**The Future of Social Care webinar and book launch**

**Zoom captions**

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The panelists' views will all be recorded for future reference.

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We have a lot to get through. So just allow me very briefly to set the context. We all know the story of social care in England,

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and to varying degrees in the rest of the UK, has for too long been a story of dysfunction.

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Lamentably poor outcomes, and unmet need. Politicians have failed to grasp the nettle of reform for, in my in my forward to the book, I say 25 years going back to the Royal Commission on long-term care.

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The publicity for the book says 50 years and, you can legitimately argue, 75 years if you go back to the founding of the welfare state and the failure then to establish

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a social care system on a par with the NHS. Depressingly, neither the present government nor the Labour opposition seems prepared to contemplate the kind of radical change that many observers think we need.

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So Colin and Peter are playing a very welcome part in setting out a fresh vision that could redefine social care both in the in the UK and indeed internationally.

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Not as a burden. But as a positive economic generator in response to the growing numbers of us living with disability.

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The emergence and collaboration of new potent social movements. And perhaps above all the pressing need for a more sustainable way of living.

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But let's start by hearing a bit more accurately from one of the authors.

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Colin Slasberg, who is going to make just some brief introductory comments. Colin is a qualified social worker with experience at all levels of the care system who more recently has been working as an independent researcher and consultant.

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In the search, as he puts it, for the changes required to make a reality of the unfulfilled rhetoric

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surrounding social care throughout my working life. So over to Colin.

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Thank you, David. And hello to everybody.

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It's great to be part of this event.

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And yes, as David said, the story goes back 75 years, so. When in 1948 the Minister for Health at the time told Parliament that local authorities, in taking responsibility from Poor Law Boards for the care of older and disabled people,

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that they would do as much as resources allow, however unwittingly, he set social care on the path to the predicament it finds itself today.

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Now for the NHS, the founding principle that need precedes resource meant professionals would identify need and politicians find the resource to meet the needs that professionals identify.

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But doing only as much as resources allow reversed that principle. It not only implicitly put social care to the back of the queue for public resources, but whatever the level of resource made available, however meagre, professionals would be expected to make need fit within it.

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Now, in an area of public spending as feared as a financial risk as social care, that 1948 settlement

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has been a political godsend. Not only is spending kept to budget, but the lid is kept tightly shut on demand.

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The modern manifestation of that principle is eligibility. Not only does eligibility keep social care trapped at historic and minimal funding levels, the book shows why eligibility is the source of both the oppressive practices and the gross misuse of public resources that has led to 50 years of successive strategies to transform social care.

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But other than for the small minority who have what it takes to escape the mainstream with cash to manage their own support,

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nothing has worked. And we believe nothing will work whilst the political expedient of allowing resource to shape need is clung to.

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Eligibility is the elephant in the room. If social care is to be fit for a modern diverse society, our book sets out why eligibility must be abolished.

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It must be replaced with a new paradigm. One that redefines the responsibilities of professionals, politicians and the judiciary.

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It must bring social care alongside the NHS in putting need before resource. Need must be defined against the vision of how life should be.

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Social care can then play its part in the movement towards a greener society. One that cares about the well-being of its people.

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Just as it cares about the about the health of its people.

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And from which, in return, social care will then benefit. Now we don't pretend that the paradigm will solve everything.

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It will not in itself guarantee sufficiency of funding. But without it, social care cannot expect to ever get there.

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The book's message is that social care’s challenge is to find the right path. That's my introduction, David. to our book.

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Brilliant, thank you so much, Colin, for those very pithy and direct comments.

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So, eligibility is the elephant in the room. We have to get it out of the room, quite a difficult challenge I expect, never having got an elephant out of a room.

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But let's turn to our panel and let's go first to Charli Anne Thompson. Charli’s a disabled designer and artist campaigning across social and economic justice issues, including social care,

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the right to food and indeed local democracy. And she's part of the Campaign for Real Care. Charli.

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Thanks David. I wrote mine down to try and keep to the 5 min. I'm here today representing the Campaign for Real Care,

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a national grassroots campaign supported by service users, carers and social workers. We believe the elements missing more than anything from social care policy and practice are transparency and integrity.

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The contrast between the rhetoric and the reality is stark. Social care leaders say that the system is person centred,

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with people having choice and control over their lives. But the reality for many is institutionalization, isolation and sometimes abuse.

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Only a few people who are confident and astute enough, as Colin says, can beat the system and get the support they need.

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The majority remain trapped either in acute crisis or long-term neglect with inappropriate care and support. Many are deemed ineligible for support, so they don't even exist.

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Funding issues, privatization, failing legislation and poor work conditions are symptoms of a deep cultural problem

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which is characterized by the prioritization of resources over need, as Colin explained. This practice not only breaches the Care Act and creates crises, but it also perpetuates a self-reinforcing cycle that only hinders efforts to secure adequate funding,

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public support, workers’ rights and parity with the NHS. We've seen first hand how this resource-centric approach manifests in Barnet where our campaign originated.

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The Council claims insufficient government funding is causing a crisis in social care, while at the same time reporting that they can consistently meet all statutory Care Act requirements within budget.

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They are required to do both, which is of course impossible. What they are exposing here is the fact that they are making needs fit whatever resources they happen to have.

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in order to balance the books. A system that only recognizes needs that fits resources allows for budget cuts and mismanagement of funds without repercussions.

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Officially, there's never any unmet need. A recent judicial case resulted in a significant payout of £47,000.

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In Barnet, one individual bravely self-advocated and won.

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But the council still had to balance its budget. This begs the question, whose care package was compromised to make this financial adjustment?

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Relying solely on the legal system to advocate for service users is unsustainable and unfair. Our mental health social workers are about to go on strike for fair pay and against being forced to prioritize crisis, which they say means they can't do the work they want to do to put in place things that could prevent or reduce the risk of a situation worsening.

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A system that reduces eligibility to crisis only in order to meet budget requirements whilst also denying any unmet need, will continue to fail its service users and its workers.

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But Barnett's issues are not isolated, and the book shows this. The systemic failures are nationwide and perpetuated by a toxic co-dependent relationship between social care leaders and politicians,

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who make each other's lives easy by maintaining the facade. They are full of all the right buzzwords, but it means nothing.

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Our involvement in local co-production exercises in Barnet amounted to little more than a tick box exercise to fulfill the council's obligation to consult.

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When we raised concerns and questioned the process, we were marginalized and dismissed as disruptive troublemakers, while others toed the line.

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Our campaign revolves around 3 objectives. One, Unveiling the Truth.

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We aim to shine a light on the harsh realities of social care through rigorous research and evidence in our four-part dossier that can be found on our website.

