

# Care and support – a community responsibility?

**Viewpoint**  
Informing debate

November 2008

Any new settlement on long-term care and support must address the apportionment of responsibility for its delivery as well as its funding. With the state's capacity limited and family input likely to decline, the wider community must expect to play a growing role. This offers an opportunity to end social care's marginalisation, argues David Brindle.

## Key points

- Social care has become isolated from mainstream society and its recipients are cut off from their neighbourhoods and from each other.
- Care and support need to be reintegrated with, and owned by, the wider community, and the voice of service users must be amplified and heard.
- A comprehensive information and advice service provided by local authorities would help knit together a system that has become fissured and inequitable.
- Demographic and societal changes mean there will be a growing shortfall of family carers and an imperative to promote care and support from the community.
- The government espouses the principle of rights in return for responsibilities, and seeks to foster community empowerment, but is not clear enough about the implications for adult care and support.
- Difficult questions about family and community responsibilities are being ducked and the issues risk being overshadowed by a focus on personalisation of services.
- Initiatives to build social capital in communities and encourage volunteering can make an important contribution, but are unlikely to deliver large-scale solutions.
- Consideration needs to be given to a new form of social contract, making explicit the relative responsibilities of the state, family *and* community and offering incentives to deliver care and support.

## Author

David Brindle, *The Guardian*

## Context

In the spring of 2008, the media's imagination was fleetingly seized by the story of a man who was advertising for someone to accompany his father on visits to the pub from his Hampshire care home. Having moved 20 miles to the home from his former flat, the father found himself isolated and particularly short of male companionship. Care homes "offer trips to garden centres", said the son, "but don't really cater for individual needs" (*Guardian*, 24 April 2008).

Things ended happily: two drinking pals were recruited, one on a voluntary basis and the other who accepted the offered £7 an hour to supplement his own pension (but declined any expenses). However, the story's emergence, and the widespread interest it prompted, reveal much about care and support for adults in early twenty-first century Britain and the role – actual and potential – of wider society.

The fact is that social care has become something of a world apart, its recipients quite divorced from the rest of the community. This applies both to formal care, delivered by paid workers or occasionally volunteers in residential settings or in the community, and informal care, delivered largely by family members. In respect of the latter, it is not only the cared-for who are marginalised: their carers, too, typically complain of feeling cut off from mainstream society.

Why this should be the case has no single explanation. One factor is likely to be what many observers see as the weakening of civil society. But there is a growing awareness that the isolation of social care must be ended if we are to find a way of meeting the needs of the growing numbers of older and disabled people. This means, immediately, that the debate about a new care and support system for England, launched by the government's consultation paper (Department of Health, 2008a), must be one that extends far beyond social care itself. The fact that Secretaries of State of seven Whitehall departments signed the foreword to that document did indicate a determination to make the debate truly broad-based, although subsequent activity has been less encouraging. More fundamentally and in the longer term, however, the roles and functions that we have come to call social care must be re-embraced by society as a whole.

## A weaker civil society

The loss of much of a sense of solidarity in communities has been identified by Anthony Giddens, architect of so-called 'third way' politics, as a source of social impoverishment. This is especially true among people from poorer backgrounds, he argues. "The integrated working-class community is a persistent image, but now largely belongs to the past" (Giddens, 1998).

Similar trends have been identified in the US by, among others, Robert Putnam, whose book *Bowling Alone* chronicles the decline of involvement of Americans in civic affairs, trade unions, parent-teacher associations and traditional women's groups. While more Americans are going bowling than ever before, he writes, doing so in organised groups has plummeted (Putnam, 2000).

## Social care – a world apart

The remoteness of social care, in all its various forms, is a thread running through research and reportage. Not only is it seen as remote from mainstream society, but its different strands are seen as remote from each other. Thus, residential care rarely has links with domiciliary support, despite obvious potential for beneficial collaboration, and informal carers tend to be set aside from both.

