



A Trade Unionist and Socialist Coalition (TUSC) briefing:

Don't wait for a national care service – action to change things is possible now!

A guide to the issues by Dave Gorton, a former UNISON organiser for social care workers

The appalling state of social care is so well-documented that what should be a set of staggering statistics about its delivery have long ceased to shock. Successive Conservative and Labour governments have supposedly acknowledged the issues but then singularly failed to address them, or got further than 'research' into how best to address them.

Andy Burnham is the latest example, now using the promise of a national care service to carry out the demand of big business to abandon the triple lock – even as his social care agenda actually does nothing to lessen the influence of private equity firms and big business' private profiteering.

It would be remiss in a briefing for campaigners – including potential candidates standing using the TUSC name in the 2027 local elections – not to highlight a few of the upfront statistics; but the most important job is to map out a potential programme which could be adopted at a local council level and implemented immediately. These would speed up the processes by which a radical overhaul in social care delivery could be achieved.

Councils are responsible for the allocation of social care spending and spent more than 80% of their core funding on adult and children's social care last year. The whole picture of social care delivery in Britain could change if a lead was given in a few areas about addressing the issues faced by those seeking better care, those delivering it as employed staff, and the huge numbers of those involved in delivery either through completely unpaid labour or in receipt of inadequate allowances to do so.

The following 'highlights' show what we are dealing with, not to shock or deter but to encourage those who put themselves forward at a local level to benefit their communities to embrace new ideas and, indeed, to develop them through their own experiences.

Adult care

- Four of the five largest providers in adult home care are either owned by private equity firms, US hedge funds or billionaires based abroad.
- The public sector is responsible for just 4% of adult residential care.
- Six hundred people are joining an ever-growing waiting list each day to be assessed for care and support in England, with the total number now reaching almost 300,000. A quarter of these have been waiting for more than six months to be assessed.
- Almost 550,000 people have either been waiting for an assessment, review, start of a service, or direct payment. This has increased by over 35% compared to November 2021.

- Two years ago, it was estimated that 250,000 older people had died since 2014/15 waiting for care that never arrived in time.
- Any extra spending since then has been mainly through self-funding. Around 220,000 people have to pay all their own care costs themselves. One in seven people face care costs of over £100,000.
- Some local authorities support twice as many working-age adults with long term care as their statistical 'nearest neighbour'. Some local authorities have more than five times as many people receiving direct payments as others.

Children's care

- There are well over 100,000 children in council care across the UK. About one in five children in care in England (roughly 18,000 children) live more than 20 miles from their home area, with some placed hundreds of miles away.
- Private equity firms own or partly own eleven of England's 20 largest fostering and children's home providers. The four largest independent fostering agencies have paid out or reserved at least £205m in interest to shareholders and investors since 2020.
- Local authorities in England have spent £250m on more than 1,800 unlawful placements of children in unregistered homes over the past two years.

Social care delivery

- Four out of every five jobs in the wider economy pay more than the median wage for care workers. Twenty-eight percent of children with a social care worker parent are growing up in poverty.
- Zero-hour contracts make up 24% of all social care jobs, compared to 3% in the jobs market as a whole.
- Between six and nine million people provide unpaid social care in the UK, almost two million of these doing so on what would be considered full-time working hours. A further 1.5 million receive the Carer's Allowance (of just £86.45 a week).

The starting point is the premiss that the delivery of public services should be by councils, with its representatives answerable to the local electorate and community. Services need to be brought back 'inhouse'. The best way of doing that will be determined at a local level.

Either as individual councils or coming together with neighbouring authorities to see how they can jointly make a difference and turn back the years of anti-working class attacks, such formations could see a major effect on social care delivery and rapidly transform the landscape, being seen as a beacon by constituents and workers towards what a real national care service could be.

The following are just some examples of change which councils have the power to implement now, without the need for new national legislation, if there were councillors with the will to fight for them:

- When current contracts with external deliverers end (including those where delivery fails), the services provided, along with the staff, should be brought under council control. The staff should become employees of the council.
- If an existing contract fails due to the provider being unable to deliver it, the service can be brought back inhouse immediately not passed on to another external provider. There should be no compensation paid. (If there are outstanding back pay issues, these should be resolved – through the courts if necessary – but without the staff losing out by having to wait for resolution).
- As part of the process towards this and to ensure there is an immediate improvement, councils can agree now that all staff within the remit of the local authority receive at least the current real Living Wage as determined by the Living Wage Foundation (currently £15.45 per hour within London and £14.10 per hour for everywhere else).

- The forced use of zero-hour contracts should cease. All staff should be offered proper fixed-term contracts. If individual staff require flexibility, this should be negotiated on a case-by-case basis, with no penalties if staff can't fulfil offered opportunities because of other reasons.
- The 'legal fiddles' which have resulted in tribunals and courts determining that 'sleep-ins' and some travelling time don't attract the minimum wage should be stopped immediately. Time spent on sleep-ins or 'down periods' between visits must be payable at the appropriate hourly rate.
- If a current contract with an external provider is with one who refuses to recognise the appropriate trade unions, it could be brought to an end unless recognition is immediately applied.
- All services provided to users could be assessed – with representatives from service user groups or individuals, where appropriate – to ensure such things as 15-minute homecare visits are outlawed and the services on offer to those receiving homecare meet needs.
- This should be done alongside a reassessment of changes made through previous 'austerity measures' such as the closures of care homes and day centres, with facilities and services being reopened (or replaced).
- No looked-after children should be isolated many miles away from their home areas and there must be no continuation of any instance where unregistered homes are used to place such children.
- Current staffing levels and job content investigation within local councils shall be reassessed to ensure waiting lists fall immediately. No application for assistance should be left waiting for months because social services staff are given inadequate time to make such assessments and recommendations.
- All legal efforts to attempt to pay a local enhanced rate for the carer's allowance should be explored, ensuring individuals in receipt of it do not have other benefits jeopardised from such an arrangement. This would include whether an extension to a wider layer is possible, ie to those who currently receive no state assistance.

This is by no means intended to be an exhaustive list. Councils and councillors should set up regular forums where users can discuss needs with their locally elected representatives and new ideas be sought.

But the most important conclusion is that there is no need to wait for Andy Burnham's unspecific promise of a national care service. Action can be taken now if there were fighting councillors prepared to take it, to set the framework for that service now.

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