforce should be based on national pay scales and national terms of employment agreed through national collective bargaining*

**Explanation** This would introduce a system akin to the NHS Agenda for Change for social care.

**Implications** Frontline care staff working in the private and voluntary sectors would see a significant improvement in pay and conditions to match those in local authorities. Salaries paid to managers would be harmonised.

## PUTTING PRINCIPLES INTO PRACTICE

These principles, taken together, would provide the foundations for a new dynamic approach towards social care provision in Scotland and the creation of a National Care Service. Care is an integral part of the human condition and irremediably complex. The provision of good care cannot be reduced to single principle or approach but needs to take place in a space that takes account of rights, needs, resources and responsibilities.

Common Weal is developing a blueprint for a National Care Service which will set out in more detail how these principles for care could be realised.