'Duty and obligation' – the invisible glue in services and support

The Department of Health's consultation paper, *The case for change,* has opened a debate on the long-term future of England's care and support system. In this *Viewpoint*, Kalyani Gandhi and Helen Bowers argue that if social care services are to transform people's lives, they must be based on a deeper understanding of human relationships and the nature of duty and obligation inherent within them.

Key points

- Lessons from different generations and cultures about the importance of 'duty and obligation' can provide powerful levers for change and strengthen community and family relationships.

- Citizenship and inclusion are key messages in different government policies. We need to increase our understanding about barriers to citizenship and participation in the context of intergenerational and intercultural obligations, including:
  - discriminating attitudes and actions;
  - low levels of awareness and understanding;
  - accessibility issues;
  - poor health;
  - disability;
  - low income; and
  - current and changing expectations.

- We need a refreshed Transformation Agenda, which is global in reach but based on a detailed understanding of what global and specific trends tell us about the contribution of duty and obligation in public service design and delivery.

- Current debates about transforming social care will not generate sustainable solutions if limited to discussions about services and systems – typically adult social care – delivered by local authorities.

- A consideration of wider networks and dynamics involved in providing and receiving support through family, friends and community is needed.

- The Green Paper on the future of social care needs a stronger focus on philosophical underpinnings and a better understanding of 'what works' within and across different generations and cultures.

- The current dialogue about demographic change needs shifting from global forecasts about population ageing – and assumptions about what this brings – to a detailed exploration of the ways in which people age, in different circumstances and across the life course. It should include a range of responses to the societal and economic challenges we all face.

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Why duty and obligation are key concerns for the future of social care

Debates surrounding the development and publication of a Green Paper on the future of social care have provoked wide-ranging views, opinions and projections about the changing population profile and future needs and demands for public services. They have built on discussions also taking place about how public bodies responsible for commissioning and delivery need to transform what they do and how they fund it. The overall goal of this transformation is to achieve the Government's vision for an equal and just society, where people who need support are not marginalised but able to participate in and contribute to family, community, civic and economic life.

Few of these debates have taken a wide, cross-cultural or intergenerational view of what individuals, families, neighbourhoods and broader communities do now – and what they may do in the future – in contributing to the delivery and shape of public services.

The Department of Health's consultation paper (2008) that sets out the Green Paper's intentions is primarily focused on funding options and questions about who pays for care. In this *Viewpoint*, we focus on broader issues of relationships and the societal influences that affect our ability and motivation to support one another. These deeper motivational and practical issues lie at the heart of strong neighbourhoods and communities where mutual support systems can flourish. This is essential if future systems of self-directed support are to be truly effective and sustainable. Repeated studies and national reports have demonstrated that people who need support in their lives want a *life*, not a service.

In order for future public services to be fully personalised, the Green Paper needs to take account of these wider community, family, intergenerational and intercultural dimensions. We hear a great deal about the future of social care being predicated on the changing relationship between the citizen and the state. Rarely is this shift explored beyond structural, economic and practical arrangements that authorities are considering, in order to deliver increased access to opportunities for independent living and self-directed support.

A shift in power is most often described as increased choice and control over the financial resources available to an individual through their entitlement to benefits or state-funded support. Less attention is paid to the cultural, societal and family dynamics at play when someone needs a lot of support in their life. What does this changing relationship between the citizen and the state mean when the primary relationship is, and has always been, with family, community and friends?

When Zebab Bibi, a Pakistani woman living in East London, wanted to move into a sheltered housing scheme for older Asian women, her family were displeased with her choice, seeing it as a demonstration of their failure to provide for her care. They made every effort to hinder the application and assessment process and influence their mother not to move to live independently.

The family's resistance was not due to the quality of service on offer or their ability to provide care, as they neither had the means or lifestyle to be able to continue to provide daily care and support for their mother. The exploration of an alternative to 'the family' was seen as unacceptable.

The family were put at ease when they understood that their mother could live in a housing scheme with other South Asian older women in a women-only project, protecting her privacy as a Pakistani older woman, and it would be run by an Asian organisation that recognised and provided for South Asian cultural expectations. The concept of 'shame' was minimized as they viewed the arrangement as one where the community was looking after its own members and their mother would be well cared for in line with their social and cultural expectations.

The concept of duty – or obligation – is deeply embedded in families and communities. It affects how people think and the decisions they make. But how much does the application of this sense of duty or obligation vary in today's social context between different communities, regions and generations? How might these dynamics change in the future? Are these specific patterns evident in the burgeoning datasets on demographic change and population projections? And how might they influence the kind of support and assistance available in the future?