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Two, to empower individuals. We equip individuals who may not have previously had the confidence or knowledge with the knowledge and tools to understand their rights and assert them with their councils

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grounded in the proper implementation of the Care Act. But this is not sustainable as a solution, so our third and primary objective is for the implementation of the Charter for the Right to Well Being.

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It places the authentic identification of well-being needs before resource allocation. It truly centres disabled an older people, including those currently excluded from the system.

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It properly delivers the Care Act and the progressive realization of Article 19. We believe it could also serve as the foundation for a much-needed Constitution for Social Care, which is currently non existent.

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To conclude Social Care leaders must admit the truth. They must listen to what older and disabled people say they need.

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They must liberate social workers to advocate. And they must be honest about the gap between needs and resources

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so politicians can be held to account. Thanks very much.

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Thank you, Charli, and I'm sure your experience in Barnet is echoed right across the country. I think you know people's general experience of the Care Act, 2014 is that it's been unfulfilled and probably a huge disappointment.

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I like the idea of a Constitution for Social Care. That's a talking point we may come back to towards the end but let's move on and let's hear from an academic perspective. But John Glasby is much more than an ivory tower academic because he is a professor of Health and Social Care at Birmingham University. Most interestingly, he is Director of the new Impact Centre at Birmingham, which

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is concentrating, not just researching change, but implementing change in the care system across to the UK.

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Thank you, David. Yes, we're working all over the UK with user led organizations, community organizations, local authorities, providers and others to try and get evidence of what works in practice to make a difference to services.

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and to people's lives. And last year I was also the special advisor to the House of Lords Adult Social Care Committee that produced the report A Gloriously Ordinary Life.

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The Lords argue that social care is largely invisible in our society. It's fragmented and perhaps not very good at explaining itself to others.

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A lot of what happens, happens behind closed doors. And care itself is poorly understood by policy makers, by the media, by the public and some of that derives from a kind of societal undervaluing of people who draw on care and support

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and undervaluing of care more generally. Care is seen in very gendered terms. And the committee made some practical recommendations about how you might try and increase the visibility but really it wanted to see social care scene as a form of economic investment that we make in ourselves as a society, not just as a drain on scarce resources.

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It wanted to see social care valued in its own right, not just as a kind of adjunct to parts of the NHS.

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It wanted to see a kind of new narrative for social care and it was very struck by the work of movements like Social Care Future

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trying to kind of articulate what good lives ought to be about that we should be driving towards in the first place.

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And to achieve all that, I would love to see a new paradigm. I just wonder in the meantime whether we also need to accompany that with work in the here and now to make things as good as they can possibly be in that direction ahead of that new paradigm arriving. It clearly needs to be both and rather than either or.

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But for a while now I've wondered whether solutions might come more readily more bottom up. Working within the confines of a very imperfect, very pressured system.

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To try and do things differently and to help us move in the right direction. And in the centre where I work we see people all over the country trying to do that

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in very, very different circumstances. We're working in in Antrim where politics is very, very stuck.

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Community hubs, based around GP practices, led by the voluntary and community sector identify older people

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who are very isolated in the local community, and then find ways to link them into community resources. When they do that money changes hands from the system

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to the community resource, recognizing that we don't get community resources by accident. You get them because we all choose to invest in them in different kinds of ways with our time, with our support, with our money.

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We're working in different locations across the 4 nations where health and social care teams are coming together. But more importantly than that, we are trying to link in to local community resources and in some more patch based forms of provision so that the approach is more neighbourhood orientated and perhaps more asset based

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in its approaches. We've been working in Leicester to try and build links with faith and community organizations to increase uptake of direct payments

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for people from black and minority ethnic communities in that city. And we've been doing some really interesting work in Swansea with a group of people with learning disabilities who are worried about a retendering of their care that was taking place and formed a cooperative of friends who pooled their direct payments in order to exercise more

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choice and control over the nature of the support that they receive and their ability to stay together as a friendship group and as housemates.

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And many, many more examples. Now none of those solve problems that we're all facing, but there are attempts within local communities to try and bring people together.

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To think about what's possible in the current context and to innovate bottom up. And perhaps just to finish I heard an example the other day and I don't know if it's true or no. It was just one of these kind of examples that gets passed round of one social enterprise.

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They had been trying to reduce the number of waking night staff it had in its different services across a particular city

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in order to save money for commissioners. It retained a central team who would be awake all night and

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who could come out in an emergency to all the different units around the city, or be available by phone or other means.

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In the meantime, it reduced the amount of money that was being spent on waking night staff. And then the savings that were made

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were going to be shared between the savings that commissioners needed to make and then an ability for the social enterprise to pay its staff more for the work

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that they do and hopefully be able to recruit and retain staff better than had been possible before.

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Now that might be a really good idea, or that might be a bad idea. But it just seemed an attempt to work with the reality

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of the kind of constraints that we all face, and to find innovative bottom-up way of trying to do it a little bit different

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while we also push for some of the broader changes that are described in the book more generally.

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So going forwards I just wonder whether it's a *both* and rather than an *either or*. We can't just focus on improving things bottom up and then the system change never happens.

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We can't just focus on system change and hope that things will get better in the medium term.

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I just feel it needs to be both and rather than either or and that the solution to part of that

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lies with many people on the cohort on the panel. Watching, you know, trying to do that work together across boundaries and from different perspectives.

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So I don't know if that's helpful, David, but that would be my take on some of what's possible in a very, very pressured and very, very imperfect system in a way that was brilliantly described in the book.

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Thank you Jon. You have indeed, I think, thrown up a really, really interesting talking point, which we'll try to get to later after we've heard from all the panel, particularly in view of Colin’s

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opening comments. As you know the question is ‘Can we make progress with the system as it is, or actually is it a lost cause?’ Let's try and pick that up later.

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But let me bring in, Ellen Clifford now. Ellen is, a disabled activist and, and author who's worked

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within the disability sector for the past 25 years. She sits on the national steering group of Disabled People Against Cuts and is author of the acclaimed and award winning book The War on Disabled People.

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Hello.

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Thanks David. So what I think Peter and Colin's new book does really well is to expose the extent to which the social care support system is utterly broken and requires a radical overhaul

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in order to be anywhere near fit for purpose. Public and political debate tends to present social care as an older person's issue

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and to focus on questions of funding without considering those fundamental structural problems that result from being resource rather than needs letters, as Colin has well explained.