One of the paradoxes of the current debate about adult care and support is that it takes, rightly, as a starting point the fact that there is no form of universal entitlement to social care. Yet this has not inhibited the system from constructing its own, starkly clear lines of demarcation that are working very much to the detriment of flexible and person-centred service provision.

The separation process starts at the point of assessment of need, which itself is a very imperfect mechanism. The Commission for Social Care Inspection (CSCI) has estimated that, in England:

- 6,000 older people with high support needs receive no services and have no informal care.
- 275,000 older people with less intensive needs receive no services and have no informal care.
- 450,000 older people who do get support from family and friends, and may also receive some services, have a shortfall in their personal care.

(CSCI, based on PSSRU, 2007)

A study for the CSCI by Melanie Henwood and Bob Hudson suggests why this should be so. In the first instance, the very image of social services can be so unappealing that people make no approach to request support (Henwood and Hudson, 2008). According to a (self-selecting) survey by the Alzheimer's Society, 15 per cent of people living with dementia in the community receive no formal help because they or their carers feel either that they do not need it (8 per cent) or want it (7 per cent). The same survey suggests that 18 per cent of carers receive no support for the same reasons (Alzheimer's Society). A separate survey, carried out by a team at Leeds University as part of the extensive Carers, Employment and Services project for Carers UK, found that more than 40 per cent of informal carers describe their use of services as limited because "the person I care for does not want to use services" (Yeandle et al., 2007).

As a senior local authority manager puts it:

**"People don't particularly want to come to social services, so let's make it so that they do. It's about open-ended access in which people have [positive] experiences and want to make contact again."**

(Henwood and Hudson, 2008, p. 56)

Beyond this, however, people find themselves screened out of the formal system by three forms of rationing identified by Henwood and Hudson as “directive, discretion and diversion”:

- The directive is the operation of local rules and procedures under the Fair Access to Care Services (FACS) guidance (Department of Health, 2003) to determine eligibility for services and support.
- The discretion is the exercise of professional judgement in interpretation of rules (although the gatekeeping role is very often undertaken by staff without a professional social work background).
- The diversion is the signposting of people to alternative sources of help, something that has become increasingly common as FACS criteria have tightened (op.cit. p. 28).

The quality of this signposting is critical, and will remain so under any reformed system. Yet we know very little about its efficacy and it is rarely subject to any formal process. Typically, it involves pointing the individual towards local voluntary and community services that are known to the staff member dealing with the inquiry. A cynical interpretation would be that it is, as Henwood and Hudson put it, “a cheap exit route for cash-strapped councils” (op.cit., p. 69).

Plainly this cannot remain the case. If the capacity of the state to fund services is to continue to be limited, which it is in any realistic scenario, then the state has a responsibility to provide comprehensive information and advice to people who may find support elsewhere, whether that support is offered voluntarily or charged for. By putting this signposting on a much more formal basis, following through on recommendations to check outcomes and perhaps kite-marking approved services, the system would start to knit together more satisfactorily.

It would also be a more equitable system. At present, the lack of formal structure gives rise to the suspicion, fuelled by anecdotal evidence, that things favour the well-informed, the articulate and the sharp-elbowed.

“I was told: your social worker will be really good as long as you tell her what you want. If I could tell her what I want, I’d be a social worker!”

(Carer, quoted in Yeandle et al., 2007)

“If you want anything done, you have got to shout out loud and I have never been one of them.”

(Carer, quoted in Yeandle et al., 2007)

Although there are admirable, indeed fearsome, examples of strong-willed and forceful older people, disabled people and carers, many have other qualities. They often lack friends and family to help them make their case for support and find their way through labyrinthine processes. Of older people who live alone, which above age 74 is one in three men and almost two in three women, 17 per cent admit they are often or always lonely (Allen, 2008).

