SOCIALISING THE ECONOMY

Radical care: Resurgence

Hilary Cottam

Care is integral to being human, but it is under-valued and marginalised by our social and economic systems. The evidence in support of alternative approaches, allowing us space to care and to be cared for, is mounting. The next government has much to gain from putting care at the core of all areas of policy.

Care is one of those things without which our lives do not work out.[1] It is easy to see that right now – based on the epidemics of mental illness, loneliness and the profound disease and instability that so many of us feel – things are not working out.

The design of a twenty-first century care framework might be the most important and the most impactful thing a new government could do. It is also very much within our grasp. If we dare to imagine, to build on the many experiments which are already showing the way – and if we think a little differently about how to make policy – we could create a transformative social infrastructure.

Creating twenty-first century care: the three things we need

Care – tending to one another and the places we are from – is integral to being human. We know from our lived experience, as well as from the work of scholars

from disciplines as wide ranging as philosophy and neuroscience, that human beings are hard-wired to seek and offer care. It is not surprising then that we yearn for a life in which we feel well cared for, from cradle to grave. Turning yearning to reality requires three things.

First, we need a new deal at work. Most of us want to care. We want to have the time to share the care of our small children, to offer a hand to young adults, and to be with our ageing parents. So, perhaps it is not surprising that, when I work in communities across the UK, a primary topic of conversation is not how to get a better care service (although this matters), but rather how to get a job that allows us to care. Most of us want to work, and we want to care, but this requires a re-drawing of the rigid boundaries we have placed around care (unpaid reproduction) and work (paid production). One in four job changes in the UK today are rooted in the search for more flexible work: a job in which we can pick up our children from the nursery, tend to an elderly parent or simply arrange and attend that doctor's appointment for ourselves.[2]

Second, we need a new deal for care workers to ensure we have excellent services that can support the care offered by family and kin. We can promise new care standards. and new rights to care, but the reality is there can be no re-design of services unless we have a committed and stable care workforce – and this means substantially elevating the pay and autonomy of carers. Care needs to be recognised as the engineering of this century: the infrastructure which we cannot be without, and the important work – for each other and our wider environment – that will form the core of a green new deal.[3] In England, we currently have over 160,000 unfilled vacancies in adult care alone, and estimates suggest we will need almost 2 million paid carers by the end of the decade (a rise of 55 per cent since before the pandemic).[4] The emergency tactics used all over the UK – filling our own gaps with imported workers from elsewhere – have the effect of shifting our burdens onto families and nations that can least afford it. Care can and must be well-paid, esteemed work.

Third, we need to create a new care economy: the soil in which new thinking and practice around care can grow and continue to evolve. A postwar industrial mindset which prevents workers from taking time to care for their own needs and families, which seeks to run care services for the lowest possible unit cost, and which measures outputs rather than the warmth of human connection and quality of life, has failed us all. Things are not working out and we need to think again.

Where should we start? Designing system shifts

Five years ago, I published *Radical Help*, showing how we could re-make our welfare institutions.[5] Radical, as Angela Davis taught us, means going back to the root of

things. This is where *Radical Help* starts, by re-visiting the questions that were asked by the founders of our welfare systems. These founders – chief among them William Beveridge, but including wider networks of thinkers, practitioners and the general public – did not start by asking how they could create good services. They started by asking what was required in their particular reality – a postwar society, an industrial technology revolution – to ensure that everyone could flourish.

Today, standing in a very different reality – an ecological crisis, a digital revolution, and extreme and growing inequality – we must do the same. We must ask: what do we need to flourish now? We need care: for ourselves and our families, for the places in which we live and the bio-spheres on which we depend. Imagine a day, a life, a nation, in which we felt seen and taken care of. We start here.

