

Adult social care position statement (November 2025)

People with a disability should be able to live their life in the way they choose, like anyone else. SeeAbility is a charity whose vision is: ***'For inclusive communities where people with sight loss, autism, and learning disabilities participate as equal citizens.'***

The vast majority of people SeeAbility supports have a learning disability, or autism, or both, and many also have a visual impairment. We support people primarily of working age, who are funded by local authorities and occasionally by the NHS.

Social care is not just about personal care needs, but about support to develop friendships, relationships, and becoming an active member of the community and accessing opportunities such as employment. So much commentary on social care sees it as a service that helps prop up the NHS and ignores how critical it is for many working age disabled people's lives. This is why it needs to be valued in a different way.

We support the vision of the Social Care Futures movement¹, promoting social care as a solution, not a problem. Our own 'Great Expectations' Framework works with people we support to deliver outcomes based on their aspirations and what is important to them.

"Social care support helps disabled people like me live the lives they want. But it's not getting the attention or funding it deserves. There are great things happening every minute of every day. I want people to know our half of the story and join our call for change."

Scott Watkin BEM, SeeAbility Head of Engagement

Social care funding overview

SeeAbility supports people that can need a lot of help from social care services, as well as the NHS, housing, education and benefits system. We know what it is like to try and make systems and services work well

¹ Social Care Futures <https://socialcarefuture.org.uk/>

around the person and rely on our workforce and volunteers to deliver person centred social care support.

The number of people who need social care support grows each day, and often overlooked is that many of these people will be of working age. In fact, long term social care expenditure across the age bands is now almost the same, with 50% relating to adults aged 18 to 64.

Social care is under pressure like never before. This has been starkly exposed during the Covid pandemic, with new cost of living pressures and economic uncertainty exacerbating the issues further. But successive governments have not been able to deliver fundamental change: most recently the new Labour government has said it will establish a Commission led by Baroness Casey to examine the long term as well as immediate issues, but its final report will not be due until 2028.²

The funding gap in adult social care

Prior to the pandemic it was estimated that £7.7 billion in savings had been made to adult social care budgets in the last decade. This is because funding for councils (including those responsible for adult social care) has dropped by 55% since 2010.

While there have been short term injections of funding into social care over the past decade, there is agreement that the underlying funding gap across all aspects of adult social care is not being addressed. A forecast based on the modest need of meeting demand and paying a fair cost of care for providers was that an **additional £5.4 billion was needed by 2024/25 rising to £14.6 billion by 2032/33**. However, this came before the Autumn Budget 2024 which introduced additional cost pressures on the sector for 2025/26.

More on the facts and figures around funding, numbers of people supported, and the social care workforce is in the **Appendix**. This includes new data collections from the Department of Health and Social Care.³

² Casey Commission announcement (2025) [New reforms and independent commission to transform social care - GOV.UK](#)

³ Department of Health and Social Care (2025) Adult social care expenditure and activity reports. [Adult social care finance report, England: 2024 to 2025 - GOV.UK](#) and [Adult social care activity report, England: 2024 to 2025 - GOV.UK](#)

Social care for people with learning disabilities and autism

The result of underfunding is that many people with learning disabilities or autism aren't receiving social care or are relying on family and friends for their care and support. This affects not just those with milder learning disabilities but also those with higher support needs.

The scaling back of preventative support can mean that people with a learning disability or autism are not able to live an ordinary life. This can leave needs escalating with admissions to hospital, particularly if people are unsupported with their physical, sensory or mental health needs.

People are also waiting longer for assessments of support – this includes millions of unpaid/informal carers who are also filling the gap.

Despite national guidelines to assess individual need and a drive towards people having their own homes and tenancies, people also say they don't have enough choice of support and care. For example, SeeAbility supports some younger people in their own tenancies, who had previously been 'placed' in older people's nursing homes.

There are still just over 2000 people with a learning disability, autism or both⁴ in NHS funded assessment and treatment units due to behaviour that is described as challenging, with detentions under mental health legislation despite them often not having a co-existing psychiatric disorder. Progress to address this seems to have stalled, with hospitals still long-term homes. Over half of people in these units have been there for over 2 years, often at great distance from their families. The majority of people could be better supported in the community, at a lower cost and in a much less restrictive way.

