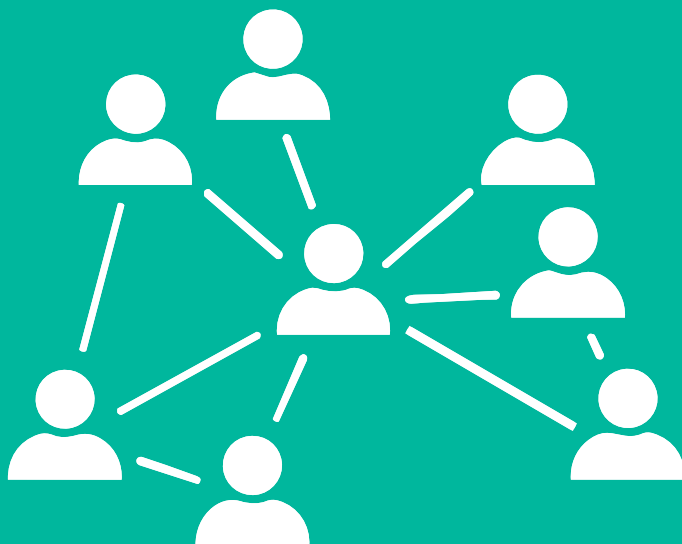

CARE TO SHARE

BUILDING THE NATIONAL CARE SERVICE

EDITED BY BEN COOPER, IGGY WOOD AND MILES WARD



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FOREWORD

WES STREETING

The best thing about being a cabinet minister is seeing the impact of the changes you've made on people's lives.

Last year I went to visit Keith and Elaine at their home in Carlisle. I saw how extended doorways, an accessible kitchen, and new bathroom facilities had changed their lives. The disabled facilities grant means more than new rails and chair lifts: it means dignity, independence, and joy. Doubling the grant was the best money I ever spent, changing the lives of thousands of disabled people and their families.

I am proud of this government's achievements in social care: the extra investment; delivering the biggest expansion of carer's allowance since the 1970s; and legislating for the first ever fair pay agreement for care workers. But we should be going much faster in delivering our manifesto commitment to build a National Care Service. In opposition, social care became a victim of our overcautiousness, which prohibited policy ideas from being floated for fear of what the Tories might say. My plan to boot private equity sharks out of social care was cut from the manifesto,

as was a proposal for a royal commission. The same culture continued into government. Downing Street delay means the Casey commission isn't due to report until 2028, which risks scuppering the chance of proper reform before the general election.

Go on as we are, and I predict social care will once again be sacrificed on the altar of an election campaign. We must not repeat the mistakes of the past. There's no shortage of good ideas – just look at the Fabians' excellent Support Guaranteed report, which we drew on in government. The problem is an absence of good political leadership.

This is one of the defining challenges of our age. Our ageing society is catching up with us, and thousands of disabled and elderly people are bearing the brunt of political failure. We need to speed up the Casey commission.

I also believe we have a moral and practical obligation to the people who came to this country to care for us through the pandemic. The immigration system not only makes them fear for their futures here, but also gives their employers the whip hand, enabling a

form of modern slavery in 21st century Britain. We need a social care sponsorship body to remove employers' power over workers and allow people working in social care to stay in this country and put down roots. We owe them and we need them.

It is not too late for us to meet the public's expectations and deliver the change they voted for. Our party used to run headfirst toward the biggest

challenges of our times, and we still can. Just three years after the 1945 election, out of the rubble of war, Labour built the NHS. We are still capable of doing big things. My ambition is to build a National Care Service that guarantees no one goes without the high-quality, compassionate care they need. We still can.

Wes Streeting MP is the former secretary of state for health and social care

CHAPTER 1

FURTHER FASTER

Dr Anna Dixon, the Labour MP for Shipley and the former chair of the Reimagining Care commission, argues that the government must move quicker to fulfil its manifesto promise

When this Labour government took office just under two years ago, it did so with a clear manifesto commitment to establish a National Care Service. The idea was popular – having been first proposed by Gordon Brown in the final months of the last Labour government in 2010 – and significant work had been done on developing the idea in advance of the 2024 general election, including by the Fabian Society and Unison.¹² There appeared to be a clear path to transform adult social care, turning it from a challenge that past governments considered ‘too difficult’ into a practical and achievable goal.

Once in office, Labour tasked Baroness Casey with leading an independent review into adult social care. The goal was to build a strong cross-party consensus around a long-term vision for care, with interim proposals expected in 2026 and final recommendations in 2028. But, ever since the review

began, concerns have grown over the pace and urgency of change. While the government has moved quickly and decisively to rebuild the NHS, including publishing the 10-year plan, cutting waiting times, and exceeding targets for new mental health support workers and GPs, there has been no such progress on adult social care.

Why is it that the care and support needs of millions of disabled people and older people are so often relegated to the bottom of ministers’ to-do lists? The failure to address both the short term and long-term challenges is leaving thousands without the care and support they need, and family and unpaid carers continue to fill the gap, resulting in lost productivity and a drag on the economy.

Many people (wrongly) assume that the care and support older and disabled adults is a free-at-the-point-of-use service provided by the NHS. In reality, when a loved one first requires care,

families often face a brutal awakening. They must start by navigating an outdated, labyrinthine system to find out what they may be entitled to – and then fight tooth and nail for whatever limited support is available. In the end, because social care is heavily means-tested, most people end up paying out of pocket for their own care, often by using savings or selling the family home.

Care work remains one of the lowest paid jobs, even though it is both physically and mentally demanding, requires managing high levels of risk, and is vital to the wellbeing and ability of older and disabled people to live a fulfilling life. One major achievement of the government is the new fair pay agreement for the 1.7 million people who work in the care sector included in the Employment Rights Act. It is due for implementation in 2028. It will only work, however, if the wider care system is fundamentally reformed. It requires fair funding for local authorities and fair commissioning – which includes paying a fair price for care. If the National Care Service is to mean anything, it must start by addressing this fundamental unfairness.

The government therefore needs to go further and faster to show meaningful progress on resolving these issues, take more immediate action to address current challenges, and lay the foundations for a National Care Service.

NATIONAL COMMISSIONING STANDARDS

One of the essential pillars must be national standards. Right now, access to care can vary to a shocking degree

depending on where you live. Some local authorities commission home care on a short-term, gig-like basis. Others, such as my authority in Bradford, use long-term neighbourhood contracts.

There are also wild inconsistencies in how funding uplifts are passed by councils onto providers. Some, for example, have offered no increase in fees year after year, while others have passed on increases to cover national insurance changes and increases in the minimum wage. All of this leads to a huge disparity in service quality from authority to authority.

To be blunt, social care in England is a postcode lottery. It is indefensible; but crucially, it is fixable. A great first step for this government to take would be to introduce national commissioning standards that every local authority must follow. This would allow us to establish a baseline of fairness and consistency in care while the longer-term reforms are developed and implemented. Thankfully, work has already begun, with SCIE having set out some coproduced standards.³

A NATIONAL WORKFORCE STRATEGY

But any reforms will only be effective with the staff to implement them. For years now, social care has faced significant staffing shortages, made worse by changes to skilled worker visas that have crippled providers' ability to recruit overseas workers.

There are potential solutions. Proposals circulated within the NHS have long floated the idea of care workers taking on more health-related tasks, and models implemented

overseas, such as in the Netherlands, clearly show the benefits of a combined health and care worker roles, which could provide more holistic support to people in their own homes, reducing duplication and the need for multiple visits from different professionals.

