A CARE WORKFORCE FIT FOR BRITAIN

SPREADING HIGH-QUALITY, WELL-PAID CARE JOBS NATIONWIDE

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EXECUTIVE SUMMARY

The UK's social care system does not provide the care that people need. More than 1.8 million people have unmet care needs, one in four cannot undertake basic tasks such as washing and 8.8 million people, mostly women, provide unpaid care. The key reason why care needs are unmet is a lack of trained care workers.

The care workforce faces three key challenges that must be addressed:

1. **Low Pay**. Care workers have seen their pay fall relative to other low-pay occupations, leading to a recruitment and retention crisis
2. **Poor Conditions**. Stressful working conditions as well as insecure work also make it harder to recruit or retain care workers.
3. **Lack of training and formal qualification**s. There is little recognition of extra experience nor a path to higher pay through training.

Investing in our care workforce will address unmet care needs. It will also have other knock-on economic, environmental and equality benefits. Raising pay and conditions in this low-paid sector will lead to higher wages and employment, especially in more deprived areas. Care jobs are also green jobs, meaning they emit less carbon than other forms of work. As women undertake the majority of paid and unpaid care work, an expanded and better-paid care workforce will also help to reduce gender inequality.

We are calling for the following policies to create a care workforce fit for Britain. These policies should be phased in as part of a realistic roadmap to creating a proper care workforce in the United Kingdom and build upon the proposals in our *Universal Quality Care* paper.

Short term

1. **Increase care pay to the Real Living Wage.** This will help to improve recruitment and retention within the sector
2. **Expand access to international migration within the existing migration policy.** Waiving visa fees would help to raise the number of workers entering on the Health and Care Work visa
3. **Registration with nationally assessed standards.** This should be examined as part of a new centrally standardised Care Certificate course and be flexible enough to recognise equivalent experience.

Medium term

4. **Funding to meet the Care Act eligibility criteria.** There are simply too few care workers to meet needs as set out in legislation. Greater pay will lead to more recruitment and retention in the care sector
5. **Create a social partnership board with sectoral barganing at its core to negotiate a long-term workforce strategy including training, progression, and conditions.** The care workforce should have collective sectoral bargaining to set common standards across the sector in terms of training, progression, pay and conditions.
6. **Adopt a social licencing approach to commissioning and procurement.** A stronger set of regulations and standards should be used by local authorities when comissioning care.

Long term

7. **Expand eligibility criteria to meet moderate needs.** Expanding care services to those who meet one of the Care Act's **eligibility** outcomes
8. **As training improves, put care work on a path to be paid at 75% of nurses' wages.** Pay should rise commensurately with greater training and productivity of the care workforce.

A fully funded care system on this scale would not be cheap – the final package of pay at 75% of nurses' wages with greater training would cost about £50bn more per year than we currently spend on care. This would be in line with what Nordic countries spend on care. It is, in short, what a properly funded care system actually costs.

1. INTRODUCTION

A care service that is available at the point of need is crucial for our health, wellbeing, and dignity. The UK's own care service falls far short of this ideal due to a lack of funding leading to low-paid, poor-quality jobs and large numbers of vacancies. The majority of those with care needs do not get the care that they need. Over a quarter of those with care needs are unable to undertake basic activities like washing, dressing or going to the toilet. The key reason is that there is a lack of care workers with the requisite skills to provide the care that is needed. This paper analyses these issues and sets out a path to reform that will create a well-resourced and trained care workforce that actually meets the needs of British people.[1]

A properly funded care system would help the UK meet the UN's Third Sustainable Development Goal – ensuring that people are able to live healthy lives and achieve well-being at all ages. It will also have knock-on economic, environmental, and equality benefits that will help to make this country more prosperous, greener, and more gender equal.

The care sector is a major employer that is made up of low-pay, low-quality jobs. Despite employing slightly more people than the NHS (at around 6% of the working population) and also constituting a service that is fundamental for our health and wellbeing, pay and conditions are far poorer in the sector.[2] Care jobs are some of the lowest paid in the country and, with little in the way of progression or qualification opportunities, this has led to high turnover with 30% of the workforce leaving each year[3].

Improving the pay and conditions of the workforce will do more than improve care services. It will also help level up the country. Unmet care needs are higher and pay and conditions lower in more deprived parts of the country. A properly funded care service represents an investment in our social infrastructure, which is needed to raise living standards as well as employment and productivity in deprived areas. A better funded care service will also free those who are currently providing unpaid care, to undertake paid employment.