During the pandemic, it became even more obvious that people with learning disabilities were being forgotten in the crisis, despite being more likely to die from the Covid 19 virus than the general population⁵ and already known to have a lower life expectancy due to avoidable health issues and discrimination. Being from a black or minority ethnic (BAME)

⁴ NHS Digital 2025 [Learning Disability Services Monthly Statistics, AT: September 2025, MHSDS: August 2025 - NHS England Digital](#)

⁵ Public Health England 2020 [COVID-19: deaths of people with learning disabilities - GOV.UK](#)

background and having a learning disability is known to compound this risk of early mortality.

Currently the Covid 19 vaccination programme for 2025/26 is no longer planning to explicitly include people with learning disabilities, so this injustice continues.

The pandemic also exposed how many people with learning disabilities felt left behind by society. Reports of isolation and loneliness dramatically increased, and it was not easy for some to make connections or replace routines with a digital alternative. Now there are new barriers and concerns that people with learning disabilities using social care have, such as the cost of living and rising bills,⁶ as well as newly announced benefit reform plans in 2025.

Past strategies – wider than social care – had emphasised the need for local infrastructure, including self-advocacy, to empower people with learning disabilities to have their voice heard. However, funding for self-advocacy programmes has declined⁷ and even legal rights to advocacy under the Care Act can be hard to access for those drawing on social care. Innovation had led to solutions such as direct payments, personal budgets and small support programmes co-produced with disabled people and their families, but the potential for innovation remains unfulfilled.

Vision impairment in social care

Vision impairment is very common in people with learning disabilities, yet there is low awareness of this fact and the impact that vision problems can have. This can risk people needing more social care support if they aren't supported to access regular sight tests that can identify and often treat existing sight problems. SeeAbility's eye care policy statement has more on the issues.⁸

Vision rehabilitation aims to help people adapt to their vision impairment through training in daily living skills and mobility, helping people feel more confident and independent. However local authority vision rehabilitation services have been cut, can involve long waits, or be time limited to six weeks or even 'one off' in terms of rehabilitation support.⁹

⁶ Warwick University Covid and Learning Disabilities programme [Results and what we've learnt so far](#)

⁷ Open University and Learning Disability England [FundingTheGapMay2022.pdf](#)

⁸ SeeAbility (2024) [Eye care for people with learning disabilities | SeeAbility](#)

⁹ RNIB (2024) [RNIB's new FOI report reveals a hidden social care scandal | RNIB](#)

SeeAbility continues to provide our own 'in house' vision rehabilitation on an ongoing basis for people we support because of this.

Providers of care and support

SeeAbility is one of thousands of social care providers who deliver adult social care on behalf of commissioning bodies (mainly local authorities). It is not well known that the majority of adult social care is outsourced, and that charities and 'not for profit' providers, such as SeeAbility, are key in delivering these services under contract.

SeeAbility is achieving well above the latest national average CQC rating of 69% good or outstanding in social care.¹⁰ The specialisms we offer, around positive behaviour support, autism, eye care, and vision rehabilitation, while engaging with initiatives such as STOMP (to reduce overmedication of people with learning disabilities) provide good outcomes for the people we support.

We are aiming to do more to understand how our support improves people's quality of life through our 'Great Expectations' framework to deliver our support. We are also ambitious for the people we support through fundraising, social inclusion and supported employment programmes to enhance the services we provide.

However, as funding pressures continue to bite particular issues have arisen for SeeAbility and the people we support:

- The failure to recognise adult social care as an outsourced public service where over 70% of costs are staffing came to prominence with the Autumn Budget 2024. The unexpected introduction of an employer NI increase will cost £940m to providers, and the combined impact of NI and National Living Wage increases in April 2025 is estimated to cost £2.8bn in total to all adult social care providers.¹¹ In context an additional £880m social care government grant to councils to support these costs across children and adult social care will not cover these pressures.¹² Council leaders estimate there will continue to be a funding gap in adult social care of around £1bn in 2025/26.¹³

¹⁰ CQC state of health and social care (2025) [Appendix: Ratings charts - Care Quality Commission](#)

