

SOCIAL CARE AS AN EQUALITIES ISSUE

Social care's potential to liberate families out of poverty and invisibility and into opportunity and activity is still being missed.

We have seen from CSCI State of Social Care report that access to services – through eligibility criteria – is being restricted. 73% of English local authorities are only responding to critical and substantial needs. 121,000 fewer households receive homecare in 2006 compared to 1997 (358,000 to 479,000). 13,000 less older people receive support in 2006 than in 2003 despite a 3% rise in people 75 years of age or older.

In providing only for critical and substantial needs, many local authorities are almost certainly failing in their duties to promote human rights to private and family life and to protect people from inhuman or degrading treatment. When we debate the future of social care, it is our human rights and those of our loved ones that we are debating.

This is a short-sighted strategy in any case because failing to provide services and support which enable people to maintain their own health, well-being and independence, will ultimately only accelerate the numbers of people whose needs become critical or substantial, or who end up avoidably drawing on the resources of the NHS."

MAKING CO-PRODUCTION WORK

The Kings Fund consultation for DH was set up on the premise that free social care is not an option for consideration and all the main parties seem to take this as given. There has not however ever been any serious debate about why practical assistance and/or personal, psychological and emotional well-being are any less important than physical health in terms of enabling people to maximise their life chances. No one else looks like starting that debate so that's definitely a USP as far as the commission is concerned.

In view of the above it is not surprising that there has not been any serious cost benefit analysis of social care and IL and, in particular,

the potential cross sector benefits - e.g. between social care and housing and, especially, social care and health.

Most importantly perhaps both gov and Caring Choices coalition have glossed over the inconvenient truth that co-payment will most disadvantage people who already have the fewest resources. They are placing great store on the idea that people can use existing assets through things like regulated and/or partly underwritten equity release schemes. Fine for higher earning households but not so good for the rest!!

It is more than 30 years since Dr Julian Tudor Hart wrote about the inverse care law: the paradox that it is those most in need of care services who are least likely to receive them. Yet experts in the field agree that being old, or poor, or non-white, or speaking English as a second language, still make it difficult to get appropriate care.

As Demos have pointed out, the very advantages that co-production potentially offers also contain the seeds of building further inequality and disadvantage: "there will be huge scope for self-directed services and personal budgets. These pay-offs will particularly apply where people can mobilise their own knowledge and resources to make the service more effective or where – as in long-term health care, education and mental health – their own attitude and behaviour is a critical factor." This is a crucial point. Unless we make sure that the support and advocacy systems are in place to back-up co-production, the people who have most to gain will be the least able to access these benefits.

We should be flagging this up and calling for a robust equality impact assessment of the co-payment proposals asap because this is looking like it will be a done deal before too long.

Sophie Moullin on co-production

Social care has always been what you might call co-produced; it is individuals situated within families and communities and the state. It has increasingly had a more empowering role. As Gerry was saying, you need to think about the costs of all social care services and how

they relate to the costs involved with caring. You also need to recognise that there is a tension between having a lot of people out of the workplace because of their caring duties, and not having sufficient social care services. What you spend on social care and formal services, you potentially save in people being able to combine work and care more successfully. There is an interesting parallel with the debate and policy on childcare, because it presents, in policy terms, the challenges to people who are caring. We should be thinking about how we can have a policy model in terms of style and funding but support the whole co-production of care. That means employers and workplace regulation in the market; it means formal social care services, not just residential but domiciliary and public services that enable people to care and live independent and full lives. Then you reconsider the costs.

CHANGING THE TERMS OF DEBATE ABOUT CARERS AND CARING

There is no inherent tension between the needs and aspirations of carers and older and disabled people. That is a false dichotomy.

The Equality and Human Rights Commission is supporting Sharon Coleman who wishes to bring a case of unlawful discrimination against her ex employer on grounds of harassment and unfair treatment because of her association with a disabled person - in this case her child. Progressive employers recognise the value of flexible working in attracting and maintaining good employees, but surely the quid pro quo is that public services give people the means to organise their own lives so they can meet their employers half way?

Given the overwhelming number of carers are aged 40-65, the majority of whom are women who have to give up work, live in poverty, suffer poor health and regret the loss of the relationship they once enjoyed with the person for whom they now care, is this truly a sustainable policy? Is that the future you want for yourself? Is it a future we can afford? And, is it something voters, particularly older voters and their families, will accept for much longer?

Also, add the point about the NOP poll showing future generations less likely to take on unpaid caring - not surprising given mortgages etc as they simply wouldn't be able to.

Worth also pointing out here the need to look at cross sector costs and benefits. For example, while unpaid carers may save social services a large amount, how this compare to lost incomes and tax revenues, increased benefit payments, cost of pension credits to top up pensions of older women who have had to stop or reduce work, cost of treating poor health, etc. For example, according to EOC 85% of women over 60 years of age (and 60% under 60) say care responsibilities limited their opportunity to build a pension. When all of this is put into the equation, the status quo starts to look less attractive financially. In terms of implications for policy, this raises a question mark over the efficacy of persisting with compensating carers because that is 'dead money' whereas investment in tackling the consequences listed above would have positive and enduring benefits.

CONCLUDING COMMENTS

So when we debate social care, what should we be talking about?

It's about people living a productive and valued life

It's about our relationships with one another.

It's about our human rights

It's about our health and well-being

And it's about making the most effective and efficient use of scarce public resources.

These are the choices in front of us. Yet these are generally not the questions shaping the discussion, and in fact confusingly there appears to be at least 3 debates running concurrently about social care: how to finance the long term care needs of older people; how to support carers; and how to promote independent living for disabled people.

These debates, despite being led by the same Ministers, are incoherent.

If we believe in independent living for disabled people, then that should be a central goal of any discussion around funding long term care, or about how we support carers. Any debate about independent living for disabled people needs to account for family members and for how it can best be financed. Let's also stop talking about 'carers and cared for' and talk instead about people in relationships of support. I think we need to have one debate: how to promote independence choice and well-being for people requiring support and their families.