This *Viewpoint* explores the concepts of duty and obligation across different dimensions. In particular, it:

- explores the evidence (using data, stories, examples and experiences from around the UK and beyond) that these concepts are real and what they look like between families, generations and communities;
- examines different patterns of intergenerational relationships and obligations;
- asks whether the trend between generations – within and between different cultures and communities – is becoming more voluntary or more compulsory. (Is there still a strong sense of duty and obligation amongst families and within communities? Are there incentives to make this possible for different generations, and for people with different and changing relationships with one another, to continue to support each other?);
- emphasises the importance of understanding differences between cultures and communities and different experiences of changes affecting these relationships and 'contracts';
- takes a fresh look at the notions of 'independence' and 'dependence', which are implicit in intergenerational and other relationships that involve an exchange of one form of support (such as care), with another (for example, material reward or support, whether money, housing, food, childcare, inheritance or other practical assistance); and
- asks how expectations of inheritance affect obligations and duty, recognising the need to understand how this manifests and how it is changing in different communities.

Key factors influencing notions of duty and obligation today

Major economic, social, cultural, political and demographic changes are disrupting and redefining family and social structures. This section looks at some of the key issues and challenges posed by these changes.

Demographic change and its impact on relationships, roles and responsibilities

Aside from any demographic shift and the increase in the older population, there are significant changes in different generations' expectations, values and lifestyles. Are these changing experiences and expectations affecting the attitudes and abilities of different people to develop mutually supportive relationships with each other? Can individuals, families and wider communities maintain their own aspirations, expectations and standards of well-being in the face of these changes?

This changing landscape requires a fresh approach to looking at services and support, and at relationships, families, communities and society as a whole. Whilst this is touched upon in current debates about the future of social care, a more radical and proactive response is needed. This requires a shift away from the tendency to generalise about the future on the basis of large numbers, global and assumed characteristics, to recognising difference and the diversity of very specific features, patterns and trends. Change occurs not only on a global scale but also at a very 'micro local' level. At this micro local level, demographic and other changes happen at different rates, in different ways and within – as well as across – different spheres: physical, material, economic, relational and aspirational.

A more proactive and radical response would mean that we all have to challenge some deeply embedded myths about family and community, relationships and what can and cannot be expected or relied upon as a result of familial duty or other forms of obligation. This challenge also exists within services and service systems – for practitioners, commissioners, policy-makers and politicians. Multiple myths still exist in policy and practice around different generations and ethnic groups, which tend to stall this kind of debate and thus prevent detailed exploration.

> **Myth number 1:** Families look after their own.

Whilst this may be the case for some communities and some individual families, this cannot be said with confidence about all communities or families, or even specific communities in all circumstances.

The population aged 50 and over in England and Wales is growing. It is projected to increase by 5.4 million people, from 18.2 million in 2006 to 23.6 million in 2026. This is a rise of nearly 30 per cent (GAD, 2006). Some of this growth is due to the ageing of the large cohorts born in the 1960s who will enter their 50s in the next five to ten years. However, significant increases are also projected for the oldest generations. Over the next 20 years, the population aged 75–84 is expected to rise by 48 per cent

and the population aged 85 and over by 70 per cent. By 2026, more than one in ten people in England and Wales will be aged 75 or over.

> **Myth number 2:** There are insufficient numbers of minority ethnic older people needing care and support.

This second myth will not have any basis in future years, as the BME older population is set to rise from 175,000 to 1.8 million by 2026, almost a tenfold increase (ODPM, 2006).

However, what these statistics do not reveal is what the ageing process and experience is like for different people, from different communities, living in different family and social situations. The tendency amongst policy-makers and practitioners is to equate these global figures and projections to increased demand for their services, and increased pressure on their infrastructure and limited resources. There is little real evidence to suggest this is or will be the case.

The above statistics also tend to be seen in isolation from other dramatic changes in (for example) family structures and employment patterns, which are occurring across Western Europe (Millar and Warman, 1996). These changes include:

- later marriage;
- smaller families;
- more marital breakdown;
- more couples living together without marriage;
- more people living alone; and
- a shift in employment patterns from 'jobs for life' to portfolio careers with less certainty but more diversity, less reliance on pensions and a growing awareness that the concept of retirement is increasingly redundant.