Investing in the care workforce will also have environmental and equality benefits. Care work is a quasi-green job. It emits much less carbon than other types of investment as it depends on human interaction rather than the production and consumption of fossil fuels. Women also undertake the majority of paid and unpaid care. Investing in a proper care workforce will help to improve gender inequality by both directly raising women's wages as well as allowing currently unpaid carers to work elsewhere if they so choose.

The rest of this paper sets out (1) the case for investment in care as a driver of higher quality, low-carbon jobs nationwide; (2) a diagnosis of the current state of social care employment; and (3) a policy road map for driving up the quantity and quality of care jobs over time.

2. THE ECONOMIC, EQUALITY AND ENVIRONMENTAL CASE FOR SOCIAL CARE

The overwhelming reason for reforming care services should be, simply, to ensure that every person in this country has the care that they need. Besides the rich and immediate social benefits for workers and care users, such investment will also have wiser economic, equality, and environmental benefits too.

The social care system needs to expand to ensure that it is universally available to everyone who needs it.[4] Investing to ensure that unmet care needs are met through a well-paid, well-qualified workforce across the United Kingdom would create more jobs than other forms of investment. The Women's Budget Group (WBG) has shown that investing 2% of GDP in the care sector could create up to 1.5 million jobs. This compares to 750,000 jobs generated by equivalent investment in construction, the typical focus of physical infrastructure investment.[5]

As care jobs are low paid, this investment would also lead to higher pay and, particularly raise pay and conditions in more deprived parts of the country. Poorer areas have both the highest demand for care and the most unmet need as well as lower wages and employment levels - the employment rate in Skegness and Louth is 23 percentage points lower than in London, for example[6]. Expanding access to care services and improving pay in the sector would, therefore, support efforts to 'level up' the country.[7] Around two in five people aged 65 and over living in the most deprived fifth of neighbourhoods have an unmet need for help, compared to one in five in the least deprived.[8]

This investment would also represent an increase in the social infrastructure that is needed to raise wellbeing and living standards across the country. Living standards depend on both jobs and wages as well as the quality of locally provided services, which includes public services such as care[9]. A lack of social infrastructure reduces long-term prosperity and well-being.

Social care investment and reform of this kind would also have a particularly beneficial impact on women, supporting efforts to create a more gender equal economy, both by improving pay and conditions for those already working in the sector and by enabling those currently providing unpaid care to make choices about their balance of work, care and free time.[10] Women make up the majority (82%) of the current social care workforce, do more unpaid care then men and are more likely to have to give up

employment to care.[11,12] Investment in the care workforce will, therefore, both directly reduce gender inequality (by providing higher wages for women) and indirectly (by freeing those with unpaid caring responsibilities to work elsewhere in the economy).

Care jobs are also green jobs – they help to limit greenhouse gas emissions as investment in them promotes the allocation of resources to low-carbon activities[13]. Care work task constitute human interactions and relationships, rather than the extraction and use of natural resources. The average care job produces 0.9 tonnes of GHG emissions a year, and this could be further reduced with, for example, measures to improve the efficiency of travel and housing.[14] Care work is already 26 times less carbon intensive than manufacturing jobs, over 200 times less intensive than jobs in agriculture and nearly 1500 times less intensive than jobs in the oil and gas sector. Analysis by the Women's Budget Group shows that, taking account of multiplier effects, the impact of investing in the care industry is 30% less polluting in terms of greenhouse gas (GHG) emission than investment in the construction industry.[15]

Social care jobs are, in summation, critical for the new economy we need: an economy that produces high wellbeing and living standards across the country, with equal opportunities for all genders as well as within our own environmental limits.

3. SOCIAL CARE, JOBS AND THE ECONOMY

Care is a labour-intensive activity and so, for a given pound of spending, employs more people than other sectors: in England, 1.67 million people work in the social care sector in England in 1.19 million full-time equivalent jobs.[16] This accounts for around 6% of all jobs – more than the NHS. These jobs are spread throughout the country, and are responsible for a higher proportion of employment and GVA in the North and Midlands than elsewhere.[17]

Despite the large number of care workers employed in the sector, however, there are still severe shortages due, in part, to low pay as well as a lack of pay progression or recognition.