The voice of older people, rarely strong, is at its weakest in residential settings. Henwood and Hudson found that “almost without exception, the people we spoke to who were living in care homes had little or no engagement with the wider community” (op.cit., p. 92). In a forthcoming study for the Joseph Rowntree Foundation, Helen Bowers and Gillian Crosby conclude that the central obstacle to thinking afresh about meeting the needs and aspirations of older people with high support needs is their lack of voice – “so quiet as to be practically absent”. In conversation with care home residents, the authors’ overwhelming impressions were of low expectations and low self-esteem (Bowers, forthcoming).

There is surely a causal connection. Meaningful engagement between care home residents and the communities around them would be bound to inform perspectives, shape expectations and reinforce self-esteem. This engagement needs to be more than a summer fete, or weekly visits by local religious leaders, and there needs to be a less risk-averse perspective on health and safety issues, Criminal Records Bureau checks and fears of cross-infection. The gains could be considerable.

In the community, there is much more empirical evidence of at least the practical benefits of support for older people and younger disabled people by friends and neighbours. Census data indicate that one in five of all people who act as informal carers for at least one hour a week is doing so for others who are not family members (ONS, 2001). But such interventions are almost always unco-ordinated and unmonitored and occur despite an absence of official encouragement.

## The value of neighbourly support

**“As for my meals – I cook dinner one day; my mate cooks it the next and we do that between us because some days she isn’t well and another day I don’t feel well.”**

**“I have a friend round the corner and she does all my shopping and everything. She comes in every day to see me ... she is very kind.”**

**(both quotes from Henwood and Hudson, 2008, p. 81)**

Altaf Daji from Batley, West Yorkshire, has been involved in voluntary work in his community for 20 years. He is particularly helpful to his older neighbours, putting out their rubbish and helping with shopping.

Stacey Cox, from Lichfield, Staffordshire, has cared for her neighbour, who is disabled, since the age of 11. She visits her every day and does her housework and shopping; she looks after her cats, attends to her medication and often does the cooking.

(Daji and Cox were winners of Good Neighbours awards in 2008, presented by the charity Counsel and Care)

In her report on volunteering in health and social care, Baroness Neuberger, the government’s volunteering champion, says that its potential has been neglected and obstacles placed in its way. If taken into the mainstream, with a volunteering programme board established probably within the Department of Health, there could be enormous premiums. She cites as evidence a volunteering hub in the London Borough of Newham, started in 2004, which now provides volunteers for roles including disability escorts, befrienders in ‘warm centres’ and luncheon club assistants. Contrary to the usual perception, there are more men volunteering than women and 26 per cent of volunteers have gone on to full-time employment (Neuberger, p13)

Neuberger argues that there is no reason why volunteers should not routinely be placed equally in care homes run by charities and those run for profit. That she makes such a suggestion, acknowledging it being likely to provoke controversy, demonstrates again how fissured the social care sector has become.

## Why things must change

Carrying on as things are is not an option. While debate around the government’s consultation paper has tended to focus on funding, and the need for a new financial settlement on care costs between the state and the individual, there are other pressing issues raised by demographic and societal shifts. These will force a re-apportionment of responsibility for care and support as among the state, the individual and their family and the wider community.

The leading Conservative politician and policy analyst David Willetts describes the current cohort of people in their middle ages as “the luckiest generation(s)”. Taking three individuals at different life stages, he contrasts:

- A 75-year-old who may have benefited from a modest company pension but may never have owned their own home and may now be reliant on means-tested benefits.
- A 50-year-old who may have benefited from a good pension scheme, free university education and, above all and notwithstanding the recent dip, the huge increase in property values.
- A 25-year-old who has had to go heavily into debt to pay for their own university education, cannot expect a good pension and will struggle to get on to the property ladder.

