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The Common Good and Social Care of Older Adults in England[*]

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Abstract: This paper examines David Hollenbach's concept of the common good and assesses the extent to which this has relevance to discussions on funding social care for older adults in England. The current state of Social Care is examined using research from the charity Age UK, the King's Fund, Nuffield Trust and NHS plan. A case is made for the integration of health and social care and their funding from general taxation. This is assessed using Hollenbach's criterion of a truly participatory society. Alternative methods of Funding are then examined and assessed against Hollenbach's criterion. I conclude that Hollenbach's thought has much to offer.

Introduction

> It was once said that the moral test of Government is how that Government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped.

———*Hubert H. Humphrey (1911-1978).*

> For 1.4 million older people in England... simple but profoundly important needs, like being able to get out of bed in the morning, washed and dressed, are not being met. This is a sad indictment of our country today.

———*Age UK, Strategic Report (2017-8).*

This paper will address the question of to what extent Hollenbach's understanding of the common good has relevance to contemporary discussions on how to fund the social care of older adults in England. First I will examine Hollenbach's understanding of the common good, how he arrives at this understanding and how he considers the common good can be realised. Then we will turn our attention to the situation of older adults who need care in England, drawing on the views and research of the charity Age UK, the NHS plan, addressing the argument for the integration of health and social care, and finally drawing on research by such

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bodies as the Nuffield Trust, the Dilnot Commission and the King's Fund which will raise the question of the need for reform of the social care system and the complex area of funding. Age UK's stance on the funding of social care will be examined which will link the argument to section three, where I will consider the assumption that state provision is necessary for the achievement of the common good by examining alternative methods of funding. I will draw on current research and proposals from independent and right-of-centre think tanks, examining a range of funding proposals which provide alternatives to the position adopted by Age UK, and seek to evaluate these using Hollenbach's criteria for a truly participatory society with the values of fairness and shared risk. I will argue throughout for the necessity of applying Hollenbach's criteria of a truly participatory society as enabling the fullest realisation of common goods together, and which provides a measure of the quality of the common good of society. I will demonstrate that Hollenbach's concept of the common good has much relevance to the process of evaluating proposals for funding the provision of social care for a vulnerable group within our society, which will reflect the values of our society and how these values are realised. I will conclude by challenging the assumption that Christians have little to contribute to a political discussion of funding in a pluralistic society.

In building my argument I will consider the question of what is meant by social care, asking what its purpose is and whether social care does have a role beyond maintaining a basic physical standard of health where basic physical needs only are met. In order to do this I will use current research into the provision of health and social care, arguing that they should not be seen as two separate services, which will have implications for funding.

I will consider the value attached to older people needing care by society, and challenge the assumption that older people needing care are perceived as a burden rather than able to participate in society. This will lead to a widening of the concept of care, for example care as enabling a person to participate in society: a carer may take an older person into primary schools, or an older person may support others within society through sharing of ideas and listening to younger generations. I will maintain a view of older people as part of the wider good of society rather than simply viewing those needing care in economic terms. As part of my argument I will provide evidence for the increasing identification of benefit in the holistic model of social care, considering what is essential to this holistic model.

HOLLENBACH'S CONCEPTION OF THE COMMON GOOD

This section will explore Hollenbach's understanding of the need to bring the concept of the common good back into contemporary discussions and the reasons for its absence. I will

demonstrate why Hollenbach attaches importance to the concept in the face of the contemporary valuing of tolerance of diversity. In order to understand how Hollenbach arrives at his definition of the common good I will examine the background to his thought, considering the rise of pluralism in western thought, the prominence of the concept of tolerance and the fear of the oppression of individual private values by one concept of the good. This will lead to a consideration of the problem of treating private morality and tolerance as supreme values. I will then consider Hollenbach's question of whether a common understanding of the good is possible in a pluralistic society, and if so how this can be achieved. The concept of social rather than private goods will be examined.

Starting point: the rise of pluralism in western thought

Hollenbach starts from what he perceives as the current situation in the USA. Writing in 2002 he looks at aspects of the current social and cultural situation that suggest both a need to bring the concept of the common good back into contemporary discussion, and the reasons for its absence from contemporary discussions of how the good life of citizens might be achieved.[3]

Hollenbach argues that the concept of the common good is challenged by the pluralism present in contemporary societies. He quotes John Rawls who has argued that the classical visions of the common good as understood by Aristotle, Aquinas and Ignatius of Loyola are "no longer a political possibility for those who accept the constraints of liberty and toleration of democratic institutions." [4] Hollenbach also cites Ronald Dworkin who argues that the dominant secular western philosophy of liberalism is based on the conviction that equal treatment of citizens demands that "political decisions must be, so far as possible, independent of any particular conception of the good life."[5] The principle of equality of all citizens therefore means that divergent understandings of what counts as good must be accepted and the freedom of all to determine their own life must be respected.

Hollenbach then follows John Dewey's analysis of the "eclipse of the public" to describe the contemporary situation that in public life all understandings of the common good must be subordinated to the importance of demonstrating tolerance for every view of the good.[6]

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[3] David Hollenbach, S.J., *The Common Good and Christian Ethics* (Cambridge: Cambridge University Press, 2002), xiv.
[4] John Rawls, *Political Liberalism* (New York: Columbia University Press, 1993), as quoted in Hollenbach, *The Common Good,* 9.
[5] Ronald Dworkin, *A Matter of Principle*, (Cambridge, MA: Harvard University Press1985), page 191, as quoted in Hollenbach, *The Common Good*, page 10.
[6] John Dewey, *The Public and its Problems*, (Athens, OH: Swallow Press/Ohio University Press) 1994, as quoted in Hollenbach, *The Common Good*, page 10.

Concern for individual freedoms: fear of a common understanding of the good

Hollenbach understands the high value assigned to tolerance as the guiding philosophy as leading to the pre-eminence of the concern for individual, private wellbeing in contemporary society, with the shared good that can be present in public life hidden from view behind protection of individual freedoms.[7] He wishes to question the conclusion that respect for equality must necessarily be in conflict with the concept of the common good, arguing that it is neither a self-evident nor necessary truth, but rather the result of historical, social and political currents in society and contingent on them.[8]

Hollenbach points to currents in western history that have contributed to the idea that a common understanding of the good life can only exist by the oppression of some views by others. He cites both the Reformation which led to "sharply conflicting conceptions of what a good society should look like" and led to the suspicion of religious ideas of the common good fuelling political and economic causes of conflict,[9] and the conclusion of Rawls that the same dangers of enforcement by oppressive use of state power are carried by any comprehensive conception of the good life, political, philosophical, religious or moral.[10]

Hollenbach sees contemporary popular consciousness in the USA as formed by the daily experience of the reality of pluralism with the result that pluralism is now taken as the norm. However, he points out that this diversity leads as much to conflict and fear as to tolerance, pointing to the rise of ethnic and religious conflict, the presence of religious extremism and Islamic resurgence. This is true as much for European societies as for the United States.[11]

Hollenbach therefore asks whether it is reasonable to hope that given the size and cultural mix of society aspects of the good life common to all can be identified without trampling on those who do not share a certain view, by imposing one set of values on others, or whether this is now a utopian ideal.[12]

"A good in common that we cannot know alone" (Sandel)

Against this background Hollenbach introduces Michael Sandel's concept that "we can know a good in common that we cannot know alone,"[13] and states that he wants to explore how

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[7] Hollenbach, *The Common Good*, 10.
[8] Ibid., 10-11.
[9] Ibid., 14-15.
[10] Hollenbach, *The Common Good*, 15.
[11] Hollenbach, *The Common Good*, 17-20.
[12] Ibid., 17.
[13] Michael Sandel, *Liberalism and the Limits of Justice* (Cambridge: Cambridge University Press, 1982), page 183, as quoted in Hollenbach, *The Common Good,* 18.

far this is true. Hollenbach understands Sandel's concept as meaning that it is a shared social life that makes knowledge of the common good possible, and that therefore a shared life together makes the practical pursuit of the good to be found within it a social necessity.

