Informal care, social research and social policy: real influence or wishful thinking?

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Structure of seminar

- Review informal care policy development
- Examine role of research in making informal care a policy issue – using Bulmer’s model
- Suggest a complementary model of influence specific to informal care research
- Invite comments
# Bulmer's models of influence

<table>
<thead>
<tr>
<th>Type of analysis</th>
<th>Purpose of research</th>
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<tbody>
<tr>
<td>Production of data</td>
<td>Intelligence and monitoring</td>
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<td>Interpretation and understanding</td>
<td>Strategic analysis</td>
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<tr>
<td>Causal analysis</td>
<td>Scientific control</td>
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- **Intelligence and monitoring**:
  - Production of data
  - Interpretation and understanding
  - Causal analysis

- **Strategic analysis**:
  - Authoritative facts
  - Conceptualisation

- **Scientific control**:
  - Political ammunition
  - Programme evaluation

Source: Bulmer (1982), chapter 7
‘Community care’ been around for a long time

Concept used to refer to policy goals, and to practical implementation of those goals

Looseness of definition useful for policy-makers

Obscures mode of production
And what of the everlasting cottage-garden trailer, ‘community care’? Does it not conjure up a sense of warmth and human kindness, essentially personal and comforting, as loving as the wild flowers so enchantingly described by Lawrence in *Lady Chatterley’s Lover*?

R M Titmuss. *Commitment to Welfare*, 1968. p.104
A Cook’s tour of informal care policy in the UK

- ‘Community care’ been around for a long time
- Concept used to refer to policy goals, and to practical implementation of those goals
- Looseness of definition useful for policy-makers
- Obscures mode of production
Community care policy since 1950s

- Emphasis on reduction of institutional care
- Domiciliary and other services to achieve this never adequate
- Arguments about cost of residential care were influential
- By 1970s became clear that ‘family’ was being re-emphasised as locus of care
‘… the primary sources of support and care for elderly people are informal and voluntary. These spring from the personal ties of kinship, friendship and neighbourhood … It is the role of public authorities to sustain, and where necessary, develop – but never to displace – such support and care. Care in the community must increasingly mean care by the community.’

(para.1.9, original emphasis)
This emphasis comes after a decade of research on realities of so-called ‘community care’

Policy preoccupations remained remote from family carers and their needs

Main emphasis remained on end of long-stay care, inadequacies of funding, and ‘perverse effects’ of social security funding
Informal carers ‘inhabit a strange Alice-in-Wonderland place where they are the main providers of community care but never the subjects of policy that deals with the provision of care’

(Baldwin and Parker, 1989, p.157)
All change with the Griffiths report (1988)

- References throughout to need to:
  - Support informal carers
  - Provide them with information
  - Consult them as part of joint planning processed between health and social care services
  - Take account of their views during care management

- But still emphasises informal sector as ‘first port of call’ for care provision
Publicly provided services constitute only a small part of the total care provided to people in need. Families, friends, neighbours and local people provide the majority of care in response to needs that they are uniquely well placed to identify and respond to. This will continue to be the primary means by which people are enabled to live normal lives in community settings. The proposals [in the agenda] take as their starting point that this is as it should be, and that the first tasks for publicly provided services is to support and where possible strengthen these networks of carers. (ref, para. 3.2, emphasis added)

Griffiths (1988) Community Care: Agenda for Action, HMSO
Informal carers much more firmly embedded

Recognition of possible need for practical support as well as information

Carers’ ability to continue caring should be taken into account in care planning

Subsequent practice guidance emphasised all this
Further policy development

- 1990 House of Commons Social Services Committee report on informal care – first time ever there had been a *whole* policy document about carers

- Legislation for carers

- 1997 – carers were the first through the door for a Number 10 party

- National Carers’ Strategy
But did it have anything to do with research evidence?

The stages of influence of research on the policy environment (with examples)

**Stage**

I. Identification
   - Incorporation
   - Policy making

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<tr>
<td>Sheldon (1948)</td>
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<td>Townsend (1957)</td>
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<td>Isaacs et al. (1972)</td>
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II. Emergence of gender
   - 'proto'
   - challenge
   - recognition
   - renewed challenge
   - Incorporation

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<td>Bayley (1973)</td>
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<td>Baldwin (1977)</td>
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<td>Land (1978)</td>
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<td>Finch and Groves (1980)</td>
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<td>Wilkin (1979)</td>
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<td>Gendlinning (1983)</td>
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<td>Parker (1985)</td>
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<td>Baldwin (1985)</td>
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<td>Dalley (1988)</td>
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<td>Finch (1984)</td>
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<td>1985 GHS</td>
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III. Diversification
   - Incorporation
   - Policy making

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<td>Arber (1988)</td>
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<td>Parker (1993)</td>
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<td>Katbamna et al. (2000)</td>
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Identification – taking the lid off the ‘black box’ of community care

Feminist challenge

Challenge incorporated in government funded research

Specifically funded research

National survey
Opened up opportunity for causal analysis

Programme evaluation

Specific legislation for informal carers

More programme evaluation

But where has the challenge gone?

Role of research councils and other funders