(Gough, 2006, p. 51)

To this forbidding outlook for today's young adults, compounded by the possibility of introduction of some form of long-term care insurance, we can append caring responsibilities. Another prominent Tory frontbencher, Paul Goodman, adds to Willetts' pen portrait of the 25-year-old that they are more likely than today's 50-year-olds to enter retirement with a surviving parent, yet less likely to be still living with the partner with whom they had children and may, in fact, not be eligible for a state pension until past 70 (Gough, 2006, p. 105)

Where will tomorrow's informal carers come from? Not readily from the ranks of this stressed, 'care-poor' generation, it appears. And with the economic activity rate approaching 80 per cent of the adult population, meaning almost eight in 10 adults are in some form of employment, the traditional cohort of non-employed women carers is fast diminishing.

## Empowerment

The Government's masterplan for public services reform, published by the Cabinet Office, speaks of empowering citizens to shape the services they receive, but also of *empowering* them to make a greater contribution to meeting their own needs.

In return for their new *rights*, people must expect extended *responsibilities*, the paper states. Patients should take more responsibility for managing their own conditions and maintaining healthy lifestyles; the jobless must sign up to look actively for work and undergo training; and parents must get involved in the education of their children. Networks of service users should be fostered to enable them to share knowledge and expertise and offer mutual support.

Empowerment starts when people are able to make real choices, the paper argues. Giving them *control*, in partnership with professionals, enables them to *personalise* services to their own specification.

(Cabinet Office, p. 13)

Projections for the Cabinet Office of the supply of informal care for older people paint a picture that is less than encouraging. The calculations, undertaken by the PSSRU at the London School of Economics and based on the supply of intense care of 20 or more hours a week, suggest that demand will outstrip supply by 2017. By 2041, there will be a projected shortfall of 250,000 'intense carers', implying that 250,000 fewer disabled people will be receiving care (Pickard, 2008).

Politicians like Willetts and Goodman, hopeful of being in government in 2017, are starting to think about radical solutions. For Goodman, one key is to focus as much on 'vertical' family relationships, between parents and children, as on 'horizontal' ones between partners. Tax breaks for people who take older or disabled relatives into their homes have been mooted by the Tories, he points out. But another key for him is to look beyond the family at the promotion of 'neighbourhood care' by clubs, charities and community and faith groups. "The companionship offered by voluntary groups will be a significant antidote to loneliness and isolation," Goodman says, "and government must do all it can to encourage voluntary sector care". (op.cit. p. 105)

Such encouragement might indeed ease pressure at the margins of the looming care challenge. But to make big inroads is likely to call for a more fundamental approach to community engagement.

## The government response

Moves by the government to respond to the care challenge reflect three broad themes:

- Rights and responsibilities – the principle, set out by Giddens as a main plank of 'third way' politics (op.cit., p. 65), that citizens' rights cannot be unconditional claims on the state and that with expanding individualism should come an extension of individual obligations.
- Empowerment – the idea of shifting power, influence and responsibility away from existing and traditional centres of authority into the hands of communities and individual citizens.
- Personalisation, choice and control – the re-fashioning of public services around the needs and preferences of the individual, characterised as a Copernican-type revolution in the relationship between the state and the citizen.

We can see these themes played out consistently in policy documents and management circulars. But despite more than a decade in power, Labour cannot yet point to a substantial body of evidence of change in practice: in the sphere of adult care and support, as in other contexts, the principles remain largely aspirational.

The consultation paper on reform of the care and support system, *The Case for Change*, sets out three main questions for debate:

- What more do we need to do to make our vision of independence, choice and control a reality?
- What should the balance of responsibility be between the family, the individual and the government?
- Should the system be the same for everybody, or should we consider varying the ways we allocate government funding according to certain principles?

(Department of Health, 2008a, p. 10)

It is the second of these that chiefly concerns us here. “There needs to be an honest and open debate about what the appropriate balance of responsibility is if England is to have a sustainable care and support system in future,” the paper says. While this has been interpreted primarily as posing the gritty funding questions about long-term care, which indeed it does, it goes also to issues of responsibility for hands-on care and support.

Note, though, that it does not refer to the balance of responsibility among the family, the individual, the government and the community. This is a serious omission. It is the contention of this *Viewpoint* that the wider community does have a responsibility and that, moreover, the challenge presented by our ageing population will not be met unless that responsibility is accepted and acted upon.