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In fact about one third of adult service users and around one half of social care expenditure goes on disabled people

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of working age. And inadequate provision of social care support and lack of choice and control over what support we do still get

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breaches the United Nations Convention on the Rights of Disabled People, UNCRDP. At the end of last month I was with deaf and disabled campaigners from across the whole of the UK in Geneva giving evidence to the UN Disability Committee. The committee was following up on the special inquiry that that went on

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in 2016 which found evidence of grave and systematic violations of disabled people's rights,

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specifically due, the committee found, to austerity measures and welfare reform. And that inquiry didn't look at the whole Convention.

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It focused on just 3 key areas. There was the right to social protection and adequate income, so social security and welfare questions,

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right to good work, but also that Article 19 that Charli mentioned, which is the right to live in, and be included in the community with equal choices to non-disabled people and with choice and control over the support you receive.

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And in the evidence we gave to the committee around Article 19 we argued that the government's lack of action in response to the inquiry findings, the original findings and their recommendations,

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and continued cuts and retrogression has now led to breaches of a number of other rights, Including for example the right to freedom from abuse and inhumane treatment, the right to freedom from exploitation.

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Situations which apply increasingly both to disabled people who are living in the community without the support that we need and also to disabled people who are trapped in institutions where staff are so poorly trained and closed cultures develop.

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As disabled activists, we don't believe that the public are fully aware of how bad the situation is.

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We have incidences exposed in undercover reporting from time to time like Walton Hall in 2019 for example and I think they're often regarded as anomalous.

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And then we have media focus where we've had a couple of really appalling deaths.

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So disabled young women, Kaylea Titford and Debbie Lynch over recent years, deaths by neglecting just horrific circumstances. The media reporting on that tends to focus on the parents and also the failings of local agencies, but those wider questions that are addressed in this book about the fundamental failings of the social care system don't get looked at.

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And as activists, we find it really difficult to get broadcast media attention to look at adult social care.

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We've had some award-winning documentary makers working with us at one point. They pitched an idea for a documentary to all the mainstream channels.

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They got absolutely nowhere. Nobody wanted to show adult disabled people. And so it's really difficult to raise public awareness, and without public awareness we can't then put pressure on the politicians to change things to the extent that needs to be done.

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I think a good example of that lack of awareness is that a significant proportion of the population still seems to be unaware that social care is not free at the point of need.

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There is social care charging, charges have gone up. Tens of thousands of disabled people are now trapped in in social care debt.

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They're being pushed out of receiving social care support altogether particularly with the cost of living crisis. So I think many of us activists are coming to the conclusion that we're going to have to start taking to the streets again, regardless of the new anti protest legislation,

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to try to use direct action to draw wider attention to the grave systemic problems within social care.

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Alongside that we our user led organisations are going to continue to work together on our own proposals for what an alternative system would look like, what Jon was saying about that kind of bottom-up work.

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We've developed an idea over the last few years, something we're calling a National Independent Living Service.

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And we think it should be free at the point of need, co-produced by disabled people. We're going to continue to argue that government should engage and actually speak to people with life experience when they're drawing up any plans for social care reform. Any reforms must aim at a system capable of upholding disabled people's human rights under the Convention.

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Sadly, despite the urgency of the situation, we can't see things moving quickly.

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We've been warned as such by a Labour Shadow Cabinet anticipating winning the next election. They say it will be gradual, and of course the situation so much more urgent than that.

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Finally, I think the new book is a really important contribution to the movement that we're all involved in that's pressing for change.

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And I just call on us all to find ways to unite and push forwards like we never have before.

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Thank you.

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Thank you, Ellen. A measure of people's desperation. Ellen is talking about taking to the streets and direct action as the only way to make that breakthrough.

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And of course, as a journalist, I share your frustration at the media. Not telling the story We'll come back to that I'm sure in discussion, but let's hear from our second Colin.

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Colin King is a mental health survivor. And since being diagnosed, he's challenged inequalities

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and socially racialized injustices in the psychiatric system and more generally. Welcome Colin.

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Thank you very much, David. Thanks for the invitation.

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I'm heartened and I'm very, very impressed by the direction and the personal commitment

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that addresses some issues that we feel uncomfortable to talk about. That race and racialization is I think a really important priority in mental health work and mental health canvassing and direction.

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I'm really concerned that current data shows that we are the most exploited, victimized and dehumanized group in modern history.

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Unfortunately, if you’re like me, you're 11 times more likely to have a diagnosis of schizophrenia,

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you're more likely to be restrained by the system, you're more likely to be killed in the system.

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Though, respect to people, Steve Kabat, then the police have been arrested for the murder of that young person yesterday.

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So it's an aive issue to discuss and also this is a repetition of modern slavery and mental health work.

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One of the things I preach was a word called, This is the first diagnosis applied to black people by Cartwright in 1651.

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Was really based upon if you ran away from your slavery you were brought back and sectioned. And you can see a repetition in that in our diagnostic framework, our mental health section, the framework in terms of what we called our community treatment orders.

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We will know from data that very few black people access social care interventions early in their lives. Really would I get the appropriate assessment, intervention and treatment that I actually need? Would it be from an ethnocentric culture appropriate treatment model?

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Really would it be about liberation of black people to empower them? More of a say in their care planning, design of their care planning

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and a release in the system. So this book is very critical in this analysis because what it begins to do is place social care within the political and ethnic framework.

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For me politically and more importantly, the whole definition of social care was problematic from a black experience.

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I would like to see it much more aligned to a social cultural model. Of empowerment and liberation of the black experiences.

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I also would like to see it challenge the system which is now leading to, as I said earlier, a real representation of black communities in the mental health network.

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But what Peter does, I think is really crucially important, to share those common issues across the equality lines as well.

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I'm not about protected characteristics and interconnected experiences that are taking place. So there's race and there's gender and class.

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We have got to actually begin to look at that. But I think this is what the book does, and Peter does, and he needs to be celebrated.

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Social care for me is a disguise of a system. It has denied black people, their civil rights in mental health care.

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And we are still based upon elusive notions of co-production which I don't believe in.

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I think it's a notion of inequality. If we look at our legislation

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it doesn't address the needs of the mental health use of force. It says you should give parity to people with lived experience.

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We looked at the mental health reform bill. We are now entertaining a false notion of cultural competencies and cultural capability.

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And also it's now embraced in something called the Patient and Care Race Equality Act which you may or not may have heard about. Its a strategy framework that's now going to be introduced next year,

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which every local authority has got to introduce in their own race equality plans. Those plans are about restricting the practices of black people to be liberated in their own lives.

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Social care is important because it is the mechanism that stops people being sectioned under the mental health act.

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What it reveals is society in which there are great inequalities external to the mental health system where black people are suffering discrimination.