However, we will need a proper workforce strategy for something like this to work. The fair pay agreement, set to arrive in 2028, must be about more than pay; it must address terms and conditions, career progression, and the ability for staff to move more easily between the NHS and social care. If we can't make care work an attractive career for people to enter and stay in, how can we ever expect to plug the gaps in the workforce?

A 10-year NHS workforce plan is on the way, and the government needs to ensure we have a 10-year social care workforce plan to go with it.

A FAIRER, MORE SUSTAINABLE MARKET

Finally, we must address funding and the structure of the provider market. At present, many care providers are operating at a loss or very low margins. The position is unsustainable. Care providers are having to cut back on quality, and in some cases withdraw from contracts, to balance the books.

Despite this challenging financial position, some equity-funded for-profit providers are profiteering, charging extortionate costs for more complex packages of care as well as extracting gains by selling capital assets and

restructuring firms.

We have seen a similar pattern within children's social care which is now being addressed, with major reforms underway to curb excess profits and profiteering, ensuring that children are cared for closer to home and in more appropriate settings. I urge the government to review market conditions in the adult social care sector, promote not-for-profit providers by giving them access to capital, and introduce fair practice tariffs that reflect the real needs of people receiving care. This would limit excessive profiteering and create a more stable, sustainable system.

CONCLUSION

The manifesto promise was clear. The need for social care reform is urgent, and while the full transformation will take time, there are immediate steps that can and should be taken now: national commissioning standards, a workforce plan, and market reforms. I encourage the government to bring forward action on these fundamental foundations, which will be essential for implementing the fair pay agreement in 2027-28. Ministers should also ask Baroness Casey to accelerate her work and set out more quickly the radical reforms that must follow to deliver a National Care Service.

If Labour is serious about creating a universal, comprehensive system of care and support – one that allows everyone, regardless of means, to access integrated health and care – then the work must begin now.

CHAPTER 2

A FAIRER SHARE

Louise Woodruff and Abby Jitendra – senior policy advisor and principal policy advisor, respectively, at the Joseph Rowntree Foundation – set out how the cost of care is harming older people

People today are living longer lives, and as we get older, many of us will need social care. Countries around the world have taken up the mantle of delivering more care to more people affordably – but in England, dither and delay has left us with an adult social care system which is not working. A central problem is the staggering cost of care, with the average cost of a week in residential care at over £1,000.⁴ While the debate around these costs is not new, after years of slow progress, we need a brand new approach to sharing costs in the system.

How and why is our care system so expensive for those using it?

First, while the government covers the cost of care for people with little means, this care is by no means ‘free’. Local authorities do pay the care provider, but they then charge the person needing care a fee. While a portion of the person’s income will be protected, if they are a single older person needing care

at home, they get to keep a minimum income of just £241.45 per week.⁵ Some low income older or disabled people confronted with these care fees face an impossible choice – whether to turn down or postpone care to pay for the essentials like food and energy.⁶

Second, the thresholds which define whether you get government support are ungenerous – and have been frozen for over a decade. This leaves just under a quarter of a million people each year left to fund their own care in its entirety.⁷ These are usually people of average means – it may be that they simply own a house – and it is no exaggeration to say the costs they are exposed to can be catastrophic. Set against the many comparable economies that subsidise social care for all citizens, England is an outlier; it offers no help with care costs for people with average savings or housing wealth, leaving them entirely dependent on private arrange-

ments. For example, in France, those on the highest incomes still only pay 90 per cent of their home care costs.⁸

Taken together, this makes the system feel decidedly unfair, with high costs meted out to families almost at random. The worst off are single people – generally women – who need to move into residential care, and usually face losing their home as a result.

Local authorities have been at the frontline of the care funding squeeze, with tight budgets pushing costs onto self-funders or locking them out of help altogether. To make matters worse, those without access to government help have to pay a higher price, since care businesses often charge self-funders more to make up for the low rates paid by councils. Two million older people are living with an unmet care need, and this number has increased as the population has aged and as local authorities have tightened up their needs assessments and withdrawn from prevention services.⁹ This places more strain on family carers – Carers UK estimate that 47 per cent of carers who are employees are considering reducing their working hours or giving up work.¹⁰

Other countries have used the time England spent on reviews and abandoned legislation to pull well ahead on solving these problems. A fairer sharing of care costs could look like:

- France’s sliding scale of copayments with a high maximum contribution (90 per cent of care fees).
- Australia’s price controls on what private providers can charge individuals for their care.¹¹
- Reducing the amount people have

to contribute the longer they stay in residential care, as happens in Germany.¹²

- Free universal elements funding care at home as in Scotland and New Zealand.¹³

The English system also already has characteristics which, if adjusted, could make the system more generous and fairer. The government could increase capital limits, for example, to ensure that a modest amount of housing wealth does not disqualify you from getting government help. The Joseph Rowntree Foundation (JRF) is working with the London School of Economics to assess the progressivity and overall costs of different cost-sharing arrangements.

Any of the changes set out above would cost money. It is important that if the state is to contribute more everyone pays their fair share. We should look seriously at options like long term socialised insurance: in Japan, everyone contributes from their salary from the age of 40.¹⁴

We should also be willing to fund more care through general taxation, including by taxing wealth. JRF analysis shows that most older people’s wealth is tied up in their homes rather than savings. If the state is going to be protecting more of your housing wealth when you need care, it is fair to expect people to pay more tax on their housing wealth throughout their lifetimes.

Funding will need to come from a combination of sources to keep the system sustainable and to support people with the lowest means. There is a balance to strike between meeting the needs of older adults who require care

now and burdening younger, working-age taxpayers who are struggling to even get on to the housing ladder. And to make a reformed system fair, assessments of care needs would likely need to be carried out consistently at a national level.

With social care, politicians of all colours have found that there are no easy answers. But we have a clear view of the problems, and the cost of care is high up the list. The government should now act to make care affordable, once and for all.

CHAPTER 3

RULE OF ENGAGEMENT

Vicky Foxcroft, the Labour MP for Lewisham North and the former shadow minister for disabled people, argues that coproduction must be at the heart of a National Care Service

During my four years as shadow minister for disabled people, I heard dozens of stories illustrating just how broken our social care system is: people waiting hours to be assisted with washing or getting out of bed; carers not turning up and no cover found; sudden losses of entitlement; even unnecessary home adaptations being carried out when a simpler, more appropriate solution could have been found if the disabled resident had just been asked. My biggest takeaway from my time in that role was that disabled people – who, let’s not forget, make up around a quarter of the population – do not feel listened to.

It quickly became clear to me that the only way to address and remove the economic and societal barriers disabled people continue to face is through coproduction. While there is no single agreed definition, this broadly means disabled people and decisionmakers working together to plan, design

and review services. In other words, a coproduced National Care Service would involve disabled people from the very beginning, recognising them as experts by experience.

However, coproduction must go hand in hand with accessibility and accountability. Accessibility is not simply about physical access, but about ensuring services are genuinely available, understandable and usable for everyone who needs them. A care system that is difficult to navigate, inconsistently applied, or subject to regional inequalities cannot be considered truly accessible. Early, preventative and readily available support is essential, not only to improve outcomes, but also to enable people to live independently for longer and participate fully in society. More fundamentally, disabled and older people should have a say in what care they receive.

