

The Equality and Human Rights Commission (EHRC) Statutory Review 2023 - Centre for
Care submission

Information gap: Living standards - impact of caring on carers - England, Wales, Scotland.

Background

Professor Sue Yeandle is the Director of both the ESRC-funded Centre for Care and of CIRCLE (the Centre for International Research on Care Labour and Equalities) at the University of Sheffield. She is also Editor-in-Chief of the *International Journal of Care and Caring*. Professor Yeandle has expertise in the relationship between work and unpaid care, how social and employment policies affect how women and men manage caring responsibilities throughout the life course, the role of technology in supporting carers, comparative international analysis of care arrangements, and evaluating the impact of carer support initiatives.

Professor Matt Bennett is the Deputy Director of the Centre for Care, where he also leads the research group 'Inequalities in care: consequences, planning and place' and the cross-cutting research theme, 'Care data infrastructure'. He has expertise in linking and analysing large-scale surveys and administrative datasets using advanced statistical methods. He is currently working closely with Carers UK and the Office for National Statistics (ONS) to better understand inequality and wellbeing outcomes for unpaid carers.

Sources of evidence:

1. Wellbeing of unpaid carers

Reference: Keating, N., McGregor, J. A. and Yeandle, S. (2021) Sustainable care: theorising the wellbeing of caregivers to older persons. *International Journal of Care and Caring*, 5 (4). pp. 611-30

Link: <https://eprints.whiterose.ac.uk/174830/>

Summary: currently, the adult social care system relies heavily on families, partners, friends, and neighbours to provide the majority of care on an unpaid basis. Unpaid carers are increasingly plugging the gap as the workforce crisis deepens, further rationing families' access to state-funded care. Our research evidence shows that this is increasingly at the expense of their own wellbeing, and is not sustainable. This article proposes a wellbeing framework that can be used to assess wellbeing outcomes for unpaid carers, and to help determine which groups of carers are most at risk of failures in their wellbeing.

It is well-established that many carers face a triple penalty in return for caring:

- a deterioration in their own health - especially when caring is intense, demanding or lasts for long periods of time.
- financial strain, as the costs of caring mount and income and assets fall, with paid work abandoned or cut back, lowering earnings and pensions.

- isolation, loneliness, and a feeling of being cut off from the daily life that others take for granted.

In particular, there has been a lack of emphasis on carers' exclusion from full participation in the normal activities of society, including supportive connections to others. The focus tends to be on relationships that will help them to care, rather than on a richness of relationships and activities which bring connections not focused solely on their caring role that enable them to flourish.

The level of publicly funded financial support offered to carers (mainly via Carers Allowance) can be seen as indicating the basic level of material wellbeing considered acceptable for carers in our society. Given their growing contribution and the additional threat to their financial wellbeing posed by the cost-of-living crisis, there is an urgent need for review of what constitutes an acceptable level of material wellbeing for carers. .

2. Impact of cuts to local authority spending on adult social care on carers' wellbeing

Reference: Zhang, Y., Bennett, M.R. and Yeandle, S. Longitudinal analysis of local government spending on adult social care and carers' subjective well- being in England. *BMJ Open* 2021;11:e049652

Link: <https://bmjopen.bmj.com/content/11/12/e049652>

Summary: our analysis found a relationship between higher local authority spending on adult social care and alleviation of the pressures on unpaid carers, including a protective effect on their mental wellbeing. Over the past decade, major reductions in spending by local authorities, coupled with rising demand, will have resulted in a reduction in some carers' subjective wellbeing. Those who care at a higher intensity (35+ hours per week) are much more likely to be affected. Strains on carers will have led to additional pressures on the national health and social care system, and are likely to contribute to growth in demand for publicly-funded care.

3. The likelihood of becoming an unpaid carer in adult life

Reference: Bennett, M. R., Zhang Y., and Yeandle, S. (2019), Will I care? The likelihood of being a carer in adult life. London: Carers UK

Link: <https://eprints.whiterose.ac.uk/177714/>

Summary: our analysis in this report based on robust data that is representative of the overall population found that two thirds of UK adults (65%) can expect to provide unpaid care for a loved one in their lifetime. Although caring is a feature of the life course for both women and men, women are more likely than men to care; 7 in 10 women had been carers, compared with 6 in 10 men. Thus the impact of cuts in local authority spending on adult social care can be expected to affect women more than men.