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So it mirrors the discrimination in the mental health system. It's actually a proxy that we've we've caused outside in employment, in education and in housing.

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It is a critical reflection. This book is insightful of a real major issue around race inequality and mental health world and social care work.

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I don't want to say too much, but it's a painful subject to talk about when you've been sectioned under the mental health act

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and your son has been sectioned under the mental health act. And you work in an environment where you can send people in their worst social moment of dehumanization.

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In a system of structure that does not respond to people's recovery, but perpetuates a system that's very similar to the depth of mania that I discussed earlier on.

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But I think there is a challenge here. How we from this book to work together to challenge those institutional systemic cultural barriers.

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Which we actually don't want to discuss and how they then dismantle the system. And actually look at the true culture issues that are actually stopping.

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Social care from being a civil rights issue, very similar to it was in the 1960’s when you had the Black Panther movement.

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We had the moments of the feminist movement and we have the emergence of a socialist movement. So this is the political challenge and we have got to revolutionize how we actually begin to address this.

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Colin, thank you. Thank you for reminding us that we're talking here not just about the transactional nature of social care and support but actually about some very fundamental issues

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in our society that are represented in the failings in our current social care system. And your challenging point about co-production that we may pick that up in conversation. Let me remind our audience to put your questions in the Q&A because we've got 2 more speakers from the panel and then we'll be going straight to the question.

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So please put your questions. And our penultimate panellist is Caroline Emma Albuquerque Green. Caroline is a research fellow at King's College London focusing on human rights

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and long term care of older people. But I gather she's currently transitioning into a new role at the University of Oxford's Institute of Ethics in AI.

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Working on AI, human rights and social care. Very exciting. Welcome, Caroline.

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Thank you so much. Thanks for having me and congratulations to the new book, which I think is really excellent and really important in the current climate especially that we're in.

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So I'm coming with my human rights hat on today. Human rights, the rights and freedoms that we all have simply for being humans.

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And it is a moral topic, human rights and moral values. But they're also legal rights. And we've had them enshrined for over 70 years in various international, regional and national frameworks including the Human Rights Act here in UK.

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That means that our governments have been bound to make a reality to protect, respect and to implement our human rights for many many years.

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But very tragically, when we look at the Equality and Human Rights Commission, which is the national institution in England, and that overlooks human rights and freedom in this country,

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when you look at the human rights tracker, it says that under social care in the UK there has been a regression

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In the way that human rights have been handled in in this field. It says there's been a sustained or severe regression in the enjoyment of human rights or significant reduction in human rights standards or protections in law and policy of the people who are drawing on social care.

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And I find that's really true

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And I find that and especially what we've seen what is happening to the people in their own homes in care homes in hospitals during the COVID pandemic

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but also and before that and now. So I find it very interesting and very important how in the new book we've been talking about Article 19 of the United Nations Convention on the Rights of People with Disabilities.

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There's a framework there that we can draw on, which is very powerful. And there are also people working very hard at the moment actually in Geneva and the Human Rights Council.

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within the United Nations to push forward a new UN convention on the rights of older persons. And where again, the area of social care and health care is one of the main areas of concern that is being discussed where we need increasing human rights protection.

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So, what I really welcome about the book is that there has been the human rights framework that has been around for a long time.

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The responsibility on obligations have been there for a long time, but there has been a regression in the protection and the stance of human rights in social care in this country.

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That's very concerning but we need new ways and new frameworks to really make theory

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take hold in practice. And so you're talking in your book about person-centred practice and how that relates to the idea of living independently and article 19 of the UN Convention on the Rights of People Disabilities.

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And I can see the advocacy groups that are talking the language of human rights. You've seen it with our other panellists who work with the concept of human rights.

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It's such a powerful concept because of it is shared between all of us. It is one about values.

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But it is also one of responsibility. So going forward, let's keep on using human rights.

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Let's keep on using the language and let's put it more into practice. And I think what we need to really make changes on the ground is that all of us, whether we are researchers, researching on the ground what human rights concerns are there,

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and how can we change them? Let's work with advocacy groups. Who are going out onto the streets, who are making their voices heard, where we can hear people's experiences, work together with researchers.

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Let's work with the media, which I think has been really good in this country, raising topics, working with advocacy groups, working with people with life experience and researches to uncover some of these really difficult and concerning topics that require change.

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And let's not let go. And that's why I think the book is so incredibly important because it makes such an important contribution in drawing out how we're using human rights to further the cause of change on a broader level, which I think is really commendable.

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Thank you very much.

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Thank you, Caroline. And of course, the challenge is to get our politicians to see this issue through a human rights lens,

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which in my experience they rarely really understand or accept. Finally let's hear from the other co-author of the book, Peter Beresford, who I'm sure is well known to us all. Peter is currently visiting professor and senior research fellow at University of East Anglia

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and co-founder of Shaping our Lives the independent national disabled peoples and service users organisation.

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Thanks. I hope everyone can hear me. I think it would have demanded a full working week of 7 days from God

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getting our politicians to listen to the kind of issues that we're raising today. But I want to say there are no shortcuts to a fit for purpose

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health and social care system. So what we're saying is that social care needs a lot more than the tinkering around the edges

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so far largely talked about by policymakers. A bit more money, better connection with the NHS, some rationalization.

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We're saying its Poor Law principles are wrong. It will never align with the NHS until they share the same core universalist principles and approach to funding. It has to be rethought fundamentally because our demographics are now fundamentally different with many many more older and disabled people to be served needing support.

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But even more than that a new way of thinking is needed about social care as we've been hearing today.

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We're saying that policymakers must stop thinking of it as a burdensome costly policy that damages wealth creation and instead align it with the massive unprecedented global changes that are now taking place.

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There's the coming reformulation of employment because of AI. Artificial intelligence and the shift that must be made away from employment for production and consumption because of the destructive effects on the planet and its environment and our long-term need for sustainability.

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And that puts social care in the almost unique position of possibly providing a massive reservoir of the kind of valued, important and potentially ecologically sound and positive work that's needed for us to look after each other

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properly in the 21st century. We've been witnessing the international failure of neoliberal economics and ideology. English social care, with its shift

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to the market and advanced capitalist systems of funding, has been an extreme case study of this failure. But instead we have a model of independent living developed by the disabled people's movement and a funding approach.

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Recording at last unmet need and the UN Convention on the Rights of People with Disabilities and its idea of progressive realization.

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That you start to budget to meet these emerging needs for transforming, we can transform social care into the economic generator David mentioned and secure people's human, civil and social rights and their needs that a modern society and modern population demands.

