



**THE NEW
SOCIAL CARE:
STRENGTH-BASED
APPROACHES**

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2020
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THE UK NETWORK FOR SMALL COMMUNITY SERVICES

About Shared Lives Plus

Shared Lives Plus is the UK network for small community services for older and disabled people. It represents Shared Lives carers and schemes and works with Community Catalysts to support social care micro-enterprises. It is also the network for Homeshare schemes.

www.sharedlivesplus.org.uk | www.communitycatalysts.co.uk

Summary

- Most care and support resources have always been found in families and communities, not in services or state budgets. Now more than ever we need to see growing ‘social productivity’ as the core business of social care services and commissioners.
- Families and communities need government to support them in developing their strengths and resources. At present, the most important supportive relationships to a vulnerable person’s well-being can be ignored or even inadvertently undermined through the wrong kinds of interventions.
- This pamphlet contains many examples of the right kind of interventions happening already, even where care budgets are shrinking. A ‘networked’ model of care – when formal services fit themselves around informal networks and develop people’s strengths – is much more effective and less wasteful.
- The government’s White Paper and draft social care Bill go some way to creating a networked model of care focused on well-being and resilience, not crisis-management. But the Bill must change the system further, ensuring the focus on people’s abilities and potential replaces the needs and deficits focus of current assessment procedures and that everyone, whether eligible for state services or not, can access support to plan their future.

Introduction

by Paul Burstow MP

Rt Hon Paul Burstow MP, was Care Services Minister between May 2010 and September 2012. He led the work on the Care and Support White Paper and Draft Bill. In November 2012 he was appointed as a member of the Joint Committee examining the draft Bill and was elected to chair the inquiry. The Joint Committee's report was published in March 2013.

Social care is facing tough times. Social workers now deployed principally as border patrol, policing access to increasingly insufficient resources against a growing clamour of seemingly limitless need. The only access point, a humiliating demonstration of vulnerability and dependency.

It is a deficit model that has dominated practice and policy for decades. Yet it is now clearer than ever that it is unsustainable. Social care is consuming an ever greater share of Council resources while the number whose needs it meets is paradoxically diminishing, shunting costs onto the NHS and leaving increasing numbers of people struggling to cope.

The 2012 Care and Support White Paper¹ was a call to action that championed an asset-based approach to stem the tide of need and harness the strengths of the individual and their community. But will it prove to be a milestone on the road to real change or a gravestone marking the end of a brief period of optimism?

As the contributors to this pamphlet demonstrate, there *are* grounds for optimism. The state of public finances may be the trigger, but the case for radical change has been building for years.

As the Care and Support Minister until September 2012, I had responsibility for drafting and then piloting the White Paper through Whitehall. It was an opportunity to translate liberal ideas of reciprocity and resilience into Government policy and legislation, ideas that I had talked about in opposition for over a decade and which had been pioneered by a growing number of professionals in their practice.

As a liberal I believe that independence at its best is achieved within a community of interdependence. The strength of communities is their capacity to mobilise individual and collective responses to adversity. Community is more than a simple matter of geography. It is about how people connect with each other, the power of relationships and reciprocity, whether based on common interests, friendship, or the giving and receiving of support. These networks of informal ties are what make up the many and diverse communities each of us benefit from. And – as we may all know – without community, independence can become miserable isolation.

Yet these networks are sadly not a given. The White Paper is clear that practice needs to be much more focused on recognising and building links between the strengths of individuals and communities, not only on waiting to come to the rescue of casualties when networks fail.

1. *Caring for our future: reforming care and support*, July 2012, Cmnd. 8378.

This approach suggests that if the care plan for an older person just looks at the two hours a day when they need formal help and ignores the other 22, it has missed the point.

The most important links in that person's network may be their neighbours who pop round for a chat, their children who deal with the bills while they watch their grandchildren, or the weekly scrabble tournament with an old friend.

Mapping these networks, whether they consist of five people or fifty, whether they are local or more distant, should be the starting point for care planning, not an optional extra. This is the only way to achieve the White Paper's aspiration of putting prevention and well-being at the heart of social care.

