

The role of social care

By the numbers:

£845 million—the UK's total proposed spending in 2024 and 2025 to improve access to adult social care¹

1.3 million—the number of new direct-care workers needed in the US by 2030 to keep up with demand from older populations and people with disabilities²

C\$23 billion—the amount of a Canadian government settlement that will compensate more than 300,000 First Nations children and their families for underfunding of on-reserve child-welfare services³

31.6%—France's spending on comprehensive social welfare as a share of GDP, making it the leading spender in social spending among Organization for Economic Co-operation and Development (OECD) nations⁴

21%—the average public social spending in OECD countries in 2022, as a share of GDP⁵

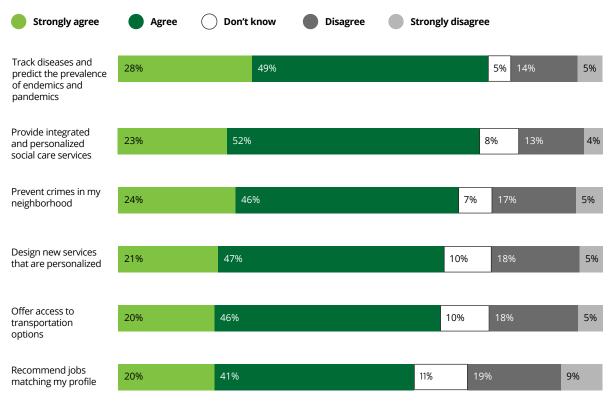
Location of residence, quality of social support networks, and exposure to stress can have powerful effects on well-being. In fact, it's estimated that 80% of health outcomes depend on behavioral, social, or environmental drivers of health.⁶

Rather than taking social determinants such as environment or economic stability into account, the global health care sector has traditionally focused on treating illnesses through medical specialists and health centers post hoc. A growing body of evidence suggests a better approach.⁷ To address rising health care costs, health care providers, governments, and stakeholders around the globe are shifting to models

that incorporate various types of care—integrating health and social care services with the private and nonprofit sectors to achieve a prevention focused, "whole health" model. It's a restructuring of complex health care systems to focus on the non-medical determinants of illness and disease.⁸

Health care consumers generally support the shift towards integrated social and health care. A 2023 study examining how people perceive digital government services showed that 75% of respondents were comfortable with government agencies collecting personal data to provide integrated and personalized social care services (see Figure 1).9

Figure 1: I am comfortable with government agencies collecting personal data to ...



Note: Percentages may not add up to 100 due to rounding off.

 ${\it Source: 2023 \ Deloitte \ Digital \ Citizen \ Survey}.$

To move to a health care system that prioritizes social determinants, a number of governments are investing in the social care workforce and deploying new, holistic service delivery models to better meet the needs of underserved communities.

Empowering social care workers

A number of countries are embarking on partnerships to build a more resilient roster of social care talent— and to increase the attractiveness of these careers. Consider that health and social care systems employ about 10% of all workers in OECD countries. Women account for two-thirds of that workforce—many in low-paid and unpaid roles. To acknowledge these contributions, Sweden launched its first National Careers Strategy in 2022 to better support workers in caregiving fields, including informal, unpaid caregivers who forgo paid work to support loved ones.

The US government has also introduced efforts to improve the recruitment, retention, training, and professional development of direct-care workers. Among them, grants establishing a national center to bolster the direct-care workforce through 2027. The goal is collaboration amongst government, university, and nonprofit partners to improve the recruitment, retention, training, and professional development of direct-care workers.¹³

The US is also investing in a new program, the National Health Service Corps, which offers up to US\$50,000 in tax-free student loan repayments for licensed primary care clinicians in eligible disciplines. In exchange for loan repayment, participants agree to serve at least

two years in the National Health Service Corps or an approved site in a Health Professional Shortage Area—a designated location that lacks primary care, dental care, or mental health care providers.¹⁴

In Canada, provincial authorities are collaborating with nonprofit organizations to better support caregivers at work. One area of focus: eliminating the disparities between the quality and availability of support across provinces or territories. For instance, the Canadian Centre for Caregiving Excellence is conducting a needsmapping exercise with the Nunavummi Disabilities Makinnasuiqtiit Society to address potential gaps in knowledge about the unique needs of caregivers in Nunavut. The work includes First Nation-led sharing circles in Nunavut communities.¹⁵

The UK government is collaborating with the charity Skills for Care, a workforce development organization. Their goal is to create a new care workforce pathway and funding for hundreds of thousands of roles, including a new Care Certificate qualification, and is back by a £250 million investment.¹⁶