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We need to start on this new journey now. Already the wait has been far too long. Social care can be a model for the new green economics, which ultimately we will have to adopt if the planet and we are all to have a future.

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So we now really do need a different mindset to stop thinking that looking after people is wasteful, dreary, negative, a drain on creativity, and that people should look after themselves and stand on their own two feet.

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As if such looking after is something we should all have, denial of how complex looking after a person say with dementia, life changing injuries or long-term illness actually is stuck in discriminatory sexist notions of its really only women's work.

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And let's recognize it instead. It's probably among the highest expressions, the work of social care, of human work.

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And a collective society. Looking after each other, which AI can't ever replace, and it can be a major source instead of sustainable ecologically valuable and worthwhile and innovative work.

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For all our futures. That's where the kind of radical first principles discussion of social care is so important.

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I'm not opposed to us making the very best of what we've got in the interim.

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But at the heart, though this longer term vision of the future of the planet, the future of work and all our futures as human beings.

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All our futures as disabled people, older people, non disabled people, younger people. There is really no going back.

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Thanks.

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Peter, thank you very much indeed and thanks to all our panellists for keeping their remarks so concise that we've got some good time now for discussion and for your questions.

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But Peter, before we forget, just give us a plug for the book. Is it still available free to download?

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It's going to be available as far as I know forever free to download thanks to the real helpfulness of the National Institute for Health Research, ARC, East of England community who've put the resources in to make that possible.

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But you can also buy a hard copy and through the publisher.

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For those of us who have superior economic means, I do believe there is such a hard copy available.

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Very good. I commend the book to everybody who's online today to take advantage of the generosity of NIHR and download it, if you can't afford to go and buy the rather expensive hard company.

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Let's let's jump straight in on a big question that Bob has put in in the Q&A.

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And it goes to some of the observations that our panellists have made. Bob says, is it possible

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to reform an oppressive system that's ideologically and materially central to the status quo?

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I mean, is reform possible? Colin King, I suspect you may feel that it isn't.

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No, it's because of the history of the system that you're talking about.

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They've been developed over 400 years since slavery. So it's a very sort of complicated intricate system

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of monetary power relationships and ideological frameworks. And there's a fear that we do not actually deconstruct that into reality that fits the needs

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above more than citizenship. I think what is actually needed is support for civil rights movements to get together.

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To look at a completely new system of social care. And not to embrace and accept a system which actually oppresses us

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at this common time and actually give what people says makes us dependent on this neo liberal model of social care

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which is just the new slavery for all of us. So I feel very radically this this system needs to be completely dismantled.

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Thanks, can I invite other panellists to raise their hands so I can see who wants to come in but meanwhile lets go back to Jon because Jon you said a new paradigm would be a lovely thing, but actually we've

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got to live in the real world and make the best of the system as it is now.

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I didn't quite say that, but I take your point. Yes indeed.

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So this is very different, but we work all across the UK and I've been working with some colleagues in Northern Ireland at the moment who are so frustrated and weighted down by the very stuck nature of politics in Northern Ireland at the moment.

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There isn't a functioning government and it's really hard to get anything done. So on a bad day they'll say, well you can't get anything done in Northern Ireland because politics is so stuck.

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And then they'll stop as if that's the end of the sentence, and then other people will say ‘well hang on I'm not sure that's really an option’ is it you know things are really difficult and we have to find ways of working with the reality of that to try and make them a bit

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better in the in the meantime. So if politics is stuck, is there a way of doing it under the radar or do it around the government or do it through other kind of mechanisms to try and bring about some of the changes that we that we need to see.

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So I suppose it does feel like both and for me, I fully take Colin’s point, but at the same time.

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There are some things that we could improve in the here and now and we ought to do that as well as Peter was saying.

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So I do think it's how you work from both ends of the spectrum and if there's a way of making the 2 meet up somewhere in the middle, then you might really be motoring.

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But with my initial analogy, being in Northern Ireland saying, well, hey, politics is broken,

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you can't do anything in Northern Ireland. There's just a load of people who deserve better than that and deserve more than that.

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We've got to find a way of doing something in Northern Ireland and I'm just picking on that as one example from one of the nations, all the nations have got their own.

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Charli, you want to come in?

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I'm not trying to be naive about the nature of the challenges or the barriers but also trying to work with the art of the possible in the here and now to think of ways of making stuff that could be a bit better in the right direction in the meantime.

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Yeah, I think it's a really important question and I think it's, you know, probably the most fundamental question that we have to think about.

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And we have a responsibility to think about as campaigners and activists. And it's one that we've asked ourselves in the Campaign for Real Care which is that the way I see it personally, is that it's a journey.

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We're not going overnight to reach the vision that we all want to see. There has to be

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a process to get to that place. And that actually if we really analyse the cultural problems and we've attempted to do that

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with our local research showing the lack of transparency and the lack of integrity

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amongst social care leaders who perpetuate this idea that everything's hunky dory. They have created a lovely glossy brochure.

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And we know that that's not the reality on the ground. Or the reality that the Care Act has provided us with,

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actually a tool to, realise what a lot of what we want.

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So, our campaign doesn't require extra money. We're not we're not talking extra money to to do everything right now.

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What we're asking for is honesty about the gap between the current resources and unmet need. When you've got a system where no unmet need is recorded how can you know what's actually needed? There's no way of knowing that.

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We have to, first of all, have a good clear understanding of what the need is. And we need to listen to older and disabled people in order to achieve that.

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Thank you. And your experience as you described it in in Barnet has not been good. But a question from Catherine Needham who's online,

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she says, can local politicians make a positive difference given the national politics feels so stuck and she cites Hammersmith and Fulham which I think I'm right in saying offers at a local level free personal care. Ellen, and perhaps you could come in on this.

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Yes, and I think Hammersmith and Fulham is actually addressed in the book and Colin might want to say something about that after I have finished.

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Hammersmith and Fulham is seen by a lot of disabled campaigners as a beacon for what is possible

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with local politicians. I think the getting the administration to agree to abolish care charging and now I think Tower Hamlets is going the same way,

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they are great achievements for the campaigners involved. They do make a material difference to the lives of disabled people in those areas.

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But I think that we have to understand the kind of particular political situations that have gone on in those boroughs that led that to happen.

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So for example, Hammersmith and Fulham Labour were in opposition and it was marginal. They didn't know they would win and campaigners were able to get a pledge out of them. Similar tactics trying to push local politicians in other areas haven't worked in my Borough, Lewisham. Wes et up a disabled people's panel very similar to what they had in Hammersmith and Fulham

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but it ended up very differently in terms of disabled people co-producing and being asked to co-produce cuts.

