

**Clients, Consumers or Citizens? The Privatisation of Adult Social Care in England by Hudson, Bob  
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## BOOK REVIEW

WILEY

# Clients, Consumers or Citizens? The Privatisation of Adult Social Care in England

by Bob Hudson

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If you want to know why adult social care is in crisis this is the book for you. Wide ranging in its themes and historical trajectory, it sets out the path of social care through the height of state planning ambition in the late 1960s to the almost accidental privatisation of care home provision in the 1980s. It locates the fragility of the current system in the missed opportunity of 1948. Social care was left out of the Beveridge settlement. Whilst the NHS has been subsequently venerated and protected, it has never been possible to muster a similar amount of public or political will to bring in an equivalent system for people requiring long-term care.

The book diagnoses the current issues facing social care in England from a range of directions including the fragile role of local government in a highly centralised state and the lack of an ethical framework for care commissioning. It sets out the dilemmas facing commissioners and the pressures which an inadequate system pushes down onto poorly paid care workers and the people that they support. People have gone from being clients of the state to consumers in markets, missing the opportunities for the social rights of citizenship in the T.H. Marshall tradition.

Going beyond critique, the book highlights the potential drivers of change: new models of commissioning; improved policy capacity in local government; a reframing of the care debate. There is a lot here that students, academics and general readers will find of interest. The changing role of social work is explored more extensively than in many books on social care. The chapter on Covid-19 is helpful and up to date, describing the pandemic as ‘a colossal stress test of everything previously taken for granted’. The strain and tragedy is well captured but also the resourcefulness of communities and the activism of the state, suggesting that Covid-19 created conditions for transformation which are in danger of being lost.

The book has the sub-title ‘the Privatisation of Adult Social Care in England’, and this was somewhat jarring. At several points the renationalisation of care is mooted. However, care was never nationalised in the way that this language suggests. It always was and remains mostly private in the sense of being undertaken by families in homes. In this sense it is completely different to the NHS or a nationalised industry, and the language of ‘renationalisation’ feels descriptively inaccurate. There is also a normative point here: do we want to go back to a point where more provision was by the state? To do so would require a more thorough acknowledgement than is offered here of the failings of state care: the institutional abuse and neglect, the limited vision of life that was offered for people with disabilities or age-related frailty. Whatever comes next in the sector has to acknowledge that history—and its enduring legacy in the present—more explicitly than happens in this book.

Given the book’s suggestion that social care missed out in the postwar settlement, I would have liked more discussion of the concept of a National Care Service (NCS), which is mentioned only in passing. An NCS has been

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proposed by Labour in a series of Westminster elections, and is currently being developed in Scotland and Wales. Inherent in this language is the idea that care would benefit from being treated like another NHS. This is attractive in terms of investment and public support, but offers a centralised and professionally-dominated model which sits awkwardly with many accounts of social care as 'a life not a service'.

I agree with where the book ends up: social care's future must be one of diverse, local, mixed economies of small and responsive providers based on ethical and coproduced commissioning. It is clear that some localities are having a go at this. There is also change coming from central government with the introduction of a cap on care costs and a requirement that local government pays a 'fair cost' for care. However, without greater investment and the new approaches to commissioning that Hudson proposes, we will be stuck with the problems he so deftly identifies: bargain basement services, profiteering multinationals and a system teetering on brink of collapse.

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