Equally important is accountability. People should have a right to know who

is responsible for their care and how decisions are made. Too often, disabled and older people and their carers are left navigating fragmented systems with little transparency or recourse when things go wrong. A reformed system must include clear lines of responsibility, robust complaints mechanisms, and meaningful oversight at both the national and local levels. Accountability also means ensuring that coproduction is not reduced to tokenism: disabled people must have real influence over decisions, with evidence that their input shapes outcomes.

We might look to the failed Scottish National Care Service project as a warning. Despite committing to coproduction, much of the engagement with disabled people's organisations came after key decisions had already been taken, reducing their role to consultation rather than genuine partnership. Local authorities saw the changes as a loss of control and trade unions withdrew their support, arguing that hugely costly structural change was not the answer to the social care crisis.

Both coproduction and account-

ability must therefore be embedded from the very start and at every level. As well as informing national policy, coproduction should be a requirement in the planning and delivery of local services, supported by transparent decisionmaking and clear standards that ensure consistency across the country.

Crucially, a future National Care Service must be accessible to everyone, regardless of where they live or their financial situation, and interventions should come as early as possible. This includes expanding preventative support such as home adaptations; improving referrals from the NHS and other services; establishing consistent eligibility criteria; and ensuring support packages genuinely promote independent living in line with article 19 of the UN convention on the rights of persons with disabilities.

Disabled and older people have been let down by our broken social care system for far too long. Building a National Care Service from scratch offers a rare opportunity to embed coproduction, accessibility and accountability from the outset. We should take it.

CHAPTER 4

FOUR QUESTIONS

Andrew Harrop, a director at Public First and former general secretary of the Fabian Society, addresses the thorny question of funding

Ministers need to answer four questions about funding the National Care Service: how much money is needed? Where should it come from? How should it be managed to ensure good value? And how should it be shared geographically?

So far, Labour has had a decent go at answering the last of these questions. The government's Fair Funding Review, which took effect this April, aims to equalise the spending power of English councils relative to their populations and levels of need. This financial rebalancing will not be completed within a single parliament, but things will move in the right direction. Now, we need answers to the other three questions.

HOW MUCH MONEY?

To build a National Care Service, the government needs to make a 10-year financial plan for social care. Today, the taxpayer spends only around £30bn per year on adult social care in England;

spending on the NHS is £190bn.¹⁵ Over the next decade, real spending will need to rise by at least another £15bn if we are to address five competing challenges:

Rising needs: demand for local authority services is projected to grow by 24 per cent over the next 10 years.¹⁶ There will be more people in late old age with dementia and acute frailty, and more working-age adults with serious learning disabilities. Even this projection assumes that informal family carers will help the same share of people as they do today. That cannot be assured, as the number of potential carers in mid-life is not growing as fast as the numbers with care needs.

Rising costs: social care is labour intensive, and the key cost pressure is pay. With the national living wage pegged to average earnings, costs in the sector will rise in line with economy-wide pay and GDP. And this is before the social care fair pay agreement, which is likely to lead to a gradual

rise in sector pay above the wage floor. The Health Foundation says the combination of rising needs and rising costs require real spending to increase by 3.1 per cent per year until 2035.¹⁷

Unmet need and prevention: Over the last 20 years there has been an astonishing decline in the percentage of older people receiving publicly-funded care and support. In the early 2000s, around 8 per cent of over-65s were recipients of local authority services; by 2021 the figure had fallen to 3.4 per cent, and it has barely increased since.¹⁸ Some of the decline can be explained by better time-limited rehabilitation and by rising affluence (which means that a smaller percentage of older people are eligible for local authority assistance). But many more older people are also going without support that they require: Age UK calculates that 2 million over-65s have an unmet need for care.¹⁹ In particular, lower-level assistance that prevents or delays the need for more intensive support is frequently unavailable. To start to reverse this shortfall the Health Foundation suggests that real spending on care would need to rise by 3.9 per cent annually until 2035.

Better quality: social care providers often achieve amazing things, and most CQC-regulated services are rated 'good' or better. But outcomes for people receiving support and their carers still leave a lot to be desired: only 37 per cent of carers are satisfied with the support they and their loved ones receive.²⁰ If there were more money in the system, people could be allocated more hours of support or larger direct payments; employers could spend more

on workforce pay and development; and providers would be less financially precarious and more able to invest in modern facilities. The government is prioritising the workforce, and has already pledged £500m for the first year of the fair pay agreement. Matching NHS pay scales, however, could cost £2bn.²¹

Affordability: Publicly funded social care is not free (most people receiving support pay charges), and it is not available at all for many people with assets. The system has also become less generous: asset thresholds in the means-test have been frozen since 2010. Successive governments have rejected proposals for charging reforms. Without new rules, spending by individuals with care needs will rise by billions of pounds over the next 10 years.²² Action to improve affordability is essential. At the very least, means-test thresholds should be increased and all short-term care should be free. Depending on the money available, other reforms should be considered, including state copayments, a reformed means-test or a cap on lifetime liability.

WHERE SHOULD THE MONEY COME FROM?

Between 2025/26 and 2028/29 real spending on adult social care will rise by around 3 per cent per year. This is more than most public services are getting, and it is enough to deal with some immediate pressures. But it will not significantly improve the system. And this increase has been achieved only by further distorting the shape of local government finance: the percentage of

local authority budgets going to social care is rising once again, and council tax is being increased by an average of 5 per cent each year to foot the bill.

Sooner or later the mounting pressure on councils and council taxpayers will have to be relieved. The present council funding model cannot deliver a genuine step-change in funding for social care to address the five challenges described above. Under a National Care Service, ministers should therefore introduce a ring-fenced funding system for adult care as we have for schools, separate from the rest of local authority finance.

When this happens, we should have a serious debate about new sources of revenue. If council tax is not the right source of extra revenue, what should replace it? In the next parliament, general taxes may need to rise (for the NHS as much as social care). But we should also consider whether the direct beneficiaries of an improved care system should also pay more. That means exploring ways to raise taxes on richer older people in exchange for a better offer from the state.

Some of the difficult options to consider include charging national insurance on earnings after state pension age; an equivalent to national insurance for private pensions in payment; limiting tax-free pension lump sums; properly taxing lifetime gifts; introducing a lifetime cap on payments into ISAs; and creating a proportionate system of property taxes.

It is a political judgment as to whether or not these extra taxes should be earmarked for social care.

Whichever route is chosen, visionary political leadership will be required, with ministers levelling with the public frankly on the difficult trade-offs and bad alternatives.

HOW SHOULD THE EXTRA MONEY BE MANAGED WELL?

The public will only accept higher spending and higher taxes if they have confidence that the money will deliver results. At the moment, the government does not have a clear plan for securing good value in adult social care. The 2024 Labour manifesto promised national standards to ‘ensure high-quality care and ongoing sustainability, and ensure providers behave responsibly’. But two years later there has been no regulatory reform.

Perhaps such measures are not needed right now. Adult social care is pretty lean and efficient after 15 years of austerity. Local authorities frequently pay less than the sustainable cost of delivering services.²³ Some providers are backed by private equity, but overall operating profits in the independent sector are quite modest and have been falling.²⁴

But before ministers inject lots more money into adult social care, they need confidence that it will achieve results and not leak out of the system. At the level of local areas, today’s CQC assessments and light-touch performance monitoring need to evolve into the accountability and improvement framework of a national public service. And, for as long as most care is delivered by the independent sector, a regulatory and commissioning regime is needed for providers that secures quality and

viability without excess profits.

