

The Social Care White Paper is another missed opportunity to resolve the issue of funding long term care

Shereen Hussein notes that the Social Care White Paper contained some welcomed elements, but there is still no clear resolution to funding long term care and workforce needs, including pay and working conditions.



The much anticipated Social Care White Paper was finally published last week, with a clear focus on the importance of independence and the role of communities in supporting and enabling people, highlighting the changing role of local authorities and promoting a business case and economic benefits. The Paper proposes a very welcome right to support for informal carers and emphasises the importance of prevention and local-level support. However, the [reaction](#) to the White Paper from the sector was largely that this was a missed opportunity to resolve the crucial and pressing issue of the funding long term care.

Indeed, before its publication, the mood was set with strong indications that funding social care would remain an unresolved issue. This is a disappointment but by no means a surprise. As previous governments have found, the funding of long term care is a particularly thorny and complex topic; it appears to be best avoided especially around the time of general elections. The most respected advice available on funding social care was offered by the Dilnot Commission but is clearly regarded by the government as very costly. While the government declares its commitment to resolve the funding crisis in principle, without indicating plausible alternatives, it is difficult to feel optimistic.

The White Paper clearly indicates that the proposed funding cap of £35,000 (equivalent to 100 weeks of care) proposed by Dilnot is too low and simply unworkable. Instead the White Paper promotes other figures of £75,000 and even £100,000 as possible caps. The trouble with these latter amounts is that such sums paid by individuals before state support would cover nearly six years of residential care.

Given that life expectancy after moving to a care home with nursing is quite low, with an estimated 50-80 per cent of residents dying in the first year, such proposals are not very welcome by many who would never receive state support. A proposed scheme of deferred payments is not new; it is already in place across the country. This additional option to the funding system has been travelling for a long time in the slow lane but now appears to be a more popular option among people receiving end of life or palliative care.

On another important dimension, the White Paper, to a large extent, has failed to address the workforce needs including pay and working conditions. It addresses workforce issues by announcing a code of conduct and minimum training standards, which are to be introduced in 2013. Other developments relate to increasing the numbers of apprentices and the continuation of Care Ambassadors' schemes.

The White Paper, however, avoids discussions on pay and working conditions, particularly within the private sector, which employs the majority of direct care workers. On a positive note, the White Paper expresses [commitment](#) to ruling out 'crude contracting by the minutes'; a practice extensively used for homecare visits with [documented negative impact](#) on workers' actual wages and users' dignity and quality of care. It is not clear how it envisages such a micro management of care packages and local commissioning.

It is great to have support in principle, but what is more important is to see it working and to look at the detail.

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