It is therefore necessary to examine whether such a shared life does exist in contemporary society, and Hollenbach does this later in his argument by examining the bonds of social connections that are already present, arguing that the positive experience of social interdependence enables people to learn from one another and to understand aspects of the good life only made apparent through these connections. For Sandel's argument to be possible Hollenbach argues that the experience of interdependence must be positive: if difference of culture and way of life make those who are different appear as threats then fear will surface, with the defence of one's own rights becoming the first priority.[14] The concept of living in a community rather than in juxtaposition to each other therefore needs to be seen as something that is possible and achievable, otherwise Hollenbach argues that achieving Sandel's ideal can only be seen as a very slim hope.[15]

Tolerance and the concept of the private good

In order to examine the possibility of living as a community Hollenbach considers the concept of tolerance of diversity more closely in contemporary USA society. He examines Rawls' statement that tolerance needs to be extended to all "conceptions of what is of value in human life, and ideals of personal character as well as ideals of friendship and of familial and associational relationships, and much else that is to inform our conduct, and in the limit to our life as a whole."[16]

Hollenbach identifies this broadening of the scope of tolerance as implying and leading to the contemporary view that all fully articulated visions of the good life should be seen as private or non-public. In support of this conclusion Hollenbach cites evidence from a survey and poll of statements of personal freedom and morality in contemporary America, arguing that the beliefs demonstrated imply that living a good life is self-made and not dependent on the conditions existing in public life.[17] It follows that there is little reason to be concerned with the conditions of public life: morality is a private matter not related to the public good. The implication is that the common good is irrelevant and social contingencies, international

[14] Hollenbach, *The Common Good*, 18.
[15] Ibid., 18-22.
[16] Rawls, *Political Liberalism*, 10, 13, as quoted in Hollenbach, *The Common Good,* 24.
[17] "General Social Survey 1994," Inter -University Consortium for Political and Social Research website, accessed March 10, 2020.

decisions or environmental policies do not impinge on the freedom to shape our own lives according to our own values.[18]

The problem with the supremacy of private morality

Against this conclusion Hollenbach argues that the view that we are not affected by social, natural or economic forces is an unrealistic one to the extent that it cannot be taken literally. This view highlights an individualistic value system which puts the quality of public life very low on the scale of what is valued as good, directing attention away from any goods to be found in the shared life of society.[19] In support of this conclusion Hollenbach draws on a study of the beliefs and values of the American middle class by the social scientist Alan Wolfe which used in-depth interviews with a representative sample, and found tolerance to be the most highly valued ethical principle over a wide range of issues.[20] Hollenbach follows Wolfe's conclusion that this individualistic wide tolerance is informed by an ethic of modest virtues and ordinary duties ("morality writ small") rather than the larger goods of social justice and social equality. Hollenbach highlights Wolfe's analysis of the situation that this "morality writ small" lacks a vision, a shared sense of purpose which is capable of engaging with, or is simply unwilling to engage with, the problems of contemporary society.[21]

The problem with tolerance

Hollenbach questions the above concept of tolerance arguing that the pursuit of the common good has been replaced by the avoidance of repression of another's values. This has led to the avoidance of real engagement with those whose views are different and therefore of the capacity to engage with the social problems of society.[22] Tolerance as acceptance of difference can mean that barriers to social inclusion in a just society are not addressed, and therefore the prevailing public philosophy needs to be rethought.[23] Hollenbach cites the issues of urban poverty in contemporary America (following the analysis by Wolfe), in support of his argument.[24] He also refers to the growing awareness of interdependence in both national and international life as necessitating a stronger vision of the goods that are shared in common.[25]

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[18] Hollenbach, *The Common Good*, 27-28.
[19] Ibid., 28.
[20] Hollenbach, *The Common Good, 28-30.*
[21] Alan Wolfe, "Couch Potato Politics," *New York* (Sunday, March 15, 1998), sec.4, page 17, as quoted in Hollenbach, *The Common Good, page 30.*
[22] Hollenbach, *The Common Good*, 33.
[23] Ibid., 57.
[24] Ibid*.,* 38-39.
[25] Ibid., *The Common Good*, 59.

Redefining tolerance: tolerance as a social good and an instrumental value

Hollenbach re-envisions the aspiration for tolerance as a social good in a society that demonstrates basic respect for all. It is a shared vision which respects diverse views in a pluralist society.[26] Tolerance is therefore an instrumental rather than an absolute value: its purpose is to ensure that the common goods are truly common, and is a social good realised when all people share equally in the activities of a community (political, social and cultural).[27]

The mutual respect and individual worth which are key features of tolerance can then be seen as the means of ensuring that no-one is excluded from these goods that are in themselves shared: individual worth and mutual respect is achieved through dialogue with others, by participation in society, through the structures of society that make this possible.[28] Following chosen values to inform decisions made by society is therefore central to realising those values for all: mutual respect is common only if all members of society benefit. Hollenbach understands the thought of Charles Taylor as suggesting that the maintenance of the common good and individual freedom can be complementary and interdependent rather than opposed alternatives: freedom of the individual is a 'situated freedom' of the self within a community which shares the value of freedom.[29]

The good of being in community: the role of relationship and connectedness

An individual's freedom therefore cannot be expressed alone but through free choices made in interaction with others. This concept of relationship can be extended to include public life: following the thought of Hannah Arendt, Hollenbach argues that the actions of humans both arise out of a social context and are directed into a social context. The interests of an individual are therefore always directed towards other people.[30] Hollenbach therefore concludes that the good of the individual and the common good are inextricably linked: the good of a person is embedded in the good of the community which is then necessarily the good of all persons, realised as the common good.

Following the thought of Jacques Maritain, Hollenbach argues that the good of being a community can be said to be good in itself, and does not exist for the sake of something else. The values of connectedness and inclusion in society are therefore seen as non- instrumental values that exist through and because of the shared life of that society. This makes any

[26] Ibid., 68.
[27] Ibid., 70.
[28] Ibid., 70.
[29] Ibid., 75.
[30] Ibid., *15-16*.

deprivations of exclusion from the common life (such as exclusion from healthcare, exclusion from the ability to participate through disability) serious "because they deprive people of the distinctively human capacity for lives lived in mutual relationship with others and of genuine participation in the good of social life itself." [31]

Hollenbach's definition of the common good

The common good has therefore been defined as the good of all humans, which is necessarily a public thing. Hollenbach has argued that to achieve a society in which freedoms are more fully shared, a true participatory society, is to achieve a society in which common goods are achieved to the extent that all people are enabled to participate fully in those goods. This requires a public philosophy which values participatory common life as a serious good to be sought in itself. Hollenbach argues that such a reconceiving of freedom as existing as a shared reality will enable a recovery of the pursuit of the common good and the discovery of the potential value of shared lives.[32]

In discovering the shared good of self-determination, human rights can be defined in terms of the minimum levels of social participation which mutual respect for human dignity and freedom requires. Following the thought of Charles Taylor, Hollenbach argues that social participation (or solidarity) then becomes a measure by which a community can discern and evaluate its choices towards a better society.[33] The common good can now be understood as the enabling of participation in society necessary to the achievement of other shared (or common) goods. It is both a good in itself and maintains and is maintained by the goods it achieves.

Achieving the common good: the contribution of Christianity in a pluralist society

Central to Hollenbach's thought is the problem of how the truly participatory dialogue necessary to realising and maintaining the common good and common goods of a society can be informed by the values of one group within a pluralist society. Hollenbach wants to ask whether the values that shape the goods a truly participatory society wishes to realise can be informed by Christianity in a way that would be affirmed by secular and non -Christian thinkers, avoiding the authoritarian suppression of those with differing values, and affirming and respecting the freedom of non-Christians.

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[31] Ibid., 83.
[32] Ibid., 86.
[33] Ibid., 85.

Following the thought of Vatican II he argues for a position of religion in public life which avoids any coercion by religious bodies while affirming that allowing the engagement by religious bodies in public life is an essential part of the meaning of religious freedom.[34]

Religious freedom is thus seen as a social freedom which includes the right to seek to influence others through active dialogue. Hollenbach argues that religious bodies form part of the complex background culture of everyday life in society, which he sees as pre-eminently a public area. As such, religious bodies have a social role and cannot be relegated to the merely private. Religion necessarily plays a public role which through active dialogue can have political consequences in forming what is ultimately held to be reasonable and of value in shaping the good of society.[35] Drawing on the work of J. Leon Hooper, especially his book *The Ethics of Discourse*, Hollenbach contends that the human right of freedom of speech includes the right of religious bodies to contribute to shaping public life, giving this right a greater positive and shared social role rather than simply an individualistic protective role.[36]

Identifying a Christian understanding of the common good

Sharing common loves: identifying shared values

Having established the right of religious bodies to contribute to a discussion of the common good of society, Hollenbach then wishes to ask what Christians can contribute that is distinctive. This is to ask how Christians might understand the relationship between their religious vision of the common good and what it is possible for society to achieve within earthly history. Hollenbach cites Augustine's understanding of a *res publica*; "a people is an assemblage of reasonable beings bound together by a common agreement as to the objects of their love."[37] For Augustine the full good of the City of God can only be present imperfectly on earth to the extent that love of neighbour is present. Following Eugene TeSelle's understanding of Augustine's thought, love of neighbour should lead Christians to work to make the civic community the best possible expression of this love.[38]

Augustine's concept of the solidarity of shared loves leads Hollenbach to raise the question of common loves or values. When Hollenbach asserts that "the Christian community can make important contributions to the common good of a community of freedom," then he is saying that Christians can have an influence in deciding the shared aims and values that

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[34] Ibid., 119.
[35] Ibid., 168.
[36] Ibid., 161.
[37] Augustine, *The City of God,* trans. Henry Bettenson, (London/New York: Penguin Books, 1972), as quoted in Hollenbach, *The Common Good*, 127.
[38] Hollenbach, *The Common Good*, 128.

shape the quality of the common loves expressed among and through citizens of a society.[39] This will be shown to be of importance in section three where the contribution of Hollenbach's thought to the question of funding social care, and the values that society chooses to shape the decision making process will be discussed and will be shown to be central to this process.