Quantity

Social care is failing to recruit and retain its staff. The latest data from Skills for Care shows that there were 165,000 vacancies in 2021/22.[18] This represents an increase in vacancies by 55,000 (52%), and a decline in the number of filled posts by 3% (50,000) since 2020. Around a third of staff leave every single year.

Even if all of these current posts were filled, however, there wouldn't be enough workers to meet care needs. It is becoming more difficult to access formal care, leading to rising levels of unmet need and unpaid, informal care. Analysis by NEF and WBG shows that there are at least 1.8 million people with unmet care needs in England.[19] And estimates show that there could be as many as 8.8 million people providing unpaid care.[20] Meeting this unmet need, and taking the pressure off unpaid carers, requires both filling current care vacancies and expanding provision.

Quality

Pay and conditions. The care workforce is currently among the lowest paid in the economy, and, in the context of the rapidly rising cost of living, they are struggling to make ends meet. Conditions in the sector are also far more challenging than other low-paid sectors.

Social care has been defined as a low-paying industry by the Low Pay Commission (LPC) every year since its first report in 1998. Wages are particularly low for staff in the independent sector, which make up the majority of the workforce, at £9.27 an hour.[21] The BBC has reported on carers having to borrow money to afford food, despite working

full time.[22] NEF's own work shows that the earnings at or near the minimum wage are not enough for a single worker to be able to afford the basics, and this picture only worsens for those with children[23].

These wages have fallen relative to other low-pay roles. Pay in the care sector is now broadly similar to other low paying roles, including sales and retail (which now pays 21p per hour more), cleaning and domestic labour (which pays 6p more) and kitchen and catering (29p less) whereas it used to pay significantly more a decade ago[24]. The Association of Directors of Social Services (ADASS) point to this as the primary reason for increasing vacancies in care, as staff are leaving the sector in droves for easier, higher paying roles with more social hours in sales and retail.[25] More than half who leave cite low pay as the reason[26]. With unemployment at record lows, it will be impossible to recruit enough staff without pay increases in the sector.

There is also little recognition of experience in the sector. The pay gap for new starters compared to experienced ones has fallen from 30p to just 12p an hour.[27] This discourages retention as well as the attainment of skills for care workers. When experienced staff leave the sector, that damages social care provision for everybody.

Conditions in the sector are also poor. Care workers are ten times more likely to be on zero hours contract than the rest of the workforce, with 25% on zero hours contracts. The work itself is difficult, as well as physically and emotionally taxing[28]. The sector is also grossly fragmented, leading to a variety in conditions, training, and pay. Care staff work in 18,200 establishments with around 85% of them in the private sector.[29] The fragmented sector means there is no sectoral collective bargaining that can set common standards across the workforce. As private sector providers are, as discussed below, commissioned largely on pay with little recognition of progression, there is little incentive for organisations to reward higher pay or qualifications or offer better conditions in this outsourced sector.

Low pay, which is falling relative to other low-pay sectors, poor conditions, a lack of progression, and insecure contracts have all led to a recruitment and retention crisis in social care. There are too few social care workers, and those in the sector leave due to poor conditions and little possibility of progression.

Training, skills and esteem. Social care is too often seen as an unskilled rather than a professional occupation. A consequence of this is that staff working in care are not treated with respect that these roles deserve, nor with esteem with colleagues in the NHS. This, in turn, makes it difficult to attract much needed prospective future employees to the sector.

While the work that care staff carry out requires skills that are often overlooked, the opportunity to exercise and develop skills is also undermined by the lack of training and development opportunities. The inability to gain recognised qualifications within the sector also leads to a lack of progression opportunities – around 42% of those see this as a key reason behind the recruitment and retention crisis in the sector[30]. Unlike the NHS, there is little opportunity for training and the gaining of skills.

Care, especially home care, is too often designed to deliver a predefined list of basic tasks, such as getting washed, dress and fed.[31] Social care workers may seek to treat people well, but they lack the flexibility and time to be responsive to people's needs.[32]

Training is employer-led and varies considerably by provider. In 2015 the Care Certificate was introduced to provide a basic level of standardised training over a 12-week period, but it is not mandatory. As of 2020, only 30% of the adult social care workforce had completed it.[33] Of those who had started direct care work since 2015, 41% had completed the certificate.[34] The Care Certificate itself is not accredited nor centrally examined as discussed below. There is also little structure to formally recognise the skills that people bring to the sector and those gained through working in a care role.

