



# CARE AND SUPPORT REIMAGINED

A National Care Covenant for England

SUMMARY REPORT OF THE ARCHBISHOPS' COMMISSION





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# FOREWORD

## by the Archbishops of Canterbury and York

This report is a timely, hopeful, and welcome intervention on the future of social care. The Commission has consulted widely, drawing on the expertise of the Commission Members, to make thoughtful recommendations on a policy area in which the national debate is often narrowly focused, short-term in outlook, and lacking in wider vision. The report is a clear Christian vision for an issue which affects every person. It seeks to set a path towards a country which gives every person equal dignity, regardless of capacity. In so doing it reflects Christ's command to love one another and the beatitude "Blessed are the meek, for they will inherit the earth." (Gospel of St Matthew 5:5). Therefore we are called to see that those who are weak in our eyes are often those from whom we receive blessing and who offer us an example, Jesus said "Let the little children come to me; do not stop them; for it is to such as these that the kingdom of God belongs. Truly I tell you, whoever does not receive the kingdom of God as a little child will never enter it." (Gospel of St Mark 10:14). For those of all faith and none the power of valuing those outwardly powerless is a test of a society that acts well.

The vision offered here requires a fundamental reorientation of our priorities and direction. Jesus Christ offers us life in all its fullness (John 10:10), and so we strive for a society in which no one is held back or disregarded, or treated as surplus and 'just a burden' because of their age or ability. We stand with the Commission in its call to rethink attitudes towards ageing and disability within every aspect of our society – including churches – recognising that every single person has equal value and dignity, and must be treated as such.

Whilst changes are proposed to the social care system, with the long-term aim to make social care a universal entitlement, reform alone cannot bring about the change we seek. At the heart of this report is a deeply Christian understanding of what it looks like to live together in community, with people caring for and supporting one another in relationships characterised by mutuality and inter-dependence.

The Commission offers a vision of one-another care, where we have a better sense of what we should do for each other in communities and neighbourhoods, find agreement about where

different responsibilities lie, and build long-term networks and associations that will allow people to flourish. The development of a National Care Covenant, proposed by the Commission, is the beginning of a wider process in which we seek to realise this vision.

We offer this document with great thanks to the Commission for their timely and excellent work.

It comes with much humility as what we hope will be a gift at a time of great need, provoking debate, deepening compassion and challenging utilitarian or consequentialist and individualised visions of what it is to be human in this country today.

**Archbishop Justin Welby &  
Archbishop Stephen Cottrell**





# INTRODUCTION

Many of us and our loved ones will, at some time in our lives, need care and support. However, social care is not well understood by many people, and too often has been reduced to help with the practicalities of daily living (such as eating, washing, and getting dressed). And yet, for those who draw on care and support and their carers, social care also needs to include attending to social, emotional, and spiritual needs. Care and support should enable us to live the best lives we can. It is about human flourishing; or, in the language of the Bible, 'Life in all its fullness' (Jn.10:10).

Looking through a lens of Christian theology and tradition, the Archbishops' Commission was asked to 're-imagine' social care for our time, with a focus on older people and those living with disabilities. Debate on this issue is often characterised by confusion and frustration. We have therefore sought to approach our task with an emphasis on creating hope.

**CARE AND SUPPORT SHOULD ENABLE US TO LIVE THE BEST LIVES WE CAN. IT IS ABOUT HUMAN FLOURISHING; OR, IN THE LANGUAGE OF THE BIBLE, 'LIFE IN ALL ITS FULLNESS'**



Our vision derives from our shared humanity (rather than consumerism) and rests on bonds of love, mutuality, and inter-dependence. It regards 'good care' as a means to an end, rather than an end in itself. That end is leading a good (and equal) life in an accessible environment, free from discrimination, with support to participate in education, work, family life, leisure, community, and worship – for as long as possible. Relationships are vital to the realisation of this vision.

We believe that this is an appropriate task for the Church to undertake, since from early times it has been a leader in the provision of care and healing; from the early creation of hospitals and hospices by Christian communities, through district visiting in the Victorian era to more recent innovations such as parish nursing and Anna Chaplaincy. Many providers today have their origins in the church such as Methodist Homes for the Aged (1943); Abbeyfield Society (1956), and L'Arche (1973). Churches today continue to provide a significant number of activities for older people in their communities.