The importance of relationship in the realisation of common goods

Hollenbach returns to the thought of Maritain and the priority given to inclusion in community in realising the common good. According to Hollenbach Maritain understands relationship as present in various forms within civil society, maintaining that each diverse social interaction (friendship, family, workplace, cultural, economic and political), is capable of realising some aspect of the common human good while none constitutes the whole.[40] This is based on Maritain's development of Aquinas' analogical argument to explore the relationship between God as the highest good expressed through a relationship of communion in the Trinity, and the degree to which humans realise their relationships of love.[41] Relationships of love realise common goods that are social and not primarily private. According to Hollenbach Maritain asserts that the freedom and dignity of persons is achieved through the interaction and participation in relationships possible within society, with each relationship capable of realising a part of the common good thus making these parts imperfect but real reflections of the ultimate good of God's kingdom.[42]

Drawing on Augustine, and Maritain's understanding of Aquinas, Hollenbach arrives at what he calls a "pluralistic- analogical" understanding of the common good. Taking a distinctively Christian understanding of relationship Hollenbach shows how this can have relevance to understanding relationships within society. The common good is something that is achievable without oppression in a participatory society, and which can be seen as an "ensemble of goods that embody the good of communion, love and solidarity to a real though limited degree."[43] The centrality of relationship and participation in the realisation of the common good will inform the question of funding social care to be discussed in section three.

Conclusion

Hollenbach has reached his understanding of the common good by starting with the absence of this concept from contemporary American society. He has explored the historical and social reasons for this absence, identifying a fear of repression and authoritarian imposition

[39] Ibid., 136.
[40] Ibid., 132-3.
[41] Ibid., 130.
[42] Ibid., 134.
[43] Ibid., 136.

of a fixed set of values in a pluralistic society. Throughout his argument Hollenbach wants to affirm the values of freedom and dignity of the individual he has identified as present in American culture, but wants to argue that these can only be truly realised in the relationship with others that living in society entails. He therefore identifies goods that can only be realised in common, and argues for the fullest participation in these goods for all as a measure of the quality of the good of society. He hopes these common goods will be achievable through the active dialogue of mutual respect for the differing views of those persons or groups making up society. He argues that religious bodies are part of the culture of society and as such have a right of freedom of expression which amounts to the right to freely contribute their views and to be taken seriously in participatory dialogue.

Hollenbach has therefore provided both an understanding of the common good and an argument for the practical realisation of the goods which make up this vision. He sees a shared social life as making knowledge and experience of the common good possible and therefore something it is necessary to pursue. He sees the bonds of connectivity that exist within society as positive, and in fostering these bonds a way of achieving a truly participatory society. Although the background to his thought has been contemporary American society these ideas are transferable to the pluralistic society and values existing in Britain.

This essay will demonstrate how his concept of a truly participatory society can inform the discussion on how social care for older adults can be funded. The second section will now consider the concept of social care and needs of this particular group.

THE COMMON GOOD AND SOCIAL CARE FOR OLDER ADULTS

Introduction

> Social care is not some kind of nice-to-have optional extra- it's a fundamental service on which millions of older and disabled people depend every day …. 1.5 million older people.. now have some unmet need for care -one in seven of the entire older population.
>
> ———*Caroline Abrahams, Director, Age UK (as quoted in The Guardian 8/12/19).*

This section will demonstrate why the views of Hollenbach are relevant to a discussion of the provision and funding of social care for older adults in England. I will consider the key quotation by Hubert H. Humphrey with which I started this paper, that caring for the vulnerable is a measure of the moral test of government. This quotation raises the question of the values that inform and shape our society, and ultimately asks what sort of society we want. If we want the truly participatory society that Hollenbach describes and argues it is possible to work

towards achieving, then we need to consider how the fullest participation in that society can be achieved for all groups within it. This section will consider this question as it affects those older adults who need the provision of care. I will provide a definition of social care and raise the concept of equity in care provision. The argument of this paper will be that the response of government should be proportionate to needs where these are identified.

I will provide evidence for the health needs that older adults may encounter and the fundamental link with the need for social care. My argument will address the question of identifying social care needs and defining what is meant by wellbeing. This will lead to an examination of the interface between health and social care and an examination of current thinking on integrating the two areas. The paper will then focus on the impact of spending cuts under the austerity policies of governments since 2008, and the financial implications of addressing needs for the future with an increasing older population.

My main source of information about the needs of older people will be the research and policy recommendations of the charity Age UK. I will justify the choice of this charity as providing an accurate picture of the situation of older adults needing care in England at the current time.

The social care of older adults

I have chosen to focus on the situation of older adults who need the help and support designated as social care, which at the time of writing is provided and funded by local authorities in England. Social Care can be defined as the care and support for people with a wide variety of needs due to disability, illness or other life situations.[44] This includes support with personal care needs such as washing and dressing, support with taking medications, shopping, preparation of meals, assistance with eating and drinking, assistance with mobility and leisure activities.

Age UK is the main charity which embraces the specific needs of older people in the UK. In terms of their research and aims Age UK are well-placed to be a reliable source from which to identify the current situation for older people in the UK and to highlight specific needs. Through campaigning and research, they provide impartial and up-to-date information and advice, and aim to deliver and transform health, social care and wellbeing services for

[44] Age UK, "Social Care Reform and Funding (England)" (May 2019), accessed December 12, 2019.

older people.[45] Their intent is to make sure every older person is respected, protected and treated with the dignity they deserve.'[46]

Age UK uses a broad definition of older people to mean adults over the age of 65 years.[47] This is the definition used in the NHS, however definitions can vary.[48] Specific needs can be present in adults in their late sixties in the same measure as for adults in their eighties. Age UK argues against a simplistic categorisation of older adults by the media as 'the elderly' who are then seen as an economic burden on society.[49]

Identifying need: the current situation

Age UK's annual report (2017-8) identifies the most important issue as 'the crisis in how we care for older people who need support with daily living.'[50] The report identifies the 'growing and deepening gap in resources for social care and other local services on which many older people depend,' highlighting the fact that basic and 'profoundly important' needs such as getting out of bed in the morning, washing and dressing are not being met.[51] Local charities are not able to fill the gap left by reduced local authority spending. These charities are impacted by the discontinuation of local authority funding streams, which means that many local charities are seeing growing demand for their services alongside static or reduced resources.[52]

Physical and mental health in older age

The prevalence of health conditions, for example dementia, osteoarthritis, and the likelihood of a person having multiple co-morbidities rises with increasing age. These health conditions increase dependence on others and reduce mobility, adding to isolation and need. According to Age UK's research the majority of people over 85 years are living with three or more long-term conditions. Cancer diagnoses become more frequent with increasing age, with 36% of new diagnoses occurring in people over 75 years. The likelihood of falls increases with declining bone strength and muscle mass.[53] Frailty, defined as a loss of resilience impairing

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[45] Age UK, "'Strategic Report': Report of the Trustees and Annual Accounts" (2017-18), accessed December 2, 2019.
[46] Age UK, "Strategic Report."
[47] Age UK, "Later Life in the United Kingdom" (2019), accessed December 8, 2019.
[48] NHS England, "Improving Care for Older People," last updated March 11, 2020.
[49] Age UK, "Ageism and Age Equality" (August 2018), accessed December 8, 2019.
[50] Age UK, "Strategic Report."
[51] Age UK, "Analysis based on data from the English Longitudinal Study of Aging, Waves 7 and 8" (July 2018), in "Strategic Report."
[52] Age UK, "Strategic Report."
[53] Age UK, "Improving Healthcare" (May 2019), accessed November 30, 2019.

the ability to recover from an adverse event, increases with age.[54] Between a quarter and a half of those aged over 85 have frailty.[55]

Age UK argues that older people's mental health needs are often overlooked, with only 15% of older people with mental health conditions receiving help from the NHS, and worse access to talking therapies than other age groups.[56] Older carers have an increased likelihood of needing support with mental health conditions: carers aged 85 or over report feeling anxious or depressed, exhausted and demoralised with the loss of vital community connections.[57] In 2014 it was estimated that approximately 670,000 people acted as primary carers for people with dementia.[58] Many of these will be older partners of the person with dementia and may have care needs themselves. The number of older adults with dementia is likely to increase significantly as the UK's population ages with the total number of people living with dementia predicted to exceed 1 million by 2021.[59] For adults in England with a diagnosis, emotional and practical support is inconsistent.[60] Unlike in Scotland, there are no mandatory standards of post-diagnosis support. [61] Chronic pain, impaired mobility with reduced independence and social isolation can all impact on mental health. The increased risk of loneliness which can be present with these factors also increases the risk of depression and dementia.[62]

Vulnerability in older age

A report from Energy UK drew on evidence from Age UK's research and provides a useful example of how multiple factors impact on the health and wellbeing of older people.[63]

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[54] British Geriatric Society, "Introduction to Frailty: Fit for Frailty, Part 1" (2014), accessed 30 November, 2019,.

