

Sustainable Care Paper 1



Adult social care and wellbeing policy in the four nations of the UK

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Summary

The concept of wellbeing has been included in policy literature in the four nations of the UK since the early 2000s, with a specific focus on social care from around 2011 (although there was reference to wellbeing as early as 1968 in the [Seebohm report](#) which recommended the creation of local authority social services departments to “enable the greatest possible number of individuals to act reciprocally, giving and receiving service for the well-being of the whole community” [p180]). Two main waves of political interest in wellbeing have been identified.¹ The first, in the 1960s, highlighted that Gross Domestic Product (GDP)/ Gross National Product (GNP) were imperfect means of measuring how well a society is functioning. It sparked an interest in developing other social indicators, stalled in the 1970s (as nations entered recession) and re-emerged in the 1990s as interest in wellbeing, including in developing countries, revived.

In the UK, Prime Minister David’s Cameron’s 2010 speech on wellbeing and the need for more precise measurement of the concept is seen as a key point in establishing wellbeing as a policy priority.² A so-called ‘watershed’ [speech](#), it called for measures of wellbeing to assist in assessing Britain’s progress in more than merely economic terms. Cameron challenged three notions. First, he refuted the idea that wellbeing is a distraction from the ‘urgent economic tasks at hand’, citing Robert Kennedy. Second, he contested the notion that improving wellbeing is ‘beyond the realm of government’, citing Joseph Stiglitz and Amartya Sen. Third, he questioned the idea that wellbeing is a woolly, poorly defined concept and thus hard to measure. In response, the UK’s Office for National Statistics created a national programme to develop measures of wellbeing and an ensuing national debate on ‘what matters to you’ led to the development of a [national wellbeing measurement framework](#) with objective (e.g. employment, life expectancy) and subjective (e.g. life satisfaction, anxiety, meaningfulness) measures.

This review summarises main policy developments on wellbeing in the field of adult social care since 2000 in the four nations of the UK.

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Wellbeing, policy and social care: England

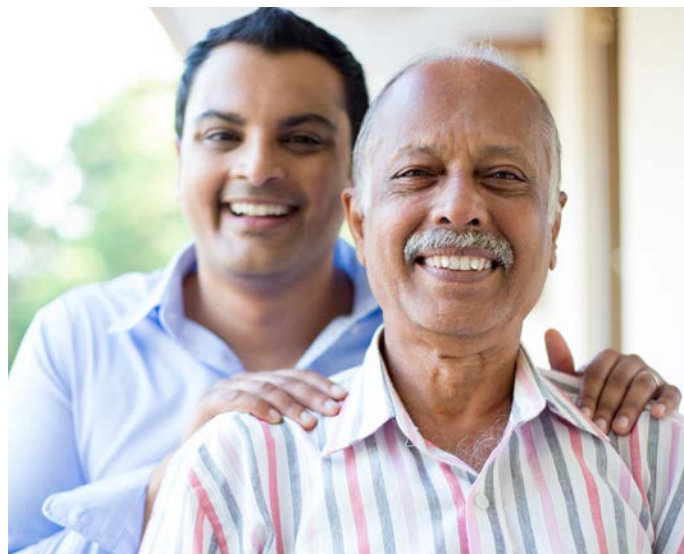
The [Local Government Act 2000](#) (applicable to England and Wales) established a duty on local authorities to promote economic, social and environmental wellbeing in their locality, and to prepare a strategy to this effect. The Act did not define wellbeing, however, and (perhaps as a result), an [evaluation](#) of the use of this 'wellbeing power' found implementation was uneven and that understanding of it varied between stakeholder groups.³

The next major development regarding wellbeing in English social care policy was a Law Commission [report](#) (2011). Based on a scoping review and public consultation designed to inform a [White Paper on social care](#) (*Caring for our future: reforming care and support*, 2012), this aimed to create the basis for a single statute on social care applicable to England and Wales. It developed a 'wellbeing principle' as a concept to inform social care, and as a primary principle or statutory assumption. [Other concepts considered by the Commission included 'dignity' and 'independent living'.] The report acknowledged that:

no single definition could offer an exhaustive account of what would promote or contribute to a person's well-being in any given circumstance covered by the statute; the intention is that the individual person and their circumstances should determine... Rather than defining well-being, the statute would set out a broad list of outcomes to which the well-being principle must be directed. (p20)

It placed the individual ('with the exception of some people who lack capacity') at the centre, able to define their own wellbeing, and presented wellbeing as covering: 'personal identity; autonomy and self-determination; dignity, privacy and respect; physical and mental health; security and freedom from abuse; and economic and social inclusion' (p19). Emphasising the need for a person-centred approach to wellbeing, the Law Commission report also acknowledged that it would be important to consider how a wellbeing principle would operate if more than one person were involved, i.e. if the wellbeing of a person receiving care was at odds with that of their carer(s).