Standardised approaches to contracting with large providers, stronger local commissioning capabilities, and national financial regulation modelled on the social housing sector should all be explored.

The promise of the National Care Service remains huge. But now we need a financial reckoning. Creating an adult social care system of which we can be proud will only be achieved if we raise and spend more money, allocate it fairly and use it well.

CHAPTER 5

VOICES OF EXPERIENCE

Samantha Clark, the chief executive officer of Learning Disability England, presents the perspectives of three of the organisation's members on care charging

In England, local councils can charge working-age disabled adults for their social care and support. It is not mandatory to charge, but with a few notable exceptions, councils charge all eligible adults for the social care they receive. The rules say councils must carry out a financial assessment and leave people with a minimum level of income to live on.^{25 26} Councils should also take account of “disability related expenses” — the extra costs someone faces because of their disability.

However, there is some flexibility around how councils apply these rules. Some are more generous in the way they assess disability related expenses or in the amount of income they allow people to keep. Others charge close to the maximum amount possible. This means people with similar needs and incomes can end up paying very different amounts depending on where they live.

Many people with learning disabilities and their families say the system

is confusing, inconsistent and leaves people struggling financially.

These three perspectives from Learning Disability England members describe what adult social care charging means in everyday life.

ADULT SOCIAL CARE CHARGING...

...as someone drawing on support

I have to pay towards my support costs. I think I pay more than £100 a week towards the support I get. I know the council pays most of the cost, but I still have to pay a lot myself. The amount I pay has gone up in recent years.

Lots of people do not realise disabled people are charged for social care. Many people think the council pays for everything.

I do not really understand how the council works out what I have to pay. What I do know is that it leaves me with less money for other things I need because I am disabled. For example, if

I need equipment like a shower chair, I may have to save up for it because the NHS does not always provide things like that.

It is hard to make my money stretch. I now get less money through universal credit than I used to get on ESA [employment and support allowance]. I work part time, but when the living wage went up, my universal credit went down, and my care charges increased. That means I ended up with less money overall.

I know councils are struggling financially, but disabled people and support staff should not be the ones who suffer most. The staff who support me are important. They should be valued and paid properly.

The whole funding system feels confusing. Sometimes it feels like disabled adults, disabled children and Send [special educational needs and disabilities] services are all competing for the same money. I cannot afford to pay more myself, so I want there to be a fair system where everyone gets the support they need.

I want the government to invest more in adult social care. Everyone in my supported living house needs support to live a good life in the community. Some people need more support than others, but we all matter.

Care charging makes it harder to live an ordinary good life.

...as a family member of someone with a learning disability

The community care charge is another way that people with learning disabilities are disadvantaged.

Most local authorities now charge the maximum possible care contribution, with some people paying up to £180 a week towards the support they receive. Money awarded through a long and difficult benefits process to help with the extra costs of disability barely reaches a person's bank account before it has to be paid out again.

The idea of a "disability related expense" can also be very hard to understand. We all need to heat our homes, for example, so when does heating become disability related? How do you explain those extra needs to someone who does not share your lived experience?

As budgets are squeezed, support hours are often reduced. People who once had enough support time to travel by bus and do a weekly supermarket shop may now only have enough support time to get a taxi to a large supermarket or use a more expensive local shop.

Online supermarket deliveries are not always a realistic solution either. In supported living, financial protection rules can make it difficult or impossible for staff to help someone shop online. This creates extra costs for people who do not have family support to help manage these everyday tasks.

No matter who helps a person complete the financial assessment paperwork — whether that is family, staff or an advocate — it is unlikely they will fully understand the wide range of disability related expenses someone may have, if they even know these can be included at all.

Some organisations run workshops

about disability related expenses, but most families I speak to have never heard of them. Many simply accept the charges because they are already exhausted from constantly having to fight for support. Where families can afford to, they often subsidise their loved ones themselves, while worrying about what will happen in the future.

For those who can access it and know how to use it, AI could become a very helpful tool. But a much wider programme of accessible information and support would go a long way towards making care charging fairer.

...as someone working in a community support organisation

“The large print giveth and the small print taketh away” – Tom Waits

When I hear ‘self-funder’ in social care, I picture a retiree in an affluent suburb browsing brochures for retirement apartments. Yet more people with a learning disability are now funding their own support, largely from benefits. Central government assesses them and gives them money to live on, and then local government assesses them financially and takes much of that money back in care charges. The support they need is often the reason they received the benefits in the first place. It is not only absurd, but dangerous. People who need just a few hours of support each

week with housework, shopping, bills or seeing friends are cancelling support when told they must pay for it all. That stores up crises which will cost far more, financially and personally, later on.

As an organisation, we are often stuck in the middle. Local authorities assess and set care charges, but we have to collect them. When people cannot pay, we have to chase payment, damaging relationships and creating arguments and resentment. We also continue to give informal support to some people who have cancelled because of the charges.

I support a couple of young men on the edge of Newcastle who live with their families and receive only personal independence payment. Their welfare rights adviser told them that if they successfully applied for universal credit, the council would immediately take the extra income as a care charge. At that point, perhaps the council should save everyone the hassle and complete the application and interviews itself.

Some of the figures are eye-watering. Bob lives alone and employs a team of personal assistants. His personal contribution from basic state benefits is £104 per week, while his Personal Independence Payment is £107. Surely the system hasn't been designed this way?

Anyway – back to keeping a record of people's disability related expenditure so we have evidence to challenge their care charge...

CHAPTER 6

NO TIME TO LOSE

Ben Cooper, research manager at the Fabian Society, argues that the government must make progress on a National Care Service before the next general election

Three years ago, the Fabian Society set out what a National Care Service should look like in our report, *Support Guaranteed*. One year later, in its manifesto, Labour drew on these ideas and committed to a “programme of reform to create a National Care Service ... delivering consistency of care across the country.”

Since the election, the social care situation has significantly improved. Councils are spending more on essential adult social care because they have more spending power. The number of people receiving publicly funded long-term care has increased for the first time in a decade. And legislation has been passed to establish the first fair pay agreement for social care.

However, the social care system is still failing to ensure everyone has the support, care and power they need to thrive. Up to 1.5 million disabled working age adults, and more than two million older people in England, have an

unmet need for social care. More people are having to fund their own care and support, and fees are rapidly increasing, adding to the wider cost of living crisis that we are all familiar with. Many remain stuck in hospitals due to a lack of care packages, resulting in long waits in A&E and high NHS waiting times.

The system overall remains too complicated and stressful for those who need support or who are trying to help a loved one access the care they need. A 2025 survey found that, of those who have helped a family member find care:

- 76 per cent agreed that ‘the care system is very complex [and] it’s really difficult to find your way through’ – compared to 3 per cent who disagreed.
- 73 per cent said ‘the whole process of finding care was very stressful’ – compared to 7 per cent who opposed the statement.
- 54 per cent agreed ‘it was difficult to find the right information’ – com-

pared to 13 per cent who disagreed. These challenges reveal a social care system that is broken. Local authorities are struggling to guarantee care for those they must support. As a result, they are dedicating more of their budget to social care and cutting services that people rely on, such as bin collections, libraries and road repairs.

This is creating understandable public frustration. Many people feel they are paying more in council tax while getting less from their local services. They are seeing more potholes, more rubbish on the streets and constricted library opening hours. All of this feeds into a sense that our country isn't working. Failing to fix social care will only deepen frustration and empower parties such as Reform and the Greens further – even though they have no idea how to help those who rely on support to live independently.