In *Putting People First*, the blueprint for transforming adult social care on the basis of personalisation, ministers spell out what they intend to do to improve formal services. It is not, they stress, an issue for social care departments alone: housing, benefits, transport, health, leisure and others all have a role to play, as do the private and voluntary and community sectors. Indeed, an ambitious goal is set:

“Ultimately, every locality should seek to have a single community-based support system focused on the health and wellbeing of the local population, binding together local government, primary care, community-based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training.”

(HM Government, 2007, p. 2)

What is not spelled out so clearly, in fact scarcely at all, is what is expected of informal care and support delivered by family and the broader community. For clues to this, we need to turn elsewhere.

*Carers at the Heart of 21<sup>st</sup> century Family and Communities*, the carers’ strategy published in 2008 (Department of Health, 2008b), represents the Government’s second attempt to address carers’ issues following the then Prime Minister’s strategy on carers nine years previously (Department of Health, 1999). In the interim, an additional £1 billion is said to have been channelled through English local authorities to improve carers’ support. The new strategy outlines a 10-year programme to take things further, envisaging that by 2018:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well and will be treated with dignity.
- Children and young people will be protected from inappropriate caring roles and will have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

(Department of Health, 2008b)

The strategy recognises that family life has changed over the past 50 years, the move to smaller, nuclear families meaning that it is no longer as easy to share the caring role as widely as in the past. Society is more mobile and families more geographically dispersed, with more families reliant on two incomes or longer working hours to maintain an adequate standard of living – or, perhaps more pertinently, “the lifestyle to which they have become accustomed”.

The role of the individual, the strategy continues in a key passage, is “to recognise that caring for a family member, friend or partner is one of the responsibilities we all potentially face as part of family life”. Such an approach can result in personalised, responsive, expert and high-quality care that is in the best interests of the person being supported. In return for accepting this responsibility, however, the individual has a right to expect assistance and recognition from the state and the wider community.

**“Our shared vision for carers is one where the role of the individual is fully recognised and, where they need support in their caring role, carers will have choice and control over how that is delivered.”**

(Department of Health, 2008b, p. 39)

Further evidence of official thinking on the role of people outside the family is in short supply. But *Communities in Control*, the so-called ‘Empowerment’ White Paper published also in 2008 (Communities and Local Government, 2008), does offer a glimpse. Alongside proposals to try to boost participation in local democracy and improve people’s access to information about community affairs, there are ideas for encouraging active citizenship and transferring state assets to community groups that can make better use of them. A £70 million Community Builders Fund is to be set up to promote the building of social capital at local level, in addition to the Grassroots Grants programme which will disburse £80 million between 2008 and 2011 and offer a further £50 million for match-funding of longer-term development funds.

What kind of thing is envisaged? The White Paper cites the story of an 82-year-old woman from Suffolk who, with her son suddenly rushed into a distant hospital, was supported in a variety of ways by her local good neighbour scheme. Volunteers stepped in to ferry her to and from hospital, walk the dogs, clean the windows and even weld a broken bed (Communities and Local Government, 2008, p. 35).

Setting up such schemes is one thing; getting people to participate can be another. According to Ipsos Mori, the polling and research group that has carried out work on empowerment for the Communities and Local Government department, about 80 per cent of people when asked say they will support the idea of more community involvement and about 25 per cent say they will get involved personally. But, when it comes to it, only 1 or 2 per cent actually will (Guardian, 9 July 2008). The Bowling Alone shadow is long and deep.

## Difficult questions

There is a sense that difficult questions about the caring gap are being ducked. Certainly the debate, such as it has been, around the Government’s consultation paper on care and support has failed really to tackle the projected shortage of family carers and the growing need for a community contribution.