The subsequent Draft Care and Support Bill committee [report](#) (2013) reconsidered the inclusion of dignity (suggested in Age UK's response to the call for evidence) which the Law Commission had initially



felt too imprecise a concept to include. 'Dignity' was subsequently included in the [Bill](#) as it was argued it was no less clear-cut than other concepts, and an important element of wellbeing. 'Independent living' and independence were not explicitly included in the Act, however, although subsequent [official guidance](#) noted that while these are not explicitly mentioned in the definition of wellbeing, they are at the core of the wellbeing principle. The right to adequate housing was also added to the definition of wellbeing in response to evidence submitted. The final lay ['easy-read' summary](#) of the Bill defined wellbeing as:

about being happy and healthy. It includes keeping well and feeling well; being safe; having control over your life and support; a job, education and leisure; having enough money to live on; friends and family and home life; taking part in your community and in life. We think this list should also include dignity, which means treating you properly with respect and having a safe place to live that won't change unless you want it to. (pp6-7)

These consultations underpinned the [Care Act 2014](#), the first major reform of care law in England for 60 years. The Act defined wellbeing and legislated for local authorities to have a 'general duty' to promote individual wellbeing. It stated that individuals are best placed to define their own wellbeing, and that there should be a balance between individual wellbeing and the wellbeing of any relatives or carers. Local authorities should: prevent care needs; integrate with health services to promote individual wellbeing; assess need regardless of the individual's assets or resources; provide information and advice on how the social care system operates; facilitate choice of services and providers; and give individuals access to

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care, support and financial advice, and information on how to raise concerns about the safety of someone in receipt of care. The Act's definition of wellbeing is:

'Well-being', in relation to an individual, means that an individual's well-being so far as relating to any of the following -

- a. personal dignity (including treatment of the individual with respect);**
- b. physical and mental health and emotional well-being;**
- c. protection from abuse and neglect;**
- d. control by the individual over day-to-day life (including over care and support, or support provided to the individual and the way in which it is provided);**
- e. participation in work, education, training or recreation;**
- f. social and economic well-being;**
- g. domestic, family and personal relationships;**
- h. suitability of living accommodation;**
- i. the individual's contribution to society.** (p1)

In service provision, local authorities were to promote diversity and quality and to: provide information and advice about providers; show awareness of current and future demand; support those with care needs to engage in education or employment; recognise *'the importance of ensuring the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not)'* (p5); and promote a high quality workforce through training and appropriate working conditions.

The Act legislated for needs assessments to include consideration of the impact of care needs on individual wellbeing, the outcomes a person wishes to achieve and the role of care and support in achieving these. It created the first ever legal entitlement to public support for carers, stating that carers' needs should be assessed regardless of their level of need or financial resources, with consideration in assessments of: whether the carer is able and willing to provide care; what the impact of providing care will be on their wellbeing; what outcomes the carer would like for themselves, and how additional care and support might enable them to achieve these outcomes; and whether they are in work or education (or would like to be).

The Act addressed sustainability by taking a forward-looking approach to carers' roles. Assessments should

consider if, in the long-term, they would be able to continue to care, and include a plan for alternative arrangements should the caring relationship break down. To ensure sustainability, care and support plans were to be reviewed at least annually. A duty on local authorities to facilitate a diverse, sustainable, high quality local care market, including for self-funders, and to ensure continuity of care in the event of provider failure was also included.