**OUR VISION DERIVES FROM OUR SHARED HUMANITY (RATHER THAN CONSUMERISM) AND RESTS ON BONDS OF LOVE, MUTUALITY, AND INTER-DEPENDENCE.**





## CONTEXT

We have written our report against a background of uneven access to care – and growing numbers of people in need of it. The architects of England’s welfare state in the 1940s could not have imagined that eight decades later so many people would be struggling to get essential care and support. More of us are living longer including those born with a disability and other clinical conditions. At the same time, patterns and structures of family life are changing, including more women at work; more families with no children; and more people living alone.

Through our Listening and Engagement Exercise, we heard about the realities of trying to access care and support today. The care system is complex, confusing, and difficult to navigate for those who draw on care and support, while those providing care, both paid and unpaid, feel overstretched and undervalued. By spring 2022 over 500,000 people were waiting for social care. There are several million ‘unpaid’ carers who are largely invisible and frequently exhausted. Staff shortages have worsened, with ‘care deserts’ in parts of the country. For people with health as well as care needs, social care and the NHS are poorly coordinated and work as separate systems.



We also heard of positive examples where communities, including churches and faith communities, provide vital informal support, pro-active local authorities are delivering community-led initiatives, which can defer the need for support and that promote better mental and physical health. Innovative housing developments are being planned and built and technological innovations are rapidly enabling people to take greater control over their lives.

There have been any number of previous reports over the last 25 years, including the Government’s recent report ‘People at the Heart of Care’. But there has been little meaningful change in England. The most recent reports have called for urgent action on funding, recruitment, and pay.

And yet, many countries, such as Japan and Germany, have seen ‘far-reaching’ reforms; and Scotland and Wales are both recommending a ‘National Care Service’ to put care and support on an equal footing with the NHS. Change in this country is both necessary – and possible.

We are calling for a fundamental and comprehensive redesign of care and support.



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## PRINCIPLES

The Commission's report is underpinned by several theological considerations, but there are two which have heavily influenced our conclusions. One is the belief that every one of us has been created in the Image of God (Gen. 1. 27); which means that we are all a 'gift', valued for who we are not what we produce. The other is a command (which recurs in Scripture) to love one another. The ultimate expression of this is Jesus Christ, who serves both as model and guide for how we should live and care for others.

These core beliefs have in turn informed a set of values which are central to our recommendations. Our vision of care and support in England is that:

- Care and support enables people to **flourish** and live life to the full
- Access to and funding of care and support is **universal** and **fair**
- How we care for one another reflects **loving kindness** and **empathy**
- Society, including churches, are **inclusive** of all people, of all ages and abilities
- How care and support are delivered promotes **mutuality** and is based on **trust**

As Archbishop Justin Welby puts it in his book, 'Reimagining Britain', the 'way we care for others is a key marker of our values'.

All these principles further translate into three actions: namely, rethinking attitudes; rebalancing roles and responsibilities; and redesigning the system.



## RETHINKING ATTITUDES

All the evidence we received – written as well as verbal – suggested the need for a fundamental shift in the way in which 'care' is viewed. A greater public acknowledgement is required of the varied ways in which we all need and give care and support at different times in our lives, and a realisation that care is about mutuality rather than dependence. In other words, the language needs to shift from 'them' to 'us'. People need to be viewed as having agency rather than seen as objects of pity. We must also value those who provide care, paid and unpaid.

But these shifts in attitudes to care have to go hand in hand with a challenge to current negative attitudes towards old age, disability, and mental illness. This should involve a cross-party coalition getting behind a large-scale, long-term public campaign to change hearts and minds with church and other faith leaders playing their part.

**PEOPLE NEED TO BE VIEWED AS HAVING AGENCY RATHER THAN SEEN AS OBJECTS OF PITY. WE MUST ALSO VALUE THOSE WHO PROVIDE CARE, PAID AND UNPAID.**





## REBALANCING ROLES AND RESPONSIBILITIES

In one way or another, most of us have a role to play in providing support and yet there is no clear agreement or public understanding of who is supposed to do what. There is no clarity about what should reasonably be expected from families, or how the costs of care are shared between individuals, families, and the state.

**THERE IS NO CLARITY ABOUT WHAT SHOULD REASONABLY BE EXPECTED FROM FAMILIES, OR HOW THE COSTS OF CARE ARE SHARED BETWEEN INDIVIDUALS, FAMILIES, AND THE STATE.**

There is a pressing need for what might be called a ‘National Care Covenant’. The Covenant would set out clearly and simply the respective rights and responsibilities of national and local government, communities, families, and citizens. It would be developed nationally through a sustained programme of public dialogue and engagement, though it could equally be applied locally. The word ‘covenant’ describes our underlying principles rather better than ‘contract’, indicating a chosen relationship which involves working together towards a common goal. We propose that the Covenant should reflect:



**A greater role for and investment in communities to provide universal support and enable participation and inclusion**

Many communities (including faith communities) already provide valuable support and care for older and disabled people. Thriving communities are built on mutuality and reciprocity. However, this needs both investment and nurture, especially by local authorities, if it is to be universal and address inequalities. Local government also plays an important role in promoting inclusion and access to transport, housing, and community infrastructure. Local churches and faith communities need to be equipped with the training and resources to provide effective community-based support in partnership with others and in ways that empower people.