Separately, the UK government has authorized £100 million to help accelerate digitization in the social care sector so providers can have real-time information on patients receiving care. The government's £1.4 billion Market Sustainability and Improvement Fund aims to allow local authorities to increase the rates paid to social care providers and reduce waiting times.¹⁷ These initiatives reflect social care for older people, vulnerable adults, and children ranked as a Tier One priority—the same rank as crime and policing—in a Deloitte UK survey of 5,800 UK adults on attitudes about the public sector (see Figure 2).¹⁸

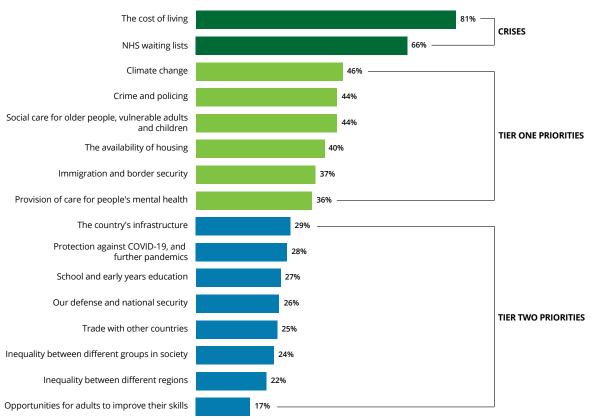


Figure 2: Which of the following issues, if any, do you think should be the top priorities for improvement in the UK over the next few years or so?

Source: Deloitte UK—The State of the State 2022-23 report

Supporting aging populations

Across the European Union (EU), as is the case with other regions, an aging population will likely require millions of long-term care workers in the coming decades. About 6 million people work in the sector, but some estimates suggest the EU will need another 1.6 million care workers by 2050.¹⁹

The European Care Strategy passed by the European Commission in 2022 in part sets targets to meet these needs.²⁰ One of the goals is achieving high-quality, affordable, and accessible care services with better pay and conditions for professional caregivers.

As the Commission notes, the value of hours of longterm care provided by informal caregivers is estimated at about 2.5% of EU GDP higher than government expenditures on long-term care.²¹ The Commission also reports that improving high-quality care could ultimately mean improving gender equality, because women occupy 90% of the formal care workforce. Supporting informal caregivers through training and financial support are critical parts of the strategy.

Governments are also aware that by proactively addressing practical needs now, health systems can avoid more costly interventions in the future. For instance, the UK government has earmarked £102 million over a two-year period for home adaptations such as grab rails and ramps, small repairs, and safety and security checks, to aid people at home and ultimately avoid hospital stays. $^{\rm 22}$

Improving outcomes among underserved populations

Another focus for governments is ensuring that investments in the social determinants of health are equitably distributed across underserved populations.

An analysis of results from the Australian Bureau of Statistics (ABS) estimates that about one-third (34%) of the health gap between Indigenous and non-Indigenous Australians is because of social determinants. Among the causes: employment and hours worked, the level of schooling completed, housing adequacy, and household income. By comparison, just under one-fifth (19%) of the health gap between Indigenous and non-Indigenous populations stems from factors such as alcohol abuse, high blood pressure, poor nutrition, or physical inactivity. The remaining health gap of around 47% includes differences in access to care and other factors.²³

Adapting to digital delivery

Delivering social care services to underserved populations is a perennial challenge that was exacerbated during the pandemic. Technology can help. A number of examples show how technology can support inclusiveness while serving a broad range of populations.

 Services Australia was created in 2019 to consolidate and accelerate delivery of federal, social, and health services. One result was MyGov, an integrated online platform that organizes benefits, services, and programs by genre. MyGov now has 780,000 logins per day.²⁴

- Health Prism is a Deloitte portal that contains more than 165 models to help federal, state, and local governments identify populations at risk for more than twenty disease states and inequities, such as COVID-19, hypertension, cardiovascular disease, diabetes, housing insecurity, food insecurity, and more. It also can identify populations that might qualify but have not yet applied for benefits.²⁵
- GiveDirectly is a peer-to-peer platform that offers cash to extremely low-income households and people affected by humanitarian crises. GiveDirectly has delivered over US\$500 million to people in eleven countries, "from residents of Houston recovering from Hurricane Harvey to farmers in Kenya."²⁶

Questions for stakeholders

Stakeholders that strive to prioritize social care as part of their commitment to deliver on whole health should:

- Establish sustainable frameworks for workforce recruitment and training.
- Determine how to include a community-based approach so that people with lived experience with key social issues are involved in the solutions.
- Prioritize data governance and data sharing so that providers can exchange vital information such as risk factors or family health history.
- Invest in preventive models that focus on social context and environmental determinants of health.
- Support social care workers with technology tools.

Contacts

Josh Hjartarson

Partner Deloitte Canada jhjartarson@deloitte.ca

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Endnotes

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