

How we got into this mess?

Why we seem unable to end institutional care



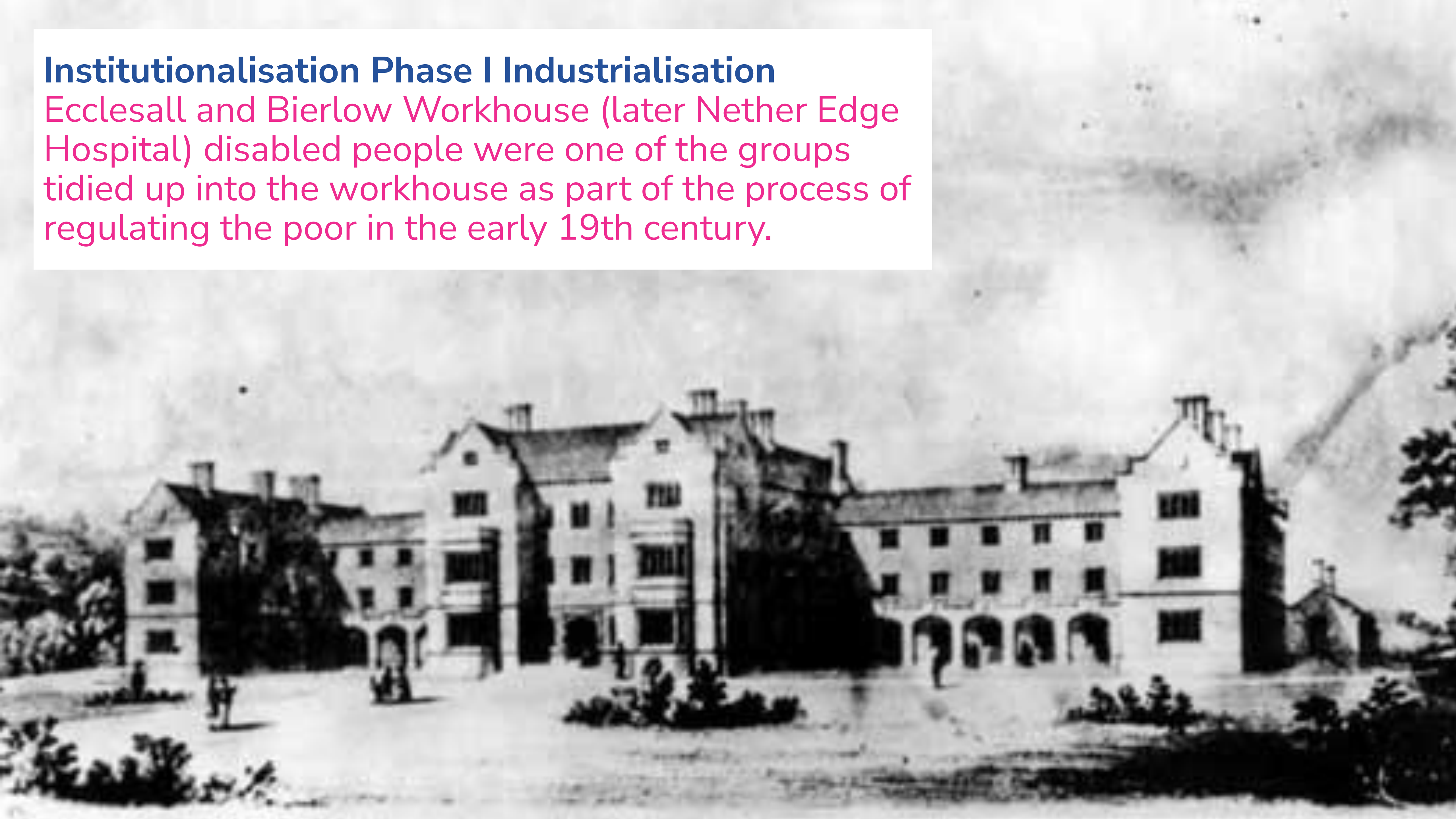
Citizen Network

For a world where everyone matters



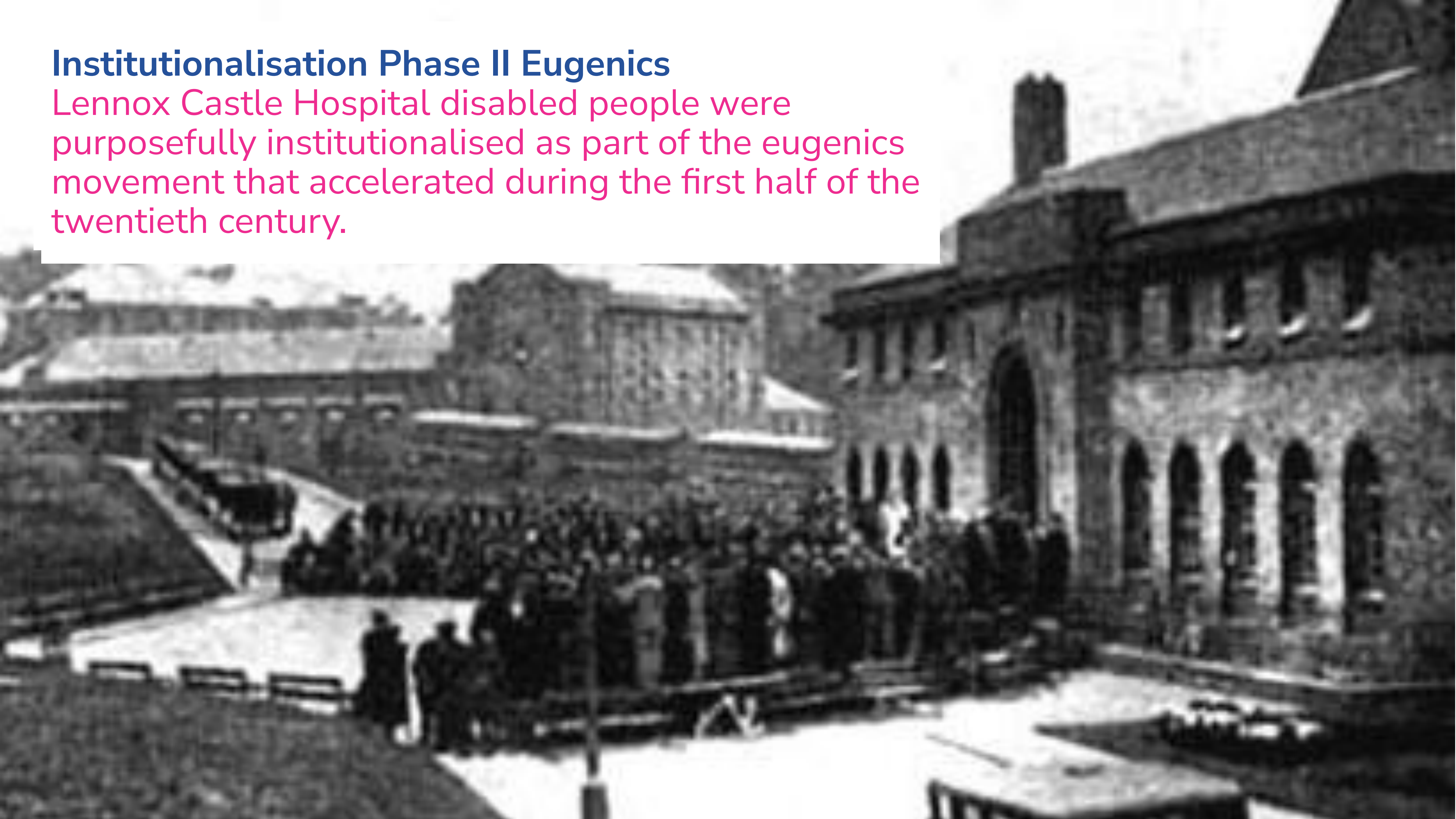
Institutionalisation Phase I Industrialisation

Ecclesall and Bierlow Workhouse (later Nether Edge Hospital) disabled people were one of the groups tidied up into the workhouse as part of the process of regulating the poor in the early 19th century.



Institutionalisation Phase II Eugenics

Lennox Castle Hospital disabled people were purposefully institutionalised as part of the eugenics movement that accelerated during the first half of the twentieth century.



Institutionalisation Phase III Neoliberalism

People seen as too difficult to move into the community were moved into private businesses, often established by staff from the closing institutions. Winterbourne scandal led to closure of local NHS services, but not private hospitals.



