

Recognising the tensions and contradictions surrounding the 'Crisis within Social Care' from a Human Rights perspective

There is broad agreement that a crisis within what is known as Social Care exists but there are vast differences of opinion in terms of its causes and what is required to bring the crisis to an end. The Covid-19 pandemic and the government's inaction to protect those at most risk brought home to the wider public the fragility of existing provision. In response, and recognising the need to seize the moment, an array of proposals have emerged that seek to in some manner address the crisis.

Considering many of positions put forward, I identified similarities and differences between them, along with pronounced tensions and contradictions. We are not all on the same page nor are we seeking identical solutions. There are many reasons why this is the case however in the time I have, I can only flag up some of the issues that exist and offer thoughts on how to navigate these difficult waters. I am conscious of the old saying: united we stand, divided we fall, but if we are unable to square the circle, what can we do?

The first tension is the notion of 'Social Care' itself; is there a shared understanding of what it is? What does 'social' cover as opposed to health or personal 'care'? Then there is that word: 'Care', and we have heard from Bryony on that. The word is often associated with 'protecting someone or something and providing the things that that person or thing needs'. There is nothing inherently wrong with that, however both Judy and Bryony have explained how the narrative of care came about and its implications for today's society. Through the historical division of those deemed 'fit for work' and those cast as 'Other', society created, 'them' – people set apart.

There is still a stereotyped perception that 'Social Care' is simply about 'looking after older people' which means other groups in need of 'social support' are either ignored or subjected to inappropriate services.

It is vital to acknowledge different perspectives among service users; hence, I quote: "...the words 'care' and 'carer' are regarded by the disabled people's movement as paternalistic and dependency creating when used with reference to disabled people. Social 'support' is currently considered the more appropriate phrase for disability related services. Adult disabled people require 'support workers' or 'personal assistants'"

Disabled people in the USA, then the UK and across the globe coined the term Independent living. It is seen by its advocates as being both a philosophy and a set of practices which offer a way of looking at society and disability. The word, 'independent' here does not refer to being 'self-reliant' or rehabilitated to 'live independently', but rather to making decisions regarding ones own preferences and lifestyles. John Evans, a founder of Independent Living in the UK, explains that it is '... the **ability to decide and choose** what a person wants, where to live and how, what to do, and how to set about doing it. These goals and decisions about a person's life and **the freedom to participate fully in the community** have been and will continue to be the essence of what Independent Living is. It is also the taking and **establishment of self-control and self-determination in the total management of a person's everyday life** and

affairs. It is about ensuring that all disabled people have the equality of opportunity in the chances and choices of life like everybody else.”

The picture John paints is a broad one, based upon Independent Living’s philosophy and principles, but it has been open to misinterpretation. It is a given that impairment reality means some groups of people are not in a position to exercise the total management of their everyday life, but this does not mean they have to be denied support in making decisions. Independent Living is a holistic approach which centres upon people’s own lifestyles. Within Independent Living, anyone facing social restrictions encountered by societal responses towards age, impairment, or chronic illness, are viewed as ‘disabled’ people. Independent Living remains largely unknown, underdeveloped, and often distorted. It has its critics; and there are grounds for concern because like other radical concepts coming from the Disabled People’s movement, it has been hi-jacked by Neoliberal and more rightward thinking policy makers and activists. New Labour saw Independent Living as ‘personalisation’ and shaped it to fit a marketized ‘social care’ agenda. Similarly, the radical framing of ‘direct payments’ or ‘personal budgets’ offered by disabled people were subjected to commodification and slotted eventually into the Austerity onslaught.

Here we have a massive contradiction that many disabled people readily acknowledge. Whilst these alternative concepts emanating from the our movement sought to transform ‘care’ by shifting the power and freeing people from the rigidity of the system which ‘objectified’ service users through ‘need assessments’, etc. it resulted in creating other negative dynamics which have proved detrimental due to the fact that living independently now required operating within the social care market place. Reclaiming Our Futures Alliance’s vision for a new service seeks to find a way of taking disabled people out from being trapped between a rock and a hard place - the old fashioned paternalistic social democratic welfare state methods of service delivery, on the one hand, and the neoliberal marketisation of service provision, on the other.

Unfortunately, there are many forces who are genuinely concerned about the existing situation and what might lie ahead, but nevertheless seem unaware of or fail to recognised the trapped position disabled people find themselves in.

As previously pointed out, the pandemic and the government’s inaction brought greater awareness of the fragility of existing provision. We saw residents and staff treated like lambs to the slaughter; anger at the lack of safety equipment, pay and working conditions – all valid. What was less evident was consideration of the social and cultural environment that surrounds the proliferation of residential and nursing care settings, especially within the private sector. Surely, given what we have just witnessed, is there not a need to question whether or not these forms of institutionalized living are the solution to the numbers of people requiring supported living? How can people talk about ‘Care’ without addressing the elephant in the room; namely, deinstitutionalisation. The European Network for Independent Living views this as a fundamental human right:

Deinstitutionalisation is a political and a social process providing the shift from institutional care and other isolating and segregating settings to independent living.

Essential to the process is the provision of affordable and accessible housing in the community, access to public services, personal assistance, and peer support. It is also about ensuring that children are able to grow up with their families and alongside neighbours and friends in the community, instead of being segregated in institutional care. Where people live is a human right, we need ensure meaningful options are available.

What these tensions and contradictions illustrate is that there are no quick fit solutions or 'one-size-fits-all' off the peg policies available. When planning this talk, I was influenced by Rich Watts who wrote a SCIE opinion piece in 2015. He said:

“Our concept of social care as a cohesive ‘system’ can compromise our ability to understand how complex it really is. I think that the need to change social care, to meet all future demands, requires us to think in a much more sophisticated way.”

His starting point, however, will possibly raise eyebrows – we should question “...whether social care is even a ‘system’ at all. The formal definition of a system includes ideas like having a fixed structure with a range of defined parts.” I also believe he is correct to assert that:

“This way of thinking has its attractions, not least of all to politicians, because it suggests that if only the right levers can be pulled, then the right sorts of changes will happen. But to me, social care feels like it’s too mechanistic.” Watts then proceeds to suggest that perhaps a better way of thinking about this is to recognise the complexity of what we might call the ‘social care ecosystem’. What does this mean? Well, an ecosystem is a biological community of interacting organisms and their physical environment. To my way of thinking this is exactly how we should be conceptualising the landscape; however, wait a minute, is this not the basis for Independent Living?

If we were to embrace the idea of an ecosystem of community based provision, then one of the essential tasks we have in the coming weeks, months and years ahead is to create spaces where the right mix of people, organisations, power, expertise, experience, styles, and cultures can be brought together. As SCIE would inform us, this is called, co-production.

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