For those of us who believe in collective solutions and in public services, this situation demands a significant programme of reform. No one on the left should be content with a system that costs more than £30bn a year yet still fails to work for everyone. Simply spending more money within a broken system isn't good enough, and the government must move beyond 'sticking plaster' solutions or minor, isolated policy changes.

As we head towards the second half of this parliament, the proposed National Care Service has never been more important. Establishing a care service that works for everyone would be one of the most radical, significant and comprehensive changes in a genera-

tion. It would signify a level of ambition that adult social care has lacked for decades and show a clear direction of travel on one of the country's biggest issues. It would ensure that public money is spent in the most effective way possible. And it would offer something simple to every single voter: the security of knowing support is there when they or their family need it.

The government should set out clear new entitlements to affordable, high quality and personalised care. Everyone who needs assistance to live independently should get it, as early as they need it and regardless of their means. Support should be provided to unpaid carers, with the National Care Service working alongside them..

Despite Labour's commitment to a National Care Service, change has not been felt by the public. After the election, there was little awareness of the ambition: just 22 per cent in November 2024 were aware of the commitment. By September 2025, Ipsos and the Health Foundation found:

- 45 per cent thought the standard of social care would get worse over the next 12 months. Just 8 per cent said it would get better.
- 51 per cent disagreed that the "government has the right policies for social care" – compared to just 8 per cent agreeing.

The government has understandably set out to create a political consensus through a commission led by Louise Casey. But building the foundations of the National Care Service cannot wait. Even if political consensus is indeed desired by voters, they will be frustrated

at the next election with the slow pace of change and the consequences of failure.

The government should use the remainder of this parliament to start the process of reform, using its powers to make support more accessible and affordable. It should continue with the Casey commission while preparing for other political parties to reject improvements that are necessary to establish the National Care Service.

And if other political parties back out, Labour should take the argument to the

public at the next election, and show them that only they have a plan to fix social care – and ensure everyone has access to the care and support needed to live a good life.

While social care is unlikely to be at the forefront of voters' minds, it could be the clearest signal of what Labour stands for. When the next election is called, Labour must ensure it can campaign on its progress in building the National Care Service and its promise of 'support guaranteed.'

CHAPTER 7

LEARNING FROM EXPERIENCE

Fabian Society chair Sara Hyde, a Labour peer and the former executive member for health and social care at Islington council, highlights the crucial role of local government – and warns against over-centralisation

Social care should be understood as a major universal public service in its own right. Any advanced economy depends on good social care as part of its economic and social infrastructure alongside investment in education, skills and health care.

The proposed National Care Service offers significant opportunities for the quality of social care to be elevated across the country. It raises the possibility of national standards of care, national datasets, national standards of technology and interoperability, and a national workforce framework with commensurate national pay agreements (although recognising regional differences). It also provides an opportunity to learn from the pockets of best practice that exist and disseminate these models to local authorities that are struggling to balance the books, recruit staff or deliver timely and appropriate care.

Outside of the pandemic, social care

has been far less visible than most public services. Social care can seem like the Cinderella service, lacking in political salience and with poor public understanding of the essential service it is. A National Care Service could facilitate a public information campaign to raise awareness of what social care is (and isn't) and to set expectations. Fabian plans outlined in Support Guaranteed note that consistent, sustainable funding for social care is essential, recommending a 10-year spending commitment.

Any awareness-raising campaign could also usefully provide clarity and guidance about the balance between national taxation, local taxation and personal contributions. Too often, local government has had new models and targets foisted on them by central government without commensurate funding attached. For all that a National Care Service offers, it must not become

over-centralised and lose the essential local knowledge, data and trusted relationships that local government has. Local authorities already have strong relationships with NHS partners, VCS and businesses which help them deliver health and social care to their residents. They may already access shared budgets – the Better Care Fund, for example – and in many areas, the focus on neighbourhood health is drawing existing alliances even closer. Integrated care boards are still finding their feet but also provide a potential vehicle for regional commissioning channels in a world with a National Care Service. These relationships, and the trust and community knowledge local authorities have, are essential infrastructure from which to deliver social care. As such, any National Care Service should continue to enable local authorities, together with their partners, to make decisions about models of care, allocation of resources and staffing models. To state the obvious: what will suit rural Cornwall may not suit inner-city Liverpool.

There are some core principles that should be nationally mandated and built into commissioning frameworks – giving local authorities a statutory duty to uphold them – to enable strong long-term partnerships that deliver the right social care, in the right place, at the right time. First, a focus on the person – ie, the recipient of care – rather than the convenience of the institution. Commissioning arrangements should enable the relationship between the person accessing social care and the professional delivering it to be consistent. The government can learn from councils like

Islington who have used procurement levers – like stipulating the London living wage, guaranteed hours, and leadership and wellbeing programmes – have stabilised their domiciliary care workforce. Islington's annual staff turnover in in-home care is now 6 per cent, well below the national average. This means that the resident receiving care is receiving care in the context of a consistent relationship.

Second, arrangements at the local level must include acknowledgement of and support for unpaid carers. This group needs additional support to maintain work and financial security and to ensure their own health and wellbeing, which is often sublimated as they care for another. Local authorities should be mandated to create carers' strategies, co-convene carers' hubs with local voluntary and community sector (VCS) partners, and review other practical support that could be offered by local authorities such as council tax or parking reductions.

Finally, to reiterate, useful national coordination must avoid over-centralisation. Too much command and control from the centre would override partnership models of working and ignore variations in local assets and populations.

These principles can be built on via local authority commissioning provided there is multi-year, sustainable funding for adult social care, without sporadic dictates to hit new targets or undertake new initiatives without additional funding. Having a robust workforce strategy to enable local authorities to recruit well and develop and retain

a workforce – with opportunities for progression and CPD – is essential. National frameworks that local authority commissioners can tailor to their own circumstances, ensuring all procurement levers can be used, would aid this project. Alongside this, requirements to ensure early intervention and prevention must be hardwired into the new system. Early intervention and prevention are essential to ensure the right help for people supported by social care, in the right place, delivered by the right person, and can enable greater resilience and longer independence or interdependence. A National Care Service should incentivise local authorities to move spend further upstream, which while creating short-term pain, would enable long-term gain – both for residents and in the drive towards a more effective and sustainable model. The shift to neighbourhood models of working should help facilitate this shift in its own right, but incentivising or ringfencing funds explicitly for early intervention and prevention would guarantee it.

There are currently wide disparities between local authorities in terms of how they use tech and assisted technology in social care. Strong person to person relationships remain the foundation of good social care; a National Care Service introduces the possibility of modernised digital infrastructure and greater consistency in the use of assistive technology to complement these human relationships. As with funding arrangements, any technology

procured needs to allow interoperability and integration between health and social care. Integrated care boards (ICBs) could enable coalitions with greater purchasing power or tech solutions that suit particular geographies. In August 2025, when a commercial provider of social care equipment ceased trading, the North Central London ICB cluster of boroughs was able to rapidly convene a coalition – the North London Equipment Partnership – to source alternative provision. One borough took the lead in the initial months to provide direction, quick decisions and leadership, resulting in a new organisation, Provide Care Solutions Ltd, being established as a community interest company serving eight boroughs. This example highlights the potential for more regional models to play a role in future NCS commissioning arrangements.