Most carers are middle aged; almost half (46%) were aged 46-65. Women are more likely than men to care earlier in life. Half of women have been a carer by the age of 46, and half of men by the age of 57. Caring thus affects women's participation in paid work more than men's, with implications for lifetime earnings, savings and pensions.

Caring patterns change across the life course: caring peaks at around age 60, drops slightly for those in their 60s and 70s, and then rises again at about age 80. Carers are more likely to care at higher intensity (50+ hours per week) if aged 45 and over.

4. Impact of the Covid-19 pandemic on carers' wellbeing

References: Bennett M.R, Zhang Y., and Yeandle S. (2020). 'Caring & COVID-19: Financial wellbeing'. Sustainable Care: Care Matters series 2020/03, CIRCLE, University of Sheffield.

Bennett M.R, Zhang Y., and Yeandle S. (2020). 'Caring & COVID-19: Hunger and mental health'. Sustainable Care: Care Matters series 2020/01, CIRCLE, University of Sheffield.

Bennett M.R, Zhang Y., and Yeandle S. (2020). 'Caring & COVID-19: Loneliness and use of services'. Sustainable Care: Care Matters series 2020/02, CIRCLE, University of Sheffield.

Links: http://circle.group.shef.ac.uk/wp-content/uploads/2020/08/CARING-and-COVID-19-Financial-wellbeing_04.08.20.pdf

http://circle.group.shef.ac.uk/wp-content/uploads/2020/06/Caring-and-COVID-19_Hunger-and-mental-wellbeing-2.pdf

http://circle.group.shef.ac.uk/wp-content/uploads/2020/08/CARING-and-COVID-19-Loneliness-and-use-of-services_04.08.20.pdf

Summary: As part of our team's Sustainable Care: connecting people and systems research programme, in 2020 Centre for Care researchers investigated carers' experiences at the height of the Covid-19 pandemic, studying their financial wellbeing, hunger, mental health, loneliness and ability to access health and community services. Available data at that time provided evidence about adults providing care to someone living outside their own household (over 6 million people) – an important subset of all unpaid carers (approx. 10.9 million people).

Our analysis painted a worrying picture, with some unpaid carers under intolerable pressure, for example showing that over 100,000 carers of older or disabled people had used food banks to get by, and that almost 229,000 carers lived in a household where someone had gone hungry during lockdown. The mental wellbeing of this group of carers had also deteriorated since before the pandemic, particularly for women, and was lower than for non-carers.

Over 1.3 million unpaid carers experienced some degree of financial strain in May 2020, with women who were carers, and carers aged 31-45 years, particularly affected. Carers in paid work were more likely to have financial concerns than carers not in paid work.

Our analysis also showed high levels of loneliness in May 2020 among carers who were female, in paid employment, or younger (aged 17-45). Access to health, social and community services was also affected, with unpaid carers more severely impacted compared to non-carers.

Information gap: Work - Unfair treatment, bullying and harassment in the workplace (Great Britain / England)

Background

The social care sector has become increasingly fragmented, with high levels of precarity, low

wages and job insecurity for almost all workers. Those from migrant and/or racially minoritised backgrounds are especially vulnerable to unfair treatment, exploitation, bullying and harassment in the workplace.

Professor Shereen Hussein is a Professor of Health and Social Care Policy at the London School of Hygiene and Tropical Medicine, and a Co-Investigator at the Centre for Care. She has undertaken research into the exploitation of migrant live-in care workers in London, and inequalities in employment experienced by care workers from racially minoritised backgrounds. References and summaries of her recent research relevant to the EHRC Statutory Review's information gaps are included below.

Sources of evidence:

1. Vulnerability of migrant live-in care workers to modern slavery and other forms of exploitation in London.

Reference: Åhlberg, M., Emberson, C., Granada, L., Hussein, S. & Turnpenny, A. (2022) The vulnerability of paid, migrant, live-in care workers in London to modern slavery, *Project Report*. University of Nottingham Rights Lab, Nottingham.

Link: <https://researchonline.lshhtm.ac.uk/id/eprint/4666869/>

Summary: This report presents the findings and recommendations from an investigation into the vulnerability to modern slavery and other forms of labour exploitation of live-in care migrant workers in London. Qualitative research was undertaken with workers from Hungary, Poland, South Africa and Zimbabwe, as part of an 18 month project (February 2021-July 2022).