As Sandie Keene describes in her contribution, these ideas are not new. Leeds' Neighbourhood Networks have evolved over the past 20 years and have changed the way care and support is organised and delivered in the City.

Indeed, almost 50 years ago, the Seebohm report² recognised the need to break the vicious circle of crisis care and argued against a 'symptom-based approach'. And this vision of well-being and community involvement was restated in the 1982 Barclay report³ which argued that social work should be a balance between casework and community work.

Neither Seebohm nor Barclay prevailed. So will it be different this time?

One of the reasons past attempts at shifting the focus onto well-being and community have failed is that when resources are under pressure, practice defaults to the minimum requirements of the 1948 National Assistance Act.

That is where the Care and Support Bill comes in. It establishes a new mission for social care: the promotion of individual well-being.

Having framed the policy and the legislation while in Government, I did not expect to have opportunity to look at it afresh; some might say to mark my own homework. But as Chair of the Joint Committee of Peers and MPs scrutinising the draft Bill I have done just that. While the Bill has been widely praised there remain missed opportunities, and as Alex Fox argues in his contribution, the draft Bill needs to be amended to make a reality of the White Paper's 'radicalism'.

However, while getting the policy right is essential, it will not be sufficient. There needs to be a social movement that draws on practice to demonstrate what works, and successfully drive change. The contributors to this pamphlet offer both vision and practical ways forward. Things can be different, and in some places a new approach is beginning to gather momentum.

The change has started. Now we must quicken the pace.

2. *Report of the Committee on Local Authority and Allied Personal Services*, July 1968, Cmnd. 3703.

3. *Social workers: their role and tasks* (the Barclay Report), Barclay, P. (1982) London, Bedford Square Press.

A networked model of care

by Alex Fox

Alex Fox is CEO of Shared Lives Plus, the UK network for small community services for older and disabled people.

Which is the service that fixes loneliness?

With all too regular reports of services failing to ensure even the most basic levels of care and safety, some might argue that loneliness is not the most important problem we face. But loneliness and isolation are public health issues with an impact and costs on a par with smoking.

It is a sign of economic progress that many can afford to live in a place of their own, even in later life. But the other side of that coin is that our greater mobility and freedom of choice have helped us to opt out of bonds which used to tie us more rigidly to family and community. We do not wish to recreate those bonds as they were, but we feel their absence. It is still early days in the internet connectivity revolution which has allowed us to make shallow connections with people on the other side of the planet, but not yet to reconnect with our neighbour's neighbour, or to help individuals, family carers and professionals to work as a team.

There should be no competition between investing in tackling the challenges of modern family and community life and investing in services. Many councils have made single digit savings through 'efficiencies', but many report needing savings of thirty or more per cent. It is not realistic to aim to do the same things at two thirds the cost. Instead we must reform the relationship between the state, family and community, enabling people to use their creativity, resources and relationships to the full, without abandoning those who do not already have the 'social capital' to do so.

In fact, most of our care and support resource has always been found in families and communities and not the state, whose care budget is around a tenth the value of unpaid family care. So adult services, instead of trying to fit people into service 'boxes', should align their interventions with people's 'real' relationships and avoid at all costs undermining them.

This approach is not supported by the current legislative framework. The Bill in its draft form goes some way to address this, but the Joint Committee makes important recommendations on going further.

Shared Lives Plus, Community Catalysts, In Control, Inclusive Neighbourhoods, Inclusion North and Partners in Policymaking based our submission to the Committee on the observation that the current legislative framework creates two very separate worlds: the 'ordinary' world of family and community life and what some have termed 'service land'. In using 'gatekeeping' to reduce demand on services, the current

system reserves its resources for reactive and crisis services, not early interventions designed to prevent greater need. So, despite the best efforts of many caring and dedicated professionals, people's first experience of social care can feel disempowering:

1. Eligibility assessments ask, 'Are you vulnerable and needy enough for us to talk to you?'
2. Upfront means tests ask, 'Are you poor enough for us to offer you something?'
3. Complex planning and resource allocation systems suggest, 'Our experts have decided upon your category. You'll need a professional guide to negotiate our care pathway.'