There are some clear principles to build on: a focus on the person, support for unpaid carers, and avoiding over-centralisation. Any NCS must also incorporate clear frameworks for commissioning that protect workers and serve residents; make use of existing relationships between public sector bodies and the VCS; and set clear, mandatory requirements on early intervention and prevention in local authority commissioning. If policymakers can get these things right, a National Care Service offers huge potential for a more sustainable and consistent social care settlement delivered by well-funded local authorities.

CHAPTER 8

POWER SHIFT

James Watson-O'Neill, the chief executive of Sense, explains the relationship between care, housing, and power

Every day, the 1.6 million disabled people with complex needs in the UK face barriers that limit their ability to live the lives they choose. Research by Sense found that 95 per cent of disabled people with complex needs rely on high-quality, consistent care and support to overcome these barriers. Yet for too many that support remains out of reach.²⁷ As a result, thousands are left without the care they need to break down barriers to communication, participation and inclusion.

Change is both urgent and possible. However, it will require a fundamental shift in power: away from systems that constrain people's lives and towards disabled people themselves. With the right reforms, and the opportunity a National Care Service presents, we can begin to build something better.

Recently, we spoke to more than 3,000 people to understand what matters most to disabled people with complex needs. Unsurprisingly, high-

quality care and support emerged as an overwhelming priority. Yet many told us the current system too often works against them, creating unnecessary obstacles and making it harder to access the support needed to live what disabled people describe as "gloriously ordinary lives."

What also came through clearly is that no two experiences are the same. Disabled people with complex needs often live diverse and intersectional lives, encountering barriers, oppression and discrimination in a myriad of ways. An inclusive system cannot be built on one-size-fits-all solutions; it must start with people's lived experiences and place genuinely person-centred support at its core.

The National Care Service offers a once-in-a-generation chance to do just that. Its success should be judged by whether it shifts power away from systems and services and towards disabled people, enabling greater

independence, choice and control. Ultimately this means support that is person-led, creative and ambitious, and that values living well rather than just getting through the day.

SHIFTING POWER THROUGH HOUSING

“We all want to live in the place we call home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us.”²⁸ – Social Care Future

Too often, people are placed far from their home, family and community in institutional settings that limit autonomy. This is not inevitable. It is the result of choices about funding, housing, workforce and commissioning and, fundamentally, where power and control sit.

At Sense, we are increasingly shifting towards supporting more people in their own homes because it redistributes that power. It enables people to live, independently or with others, with care tailored around them. Crucially, people hold their own tenancy agreements, giving them real legal control over where they live, who they live with and who provides their support.

This separation of housing and care is more than a technical detail; it is a foundation for person-centred support, legal empowerment and genuine social inclusion. As one person we support put it, it is about “having your own front door... a home to call your own.”²⁹

CHALLENGES WITH THE CURRENT SYSTEM

Disabled people with complex needs continue to face significant barriers to accessing the right social care, with an estimated 27 per cent living with unmet needs according to our research.³⁰ While national eligibility criteria are set out under the Care Act 2014, in practice, they are shaped by local interpretation and constrained resources. The result is a system marked by inconsistency, where access to support can depend as much on where you live as on what you need, and where fluctuating needs are too often overlooked.

These weaknesses sit alongside stark and persistent inequalities. People with a learning disability still die, on average, around 20 years earlier than non-disabled people, and nearly 40 per cent of those deaths are considered avoidable.³¹ This is a profound and devastating failure of both our health and care systems, but one that continues to receive too little attention.

Our own research paints a similarly troubling picture. Nearly half (49 per cent) of disabled people with complex needs receiving social care report staff shortages. Almost as many (47 per cent) have seen their support reduced, while 30 per cent have had to cut back or go without care altogether because of cost. More than a quarter (26 per cent) told us the support they receive does not meet their needs.³²

For providers, this creates a constant tension. Too often, we find ourselves forced to defend care packages that enable people to participate in their communities and live the lives they

choose. As local authorities increasingly fund only the bare minimum, the space for preventative, person-centred support continues to shrink, reinforcing the very pressures the system is struggling to contain and sitting at odds with the aspirations the National Care Service should be striving for.

HOW A NATIONAL CARE SERVICE COULD DRIVE A POWER SHIFT

A National Care Service offers a rare opportunity to rethink not just how social care is delivered, but what it is for. At its best, it could reshape the system around choice, control and independence, placing power firmly in the hands of disabled people rather than the systems that serve them. Working alongside disabled people with complex needs and their families, we have developed a five-point plan for achieving this shift:

1. **Shape support around people, not systems.** Care should adapt to people's lives, not the other way around. That means co-designing support with disabled people, building it around their goals, and delivering it in ways that reflect when, where and how support is needed.
2. **Create truly person-centred budgets.** Too many people are caught between fragmented health and social care systems. Bringing funding together into a single, personalised budget would reduce complexity, end disputes and give people greater control.
3. **Invest in a specialist social care workforce.** High-quality care depends on skilled, supported staff.

Better training, improved terms and conditions, and greater parity with the NHS are essential to recruitment, retention and consistent care.

4. **Embed assistive technology as standard.** When used well, we know that technology can transform lives, enabling communication, increasing independence and expanding what is possible. It should be a core part of every care plan, not an optional extra.
5. **Ensure everyone has a safe, ordinary home.** Housing and care must work together. People should have access to homes that are accessible, adaptable and rooted in their communities rather than being forced into settings that reflect system constraints rather than personal choice.

IT IS TIME TO MOVE FROM WORDS TO ACTION

Shifting power in social care is not a mere technical reform – it is a moral imperative. A National Care Service will only succeed if it moves beyond rhetoric and genuinely places disabled people at its centre, rebuilding support around their rights, choices and ambitions – and, critically, people's lived experience.

We already know what works: integrated planning, personalised budgets, a skilled workforce, assistive technology and homes that enable independence. The challenge now is not identifying solutions but delivering them alongside the very people who rely on a brilliant social care system to live their lives to the full.

CHAPTER 9

JOINED-UP THINKING

Paulette Hamilton, the Labour MP for Birmingham Erdington, explores what the relationship between a National Care Service and the NHS might look like

During my years as a district nurse, some of my most rewarding days were spent helping people keep their independence and dignity by supporting them in their own homes. I saw firsthand the difference compassionate, joined-up care can make. But I also saw what happens when support arrives too late, services are fragmented, or families are left to navigate a complex system alone. Those experiences have stayed with me. Reforming adult social care must be one of the defining missions of this parliament.

Today, the pressures on our NHS are impossible to ignore. Ambulances queue outside hospitals. Patients fit to leave remain on wards because community support is not there. Staff work tirelessly under immense strain. While often characterised as challenges facing the health service, many are symptoms of a social care system underfunded and overlooked for too long. This neglect has fuelled a workforce crisis that leaves

thousands of care vacancies unfilled and our hospitals carrying pressures they were never designed to manage. Strengthening social care is essential to strengthening the NHS.

That is why a National Care Service deserves serious consideration – not as a rival to the NHS, but as a partner alongside it. Patients do not experience their lives in separate systems, so we should not design public services that way.

The future must be built on integration. We need services that work seamlessly from hospital to home, primary care to community support, prevention to long-term care. Local health services, social care providers, councils and the voluntary sector should be empowered to work together around the individual rather than expecting people to fit around the system.

Central to this ambition is our workforce. Too often, care workers are undervalued despite doing some of

the most important work in society. A National Care Service could create clearer career pathways, improve training, strengthen professional recognition and better align health and care roles. The workforce crisis cannot be solved by recruitment alone. We must focus on retention, development and valuing those already delivering care every day.