England has yet to embrace the registration of care workers and, crucially, unlike in the NHS, the acquisition of new skills and experience does not necessarily lead to higher pay. With no formal pay and grading structure, essential skills go unacknowledged and promotion often means greater responsibility without fair reward. Productivity increases, in the form of better care, are not rewarded leading to little incentive to improve care within the sector.

4. DRIVERS OF SOCIAL CARE WORKFORCE WEAKNESSES

The low quantity and quality of care jobs has its roots in a common set of drivers: low levels of funding, inappropriate models of commissioning and provision, and a lack of oversight and planning.

Funding. Funding for local authorities fell by 55% between 2010/11 and 2019/20, resulting in a 29% real-term reduction in local government spending power.[35] Social care budgets have been relatively protected compared to budgets for other services, but they have not been immune. Cuts were achieved by applying eligibility for care more restrictively, resulting in a rise in unmet needs and unpaid care. This has led to a consequent decline in care jobs relative to care needs.

While the government announced extra money for social care in late 2021, most of this has been earmarked to pay for a cap of the cost of care. Most of it will be used to stop households having to sell their homes to fund their care, rather than being used to hire carers or pay them more. This will do little to improve the financial situation of local authorities, nor to reduce unmet need. In the context of rising costs – due to both inflation and the recruitment crisis – local authorities will find it ever more difficult to fund care provision and there is a danger that they will further restrict eligibility for care to address this. Care jobs relative to need are likely to fall further as a result.

Commissioning and provision. Social care is provided by a 'quasi-market'. Providers compete for business from local authorities, who commission care, and from private individuals, who either self-fund their own care or, if they are eligible, cover the costs using direct payments received from local authorities. Under constant budgetary pressures, local authorities are pushed towards a short-term approach of purchasing care packages via competition between providers on the basis of price.[36] Since the largest cost associated with delivering care are staffing costs and there is little recognition of quality or training, providers are incentivised to keep down costs by paying carers less with fewer training opportunities. Tasks and working practices are standardised at a low level while workforce pay and conditions are held down. [37]

Private companies dominate public care provision. Social care is now provided by around 18,200 organisations in England, predominantly private, for-profit businesses. In the main they are small or medium-sized.[38] But there has been a trend since the 1990s for smaller businesses to be bought out by chain companies, particularly in residential

care. Wages and conditions in the private sector are worse than in the public sector leading to more care workers leaving the sector. [39]

Oversight and planning. There is a lack of workforce planning in social care. No national workforce strategy for social care has been published since Working to Put People First in 2009. A recent evaluation by the Health and Social Care Committee found 'scant evidence of workforce planning at a local or national level'.[40] The committee found that workforce planning was an 'unaddressed afterthought by Government'.

5. A POLICY ROADMAP FOR INVESTMENT AND REFORM

Despite the dire need for change in the care workforce, measures will need to be introduced gradually. Even with the requisite political will and funding, the lack of available workers and training means that we cannot simply create a well-trained care workforce that will meet the UK's care needs instantaneously.

Accounting for this, we set out a roadmap to longer term change below, whereby measures to improve the quantity and quality of care work ratchet up over time. Each step will be crucial in creating a well-paid and trained care workforce. This in turn will open up a virtuous cycle of opportunities to further invest in care, expand the number of care jobs and ramp up the quality of employment over time. The proposals here are an expansion of those in our *Universal Quality Care* paper. These measures set out how we can get the workforce we need to provide a universal quality care service. In order to fund these proposals, we recommend implementing taxes on wealth as we set out in our previous paper. These taxes would include both wealth itself as well as income from that wealth.

SHORT TERM

As a first step, the priority should be to implement short-term measures that improve the quality and quantity of social care employment. These measures can be implemented quickly and will provide much needed relief for those currently working in the sector. It lays the foundations for the intermediate measures to follow.