Even if a person can prove their high level of need, their low level of income and a lack of family care, they may find themselves receiving maintenance-only support and needing to demonstrate their continued dependence to remain eligible. Given this route into 'service land' it is not surprising that 'personalisation' system reforms, designed to be proactive, empowering and creative, have not always had their desired impact. The greatest impact of Self Directed Support – giving people new choices and putting them in control of their support – has often been felt by those with well-established entitlements to significant budgets who can manage a team of personal assistants, or have a relative who can. Those with smaller entitlements, or fluctuating needs, or who have support needs which are more social than physical, have found life on the borders of 'service land' harder.

Current 'preventative' interventions are not always the answer. Few early interventions are tested for the risk they may undermine informal networks of support. Many information and advice services only signpost people into 'service land'.

A 'strengths-based' (or 'asset-based') approach rejects the exclusive focus upon need, looking first for potential, skills, relationships and community resources. To embed a strengths-based approach, we need the route towards support to start with an easy-access conversation with someone whose job is to inform, empower and connect people, with services as the last not first resort. Australia's extensively evaluated Local Area Coordination model aims to produce not an assessment but a plan.

We think that this kind of support to plan is so vital to transformation it should be a commissioning duty, which could be discharged by councils through refocusing their contracts with existing information, advice, navigation, advocacy and brokerage providers. These organisations would become clearer about their shared purpose: to help people to help themselves and each other and to reduce the risk of increasing dependence.

To inform their plan, the individual's needs would be recorded, but also their strengths and the current and potential sources of support. Rather than eligibility tests being 'up front', they would be reserved for those whose needs could not be met in any other way except by services.

A system of this kind may not be able to identify a service to fix loneliness. But it would have the potential to help people to connect with each other to fix their own isolation, whilst also accessing the essential support that they needed to live safely and with dignity in their own homes.

Making connections and giving support to people who are at risk of social exclusion

by Lynne Elwell

Lynne Elwell introduced Partners in Policymaking to the UK. It is a national leadership training programme, the philosophy and ideas of which draw on Lynne's experience of supporting and educating her daughter who had significant support needs.

There is no doubt that we are experiencing massive changes, both in our economy and in people's expectations. So we all need to re-examine the best use of our assets and resources, to ensure that the most vulnerable people in society get the support they need to achieve the best lives possible.

In 2013 we are still talking about everyone being included and supported. But recognise we are all born into families and communities and it is only when we show some difference that we are at risk of being excluded. When this happens, individuals and their families have to navigate systems intended to support them. These systems are often complex and change constantly.

Traditionally, they look at what is wrong and see their job as trying to fix it. We can, though, look for a person's capacities and skills, not just at what are considered their deficiencies. For instance, an older person may have useful life skills and experience. Someone with autism could be seen as having obsessions or great attention to detail.

Families are a huge resource, but we must invest in them and work with them to help plan better systems and networks. Partners in Policymaking is a vibrant, family-led network which is uniquely well-placed to respond to changes taking place in health and social care. With its origins in the United States in the 1980s, it began with the recognition that whilst disabled people and their families share many challenges and difficulties, they are often divided, without a sense of community or leadership. Often disabled people or family members would 'just talk about their problems, not about what would make things better'.

But families can come up with creative solutions, if given information about what is available and possible, along with strategies for using that knowledge to discover and build on individuals' strengths and assets, rather than concentrating on what people 'can't do'. As Marcella, a parent, describes: 'Partners has changed my life, not just because of the knowledge and new skills that I have gained, but because of the people I have met and the inspiration, encouragement and friendship my fellow partners have given me'.

Three people from different regions in England faced challenges which would normally be met by expensive traditional or institutionalised care, which would have reduced their chances to build natural support networks via local connections.

Connor is seventeen, he has Down's Syndrome and on leaving school had no idea what he might do in the future. We planned with him, listening to his dreams and aspirations, which centred on football, music and boats. Connor is now coaching a football team, and learning how to be a referee. He is part of a local band and learning to sail, gaining skills and experiences which will help him in the world of work.