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So I think that there is a limitation within the current system going back to the previous question - can we reform it or do we need to get rid of it? I think we need to get rid of it. I'm not saying that we should not focus on changes that we can make in the here and now and working with politicians to see what is possible.

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I think what disabled activists would like though is for local councillors to take more of a stand in not passing down cuts

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to disabled people, maybe doing a red Ted, Ted Knight, who was a friend of mine, who was famously thrown out of the Labour Party when he wouldn't implement the poll tax in Lambeth.

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I think we'd like to see if you're going to be a councillor and actually stand up for the people that you're representing, that's the kind of ask that we would have of politicians and we think that they should go further.

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We would like people to get active and put more pressure on politicians to take a more radical stance.

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Thank you. Colin Slasberg, did you want to add anything about the Hammersmith and Fulham?

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Example.

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Well, yes, the issue with Hammersmith and Fulham that we address in the book is the unintended consequences of the abolition of charging for home care,

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which of course is a welcome initiative. The problem arises from the fact the fact that it was unfunded. And the consequence of that

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Is that eligibility is therefore significantly decreased. So that the level of support that people in Hammersmith and Fulham are getting is significantly reduced.

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So, you know, absolutely it's right. It's part of the books vision. It's part of our vision that the service should be free at the point of use.

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But it has to be managed in a way that is equitable and overall fair. The issue that Catherine raised is slightly different.

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Catherine raised the question generally what can local politicians do when national politicians are so stuck? There is a different answer to that.

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Which is that, again, the experience in Barnet, which I've been involved with, is that local politicians can actually do more about the issue

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of the way the system works. The Care Act, as Charli has made clear, does actually create the legislative context

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to take a very different approach that allows us to put need before resource, to expose the gap between needs and resources. But local politicians choose not to do it. In Barnet we did actually get to the point of Labour in opposition agreeing with that,

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putting in their manifesto a commitment to make radical change. But once in power - they won the election last year – they are actually now toeing the line and have gone back on that commitment.

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So the answer is local politicians can actually because it's local politicians that are doing the delivery of the national policy.

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Local councils could say ‘we're not going to do this anymore’. But it will take a brave local council to do that.

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Thank you. Turning back to the to the national focus, Richard Humphries

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says the next government will inherit a weak economy, dreadful public finances and a whole range of public services crying out for investment.

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How can we persuade the Government that social care should get priority. Who would like to pick that challenge up, Peter perhaps.

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Well, I think it's a very realistic expectation of what's likely to happen if there is a Labour government.

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Speaking as of today, when we have a Conservative Government that thinks doing more to destroy the environment is going to improve its electoral chances.

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One is terrified about the degree to which democratization in this country seems to be failing.

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So it's very difficult even to be able to assume, however bad things are, that we might have the possibility of a change of government.

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And I think there is a lack of courage in modern politics in the UK. We do really need to see this as an absolute crisis of democracy.

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In my opinion. And I think that the fact that social care is such a central domestic policy and that for a country that can no longer really see itself as a world player

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domestic policy is what actually matters most. And the way in which it's so unutterably marginalized.

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I mean, you know, whether we're talking about 75 years, or more realistically from the time of the Commission,

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perhaps about nothing being done about social care. And I and I think it's also bound up with other things. My partner works as a welfare rights worker with people aged 50 and over

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in a very ordinary English city. People are living at crisis level. It is shocking and it's not only because of the failure of integration with the principles of health on the part of social care.

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It's the terrifying behaviour of the benefit system. We cannot just talk about how you've got to connect health and social care.

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You've got to connect social care and the benefit system. And I think rightly disabled people have been going on and on in relation to health and social care, about the model of independent living, being able to live having good support to live on equal terms with non disabled people as far as possible. We have a benefit system that in principle is based on the antithesis of independent living - we will only give you any money if you can absolutely

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prove you're incapable of doing things. And then a system which repeatedly, we know on the ground and in evidence, as being daily experienced for many thousands of disabled people is determinedly seeking to deny the difficulties that people are facing through their impairments through their aging and is treating them in the most vicious way possible.

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And we have been opposed to that. A voluntary sector that's been cowed. A Labour opposition that seems to be very wary of doing anything much out of the ordinary.

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Amazingly enough, as people are calling for its abolition or radical change, a House of Lords that seems to be determined to try and look after our rights.

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It's in an absolute crisis position. And I think in other ways, which in one sense is so ironic as it is so antediluvian, social care funding.

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But then another it is absolutely at the cutting edge of modern finance that we see so many contradictions, and I think everyone's right here who says that we need to join forces to get that solidarity that can come from the inclusiveness of modern social movements.

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I think that some people might feel that the kinds of comments that Colin King has made connecting our present situation with slavery

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a bit too strong. But I think if we start to talk about the ways in which modern social care is trapped in old notions which are based on, assumptions of enslavement, of different rights and entitlements.

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Look at the mental health system. For example, it really is powerful. Of course we can expect

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to get the right wing media attacking us if we make such comments and to be written off. But I thought that Alibhai-Brown yesterday in yesterday's I newspaper really made the point about the brilliance of our politicians who were ruling at the moment is to attack everybody else

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for the terrifying state of this country, which they brought on us. And so nothing can be disconnected here, and I think the broader vision as well as the hands on stuff that's being talked about by Jon are both critical

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I think I think when you say the brilliance of our politicians, I think you're using that term advisedly.

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Jon, you want to come in?

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I wonder if there are 4 or 5, strands to it. One sounds really basic and mundane, but I think there's a really important awareness raising task as many people on the panel said.

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Not many people understand social care at all. Most of the older people I work with still think that it's part of the NHS and it's free at the point of delivery. There's just something really important about helping people understand the system and about how unfair it is and to be aware of those issues.

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We, recently carried out a study with people with learning disabilities and autistic people in secure hospital

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Settings, trying to draw on their lived experience to find ways that more people could come out of hospital and lead more ordinary lives in the community.

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We produced a policy guide and a kind of training video, the funders make you write a 50,000 word report that nobody apart from me ever reads.

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But we also worked with a local gallery who commissioned a really, fantastic, but a very controversial artist in Birmingham to produce an original installation

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amplifying the voices of people with learning disabilities in long stay hospital settings. We paid for a billboard campaign across Birmingham so that the exhibition spilled out. I was inundated with people from all over the country and indeed all over the world

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just so shocked that so many people with learning disabilities are still in secure long stay settings in the 21st century.