In addition, traditional informal care was provided by women in most communities. Today, women are more likely to work and be contributors to family finances, creating an increasing role for men and external persons to become carers. The 1985 General Household Survey of informal care activity in the UK found that this type of activity was increasingly common amongst men. This has policy and practice implications as the demography and gender balance shifts in the social care market. Women's wages have also risen relative to men's, and this implies that the size of any forgone earnings as a cost of providing informal care is increasing. Women from BME communities face multiple inequalities and find it hard to challenge discrimination effectively. These layers of complex inequalities make it doubly difficult for many women from BME communities to balance their care-giving roles in the family with their expectations of being income earners (ILC, 2007).

Headline facts and figures

- There will be an increasing proportion of the older population who will be men, although women will still comprise the majority of all age groups.
- Significantly more midlife and older people will be single, reflecting the different partnership histories of those born in the 1960s and later, compared with earlier cohorts.
- More women combine motherhood with paid employment, so two-earner families are increasingly common.
- The absolute numbers of men and women living in communal establishments is projected to increase *if current patterns of service commissioning and delivery continue*.
- There will be a rise in the number of older people living in private households with an illness or condition that affects their everyday life.
- Older people now, and future generations of older people, want more choice and control over their support and a different menu of choices if they should need a lot of support in their lives (CSCI, 2006).
- Differences in socio-economic levels exist between BME groups, with some South Asian communities having the highest levels of owner occupation and education profiles amongst BME groups (PRIAE, 2005).
- The greatest areas of social deprivation in the UK contain 44 per cent of the BME population in England (28 per cent of total population) (ILC, 2007).
- Across Europe, young people now tend to stay longer in the parental home compared to previous generations, although this varies by country and community. For example, 18 per cent of 25–29 year olds in the UK compared to as many as 56 per cent of Italian young people (ILC, 2007).

The shape of future policies and the increasing range of ways in which support may be commissioned and delivered need to take account of these changes. They should also consider the ability and willingness of men to get involved and contribute to providing support.

Alternative population breakdowns offer a more insightful picture of not just age and ageing, but also of critical changes taking place in the patterns of family, societal and community life – in size, shape and inter-relationships. It is these patterns and trends that need to be better understood, given the increasing reliance on a more diverse network and mixed economy of care and support. Policy-makers need to dig underneath the global trends and forecasts presented to them, especially about age, ageing and projected (and assumed) need for support in the future. The development of Joint Strategic Needs

Assessments should assist this more detailed analysis at a local level. Aggregated national analyses need to be able to reflect local and regional variation and important differences and commonalities between communities, cultures and generations. Above all, those planning and providing services in the future need to properly understand the different factors that influence current and future relationships and changing patterns of family and community life. This will enable them to fully appreciate the consequent economic and emotional arrangements for providing and receiving support.

Changing expectations and family relationships

As the previous section indicates, historical patterns of interdependency between generations are changing, and the boundaries and terms of 'relationship transactions' are being renegotiated with regard to moral (obligatory) and material expectations.

The proportion of older people who live with their children is declining in developed countries. According to the UN (2005), about one quarter of the population in more developed countries lives alone, against 10 per cent in developing regions. There is also a gender dimension here, as older women are, on average, more likely than men to live alone (although this is reversed in developing countries, where higher socio-economic status is associated with higher co-residence with children).

Whilst these changes in personal relationships, family size and shape will influence future expectations and abilities of families and others to support one another, the likelihood that the need for certain kinds of support will increase over others has not yet been tested. What is already known is that population changes due to increases in longevity and migration are creating wider societal changes that statutory services and policy-makers do not yet fully recognise or understand.

For example, there has been an increase in the number of generations that exist as the population ages, which is impacting on intergenerational roles, boundaries and expectations. Often grandchildren can find themselves supporting both parents and grandparents, creating additional responsibilities and pressures that require a different response from services and greater access to resources and personal flexibility.

Myth number 3: Younger people don't want to provide support and care to older generations anymore.

Whilst some believe that intergenerational expectations are in decline – and these changes in families' and individuals' relationships with one another may affect their ability to support each other – this belief has not been robustly explored or proven. It has been estimated that 1.5 per cent of children and young people in the UK are carers for other family members. Recent research undertaken in Manchester puts this estimate closer to 30 per cent of children and young people living in the city (Loughborough University *et al.*, 2008). This research illustrates perfectly the need to search beneath global trends and predictions, and the need for intelligence about these figures. What circumstances have led to these young people providing care and support to family members? Is this a willing relationship or one borne from necessity?

Family size is also changing with people having children later and having smaller families. Traditionally, in most parts of the developing world, one of the principle reasons for large families has been to ensure that there are enough family members to conduct all the required duties of family care and elder care, to generate sufficient income and to carry on the family line. With declining birth rates, the expectations that one will have children and that they will be present, old enough and able to provide support, is fast changing.