Of course, reform requires sustainable funding. For too long, governments have searched for short-term fixes. Adult social care needs a stable settlement that gives certainty to providers, confidence to staff, and security to those who rely on support. Investment must come with reform, but reform without investment

will not deliver the transformation people deserve.

As someone who has worked on the frontline, I know what good care looks like. It is personal, preventative, delivered by skilled professionals working together around the individual. Most of all, it treats people with dignity and respect.

This is the vision we should pursue: a health and care system that is truly integrated, properly funded and built around people rather than institutions. If we get this right, we can create a National Care Service that supports those who need care today, and secures the future of both social care and our NHS for generations to come.

CHAPTER 10

ON THE FRONTLINE

Gavin Edwards, head of social care at Unison, sets out how to tackle the staffing crisis in care

With plans to produce a fair pay agreement (FPA) in adult social care well under way, the current government has already shown a greater willingness to tackle the care crisis than any of its recent predecessors. But so far, the pace of change has been too slow and the scale of ambition too limited to deliver the wider overhaul the sector so desperately needs.

TACKLING THE CRISIS

Social care was neglected by successive Tory governments. As a result, the sector faces a multi-faceted crisis. Around 2 million people over 65 and 1.5 million people of working-age are not getting the care they need,³³ while public satisfaction with social care is extremely low at just 14 per cent.³⁴ There are 110,000 job vacancies in the sector in England, with nearly a quarter of the workforce leaving their jobs each year³⁵. This is hardly surprising: nearly half of care workers are paid below the real

living wage, and four in five jobs across the wider economy pay more than the average earnings of a care worker.³⁶

Against this backdrop, the fair pay agreement has the potential to be a genuine gamechanger for the sector, not only helping to stabilise the workforce and providing greater continuity of care for those in need but also raising the profile and status of an often overlooked sector.

What is needed, as the Fabian Society highlighted last year,³⁷ is an ambitious and properly funded agreement. The government has described the £500m investment in the FPA as a “down-payment” with the promise of more to come, but far greater sums will be needed if it is to truly shift the dial. Similarly, there must be no delay in implementing the FPA.

For any workers struggling to pay the bills or feed their families, 2028 will already feel like a lifetime away, so any further postponement will remove any

credibility from the policy.

There is also a further danger that the FPA will be undermined from the outset by damaging government plans to reform immigration. Targeting migrant workers is deplorable in itself, but it is also likely to worsen shortages in the care workforce, putting impossible pressure on the agreement to close an ever-widening gap.

A SHIFT IN PRIORITIES

Looking at the bigger picture, we're still yet to see social care reform become the priority it should be for the government. Aside from the moral imperative, there are many good reasons why this should change.

Lack of reform has deprived the economy of hundreds of thousands of workers who've found themselves filling the void in social care provision. At least one in six UK adults (nearly 9 million people) provided unpaid care in the period 2023-25, and this burden fell disproportionately on women.³⁸

While meaningful change will of course require extra money, spending on social care reform shouldn't be seen purely as a cost to the exchequer. It is also an investment in the country's infrastructure and long-term economic future. By helping retain workers in the labour market – who'd otherwise be economically inactive because of caring commitments or due to long-term sickness or disability – social care reform has real potential to play a vital role in the drive to boost growth.

Research suggests that for every £1 invested in social care, £1.75 is generated for the wider economy. Investment

also has the potential to produce significant public savings elsewhere, including reductions in the welfare bill and lower NHS spending because of fewer delays in transfers of care.³⁹

BEING BOLD

The current adult social care system is dysfunctional and fragmented. More than 19,000 organisations are currently involved in delivering care across 42,000 establishments.⁴⁰ Most councils continue to see providers cease trading or hand back contracts.⁴¹ The chances such a system can provide a consistent, high-quality offer for those in need of care and support are virtually zero.

That is why Unison continues to push for a national care service. People need to know what they should expect to receive when they need care, with a consistent service across different parts of the country built on clear national standards. There needs to be ministerial accountability for care in the same way there is for the NHS, and for it to become a trusted brand with similar visibility to its healthcare sibling.

But the time for action is now. Not some unspecified point in the future.

It is welcome that Baroness Casey's commission takes as its starting point the establishment of a national care service. There is no doubt much thought and energy going into producing recommendations. But we cannot allow this to become the latest in a long line of government moves to kick social care reform into the long grass.

Everyone knows general election campaigns are where care reform plans go to die, and the timeline for Baroness

Casey's final report brings us perilously close to the likely date of the next election.

In the Unison-commissioned report, *Support Guaranteed*, the Fabian Society did much of the intellectual heavy lifting for any government serious about bringing a national care service into being.⁴² The blueprint still holds: local government should lead the delivery of care, with a national care guarantee ensuring standards are upheld consistently across the country.

Some of the building blocks are already beginning to take shape. The FPA will effectively provide the first national baseline for staff pay and conditions. The Care Quality Commission is providing national assessments of council commissioning of social care. And within local government finance, there are plans to produce a "virtual" grant for adult social care to pay for consistent levels of service, coupled with increased monitoring and accountability for care.⁴³

PLUGGING THE LEAKS

Something the government needs to get a much firmer handle on is the amount of funding allowed to bleed from the care system into profits (among other things).⁴⁴ With money tight, there is no room for any wasted pounds. The majority of adult social care services are now outsourced, primarily to for-profit operators. Recent research shows this is associated with a reduction in quality, stability and accessibility of care.⁴⁵ Ministers must tackle the dominance of "extractive" providers, all too often owned by private equity firms, who continue to profit from our broken care system.⁴⁶

A national care service holds out the promise of a much-improved system and a more engaged, better-paid workforce. But we need a renewed sense of commitment from the government. The sector, its staff, and the vulnerable people who deserve quality care have been crying out for change for far too long.

CHAPTER 11

PROVEN VALUE

Daniel Monaghan, policy officer at the Co-operative party, argues for a central role for the co-op model

The UK's social care crisis has led to a system which fails care recipients, their families and its workforce. Poor quality services, low wages, and inadequate care provision harm all participants in a system which is often driven by profit making at the expense of care quality.

Every year, billions of pounds are taken out of the care system through profit extraction, with private for-profit providers dominating care provision. Private equity ownership is increasingly common, with many providers able to generate considerable profit margins while wages remain low and staff turnover high. In the care home industry, £1.5bn in profit is extracted annually – equivalent to 10 per cent of the sector's revenue.⁴⁷ This level of profit leakage deprives the adult social care system of much needed investment, which leads to lower wages, less equipment, and ultimately, poorer quality services.

Co-operative social care provides a different model of care provision – one

which puts care recipients and care workers in control. Not-for-profit co-operative providers are run in the interests of their member-owners – whether workers, care recipients or a combination of the two.

The co-operative ownership model has proven to be the antithesis of the dominant private, for-profit models in terms of service quality and delivery. The co-operative structure means any surplus generated is reinvested into improving service quality or increasing worker's wages.

Surplus reinvestment prevents profit leakage and extraction – ensuring the best value for money whether for the public purse or self-funding from patients. Reinvestment also means co-operatives tend to have higher long-term survival rates, which is vitally important to a sector facing extensive provider exit, care deserts and a lack of adequate specialist care.