Institutional Exclusion

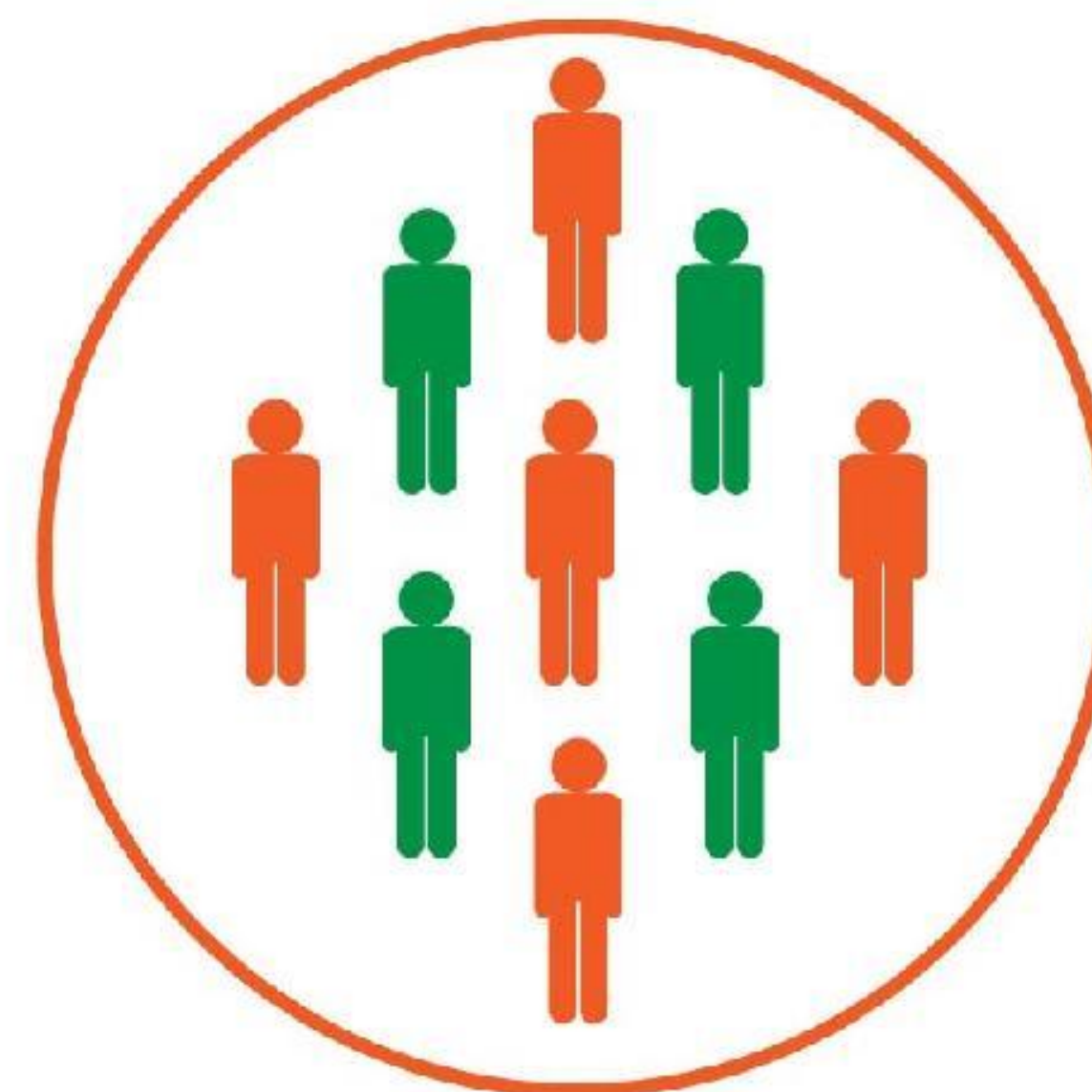


Deinstitutionalisation

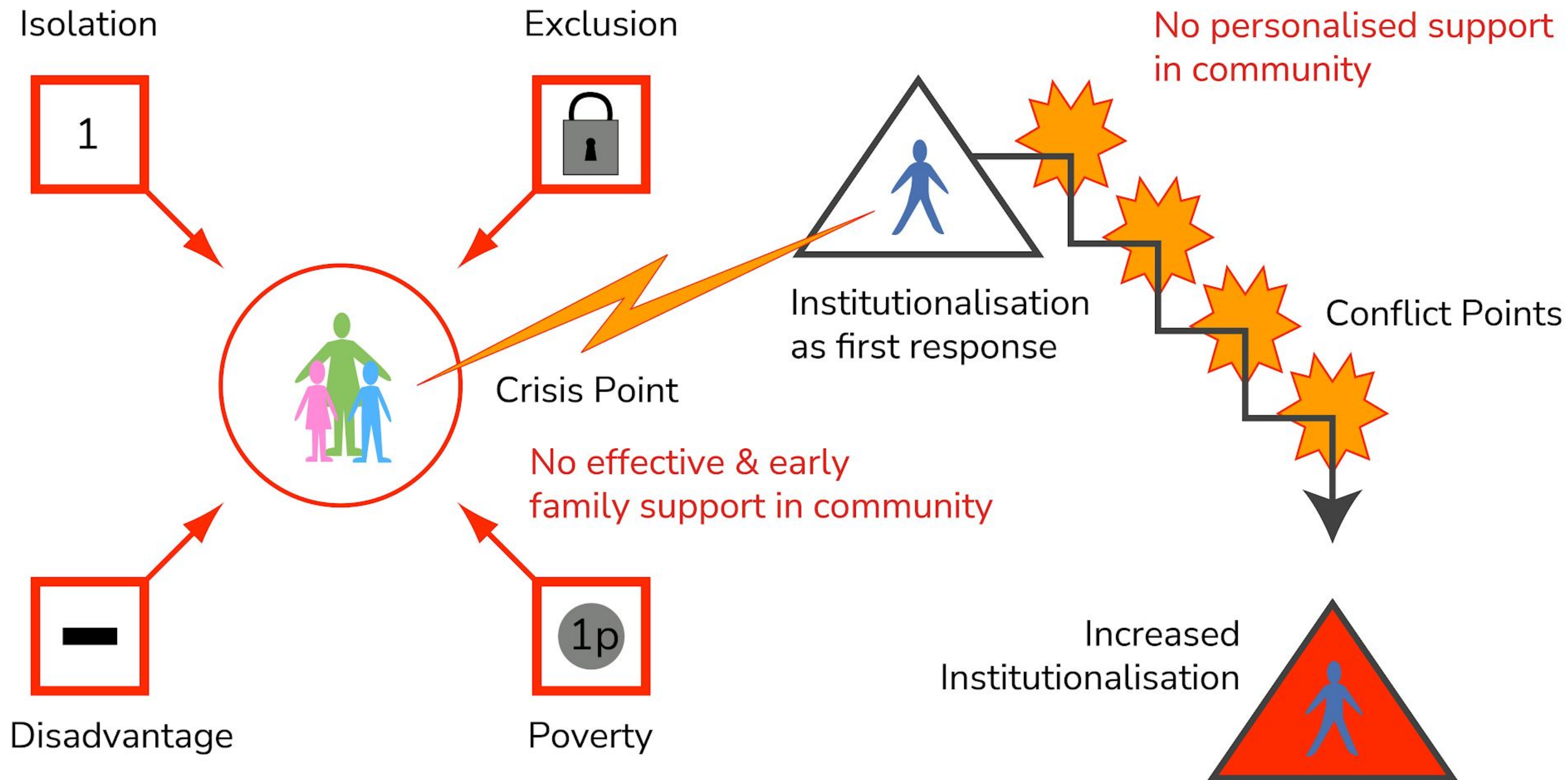
Service System Ghetto



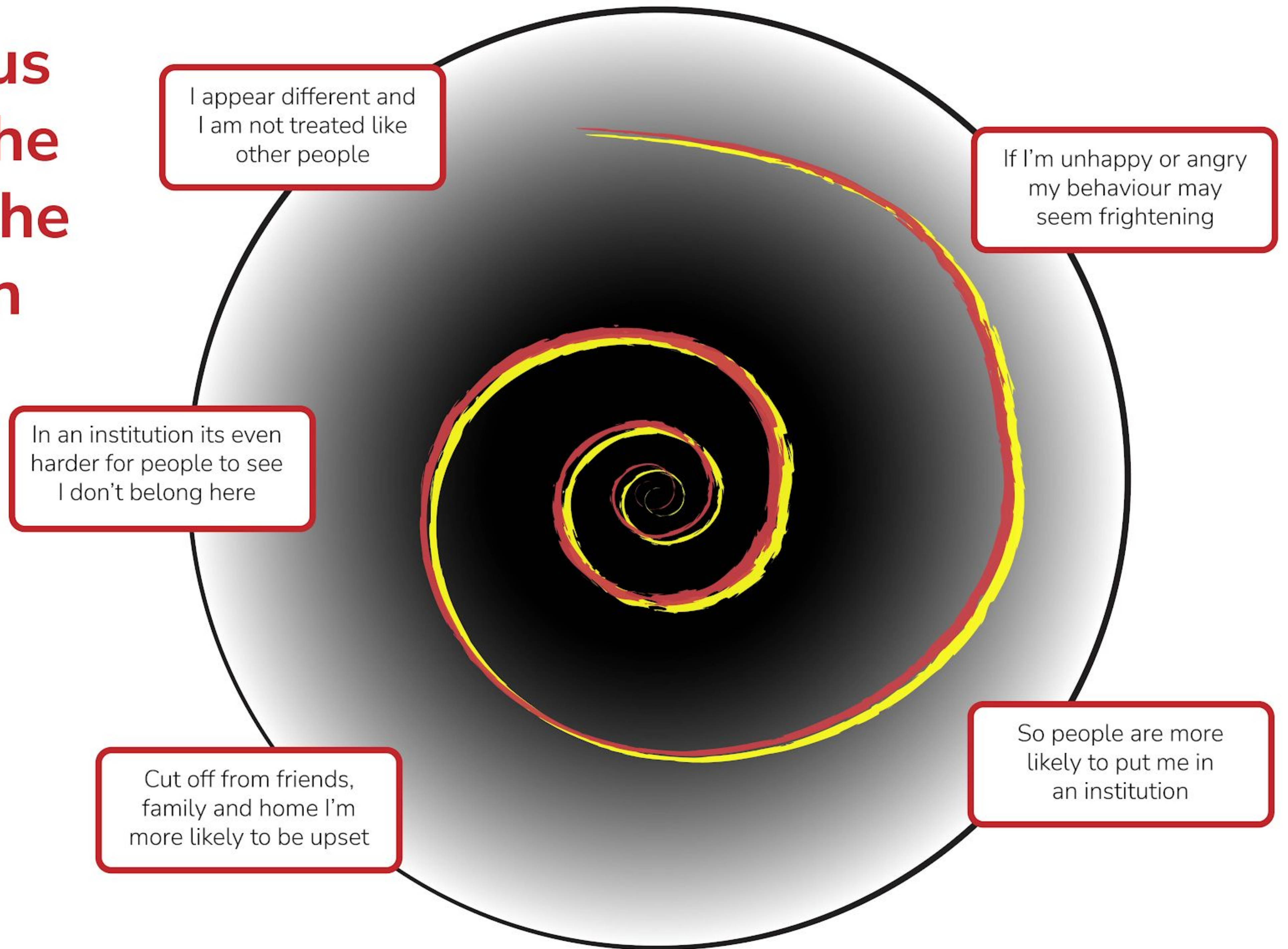
Equal Citizenship



Inclusion

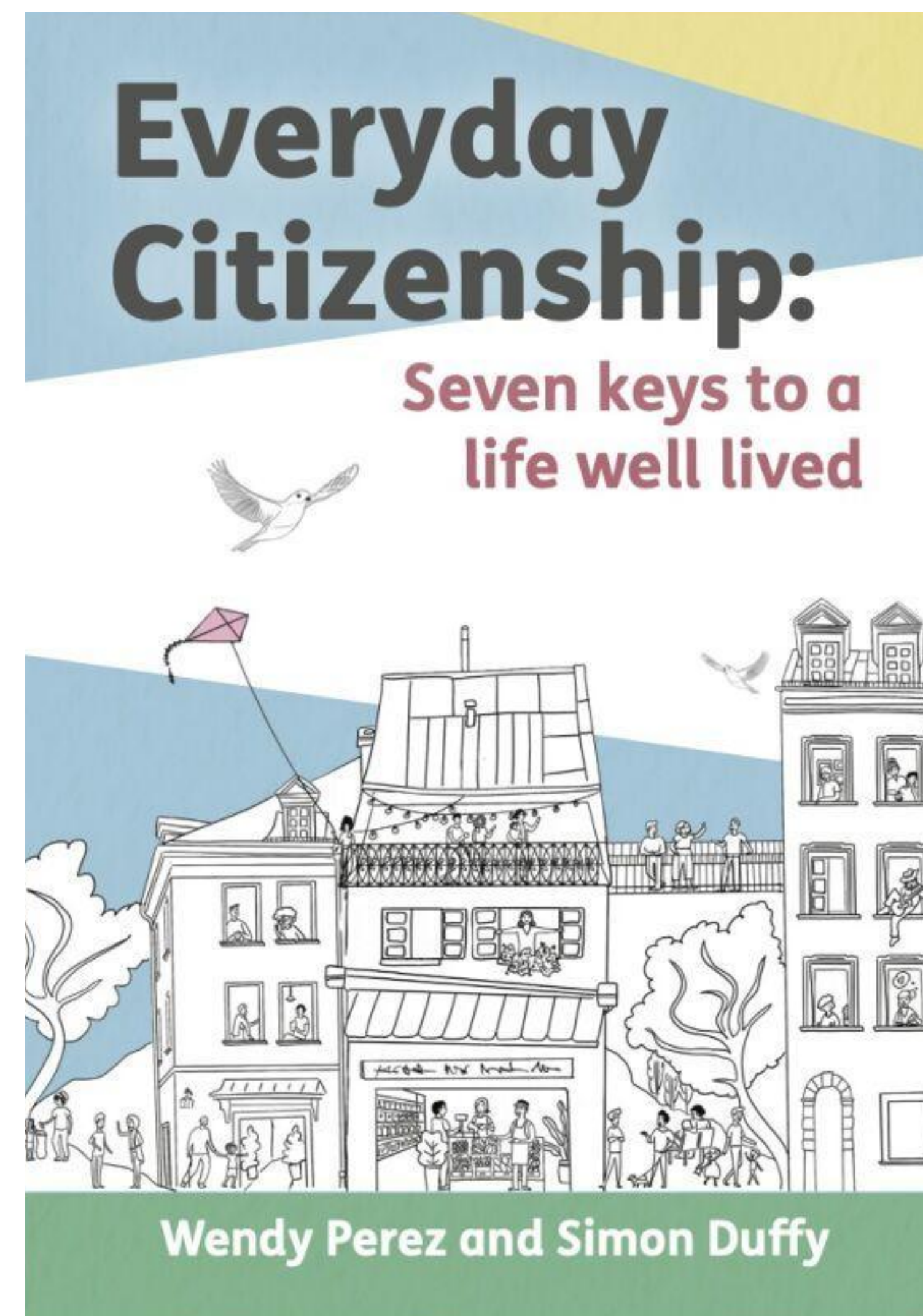
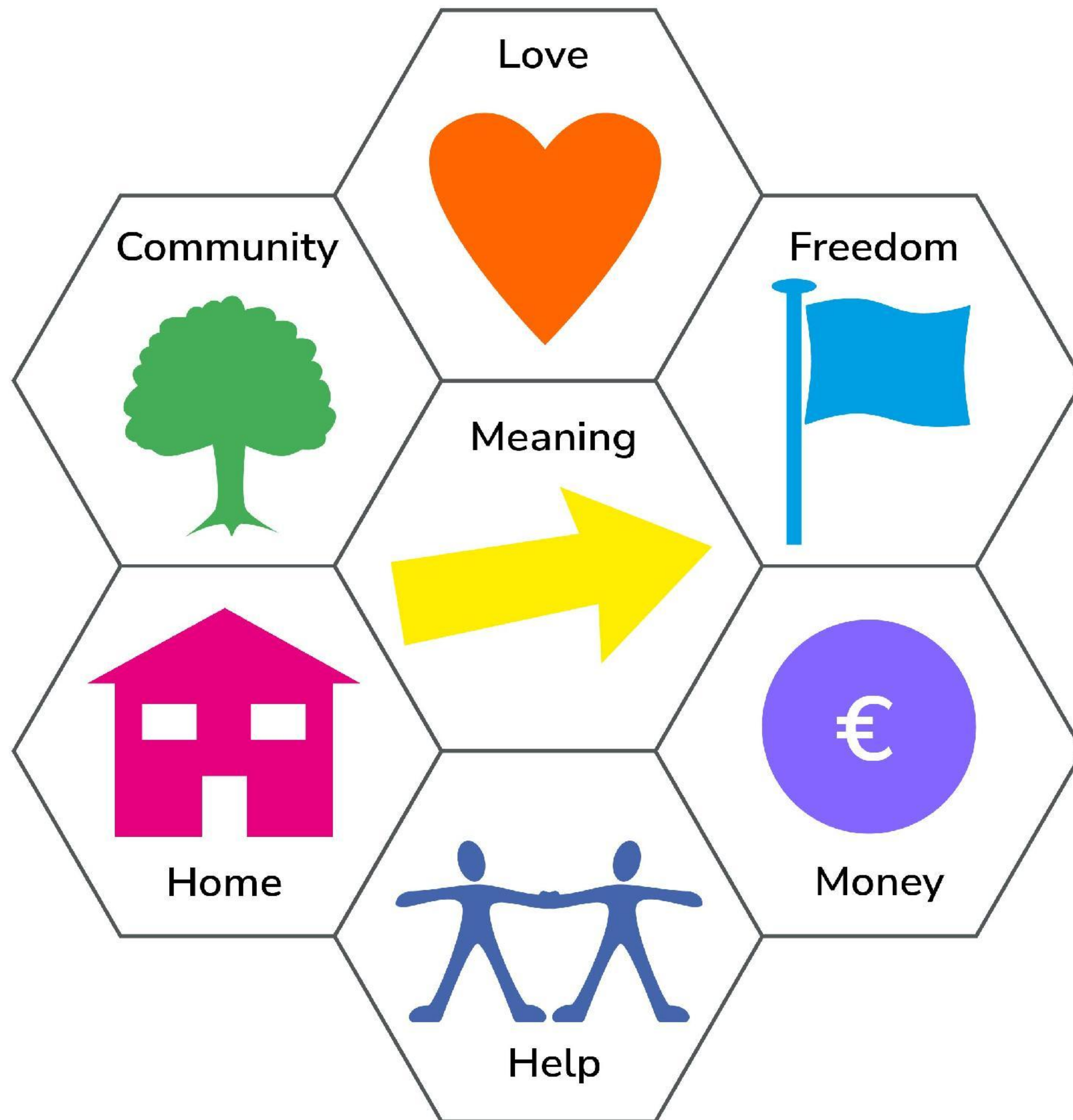


The vicious cycle at the heart of the institution



1. Family fragility: disadvantage, isolation, poverty and exclusion
2. Lack of neighbourhood support and solidarity
3. Problems in the education system
4. Problems in get psychological or specialist support
5. Lack of flexible family support or early interventions
6. Lack of suitable housing
7. Lack of good problem solving and brokerage skills
8. Lack of personalised support options
9. Legacy of inflexible congregate care services
10. Poor incentives in funding system
11. Existence of institutional care
12. Financial incentives for institutionalisation

We have settled for a system
that generates institutional
solutions.