**A new deal for unpaid carers giving them practical, financial and emotional support**

It is important that unpaid carers can freely enter into caring relationships out of love, not necessity. They need to be better valued and supported, with adequate recognition, rest, and recompense (together with paid or unpaid leave and flexible working arrangements for those who combine caring with paid employment). Nobody should automatically assume the availability of unpaid care, which for many is not an option.

**A stronger role for the state in guaranteeing universal access, providing protection against the costs of care, and defining a framework of entitlements and rights.**

National government should set out a long-term commitment to introduce a universal entitlement to care and support (on a par with the NHS). Everyone should be able to lead a good life by accessing care and support when they need it regardless of wealth and income. This will require a means of collective funding and pooling of risk, probably with a tariff of care charges established on a national basis. National government will also need to put in place stronger mechanisms to ensure existing legal rights and entitlements are upheld.

**Accepting our mutual responsibility as active citizens**

Social care is everybody’s business. We all have a role to play and must contribute (where we can). This means as citizens, being willing to contribute funding through taxation so that everyone, regardless of income and wealth, can get care and support. It means as members of a community, giving time and looking out for others, from small acts of kindness to volunteering more regularly in community support groups. When we or those we love need care and support, it means engaging proactively to shape the care we need and to use budgets wisely.



## REDESIGNING THE SYSTEM

Piecemeal tinkering with the existing system will not produce the desired result. We need a radical redesign of the system to make it simple, consistent and person-centred.

Early intervention will be delivered through a universal offer of first contact help in the community. Assessments will be simplified, and a budget allocated based on standardised categories of disability as in Germany and Australia. People will have the freedom to shape their care and support and be trusted to manage their budget (or decide who will manage it on their behalf), supported by independent advocacy.



Local authorities will continue to play a role in shaping the services available in an area, particularly where there are gaps. In addition, the challenge of suitable housing needs to be tackled – not least by the Church of England, which could do more (as the Housing Commission has observed) to use its assets and investments to support integrated, community-based housing options. The potential of person-centred assistive technologies to support people in their own homes also needs further exploration and investment.

We urgently need a new approach to care which includes a long-term plan for the recruitment and retention of paid carers as well as the redesign of roles. Their skill and contribution to people's lives must be valued and given recognition so that social care is regarded as a rewarding career. This has to be accompanied by improved pay, conditions, and training. Recruitment should be based on values and attitudes as well as qualifications and experience.

**WE URGENTLY NEED A NEW APPROACH TO CARE WHICH INCLUDES A LONG-TERM PLAN FOR THE RECRUITMENT AND RETENTION OF PAID CARERS AS WELL AS THE REDESIGN OF ROLES.**



## CONCLUSION

Values are the foundation of this new vision for care and support in England. If realised we believe it will transform the lives of all of us, as we share in the benefits of a society where everyone, regardless of age and ability, is able to live a full life. We are not apologetic for the idealism reflected here. But nor are we naïve. We recognise that implementing this vision has costs, that it cannot be the work of government alone, nor will it be achieved in one parliament. It therefore requires a broad coalition, including the Church and leaders of other faiths, to commit to work over the long-term towards this shared vision and make the moral case for change. There remains an urgent need for action to begin immediately.



We have deliberately not gone into any detail about how to pay for a new system of care and support, since that has been the subject of past reports by others and government reforms being implemented currently. A debate that is only concerned with funding risks missing the real issue. We cannot afford not to do anything.

This requires us to take action towards rethinking attitudes to care and support, rebalancing roles and responsibilities, and radically redesigning the system. We believe that a National Care Covenant would make it clear that care and support is about more than contractual obligations and statutory duties, but rather a deeply profound set of relationships in which we are bound to one another. Everyone has a role to play in reimagining care and support, ensuring that we can all live the full life for which we were created.