The evidence, both domestically

and internationally, is clear – the co-op model delivers better outcomes for all. Social care co-operatives, on average, outperform other models of care ownership on care quality, wages, working conditions, staff turnover and training.⁴⁸ Care worker co-operatives are further found to sustain care providers at risk of closure – preventing care deserts from emerging and entrenching.⁴⁹

Spain, and even more so Italy, have been the pioneers of the social care co-operative model. Italian social co-operatives have benefited from both a clear political will for sectoral growth and a formalised legal model which has seen the sector grow to over 15,000 co-operatives since 1991, employing over 400,000 workers.⁵⁰ The co-operative care sector now accounts for 1 per cent of Italian GDP and has become a major pillar of the care system and wider welfare state.

The proposed National Care Service provides the opportunity to make transformative sector growth a reality in the UK. To help create an environment

where co-op care can thrive, the NCS should be given a specific remit to grow the sector as a preferred option of care delivery. This would be a clear signal to local authorities and commissioning bodies that care co-operatives should be an integral part of the future care system.

A growing co-operative care sector will help to make a new NCS structure an enduring success. Guaranteeing the availability of care and reducing care deserts is a core aim of the new NCS, and the evidence shows co-operatives can be pivotal in achieving this goal. User-owned care co-operatives also offer opportunities for innovation, including by giving care recipients greater control over their care. The NCS could pilot user-owned multi-stakeholder co-operatives in specialist care services as a way of meeting this ambition.

Ownership matters. Co-operatives can provide a long-term solution to the care crisis, and will be integral to delivering on the promise of the NCS to transform the care system.

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ENDNOTES

- 1 Harrop, A, and Cooper, B, A National Care Service For All, Fabian Society, 8 June 2023
- 2 Unison, Let's Make Care Work, 2023
- 3 Appleton, G, and Rozansky, D, Towards a National Care Service: raising national standards of care, Social Care Institute for Excellence, January 2026
- 4 Thomas, M, Care Home Costs: how much will you pay?, Which, 6 April 2026
- 5 Department of Health and Social Care, Social care – charging for care and support 2026 to 2027, 17 February 2026
- 6 Cowan, S, and Williams, H, Time to end social care charging in Scotland , 5 November 2025
- 7 Bottery, S, and Jefferies, D, (2026) Social Care 360. London: The King's Fund, 8 April 2026
- 8 Service Public (2026) Allocation personnalisée d'autonomie (Apa), 01 June 2026
- 9 Reeves, C, Islam A, and Gentry T, The State of Health and Care of Older People in England in 2024, Age UK, September 2024
- 10 Carers UK, The 'tipping point': when unpaid carers can no longer combine work and care, 12 May 2026
- 11 Smith, A, Support at Home price caps from July 2026, MD HomeCare, June 3 2026
- 12 Federal Ministry of Health Germany, Long-term care insurance, 2025
- 13 Scottish Government, Free personal and nursing care: questions and answers, 28 March 2019
- 14 Curry, N, Castle-Clarke, S, and Hemmings, N, What can England learn from the long-term care system in Japan? 9 September 2018
- 15 Department of Health and Social Care, Adult Social Care Finance Report, England: 2024 to 2025, 13 November 2025
- 16 H, Bo, Hancock, R, Wittenberg R, Mayorga Camus, J, Pauschardt, J, Coulson, C, Projections of Adult Social Care Demand and Expenditure in England, 2022-2042, February 2025
- 17 Stevenson, G, Elliot, G, Racht-Jucquet, L, Allen, L, and Sameen, H, Adult Social Care Funding Pressures: 2023-35, 15 May 2025
- 18 Office for National Statistics, Estimation of the population for England and Wales, 30 July 2025

- 19 Reeves, C, Islam A, and Gentry T, The State of Health and Care of Older People in England in 2025, Age UK, September 2025
- 20 Department of Health and Social Care, Measures from ASCOF, England: 2024 to 2025 - statistical commentary, 4 February 2026
- 21 Stevenson, G, Elliot, G, Rachet-Jucquet, L, Allen, L, and Sameen, H, Adult Social Care Funding Pressures: 2023-35, 15 May 2025
- 22 H, Bo, Hancock, R, Wittenberg R, Mayorga Camus, J, Pauschardt, J, Coulson, C, Projections of Adult Social Care Demand and Expenditure in England, 2022-2042, February 2025
- 23 Department of Health and Social Care, Adult social care finance report: 2024 to 2025, 13 November 2025
- 24 Homecare Association, Adult Social Care in the UK Scale, Structure, Funding and Financial Performance of the Independent Sector, October 2024
- 25 Department of Health and Social Care, Care and Support Statutory Guidance, 22 July 2025 26 Department of Health and Social Care: local authority circular, Social care - charging for care and support 2026-2027: local authority circular, 17 February 2026
- 26 Department of Health and Social Care, charging for care and support 2026 to 2027: local authority circular, 17 February 2026
- 27 Sense, Polling of 1,500 disabled people with complex undertaken by Censuswide, undertaken 9th to 30th October 2025
- 28 [Home - Social Care Future](#)
- 29 Sense, Lived experience research,
- 30 Sense, Polling of 1,500 disabled people with complex undertaken by Censuswide, undertaken 9th to 30th October 2025
- 31 O'Dowd, A, Adults with a learning disability are dying 20 years earlier than the general population, audit finds, the BMJ
- 32 Sense, Polling of 1,500 disabled people with complex undertaken by Censuswide, undertaken 9th to 30th October 2025
- 33 Health and Social Care Committee, Adult social care reform: the cost of inaction, May 2025
- 34 King's Fund / Nuffield Trust, Public Satisfaction with the NHS and Social Care in 2025, March 2026
- 35 Skills for Care, The state of the adult social care sector and workforce in England, October 2025
- 36 Skills for Care, Pay in the adult social care sector, March 2026
- 37 Fabian Society, Seizing the opportunity: the fair pay agreement in social care, May 2025

- 38 Health Foundation, Unpaid care: the realities of caring in the UK, February 2026
- 39 Future Social Care Coalition, Carenomics: unlocking the economic power of care, September 2023
- 40 Skills for Care, The size and structure of the adult social care sector and workforce in England
- 41 ADASS, Autumn survey 2025, November 2025
- 42 Fabian Society, Support Guaranteed: the roadmap to a National Care Service, June 2023
- 43 Andrew Harrop, National Care Service: a quiet first step, August 2025
- 44 CHPI, Plugging the leaks in the UK care home industry, November 2019
- 45 University of Oxford, Bach-Mortensen et al, Evidencing the outsourcing of social care provision in England, October 2024
- 46 Reclaiming our Regional Economies, Ending extraction in the UK care system, November 2025
- 47 Kotecha, V, Plugging the leaks in the UK care home industry, The Centre for Health & the Public Interest, November 2019
- 48 International Labour Organisation, Providing Care through Co-operatives, 2017
- 49 CECOP, Cooperatives Care! Advantages of the cooperative model for meeting multiple care-related needs and challenges in the EU, 16 June 2022
- 50 ibid

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JRF is an independent social change organisation working to support and speed up the transition to a more equitable and just future, free from poverty, where people and planet can flourish.



CARE TO SHARE

EDITED BY BEN COOPER, IGGY WOOD AND MILES WARD

Three years ago, the Fabian Society set out what a National Care Service should look like in *Support Guaranteed*. A year later, in its manifesto, Labour drew on the ideas in *Support Guaranteed* and committed to a new service “delivering consistency of care across the country.”

Since the election, the social care situation has significantly improved. Yet there is still a long way to go to fulfil the manifesto promise. In this pamphlet, experts and policymakers identify the decisions the government will need to get right.

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