[55] BGS, "Fit for Frailty."

[56] S. Pettit et al., "Variation in referral and access to new psychological therapy services by age: an empirical study quantitative study," British Journal of General Practice 67, 660 (2017): 453-459, in *Mental Health (England)*, Age UK (July 2019), accessed December 7, 2019.

[57] Carers UK, "Strain on unpaid carers putting adult social care at risk of collapse" (September 20, 2018), accessed March 12, 2020.

[58] Deloitte UK Centre for Health Solutions and Alzheimer's Society, "Dementia today and tomorrow - A new deal for people with dementia and their carers" (February 2015), in Living Well with Dementia, Age UK (March 2016), accessed December 12, 2019.

[59] All Party Parliamentary Group on Dementia, "Unlocking Diagnosis: The key to improving the lives of people with dementia" (July 2012), accessed December 12, 2019.

[60] All Party Parliamentary Group on Dementia, "Building on the National Dementia Strategy: Change, progress and priorities" (2014), in *Living Well with Dementia*.

[61] The Scottish Government, "Scotland's National Dementia Strategy 2013-16" (2013), in *Living Well with Dementia*.

[62] John T. Cacioppo, Mary E. Hughes, Linda J. Waite et al., "Loneliness as a Specific Risk Factor for Depressive Symptoms: Cross-Sectional and Longitudinal Analyses," Psychology and Aging, American Psychological Association 21, 1 (2006): 140 –151, https://doi.org/10.1037/0882-7974.21.1.140. See also E. Lara, N. Martin-Maria, A. De la Torre-Luque et al., "Does loneliness contribute to mild cognitive impairment and dementia? A systematic review and meta-analysis of longitudinal studies," Ageing Res Rev. 52 (July, 2019): 7-16, accessed December 12, 2019, https://doi.org/10.1016/j.arr.2019.03.002.

[63] Energy UK, "Commission for Customers in Vulnerable Circumstances. Final Report" (2019), accessed July 17, 2020.

The report found that in later life a person's resilience and well-being depend on a combination of factors: financial resources, physical health, cognitive and mental health, family support and social engagement. Vulnerability, defined as being at particular risk of harm, can occur when there is a shortfall or decline in one or more of these areas.[64] Financial vulnerability can increase with health and social care needs, and this vulnerability impacts on and can increase the initial needs.[65] Caring responsibilities can increase stress and social isolation, with added financial costs including heating bills.[66]

Loneliness and the importance of wellbeing: widening the concept of social care

Two and one-half million older people report that they have no-one to turn to for help and support.[67] Recent research has found that loneliness and isolation can be as harmful to health as smoking 15 cigarettes a day, or obesity. Loneliness has been associated with an increased risk of Alzheimer's Dementia, depression, cardiovascular disease and hypertension.[68] Loneliness can also lead to greater reliance on health and social care services, and early admission to residential care.[69]

Significant life changes can increase with ageing, for example retirement, loss of a loved one, loss of mobility or diagnosis of a serious medical condition. Older people are more likely to confront a number of these issues at the same time. Age UK's Wellbeing Index shows that connectedness to others, local services available, physical and mental health and financial security are major factors contributing to wellbeing. Meaningful engagement with the world through participation in social, creative or physical activity or work contributes more than 20% to a person's feeling of wellbeing.[70] These findings highlight the relevance of Hollenbach's concept of a truly participatory society as a measure of the realisation of the human rights of freedom and dignity, which are seen as social goods: goods that we cannot know alone but through relationships with others.

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[64] Age UK, "Strategic Report."
[65] Energy UK, "Vulnerable Circumstances."
[66] Institute for Social and Economic Research and NatCen Social Research, "Understanding Society: Waves 1-5, 2009-2014" (7th Edition [computer file], University of Essex, Colchester, Essex, UK Data Archive [distributor], SN:6614 November 2015), accessed March 15, 2020, http://dx.doi.org/10.5255/UKDA-SN-6614-7, in Customers in Vulnerable Circumstances.
[67] Age UK, "All the lonely people: loneliness in later life," (September 2018), accessed December 10, 2019, in *Strategic Report.* Also, Age UK, "Analysis from YOUGov/Age UK survey" (August 2018), in *Strategic Report*.
[68] *J. Holt-Lunstad, T. B. Smith, J. B. Layton,* "Social relationships and mortality risk: a meta-analytic review," *PLOS Med 7 (2010): 7. See also* J. Holt-Lunstad, T. B. Smith, M. Baker et al., "Loneliness and social isolation as risk factors for mortality: A meta-analytic review," *Perspectives on Psychological Science 10 (2015): 227-237.*
[69] Age UK, "Strategic Report."
[70] Age UK, "Index of Wellbeing in later life," (September 2018), accessed March 15, 2020, in Strategic Report.

The need for change

As demonstrated health and social care needs are fundamentally connected. Health conditions and loss of mobility can mean the loss of independent living. Inadequate support with care needs impacts strongly on health through isolation, loss of freedom, dignity and the ability to participate in society.

Based on their research and experience Age UK argues that extra financial resources alone will not solve the perceived crisis in social care: a joined up integrated service between health and social care providers is needed nationally.[71] Age UK worked to influence the Social Care Green Paper (due December 2018) stating that, 'the crisis in social care is the biggest public policy issue of our time.'[72] They held focus groups with MPs, older people who use care services and their carers, enabling older people to participate in discussion of the key issues facing social care, the potential solutions and 'how to pay'.[73]

At the time of writing (February 2020) this Green Paper has yet to be published.

Integrating health and social care: the effect on wellbeing

A person-centred integrated care research programme piloted by Age UK provided integrated packages of support from local authorities, the NHS and voluntary sector, looking for evidence that a person's quality of care and health would improve.[74]

The study found a 16 % increase in wellbeing was sustained two months after finishing the study.[75] Participants spoke of more control over their lives; increased confidence in their daily lives; a stronger sense of purpose, having a wider social circle; and knowing that extra support is there.[76] These factors both impact on and are impacted on by the ability of older adults to participate in society, experiencing the social goods of individual freedom and dignity central to Hollenbach's analysis in section one. Although further programmes have been recommissioned, the scale and pace of adoption is curtailed by the lack of money in the system.[77]

[71] "Home from Hospital," Age UK, accessed December 7, 2019.
[72] Age UK, "Strategic Report," 20.
[73] Ibid, 19-20.
[74] Ibid, 27-8.
[75] Yvonne Fullwood, "Blended evaluation of Phase 2 of the Age UK Personalised Integrated Care Programme Final Evaluation Report," March 2018:9, accessed December 7, 2019.
[76] Age UK, "Strategic Report.".
[77] Ibid.

The NHS long-term plan: recognition of the need for reform

The NHS plan was published in January 2019 with three priority areas for older people: enhanced health in care homes; urgent rapid response care closer to home and wider services aimed at supporting people in the community.[78]

The assessment of the long-term NHS Plan was that lasting change will only be achieved when a "reformed and properly funded social care system is in place."[79] Age UK identified policy proposals that are necessary to the full implementation of the plan. These are funding being driven by need, commitment to increase community service provision, integration of older people's views into the development of services and greater focus on the maintenance of wellbeing and autonomy. Again, Age UK highlights the values of participation in and with the local community, emphasising autonomy and dignity in older age.

Social care reform and funding

Under the Care Act (2014) the State has a duty to support all people needing social care, but this support is means-tested.[80] A decision to cap the lifetime cost to an individual at £72,000 was delayed and then cancelled.[81] The intention of the Act was to ensure uniform access to care throughout England, however in practice access to care remains dependent on geographical location.[82]

The Act was passed in the context of rising demand but declining public expenditure as a result of the austerity policies of British governments following the recession of 2008.[83]

Evidence from the King's Fund demonstrates that the social care system in its present form is struggling to meet the needs of older people, following six consecutive years of cuts to local authority budgets. Many local authorities sought to protect the most vulnerable older people with the highest needs, while encouraging others to be independent, drawing on the resources of their families and communities. By September 2016 fewer older people (26%) were deemed eligible for publicly funded help with no clear picture of what happened to them in terms of the human and financial costs to themselves and those caring for them.[84] The critical

[78] Age UK, "Improving Healthcare."
[79] Ibid.
[80] "The Care Act: assessment and eligibility," Social care Institute for Excellence, accessed March 23, 2020.
[81] Age UK, "Social Care Reform and Funding" (May 2019), accessed December 7, 2019.
[82] Age UK, "Social Care Assessment and Eligibility (England)" (May 2019), accessed December 8, 2019.
[83] Benjamin Mueller, "What Is Austerity and How Has It affected British Society?" The New York *Times*, February 24, 2019, accessed December 8, 2019.
[84] Richard Humphries et al., "Social Care for Older People: Home Truths," (The King's Fund, and Nuffield Trust, September 2016), accessed July 15, 2020.