Live-in care is a specific segment of the adult social care sector in England, with longstanding concerns about the high risk of exploitation. It has a high representation of migrant workers of different nationalities, including Eastern European and African countries. Live-in care workers stay in their client's home and provide around-the-clock presence and personal assistance as required with activities of daily living to enable people with care and support needs to live independently (as opposed to moving to a care home, for example). In London, there is a reliance upon non-British nationals, coupled with a rise in the use of introductory agencies and online platforms, which has led to the emergence of a gig economy for paid care work - described as the 'Uber-isation of care'.

Our research identifies 5 main factors which contribute to their vulnerability to exploitation, including employment status and the role of intermediary agencies. Participants described the emotionally and physically intensive nature of their working conditions, and significant barriers to exercising their employment rights.

The report recommends a range of policy priorities to achieve a reduction in vulnerability to labour exploitation, particularly among those with precarious immigration status.

2. Global demand for migrant care workers - implications for their wellbeing

Reference: Hussein, S. (2022) The Global Demand for Migrant Care Workers: Drivers and Implications on Migrants' Wellbeing, *Sustainability*, 14 (17): 10612.

Link: <https://doi.org/10.3390/su141710612>

Summary: the overall aim of this study is to explore the global demand for migrant care workers, and to investigate the impact of this mobility on their wellbeing. A combination of forces, including ageing populations in OECD countries, has led to a growing demand for migrant care workers. This creates opportunities for workers' mobility, but it also comes with costs to their wellbeing. Until now, the research literature on the wellbeing of migrant workers in social care has been particularly sparse.

This research includes a case study of the UK, where 17% of care workers are not British nationals (mostly arriving from the Philippines, Eastern Europe, and post-colonial countries such as India and Zimbabwe), compared to 11% of all people in paid employment. We utilise data from 27 qualitative interviews with migrant care workers from 2018-2020.

Our analysis shows that this mobility negatively affects their material and emotional wellbeing. The social care sector is characterised by low pay, poor working conditions and the potential for labour exploitation. Given that work is usually the facilitating mechanism of the mobility of this group, these poor conditions have a paramount influence on their wellbeing. Migrant care workers are in a relatively weak position to negotiate better working conditions.

Additionally, migrant care workers are more likely to be women, and their mobility often creates gaps in care for their loved ones in their home country. They are expected to bear responsibility for organising or funding alternative care in their home countries. Some migrants are able to travel freely to and from their home country to help facilitate this. However, others are not able to do so frequently, constrained either by the requirements of their visa or limited personal finances. This can have a significant detrimental impact on their wellbeing.

Despite the fact that migrant care workers make a significant contribution to the wellbeing of those with care needs in host countries, there are a lack of measures designed to support their wellbeing. In the UK, the discourse around migrant care workers is dominated by ideas of 'market value' - for example, filling gaps in labour market supply of care workers, or enabling unpaid carers to remain in employment - rather than concern for their wellbeing and the sustainability of the demands placed on them.

3. Abuse and wellbeing of care workers in the UK during Covid-19 (funded by the Health Foundation)

Reference: Saloniki, E., Turnpenny, A., Collins, G., Marchand, C., Towers, A. & Hussein, S. (2022) Abuse and Wellbeing of Long-Term Care Workers in the COVID-19 Era: Evidence from the UK, *Sustainability*, 14 (15): 9620.

Link: <https://doi.org/10.3390/su14159620>

Summary: this study investigated care workers' experiences of abuse and mistreatment during the Covid-19 pandemic, and the impact on their wellbeing. We focused on differences by nationality, ethnicity, and care setting, as these factors have been found to be important in previous research.

Both qualitative and quantitative data were collected via a longitudinal workforce survey, part of the Retention and Sustainability of Social Care Workforce (RESSCW) project.

Key findings include:

- A quarter of all respondents reported having experienced some form of abuse in relation to the pandemic (perpetrated by the people they cared for, families, colleagues or managers/supervisors). Verbal abuse and bullying were most common.
- White British respondents were the least likely to have experienced any type of abuse, compared to White Non-British and those from a BAME background. Specifically, BAME respondents were twice as likely to have experienced abuse than their White British counterparts.
- Those working in residential care were significantly more likely to have reported at least one type of abuse than those working in domiciliary care or other settings.
- Care workers also highlighted the structural stigma associated with this work compared to working in the NHS, and described feeling blamed by the public for spreading Covid.

Irrespective of the measure used, we found that abuse negatively impacts workers' health and wellbeing - with respondents experiencing depression, anxiety and stress. More severe abuse had a greater effect. This abuse was in the context of increased workload and responsibilities, significant increases in absenteeism, uncertainty, and limited, ever-changing guidance about how to manage the pandemic.