A few brave voices have been raised. In September 2008, former Labour minister David Blunkett posed the question at the core of this paper:

**“In simple terms, where do the duty and responsibility of family and the caring (glue) of civil society end and the responsibility and duty of government on behalf of us all begin?”**

(Blunkett, 2008)

Never a stranger to controversy, Blunkett argued that “we should be looking to reinforce the responsibility and capability of the family *and the immediate community* to continue helping themselves” (my italics). It was essential, he said, even at a time of political difficulty for the Government, to raise the temperature of the debate and challenge the assumption that all responsibility lay with government.

**“We all are [responsible] and from investment in an expansion of volunteering and community action, through to a reassertion of the duty of the family, we have to get this right.”**

(Blunkett, 2008)



Another awkward voice has been that of the think tank the Institute for Public Policy Research (IPPR). Rightly, it says, the initial focus of discussion about promotion of independent living by older and disabled people has been on the individual. But this has been at the expense of consideration of the responsibilities of families and communities. The personalisation agenda threatens to accentuate the trend, particularly if the Putting People First transformation programme fails to make progress beyond the formal social care sector.

**“By only considering the relationship of individual users with services (for example, through individual control over service budgets) we risk achieving independence at the expense of inclusion, focusing on consumer relations to the neglect of caring relationships. In practice, equal access to opportunities for those needing and giving care depends upon collective as well as individual participation in services.”**

(Moullin, 2008, p. 9)

## Timebanking

Under timebanking, devised in the United States in the 1980s, time is used as a currency that can quantify and record the contributions people make in helping neighbours. There are no tax or benefit consequences. Participants make time ‘deposits’ when they make a community contribution; they ‘withdraw’ deposits when they need something doing themselves. A volunteer who helped an older neighbour, for example, could elect to be paid in language tuition. More than 100 such schemes now operate in the UK (see <http://www.timebanking.org>).

The Rushey Green Time Bank in Catford, south London, won a London Health Commission award for partnership working with the NHS. Local GPs reported that it had “a proven record of improving mental and physical wellbeing among our patients, by supporting people in their environment, targeting unmet needs and creating a partnership between patients themselves, health professionals and allied workers”.

(*Guardian*, 16 July 2008)

## What needs to happen?

How do you build social capital (the collective value of social networks and the inclinations that arise from those networks to do things for each other)? A pilot project starting in West London in early 2009 will endeavour to do just that, aiming to target communities where older people are at risk from loneliness and social isolation.

The Families and Seniors Together project, being run jointly by Brunel University and Health Hillingdon, has three goals:

- To promote social engagement and well-being.
- To promote and strengthen multi-generational interactivity.
- To build social capital by creating and sustaining relationships within and among families.

(Brunel, 2008)

Coming at the same challenge from a different direction, the IPPR is calling for development of ‘care share’ schemes, drawing the wider community into the too-closed world of informal caring. Taking a lead from a successful initiative in Japan, whereby volunteers are awarded non-monetary credits for help they provide older people, the think tank suggests that local authorities work with third-sector and user-led organisations to initiate similar schemes in UK communities. Online time banks could be used to record and store volunteers’ credits.

**“A care share scheme could play one part in helping to retain and mainstream the value of care as a responsibility and duty, while acknowledging the costs in terms of independence and inclusion faced by both those giving and [those] receiving care.”**

(Moullin, p. 48)

Such ideas are greatly to be encouraged, but dividends are likely to be either long-term or small-scale, or both. For a more wide-ranging solution with greater impact, it may be time to revisit the idea of drawing up a ‘social contract’ for care and support. This would be far more than an explicit statement of financial obligations, as between the state and the individual and their family, in the event of care and support needs. Rather, it would be a comprehensive agreement of rights and responsibilities across the social spectrum – including, critically, neighbourhoods and communities.