Natalie has autism. She had stopped speaking and cut herself off from everyone except her immediate family. We spent time with her, building her confidence through using her interests and passions. Natalie now communicates through videos she makes on her iPad and was central to developing her own person-centred plan. Her family say that all their lives have completely changed as a result.

Debi has significant health support needs. Her Mum did a Partners course and learned about postural care. Debi now has a plan that includes her sleep system. This has meant she hasn't needed spinal surgery, attends mainstream school and is happy.

In 1955 in the US, Rosa Parks sat down on a bus in the section reserved for 'white people'. When Parks was told to move to the back of the bus, she refused. History was challenged and changed because one brave woman was tired of being excluded, of being less than equal.

We are tired too: tired of feeling excluded from communities; tired of hearing people's desperation at trying to navigate systems that seem to put all the energy they have into making sure people know their place. We refuse to leave our destiny in the hands of the systems which exclude us. Our destiny will ultimately be determined by the personal choices we make today.

Can local government deliver the change?

by Sandie Keene

Sandie Keene is Director of Adult Social Care at Leeds City Council and President of the Association of Adult Social Services.

The Commission on the Future of Local Government, published towards the end of last year, painted a picture of local authorities in the future looking very different as they emerge from this current period of unprecedented change. The Commission concludes that the new-style councils will be based in civic enterprise, defined as a new leadership style for local government, where councils become more enterprising – and other partners become more civic. And, crucially, citizens become more engaged.

Adult Social Care is well-placed to play its part in this new world, based as we are in the lives of people and so closely connected with services, businesses, organisations and groups small and large that are dedicated to people who need care and support.

Moving away from the paternalistic delivery of care in the ‘old world’, we are becoming increasingly skilled at delivering better value through preventive and reablement services, achieving efficiency through smarter working; through decommissioning and re-providing services, and through transforming them. Over the past two years, around £1.8 billion of savings have been delivered in the Adult Social Care sector – and more efficiencies will follow this year.

Old-style social care saw people with problems. Today, we see people with potential, hopes and aspirations – and we see families and communities ready to help individual members of society and improve the well-being of populations. Within communities, entrepreneurs of a new kind are emerging, who are already making a difference and on whom local authorities are targeting support because of the added value these inspiring individuals can bring. A new civic relationship is emerging, with councils co-producing solutions with communities and also engaging the business as well as the third sector.

Over the past 20 years in Leeds a community movement which we call ‘Neighbourhood Networks’ has gradually redesigned the way we support older people with long-term conditions. These are voluntary organisations that support older people – and are largely *run by* older people. As the Council disinvests in old-style day centres, one of the Neighbourhood Networks has seized the opportunity to acquire a community building, from which it is preparing to deliver an astonishing array of services tailored to the older people in the locality.

Dispelling the myth that entrepreneurs have to be young, this Neighbourhood Network has persuaded First Direct Bank (based locally)

to provide 30 regular volunteers for their timebank. It is an approach that unites corporate social responsibility with reciprocity as the bank develops its workforce and the individual workers develop themselves through their community work. The Council, for its part, provides a linked social worker and future plans involve developing a social enterprise to employ staff who will commission locally-based care using personal budget, and developing local social capital.

Wrapped around the work of this voluntary organisation is a new, integrated multi-professional group, working with local GPs to identify people most at risk of an escalating health or care problem. Together, the team plans health, social care and wider well-being services that support individual groups to self-manage their conditions.

This is just one example of how the broader third and social enterprise sector are fundamental to delivering the change we need in the new world of local authority Adult Social Care. It puts social work back into communities, where local people provide the leadership and build on the strengths of mutuality and reciprocity involving individuals, families, communities and partners.

The days of local authorities being paternal and change-averse have gone. Instead, communities are finding strength from within and look to their councils for help in delivering the changes *they* want. A new social contract is evolving between councils and their communities that will deliver the changes that we all know are needed.

Mutualising social care

by **Steve Reed MP**

Steve Reed MP was elected as member for Croydon North in November 2012, having previously been leader of Lambeth Council.