These findings have worrying implications for the sustainability of an already challenged workforce. A staggering 43.3% of respondents said that they were likely to leave their current employer in the next 12 months. The experience of at least one type of abuse increased the probability of wanting to leave; while experiencing multiple types of abuse had a more substantial effect.

4. Migrant workers in home care in the context of Brexit

Reference: Turnpenny, A. and Hussein, S. (2021) Migrant Home Care Workers in the UK: a Scoping Review of Outcomes and Sustainability and Implications in the Context of Brexit. *Journal of International Migration and Integration* 23, 23–42.

Link: <https://doi.org/10.1007/s12134-021-00807-3>

Summary: this scoping review synthesises the available evidence on the contribution of migrant workers to one segment of the adult social care sector in the UK - the provision of home care (which includes live-in care). It looked at the experiences and wellbeing of migrant care workers, among other factors including the sustainability of the demand and supply.

Home care is characterised by:

- Low pay - with average pay close to the statutory minimum wage;
- Insecure and precarious employment practices - including a high rate of zero hours contracts;
- Lone working, with less organisational and peer support compared to residential care; and
- Rapid spread of introductory agencies and 'Uber-style' platforms with implications for workers' rights

Some of the key themes identified in this review which are relevant to the EHRC's information gaps include:

- 'The migrant experience' - including experiences of discrimination, racism and unfair treatment, especially for non-white migrant care workers. This racism is not necessarily overt, and may be expressed, for example, through racialised assumptions and expectations. This was experienced not just from managers or colleagues, but also from people that migrant care workers support.
- 'Risks and vulnerabilities' - highlighting that migrant care workers are more vulnerable to the structural risks of precarity, isolation, abuse and unfair treatment.
- 'Source of flexibility for employers' - home care employers view migrant workers are more likely to accept low pay and difficult conditions.

The review also finds that to date, literature has focused on discrimination towards 'visible' minorities. The experiences of Eastern European migrants (who are predominantly white) in social care, for example, have not been well explored or understood, especially in the context of Brexit.

In contrast to other low paid sectors with a high proportion of migrant workers (e.g. retail, hospitality or food processing), social care is distinguished by the fact that it often takes place within the home. Post-pandemic, there appears to be a growing preference for home care rather than residential care. This could create incentives for the emergence of an unregulated and informal 'grey' market of care, which increases the risks of exploitation and modern slavery.

Relevant EHRC-funded work

In addition to the evidence summarised above, Professor Hussein has also recently undertaken an EHRC-funded rapid review of the evidence on the treatment, experiences, and outcomes of ethnic minority workers in health and social care in the UK.

It found that they face persistent inequalities in recruitment, pay, career progression, burn-out, under-representation in senior positions, harassment and bullying incidents, reduced social support at work and a higher likelihood of entering formal disciplinary procedures. The intersectionality of visible markers (such as gender, migration status and religion) especially disadvantages certain groups, such as black Muslim men.

Reference: Hussein, S. (2022) Employment Inequalities Among British Minority Ethnic Workers in Health and Social Care at the Time of Covid-19: A Rapid Review of the Literature. *Social Policy and Society*, 21 (2) 316-330.

Link: <https://doi.org/10.1017/s1474746421000841>

Information gap: Work - low pay and unfair treatment (Great Britain / England)

Dr Duncan Fisher is a Research Associate at the Centre for Care in the 'Care workforce change' research group. His PhD investigated the perceptions and experiences of young adults employed in adult social care. Young adults are underrepresented both in the adult social care workforce and in research undertaken on the sector. Fisher's study found that they are unfairly penalised by ageist attitudes and age-related minimum wages, which may contribute to the high turnover rate for this group.

Link: <https://research.tees.ac.uk/en/studentTheses/you-never-know-what-you-could-walk-into>

Reference: Fisher, D (2021) "You never know what you could walk into": the perceptions and experiences of adult social care work for young adults in Teesside, North-East England, doctoral thesis, Teesside University

Summary: this is the first qualitative study of the specific experiences of young adults working in adult social care in England (see p51-52, and p208-209 for the evidence gap in the literature). Young adults are underrepresented in the adult social care workforce and have a high turnover rate compared to other age groups.