¹¹ Nuffield Trust (2024) [Social care providers at risk of collapse as analysis reveals cost to sector of employer national insurance hike](#) | Nuffield Trust

¹² Community Care [Extra £200m for social care in council settlement 'wholly inadequate', warn sector heads - Community Care](#)

¹³ ADASS (2024) [Local Government Provisional Finance Settlement Response - ADASS](#)

- As a provider delivering working age disabled adult support, we operate within the limitations of local authority or NHS funding as there is no 'private paying' market as with older adult care. The variation in local authority and to some extent NHS commissioning practice can be substantial, with some authorities adopting a collaborative and/or individualised approach to negotiations, while some take a more adversarial approach to their provider sector or put in burdensome processes to deter requests for uplifts. As a result, in a recent survey¹⁴, 3 in 10 providers are now expecting to close parts of their organisations and hand back contracts, and a third are curbing investment.
- This constant squeeze on fees means adult social care remains a lower paid career where wages are aligned to the minimum wage, giving the perception that social care is 'low skilled' when in fact it is a highly skilled job providing increasingly complex support and social value. Uplifts aligned with the annual rise in the National Living Wage are increasingly difficult to gain from commissioners, in turn this makes it difficult to ensure pay progression based on experience and qualifications and/or ability to become a real living wage employer. As an example, a recent report found there is now only an 8p an hour differential between support workers who are new to care and those who have worked in care for 5 years or more.¹⁵
- There remains no government social care workforce strategy, despite calls to recognise the sacrifices of social care staff during the pandemic and to bring parity of esteem to that of the NHS workforce. There are 1.6 million people who work in adult social care in England which is equivalent to the NHS workforce. A recent report found that there is a 30.3% – or £7,120 a year – pay gap between social care support workers and their direct equivalents in Band 3 of the NHS.¹⁶
- The first plank of the Labour government's plans for a National Care Service is for a 'Fair Pay' agreement in social care. This is welcome but any new negotiating body coming on stream in 2026/27 is going to need to involve a dispersed and diverse number of care employers, and ensure that the agreement is properly funded by local authorities in their commissioned rates of care.

¹⁴ HFT and Care England (2025) [Sector Pulse Check 2024 - Care England](#)

¹⁵ Skills for Care 2025 [Pay in ASC sector 2024 Final](#)

¹⁶ Community Integrated Care (2025) [National charity launches new Unfair To Care report](#)

- Retention is crucial in giving people we support continuity of care, and while our turnover rates are better than the sector average, new recruits can leave within the year. There is competition within the social care sector given the number of vacancies, and from the private sector - particularly retail. Vacancy rates remain high, with 111,000 vacancies reported, and reliance on an international workforce.¹⁷ High vacancies also necessitate use of agency staff. Government immigration policy has unexpectedly changed to end overseas recruitment of care workers.¹⁸ The government has not said how it will address the consequences for people who rely on social care, given there is no domestic workforce strategy.
- Councils can also seek to reduce packages of care, such as querying the need for one-to-one support even for people with lifelong and multiple needs. Cuts to advocacy services means it can be difficult to signpost people we support to independent help. Care and support generally continues to be about the 'basics of care', yet creative support and inclusion of families, can deliver better outcomes related to a person's happiness and quality of life.
- The 'line' between what is long term social care support and NHS funded long term care is blurred and inconsistent. This can lead to repeated reassessments, disputes or delays in agreeing funding. There is also limited communication with social care providers during hospital admissions, to support discharge planning or funding to support people while in hospital. Where someone is at risk of admission or unable to leave 'long stay' hospitals, there may be a need to involve housing, mental health services, and collaborate over more intensive support and property adaptations to make a transition work. However, funding does not always follow this need.
- More and more health care and nursing tasks are being delegated to social care providers, or NHS input is rationed/time limited or with long waiting lists that then impact on stability of care and cause individuals' distress. Particular concerns are medication administration using specialised techniques, physiotherapy, speech and language therapy, occupational therapy, wheelchair services or district nursing input, alongside positive behaviour support input or mental health support for people whose behaviour may be labelled as challenging.