The Act was not accompanied by substantial new public resources for local authorities to enable implementation. Several local authorities mounted successful legal challenges, receiving additional funding.⁵ Parts of the Act were subsequently delayed or abandoned: the cap on care costs was delayed until April 2020 (and raised to £72,000, to rise annually in line with earnings but dropped entirely in 2017); the extension of means test thresholds was similarly delayed (and so remained at £14,500-£23,250, to rise later to £17,000-£27,000 [or £118,000 with no property disregard]); changes to the appeals system were not brought into law, leaving this issue to local authority discretion.⁶

The accompanying official [guidance](#) stressed that a 'crisis management' approach to care will not promote wellbeing; prevention was vital, and involved 'primary prevention' (promoting services which support healthy lifestyles and reduce isolation); 'secondary prevention' (early intervention, including measures targeted at those at risk of developing needs); and 'tertiary prevention' (intermediate care and reablement for those with established conditions, with the aim of preventing deterioration). Capabilities were also to be included in assessments: *'Local authorities should look at an individual's life holistically. This will mean considering any care and support needs in the context of the person's skills, ambitions, and priorities'* (p16).

The [Care and Support \(Eligibility Criteria\) Regulations](#) (2015) outlined how wellbeing, outcomes and the assessment of eligible needs align with the *Care Act*.

Needs are eligible if:

- 1. they arise from physical or mental impairment or illness; and**
- 2. they prevent a person from achieving two or more of the following outcomes:**
 - **managing and maintaining nutrition;**
 - **maintaining personal hygiene;**

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- *managing toilet needs;*
- *being appropriately clothed;*
- *being able to make use of the adult's home safely;*
- *maintaining a habitable home environment;*
- *developing and maintaining family or other personal relationships;*
- *accessing and engaging in work, training, education or volunteering;*
- *making use of necessary facilities or services in the local community including public transport, and recreational facilities or services;*
- *and carrying out any caring responsibilities the adult has for a child.*

Eligible needs would arise if two or more outcomes were not met, with the person's wellbeing negatively affected as a result.

Carers' eligible needs arise from:

- *providing care;*
- *their physical or mental health is, or is at risk of, deteriorating;*
- *they cannot achieve any of the following outcomes:*
 - *carrying out any caring responsibilities the carer has for a child;*
 - *providing care to other persons for whom the carer provides care;*
 - *maintaining a habitable home environment in the carer's home (whether or not this is also the home of the adult needing care);*
 - *managing and maintaining nutrition;*
 - *developing and maintaining family or other personal relationships;*
 - *engaging in work, training, education or volunteering;*
 - *making use of necessary facilities or services in the local community, including recreational facilities or services and engaging in recreational activities.*

Wellbeing would be affected by being unable to achieve any of the specified outcomes. The guidance defined 'unable to achieve' as not being able to do these things without assistance, pain, anxiety, stress or danger, or if it would take much longer. Needs assessments should also take [fluctuating needs into account](#).

The Social Care Institute for Excellence (SCIE) provided further [guidance](#) on assessing the 'impact'

of being unable to achieve wellbeing outcomes. An impact could be a consequence of a single effect, as inability to achieve two or more outcomes may significantly affect one wellbeing area. The effect could be cumulative; an individual could have needs across several eligibility outcomes at a low level whose impact affects several areas of life and is significant, or there could be a 'domino effect'; needs may be low but likely to affect outcomes in the future and have a significant impact on wellbeing. Eligibility should be determined on evidence of both the person's needs and outcomes (gained through conversation) and professional judgement: 'A given situation could have a 'significant impact' on one individual but not on another. Therefore, professional judgement and analysis of the information gathered in the assessment are crucial to establishing whether there is indeed 'significant impact' on the individual's wellbeing' (p17). The risk associated with the inability to achieve outcomes and how risks affect wellbeing had also to be considered. SCIE's advice to professionals conducting assessments was: consider the evidence, including consideration of what is known about the person's needs, outcomes and values, and use professional judgement based on previous experience of people in similar situations and what risks are acceptable, in the eligibility determination.

The 2018 updated [Care and Support Statutory Guidance](#) emphasised the core principles of the Care Act:

- the individual is best-placed to judge their own wellbeing;*
- the importance of an individual's views, wishes, feelings and beliefs;*
- prevention (primary, secondary and tertiary) as well as reducing pre-existing need(s);*
- taking all an individual's circumstances into account;*
- ensuring individuals participate in the decision making process and are helped to do this;*
- the balance between a person's wellbeing and the wellbeing of their carer(s);*
- protection from abuse and neglect;*
- any restriction to a person's freedom must be kept at a minimum.*

It stressed: 'The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life'.

