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In this blog, Commission member Heléna Herklots discusses how current language and systems erect barriers to good outcomes for those those who draw on care and those that provide it, and what the Commission is considering by way of remedy.



Some years ago when I was at Carers UK I was talking to a carers group who came together for mutual support, to share advice and tips on caring and to have a space to talk about how they were feeling and coping with those in similar positions. Despite the challenges and difficulties being faced there was laughter and humour and most of all a sense of belonging and understanding. The conversation turned to what help they were getting from social services and I asked them whether they had had a carers assessment and what support they got as a result. I wasn't expecting the answer they gave me.

They all said that they hadn't had an assessment and didn't want someone to come and assess their ability to care. They saw the assessment as being about their competence or otherwise as a carer, and therefore as a threat and not something that was designed to help them. Over the years I have continued to hear similar views from carers, which might go someway to explain the very low levels of carer assessments.

How have we got to this place? Where good intentions in legislation and policy fail to make enough of a difference to people's lives and, in some cases, actually put up barriers to people seeking help.

Language is part of it. When you're looking for help or support you will often encounter unfamiliar and at times bewildering terminology, not just 'carers assessments' but terms such as 'national minimum threshold for eligibility'. Sometimes the language used can sound like your views don't matter – for example one local authority website described the assessment process thus '...the council will decide if you need care and support, and whether you are eligible for funding'.

Over the years, despite many people's best efforts and the hard work of many committed people in social care, we now have a system where significant resource goes into a rationing process which, I suggest, does little for the person seeking help, nor those who are working in social care who wish to provide help rather than exclude people in need.

It is not morally acceptable to deny care and support to those who need it on the basis of eligibility criteria which over the years have tightened and tightened as budgets are squeezed. It means that too often help comes too late if at all.

It is not empowering, either to those seeking help or those whose job it is to provide it, to have a complex system, compounded by terminology which can feel dehumanising.

We can change this and the Commission is working to develop a future system of care and support that values those who draw on care and those that provide it. A system based on a shared understanding that we have a universal need for social care and we need to invest in a universal service.

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