¹⁷ Skills for Care (2025) [The 'State of' report](#)

¹⁸ Home Office (2025) [Immigration white paper to reduce migration and strengthen border - GOV.UK](#)

- SeeAbility employs a team of specialist nurses but there is little parity in terms of being able to access the training, career progression and comparable pay and conditions to the NHS, and subsequently social care nursing turnover nationally is at 32.8% compared to 9.2% for their counterparts in the NHS.¹⁹
- There is seldom continuity of social worker coordinating a person's care/or when packages are reviewed an increasingly limited engagement by local authorities. Knowledge on the impact of visual impairment and other health or sensory concerns can be poor.
- There is also varying engagement by both health and social care commissioners as to what types of service and support they want to see in their local areas, including with the Voluntary and Community Sector which can offer added value as 'more than a provider'. Although areas are aiming to become more integrated with the NHS, it is hard to engage as a provider at that strategic level and further disruption is likely from the abolition of NHS England and cut to ICB budgets.
- While additional financial support did come forward during the pandemic, this has now ended, and the combined impact of new initiatives and measures on social care providers continues to be overlooked alongside duplicated requirements around reporting and inspections by both commissioners and CQC. Other examples include changing requirements from the CQC as regulator, the ongoing annual rise in the National Living/Minimum Wage, proposals in the Employment Rights Bill and now the Autumn Budget 2024 and policy towards overseas recruitment of care staff.

A move to proper reform – our 10 key recommendations

The need for fundamental reform and a revaluing of social care cannot be ignored any longer. The potential of social care to the economy and job creation remains unfulfilled. There are many issues to address but these are key recommendations.

1. Urgent funding to stabilise social care and invest in the social care workforce

¹⁹ Skills for Care report 2025 and [Social care nurse recruitment 'starting to improve' but concerns remain | Nursing in Practice](#)

There should be immediate central government funding to help stabilise social care, so disabled people can access and get continuity of support. This must include an immediate wage boost for the social care workforce, and an exemption to the National Insurance April 2025 employer increase being applied to social care (or at least a mechanism that entirely and directly recompenses providers for the additional costs) and better understanding the consequences of overseas recruitment changes before they are put into place.

2. A new vision for social care that values human rights and lifelong aspirations

Working age adult social care must not be overlooked in the debate over social care reform and a new National Care Service. Ensuring people's voices are heard and co-production should be the starting point for the new Casey Commission and its work. Those with a lifelong disability and should have a continuum of support that meets their particular aspirations and needs at any time in life. Putting human rights, inclusion and equality at the heart of the social care system would support and enable people's wellbeing. Reform must involve people with direct experience of the system, so it is efficient, well-led and person centred.

3. Support that starts early rather than at crisis point

There needs to be cross government learning disability and autism strategies, with delivery not just in health and social care, but in housing, employment and community inclusion, giving people opportunities as equal citizens. The 'Good Lives Framework' by Learning Disability England paves the way for what changes are needed.²⁰ Public spending should be directed at preventative support. There is an urgent need to end the scandal of institutionalisation where hospitals become homes.

4. Develop a long-term national funding solution

In the long-term, sustainable multi-year funding must be found. SeeAbility believes funding should be raised and allocated through a national publicly funded mechanism i.e. tax or national insurance. There is public support for central government ringfencing for both NHS and social care funding²¹, replacing the piecemeal and short-term funding

²⁰ Learning Disability England (2025) Good Lives [The Framework – Learning Disability England](#)

²¹ Health and Social Care and Housing and Local Government Committees report. Published 19 June 2018. [Long term funding of adult social care inquiry - Committees - UK Parliament](#)

model of council tax, national grants and means tested contributions by disabled people. We support calls for an independent body like the Office for Budget Responsibility to assess the funding levels needed for both.

5. A new national social care workforce strategy

The social care workforce must be given equal status, value and priority by the government to the NHS workforce. This can be achieved through a national workforce strategy, addressing the difference in pay through appropriate funding and professional registration, training and skills recognition, with entry routes from vocational qualifications, apprenticeships and overseas recruitment. The potential for more disabled people to be supported to join the profession needs to be explored.