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They assumed it had gone out with the Victorian era. People were upset, they were angry, they wanted to know how they could act. They were going to write to their MP. It just kind of connected with people in a way that our research

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itself could never have connected. So I do think there's something about awareness raising. Secondly, I wonder if some of that needs to be quite positive,

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which sounds really strange in a situation that's so difficult. But when we do work around the recruitment and attention of staff in adult social care, for example, I wonder whether we give really weird messages.

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We say there's 150,000 vacancies. It's awful. Please come and work here.

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Which just seems like a really difficult message to sell. Rather than when we get it right, care is amazing.

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It's about what makes the world go round, isn't it? You know, we learned during the pandemic how awful it was when we were cut off

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from each other. Care changes lives. There might be 150,000 vacancies, but there's also 150,000 opportunities to make a real difference.

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Why would you not want to be part of that? Third, I wonder if there's some demographic issues, whether the sheer number of people affected means that that this has to be more of an electoral

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issue. In future I must see 2 or 3 colleagues a week at work just in tears about care related situations that they're facing themselves or in their families,

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not knowing where to turn for support. And you know those are all really articulate politically active people who have a voice outside of their day job. I just wonder whether the demographics reaches a tipping point at some stage that means that maybe you couldn't win a future election unless you do something about care because the numbers mean that it's so significant.

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Fourth, there's something really important about the social and economic impact that this has.

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So the more we invest in in strong communities and in good relationships with each other and in care the better the NHS functions, the lower the social security bill, the more people are able to work and pay tax and national insurance. There is a quantifiable invest to save case there

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that you can make to the Treasury. And I suppose finally I just wonder whether we all have a role to play as individuals.

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We're all taxpayers and voters and citizens, and I wonder sometimes whether we end up with the quality of care services that we deserve as a society. If enough of us said this isn't good enough and it needs to be better then ultimately it would have to be better for someone to win a future

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Election. So I do feel a bit culpable myself as well as a private individual.

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So I don't know if that answers Richard's questions but if it was me I'd be thinking about those different kinds of things, some of which I genuinely believe,

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some of which I think are probably more slightly tactical to package. Things in arguments that might resonate with some of the key audiences but that's what I've been doing.

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Thank you, Jon. Colin, did you want to add to that?

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Yes to everything that Jon and Peter said, there'd be 2 things I would say.

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The first is that the principle of need preceding resource launched the NHS in 1948 in post war austerity

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without a single new doctor or nurse. The key ingredient was political integrity and commitment. The second thing to emphasize is that putting need before results has a major pragmatic impact.

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Research has shown for many years that when you do put resource around the needs of people

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there's actually a much more efficient and effective use of that resource. You can go back to the 1980s.

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and the project in Kent which eventually led to assessment and care management - which didn't actually deliver the Kent project - but what the Kent project did was to demonstrate that, with a group of about a hundred older people at risk

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of residential care, by putting need before resource so that they didn't have service-led assessments, they were genuinely person-centred with a cash budget they reduced the admission to residential care by 60% in the first year alone.

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So research has consistently shown if you use your resources properly in social care you get much better outcomes. So there's a pragmatic argument.

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It won't require a single penny in new money, but it will require political commitment and political integrity.

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Thank you very much, Colin. We've got about 15 min to go.

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So, keep those questions coming, but I want to get back to Colin King’s provocation earlier in his opening comments about co-production.

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It's flavor of the month, you hear it everywhere. Colin is obviously deeply sceptical about it to say the least.

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I wondered if there were other views among our panelists.

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Charli

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Yes, I have very strong views and I fully agree with both Colins. The experience we had in Barnet

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was 8 people in a room, with the council having prepared the whole thing, ready with boxes to tick

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and subjects to talk about. This is their idea of co production, and sadly I think it's been fully co-opted by the system. I wonder whether it might be better for us to start using different language

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because it's not getting us anywhere.

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Anybody can use that term. One of the key things we were trying to bring up was around

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co-production at the individual level

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at the point of assessment. We were in a meeting yesterday with a group of social care professionals who were being asked about co-production and about listening to the voices of disabled and older people.

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They were saying they find it really difficult to connect with enough older and disabled people to hear their views.

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But I found that astonishing when social workers’ role is to listen to older and disabled people at the point of their assessment about how they view their needs.

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So we've got a real issue with not understanding that the first element of co-production happens at that individual point where needs are assessed.

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Care plans come off the back of that. If that's not being done properly, if people aren't being listened to at that level,

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how can we possibly think that that they're being listened to at a strategic level? Or that they're going to be willing to take part in any discussions at a strategic level. So I think co-production

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in its current form doesn't mean anything. It's a buzzword and we've got to really address that and hold people to account on what they mean when they say co-production.

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Thank you, Charli. Peter wants come in, but I like it. I'd like Ellen to come in as well because I wonder whether, flawed as it may be in practice, whether it's not nonetheless important that organizations are signing up to the idea. whatever they think it is.

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Pete, anyway, come in.

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Well I think at a global level it's right to have enormous reservations about co-production as just another jargon word.

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I have been fortunate. I've been involved in what I would regard as, perhaps modest examples of truly co-productive activity with people with commitments and integrity.

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But I want to turn to turn to the missing bit here which is people's opportunities to have collective action and to be involved in what we've come to call either disabled people's or user led organisations. One of the things that both Shaping Our Lives and the national service user network

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found out in research was the way in which funding, already very much biased against those self-organizing collective organizations,

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was getting worse over the last 10 years, and that while either having to close down or becoming more and more attenuated in what they could do.

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I think true co-production really does involve your own organizations, people with shared experience.

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We know that's really the basis for being able to grow and develop in relation to broader politics. That was the strategy which New Labour had which was terminated when it lost power and tried to build a national strategy

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around this. And I think we need to, bring that back as a realistic article of the kind of strategic approach that someone like Jon is talking about for a future change in social care.

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We need our own organizations.

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Yeah, so I do have reservations about co-production. Although it's something that disabled activists encourage local authorities and any policy makers to engage in.

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Co production is just one level down from the top of Sherry Einstein's ladder of citizen participation that was developed in in 1969, just below organizations and initiatives

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That are fully user led by people who have lived experience. But in reality our experience is that co-production is not that kind of high level of people in power giving up power

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and sharing it with us. Our experience, I think, is either as Charli and said, well, you've got this tick box exercise and the parameters are already set.

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Or the other example that you'll have is politicians and policy makers wanting to start from scratch so they'll say let's start with a blank piece of paper and this is us properly, you know, starting from scratch

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with you sharing the power. But they're actually using that as a delaying tactic. Because they don't like the things that we're actually going to start

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asking for and the kind of ideas that we've already formulated. So you know our experience of it is does lead us to be quite cynical of it.