Whilst family size is reducing overall, the trends are specific to communities – even in the UK where families are increasingly nuclear. Demographic patterns in various BME communities in the UK still show higher birth rates in comparison to more mainstream white communities.

Increased information about same-sex partnerships in older years, the support mechanisms they offer and changing family circumstances (such as wider families' increased willingness to accept gay and lesbian partnerships) also impact on the range of different patterns and dynamics between generations and familial expectations. In many minority communities, same-sex relationships are still considered taboo, with people fearing a 'loss of face', often resulting in the individuals concerned separating themselves from their families and communities.

So, the diversity of relationships and situations across age, gender and culture (amongst other things) is wide-ranging and complex. Just as we increasingly recognise – and policy needs to respond accordingly – that all older people are not the same, younger generations also cannot be homogenised or their behaviours and influences generalised. The ways in which people respond to – and plan for – changes in their lives and their circumstances cannot be generalised or predicted

with confidence, particularly not on the basis of volume-based forecasts and projections of the future.

The impact of migration and changing lifestyles

As second- and third-generation migrant families adopt Western ways of living and the traditional expectations of joint families alters with the growth of smaller nuclear households, many families still maintain the obligations associated with earlier family structures. Such persistence is bound by necessity, norms, religion and practice.

Failure to maintain kinship ties can create a loss of identity for people, as movement away from family can often lead to separation from community.

> My family never came with me to England, I don't know where they are and now I die alone.
>
> (Older Irish man)

Younger generations in ethnically diverse communities (for example, traditional Sikh and Islamic communities) often continue to be brought up with a strong sense of family obligation and duty that fosters community obligation. This, in turn, ensures the continuation of community identity and survival.

> I would be ashamed to let my parents move to a home; in our community, we take care of our parents.
>
> (Young Asian man)

This notion of culture and identity is inherent in current debates about a sense of 'Britishness'. It underpins positive practices that enable different generations to define and retain their sense of cultural identity, pride and belonging – their dual identity. This highlights the need to learn about what harnesses and maintains familial and community relationships between and amongst diverse communities and between generations.

Learning from intergenerational and intercultural studies that have either been funded as discrete studies or developed by communities (including the wealth of anecdotal and practice material that exists), is a key priority for the development of the Green Paper on social care. This learning needs to be formalised so that it is taken as evidence. This evidence base may then require additional work to be commissioned, such as to explore changing local and regional patterns in this area.

Myth number 4: BME older people are dependent on their families and do not take up services from the state.

The principle that the community must look after its own is often reinforced via the family unit and community institutions of worship and social welfare. In the Jewish community there is a strong recognition that the absence of adequate, culturally appropriate state support results in the community investing in its own social welfare. However, poverty and social and economic exclusion make it difficult for some communities to invest strongly in their own development and often social welfare is channelled via religious institutions. For example, the Sikh Gurudwaras in the UK continue to offer a free hot meal every day, acting as a meals service in the absence of family or formal support for many Sikh older people.

This trend of community and family reliance is evident across most minority communities struggling to balance culture, needs and aspirations. When people need support, their needs encompass all aspects of their lives, not just practical and physical aspects – or even economic dimensions – but cultural, spiritual and emotional elements as well. The failure of different delivery models to achieve a successful balance in responding to all of these aspects has resulted in different generations relying on alternative, including their own traditional, models of support. This is a concern that needs to be addressed if the future shape of social care is going to deliver choice and control for those needing support in their lives.

It follows that the question of who pays for services provided by the state is secondary to the more pertinent question: 'what matters most in achieving personalised support so that older and disabled people can continue their lives within families, communities, neighbourhoods and wider networks?'

Myth number 5: Older people living alone are isolated and lonely.

According to a recent UN study (2005), one quarter of the population in the more developed countries lives alone. There remains a perception that living alone in later life is always a problem to be avoided (because of isolation and loneliness, and the impact this has on health and wellbeing – and on services). There is also a strong belief that there is a decline in the willingness of families to support each other, hence more older people live alone and are isolated. Finally there is an implicit assumption in all of this that all older people need support to have a good life; therefore if an older person lives alone the problem is one of wondering where the support required will come from.

Sheila lived in a retirement bungalow with her dog. She spent much of her time walking her dog and keeping records of indigenous plant life in her local area. She developed a small network of friends with shared interests and maintained a balance in her life between human interaction and the pleasure she gained from being alone and able to explore her interest in nature. Although her family visited her regularly, she found their lives to be on very separate paths to her own. She chose to live alone because it enabled her to build a life based on her own aspirations, life choices and a degree of peace.