How do we get out of this mess?

How we finally end institutional care for real



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Normal behaviour won't cut it

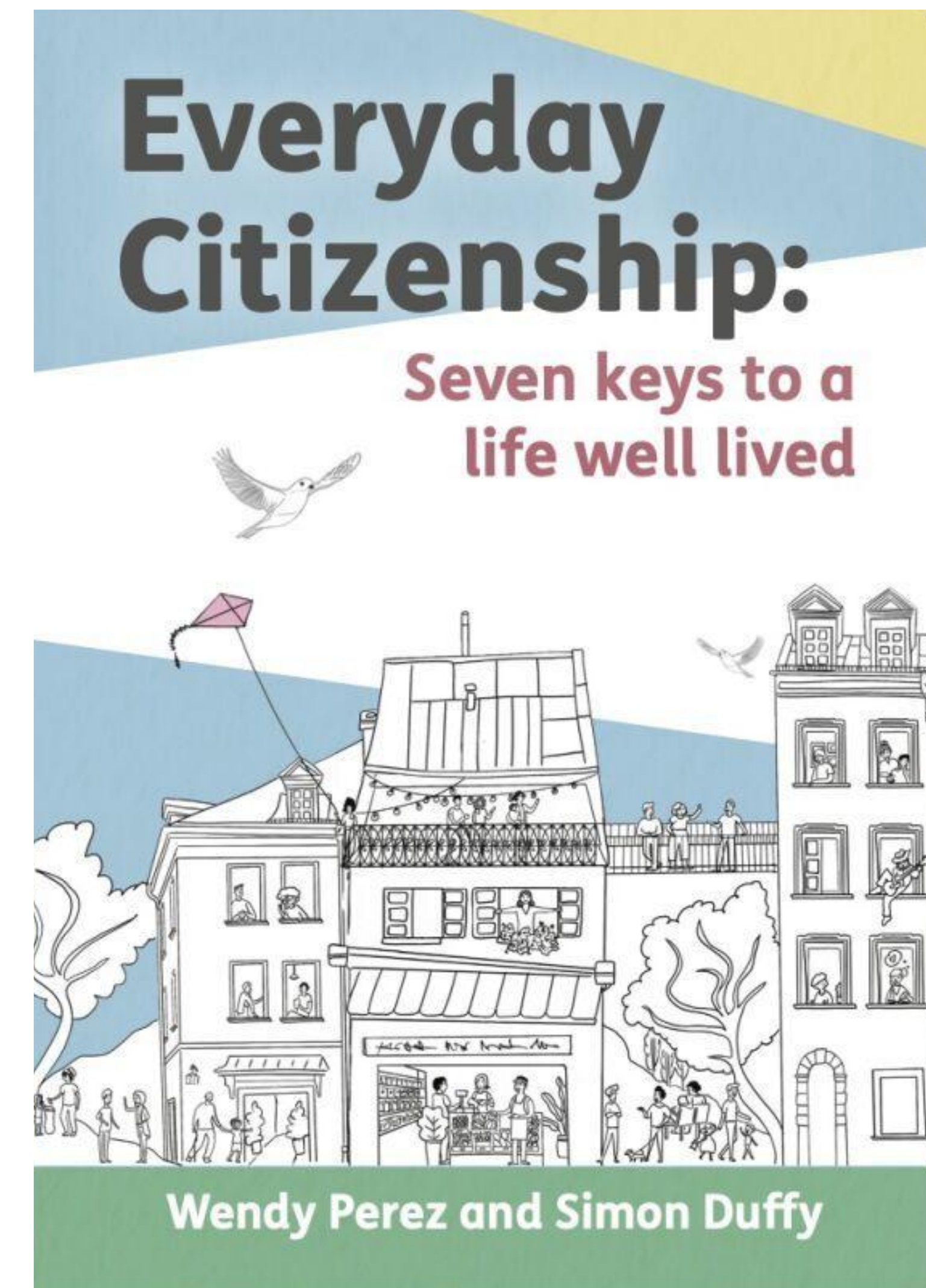
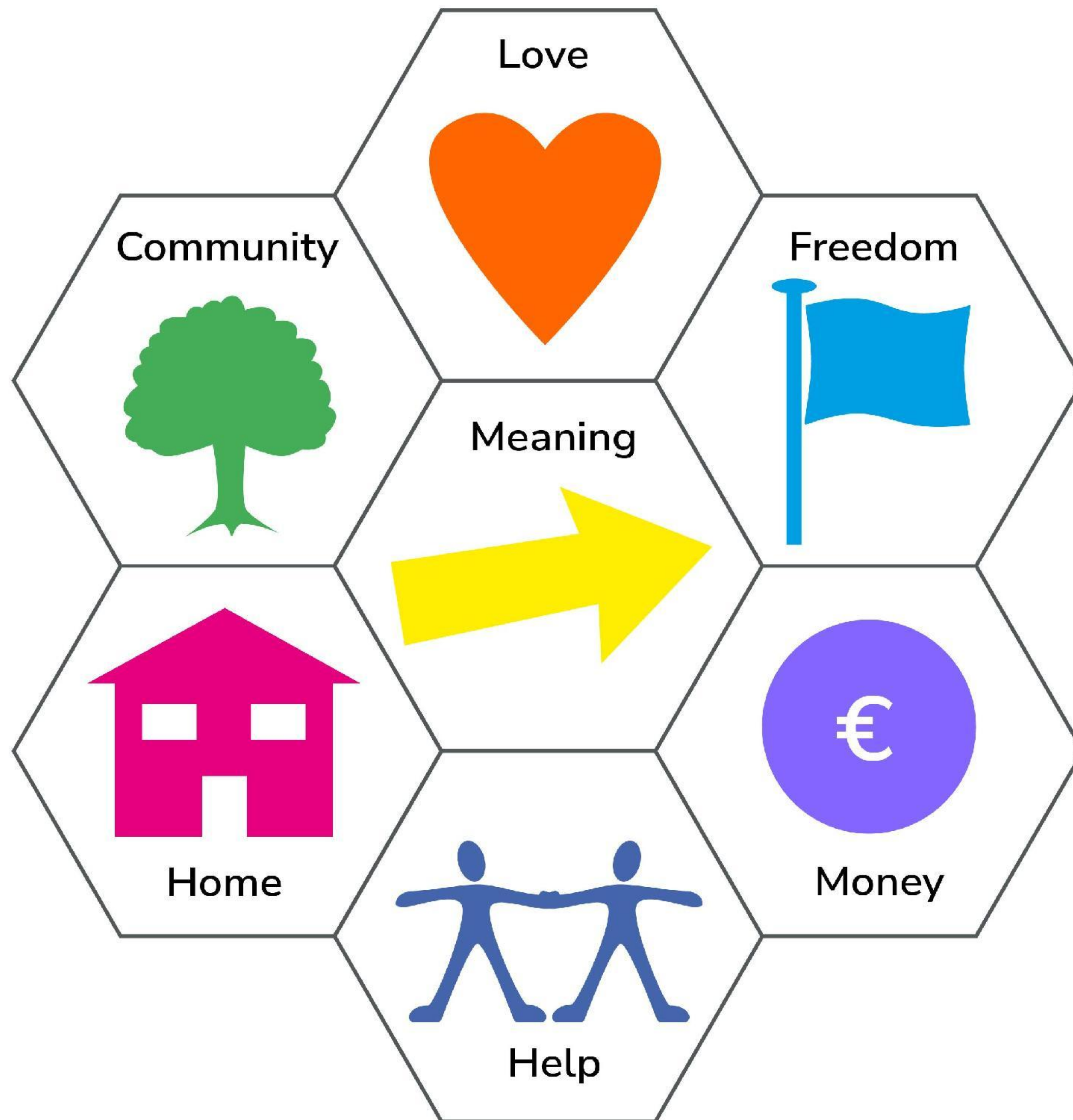
We need to rethink and reorganise