A social contract of this kind was the primary recommendation of the major Carers UK/Leeds University project, Carers, Employment and Services. Its final report drafted a contract itemising proposed contributions and obligations of individuals and families, communities, employers and the state in circumstances where caring needs arise. In respect of neighbourhoods and communities, it said:

- Neighbourly support and contact is part of the context for delivering social care.
- Neighbours can alert key agencies as needed and are vital in emergencies.
- Neighbours may contribute directly to care.
- Voluntary and neighbourly assistance.
- Role of faith, community and charitable agencies in sustaining carers.

(Yeandle and Buckner, 2007, p. 42)

The Carers UK/Leeds University proposals are by no means a fully formed plan: one could argue for instance, that they should include a category of contributions and obligations in respect of the individual needing care or support. As Giddens contends (op. cit., p. 121), old age should not be seen as a time of rights without responsibilities and older and disabled people, notwithstanding their needs, have much to offer younger generations.

An obvious question about a social contract of this sort is how it would be embedded in any kind of local governance. Local strategic partnerships (LSPs), bringing together local authorities and other agencies including third-sector organisations, offer a ready forum for promotion and monitoring. Local area agreements (LAAs), for which LSPs are responsible, offer a means of giving teeth to such a contract: a number of the existing LAA national indicators, from which local priorities are selected, would sit directly within the ambit of a contract and it would be entirely possible to make development of informal caring (as distinct from volunteering, which already features) an indicator in its own right.

Under the revamped LAA system, taking effect fully by April 2009, progress on local priorities is to be checked by the Audit Commission through comprehensive area assessments. At present, local priorities are identified locally and approved at the centre. However, there is no reason why the centre should not prescribe that a certain number of the indicators selected by each LSP (currently up to 35) should address the caring gap. Indeed, in addition to the local choices, each LSP

is already mandated to achieve targets based on 18 education and early-years indicators.

## ‘Place-shaping’

A duty on local agencies to promote community responsibility for care and support of older people would sit easily with the ‘place-shaping’ role now embraced by local authorities and their partners.

Sir Michael Lyons, who coined the term, defined place-shaping as “the creative use of powers and influence to promote the general wellbeing of a community and its citizens”. Yet the Audit Commission has said that few local authorities are well prepared to promote the wellbeing of their ageing populations (Audit Commission, 2008).

But should we consider going still further than simply exhorting people to support and care for their friends and neighbours? Strikingly, the carers’ movement seems to be inching towards consideration of there being some form of undertaking to care for family members, in return for formal recognition of the contribution that carers make.

While it is strictly true that there is no obligation to care for sick, disabled or older family members, just as it is strictly true that the social care system is ‘carer-blind’ (needs being assessed irrespective of availability of informal care), the reality is very different. Carers themselves know this only too well. As things stand, their contribution is taken into account and they are expected to help, but they receive no guarantees in return. Insofar as they have a deal with the state, it is very one-sided.

Alex Fox, Director of Policy and Communications at The Princess Royal Trust for Carers, is among those now arguing that carers should enter a binding and more equitable arrangement. Their contribution should be formally factored into care assessments – possibly assessments of the needs of the family as a whole – and a value placed upon it. In strict, contractual return, they should receive a package of out-of-pocket expenses, respite breaks and support and back-up from state agencies.

“By placing a real value on care, we might be able to offer families choices about how much cash and how much care they contribute. At the moment, only one of those ... counts, leaving carers worse off for their caring rather than caring earning them the protection from poverty that is the least they deserve.”

(Guardian, 22 October 2008)

This would be a huge departure. But it would set a powerful precedent for a broader community model. If family carers' contributions were to be rewarded in such a way, why not also those of neighbour carers? And if the family was to accept an obligation to care for its older members, why not the wider community likewise?

It is fashionable, and understandably so, to seek to distance modern social policy from its Poor Law heritage. That system, the basis of what passed for social security in England and Wales from the sixteenth century to the twentieth, of course contained much worthy of disdain and condemnation. Yet its underlying principle, that the parish as a whole had to support the destitute if the family was unable to do so, is one worth reflecting upon as we contemplate how to tackle the care and support needs of an ageing society with increasingly weak and complex family structures.