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Wellbeing, policy and social care: Scotland

Scotland has also used wellbeing as a concept in policy discourse. In 2003, the [Local Government in Scotland Act](#) introduced a 'wellbeing power' for local authorities, giving them the power to act to promote the wellbeing of all, or some, of their constituents. It did not define wellbeing, as '*different local authorities may have different views about the type of activity that will promote or improve the well-being of their area, and the factors that constitute the well-being of their area. The term 'well-being' is therefore not defined in the Act nor in this guidance, and the factors noted above are intended as examples rather than a definitive list*' (p5-6). Guidance to the Act highlighted factors that would affect wellbeing:

- *Economic factors, including the availability of good quality employment, efficient transport links, lifelong learning and ICT.*
- *Social factors, including the promotion of good physical and mental health; good quality housing and safe communities; access to arts, leisure and education.*
- *Environmental factors, including the availability of clean air, water and streets; access to parks and open spaces; the quality of the built environment; removal of objects considered hazardous to health; protecting communities against the threat of climate change and risk of flooding.*

Wellbeing was thus characterised as multi-faceted and:

dependent on many factors. Some of these factors will be out with the direct influence of the local

authority or other public bodies, for example some national or global issues. Nevertheless, local authorities, working in partnership with others, are in an excellent position to make an assessment of what is needed to advance well-being, and can provide a solid foundation for the overall well-being of their area that directly responds to local, regional and national issues. (p5)

The [guidance](#) accompanying the 2003 Act also enabled Scottish Ministers to extend the meaning of wellbeing by order, so it could be updated in line with changes to common understandings of the concept or in response to case law. Official guidance also stated that the wellbeing power was introduced to allow local authorities to be innovative and not bound to doing only what was legislated by specific statutory powers, duties and functions.

Mental wellbeing has been part of Scotland's National Performance Framework since 2007. The Framework focuses on personalisation, or 'self-directed support', in the social care system. Under the [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#) local authorities are responsible for providing four options for self-directed support to people with care needs and carers: direct payments; services contracted by local authorities but selected by the person in need of care; services contracted and selected by the local authority; or a mix of these. Here the core principle is that '*A person must have as much involvement as the person wishes in relation to— (a) the assessment of the person's needs for support or services, and (b) the provision of support or services for the person* (p1). Local authorities must assist a person to make informed decisions about self-directed support, 'collaborating' with them to undertake a needs assessment and provide services, taking 'reasonable steps' to respect a person's rights to dignity and to participate in community life.

The [\(Scotland\) Carers Act 2016](#) made new provision for carers. This included: identification of their needs for support through adult carers' support plans and young carer statements; provision of carer support; carers' involvement in services; local carer strategies; and provision of information and advice services for carers. Carer plans must include: information on a person's circumstances, including the nature and extent of the care they provide and its impact on their life and wellbeing; information on the extent to which the carer is able and willing to provide care; whether

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- *education, training and recreation;*
- *domestic, family and personal relationships;*
- *contribution made to society;*
- *securing rights and entitlements;*
- *social and economic well-being;*
- *suitability of living accommodation [...]*

In relation to an adult, 'well-being' also includes—

- *control over day to day life;*
- *participation in work.* (p5, emphasis added)

the carer has an emergency plan in place; information on the carer's personal outcomes, need for support and support available at the local level (even if their local authority is not where they provide care); what support the local authority will provide (in cases where their needs meet local eligibility criteria only); and information on the circumstances under which the plan will be reviewed. Scottish Ministers were also required to prepare a 'carers charter', setting out the rights of carers as outlined in the Act.