The study explores some of the contributing factors to the high turnover rate and finds that young workers face ageism from their colleagues and employers. They also describe minimal induction and training which left them feeling poorly prepared for such emotionally and physically intense work (see Chapter 6, p165-180).

Another key factor is the unfairness of age-related minimum wages. A rising percentage of jobs in adult social care pay at, or close to, the legal minimum. This penalises young people for whom the legal minimum remains lower than older adults (although not all care providers differentiate pay by age). The young adults interviewed in this study unanimously and profoundly disagreed with legal minimum wages differing based on age (see Chapter 5, p138-139). They argued that firstly, living costs do not vary by age, and secondly, that younger workers do not undertake any less work than their older colleagues.

In addition, participants highlighted the common practice of unpaid working time in adult social care – including working additional time before shifts start and after they end, or through unpaid breaks.

The study finds that significance of this very low pay has been amplified by (and is mismatched with) the levels of risk that care workers were exposed to during the Covid-19 pandemic, as well as the levels of responsibility and complexity of the work. In order to address the high vacancy rate and ageing profile of the workforce, it is often suggested that the Government should aim to attract more younger workers into the sector. However, it is important to note that without structural reforms, encouraging young adults to move into a sector with such high levels of job

insecurity risks reinforcing their income and housing precarity. In addition, this study finds that young care workers are deciding to leave the sector despite having the 'right' values to care, strongly suggesting the need for reform of working conditions.

Information gap: Adult Social Care

This response to the EHRC Statutory Review is provided by members of the ESRC-funded [Centre for Care](#). It also draws on recent work in the [Sustainable Care](#) programme. It summarises our peer reviewed research which addresses the evidence gaps relating to adult social care - including access, the impact of unmet /undermet need on people giving and receiving care and support, and rights in adult social care.

This submission draws on the work of:

- Professor Sue Yeandle, Centre for Care Director
- Professor Matt Bennett, Deputy Director and Co-investigator
- Professor Catherine Needham, Co-Investigator

Background

Social care is a cross cutting issue; this submission intersects with several of the information gaps identified including access to social care and impact on unpaid carers. These disproportionately impact people based on their age, sex and disability. Care and support needs of those who draw on adult social care are growing increasingly complex, driven by an ageing population, extended periods of ill health in later-life and increased solo living. Shortages in the supply of care workers across Great Britain are challenging the sustainability of adult social care, with the vacancy rate in adult social care higher than in any other employment sector. For example in England there are currently [165,000 vacancies](#) and for the first time ever the number of people working in adult social care [fell](#).

The growing demand together with the shortage of care workers in a context of falling expenditure results in unmet need, restricts access to social care and leads to unpaid carers needing to take on additional caring responsibilities for friends and families. Unmet need impacts other sectors including the NHS, for example, by limiting options for hospital discharge. This has resulted in practice that Association of Directors of Adult Social Services (ADASS) have warned is at risk of being '[poor or potentially illegal](#)'. Inappropriate services that are not fit for purpose can directly impinge on human rights for example, people with learning disabilities and autism spectrum disorders being placed in assessment and treatment units despite this not being an appropriate environment. There are currently about [500,000](#) people awaiting a social care needs assessment or care package in England. This includes not only those in hospital but those in the community whose needs are not met.

Sources of evidence:

1. Impact of funding cuts to social care on older people

Reference: [Glasby, J., Zhang, Y. and Bennett, M.R. \(2021\) A lost decade? A renewed case for](#)

[adult social care reform in England. *Journal of Social Policy*, 50 \(2\): 406-37.](#)

Summary: Our research describes the impact of the growing gap between need and funding in adult social care between 2010-2019, and makes future cost projections under three different reform scenarios. Building on previous analysis in 2010, we identify a 'lost decade' in which policy makers failed to act and in which the influence of the Care Act 2014 has been minimal. We found that a decade of funding cuts has led to greater unmet and undermet need, growth in self-funding, lower quality care, a crisis among care providers, and much greater pressure on staff, families and partner agencies. The severe impact of these funding pressures has been disproportionately felt by older people, as opposed to those of working age, with one in seven older people (14% of the 65+ population) living with some level of unmet need (an increase of 19% since 2015).

Expenditure cuts seem to be more acceptable when applied to older people than when they affect people of working age. Despite the legitimate needs of other groups, it is hard to interpret the trends ... other than as (at least in part) the product of ageist attitudes and assumptions about the role and needs of older people. It seems services for older people can be cut in ways unimaginable – and which would certainly be more vehemently challenged – if they occurred in other service settings.

