**Social care reform must improve the experience of Disabled people who use it**

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We welcome the Government’s commitment to reform social care; however the current proposals will make little difference to the lives of Disabled people[[1]](#footnote-2): Any reform to social care must first and foremost be informed by the experiences and aspirations of people who need and use this support.

Social care support is diverse and varied. It is not only about Disabled older people. More than half of the social care budget is spent on Disabled people of working age.

Key problems with the existing proposals:

**Funding**

The Health and Social Care Levy will raise £36 billion over the next three years. All money raised in 2022 will go to the NHS. For the remaining two years, 5.4 billion will be invested in social care. However this money is not designed to alleviate existing funding pressures on the system.

In its report, the Parliamentary Health and Social Care Committee estimated that an £8 billion yearly increase is needed to restore care provision to 2010 levels[[2]](#footnote-3). With 4/5 of Directors of Social services saying they are not fully confident they have enough budget to meet statutory obligations. The 5.4 billion allocated for social care is primarily targeted at implementing the cap.

The proposals will not make a difference to Disabled people currently struggling to get sufficient support to live a normal life, and will result in further cuts to their support. In addition, these proposals will not move the UK any closer to implementing the UN Convention on the Rights of Persons with Disabilities.

The cap does not mean that people who spend £86k on care will not have to pay more. There are important caveats:

* The cap only relates to personal care costs. All other support, such as support to engage in the community, help around the home, shopping etc., will not be included. There will be confusion, disputes misunderstanding of what is covered and what is not.
* If someone is in residential care, the cap will only apply to care costs. The person will be expected to pay all other expenses, such as accommodation, food etc. The choice and opportunities to economise and reduce those costs will be limited.
* The cap will only cover the costs that the local authority will pay for meeting eligible needs. The current situation is that local authorities drive a reduction of support hours and therefore reduce costs. This leads to people struggling to recruit or find the support they need and ultimately are often forced to top up. This may disincentivise the take up of Direct Payments, as individuals employing their PAs will have little money and small purchasing power to negotiate.

**Discrimination of disabled people without assets**

The cap will mean little to people who cannot work, do not have a chance to accumulate assets, and who are required to pay for care out of their limited benefits income.

Although the proposals are mainly implementing recommendations of the Dilnot Commission[[3]](#footnote-4), the recommendations relating to younger people who use social care were ignored. Dilnot recommended a 0 cap, effectively free care for people aged below 40. This was accepted by the Coalition government and reflected in the Care Act 2014. Although the government says the reform will benefit people of all ages, it is clear the cap will mean nothing for the vast majority of younger disabled people who did not have the opportunity to earn an income and accumulate assets.

**Unfreezing the Minimum Income Guarantee( MIG) is way too little to prevent those who use social care being pushed into poverty.**

The Social care means test considers both assets and income. Those with assets of over £20k will still continue to pay for care out of their income.

The only minor change in the government announcement for disabled people without assets is a commitment to unfreeze the Minimum Income Guarantee. MIG is the amount set by the government which people must be left with after they are charged for care[[4]](#footnote-5).

MIG levels have remained frozen since 2015. They are now almost 10% lower than they would have been if they had risen in line with inflation for the last seven years. For example, a person with the most complex needs is £15 per week, worse off now in real terms. Raising MIG in the future in line with inflation will not compensate for the loss over the last seven years.

The Care Act legal framework is clear. No one should be paying for care more than they can afford. However, this is a myth. MIG is effectively an instrument used to set a level of money people are left with for living costs. Although local authorities can set higher levels of MIG, financial pressures have meant that the vast majority only adhere to minimum standards set by the government.

**Reforms offer nothing for carers**

Reforms offer nothing for carers, who are primarily women. Carers save the government a staggering £132 billion a year[[5]](#footnote-6) figure from Carers UK). Some family carers also financially support disabled people forced to pay for care out of their benefits.

**Reforms will mean more bureaucracy, expense and pressure on local authorities**

Since the cap only covers personal care, there will need to be a complex system to separate personal care in care packages and track payments. This will require additional staff time and expense which will have a real impact on access to support. There are already 300,000 people waiting for social care assessment, support or a review[[6]](#footnote-7). With higher demands on staff time and more complicated processes, this situation will likely only worsen.

**What we want**

* We want the government to be brave and bold about reforming social care. The system needs to be fit for the twenty-first century. It needs to ensure Disabled, and older people can live an everyday life in their community with the support they need and the same choice and control as others. We call it a right to independent living.
* This support must be free. At a minimum, the government must stop taking away people’s modest benefit income to pay for social care.
* Disabled people developed a model of how this support could work. We call on the government to listen to us and implement National Independent Living Service NILS. More information here: <https://www.inclusionlondon.org.uk/wp-content/uploads/2019/06/NILSS_final.pdf>

Any reform must work for people who use care. This is why it is important to involve Disabled people and our organisations in the development of those reforms.

We have criteria by which we will judge success. More information about this is on our [website](https://www.inclusionlondon.org.uk/campaigns-and-policy/act-now/act-now-make-sure-our-voices-are-heard-in-social-care-reform/).

1. The details of the reform could be found here: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015736/Build_Back_Better-_Our_Plan_for_Health_and_Social_Care.pdf> [↑](#footnote-ref-2)
2. Social Care Funding and Workforce inquiry report available at <https://publications.parliament.uk/pa/cm5801/cmselect/cmhealth/206/20604.htm#_idTextAnchor013m> [↑](#footnote-ref-3)
3. Dilnot Commission recommended a 0 cap for people under 40, see page 24 <https://webarchive.nationalarchives.gov.uk/ukgwa/20130221121529mp_/https://www.wp.dh.gov.uk/carecommission/files/2011/07/Fairer-Care-Funding-Report.pdf> The government accepted those recommendations and this was reflected in section 15 of the Care Act, which allows different levels of cap to be set. [↑](#footnote-ref-4)
4. Curent rates of MIG can be found here: <https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2021-to-2022/social-care-charging-for-care-and-support-local-authority-circular-lacdhsc20211> [↑](#footnote-ref-5)
5. Estimate by Carers UK <https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures> [↑](#footnote-ref-6)
6. ADASS survey 2021 <https://www.adass.org.uk/adass-new-rapid-survey-findings> [↑](#footnote-ref-7)