condition of Home Care services due to acute workforce shortages threatens to undermine policies to support people at home.[85]

Although a small percentage of local authorities increased or maintained their budgets between 2009/10-2014/15, 81% of local authorities cut their spending on social care for older people in real terms, with the reduction being at least 10% in half of these authorities.[86]

There has been an estimated real-terms reduction of £216 million in local government spending on older adult social care between 2014-15 and 2017-8, although there has been a growth in both the number and needs of older people.[87] There is evidence from social workers that the system of care has little regard for choice or for wellbeing, being for the most part driven by funding constraints rather than by individual needs.[88] Variations in access to care over the country as a whole, its quality and cost are significant.[89]

Restrictions on funding have also affected care home provision with significant problems over funding and sustainability, with those funding their own care paying higher rates, in effect contributing to the cost for those funded by the local authority.[90]

Policy issues in the debate on funding social care

Current issues in the debate are to what extent this should be funded through general taxation or national insurance; whether reform should extend access to care; or whether focus should be on reducing personal liability through a lifetime cap on how much an individual should pay. At present the biggest cost burden falls on those who have the highest needs combined with high personal financial assets, with a disproportionate impact in England on owners of a house which can result in the complete financial loss of this asset in addition to the emotional impact of having to sell your home to finance residential care.[91] The Dilnot Report, based on prices from 2009/10, found that approximately 10% of older people will have lifetime care costs of £100,000 or more.[92] This is likely to have increased. Discussion of social care

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[85] Ibid.
[86] King's Fund, "Social Care."
[87] Age UK, "The State of Health and Care of Older People" (awaiting publication, 2019), in Social care reform. See also National Audit Office, "Financial Sustainability of local authorities 2018" (report by the Comptroller and Auditor General), accessed July 15, 2020.
[88] The Care and Support Alliance, "Social workers speak out about the state of care today" (2017), accessed December 9, 2019.
[89] *See* NHS digital, "Adult Social Care Activity and Finance Report, England - 2017-18 [PAS]"(October 23, 2018), accessed March 15, 2020. *See also* Care Quality Commission, "The state of health care and adult social care in England 2017/8," accessed December 9, 2019. *Also* Competition and Markets Authority, "Care Homes Market Study. Final Report" (2017), accessed July 15, 2020.
[90] CMA, "Care Homes Market Study."
[91] Age UK, "Social care reform."
[92] Commission on Funding of Care and Support, "Fairer Care Funding" (2011), accessed December 9, 2019.

provision also needs to consider that as mentioned earlier, many older people provide unpaid care: in 2015-6 there were 2.3 million older carers representing an increase of 16.6 % from the previous five years.[93]

The case for centralised public funding of social care

As has been argued above, there is evidence to suggest that a social care system which is integrated with NHS care will best meet the complex care needs of an older population. This will require complex funding across both systems with either a new funding strategy or a substantial increase to local government funding. The King's Fund has estimated that it would cost an additional £7 billion a year for England to implement a similar system to Scotland, where those eligible receive free social care at home regardless of income, and those in a care home receive a contribution to personal care costs.[94] The authors of the KIng's Fund argue that every independent review in the last 18 years has recommended that the future funding of social care needs as well as health needs should come from public funding rather than private finance: it is impossible for individuals to predict their health needs and therefore impossible to predict whether they will need care: "The system, conceived in 1948, is not fit for purpose. People are exposed to very high costs, which they are unable to protect themselves against. The system is confusing, unfair and unsustainable. People are unable to plan ahead to meet their care needs."[95]

The Barker Commission has also questioned whether additional private funding would be sufficient or equitable and recommended that public spending on health and social care should increase to between 11% and 12% of GDP by 2025.[96]

The position of Age UK

Age UK wants to maintain the key principle of sharing responsibility for social care across society as a whole, with measures to protect individuals from catastrophic costs. This will require a "reasonable, sustainable and fair pooling of risk and cost across the whole population."[97] This concept is consistent with the rationale that health and care needs are

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[93] Age UK, "Older carers left to fill the gap as our social care system crumbles," (December 14, 2017), accessed December 9, 2019, in *Social care reform*.
[94] Simon Bottery et al.,"A fork in the road: Next steps for social care funding reform. The costs of social care funding options, public attitudes to them – and the implications for policy reform," (King's Fund, May 2018), accessed December 9, 2019.
[95] The King's Fund, "Briefing: The Dilnot Commission Report On Social Care" (July 13, 2011), accessed July 12, 2020.
[96] Kate Barker, "A new settlement for health and social care: Final report" (2014), accessed December 12, 2019, in *Social Care for Older People*.
[97] Age UK, "Social care reform."

fundamentally linked, and the argument that health needs are funded from general taxation. Their key principle fits well with Hollenbach's criterion of a truly participatory society where the goods of freedom and dignity are realised as social goods and available to all, contributing to the common good of society.

Conclusion

This section has argued the case for a fully integrated system of health and social care based on their interdependence, and on the need for a wider understanding of social care in terms of wellbeing. This raises complex funding decisions. The present system of social care has been shown to be seriously underfunded and as such as not fit for purpose. The extent of unmet need and the increasing older population mean that the need for reform of the system, and therefore of the means to fund a system which responds adequately to the needs of older people, is a pressing concern. The position of Age UK has the support of research by the King's Fund.

The next section will link the discussion of how social care for older adults should be funded to Hollenbach's criteria of a truly participatory society, as a measure of how far the method of funding proposed will enable the common goods and ultimately the common good of a society to be realised. I will examine the concept of "a reasonable, sustainable and fair pooling of risk and cost across a whole population" and ask whether this is the best approach to funding social care or whether other methods of funding can enable Hollenbach's understanding of a truly participatory society to be met, bearing in mind that realising common goods does not necessarily mean provision of these common goods by the state.

Models of Funding

> Society is indeed a contract…It is a partnership in all science; a partnership in all art; a partnership in every virtue, and in all perfection. As the ends of such a partnership cannot be obtained in many generations, it becomes a partnership not only between those who are living, but between those who are living, those who are dead, and those who are to be born.
>
> ———*Edmund Burke, 1729-97.*

Introduction

In this section I will examine current alternative proposals for funding social care for older adults rather than this care being completely state- funded through the system of general taxation or national insurance. These proposals are drawn from the work of independent and right of centre think tanks, and raise the issues of how much an individual should contribute

and through what resources. I will distinguish between the concept of equal care for all and equitable care, and will address the concept of intergenerational fairness. I will ask whether Age UK's model of holistic care should be accepted as essential with regard to funding, considering what counts as need and what as 'added' benefit.

In considering these proposals and the issues they raise I will apply Hollenbach's criteria for measuring the common good of a society and ask whether the values that underlie the various proposals are those of a truly participatory society and therefore capable of achieving those common goods which build towards the total common good of society. I will examine Hollenbach's concept that achieving the common good involves a dialogue of mutual respect with differing views of other groups within society. This provides a rationale for taking these different views seriously, and asking whether there are other ways of achieving a participatory society than through Age UK's model, raising the issue of an individual's responsibility to participate in society by contributing out of their own resources. In navigating through the various proposals for funding I will draw on the principles of fairness and pooling of risk identified in an article by the Nuffield independent think tank, and which raise values key to an understanding of a participatory society.[98]

Seeking alternatives to Age UK's model for achieving equitable social care

As argued previously, Age UK's concept of pooling of risk and cost across the population is a concept that fits with Hollenbach's understanding of the common good. However, Hollenbach also sees the common good as being achievable through the active dialogue of mutual respect for the differing views of those persons or groups making up society. This would include all bodies, religious or secular that are part of the culture of society, and as such have the right of freedom of expression and the right to be taken seriously in participatory dialogue to achieve the common good.

This emphasises the need to consider other positions within society on the funding of social care, in particular those from a differing political or ideological stance. Age UK's broad definition of social care encompasses wellbeing and the ability to participate in society. This raises the question of what constitutes 'added benefit' rather than essential care. Age UK have argued for a holistic model with evidence to show the effect of social isolation on mental, emotional and physical health and wellbeing. The question of where the line should be drawn remains if a holistic model is adopted as it could be argued that it is possible to go on adding

[98] C. Oung and L. Schlepper, "What principles should underpin the funding system for social care?" (Nuffield Trust Comment, 2019), accessed January 8, 2020.

benefit to a person's life or situation. It should be possible however, to arrive at a consensus for categorising essential social needs for companionship and connection that have evidence to support them. The role of charities would then be to provide the extra benefits that contribute to enhanced wellbeing or to work with other funding systems to meet both essential and 'add on' needs.

In particular Age UK argues that individuals should be protected from catastrophic individual costs which can involve selling a person's home. When looking at other models for funding social care it is necessary to question how reasonable it is for those who have high financial resources not to contribute to the cost of their care.