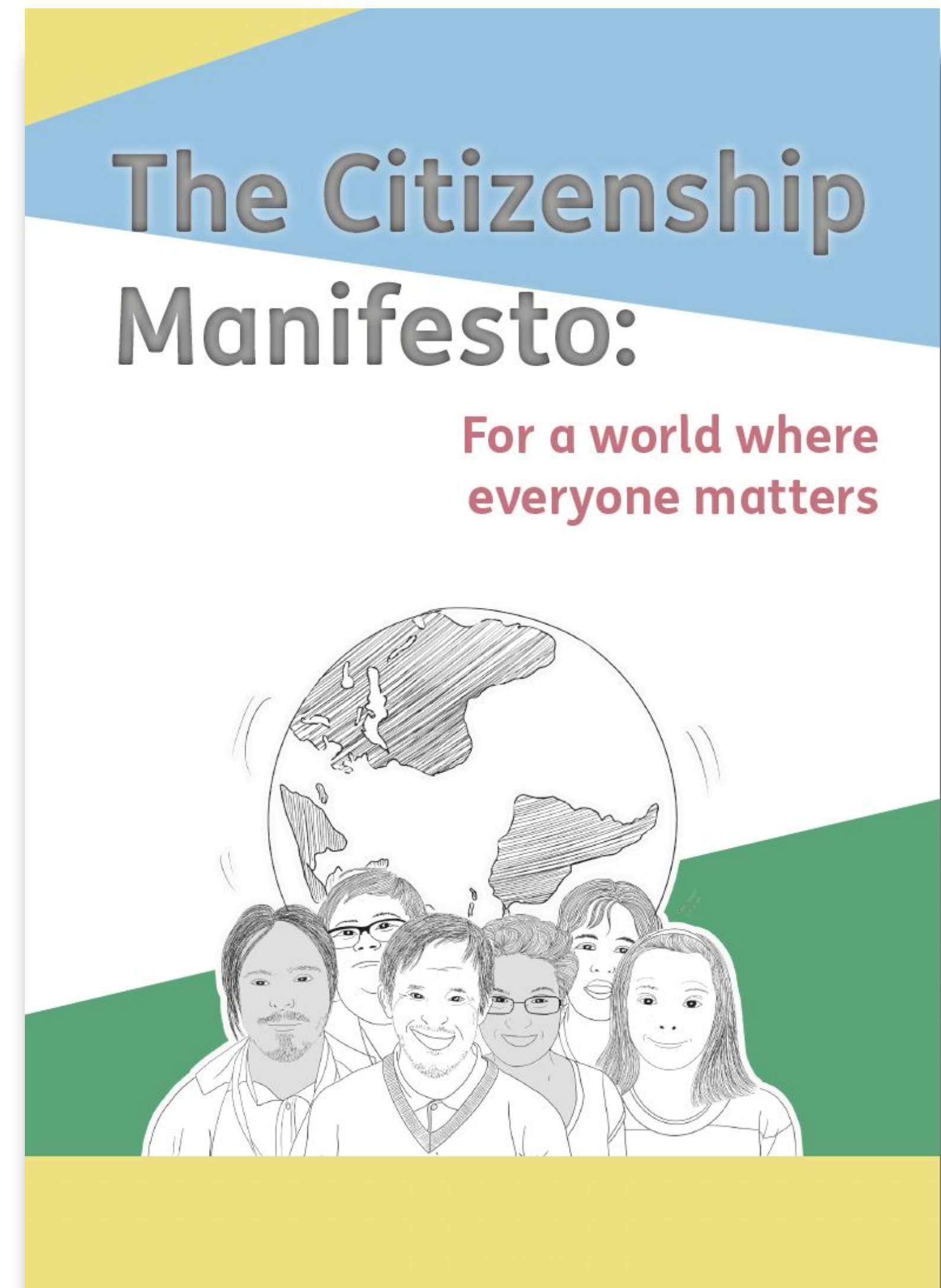
- Understand the citizenship difference - an ordinary life is not enough
- Understand the challenge of the real work ahead
- Build alliances to shift the big obstacles
- Commit yourself to at least one change

How did we get out of this before?

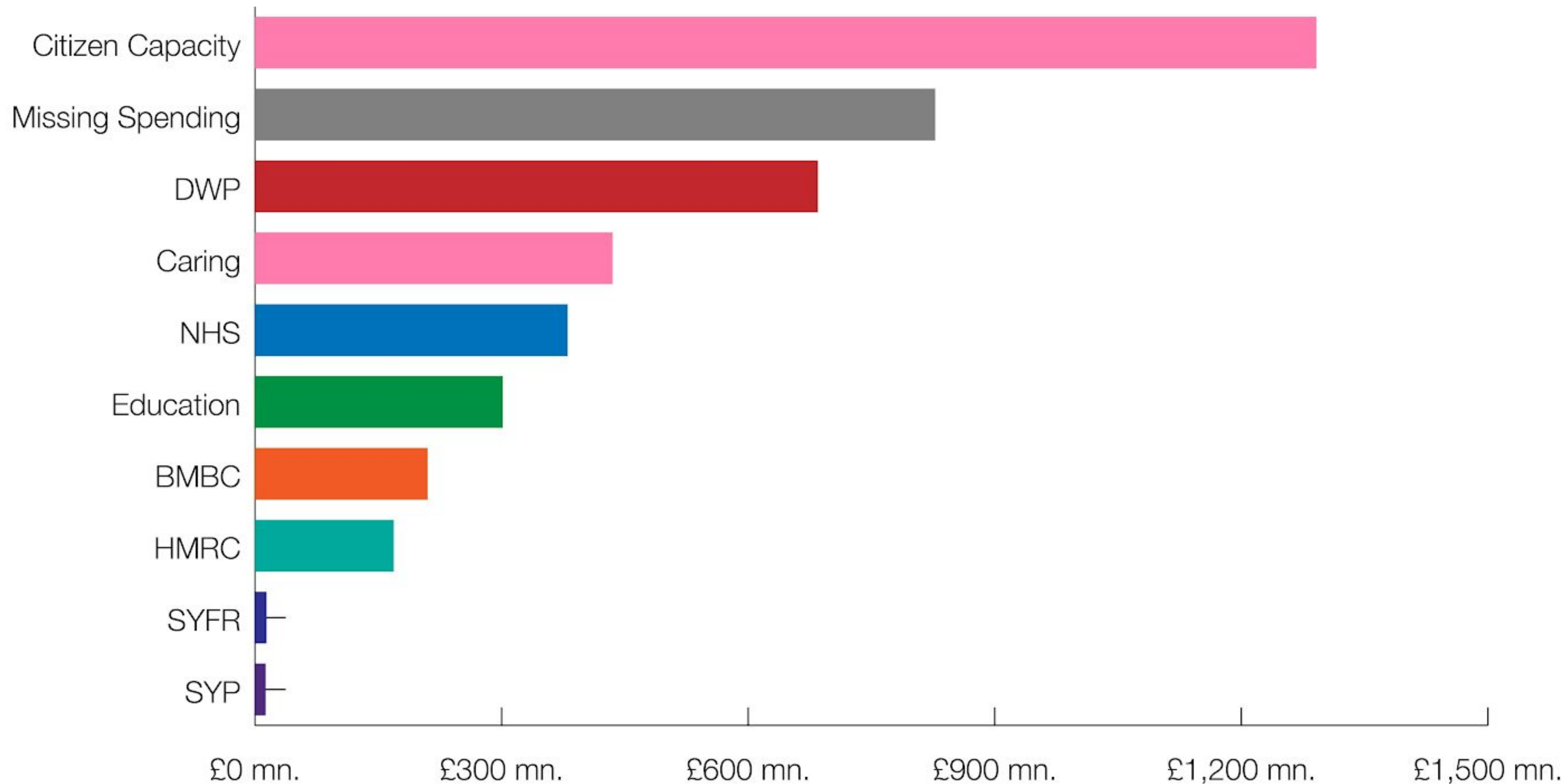
Lessons from the long history

- **Phase I** Ordinary people organised and resisted exclusion, developed solidarity and created better local solutions.
- **Phase II** Disabled people, families and their allies fought to end institutional care.
- **Phase III** We are starting to recognise our mutual citizenship and our shared need for inclusive communities and neighbourhoods of care.





Citizen capacity & public spending



Places like Barnsley do not seem to receive a fair share of public spending (only 68%) and local government controls only a fraction of actual spending (only 11%).

Citizens are also not recognised for their contribution, (e.g. unpaid care is worth over £0.4 billion). The potential for increased citizen capacity is £1.3 billion.