Wellbeing, policy and social care: Wales

A 'wellbeing power' for local authorities in Wales was first introduced in the *Local Government Act (2000)* [which also covered England]. This was further developed with specific reference to social care in the [Social Services and Well-being \(Wales\) Act 2014](#), which requires local authorities (or persons 'exercising functions under this Act') to: promote the wellbeing of people who need care and support and carers who need support; provide preventative services; provide information and advice; promote social enterprises, cooperatives, user-led services and third sector providers of care; and maintain registers of disabled people including those who are sight and hearing impaired. It also required Welsh ministers to specify wellbeing outcomes for people who need care and for carers, and to issue a code to achieve wellbeing outcomes within three years of the Act receiving Royal Assent (with outcome measures). Local authorities and local health boards were also obliged to jointly assess need for care and support in their area. Wellbeing in the *Social Services and Well-being Act* is defined slightly differently than in England's *Care Act 2014*:

'Well-being', in relation to a person, means well-being in relation to any of the following—

- *physical and mental health and emotional well-being;*
- *protection from abuse and neglect;*

Welsh local authorities must, 'in so far as is reasonably practicable, ascertain and have regard to the individual's views, wishes and feelings' (p6), involve individuals in decision making, promote the dignity of the individual and respect their culture and beliefs. The *Social Services and Well-being Act 2014* acknowledges that a person is best placed to judge their own wellbeing; the lay 'easy read' summary explained: '*In this Act, well-being means: you are healthy; you feel good about your life and you are safe; you can learn new things... For adults, well-being also includes: control over day to day life; being able to work*' (pp16-17).

The [Well-being of Future Generations \(Wales\) Act 2015](#) which followed explained sustainable development, required public bodies to act in accordance with the sustainable development principle, and required them to set wellbeing objectives that contribute to seven wellbeing goals to ensure Wales is: prosperous; resilient; healthier; more equal; made up of cohesive communities; characterised by a vibrant culture and thriving Welsh language; globally responsible (p5). Public Service Boards must conduct and publish their assessment of the state of economic, social, environmental and cultural wellbeing in their area and contribute to its wellbeing in line with a sustainable development principle, acting '*in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs*' (p5). A further official [document](#) outlined how the *Social Services and Well-being Act 2014* and the *Well-being of Future Generations (Wales) Act 2015* relate to each another, highlighting that the former defines individual wellbeing as part of a wider concept of wellbeing (used in the latter) and that there is a '*common emphasis in both Acts on prevention, collaboration, integration, involvement and adopting a long term approach to the improvement of public services*' (p2).

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In 2016, the Welsh Government provided a [wellbeing statement](#) which further clarified the definition of wellbeing in the *Social Services and Well-being Act 2014*. This begins: 'Everyone is entitled to well-being and everyone has a responsibility for their own well-being, but some people need extra help to achieve this' (p1). It includes the ten areas outlined in the 2014 Act and states that partnership working will mean people achieve individual outcomes and wellbeing in line with national wellbeing outcomes, establishing a national outcomes framework to monitor (annually) the wellbeing of people who need care and support.⁷ The ['easy read' version](#) defined wellbeing as 'a person is happy, healthy and is comfortable with their life and what they do' (p3) and included the following areas, adding the opportunity to speak in Welsh to the *Social Services and Well-being Act (2014)* definition.

Wellbeing, policy and social care: Northern Ireland

In Northern Ireland, the concept of 'social wellbeing' has been used by the [Department of Health, Social Services and Public Safety](#) to apply to the social work profession. 'Social wellbeing' in this context included 'personal, social, emotional and physical wellbeing' (p3), with wellbeing defined as related to:

- *keeping well and healthy and safe from harm;*
- *having a home where they feel safe and have a sense of belonging;*
- *having access to income and resources sufficient to meet their fundamental needs;*
- *having supportive and trusting close relationships, including with family and friends;*
- *having opportunities to enjoy positive life experiences, including engagement in social and community activities;*
- *having opportunities to make a positive contribution, including participation in education, training, work or other purposeful activity;*
- *exercising choice and control about their life and how they live it;*
- *having the resilience and ability to cope when things change or go wrong;*
- *having a sense of self-worth and self-efficacy;*
- *and living a fulfilling life where their individual rights and personal dignity are respected.* (p3)

This definition includes resilience and personal capabilities as integral to social wellbeing, differing



from the definitions used in England, Wales and Scotland. The [Local Government Act \(Northern Ireland\) 2014](#) further amended the law relating to local authorities and refers to wellbeing and sustainable development in local planning. Again differing from arrangements in the other three nations, it states:

Community planning for a district is a process by which the council and its community planning partners (a) identify long-term objectives for improving: (i) the social well-being of the district; (ii) the economic well-being of the district; and (iii) the environmental well-being of the district; (b) identify long-term objectives in relation to the district for contributing to the achievement of sustainable development in Northern Ireland. (p39)