Considerations: raising the concept of individual responsibility

A main rationale for recommending public funding for adult social care is that it is impossible for individuals to predict their future care needs and their health outcomes. Provision must be equitable, responding to need as it arises rather than assuming equal health and social care needs for all over time.[99]

The authors of a recent article by the Nuffield Trust argue that no consensus exists that the state should fund social care as it does for the health service, but refer to the argument of Andrew Dilnot that the structure of risk is no different for social care than for health: most people will have some social care needs while a small proportion will have "catastrophic costs."[100] In exploring the various funding options that have been advocated the authors have identified that the fundamental question for future policy makers is the balance of responsibility for funding between the state and the individual.

An example of the changing role of the state is the present scheme of auto-enrolment pensions which strongly encourages individual responsibility for saving through private pension schemes taken monthly through your employer. A person must choose to opt out rather than into this scheme, with the narrative being one of individual responsibility.[101]

Hollenbach's understanding of the common good as essentially participatory does not necessarily equate with a system in which the state provides for all the needs of citizens through state funding. It is possible to argue that the role of the state in pursuing the common good can be one of facilitating participation in society through advocating and enabling a system

[99] KIng's Fund, "Briefing Report of the Commission on Funding of Care and Support" (July 13, 2011).
[100] Oung and Schlepper, "What principles."
[101] Ibid.

whereby an individual is encouraged and enabled to contribute to needs either of themselves, or of both themselves and others.

In order to navigate through the various options for funding social care and the balance of responsibility for funding between the state and the individual, the authors of the Nuffield article, while acknowledging that there is no perfect solution, have developed four principles which they propose should be central to an ideal funding system. Two of these principles are pragmatic: the system should be capable of raising sufficient money now and in the future, and any policy should be clearly understandable by the public. The other two principles look at the pooling of risk and the concept of fairness.[102] I will examine proposals for the funding of social care from the perspective of these two ethical principles and consider the impact of these values on different approaches to pursuing the common good. Both principles raise the possibility of different approaches to achieving the common good and ultimately have the potential to impact on an understanding of the common good. I will not focus on the economic viability of the options discussed, which although important, is not central to my argument.

Risk and fairness: why does fairness matter?

Although the unpredictable nature of the need for social care has been highlighted, it is not universally accepted that risk should be pooled. It is possible to argue that in a participatory society where all participate as equals the risk of adverse circumstances should be pooled, as in provision of a national health service and in welfare benefits for those without income. However it is also possible to advocate that there is an individual responsibility to protect oneself from circumstances that may occur, and to argue that a participatory society can involve encouraging and facilitating the individual to take steps to protect themselves.

The authors of the Nuffield article have not attempted to define fairness. When discussing the principle of fairness equality can be distinguished from what is equitable. The latter would mean taking into account needs which will vary from person to person and not necessarily be equal to another's. Fairness defined as equity in care can then be seen as central to responding to need as it arises and to include unpredictable or catastrophic needs.

I will evaluate ten proposals from the perspective of the two principles of risk and fairness, drawing out implications for the realisation of Hollenbach's concept of the common good. The proposals can be divided into schemes that are mostly state funded and those that

[102] Ibid.

rely mostly on individual responsibility to make one's own provision for social care in older age. No proposals remove all state responsibility.

Alternative proposals: (a.-d.) mostly state funded

a. Social insurance mandatory fund

This has been proposed and backed by a cross party group of MPs, and is used by Germany, Japan and the Netherlands.[103] This system would be a new tax for those over 40 years which would involve paying a percentage of wages into a pot ring-fenced for social care, with the possibility of requiring pensioners to contribute. Although this system pools risk across a section of society it does not extend the responsibility for meeting the needs of others to those below the age of 40 years.

Fairness: The concept of intergenerational unfairness is raised by this proposal which seeks to avoid increasing general taxation or national insurance for all to fund care for an older population. In particular this will be discussed further below when considering how far assets (e.g. a house) should be taken into consideration. However it could be argued that some older people still contribute and most have contributed through income tax to the wider needs of society including health, maternity care and education for younger persons, and that true participation in society should not only reflect participation which relates to a person's needs at a particular life-stage.

b. Increasing local council tax/ a property tax.

Councils could be allowed to introduce a blanket increase in council tax to fund social care or a reformed council tax / property tax system, as proposed by the Resolution Foundation. The Resolution Foundation describes itself as an independent think tank whose stated aim is to improve the living standards of lower- and middle-income families. They argue that how we tax property 'affects the levels of revenue available for public services; people's disposable incomes; the wealth distribution itself; and the efficiency and volatility of the housing market,' also arguing that "how we tax residential property matters for a range of reasons that are core to the Intergenerational Commission's diagnosis of a growing generational living standards divide."[104] Arguing from the standpoint of intergenerational fairness they maintain that taxation on income places a burden on those of working age to meet the rising costs of social

[103] Rob Merrick, "Conservatives considering a new tax for all workers over 40 to tackle social care crisis," *Independent*, November 11, 2018, accessed February 24, 2020.

[104] Adam Corlett and Laura Gardiner, "Home Affairs: Options for Reforming Property Taxation," Resolution Foundation, March, 2018, accessed January 12, 2020.

care, while asserting that the younger generation has experienced "little or no living standards progress on their predecessors at the same age."[105]

They argue for reform of the council tax and property tax system which taps into property wealth with owners of higher value properties paying more, recognising that Britain's stock of wealth 'is increasingly concentrated in older generations and that it is also increasingly lightly taxed.' The recommendation is for a replacement council tax together with an increase in property-based contributions towards care costs, limited by a strict care cost cap and an asset floor, meaning that no-one would contribute more than a quarter of their wealth for their own care.[106]

This system does not aim to pool risk across society with intentional emphasis on older adults with financial assets meeting up to a quarter of their care costs.

Fairness: An increase in property value does not necessarily equate to an increase in income and the ability to pay for care without releasing that asset. Increasing council tax levels for those with more valuable properties, who are more likely to be of an older age, would mean those with higher financial assets pay more. It could be argued that by doing so these people are participating in addressing the needs of society and freeing financial resources for those with few assets or for spending on younger generations, and that therefore there is consistency with the concept of realising common goods. However, the issue of the unpredictability of requiring social care is only partially addressed in this system. Older people with financial assets of property are also asked to contribute to their individual care costs based on an assessment of the value of their property. The risk is not spread equally throughout the population, with those with assets who have the misfortune to require social care being required to pay towards this. It is not so much the requirement of those who have more to contribute to the needs of society that is the problem, but the inequitable nature of the need to contribute.

Intergenerational Fairness: The Intergenerational Commission was convened with the aim of investigating and providing solutions to intergenerational fairness. They argue that a system needs to be found to provide for the health and care of older adults which does not require the burden of cost to fall on younger generations, enabling adequate provision for education, training, jobs and housing to be equally prioritised for this generation.[107]

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[105] Intergenerational Commission, "A New Generational Contract. The final report of the Intergenerational Commission," The Resolution Foundation, 2018, accessed January 12, 2020.
[106] Ibid.
[107] Ibid.

The Commission argues that the unwritten contract that all generations have an equal responsibility to support each other is under threat, with widespread concern that young adults may not achieve the progress of their predecessors in accumulating wealth.[108] The Commission wishes to uphold equally the two principles that "the success of a society is measured by how we provide for older generations and that each successive generation should have a better life than the one before."[109] The later assumption can be questioned from the standpoint of the common good or goods realised for all through true participation in society. It can be argued that a higher standard of living is not necessarily a common good and not a participatory common good when achieved at the expense of the needs of certain sectors of society.