Britain is an aging society, with healthier lifestyles and medical advances meaning that our older population will continue to grow. Many older people have lived their lives proud of their independence, and they value the control they have over their life choices. For these people it can be a frightening as well as a deeply disempowering experience to find themselves subject to decisions made by others. Some older and disabled people are told which day centre they will attend, who will come into their home to care for them, when and what they will eat, when they can socialise, sleep, bathe or even go to the toilet. In a time of austerity, with cuts to basic local services, it remains vital to meet the wider challenge of ensuring that people using care services preserve their power over what happens to them.

There are two changes already under way that start to address these problems: integration and personalisation. Integration seeks to remove the artificial barriers between services which are preventative or home-based (often commissioned using council funds) and acute services, such as hospital services provided by the NHS. By integrating the preventative with the acute, there is a clearer financial incentive to stop low-level health problems escalating.

Personalisation is an approach that gives the person using care services more control over what care they receive, who provides it, and what they want to achieve with the rest of their life. By giving the individual more control over what is done with the budget allocated for their care, with appropriate professional advice, they are in the driving seat.

Take-up of personal budgets, particularly of those taken as a cash Direct Payment, although growing, is still low, particularly for older people. There are barriers that need to be overcome to extend personalisation more widely, including better advice, guidance and facilitation for the service user and their carers, and a wider range of flexible services to meet new and changing needs.

Integration is a structural change; personalisation is based on empowerment. That principle of empowerment is key to improving a wide range of public services by making them more responsive to the real and self-defined needs of the people who use them. A logical next step for personalised care budgets is to expand its power to influence the market by encouraging the creation of clusters of budget holders. The cluster would be self-defined as far as possible, and would pool the budgets of a number of service users who have something in common that affects the service they want to receive. This might be as simple as living in the same neighbourhood, or it might be a shared ethnic or faith background, type of disability, or care objective.

By pooling their budgets, care users can have greater purchasing power to influence the market to provide appropriate services. If a group of Somali Muslim elders want to receive home care that is sensitive to their specific cultural needs, they may be able to commission such a service through pooling their individual allocations.

For optimum effectiveness, clusters need to be small enough for individual service users to know and care about each other; stable enough to deliver the outcomes required over a sustained period of time; and flexible enough to adapt as needs change or individuals need to move in and out. They require the full engagement of professionals at every stage so that individuals are supported in understanding their problems, agreeing a care plan that addresses their needs, and moving on when necessary.

This will inevitably lead to demands being identified that are not currently being met. As well as influencing existing service providers in the third, public or private sector, councils are well-placed to help develop new start-up enterprises to meet new needs and to provide the necessary oversight. Local authorities have access to office space; back-office systems including HR, IT and finance systems; and legal advice. They can facilitate mentoring from more established service providers, as well as holding budgets on behalf of users that could provide financing to new providers. By bringing these supply-side interventions together, councils can help develop new community-based services including social enterprises to meet changing demand. In some cases, this would also create new employment opportunities in communities experiencing high levels of social exclusion.

Pooling personalised care budgets is a model of mutualising care services so they become more responsive to the needs of the people they serve. If people don't like the services they are receiving, they can change them. If they want services that don't exist, they can help create them. This is not a panacea that can magic away the pain of funding cuts, but whatever level of resource is available, we will generate better value for money if public funds are used to deliver outcomes that service users want.

Strengths based social care

by David Burbage

David Burbage is leader of the Royal Borough of Windsor and Maidenhead Council.

The Royal Borough of Windsor and Maidenhead (RBWM), was chosen in 2010 as a Big Society ‘vanguard’ – one of the main tasks being to further civic engagement. Along with other local authorities faced with an aging demographic profile and higher costs, we want to realise the benefits of enabling lower level support to be more widely available, but not adopting the heavy-handed approach of restricting eligibility criteria. This can be done in a number of different ways.

Our Lead Member for Adult & Social Care was very keen to build on the strengths that he saw in his local communities: people helping each other out. He could also see a gap for people who might not be eligible for social care, but who were living on their own and needed a system to put them in contact with local people to reduce social isolation and depression in old age. There was also an interest in new ways to motivate people to assist each other and our local Older People’s Forum was interested in how new technologies could help people contact each other.

