The Archbishops' Commission on Reimagining Care has today launched a consultation on a set of values, informed by Christian theology and ethics, that it thinks
should underpin a vision for care and support in England. As well as consulting on the proposed values, the Commission is also asking for people's views of what is
The Commission on Reimagining Care has been charged by the Archbishops of Canterbury and York to develop a radical and inspiring long-term vision for care and support in England, underpinned by a renewed set of values and principles, drawing on Christian theology and ethics.

The focus of the Commission is on adults with disabilities and those with care and support needs in later life.

The Commission began work in June 2021 and is due to publish a final report in September 2022.

Today, the Commission is publishing a draft set of values which draw on Christian theology and ethics. The Commission believes these should underpin any future vision for care and support in England.

The Commission is inviting feedback on these values as part of a wider Listening and Engagement exercise.

The values include concepts that are not usually heard in policy discussions about care such as flourishing, loving kindness, empathy, trust and justice.

A full list of proposed values can be accessed on the Commission website.

Today marks the start of a formal period of Listening and Engagement which will run until Friday 10 December. The Commission wants to hear from a wide range of individuals and organisations and ensure that its work is shaped by the views and voices of people and organisations who have experience of care and care giving.

They are calling for contributions from:

- Those who draw on formal services
- Unpaid carers, and the relatives and friends of those who draw on care and support
- Those who work in the care sector and the voluntary and community sector
- Churches of all denominations and other faith communities
- Those who commission, provide and regulate formal services
- Community groups and people who provide informal support

The consultation launched today aims to gather views about the challenges experienced by those currently drawing on care and support and those who work in the sector.

They are also interested in identifying examples of good practice.

The Commission is particularly interested in the role that communities play in supporting people with disability and in later life to live well, in particular the role of church and other faith communities.
The Commission hopes to generate information, insights and ideas through the Listening and Engagement Exercise that can inform the work of the Commission and contribute to the findings of a report to be published in September 2022.

Commenting on the Listening and Engagement exercise, the Commission Chair, Dr Anna Dixon MBE said: “The early focus of the Commission has been on understanding the principles that have informed past reports and policies on social care and reflecting on what Christian theology and ethics have to say about the values that should underpin care and support.

“Our draft values are not the language of policymakers or indeed professionals, but we hope that these resonate with those who draw on care, their family and friends, and those who provide care.

“As we continue our work to develop an inspiring vision of care we want to get some new and different perspectives, people from all walks of life, people from different faith backgrounds and those with no faith.

“The Listening and Engagement exercise we are launching is an essential stage of our work.

“We want to hear about where care and support is working well, but also the honest stories of where things need to change.

“We want to gather ideas to help shape a reimagined future of care and support, not just a reformed statutory care system, but wider changes that will enable people with disability and in later life to live a full life.”

The Rt Revd. James Newcome, Bishop of Carlisle, and Co-Chair of the Commission added: “The insights, thoughts and examples that we receive in response to this listening and engagement exercise will be vital for our work over the coming months.

“We look forward to taking the insights, ideas and experiences gathered, and going out into communities to listen and learn in greater depth from the people and groups who respond to us.”

About the Listening and Engagement Exercise and Consultation

The evidence gathering starts today and finishes on Friday 10 December 2021. There is an online [form on the website](#), or a printed form which can be downloaded and sent to:

Call for Evidence – Secretariat

Reimagining Care Commission

Lambeth Palace

London SE1 7JU

About the Reimagining Care Commission

The Archbishops’ Commission on Reimagining Care was announced by the Archbishops of Canterbury and York in April 2021.

The origin of the Archbishops’ Commission lies in Archbishop Justin’s 2018 book ‘Reimagining Britain: Foundations for Hope’. As the Archbishop
articulated in a key chapter, ‘Health – and Healing for Brokenness’, caring equally for the health of all, regardless of perceived economic or societal value, is a clear sign of our values. The Commission will publish its report in September 2022.

The Commission’s aim is to generate an inspiring long-term vision for care and support for people in later life and adults with disability or long-term conditions in England, underpinned by a renewed set of values and principles. Aiming to offer radical as well as practical recommendations to government and wider society about how to deliver this vision for care, it will address wider issues that impact the status and well-being of those with care needs as a result of age, disability or ill health.

The Commission also aims to propose areas for further action by the Church of England, learning from other denominations and faith communities, on ways to help people with care and support needs, those in later life or with disability, live well in the community enjoying full citizenship.

The Proposed Values of the Reimagining Care Commission

**Flourishing**

Care can sometimes be reduced to tasks, focusing on the physical needs of eating, drinking and going to the toilet. Sometimes keeping people safe from harm overrides all other considerations. This sets the bar too low.

Christ came in order that we might have life in all its fullness or abundant life (John 10:10). There are lots of words used in the secular world to describe the positive outcomes that care and support should focus on: quality of life, wellbeing, happiness. Policy documents talk about enabling people to live a meaningful life, normal life, or ordinary life.

Care and support need to focus on the whole person and enable us to flourish – to live life to the full and with hope. This means participating in education, work, family life, play, community and worship.

**Loving Kindness**

Love is at the heart of care. It is why we care. To care for and to care about others is to live out Jesus’ commandment to “love one another as I have loved you” (John 13:34).

This love is described in 1 Corinthians 13 and expresses itself in gentleness and kindness, reflecting the nature of God. How we care needs to reflect this love.

**Empathy**

Compassion is expressed in helping others in greater need than us. Care flows out of compassion but it can be paternalistic. Doing to others what we think they need, rather than starting with the person, and asking what matters to them.

In the true meaning of ‘compassion’, we get alongside others in their situation, stand or sit shoulder to shoulder, and act as allies. Doing with not for others. This requires care to be based on empathy not sympathy.
Trust and Mutuality

Care and support funded by local authorities are heavily rationed and there is often a fear and reluctance to allow people to direct their own care. People who draw on care and their carers know what matters to them and therefore know best what they need. It is important that trust is at the heart of the caring relationship. This means empowering people to make their own decisions and deciding what risks they want to take.

Promoting independence is often held up as a positive goal of care and support. And yet we are social beings. Care needs to reflect the importance of relationships and community. The early church provides a model of living in community, of mutuality, and interdependence, where everyone has a part to play (1 Corinthians 12:12).

Universal and Inclusive

Disability remains stigmatised in our society. Intergenerational divisions between young and old frequently play out in the media and policy debates. Care is seen as a burden.

In Christ there are no divisions: “neither slave nor free, nor is there male and female” to this we could add “neither able-bodied or disabled, neither neurodiverse nor neurotypical, nor is there old and young” (Galatians 3:28 or Colossians 3:11).

Care is a universal experience. We are all cared for and care for others at some point in our lives. This means challenging ableism and ageism where we see and hear it.

Fairness and Justice

Many people with disability and older people face discrimination, both generally and in their experiences of care. They have to ‘fight’ to get support.

We are created in the image of God (Genesis 1:27), each of us unique but equal in worth before God. This amazing grace and acceptance of who we are, needs to be reflected in how we see and care for one another.

It means ensuring fair and equitable access and promoting the rights of all to care and support.

The experiences of people living with disability at all ages are often invisible and ignored. The lack of care and support for those who need it is an injustice. Our collective failure to act to provide care and support is a sin.

The mission of the church is to carry on the work of Christ Jesus to ‘release the oppressed’ (Isaiah 61:1-2 and Luke 4:18). He identified with the marginalised in society, challenged the authorities, and turned the rules and norms of the day on their head.

This means engaging with and advocating for those whose voice is seldom heard and taking action to create a system of care that is based on justice and righteousness.