The [Carnegie UK Trust](#) subsequently recommended that the concept of wellbeing should be included in the mission statement for all public services, as part of the Northern Ireland Government programme 2016-2021. Citing the influence of Amartya Sen and Martha Nussbaum, this stated:

We understand wellbeing as the basic objective of creating the conditions for citizens to enjoy long, healthy, creative and valued lives. Alongside the constituent elements of wellbeing such as health, meaningful and rewarding work, social relationships, and access to a healthy environment – locally and globally – society must also pursue substantive freedoms by tackling inequalities, promoting a sustainable economy, and respecting planetary or ecological boundaries. (p6)

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The Northern Ireland Department of Health later [outlined its aim](#) of creating a new model of person-centred care, focused on prevention, supporting independence and wellbeing. Both prevention and personal capabilities were emphasised: ‘people are supported to keep well in the first place with the information, education and support to make informed choices and take control of their own health and wellbeing’ (p11). Further [Department of Health](#) guidance in 2017 argued that quality of life and self-worth have four components: relationships and belonging; independence and responsibility; purpose and meaning; and being safe and well.

Summary

Wellbeing has been part of policy discourse in the UK since the early 2000s and specifically in social care from 2011, though there was reference to it as early as 1968 in the [Seebohm report](#). In relation to social care, the four nations of the UK have taken slightly different approaches to wellbeing. In England, various legislative and policy documents⁸ have placed the service user at the centre of defining wellbeing but have also opted to delineate the concept in terms of outcomes. For example, England’s [2014 Care Act](#) defined wellbeing as including outcomes such as physical and mental health, dignity, protection from abuse, control, relationships, participation in activities and the community as well as social, emotional and economic wellbeing. In Wales and Northern Ireland, wellbeing in social care policy is defined in terms similar to the English definition, adding ‘[securing rights and entitlements](#)’ (p5), the opportunity to [speak Welsh](#) and [resilience](#). Scotland has focused on personalisation, or ‘self-directed support’ though local authorities must take ‘reasonable steps’ to respect a person’s right to dignity and their right to participate in community life, which align with some of the wellbeing outcomes used in the other UK nations. In addition, mental wellbeing is included in the Scottish National Performance Framework and the [\(Scotland\)](#)

[Carers Act 2016](#) includes consideration of whether providing care has an impact on the wellbeing of the carer.

Notes

- 1 Bache, I. & Reardon, L. (2016) *The politics and policy of wellbeing: Understanding the rise and significance of a new agenda*. Edward Elgar Publishing.
- 2 Prior to Cameron’s 2010 speech, the relationship between wellbeing and a person’s capabilities was highlighted by the [Foresight Mental Capital and Wellbeing Project](#). This linked wellbeing and mental capital, defining the latter as a person’s cognitive and emotional resources. Wellbeing was defined as ‘a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society’ (p10). Wellbeing was thus connected to the individual’s capabilities and resources to meet their own outcomes. In 2008, the importance of wellbeing was also highlighted by the [Strategy Unit](#) (2008): ‘With four in five Britons believing that the Government’s prime objective should be the greatest happiness rather than the greatest wealth, future politics will need both to deal with ‘bread and butter’ political issues and to address issues likely to affect citizens’ wellbeing and environmental concerns’ (p167). The Department of Health conducted [reviews of the wellbeing](#) of NHS staff in 2009. These found staff health and wellbeing was not being prioritised and that services for support were generally reactive. The report stated: ‘staff health and wellbeing is more than just the absence of disease. Rather, it puts an emphasis on achieving physical, mental and social contentment’ (p4) and said a preventative approach should be taken to safeguarding NHS staff wellbeing.
- 3 Linked to this Act, the [Public Services \(Social Value\) Act 2012](#) legislated that local authorities must apply the wellbeing principle to procurement processes.
- 4 In the grey literature, wellbeing is often associated with other concepts such as personalisation and prevention. The 2012 White Paper [Caring for our future: reforming care and support](#) contained two core principles: ‘the focus of care and support will be transformed to promote people’s wellbeing and independence instead of waiting for people to reach a crisis point’ and ‘prevent, postpone and minimise people’s need for formal care’ (p2).
- 5 West Berkshire, Northumberland and Wokingham Councils which had been using the ‘[Fairer Access to Care services](#)’ (FACs) assessment ‘critical’ requested that the Government’s Impact Assessment for the new Act look into whether they would need additional resources to depart from this approach. West Berkshire Council indicated that it needed £5.2m to implement the Act, but received £2.2m, and mounted a legal challenge. [West Berkshire and Wokingham Councils were successful](#) in this and the Government sought to settle with them after the High Court ‘green lit’ a judicial review.
- 6 As a result, only [one in five local authorities](#) have introduced an appeals process, with the remainder using a statutory complaints procedure.
- 7 The document includes a table showing the relationship between aspects of wellbeing, national wellbeing outcomes and measurement tools.
- 8 [Law Commission, 2011](#); [Draft Care and Support Bill, 2013](#); [Care Act 2014](#).