Through looking at other models of care for older persons, noting the extended family pattern commonplace in some communities, the most relevant was the Japanese system of Furei Kippu, whereby individuals living far away from relatives who needed social care support, could support an elderly person nearby.

As a result, and with support from the Department of Health and Cabinet Office, we have introduced CareBank in partnership with the WRVS, a new initiative that allows volunteers to earn credits which can either be exchanged for community services or gifted to people who would benefit from support from, for example, a good neighbour or befriending scheme.

CareBank aims to establish whether or not communities can be incentivised to volunteer and to support others, including the most vulnerable. Developing this into a national system would raise lots of questions, such as who will underwrite and manage credits and maintain their value. These will be considered in the independent evaluation by Frontier Economics due to be published in the summer of 2013.

The CareBank model aims to:

- Encourage greater participation, particularly for groups who typically have lower than average volunteering rates
- Deliver positive benefits for those giving or receiving support

- Strengthen community ties and networks
- Deliver cost savings and other benefits for existing services in the area

To date, there are 63 volunteers and 137 recipients, with a target by May 2013 of 11,000 traded hours. Local community enterprises are contributing to rewards that range from a café, to an Arts Centre, a local Garden Centre, and discounts for Council Leisure and Library Services.

The council is developing CareBank alongside a number of empowering and ‘strengths-based’ approaches. We have identified gaps in existing services and existing services which need to be more proactive and varied. We have developed a web-based advice and information system, to steer people to information on support to help them remain at home for as long as they want and we have developed assisted technology and telehealth support systems, in partnership with local GPs.

For some older vulnerable people, living in their own homes can become a challenge. But many people do not want to go into residential care and be removed from their local networks and support. So we are extending our Shared Lives scheme, to offer support during the day, short breaks and longer term care. Shared Lives is a family-based model of care in which registered Shared Lives carers are matched with older or disabled people who need support. They then share family and community life, with the adult who needs support moving in to live as part of the family or becoming a regular visitor. For those who do not want to move and have a spare room, we are developing a ‘Home Share’ scheme where, following safeguarding checks, people who lack affordable housing, such as students from lower income families, will move in with an older person who is looking for companionship and a little help with domestic tasks. The person moving in helps out instead of paying rent.

As a council, we have used the Big Society concept to organise our work around existing and new community assets. The initiatives we have developed help people to connect, giving them opportunities to contribute much more to their neighbourhood, and in return experiencing real choice and often much improved outcomes.

Conclusion: a social care revolution – building on strengths not needs

by Ben Lucas

Ben Lucas is Chair of Public Services at the RSA, and Principal Partner at RSA's 2020 Public Services Hub.

This pamphlet is published to coincide with the Joint Parliamentary Committee's report on the Draft Care and Support Bill. The Bill represents a huge opportunity to reform social care, so that it enables our citizens to live the lives they choose. There is much that is good in the current draft: a focus on individual well-being, simplification of the care framework; clear duties on local authorities; and a legal entitlement to personal budgets. All of this builds on the Care and Support White Paper written by Paul Burstow MP, when he was the Minister of State for Care Services. As he says in the introduction to this pamphlet, the philosophy that runs through these reforms is about empowerment, with a strong emphasis on reciprocity, the value of community, and the importance of independence, all of which represent a clear break with the current statist model of care provision.

But Paul Burstow also acknowledges that there is a critical missing element in the Bill – it isn't explicit enough about the need to understand peoples' assets from the outset. Alex Fox (CEO of Shared Lives Plus) in his contribution spells out very clearly why the Bill needs to be amended. The Bill still starts from the assumption that the primary duty for a local authority should be to assess an individual's need. This is the wrong starting point. Instead of undermining the resilience of older people by only seeking to understand their eligibility and service entitlements, we should start by understanding what's important to them, what they want to do and the strength and nature of their social networks. The key question should then be how can these strengths be best supported? That's when personal budgets and a wider range of services should come into play.

The Bill should be amended to reflect this fundamental shift.