Local and National Provision: This proposal raises the question of how local and national funding sources would operate together. There is a concentration of low property values in deprived areas with potentially less income raised in those areas. Geographical location could mean wide variation in the quality and availability of care as has been evidenced by recent research.[110] Local authority budgets have differing constraints in different areas as was discussed earlier when referring to the impact of funding reductions to local authorities on their provision of care services.[111] A truly participatory society would mean a standard of care for all which was not dependent on geographical location. Local resources have been shown by Age UK to be essential to providing a holistic standard of care.[112] However charities themselves are in part dependent on funding streams from local authorities which are not always consistent.[113] Local resources provided by volunteers will vary, and while valuable cannot be relied on to provide an equitable standard of holistic care regardless of where a person is living.

c. The levy of a lump sum: a one-off payment by everyone on reaching 65 years

The Social Market Foundation, a cross party think tank believing in "fair markets complemented by open public services" has proposed a one-off flat charge for everyone at the age of 65 years to fund social care.[114] There would be a threshold below which a person would be exempt from this charge, meaning that a reasonable proportion of wealth could be retained by the individual. The SMF has argued that their system would mean that an individual would

[108] Ibid.
[109] Ibid.
[110] Age UK, "Briefing: Health and Care of Older People in England" (2017), accessed February 21, 2020.
[111] Age UK, "Social care reform."
[112] Age UK, "Index of Wellbeing in later life," in Strategic Report,10.
[113] Age UK, "Strategic Report," 4. *See also* Age UK, "Briefing: Health and Care," 56.
[114] Kathryn Petrie and Nigel Keohane, "No Easy Options. Exploring the options for reforming social care funding and eligibility" (Social Market Foundation, London, September, 2018), accessed February 27, 2020.

pay less for care than under the "floor and cap" system where individual costs could easily exceed their proposed charge of £30,000 per person. The SMF have argued that only a one-off charge or substantial increases in income tax would produce enough money to fund an adequate care service. "We do not believe it is fair or sustainable to require younger, asset-poor workers to pay more tax to fund care for older asset-owners."[115]

Fairness: The SMF regards this as the fairest system available among a range of imperfect solutions for funding social care: "The fairest way to fund care is to ask those who have built up valuable assets to put some of that wealth into a system that will protect them and others from the catastrophic lottery of care costs they face today. This is fair to younger workers with low wealth and fair to older people with assets too."[116]

Their argument is that this spreads the risk across the generation most likely to need social care. Those with assets below the threshold are protected from costs, and the payment can be deferred until after death if wealth is tied up in property and not available in cash when reaching 65 years. Mechanisms would need to be in place to prevent people disposing of assets. The main argument against this system is that discussed above in the issue of intergenerational fairness, as to whether it is fair to expect the burden of cost for care to fall only on the generation that requires it.

d. Proposed amendments to the current system

The Conservative Party (2017) put forward proposals to maintain a mean-tested threshold for paying for care but to raise the floor at which an individual can receive state funding so that those with greater assets pay more.[117] A tiered approach has been advocated by the International Longevity Centre proposing that as wealth increases so the floor beyond which there is entitlement to funding also increases.[118]

Fairness: Again, this approach does not spread risk fully across society: there is no risk pooling for individuals with assets above the floor, with those individuals still bearing high costs. The same arguments regarding fairness and participation in achieving the common good can be made as have been made for the proposal requiring those needing care who have greater property assets to contribute in proportion to their wealth. This does not address the central problem of requiring those who have the misfortune to need care to surrender assets whereas

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[115] Ibid.
[116] Ibid.
[117] Rowena Mason, Heather Stewart and Denis Campbell, "Tory manifesto: more elderly people will have to pay for own social care," *The Guardian*, May 17, 2017, accessed February 27, 2020.
[118] Les Mayhew, "Means testing social care in England," (International Longevity Centre, London, December 14, 2016), accessed February 27, 2020.

no demand is made on those who do not require care. The same arguments can be made when discussing possible caps on the lifetime cost of care, proposed by both Labour and Conservative manifestos in 2017.[119] Even if the lifetime cap is set at a lower level, some individuals are potentially still at risk for high costs. Although this could raise awareness of an individual's responsibility to plan ahead for care costs, as has been argued earlier the means to do so by accumulating funds or assets is not shared equally among all members of society.

The requirement to sell one's home, which has currently been amended by local authorities to defer payment for care by not selling one's house immediately, is subject to the same central concern as other amendments to the current system: risk is not pooled across society with individuals needing care required to contribute according to their means and those who are fortunate enough not to need support able to retain assets. This is not a system in which all participate equitably in ensuring the common good of caring for the vulnerable in society.

Alternative proposals: (e.-j.) mostly funded by the individual

e. Opt out style of fund modelled on the pension opt out scheme

This was suggested by the Conservative Secretary of State in 2018.[120] An individual fund would be created which could be used to pay for care. Risk to an individual is not pooled across society.

Fairness: The size of an individual "pot" is dependent on income so this system is likely to increase inequality with those on low incomes being less likely to be able to save enough to cover high care costs. The authors of the Nuffield Trust briefing paper argue that it is unhelpful to apply the rationale of pensions to social care: a person's pension will reflect their quality of life enjoyed while they were working and this quality in turn reflects the income level they enjoyed, whereas the need for social care arises independently of income status. The authors also found limited interest in providing insurance products for social care with private schemes prone to medical underwriting, excluding those at higher risk.[121] It could therefore be argued that this system does not protect the more vulnerable members of society and although individual responsibility for meeting one's own needs is encouraged, fails to provide equitably for all within society and is therefore not truly participatory.

[119] Camille Oung et al., "How to fund social care. 15 options for funding social care" (Nuffield Trust, London, 2019), accessed January 8, 2020.

[120] Ibid.

[121] Ibid.

f. Voluntary social insurance plus state funded basic 'good' care

The Centre for Policy Studies describes itself as "Britain's leading centre-right think tank. Its mission is to promote enterprise, ownership and prosperity."[122] Damian Green, who commissioned the Green Paper on Social Care for the Conservative government, produced a report for the CPS addressing the problem of funding social care.[123] He proposed adopting a "state pension model" by introducing a new Universal Care Entitlement, which guarantees everyone a "decent" standard of care, with the option to purchase a Care Supplement to pay for more expensive care.[124] Green acknowledges the "lottery" element of the need for social care and bases his proposal on the premise that 'a good level of care must be free to all at the point of use, regardless of circumstances.'[125] As Green puts it:

> A good level of care would be available to all. But as with private pensions, the system should encourage people to take responsibility to improve their own condition in old age by using some of the resources they have built up over their life to provide them with what they want when they most need it – allowing people to enjoy a more attractive level of care while making sure that no one falls below an adequate care level.'[126]

And later: "This system rewards personal responsibility and gives people the chance to see the benefit of saving intelligently."[127]

Green argues that the system must be fair across the generations, across medical conditions and fair to older people who have saved for the future by providing the ability to buy extra levels of care. The optional Care Supplement is envisaged as "a new form of insurance designed specifically to fund more extensive care costs in old age, such as larger rooms,... more trips, additional entertainment and so on."[128] Green wants to avoid the state being responsible for what he deems the 'bells and whistles' of care. He sees insurance products becoming available that do not assess medical risk of needing care and argues that as people approach retirement, the Government 'should nudge – and, if necessary, shove – them towards putting money aside for this.'[129] He refers to a "good" or "decent" or "adequate" level of care being provided by the state, using these adjectives interchangeably but without clarification of

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[122] The website of the Centre for Policy Studies, accessed January 8, 2020, https://www.cps.org.uk/about/.
[123] Damian Green, "Fixing the Care Crisis," Centre for Policy Studies, London, April, 2019, accessed January 8, 2020.
[124] Ibid.
[125] Ibid.
[126] Ibid, 20.
[127] Ibid, 36.
[128] Ibid.
[129] Ibid.

what these terms would encompass. Although risk is pooled across society the state's response to risk could be assessed as limited.

Fairness: Green's argument for fairness across the generations is that younger people should not be required to contribute both to the cost of their future care and to the care of several generations of older people now, while meeting other economic demands. The concept of intergenerational fairness has been discussed above.

The "Care Supplement" proposal could endorse a two-tier or multi-tiered system of care. It could be argued that this proposal does not address the principle of providing equitably for the greatest needs which may arise in people who have had little opportunity or means to save throughout their lives. The supplement could easily create a scenario of two people living close by with similar needs but receiving very different amounts of social support. Although one person may receive what is deemed an adequate or 'good' level of state support the actual support received may not include the holistic support that I have argued is necessary and that would enable fuller participation in society, therefore excluding them from goods that are to be realised in common.

g.Encouraging market forces: social insurance plus a government subsidy for health and social care.

The Institute of Economic Affairs publishes papers designed to promote discussion of economic issues and the role of markets in solving economic and social problems. The views expressed are always those of the individual author.

Philip Booth argues that medical and nursing care should not be separated from social care and that the divide is artificial. He is aware of the current climate of calls for greater integration of the two services, but argues that the policy frameworks for both are completely different, with health being centrally planned and delivered and social care delivered and organised by a variety of organisations which include local authorities, central government, non-profit organisations, private companies and charities, making it difficult to achieve integration.[130]

In contrast to arguments that would want to make the social care system available in the same way as the health service, Booth argues that we should make the health sector more like the social care sector: markets and competition are the best way to address what he sees as a pluralism of demand and financial resources already existing within the social care sector:

[130] Philip Booth, "Integrating Health and Social Care, State or Market? IEA Current Controversies No. 69" (Institute of Economic Affairs, London, May, 2019), accessed January 8, 2020.

"This would also move health provision closer to the models that exist in continental Europe. Providers could then compete on the basis of how they integrated different aspects of care."[131]

Booth advocates the development of social insurance models for healthcare which could be extended to cover social care. As an example he cites the proposal of Niemietz that the UK should adopt a system of healthcare provision which is closer to that of Germany, the Netherlands and Switzerland.[132] Universal access would be provided by subsidising premiums according to income but the government's role is limited: a baseline is set for provision from social insurance with the option of insuring for different or further risks left to individual choice; ".. the mechanisms of integration and choices available would ... be a matter for the insurer and insured."[133] Booth argues that this model would widen choice for the individual with integrated health and social care arising naturally from the health insurer's role, removing a centralised block on integration.