Our key message here is that such general assumptions about all older people living alone are misleading and fundamentally ageist. However, there are some practical challenges that need to be considered, and there is no doubt that for some older people increased isolation is a very real and challenging fact of life.

If support is needed, the willingness and capacity to provide this through familial networks is arguably challenged by external factors, such as people working longer hours and often at a distance. Families are also increasingly nuclear and responsibilities are regarded in a more concentrated way; geographic dispersion makes the availability and consistency of support from family members difficult. These factors impact in two ways: whilst older people lose support from younger members of their families, younger generations lose opportunities to benefit from the support, guidance and experience of their elders. Both lose out on the opportunity to develop close and mutually sustaining relationships.

A JRF study (Beishon et al., 1998) found that Indian, African and Asian parents believed that their married children could live separately provided they remained close by to look after their parents. In contrast, they expected unmarried children, regardless of age, to continue to live in the parental home.

Financial security, family wealth and the impact of poverty

International studies have shown that older people with resources and assets are in a stronger position to draw on family support than those who have fewer or no assets or income, and the least happy older people are those who are economically dependent on their children (Nott and Yates, 1999). Greater affluence allows for family care to be provided or supplemented by paid carers and paid support networks, which allows family members to retain their relationships with one another whilst at the same time fulfilling their obligations and being able to continue with the demands of their lives.

The risk of poverty among older people in the UK has been shown to be three to four times higher than that in Europe. Women, people living alone and those who are widowed, divorced or separated, in poor health, with lower levels of education or living in deprived neighbourhoods all have lower levels of material resources and income in old age (Burholt and Windle, 2006).

Intergenerational relationships are continually under pressure by the prevalence of poverty in families and conflicts over the control of resources. However, this can also serve to make families more interdependent on each other and adopt survival strategies. When faced with a poverty of material resources, they increasingly rely on the compassion, obligation and emotional content of their relationships to make their lives work.

In some BME communities where expectations are still prevalent that sons will inherit from parents, the absence of parental assets for daughters and their inability to challenge this can often lead to no support being available from families.

The size of housing provision and corresponding costs can prevent large, joint families from living together easily. In some BME communities concentrated in cities in the UK, it has been the case that families have had to pool resources to buy two homes side by side so that the family unit can live together, close to the community

Mr and Mrs Nath migrated to England from East Africa with their family and lived for 30 years with their two sons, their wives and five grandchildren in Leicester. Whilst Mr Nath continued to work with his sons and their wives in the family business, Mrs Nath provided childcare and did most of the daily household duties.

The contribution of each member of the household, either as a labour force in the business and/or in household duties, enabled the family to manage limited financial resources, grow savings and increase the family wealth. The majority of these earnings were pooled and care for all members provided for from the family 'pot'. The delicate stresses of living as a large family were compensated by the increased benefits and security the family gained from the support provided by each other.

Mr and Mrs Nath had no illusion about their grandchildren remaining with them as they grew older in modern British society. They viewed the foundations created by the elders to have provided increased income security, better education and a guarantee that their descendents will flourish whilst also having the means, respect and obligation due to their elders as they age.

and also to maintain their standard of living. Those who cannot afford to do this often live in cramped, overcrowded conditions, placing additional pressures on family members – especially if someone in the family home needs support.

England is currently building the smallest homes in Europe and homeowners can expect to get a third, or even half, less living space than their counterparts in Germany, France and Denmark. This has implications for older people downsizing to small retirement flats in terms of their ability to rely on family to stay in the event of needing either emergency or longer term support, or even simply to socialise on a regular basis. The absence of adequate space for guests increases isolation.

Housing charities working across London are increasingly finding homeless older people from diverse minority backgrounds who are not being adequately supported by their families or the state.

Mr and Mrs Singh lived with their family in a three bedroom house. As their family grew and their own support needs increased, they found they were unable to help with any household work. As a result, priority was given to younger family members' needs and the couple ended up living in the front room, with no access to the upstairs toilet. Mr and Mrs Singh accepted this, as they were reluctant to be separated from their family and be re-homed in isolated neighbourhoods or homes bereft of cultural and community ties.

The current generation of younger older people (50 to 70 years) is by far the richest cohort of older people in the last century. Following generations will struggle to achieve the rate of capital growth they have gained due to a booming property market and related assets. Housing wealth (up until now) has created opportunities for the current generation in their 50s and 60s to release equity from their homes and to use this to purchase lifestyles, products and services that would have traditionally been beyond their reach or expectations. Some older generations are also increasingly choosing to use the equity from their homes and savings to live better, rather than pass on everything to their children. Sometimes this is from necessity, such as to fund essential aids and adaptations (either for themselves or to provide accommodation for a relative or partner), or to release disposable income.