Political and public policy orthodoxies take a long time to change, even when they are increasingly out of step with their times. As John Maynard Keynes famously said: 'The difficulty lies not so much in developing new ideas as in escaping old ones'. This is certainly true with social care. Yet the forces driving the need for change are overwhelming. Nowhere are these more clearly spelt out than in the recent House of

Lords Select Committee Report on Public Service and Demographic Change – ‘Ready for Ageing’. Two facts in particular stand out – there will be 51 percent more people aged 65 and over in England in 2030 compared to 2010; and spending on social care and continuing healthcare may have to increase by 37 percent by 2022, just to keep pace with demographic and unit cost pressures.

The existing model of rationed provision of often poor services fails citizens and is unsustainable. Instead we need to develop a new approach that starts from citizens and communities and their assets and capabilities. The 2020 Public Services Commission called this approach social productivity. It is about mobilising social and citizen resource, and improving the quality of the relationship between citizens and services, to develop a co-operative approach to public services.

The short essays in this pamphlet set out various ways in which this can and is being done.

- **Alex Fox**, of Shared Lives Plus, outlines how a networked model of care can work. He makes the case for the Draft Bill to be amended so that it incorporates a strength-based approach, and cites the Australian Local Area Co ordination system as a good example of what could be achieved if the focus was on ‘potential, skills, relationships and community resources’ rather than on need.
- **Lynne Elwell**, from Partners in Policymaking, illustrates how transformative it can be to focus on the skills and capabilities of excluded people and families, and to work with them as partners who can help plan better systems and social support networks. She cites examples where life circumstances for people have been radically changed simply through enabling them to plan their own support, building on what’s important to them and their aspirations.
- **Sandie Keene**, from Leeds City Council, describes how over the last 20 years, a community movement called ‘Neighborhood Networks’ has redesigned support for older people with long term conditions. Innovations include: Neighborhood Networks taking over an old day care centre to run a range of tailored services for local older people; a partnership between Neighborhood Networks, First Direct Bank and the Council to support and provide volunteers for a time bank; and wrapped around this voluntary work a new integrated multi-professional group to plan health, social care and wider well-being services that enable individual groups to manage their own support.
- **Steve Reed**, one of the pioneers of the Co-operative Council Network and now an MP, suggests that the next step for personal budgets is to allow communities to pool these. This would give more clout to community commissioning and enable the creation of micro social enterprises and mutuals to respond to this new demand. Councils would have a key role to play

both in providing professional support for this community commissioning and in shaping the local supply.

- **David Burbage**, leader of the Royal Borough of Windsor and Maidenhead Council, discusses how his Council has sought to create a framework for voluntary care support, which is modeled on the Japanese care credits system. This has led to the establishment of CareBank, with WRVS, through which volunteers can earn credits for taking part in good neighbour or befriending schemes – the idea being to establish whether communities can be incentivised to volunteer and support themselves.

These fragments of the future are what fundamental reform of social care will need to be built upon. What unites them all is a rejection of paternalism and a recognition of the need to build on people's strengths and capabilities. That's why the Bill needs to be amended to reflect a strengths-based approach. But that's only one part of the challenge. In order to scale up the grassroots, community and network-based care approaches discussed in this pamphlet, we will also need a new model for investment in care. Developing this should be the next priority, once the Bill has become law.

2020PSH is a research and policy development hub. It was created from the legacy of the 2020 Public Services Trust, which ran a cross-party Commission into the future of public services that concluded with a major report in September 2010. Now part of the RSA's Action and Research Centre (ARC), 2020PSH specialises in practice-based research, working collaboratively with local public service organisations, national sector leaders and other national partners. The pressures on public services are many and varied – spending cuts, future demands, and the challenge of engaging more effectively and creatively with citizens and communities. Within this context, 2020PSH seeks to apply a long-term, strategic perspective, using 'social productivity' to develop sustainable approaches to reform. Social productivity is about mobilising social and citizen resource, and improving the quality of the relationship between citizens and services, to develop a co-operative approach to public services. 2020PSH is working collaboratively to put social productivity into practice locally and nationally.

The RSA: an enlightenment organisation committed to finding innovative practical solutions to today's social challenges. Through its ideas, research and 27,000-strong Fellowship it seeks to understand and enhance human capability so we can close the gap between today's reality and people's hopes for a better world.

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