Fairness: This model emphasises individual choice and responsibility, plus the choice of the individual to insure for different risks. Risk is therefore not spread across society other than to provide for a basic standard of care. The same arguments against this system exist as for the proposed 'Care Supplement' insurance discussed in (f.) above. These arguments could be exacerbated depending on where the basic level of care provision is fixed, with the individual taking responsibility for addressing the potential risk of very high care costs, plus the system fails to address sufficiently the unpredictable nature of such risks. It may leave those who are vulnerable, for whatever reason, to making poor financial choices as recipients of a lower standard of care, and therefore not facilitate the free and full participation of all in the common good of society.

h. Partnership model for sharing the cost of care above a basic minimum

This was proposed by Derek Wanless in 2006**.**[134] There would be a limit to the total amount of state grants an individual could receive above a basic minimum of care provision. The individual would then be responsible for meeting the costs of their chosen care. The individual could choose to pay more at any time.

Fairness: Although everyone would be entitled to receive the basic level of care, those with higher means to pay would be likely to choose to receive a higher level of care. If an

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[131] Ibid.
[132] Ibid.
[133] Ibid.
[134] Derek Wanless, "Securing Good Care for Older People. Taking a long- term view," Report Commissioned by The King's Fund, 2006, Summary, page 12, accessed March 12, 2020.

individual ran out of money, they would have to revert back to the state provided minimum care. This system only pools risk for a basic level of care and may not address sufficiently those with complex care needs or varying individual needs. It is likely to exacerbate inequalities in care and create a two-tier system which excludes some from participation in the fullest realisation of the common goods of freedom and dignity.

i. Individual level options

These options advocate a shared approach between the state and the individual in funding social care for older adults. Among these are private insurance products for the individual combined with a cap on costs above which the state pays. Such a model formed the background of Andrew Dilnot's assumptions on shared responsibility for social care.[135]

Fairness: The authors of the Nuffield report argue that there is little interest in private insurance, with only those in higher income groups able to buy into such products, which would be subject to medical underwriting. As buying these products would be voluntary and risk would not be pooled it is likely that such a model would exacerbate inequalities in the provision of care.

Other individual options advocated are tax free care savings as an ISA, or premium bonds which are cashed only when the need for care arises. These were reported in The Telegraph in 2018 as under consideration by the Conservative government.[136] Neither system spreads risk across society and both options require the initial income to take out such savings policies. Those with higher incomes and wealth would be able to save more and afford better care in old age, exacerbating inequality and the means to participate as fully as possible in society.

j. Individual response/ duty to contribute

It has been argued by some Christians that there is an individual duty to contribute to the means of a society to protect vulnerable individuals: therefore those with the means to relieve the burden of cost to the state should contribute to funding their own needs. Risk is voluntarily born by the individual and fairness becomes a matter of individual judgement. Whilst this can be seen as participating in meeting the needs of society and thereby contributing

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[135] "Fairer Care Funding. The Report of the Commission on Funding of Care and Support" (Commission on Funding of Care and Support, July 2011), accessed February 28, 2020.

[136] Anna Mikhailova, "Care ISA exempt from inheritance tax may be launched by government in bid to solve social care crisis," Telegraph, August 18, 2018, accessed March 19, 2020,. See also L. Mayhew and D. Smith, "Personal Care Savings Bonds: A New Way of Saving Towards Social Care in Later Life," *Papers On Risk And Insurance: Issues And Practice* 39 (4) (2014): 668-692, accessed March 19, 2020.

to the realisation of common goods, in practice if this is seen as an individual duty rather than a legislative requirement, for example a voluntary opt -in system for paying for some of the care, health or education costs, the revenue raised would be very unpredictable over time and not available to meet long-term planning needs. There would be no guarantee that money saved would be used for what the individual intended and an individual may by feeling under moral pressure to contribute, possibly make themselves more vulnerable to the need for support in the future.

A truly participatory society?

The first group of options for mainly state funding of care (a.-d.) raise the question of intergenerational fairness: whether it is fair to expect the burden of cost for care to fall only on the generation that requires it, or whether the needs of all generations should be met by all within society. A truly participatory society would regard the needs of all within it to also be the concern of all members, recognising the value that all in terms of dignity and the ability to contribute bring. It has been argued that maternity care, education and health are funded by taxation of all eligible members of different age groups within society.

The second group of mainly individual options (e.-j.) raise the question of whether individual responsibility for, or participation in, meeting one's own needs can contribute sufficiently to meeting the good of all members of society. Whilst providing for one's own needs can free resources for others, the ability to do so is not spread evenly across society which could result in uneven levels of care, with some older adults, particularly those with unpredictable and complex needs, unable to experience the freedom and dignity to participate fully in their community.

None of the options discussed meets the criterion of a truly participatory society which is consistent with Age UK's argument for the necessity of providing equitable, holistic social care for older adults, and which provides the rationale for sharing the responsibility for funding across the whole of society.

CONCLUSION

> "But seek the welfare of the city……., and pray to the Lord on its behalf, for in its welfare you will find your welfare."
>
> ———(Jer 29:7 NRSV)

This paper set out to answer the question of whether Hollenbach's understanding of the common good, and how this could be realised, has relevance to the discussion of the funding of social care for older adults in England.

Hollenbach sees the realisation of the values of the dignity and freedom of the individual as essential to the common good. Preserving the dignity of the individual and a person's freedom to have the care which respects their values and what matters to them, is central to the philosophy of social care providers and will be expressed in their statement of intent in providing this service.[137] Hollenbach's argument is that these values are most fully realised in relation to others and that therefore the common good has a social dimension with these values most fully achieved through connectedness and participation in society. Therefore, anything which excludes a person or group of persons from participating as fully as possible in society impacts on the realisation of common goods which contribute to the total common good of that society. Many social care providers now include companionship in the service that they offer, which may be something as simple as having the time to sit and eat a meal with an older person rather than simply to put a meal in front of them.

I have argued strongly for a holistic model of social care for older adults but have not attempted to define this in any detail. However, I have referred to the fact that it should be possible to define and provide for reasonable opportunities for social connectivity, which allow for a level of participation in society without this being defined as 'add-on benefit.'

Age UK's recent initiative to address loneliness in people who have experienced a significant life change, the Care Family, a charity which aims to build social connection between older and younger generations, and an example of a care agency accompanying an older person with poor mobility to volunteer hearing children read in a local primary school are examples of simple interventions where the main funding cost is a carer's time to facilitate the older person to attend or be visited in their home.[138] This level of social care provision would draw on the resources of both charities and care agencies, providing funding for both,

[137] See, e.g., "Our mission statement, vision, values and behaviours," Somerset Care, accessed March 21, 2020. Also "Our commitment to you," Bluebird Care, accessed March 21, 2020.

[138] "Later Life Goals," Age UK, accessed February 28, 2020. *See also* "About the Cares Family," The Cares Family website, accessed February 28, 2020; "Making Wishes Come True," Bluebird Care, October 22, 2019, accessed February 28, 2020.

encouraging participatory dialogue between both providers, and supporting the older person to use the opportunities they chose. The type of social care a society wants to provide reflects its values. I have argued that this is true not only in the priority given to those values in ensuring a social care system is sufficiently funded to meet those values, but also in the means that a society chooses in order to raise those funds.

It has been the intention of this paper to assess how much Hollenbach's thought can contribute to the question of funding social care. I have shown that applying Hollenbach's measure of the common good does have much to offer in discerning what a society should look like from the perspective of those who need the resources of social care. It has been of value in defining and assessing a holistic model of social care which enables participation in society, and in assessing the means of achieving the funding necessary for the realisation of this definition of the common good. I have shown that the common good of a truly participatory society is necessarily linked to the participatory common good of achieving this good, which both enables and contributes to the total good of all.

Hollenbach's thought provides a rationale for Christians, as a participatory group within the public life of society, to contribute a distinctive argument on the question of how social care should be funded. His concept of a truly participatory society provides a rationale for the pursuit of active dialogue in sharing the views and values which Christians hold as important. Hollenbach understands active dialogue as expressing the values of mutual cooperation and respect, which both grow out of and strengthen the bonds of connectivity in society. It is a process of deliberation and consideration of alternatives which can achieve intellectual solidarity within difference.[139] As such, active dialogue with others is both a means to discover the common good and a substantive good in itself. Hollenbach's thought challenges the assumption that Christians have little to contribute to a political discussion of funding care in a pluralistic society.

Hollenbach has provided the criterion for measuring the common good of society as this applies to the social care of older adults, the criterion for measuring the way this can be sought in an inclusive society and the criterion for measuring the means by which this can be achieved.

My conclusion is therefore that Hollenbach's concept of the common good has much to contribute to the question of how the social care of older adults in England is funded.

[139] Hollenbach, *The Common Good*, 138.

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