**THIS REQUIRES US TO TAKE ACTION TOWARDS RETHINKING ATTITUDES TO CARE AND SUPPORT, REBALANCING ROLES AND RESPONSIBILITIES, AND RADICALLY REDESIGNING THE SYSTEM.**





## ACKNOWLEDGEMENTS



I feel privileged to have had the opportunity to Chair the Archbishops' Commission on Reimagining Care over the past 12 months. I am grateful to the Archbishop of Canterbury and the

Archbishop of York for placing their trust in me to lead this work. I am hugely grateful for the amazing support of my Co-Chair, the Bishop of Carlisle, James Newcome whose wisdom and insights have been invaluable throughout, and to his wife Alison for her hospitality in Keswick, providing me with a much-needed place of sanctuary to work on the Commission.

We have not worked alone. Our fellow travellers on this journey have included: John Swinton, Anna Severwright, Clenton Farquharson, Heléna Herklots, Richard Humphries, Debby Ounsted, and Jabeer Butt. Each has brought their knowledge, personal experiences, and values to the table, sharing openly and being willing to contribute ideas. Brendan McCarthy, the Church of England's National Public Policy Adviser on Medical Ethics and Life Sciences, and Roy McCloughry, former National Disability Adviser to the Church of England, have provided advice and at times challenge to the

Commission with humour and humility. We have also benefitted from the advice of a range of others who between them have decades of experience of working in and around the sector: Lyn Romeo (Chief Social Worker), Emily Holzhausen (Carers UK), Sara Livadeas (Social Care Works), Julia Unwin (formerly Joseph Rowntree Foundation), Sian Lockwood (formerly Community Catalysts), Al Barrett (Rector of Hodge Hill Church).

We have been ably supported by a great team at Lambeth Palace: Will Fremont-Brown, Clare Williams (communications); Elizabeth Addy (Bishopthorpe), Rosemary Nuamah Williams (for the first phase) and Katie Harrison (for the second phase), Louise Dominian, and Chris Mitchell who joined the team as volunteers giving generously of their time and talents; and Ali Tozer for juggling diaries with such calm and ease. We are also grateful for the wider staff within the Church of England who have provided help and practical support behind the scenes.

When I first was approached about the Commission I was working as Chief Executive of the Centre for Ageing Better, living in North London where I had recently stepped down as churchwarden and had completed the work on the Feeley Review of Adult

Social Care in Scotland. I had been waiting to see what God had in store for me next. I felt passionate about improving social care in England. At the time in February 2021, despite Covid-19 having put a spotlight on care homes, there seemed little prospect of any significant changes and provided a stark contrast with Scotland where there was commitment from all political parties to implement the Feeley Review. The opportunity to bring my professional work and personal faith together for the first time was exciting. Was this the surprise I had been waiting for? I felt called to say "yes". This was the start of bigger changes. Leaving my job, moving house, leaving the church community I had become part of for the past 10 years, and moving back to Yorkshire to be close to my parents, and now embarking on a new adventure into politics. It has been such a blessing and I am so thankful for this time.

I want to thank all those who gave up time to speak with us. This is not a report I could have written 12 months ago. It has been formed by the many conversations I have had, among ourselves as a Commission, with people who have generously given their time to speak to us, to all those we have met with at roundtables and those who wrote to us as part of the listening exercise. I am particularly grateful to Andrew Dilnot, Derek Feeley, Julia Unwin, Sian Lockwood, Natasha Curry, Jon Glasby, and John Kennedy, who came to speak to the Commission, and to Learning Disability England,

Livability, IMPACT, Disability Rights UK, Race Equality Foundation, Faith Action, Church Urban Fund, Methodist Homes Association, National Council of Voluntary Organisations, Carers UK, the National Care Forum, and the Alzheimer's Society, who organised round tables for us to meet with and hear from those directly engaged as people who draw on care and support, their carers and those who provide support. I also want to thank the various places that welcomed us warmly for visits during the course of our work and helped to shape our thinking: Woodside Care Village, Esk Valley Camphill Community, Morden College, Methodist Homes Association Moor Allerton, Joseph Rowntree Housing Association (Hartrigg Oaks), Tonic @ Bankhouse, St Michael's Wandsworth Common, Anna Chaplaincy (Kendal), and Renew Wellbeing Café (Kirkby Thore)

I also want to acknowledge the many people who have been praying for the work of the Commission. It has been wonderful to know that the work has been guided by a higher power. I hope the work brings glory, not through the words written in this report, but the changes that will follow and the actions that each of us will take to make this vision a reality.

**Dr Anna Dixon MBE**  
**August 2022**



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A more detailed report can be found at:  
[www.churchofengland.org/about/archbishops-commissions/reimagining-care](http://www.churchofengland.org/about/archbishops-commissions/reimagining-care)

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