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## RESEARCH PRIORITIES FOR FUTURE SHOCKS

# Social care research: international cooperation is vital to prepare for future health shocks

Ageing populations, rising costs, and depleted workforces globally mean it's time to look beyond national borders to increase the resilience of long term care, writes **Adelina Comas-Herrera**?

Adelina Comas-Herrera *assistant professorial research fellow*

Providing sustainable, equitable, long term health and social care for people who need it is a major challenge worldwide because of increasing demand and costs. Some countries are making more progress than others, however. Learning from international experiences through comparative research and dialogue among policy makers could encourage innovative ways to bring much needed reform—and to increase system resilience to mitigate the impact of the next health system shock.

A 1999 royal commission on long term care started a public discussion on how to respond to the UK's ageing population and increasing need for long term care,<sup>1</sup> and these needs will continue to grow.<sup>2</sup> The Organisation for Economic Cooperation and Development warned in 2011: “Facing up to these challenges requires a comprehensive vision of long-term care. Muddling through is not enough.”<sup>3</sup>

But despite these warnings “muddling through” exactly describes social care policy in the UK to date. Public funding has not kept pace with rising demand, and fewer than half of older people receive care they need, for example.<sup>4</sup> Local authorities increasingly report concerns about inability to maintain services.<sup>5</sup> Workforce gaps remain high, with low pay and poor working conditions inhibiting retention and recruitment.<sup>6</sup> For at least 25 years politicians have avoided the necessary fundamental reform of social care, perhaps because the scale of transformation and investment needed have instilled a sense of hopelessness.

### Failing before covid-19

Social care in the UK was already failing at the start of the covid-19 pandemic and struggled to cope. Delayed provision of personal protective equipment and tests put clients at avoidable high risk of death.<sup>7</sup> This poor initial response has been attributed to lack of preparedness, politicians' lack of understanding of the sector, complexity in how the sector is organised, unclear accountability, poor communication, decades of underinvestment, workforce shortages, outdated infrastructure, and inadequate data collection and sharing.<sup>8</sup>

These problems are not unique to the UK. Analyses of how countries globally coped early in the pandemic have identified common themes for social care: lack of political priority, fragmentation of responsibilities among departments and levels of government, failures in coordination of health and social care,

weak regulation, inadequate information systems, underinvestment in community based care, inadequate buildings, and failure to protect residents' human rights in care homes.<sup>9</sup> Most long term care systems internationally have workforce shortages that have worsened since the pandemic, related to low pay and poor working conditions.<sup>10</sup>

The numerous structural weaknesses indicate that wholesale reform is needed—to governance, financing, information systems, and systems to protect human rights. These weaknesses substantially reduce the ability to respond to growing numbers of people living longer with conditions that result in a need for care. They also diminish the resilience of systems to future health shocks, whether from infections or linked to climate change or political instability.

Encouragingly, many countries have begun to improve their care systems since the pandemic. The European Union is providing technical support to countries to improve health and social care systems, backed by €45bn (£37bn; \$50bn) investment for recovery.<sup>11</sup> Japan has increased remuneration to long term care providers,<sup>12</sup> and Spain is increasing care in the community and reducing institutionalisation.<sup>13</sup>

### Countries learning from each other

Countries can learn much from each other by sharing how their policy options play out and build an evidence base on what works in long term care. However, fragmentation of responsibilities at national level is mirrored at international level: the World Health Organization, the International Labour Organization, and the United Nations Department of Economic and Social Affairs are all somewhat involved, but one international body needs to take a clear lead to advocate for real change. This may encourage international research donors to invest in long term care, an area they have not been attracted to historically.

Since Brexit the statistics body Eurostat no longer includes the UK, diminishing opportunities to benchmark the UK care system. Years of uncertainty about the UK's participation in the EU Horizon project has diminished previously strong participation of UK researchers in European research projects. The primary social care research funder in England, the National Institute for Health and Care Research, funds only national projects or those in the global south, meaning no funding for collaboration with other high

income countries in Europe and Asia, including Japan, the Republic of Korea, and Singapore, that have instituted policies to respond to policy to increased population ageing, and culturally similar countries such as Australia, Canada, New Zealand, and the United States.

International collaboration in long term care continues regardless. For example, I am director of the Global Observatory of Long-Term Care (<https://goltc.org>), which connects international research and policy communities established during the covid-19 pandemic to strengthen long term care systems. The observatory now includes 360 members from 46 countries, who share knowledge, including on data science in long term care research, care workers and migration, pain management in care homes, and climate change and long term care. This collaboration is mostly powered by willingness to collaborate and share, but to sustain such infrastructure will also require adequate funding. Without that, it will be harder for the UK to stay involved in international knowledge sharing to help respond to future health shocks affecting older and frail people.

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