1. A competitive base rate of pay

The first priority of a new care service must be to increase the pay packets of the existing care workforce. NEF have previously called for the minimum rate of pay in social care to be raised to the Real Living Wage.[41] We have previously modelled the costs of raising care worker pay to the level of the Real Living Wage for care workers with universal care at around £30bn more per year[42]. To fairly remunerate the workforce and overcome immediate recruitment challenges, **the government should fund the Real Living Wage as a priority.**

To ensure that additional funding gets to the workforce as wages, the government should follow the approach taken in Scotland to introduce the Real Living Wage in Social care in 2016.[43] Here, extra funding from the devolved government was conditional

on local authorities agreeing a pay rise for care workers with providers in their areas. This should be seen as the start of a social licensing approach to social care procurement, which can be ramped up over time (discussed further below).

2. Expand access through international migration by scrapping visa fees

The government has, helpfully, added care work to the Shortage Occupation List (SOL) as of February 2022, allowing care workers from abroad to more easily access the UK labour market with a reduction in visa fees and no immigrant health surcharge. Around a quarter of the UK's care workforce are already migrants from abroad.[44]

The government should further lower requirements of foreign health workers, including care workers, to fill labour shortages in the UK. In particular, migrant care workers still face significant costs to enter the UK for what is still low-paid work. Care workers must earn the higher of £20,000 or £10.10 an hour. This is more than the average care worker wage and around 70% of care workers earn less than this[45]. Current visa charges stand at £247 for 3 years or £479 for more than 3 years[46].

The government should **waive visa costs for Health and Care workers entering the UK.** This would allow more care workers to come and enter the country, filling workforce gaps.

3. Registration with a modified Care Certificate requirement that has nationally assessed outcomes

Alongside increasing the basic rate of pay, there are a number of initial steps that the government can take to improve basic levels of training and professionalism. As well as improving the quality of care itself, these measures would also incentivise further training and, by extension, improve the esteem and appeal of social care as a career.

In line with the recommendations of the Kingsmill Review, the **government should develop a registration system** for care workers, and the registering body should issue a Licence to Practice as a pre-requisite to employment in adult social care.[47] This would bring practices in line with Wales, Scotland and Northern Ireland. To register and obtain a licence to practice **care workers should hold, or be working towards, a modified Care Certificate that would allow for equivalent skills and experience** as a minimum requirement. At present, the only key regulatory training requirement is an adequate induction, but the definition of adequacy is at the discretion of the employer.[48] The care certificate – a 12-week induction training course developed by Skills for Health,

Skills for Care and Health Education England - provides a recognised set of standards that care workers in England. It is not, however, accredited and does not have a central assessment procedure. Given the variety of experiences and qualifications those entering the care sector have, a care certificate examination should be set centrally with a standard set of care qualifications and standards. Care workers should be able to take this examination without the 12-week course where their own professional or personal experiences (e.g. as an unpaid carer) could ensure they could pass it.

MEDIUM TERM MEASURES

Building on the steps above, the government should start to increase the number of care jobs nationwide and take further steps to improve the quality of care work.

1. Funding to implement the Care Act's eligibility criteria and expand the quantity of care jobs

The government should increase the number of care jobs by providing funding sufficient to expand the eligibility criteria for publicly funded care. This would reduce the number of people with unmet care needs.

The 2014 Care Act introduced national criteria to assess whether people are eligible for support. This criteria requires local authorities to consider whether a person's needs arise from, or are related to, a physical or mental impairment or illness; whether the person is unable to achieve two or more of a specified set of outcomes as a result of their needs; and whether there is, or there is likely to be, a significant impact on the person's wellbeing as a consequence of being unable to achieve those outcomes.[49]

Despite its inclusion in the Act, this eligibility criteria has not been successfully applied in practice. Two years after the introduction of the Care Act, NatCen Social Research found that 64% of older people who should be eligible for publicly funded social care had unmet needs. As discussed above, the problem is that the legislation was brought in at a time when government funding for local authorities was being cut. [50]

As a first step towards expanding access to care and increasing the quantity of care jobs, **government should adequately fund local authorities to apply the eligibility criteria outlined in the Care Act.** Research by NEF and the Women's Budget Group shows that expanding entitlement to care in this way would create 663,000 care jobs nationwide.[51]

2. A social partnership board with sectoral bargaining to negotiate a long term workforce strategy, covering training, progression, and conditions

The emergency measures set out above will deal with the most acute and pressing problems with social care employment, including base levels of pay and training. Beyond this, social care needs a strategy to continue to improve the quality of care and care employment over time.