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Table 1: Comparison of definitions of wellbeing in the Four UK Nations (emphasising areas of divergence)

England	<p>Care Act 2014, p. 1: “Well-being’, in relation to an individual, means that individual’s well-being so far as relating to any of the following -</p> <ol style="list-style-type: none"> a. personal dignity (including treatment of the individual with respect); b. physical and mental health and emotional well-being; c. protection from abuse and neglect; d. control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided); e. participation in work, education, training or recreation; f. social and economic well-being; g. domestic, family and personal relationships; h. suitability of living accommodation; i. the individual’s contribution to society.”
Wales	<p>Social Services and Well-being (Wales) Act 2014, p. 5: “(2) ‘Well-being’, in relation to a person, means well-being in relation to any of the following—</p> <ol style="list-style-type: none"> a. physical and mental health and emotional well-being; b. protection from abuse and neglect; c. education, training and recreation; d. domestic, family and personal relationships; e. contribution made to society; f. securing rights and entitlements; g. social and economic well-being; h. suitability of living accommodation [...].” <p>“(4) In relation to an adult, ‘well-being’ also includes—</p> <ol style="list-style-type: none"> a. control over day to day life; b. participation in work.” <p>Your well-being: Making sure people who get care and support and carers who get support are happy and healthy 2016, pp. 3-7.</p> <ul style="list-style-type: none"> • “you have people who can speak to you in Welsh if you want it”.
Scotland	<p>Local Government in Scotland Act 2003 Power to Advance Well-Being Guidance, 2003, pp. 5-6: “Different local authorities may have different views about the type of activity that will promote or improve the well-being of their area, and the factors that constitute the well-being of their area. The term ‘well-being’ is therefore not defined in the Act nor in this guidance, and the factors noted above are intended as examples rather than a definitive list”.</p>
Northern Ireland	<p>Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland 2012, p. 3: “keeping well and healthy and safe from harm;</p> <ul style="list-style-type: none"> • having a home where they feel safe and have a sense of belonging; • having access to income and resources sufficient to meet their fundamental needs; • having supportive and trusting close relationships, including with family and friends; • having opportunities to enjoy positive life experiences, including engagement in social and community activities; • having opportunities to make a positive contribution, including participation in education, training, work or other purposeful activity; • exercising choice and control about their life and how they live it; • having the resilience and ability to cope when things change or go wrong; • having a sense of self-worth and self-efficacy; • and living a fulfilling life where their individual rights and personal dignity are respected”.

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ABOUT THE RESEARCH

The [Sustainable Care: connecting people and systems](#) programme explores how care arrangements can be made sustainable with wellbeing outcomes. It studies the systems, work and relationships of care in the context of changes in technology and mobility and aims to support policymakers, the care sector and academics to conceptualise sustainability in care as an issue not only of resource distribution, but also of rights, values, ethics and justice. The programme focuses on adults living at home with chronic health problems or disabilities and their families, carers and paid workers. Funded by the UKRI Economic and Social Research Council, it is delivered by eight universities and Carers UK, led at the University of Sheffield by Professor Sue Yeandle.

This working paper was prepared by [Dr Kate Hamblin](#) as part of the programme's work on *Care, Sustainability and Wellbeing: A conceptual and analytical framework for policy and practice in care and caring*, led by [Professor J Allister McGregor](#).

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