## Conclusion

A new settlement on the future *funding* of care and support for older and disabled people is essential. But this *Viewpoint* has sought to argue that such a settlement would not address fully the challenges we face as a society unless it dealt also with the *delivery* of care and support and the relative contributions of formal and informal systems. That inevitably must involve a reappraisal of the respective responsibilities of the state, the individual and their family and the wider community. Those responsibilities must be understood much more clearly and may need to be set out in contractual form. Measures must be taken to stimulate provision of informal care and support beyond the family.

## About this paper

This *Viewpoint* was written by David Brindle, Public Services Editor of the *Guardian* and a regular writer and commentator on social care issues. The views expressed are his own.

## References

- Allen, J. (2008) *Older People and Wellbeing*. London: Institute for Public Policy Research
- Alzheimer's Society (2008) *The Dementia Tax – Charging People with Dementia for Inadequate Care: the Evidence for Change*. London: Alzheimer's Society
- Audit Commission (2008) *Don't Stop Me Now – Preparing for an Ageing Population*. London: Audit Commission
- Blunkett, D. (2008) *Squaring the Circle* – Graham Lecture for the charity Counsel and Care
- Bowers, H. (forthcoming, 2009), final report of the Independent Living programme, Joseph Rowntree Foundation
- Brunel University (2008) 'Families and Seniors Together: Building Relationships'. Poster presentation at British Society of Gerontology annual conference
- Cabinet Office (2008) *Excellence and Fairness: Achieving World Class Public Services*. London: Cabinet Office
- Communities and Local Government (2008) *Communities in Control: Real People, Real Power*. London: CLG
- Department of Health (1999) *Caring about Carers: A National Strategy for Carers*. London: Department of Health
- Department of Health (2003) *Fair Access to Care Services - Guidance on eligibility criteria for adult social care*. London: Department of Health
- Department of Health (2008a) *The Case for Change – Why England Needs a New Care and Support System*. London: Department of Health
- Department of Health (2008b) *Carers at the Heart of 21st century Family and Communities*. London: Department of Health
- Giddens, A. (1998) *The Third Way*. Cambridge: Polity Press
- Gough, R. (ed) (2006) *What Future for Maggie's Children?* London: Policy Exchange
- Guardian* 24 April 2008: <http://www.guardian.co.uk/uk/2008/apr/24/familyandrelationships> (accessed 16 October 2008)

*Guardian* 9 July 2008: <http://www.guardian.co.uk/society/2008/jul/09/communities.policy> (accessed 16 October 2008)

*Guardian* 16 July 2008: <http://www.guardian.co.uk/society/2008/jul/16/longtermcare> (accessed 16 October 2008)

*Guardian* 22 October 2008: <http://www.guardian.co.uk/society/2008/oct/22/long-term-care> (accessed 3 November 2008)

Henwood, M. and Hudson, R. (2008) *Lost to the System? The Impact of Fair Access to Care*. London: Commission for Social Care Inspection.

HM Government (2007) *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care*. London: Crown

Moullin, S. (2008) *Just Care? A Fresh Approach to Adult Services*. London: Institute for Public Policy Research

Neuberger, J. (2008) *Volunteering in the Public Services: Health and Social Care*. London: Cabinet Office

Office for National Statistics (ONS) (2001) *Census 2001*. London: ONS

Pickard, L. (2008) *Informal Care for Older People by their Adult Children: Projections of Supply and Demand to 2041 in England*. Paper presented to British Society of Gerontology annual conference

PSSRU (2007) *Self-funded Care for Older People: an Analysis of Eligibility, Variations and Future Projections*. London: Commission for Social Care Inspection

Puttnam, R. (2000) *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster

Yeandle, S and Buckner, L. (2007) *Carers, Employment and Services: Time for a New Social Contract?* London: Carers UK

Yeandle et al. (2007) *Stages and Transitions in the Experience of Caring*. London: Carers UK