6. Coordinate care better, reducing the need for assessments

Services must be more preventative, integrated and coordinated around the individual at a local level. We support having a lead person to coordinate health and social care for a person with a learning disability or autism, reducing multiple assessments and helping navigate systems and help information flow, particularly at critical times.

7. Investment in advocacy, information and peer to peer support

People with learning disabilities and autism need to have more clarity on why certain eligible needs are not going to be met, to be able to more easily challenge decisions including the 'choice' of assessed support. Empowering people to do this means investment in advocacy and peer support. Having nationally set standards for eligibility and support based on achieving outcomes could form a core part of a National Care Service.

8. Stronger oversight of commissioning of care and a shift to outcomes

It is important that there is a national mechanism to provide assurance on commissioning of social care, with analysis of whether sustainable fees are being paid to providers as well as an ability to address variability in commissioning practice and duplication with CQC. We support the calls to enforce mandatory payment timelines and penalties for late commissioner payments. National standards for commissioning would be welcome, focussed on outcomes for the individual, and not just 'time and task'

elements of care, and these standards could form part of a new National Care Service.

9. Gather better information what support is available, including from the third sector

The pandemic exposed how little is understood about social care support. There is a need for better data, not just for commissioning better services, but on the workforce that supports people, and to understand the diversity of the learning disability population (including ethnicity). More profile and value should be given to third sector provision, given its ethos and ability to innovate.

10. More recognition of sight loss and support in social care

The high prevalence of sight problems amongst people with learning disabilities should be recognised and social care leaders should support people with learning disabilities and autism accessing the eye care they need. For those with registerable sight loss, there is a need to ensure that people are registered with their local authority, and more investment in statutory vision rehabilitation services that can help people maintain their independence and confidence on an ongoing basis.

Appendix: Social care facts and figures (November 2025)

Social care is delivered or organised by an estimated 19,000 providers across statutory, not for profit and private sector, mostly under contract to local authorities (Source: Skills for Care, 2025)

In 2024/25, local authorities in England spent £29.4 billion on adult social care (gross current expenditure) (Source: Department of Health and Social Care 2025). This represents the biggest area of council spending after education, and councils are now spending an increasing proportion of their budgets (37.2%) on adult social care. (Source: ADASS Spring Survey 2024)

In 2024 council adult social care directors said savings have been achieved by reducing numbers of people receiving care, cuts to discretionary preventative services and 'efficiencies' (including fees paid to providers). (Source: ADASS spring survey 2024). The Autumn Budget impact has led councils to estimate that there will be a £1bn gap in funding for adult social care this year (Source: ADASS response to provisional local government settlement, 2025).

In the future, at a minimum, it is predicted that an additional £3.4 billion is needed to meet the growing demand for social care and rising costs by 2028/29. This is a modest prediction – to improve access and boost pay this would need an additional £8.7 billion. (Source, Health Foundation, 2025).

Overall numbers of people receiving long term care has decreased year on year since 2015/16 – with a slight increase in 2024/25 where 889,000 people received long term care at some point in that year. Additional funding is going to meet the needs of those currently 'in' the system despite demand increasing due to demographics. (Source: Department of Health and Social Care 2025, Kings Fund Social Care 360).

The social care workforce is of equivalence in size to the NHS (1.6 million people compared to 1.54 million people in the NHS) contributing at least £77.8 billion to the economy in 2024/5 (Source: Skills for Care 2025, NHS Workforce Statistics 2024).

Social care is a lower paid sector, where turnover is 23.7% (care workers are higher at 28.5%), and there are high vacancy rates of 7.0%. There are now an estimated 111,000 vacancies in social care (Source: Skills for

Care 2025). By 2035 there will be a need for another half a million full time equivalent jobs in social care in England alone.

Working age adult social care is an increasing area of expenditure for councils. 312,770 adults of this age accessed long term social care in 2024, which is around 35% of adults who access social care (Source: Department of Health and Social Care 2025).

Because expenditure tends to be on packages of more complex support for younger adults, expenditure is roughly half of adult social care budgets. A recent analysis has stated 63% of the net adult social care commissioned spend in England is for the working age population. Within this support for adults with a learning disability was the biggest area of spend. (Source: NHS Digital, 2024 and County Councils Network and Newton, 2024).