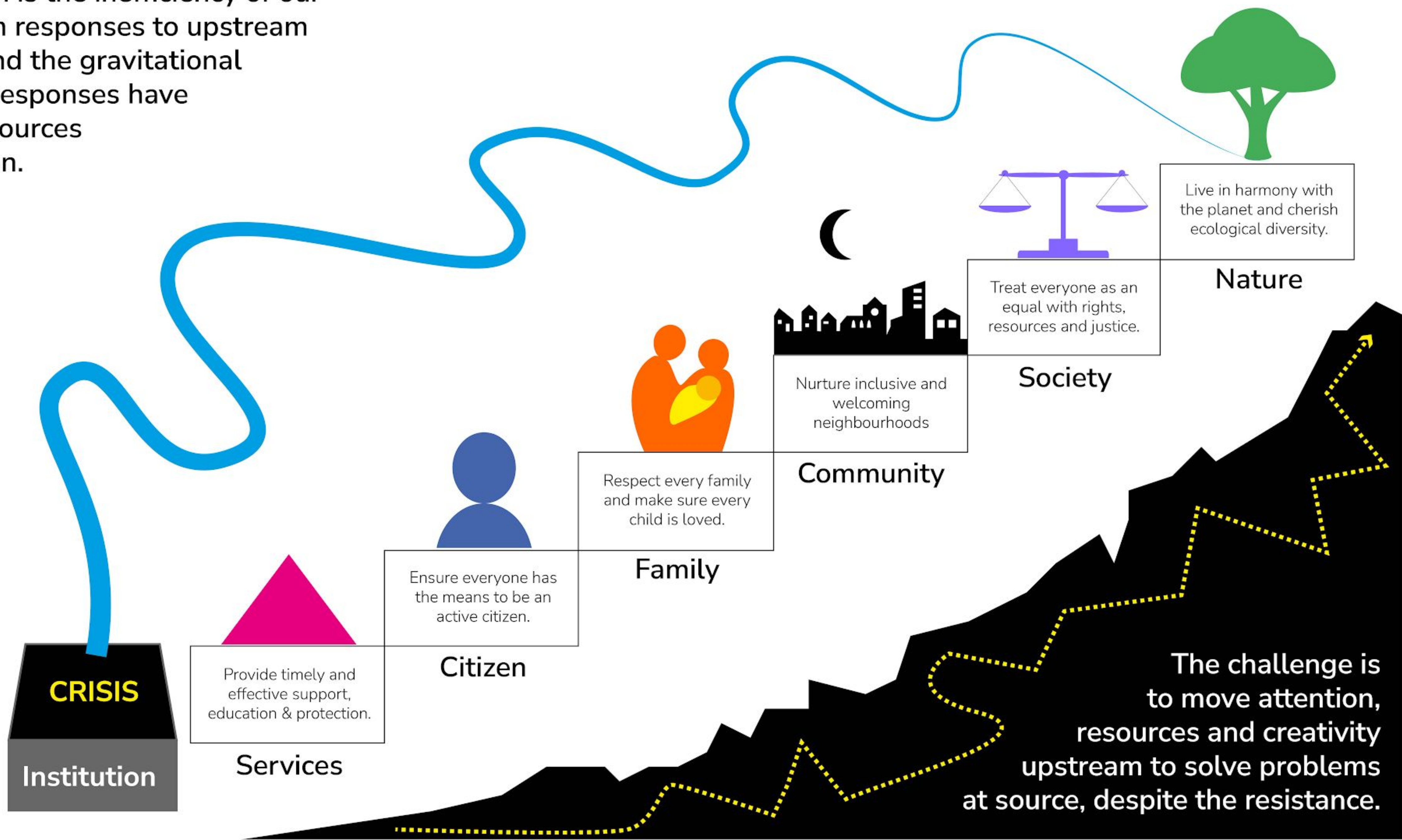
Duffy S (2017) Heading Upstream: Barnsley's Innovations for Social Justice. Sheffield: Citizen Network.



**Citizens have their own
source of energy and
resources.**

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The problem is the inefficiency of our downstream responses to upstream problems and the gravitational hold those responses have over our resources and attention.



If we change our
understanding of the work...

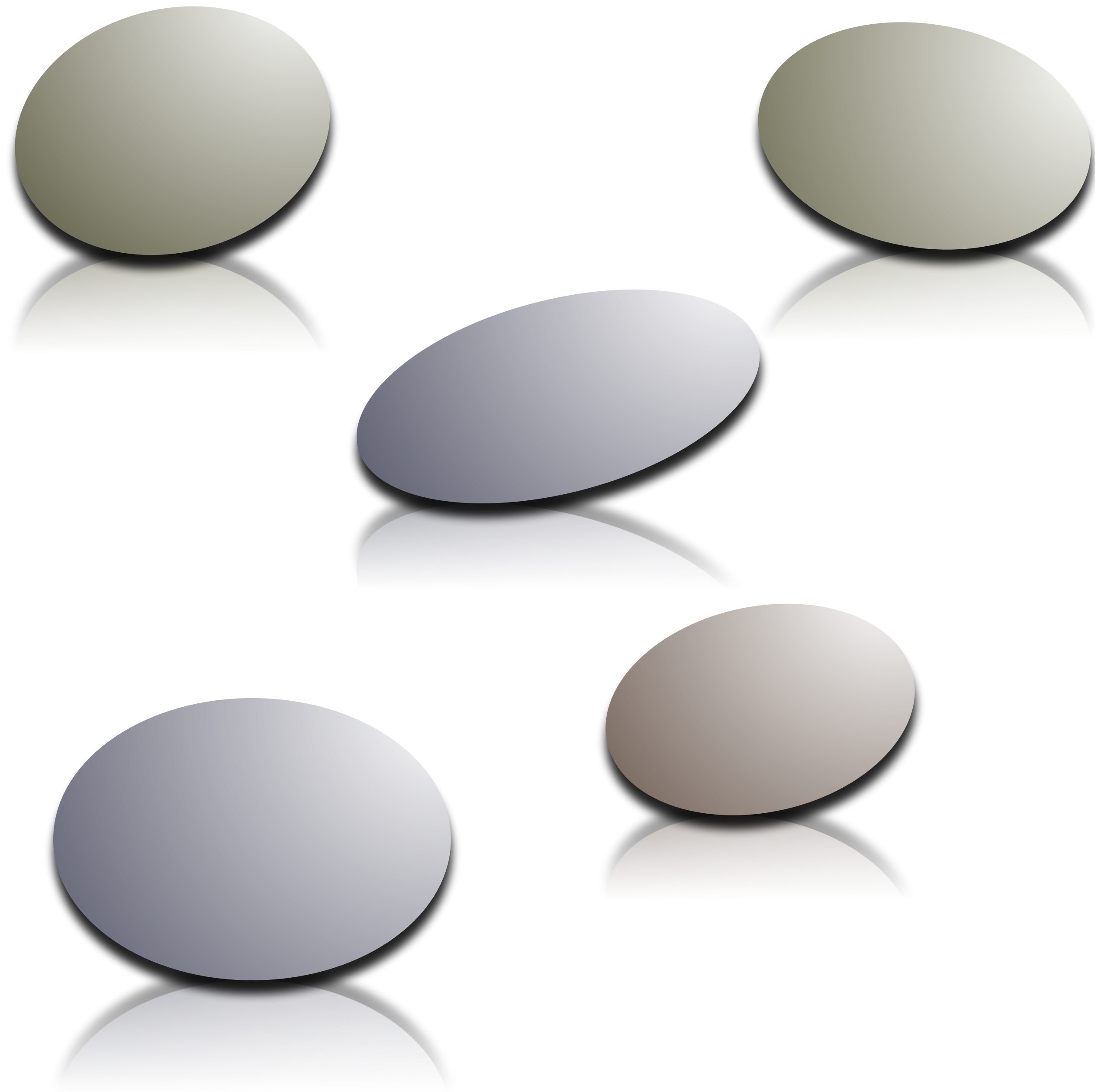
we will need to change our
work.

Support people and families to find good support solutions within the community.

Create a personalised support system that enables people to live as full citizens.

Change social conditions so people and families are stronger and crisis less likely.

Close down access to inappropriate services.



So Saul clothed David with his armour, and he put a bronze helmet on his head; he also clothed him with a coat of mail. David fastened his sword to his armour and tried to walk, for he had not tested them.

And David said to Saul, "I cannot walk with these, for I have not tested them." So David took them off.

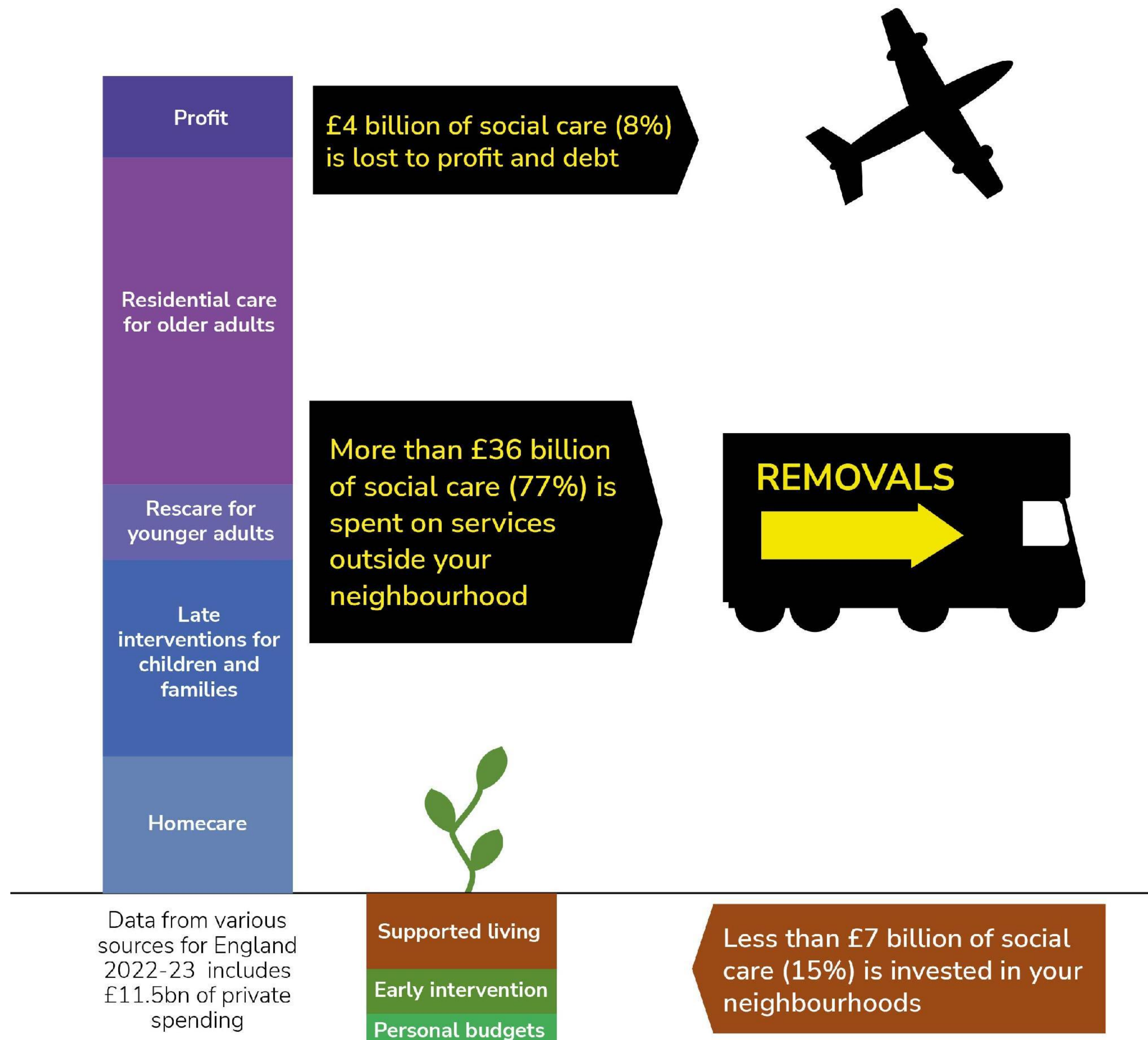
Then he took his staff in his hand; and he chose for himself five smooth stones from the brook, and put them in a shepherd's bag, in a pouch which he had, and his sling was in his hand.