In line with proposals from the TUC and Unison, **a national partnership body bringing together government, trade unions, employers, commissioners and people using services should be established to develop and negotiate a workforce strategy and set the terms of employment in social care**.[52] This would mirror the Social Partnership Forum approach taken in the NHS, where employers, trade unions, NHS England, the Department of Health and Social Care and Health Education England negotiate the terms of employment in the health service. This body **will have collective sectoral bargaining at its core**, with pay and progression set across the sector to ensure care workers are paid well with good conditions.

While a workforce strategy would need to cover a wide range of areas, key topics for negotiation include continued training and development, beyond the Care Certification requirement abovementioned, and, relatedly, pay and progression beyond the base level Social Care Living Wage. Pay scale increments should appropriately reflect and reward further skills, training and experience.

In our view, this strategy should include measures to shift the nature of skills and training away from minimal 'life and limb' care prominent in the current system, towards care that supports people's independence and wellbeing. Rather than just ensuring people's bodily needs are meet, carers should be trained to provide personalised support to enable everyone to achieve the outcomes that matter to them in their life and to reach their maximum potential. As Sue Himmelweit argues, *'the skills to do this can be learned, but they are far more extensive than those that are currently required of care workers, who are seen as simply doing for people what others can do for themselves'*.[53] Raising ambitions of what care and care work is for will ensure that it is valued properly.

3. Adopt a social licensing approach to commissioning and procurement

To guarantee that additional funds to expand the social care system do not go to poor quality providers with poor employment practices, and to make sure the terms of the

workforce strategy are implemented in practice, policies should be put in place to shift how care is commissioned and provided. As a first step, **local authorities should adopt social licensing practices when commissioning care and procuring new services.**

Social licensing is a form of regulation that requires set standards of companies that receive public money. Criteria can be set to exclude certain providers that fail to meet baseline criteria. One example is UNISON's Ethical Care Charter, which sets criteria around wages, conditions and care quality for procurement procedures.[54] The Ethical Care Charter is already being used by a range of councils to drive up the quality of domiciliary care commissioning across the country.[55] In line with the recommendations of the Kingsmill review, **local authorities should be required to use such a charter, and a national body, such as the CQC, should be made responsible for ensuring that that its principles are followed.** [56]

LONGER TERM MEASURES

In the longer term, more ambitious reforms are needed to ensure that we create a country where every person can live a life of dignity.

1. Expand eligibility criteria to include moderate needs.

As a final step in the road map, the **government should further expand the eligibility criteria for accessing publicly funded social care** to include all those unable to achieve at least one of the Care Act's eligibility outcomes. While funding the Care Act's national eligibility criteria (as above) would be a drastic improvement on the current situation, it would still exclude those with more moderate needs from accessing care. Expanding the eligibility criteria to include more moderate needs would enable more people to access publicly funded support and to do so at an earlier stage. It would also create more care jobs. Research by NEF and the Women's Budget Group shows that a further expansion of care entitlement like this would create an additional 225,000 high quality care jobs nationwide.[57]

2. As training improves, put care on a path to 75% of the nurses' wage

As care workers become better trained and provide a greater range of services, their pay should also rise in a commensurate way. **In particular, we propose that care worker pay should rise to the Nordic level of 75% of nurses' pay as training improves and the variety as well as complexity of tasks increases.** A system that both provides more training alongside higher pay for care workers is expensive – around £50bn above

current levels and cost around 3% of GDP[58]. This is line with Nordic nations spend and is what a properly funded care system with training and qualifications actually costs.

6. CONCLUSION

Care work is necessary for any society that aims to ensure that every person is able to live a fulfilling life at every age. With one in four of those with care needs unable to undertake basic functions like washing or dressing, the United Kingdom is far from that ideal. To achieve that objective, a care workforce needs to be properly funded and trained. This paper has set out a path to such a care workforce.

Low pay, a lack of progression opportunities, and poor conditions have led to a care workforce crisis. Here, we have set out a staged path of reforms that would create a well-paid, well-trained workforce within the United Kingdom. The most pressing problem to be addressed is to raise pay within the sector, which can be done immediately. Following this, a virtuous circle of more training, with better pay and conditions driven by sectoral bargaining will help create a care workforce that will ensure that every person in the United Kingdom, regardless of their age or care needs, is able to live a healthy and fulfilling life.

ENDNOTES

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