The good news is that many have already started to imagine and practise new forms of care. They are responding to a crisis which has been long in the making. Whilst health services were core to the postwar welfare settlement, Beveridge and his colleagues found the question of care too difficult and they swept the issue behind front doors. Care would be women's work – at home if possible, or, if not, provided by low-paid workers in industrial care systems. This precarious and inequitable arrangement broke down in the 1960s, and the repercussions have since been felt, with increasing intensity, by women and low-paid workers in particular. Those most acutely affected – those requiring care and those who work within care – have both protested and started to experiment. In the margins, and against the odds, they have grown the models that show us how we could equitably look after one another and re-common care.

These new care models are not formally connected, but they share a set of common values. They centre human relationships rather than transactional tasks; they seek to blur the unhelpful boundaries we have erected between paid work (good, highly-valued, labelled as productive) and unpaid or poorly-paid care work (tolerated, marginal, a perceived drag on our economy), and they create resource through pooling and sharing in new ways.

Good work

Good employers and productive businesses have already realised that they do better when they offer time to care. Stressed-out employees are neither productive nor imaginative workers, and churn is expensive. All these things matter even more in a tight labour market.

Those who are thinking laterally and differently include the 70 UK companies who started to pilot a four-day working week in 2022. Over 3,000 workers were involved, in

companies that ranged from a small chippy in Norfolk, a Sheffield robotics company, and a number of London-based corporates. Evaluations of flexible work pilots show a triple dividend: less work is good for productivity, care and the environment.[6]

The impact of predictable flexibility on care is something Karen Mattison has known for some time. Karen and her partner Emma Stewart founded their consultancy TimeWise in 2005. Their premise was simple: if you offer good, part-time and flexible work, you will attract a talented, loyal and highly motivated work force. In the beginning, many TimeWise clients were new mothers seeking ways to balance the care of their very small children with the continuing love of their professions. More recently the gender balance has evened out – after all, fathers want to care too, and millions of us (TimeWise have placed over 1.7 million people) simply want more time. Karen and Emma have persuaded leaders in national banks, energy companies, blue-chip consultancies, and even GCHQ, that most jobs, including the most senior, can be shared or done in new and flexible ways (i.e. less time per worker). All of these leaders and businesses have realised that they attract higher-calibre candidates through offering well-paid, flexible work.

Experiments in other parts of the world have shown the same results, demonstrating that it is possible to shorten working hours even for those who it is assumed must be on call at all hours. Participants working less and/or flexibly around care needs include staff at the Pentagon, nurses in Sweden and a range of public sector employees, including teaching and health staff, in Iceland. In all cases, the experiments have been a success. It turns out that when we have time to care (and play) we flourish – and business flourishes too.

Community models

Many of us want to share the care – to be part of a network that blends professional and neighbourly support with our time. And many of us need care, and we want this support to blend with our existing lives: support to see the friends we have, rather than a be-friending service, and support to live well in our own homes.[7]

In Belfast, people come together once a month to meet at the Repair Café. They bring things in need of repair: clothing, household appliances, bicycles, and much else besides. These are things that people were previously forced to throw away, but the Repair Café surfaces and celebrates the mending skills that exist within the city. And it does something else, equally important: it brings people together. Everyone shares a cup of tea and something to eat as the repairs take place.

In the midst of the local troubles that still beset Belfast and the macro challenges of a global climate emergency, the café might appear a small act in the face of the

enormous waste generated by a modern city. But it is something quite different. As the founder Lee Robb explains, people come with sore hearts. Few of us want to live in a throw-away society – it hurts us but we feel powerless to act. And many of us are lonely and isolated, yet possess skills we don't know how to share or use. It is this type of heartache that is tended to by the café. The café – which is not actually a place, but moves each time to a different corner of the city to include everyone – is in the business of mending people and things. Each time it opens, those who come practise a different way of being, and in a small way seed a new economy based on gifting, caring and re-using.

Another example of care in common is the work I started almost two decades ago creating a new form of community-based support for those aged 60 and older. Circle was a community membership club seeded in 10 communities across the UK. Part vibrant social network, and part on-demand help with everything from small home tasks to support on returning from hospital, Circle provided help to 10,000 members. The strength of the model is that it did not distinguish between those offering and those receiving support. Circle recognised that we all need a spot of care at times and that none of us want to be seen as needy. This possibility of both giving and receiving support attracted a wide membership. Helping one another, members grew deep friendships, had fun, and measurably improved lives and capabilities. Circle also had an impact on health budgets by reducing unplanned hospital admissions by 70 per cent in the areas in which it was operating.