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But obviously there are things that you can achieve with it, however small. There are mitigations that you can make, there are new ideas that can lead to some improvements and that we definitely need any improvements we can get in the quality of people's lives. But I think as a disabled activist I think our call is always about where you're going to put your effort.

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So I think it's a strategic question and it depends on the particular example, of where you might be co-producing. You might think that that's the best place to put your efforts, or as Peter is saying, it might be collective action is the place where you're going to be most effective in achieving that, whether it's a short-term win or working towards your

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longer term goal of more radical change.

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Thank you. And Colin, you set this one rolling, do you want to come back in?

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Yeah, can I thank, Peter to believe in my delusions about slavery. I know it's a provocative issue, but data shows 90% of community orders are in relation to the black community.

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The problem I have with co-production, you need to look at pre-production, systems, patterns and control

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that lead to inequalities in relationship, power in relationships. This is the major thing about co production. When you give a narrative to someone with a lived experience, you're taking away someone's power because you're actually labelling them just like a bug.

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This leads to a history of inequalities. And also people’s lived experiences, their epistemological framework

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Is not given parity to traditional framework that are used to analyse social care. So it's using a very Euro-centric model of analysing social care and social care needs like Maslow or Rogers but not actually given recognition that lived experience is a legitimate framework and a cosmology that should be used.

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And that's the major problem and barrier to co-production. We do not co-produce, we reproduce and then we co-produce the lived experience.

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So me as a black man, I become a black man first with mental health, a mental survivor.

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That's my capital to entry in the summons world. I've got no legislative framework as a black person who has got a very important ethnocentric theoretical framework.

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It could be just as important about how we assess people. It's social care needs.

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Thank you very much, Colin. We're into the last 5 or 6 min.

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I'm conscious we had a couple of questions about human rights and we unfortunately we lost Caroline through technical problems. I've been waiting for her hoping she'd rejoin us

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but I don't think she's been able to

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We may ask Caroline to correspond with Jo Rooney on your question after the after the session.

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But probably our last question is from Rob Fountain.

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And he says, how do we get or get back to social care being supplementary.

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and complementary to what friends, family, neighbours and communities can provide for each other.

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Could be quite a controversial question. I wonder if our panellists have views on that. Is that an aspiration we should keep in mind.

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Who can I come to first? Charli?

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Thanks. It's a good question.

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I think I think we think about it in a wider context. I've read a book recently called The Care Manifesto, which talks about the way that our societies set up.

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And this idea that It's women's work to do care and it's the nuclear family's responsibility to care for their their loved ones and, and all these kind of broader ideas upon which our society is based.

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And that, until we have a society in which, we are really able to

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look after one another, society is not set up to allow that to happen.

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It's actually set up to hinder that. With the pressures of working and

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paying rent and all the things that everybody is facing with the cost of living crisis. That yes we need to be able to support people that we care about and support our communities but what we really need is a state that that can support and encourage that.

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Thank you. I'm going to have to hurry because we're running and I want to try to get everybody in quickly.

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So, so can I ask for, brief responses on this?

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Ellen.

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Yeah, I think that already our communities do provide a lot of interdependence support to one another.

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It is increasingly difficult for the reasons that Charli and I pointed out, that all of our lives are becoming harder and harder

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But I do see in working-class communities a lot of support that people provide to each other.

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What disabled people are concerned about is where we don't get a choice in who provides support to us and often the relationships in formal support relationships with family members or friends are actually things that are thrust upon us, and which those people experience as a burden which creates a very oppressive power dynamic. We actually want to move away from talking about care because we think that that it's a very cosy word and it actually disguises

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the exploitation that can go on on both sides of that dynamic.

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Thank you for that. Jon

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Yeah, I mean, I think you need to start with the lives that we want to lead and then how we go about moving in that direction and that might involve different roles being played by different people.

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In a worse case scenario, public services completely ignore what happens in people's everyday lives and the communities and the resources and the networks that they draw on or they ride

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roughshod over it. So there's a there's a way of bringing all that together so that it's part of the overall picture without it being the State passing off its responsibilities on individuals, which is what that debate can so easily become. A lot of this, as Ellen said, is to do with choice and control, so If you've got choice and control over who supports you, one person might choose for that to be a family

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member and the family member may choose that as well. The next person would want anybody but a family member to be the person providing

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that support. If you had the choice and control then you could decide what kind of relationships you had with each other without the state

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telling families how they ought to relate to each other. Really it seems, really odd that you've got a government that doesn't believe in the state intervening, intervening in families to tell them what kind of relationships they should have with each other.

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I'm not sure as anyone else's business.

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And I think we're saying it's not a binary choice, but Colin King, do you have a view?

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Yeah, I think I'd like it to get back to the civil rights community social care model of the sixties when it was really about true empowerment.

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Providing social care services, based on self -empowerment and true education.

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People are getting back towards much more into those power dynamics.

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and actually understanding the community.

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Thank you, Colin King, Colin Slasberg.

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Absolutely. I think Jon, hit the nail on the head its individual.

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If we've got a proper system that responds to the individual and the individual’s wishes and choices and what works for them that's the way the State should operate - in authentic partnership.

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And Peter.

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Well, if there's one thing I'm going to remember from today, I really think it's going to be about the necessity to decolonize social care.

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And of course, as soon as you introduced that word, you know that you'll just have roars of ridicule

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from the powers that be. And let's remind ourselves that we are supposed to be living in a society

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that's moved to one where 1% of the population dominate the lives and have the power and the resources which should belong

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to 99% of the population. I think the most helpful way forward for social care and indeed everything is the building of equal alliances between our different movements.

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I think Ellen's touched on it. I think it's absolutely central. Otherwise we're always going to be in minorities.

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But that way we can be a majority. And I think that one of the ways that's going to encourage us to do that is recognition of our intersectionality.

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You know, we are more, we are all of us many things which can create bonds and links between us. I think I think it's a shame that we haven't touched on that other issue, which government so wants to divide us with, which is the issue of the lives of trans people who have particular support needs from social care which I think very often they're being failed in relation to

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them. So we need to be talking and working together. That's the thing.

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Thank you, Peter. I declare the future of social care well and truly launched. Do download your free copy or purchase a hard copy if you have the means to do so.

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I think its been a good discussion. I think we are all in agreement that the system is in dire need of change.

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I think we have healthy disagreement about whether it's salvageable or whether we need to

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aim direct for the new paradigm, or whether we can actually work with what there is now bottom up to make things to make things better. I'm sure this debate will continue.

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Thank you to our audience for joining us and for your questions. Thank you to our panel. Please cab offer them a virtual round of applause.

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Okay.

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Goodbye.

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Thanks. David.