5 Stones

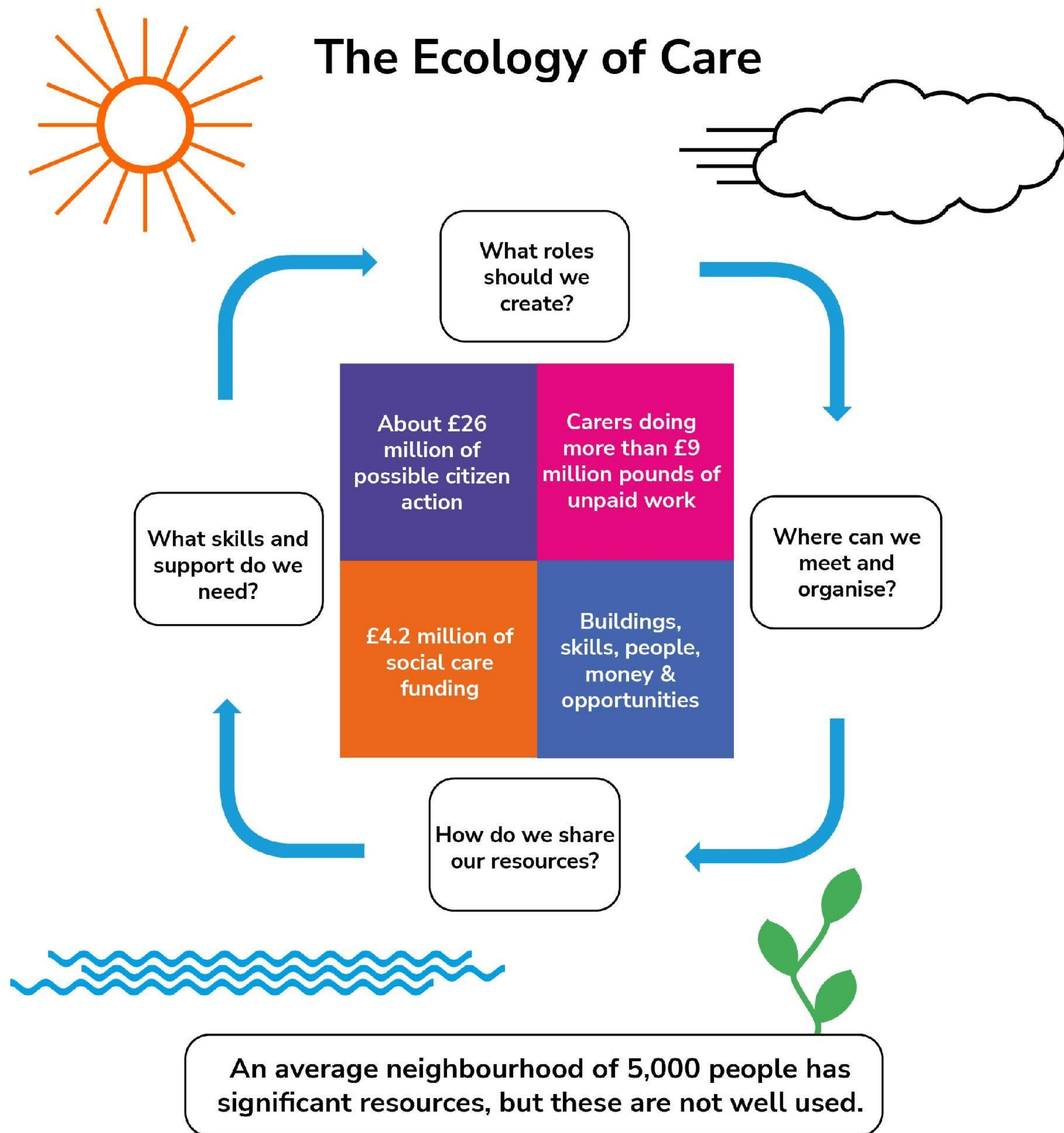
Challenging, but possible

1. No more out of area placements, this is working now, e.g. RDaSH NHS.
2. Provide personalised support to everyone; this is feasible and efficient
3. Develop neighbourhoods of care; this is the next horizon
4. Integrate funding and approach across health and children's social work; what will a Burnham government look like?
5. Grow networks that can advocate around big challenges, could the LDA Commissioners Network be helpful?

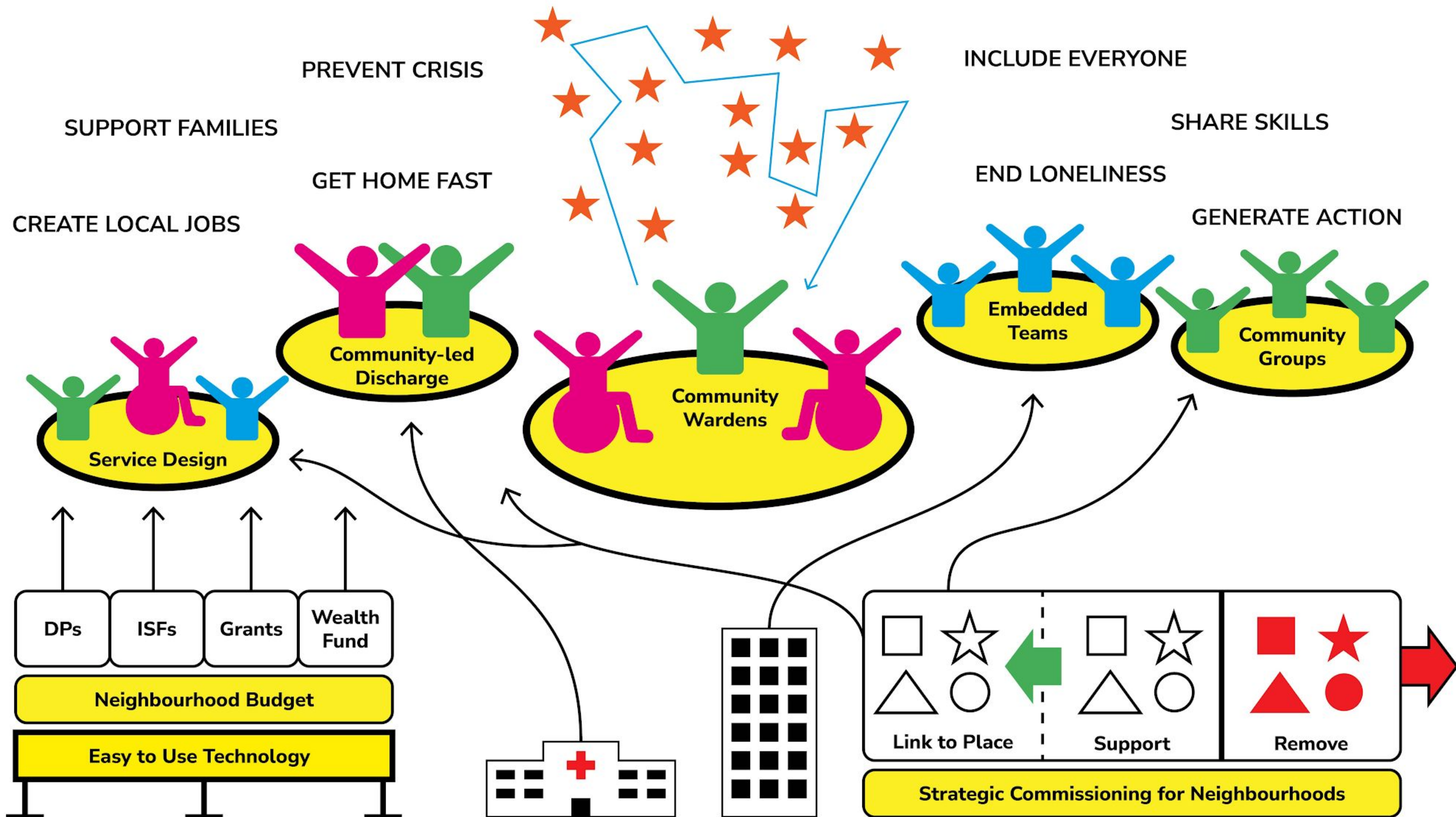
The neighbourhood will
become the central
organising space of care.