Again, global trends in this area must be treated with caution. A recent study showed that although only 2.5 per cent of people in the UK receive an inheritance, the average amount of inheritances received has doubled in the last decade (Ross *et al*., 2008).

This is a key area where patterns within one community or population group cannot be generalised to another. Gender patterns of home ownership vary hugely within different ethnic groups and generations. For example, in some communities it is usually men who own property, which is passed on to sons rather than the spouse or daughters. In many South Asian communities, property is sometimes passed down before parents pass away, leaving older people bereft of any financial clout. In South Asian and African communities, this can affect the ability of older women to achieve any financial independence and encourages their reliance on other family members. Coupled with issues of access and a lack of trust in public services, many of these women remain within family structures and provide reciprocal work (e.g. care of grandchildren) in order to receive the financial and practical support they need.

These changes have affected the role of the family and relationships between its members in the context of wider societal changes, including:

- Wealthier and more materialistic expectations between younger and older generations;
- the primacy of the individual;
- an eroding sense of community and kinship in some areas; and
- a shift away from traditional religious and moral values as the shared, underpinning code that influence behaviours and actions.

Do these changing trends and patterns alter our sense of responsibility to family, friends and community? The spread of education and employment opportunities with the accompanying choices and increased mobility this brings has transformed our ability to make choices out of self-motivated interest rather than community- or family-motivated obligations. The well-being of individuals and the nuclear family, it could be argued, have transcended the well-being of larger family networks and the community as a whole.

Intercultural and cross-generational learning

The majority of people in all cultures have maintained close intergenerational relationships throughout their lives, despite geographical mobility and other trends in modern life that separate generations. Family continues to be the emotional glue that most people are bound by, and in spite of the changing social and economic trends that threaten it, the notion of 'family' still exerts a powerful influence in terms of its norms and boundaries of expectations.

In particular, it is argued that the principle of intergenerational solidarity is essential for social cohesion.

This is the foundation of the Madrid International Action Plan on Ageing:

> Solidarity between generations at all levels – in families, communities and nations – is fundamental for the achievement of a society for all ages.
>
> (UN, 2002)

Alan Walker has argued that the intergenerational contract is not just about a 'funding/spending relationship but also includes an ethical dimension that reflects and represents the social cohesion of societies, ensuring security for all citizens, not just those able to pay for it' (Walker, 1993).

The traditional view of an intergenerational 'contract' regards the current generation of older people as having provided significant contributions (financially, physically and emotionally) to the upbringing of younger generations whilst continuing to provide support in the education and care of their grandchildren and extended families. In a reciprocal arrangement, younger adults contribute to the welfare and well-being of their parents and grandparents in a varied number of ways – making financial contributions to the household and providing practical and emotional support to those who need it. But to what extent does this pattern of reciprocity exist today? Is it likely to change in the future with changing family size, structure, mobility and wider external pressures (economic, work, lifestyles etc.)?

Older people are not only recipients of care but are often care givers as they age. In many families and communities that live together or close by it is expected that grandparents will offer childcare for grandchildren and help with many of the daily family duties. In return, when they age and if they need support, the expectation is that they will be supported by their family. In many cases, it is found that if older people withdraw their help (due to ill health, pursuing own interests or family differences) this creates conflict and reduced willingness by children to reciprocate.

Powerful expectations about this intergenerational contract are still strong in some minority communities, as studies conducted within Bangladeshi and Pakistani families in the UK illustrate. Many older people in these communities strongly believe that they would be cared for by their children in later life, are often not well informed about their options, nor have they taken up pension options for retirement (Nesbitt and Neary, 2001). This, coupled with the fact that many came to the UK expecting to go back to their countries of origin, means that retiring and dying in the UK causes them to rely on family support in the absence of culturally acceptable state services, or private support and care.

The idea of an intergenerational contract and expectations of duty and obligation that promote social cohesion must also be explored in the context of an intercultural contract between communities. Human beings are not static and not defined solely by their communities of age, culture, religion, interests or gender. They move, intermarry, live in diverse communities and work within varied settings. Likewise, aspirations to maintain one's faith, culture or class principles should not be interpreted as meaning that individuals or communities want to remain distinct from their new residence. Accommodating these diverse experiences across different generations and communities is a balancing act, in which additional support may sometimes be required to achieve cohesion and greater mutual understanding and support.