Shared Lives Plus takes the idea of community support a step further for the fastest growing population group that needs support: young adults. It asks those who can to share their homes with a young person and to offer them the support they need to live as independently as possible. More than 10,000 people are offering this form of support to a young person. Shared Lives is regulated (and highly rated) by the Care Quality Commission, and enables young people to live as they see fit (as opposed to how a managed service deems appropriate) – and it costs less than other alternatives.

Care services

Some of us will require more intensive support – and when we need care services they should look like the immensely successful Buurtzorg model in the Netherlands. Buurtzorg was started by a nurse, Jos de Blok, in 2005. As health costs spiralled in the Netherlands, and consultants and efficiency drives moved in, Jos wanted to provide a very different form of care – rooted in the community and based around trusted relationships with the carers involved. He was sure this would

be possible if the 30 per cent of resource that was being channelled into bureaucracy was instead diverted to the front line. So, with four nurse colleagues, he set up a non-profit and started to experiment.

Today there are over 10,000 Buurtzorg nurses and carers. They work in small, autonomous teams making all decisions about the work together. Technology is used to support administrative tasks in deft ways, and a modest head office provides coaching and advice if teams experience difficulties. Communities taken care of in the Buurtzorg model need 40 per cent fewer interventions than those required in other parts of the Netherlands, and there has been a two-thirds reduction in hospitalisations. The nursing teams are stable: they enjoy their autonomy, which allows them to care well, and the pay is good because there is no extraction for management costs or private sector profits. In Buurtzorg, the finance system is transparent: nurses know what they must achieve for good care and for the business model – Jos describes it as a psychological contract.

The Buurtzorg model has been tested in the UK in six locations. Independent evaluations consistently show that the model works well in UK settings: care workers can self-manage and provide excellent relationship-based care. But to grow, these experiments need the local and national systems around them to change: they need autonomy and they need control of their budgets. So far this has not happened.[8]

Radical care: the design code

Shifting our mindsets and our systems to create new forms of care will not be without difficulties, but these experiments show it can be done. When the NHS was created, it too entailed struggle. Doctors in particular were reluctant to be part of a new national body, but, realising that they would not be paid unless they acquiesced, they joined the NHS. Today leaders of integrated care systems have an opportunity very similar to that which historically presented itself to the designers of the NHS. If they wished, today's system leaders could signal their intent and create new forms of care, by switching resources from the old to the new.

In *Radical Help*, I describe a set of six principles, that if followed (and resourced) would enable us to move from twentieth-century welfare systems (increasingly threadbare, transactional and failing) to twenty-first century systems of support (shared, relational and generative). These principles have been tested multiple times in multiple settings across the UK and elsewhere, and have been shown to bring about transformation. They could be used as a design code to guide the transformation from old care to new.

- First, recover a sense of purpose: create a bigger vision. We need to tell a new story about care. When we need care, it is not a failing, or an embarrassment. It is not an unfortunate cost. Care – the tending of each other and the places we are from – is what makes us human, and it is a pre-condition for all flourishing.
- Second, we need to grow our capabilities to care. Current systems are an elaborate attempt to ration, manage and fix, all of which isolate the carer and the cared for. We need to grow our skills and our collective capabilities to look after one another in new ways that keep us close to our homes and the things we love.
- Third, twenty-first century systems are all about relationships – this is particularly the case for care. A twenty-first century design must move away from an industrial idea that good care comes from abstract rights or a workforce with more certificates – and towards valorising the time to be together, to share, to give and receive.
- Fourth, we need to connect multiple forms of resource. The care economy is big, but resources are scarce because we have drawn artificial boundaries between different budgets and private means, and we have allowed for unlimited extraction of those resources by a few global investors. Twenty-first century care must be rooted in a new social economy where surplus is invested.[9]
- Fifth, we must create possibility. Our designs and thinking have been hampered by a risk mindset, but scholarship, including that of orthodox economists, increasingly shows that risk-based models are not appropriate. The care context is one of radical uncertainty where outcomes cannot be pre-empted, and the emphasis on risk squeezes out trust (amplifying risk) and human care. Inverting risk-based models entails a mindset that seeks open learning over audit.
- Sixth, and most importantly, our commitment must be 'take care of everyone'. No matter our stage of life or our role within a care system, we must feel taken care of, in order to care for one another. For too long we have drawn borders between those requiring care and those giving care – but all of us require care in different ways and in different stages. We all need to feel taken care of.

