Social care in crisis

By

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(Unpublished article, written in response to the Sunday Times Christmas Charity Campaign for Young Carers, Nov., 2007)

Social care for disabled people, young and old, in Scotland as in England, is not fit for purpose in today's society.

Basically this is due to two major factors.

First: social care is still based on Scottish 16th and English 17th century Poor Law systems where local parishes provide 'relief' for their resident 'impotent poor'. This has resulted in today's post code lottery of provision.

Second: it is still based on the Victorian presumption that public provision of care should be residual, that is secondary, to the front-line care from families. And this has led to more and more adults relying on children, because today's family is not the same as yesteryears'. Today's family is not nuclear with grandparents round the corner; nor does it consist of mum, dad and 2.4 children.

The plight over "young carers", as highlighted admirably by the Sunday Times (November 25, 2007) needs to be seen in the context of this crisis in today's outmoded social care system.

Their situation needs to be discussed within a framework which acknowledges disabled people as having the right to receive practical assistance in their own home. Current legislation, both north and south of the Border, does give disabled people this entitlement; but very few know about it and even fewer receive it.

Their situation must also be coupled to the fact that such provision, if granted, has to be paid for by the family through community care charges. Here disabled people have long been complaining about the inequities within the social care system of double taxation. First they get levied, as most do, with community charges, but then they get singled out with means tested community care charges for the particular social service they receive. Such double taxation inevitably forces many to rely on what little informal care there is from their dispersed and often dislocated families. Within such non-nuclear families, there is a greater probability that the only resource available will be the person's children.

Many disabled people cannot understand why health care should be free at the point of delivery, but social care isn't.

There are many tasks which care workers are asked to perform in the community, which nurses do in hospitals. These can range from making cups of tea to feeding via a PEG tube direct into the stomach. Yet, if a nurse does them in a hospital they are free at the point of delivery; but if a paid carer does them in the community, they could cost over 75% of an individual's income.

In fact, means tested charges can be anything the local authority likes them to be, so long as the person in Scotland is left with means, which are16.5% (25% in England) above income support level. And there is no political accountability at election time for such figures, as there is for council taxes.

As one young disabled woman said to a recent researcher:

> **".... when people hear about charging, they genuinely think 'that's ridiculous'. Even social workers have responded in disbelief when I tell them, out of my wages, I pay more in charges than I get to keep."**

The effectiveness of community care charging, itself, has been questioned. On average, 25 – 40% of revenue raised by charging is swallowed up in administrative costs. There is no evidence, either, that means tested charging improves the quality or expansion of services; it is merely used as a tool to restrict service provision.

All this has to be reflected upon when considering the situations described in research and media stories about “young carers”. Their parents had clear rights to practical assistance; yet they were not getting them, or couldn’t afford them.

Instead these youngsters have been given awards for being “children of courage”: and the only practical help offered is the setting up of projects, such as “Carers Cottage” in Kilmarnock, highlight in the Sunday Times Magazine (November 25, 2007).

Such projects rightly seek to support children and young people in their “caring” tasks; but surely today’s society should ensure that their parents’ get the assistance they need, independent of the young person’s care.   As a society, we cry out ***“Shame!”*** to multinationals which rely on child labour in the third world to make their profits. Should we not also cry ***“Shame!”*** to our own government which relies on child labour to save on the costs of social care?

Public sector social care in Britain relies on over 1 million unpaid family carers to support young and older disabled people in the community. The vast majority live in poverty and ill health – and many are disabled themselves.

Pictures of Young Carers Research Project, Aldridge, J & Sharpe, D, Loughborough University

Over 100,000 children under 16 years provide more than 50 hrs of care a week. That’s greater than the Working Time Directive stipulates for a paid adult worker. Not only that, but 1,304 five to seven year olds provide 20 or more hours per week of care.

That's not just picking up a book for Granny, but real personal care activities, including help to the toilet.

Most of these family adult carers could be actively working in the labour market contributing to Britain plc in taxes, skills and talents; and all of the children should be continuing their studies at home, or out playing to gain the social skills they need in adulthood, if those they cared for could be supported to lead a more independent lifestyle – including being employed themselves.

Instead, these informal carers are propping up a mean and oppressive Dickensian social care system, dedicated to giving the least help to the most needy. In so doing, most informal carers are condemning themselves, and those they care for, to a life of poverty and confinement.

The issue of unpaid child labour within the social care system must also be linked to the wider campaign for the human and civil rights of disabled people. Disabled mothers have either had their children removed from them or have been threatened with this. The Spinal Injuries Association, in 1999, fought, successfully, to prevent a new born child being removed from its disabled mother.

Some feminist writers have said this situation should be identified as a feminist issue for it is an issue for single parents - the majority of whom are women. The debate on "young carers" feeds into the attack on single parents - in each case there is an implicit if not an explicit attack on women's ability to parent without the presence of a man in the household.

Prof Selma Sevenhuijsen, a Dutch sociologist, goes further. She believes that care should be valued as an expression of citizenship responsibility in which everyone would be guaranteed equal access to the giving and receiving of care.

This idea first arose in a paper**, "Caring in the third way: the relation between obligation, responsibility and care in third way discourse"**, which Sevenhuijsen wrote during a sabbatical year at Leeds University, when New Labour was developing the framework for its "Third Way" policies on the relationship between rights and obligations in the field of welfare and family.

More recently, she has argued that the relationship between a citizen’s rights, obligations and responsibilities cannot be theorised in an adequate manner without taking “care” into account in the fullest possible manner. By this she means that, instead of statutory care systems being a residual safety net to informal care, it should be a duty of the state to 'guarantee its citizens an equal share in processes of care giving and care receiving'.

However, within Sevenhuijsen's paradigm of social care there seems to be little reference to the guarantee of citizens being empowered to take control of their own support systems, as disabled people are now demanding.

Such an approach is advocated by another female writer, but this time in the field of disability rights, Jenny Morris. She also differentiates between ‘care’ and ‘support’. ‘Care’ comes from the expression of love from a loved one: ‘support’ from the values of society. Both need to be transparent and separated; ‘care’ clearly in the domain of interpersonal relationships; ‘support’ in the realm of formal service provision.

In either case, nevertheless, each may well be provided proportional to the other. The level of care may be proportional to the intensity of the love from a loved one; and the amount of support may be proportional to the values held by society of those whom it supports

For example, the limited ‘value’, which is placed upon recipients of today’s public social care, is easily reflected in the lack of resources to support their equal citizenship within society.

But, this is another debate.