There is a growing recognition in policy and in academia that redressing inequalities and improving the well-being of marginalised people cannot rest solely on economic calculations and the growth of wealth. Similarly, we cannot primarily rely on individual and family roles, responsibilities and relationships. A holistic approach is required that embraces philosophical, socio-economic and psycho-social influences, as well as wider familial and community relationships and public policy and practice. Within this is the need to examine factors influencing attitudes, behaviours and actions: what are the current dominant social norms and belief systems that influence, for example, the notion of duty and obligation?

The basis on which such principles and social norms develop has changed fundamentally over the last 50 years or so. Traditional social norms, reinforced by the church and state in Judeo-Christian societies, have historically defined a strong moral code of duty and responsibility – to oneself, family, community and state. This moral sense of duty was felt to imbue individuals and families with a sense of right and wrong that would enable strong communities to flourish. In addition, the absence of a wide-reaching welfare state meant that the survival of the family depended on the survival of all of its parts; families had to look after each other's interests in order to survive.

The decrease in people identifying with mainstream faiths in the UK, such as Christianity, could suggest that the absence of a faith-based moral or life code is leading to social choices that are based on individual needs and preferences rather than a communal need. The moral values that now influence individual and communal behaviour are increasingly diverse as people seek to find alternate ways to bring meaning into their lives. This is illustrated by the growth in faith-based life codes such as Islam and Buddhism.

The eastern religious concepts of duty espoused by both Hinduism and Buddhism, elaborate the main tenets of 'dharma' (carrying out ones duty) and 'karma' (corresponding actions). This is explained by way of all action having cause and effect. The manner in which one's duty is carried out will affect one's path in life. This

principle is the philosophical basis of the development and existence of most social norms and practices amongst South Asian and East Asian communities. It is translated into the behaviours and actions adopted in their family and community transactions.

Today, more than half the world's population, either living in or outside of countries of origin, are of South Asian or East Asian ethnic origin.

Asian welfare systems rely heavily on the maintenance of this principle of duty, promoted by religion and reinforced by community traditions and beliefs. Pressures that change or challenge this notion of duty have a significant impact in societies that do not traditionally reach out to the state, either by choice or absence of services. This practice and belief in duty is also borne out in African communities, determining how people make and use links and how they understand generational differences as resources and affirmation of life – even though they may be marked by conflicts, opposition and misunderstanding. In spite of the changing material and physical aspects of their lives, these communities are still largely driven by these values, having to adapt them to changing circumstances yet maintaining them at the core of their interactions.

With religion and faith-based organisations having a reduced role in influencing mainstream societal values and norms in England, and the loss of status associated with employment and age, people of all ages are increasingly seeking new forms of engagement to express their value and role in society. Creation of self-help communities of interest bound by values like learning and education, ecology and conservation, volunteering, philosophy, age, gender and sexuality are increasing phenomena in the tapestry of British life. These alter the ways in which people seek support from each other and offer an opportunity to build mutually supportive communities of friendship and shared interests beyond those of rapidly changing family and kinship networks.

Implications for future funding and delivery of support

In this *Viewpoint*, we have highlighted the need to look underneath the global trends and forecasts in order to understand the different factors that influence current and future relationships, changing patterns of family and community life, and the consequent economic and emotional arrangements for providing and receiving support.

We argue for a more proactive world view, for designing and delivering public services that include – but are not exclusively about – social care. This will challenge some

myths about family and community, about relationships and about what can and cannot be relied upon as a result of familial duty or other forms of obligation.

Policy-makers need to understand how the impact of contemporary changes on families, communities and the population as a whole may shape what's available in terms of support through family, friendship and community networks. Discussions taking place now need to reframe the current questions dominant in the consultation on the future of social care about 'who should pay for what?' (or 'who can afford to pay for what?'). We need an appreciative inquiry model of asking and learning about 'what works?' for different communities and generations if they need support and from where the preferred sources of support arise. Only then, across the whole web of public services, can sustainable funding solutions be identified.

This challenges long-established notions of social care and calls for a broader view of support to be taken. We therefore also challenge the notion that a Green Paper on social care is necessary, calling instead for a wider debate and subsequent policy framework that looks at care and support across all aspects of family, community and civic life, and all public services.

More detailed information and intelligence is required from local communities and different generations with regard to the provision and receipt of support from services, family, community, friends and others. It should be gathered using mixed research methods that elicit deeply-rooted values, beliefs and attitudes that influence behaviours and actions. This will help to fill in the gaps in our knowledge currently occupied by assumptions and generalisations based on global figures and forecasts.

