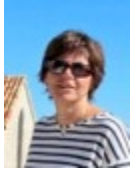


The 'Big Society' will not necessarily lead to better elderly care treatment

Di Galpin looks at the Big Society from a philosophical standpoint and questions whether it can be achieved without encouragement from an active state.



The Big Society has been vilified as a return to the politics of the New Right; a Trojan horse for smaller government, and feted as the anatomy of the new politics on which to establish the legitimate nature and limits of the relationship between the state and individual in a 21st century system of health and social care.

Phillip Blond is a central figure in the development of the concept of Big Society. Blond argues both the political Left and political Right have presided over a collapse of coherent cultural values and a shared commitment to a 'common good', suggesting a redistribution of power from the 'top' (state) to the bottom (individual) is required, aligned with a more compassionate form of capitalism, to re-establish the common good.

For the current government, this rests on the empowerment of local communities founded on voluntary networks of trust and mutuality. From this perspective the purpose of Big Society appears to extend responsibility for the care of older people to local communities, rather than extending the responsibility of the state.

Policy programmes already implemented by the current government to develop Big Society include the National Citizen Service, which organise voluntary opportunities for young people, and the creation of the Big Society Bank, which will act as a central source of investment income for third sector organisations. The Localism Bills' accompanying guidance states; 'Big Society is what happens whenever people work together for the common good. It is about achieving our collective goals in ways that are more diverse, more local and more personal' ([HM Government](#), 2010: p.2).

However, whilst at one level Big Society can be viewed as a mechanism of transferring more responsibility onto individuals, allowing the state to reduce public sector spending, Big Society is also about believing in, and building on, the inherent 'good' within humankind.

Jesse Norman suggests Big Society involves moving beyond the 'two way opposition of state vs. individual' in the provision of care to 'the three way relationship of enabling state, active individual and linking institution'. For Norman the former is flawed because it ignores the diversity of human beings and their ability to act morally without interference from the state. By justifying the legitimacy of the state, it polarises the individual and ignores the positive power and potential of individuals to create and maintain a 'good society'; a society where individuals care for one another for altruistic reasons, rather than because the state legislate that society provide care and support. Norman suggests state interference is a negative response to care provision, quoting [Alex de Tocqueville](#):

"The more [the state] stands in the place of associations, the more will individuals, losing the notion of combining together, require its assistance. These are cause and effect that unceasingly create each other."

The 'associations' that mediate between individuals and the state can be conceptualised as operating within civil society. Civil society is the space of un-coerced human action, the place where people take action as moral beings, via all organisations and associations above the level of the family and below the level of the state; the place where your jubilee street party was planned presumably.

Importantly for advocates of Big Society the role of government in this 'space' and 'place' is minimal.

How does this support the current approach to caring for older people?

From this perspective, caring for older people, and ensuring care is dignified, is viewed as something we all agree is a 'good thing' and freely engage in, rather than something government should regulate or legislate for. In this context government relies on 'phillic' associations, taken from the Greek 'philia', meaning friendship ties, affection or regard that are the essence of the space between individual and state. Government would rather rely on these to guide human behaviour in the care sector than introducing legislation or regulation. Hence, the governments support for the introduction of a [voluntary dignity code](#).

Big Society, freedom and money

However, whilst government may think treating older people with dignity and respect is viewed as a 'given', assuming we are all willing to care for, and protect, older people, this is not necessarily true, as evidenced by a number of reports on the [poor levels of care](#) provision older people experience across the [care sector](#).

At the heart of the current debate are two related themes. Firstly, an attempt to understand how the relationship between the state, private sector and individual should be formulated to fulfill a mutual responsibility in supporting dignified care for older people, and, secondly, the affordability of care provision. Successive governments since Margaret Thatcher have relied on a consumerist approach to improving the quality of health and social care provision. The question is; has turning vulnerable older people into consumers improved their care? For some yes, but for many of the most vulnerable older people in society, those older old people with dementia and who are frail, I'm not so sure. However, what it has done is hide the abuse and mistreatment of older people from collective view for the last 30 years, and led society to engage in debate that does not move beyond the financial.

Research suggests this has had a detrimental effect on the moral health of society and academics are now suggesting the use of market mechanisms can change people's attitudes and values, having a 'corrosive effect'. [Michael Sandel](#) makes a pertinent point suggesting

'It calls into question the use of market mechanisms and market reasoning in many aspects of social life, ... to motivate performance in education, health care, the work place, voluntary associations, civic life and other settings in which intrinsic motivations or moral commitments matter' (What money can't buy, 2012, p122).

It is impossible to ignore the effects of systematic inequalities in liberal societies that effectively exclude, or compromise the rights of a variety of social groups. Nor can we ignore the corrosive effect successive governments use of a consumerist approach to health and social care might have had on those 'phillic' associations so vital to a 'Big Society'. The '[Osborne Supremacy](#)' assumes the existence of a single unified 'big society' when it actually consists of many 'societies' with competing interests where the interests of powerful elites are advanced in the name of defending common interests, whilst the interests of marginalised groups, such as older people, leave them without support.

Big Society or Big Con?

The answer will depend on your political and ideological viewpoint on the legitimate role and limits of the state in the provision of health and social care. Whilst it is true Big Society clearly already exists, evidenced by the number of people already [freely providing care](#) in society, what is in doubt is whether it can be extended any further without an [active state](#).

Note: This article gives the views of the author, and not the position of the British Politics and Policy blog, nor of the London School of Economics. Please read our [comments policy](#) before posting.

About the author

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