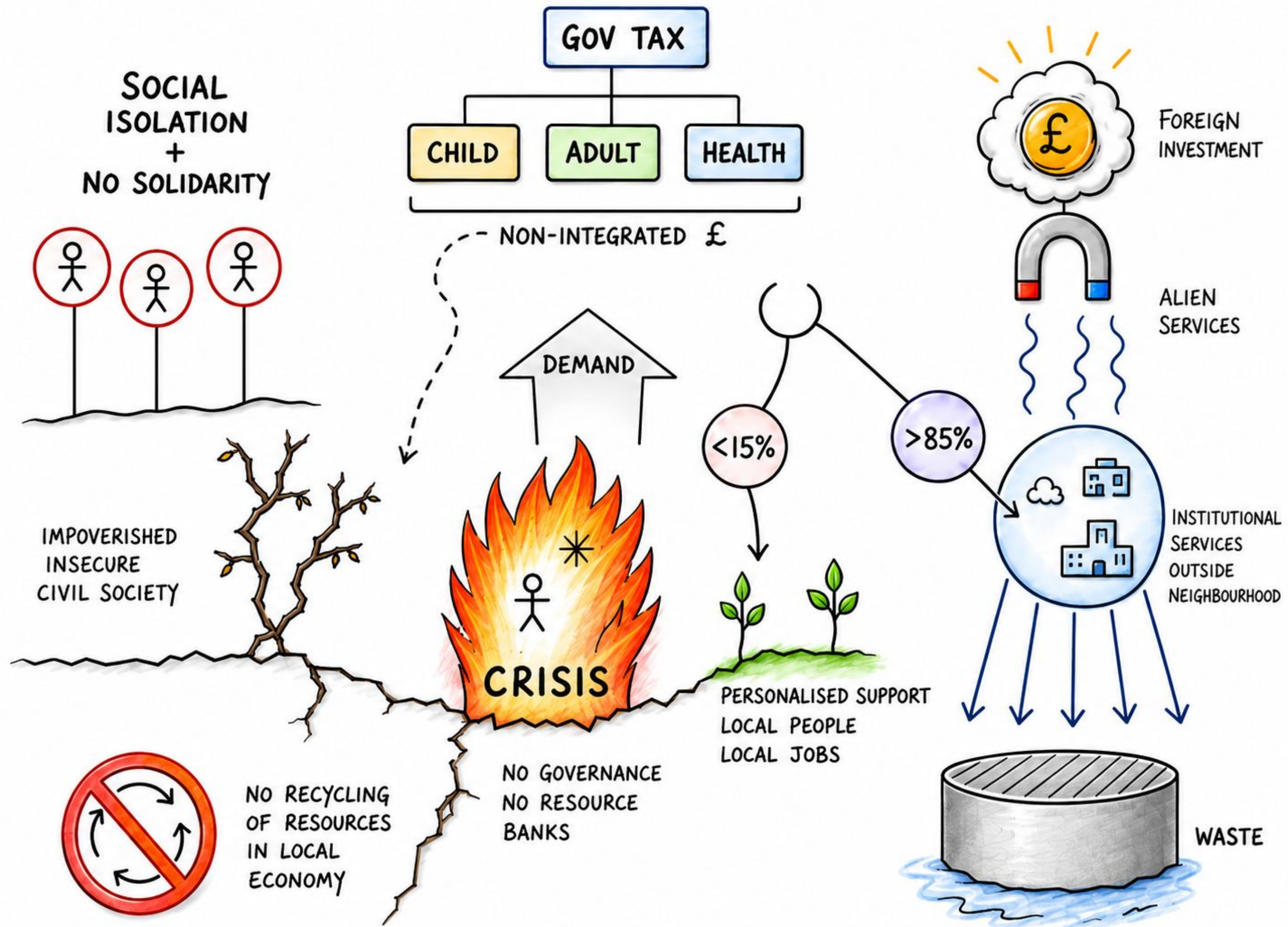


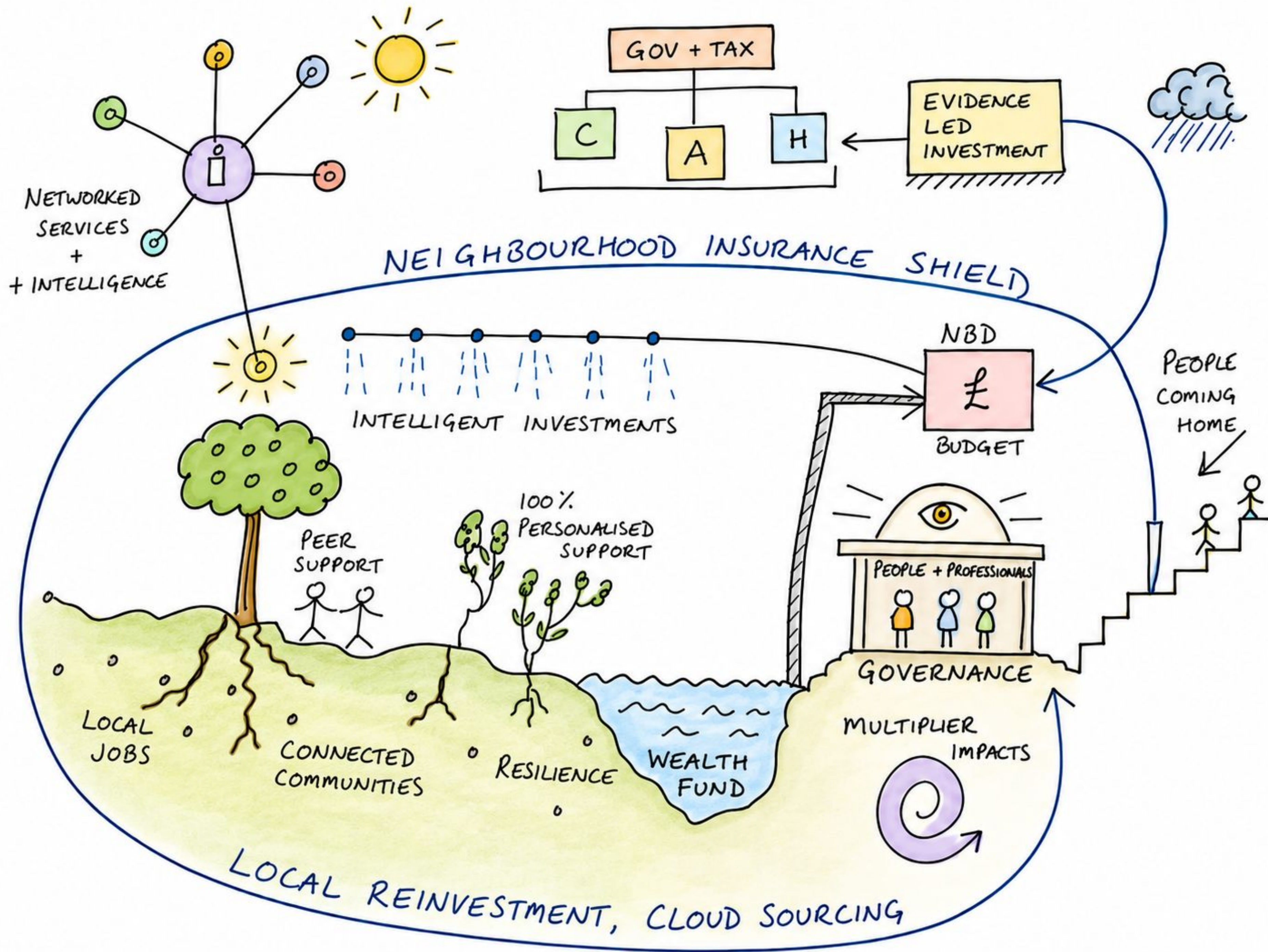
The current system is extremely **extractive** and it undermines the capacity of neighbourhoods to become **neighbourhoods of care**.



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20 Efficiency Points

Community innovations that save money
Examples of all of these exist in different places



1. Personalisation e.g. Health Efficiencies; Better Lives



2. Community-based care e.g. Dying with Dignity



3. Early intervention e.g. LAC



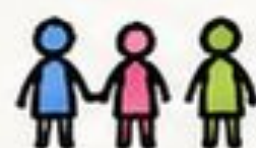
4. Village agents e.g. Somerset



5. Microprovision e.g. Community Catalysts



6. Personal budget pooling e.g. Dimensions



7. Embed profession teams e.g. Buurtzorg



8. Citizen army focus e.g. New Prospects



9. Neighbourhood Wealth Fund e.g. Maori initiatives



10. Crowd source solutions e.g. Soup



11. Peer support capacity e.g. PFG Doncaster Best Buddies



12. Peer support prevention e.g. Women at the Centre



13. Get folk home initiatives e.g. Age UK, Citizen Checkers



14. Anti-isolation initiatives e.g. Frome



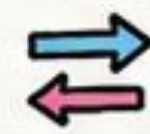
15. Local Multiplier Effect e.g. NEF



16. Extraction reduction e.g. Preston Model



17. Local problem solving, e.g. Positively Local



18. Asset transfers e.g. Gateshead



19. Technological efficiencies e.g. Manawanui



20. Personalised integration e.g. Personalised Transition



Care will be central to how we reorganise the modern economy.

Ending institutional care is like ending our use of fossil fuels.