European models of social work and social care are increasingly based upon explicit, underpinning values that influence positive practices of inclusion and citizenship. For example, Scandinavian countries have adopted social pedagogy models, most notably in children's services. These models ensure that social care practice is founded on a holistic understanding of the nature of support that promotes social cohesion in its widest sense (IFSW, 2007). This is an excellent opportunity for UK policy-makers to learn from contemporary developments in countries such as Denmark, Portugal, Spain and Sweden.

Priorities for future discussion and attention

The themes presented in this *Viewpoint* form the priority issues that need to be addressed by policy-makers and commentators formulating policy for future care and support services, and beyond:

- demographic change and its impact on relationships, roles and responsibilities;
- changing expectations and family relationships;
- the impact of migration and changing lifestyles;
- financial security, family wealth and the impact of poverty; and
- intercultural and cross-generational learning.

In addition to these key issues, the following policy implications also need to be considered in the development of a system of support that is founded on equality and citizenship for all, whilst taking account of wider societal and familial changes that ultimately influence the nature of duty and obligation underpinning that support.

Ending age-segregating policies and practices
We live in an increasingly age-segregated society, a fact that is reflected in our living arrangements, policy definitions and responses, and social and economic engagements. The recognition that policies must embrace a life course approach, rather than age-specific definitions and responses, will contribute to intergenerational and wider personal relationships in a more cohesive way. It will strengthen communities and harness resources, rather than create divisions and limit the potential for creative solutions to flourish.

Identifying 'what works' in wider networks of support
Most people are engaged in interdependent networks that go beyond their familial ties of kinship. Friends, neighbours and informal support networks (via work, leisure and learning facilities, daytime opportunities for support and places of worship) can foster successful and mutually supportive relationships.

In studies – as well as through personal stories – older people often state that they prefer the company and support of friends, volunteers and voluntary sector organisations. This makes them feel 'less of a burden' on their families or like they are receiving 'reluctant attention' from their children.

> Even when people have families and friends nearby, they are not always able to help on a day to day basis; nor do they always have the kind of relationship that makes it easy for people (receiving support from volunteers) to trust and confide in, and resolve often deep-rooted problems and concerns.
>
> (Bowers *et al*., 2006)

An end to ageist assumptions and policies
Older people today are living healthier, more active lives, and are increasingly willing to spend their savings, equity and time purchasing services and lifestyles that might traditionally go against their family, community and wider societal norms of 'retiring quietly'.

Increased emphasis on, and access to, personal budgets and a wider range of services should also mean that the support required in the future will look very different to the present picture. Future patterns of commissioning, investment and delivery need to keep pace with these changes and expectations. They should also pay attention to growing inequalities that exist in healthy life expectancy and other measures of well-being.

The Government's Independent Living Strategy sets out a vision of equality for all disabled people (anyone who needs support to go about their life) by the year 2025 (ODI, 2008). Increased choice and control over one's support (across all public services) is a key strand to this strategy, as well as the goal for greater personalisation in all public services.

Older people who need support have often been excluded from developments that seek to increase choice and control (such as having the lowest take-up of direct payments and individual budgets, and less awareness of what's available in terms of housing options, information, advice and advocacy). Much more needs to be done to extend the same range of options and opportunities available to younger generations to older people, recognising their own individual situations, histories, cultures and beliefs.

Creative solutions to personalised services
The debate about what 'personalisation' means in an increasingly individualised society has begun to raise concerns about striking the right balance between individual choice and control, and shared responsibilities in achieving equality and inclusion for all. This debate needs to be informed by applying key lessons about what works for different generations within and across different cultures, in order to reach inclusive, sustainable solutions going forward. This should include:

- learning from different approaches to duty, obligation and reciprocal relationships;
- understanding what drives and influences the growth in faith-based life codes;
- further exploring the changing roles of women and men at different stages of their lives within this; and
- understanding the various power dynamics at play and importance of status derived from work, parenthood, money, position, roles and age.

Commissioners and those leading the transformation of public (including, but not exclusively, social care) services need to invest in innovative and flexible use of local resources that harness the solutions and ideas of local communities. Examples include building on small-scale funding for formalising models of mutual support and

reciprocity (such as time banks and circles of support) and enhancing the role of micro providers and grassroots organisations. Such initiatives have demonstrated small-scale successes in fostering family and community cohesion within and across generations and cultures (Poll, 2007). Mainstreaming such initiatives requires a wholesale shift away from traditional, risk-averse commissioning practices, and strong leadership from national policy through to local delivery.

About this paper

This paper was written by Kalyani Gandhi, an independent consultant specialising in work with older people, ageing and ethnicity, and Helen Bowers, Director of The Older People's Programme development agency (www.opp-uk.org.uk).

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