The future is with us. Our challenge is to move what is currently thriving but marginal to the centre. This is a challenge of political will.

It will be easier for an incoming government to sit at the centre and attempt to command change: to procure more care workers from abroad, and to dictate new safety rules and training standards. These are the established muscles and grooves of power. But as the last Labour government discovered to their cost, these ways of

working neither bring the public along, nor create lasting change. As Tony Blair famously (but too late) recognised, the industrial levers no longer connect. The alternative is to think laterally, to network and grow what already exists within a new care economy.

An incoming government could tell a new story – one which touches hearts and minds. They could create a new economic framework shifting resource towards new forms of care and allowing others to grow; they could switch funding from extractive models to generative models, expanding the resources available. And a new government can make care core to all parts of government: to the Treasury (because without care we have no workforce), to DEFRA (because without repair we have no ecosystems), to Health (because without care we are not well), to Business and Trade (because every nation wants to learn how to do this well), and so on. Radical care: this would enable all of us to flourish.

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Notes

1 I take this definition from the work of Silvia Lopez Gil.
2 CIPD, *Flexible and Hybrid Working Practices in 2023*, 2023: https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/2023-pdfs/2023-flexible-hybrid-working-practices-report-8392.pdf.
3 Rebekah Diski, *A Green and Caring Economy*, 2022: https://wbg.org.uk/wp-content/uploads/2022/11/A-Green-and-Caring-Economy-Report.pdf.
4 Robert Booth, 'State of social care in England "never been so bad", social services boss warns', *Guardian*, 2 November 2022: https://www.theguardian.com/uk-news/2022/nov/02/state-of-social-care-in-england-never-been-so-bad-social-services-boss-warns; The Health Foundation, *REAL Centre Projections: Health and Social Care Funding Projection 2021*, 2021: https://www.health.org.uk/publications/health-and-social-care-funding-projections-2021.
5 Hilary Cottam, *Radical Help: How we can remake the relationships between us and revolutionise the welfare state*, Virago 2018.
6 Autonomy/4 Day Week/4 Day Week Global, *The Results Are In: The UK's Four-Day Week Pilot*: https://autonomy.work/wp-content/uploads/2023/02/The-results-are-in-The-UKs-four-day-week-pilot.pdf.
7 This is central to the #socialcarefuture movement, underpinned by the mantra: 'We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us' (see https://socialcarefuture.org.uk/).

8 See https://publicworld.org/wp-content/uploads/2023/03/TICC-Blueprint-English.pdf.

9 I have described the characteristics of this social economy in more detail in Hilary Cottam, 'Welfare 5.0: why we need a social revolution and how to make it happen', IIPP Working Paper 2020/10, 2020: https://www.ucl.ac.uk/bartlett/public-purpose/sites/public-purpose/files/iipp_welfare-state-5.0-report_hilary-cottam_wp-2020-10_2020-09-15_final_web.pdf). The role of extraction in care has been documented by Tim Jackson and others, who show how the domination of market mechanisms and increasing private equity ownership lead to poor, often dangerous, care and inhuman working conditions for those who are carers (see https://timjackson.org.uk/invisible-heart/). Wales has taken the step to outlaw such models, and the UK's other three nations should do the same.