Many of the impacts summarised above involve people and their families suffering quietly in their own homes – the sheer human misery caused by our 'lost decade' is simply not as visible as financial pressures on more prominent, popular and better understood services (hospitals or schools, for example). When social care for older people is cut to the bone, lives are blighted, distress and pressure increase, and the resilience of individuals and their families is ground down. Yet this happens slowly – day by day, week by week and month by month. It is not sudden, dramatic or hi-tech in the way a crisis in an Accident and Emergency department may be, and tends to attract less media, political and popular attention.

We believe that these trends in cuts to spending are deemed more socially acceptable when applied to older people than working age people as a result of ageist attitudes and assumptions. As well as analysing past and current spending, we calculated long-term projections of adult social care spending in different scenarios. The paper urgently highlights that 'doing nothing is NOT an option'. Adult social care reforms must be implemented as soon as possible.

2. Impact of 'unmet need' on carers' wellbeing

References: [Zhang, Y., Bennett, M.R. and Yeandle, S. Longitudinal analysis of local government spending on adult social care and carers' subjective well-being in England. *BMJ Open* 2021;11:e049652.](#)

[Zhang, Y. and Bennett, M. \(2019\) Will I care? The likelihood of being a carer in adult life. *Carers UK*.](#)

Summary: These papers describe who is providing unpaid care in England (Zhang and

Bennett, 2019) and investigate the effectiveness of local government spending between 2004 and 2018 on England's current adult social care (ASC) system in terms of protecting unpaid carers' subjective wellbeing (Zhang, Bennett and Yeandle, 2021).

Our analysis found that higher local authority spending on adult social care can alleviate the pressures on unpaid carers, and protects their mental wellbeing. Major reductions in spending over the past decade, coupled with rising demand, have resulted in a reduction in their subjective wellbeing. People who care at a higher intensity (35+ hours per week) are much more affected. This will have led to additional pressures on the national health and social care system, and could contribute to the growing demand for publicly-funded care.

Caring is a gendered issue with 58% of carers being women, and these cuts therefore also have the potential to disproportionately affect women.

3. Access to social care as a human right

References: [Needham, C., Allen, K., Burn, E., Hall, K., Mangan, C., Al-Janabi, H., Tahir, W., Carr, S., Glasby, J., Henwood, M. and McKay, S. \(2022\) How do you Shape a Market? Explaining Local State Practices in Adult Social Care. *Journal of Social Policy*, Cambridge University Press: 1–21.](#)

[Needham, C. and Hall, P. \(forthcoming 2023\) Social Care in the UK's Four Nations. Bristol: Bristol University Press.](#)

Cuts to social care funding impact on the human rights of older and disabled people by denying vital support. The rights associated with access to good care are protected by law in England, Wales and Scotland. However they are not always implemented in practice. As the House of Lords Adult Social Care Committee [Report](#), 'A "gloriously ordinary life": spotlight on adult social care' states the failure to implement the Care Act 2014 in England:

is largely due to the failure to prioritise realistic funding of adult social care.

Needham et al. (2022) found that implementation of the Care Act 2014 in England has been poor and despite a focus in the Act on choice and control for those in receipt of care and support this had been undermined by a lack of information and advocacy. Local authorities have been required to reduce choice and control in order to stabilise the market.

In their forthcoming book *Social Care in the UK's Four Nations*, Needham and Hall explore how the challenges of recent decades have been experienced in the different social care systems across England, Scotland, Wales and Northern Ireland to understand how different policies are affecting care and support for older and disabled people.

A key element in social care policy is the articulation of access to social care as a human right. They note however that though this rights based approach remains important in Scottish and Welsh policy, in England it has been less evident since 2010 with more recent policy documents framing access to social care as a fairness rather than a rights issue.

To ensure ambitions about human rights and fairness are realised by social care reform, greater focus needs to be placed on questioning what 'good' care looks like and for who. Reforms to social care will impact different groups in different ways.

For example, reforms to (further) professionalise the paid care workforce and improve pay and conditions, may clash with the interests of people with disabilities who may be concerned about power disparities (see the debate between Gerlich and Farquharson, 2019). Funding changes which introduce greater state subsidy may subsidise wealthy homeowners and fall hardest on those just above the means-test threshold (Tallack and Sturrock, 2022).

Therefore social care reform, how this impacts on access to care and how success is measured needs to be carefully considered to ensure human rights are not further eroded, and particular groups more negatively impacted than others.