8 Social services

Among the last local government functions to be reformed are the social services. The proposals have been set out in the 1990 white paper.[1] However, examining central-local relations and recent policy for the social services is very different from examining the other functions of local government. This is because of the complex division of responsibility between institutions both at central and local levels.

Welfare services for children at risk, elderly people, mentally handicapped people and others have been provided by social services departments in local authorities since 1971. Housing and education departments also provide support services. The local authority role is divided between providing residential care, day care services, home helps and other domiciliary care. Health authorities and voluntary agencies also provide care. Commercial agencies have played an increasing role, especially in residential care as a result of social security policies. Though legislation, and reports such as the Seebohm Report,[2] envisaged that the local authority would be the coordinating body for a plurality of providing institutions, this has been achieved only to a limited extent.

As local authorities are not the sole providers of welfare services, and as the functions are divided between departments of the local authority and other bodies, the pattern of central-local relations differs from that with other functions. This local complexity is compounded by the division of responsibility between the Departments of Health,

Social Security and Environment. The main department for funding those in residential care (Social Security) does not provide the resources for personal social services, as these come from revenue support grant.

In general social services departments have been relatively free from control by central government (until July 1988, the Department of Health and Social Security; since then, primarily the Department of Health).[3] In recent years the Department has been more interventionist, for example requiring submission of formal planning statements; approvals of capital expenditure; conversion of the social work service into the social services inspectorate; and setting guidelines for service standards. Requirements for joint planning between health and social services authorities, and the availability of finance for jointly agreed projects, have been intended to encourage cooperation. But the bulk of social services funding has continued to come from central grants rather than from the Department of Health directly.

Community care

The policy of 'community care' has been given increasing emphasis in recent decades. To promote it, the Department of Health has used a number of financial incentives to encourage the closure of long-stay hospitals. However, while this led to a greater role for the Department of Health, the relationship between the Department and local authorities was still indirect. For example, the Department did not routinely monitor the performance of local authorities as it does for the National Health Service.[4] The policy was not compulsory, and local authorities were critical about the benefits of special funding arrangements and cautious in adopting them.

Several influential reports have commented on the confusion of agencies responsible for community care.[5] A particular concern of government was the increase in social security payments for people in private and voluntary residential homes, from £6m in 1978 to £499m in 1986.[6] The government responded by appointing Sir Roy Griffiths to carry out a review. He concluded that providing appropriate support services for people already living in the community or discharged from residential care meant that one body would have to make the decisions about the mix of services, and that, to coordinate community care, one local agency would have to be responsible for coordination and

planning. Griffiths recommended that this responsibility should be the local authority's.

The government decided to implement the Griffiths Report. The white paper states that local authorities should become, 'arrangers and purchasers of care services rather than monopolistic providers'.[7] Social services departments will become the assessors of an individual's need, and will ensure that, between them, local authorities, private bodies, voluntary organisations, families and friends provide support and care. Local authorities have to produce community care plans which outline the steps being taken to increase the use of non-statutory provision, and there will be financial incentives for local authorities to ensure that residential care is provided in the private or voluntary sector.

Central government has appeared to have introduced the reforms without laying down precise controls over local authorities, as it has done in other service areas. The government did not introduce special grants for community care as was widely expected, but has left it to local authorities to decide how much care is to be provided, the funds being allocated through the revenue support grant mechanism. It is not making it a requirement to have all care contracted out, merely setting out what it wants to see as the new role of social services departments in assessment, case management and community care planning. Thus many domiciliary and day care services will stay under local authority control for the time being. The need for government approval of community care plans, on the other hand, gives central government the power to make local authorities provide more care by private or voluntary agencies. Social services departments will be asked to identify areas of their work that are sufficiently self-contained to be made self-managing units, except for people leaving psychiatric hospitals.

Arrangements for Scotland are broadly similar, though aiming to build on a range of existing initiatives made by Scottish local authorities and health boards.[8] An important difference is the special grant for community based services for people with mental illness.[9] Scotland is also developing inspection units in local authorities, separate from the management of local authority homes.[10]

To make the local authority the body responsible for community care is an exception to the recent trend to take functions and responsibilities away from local government. It seems likely that the

decision reflects the particular institutional problems of coordinating community care rather than a change of philosophy. The delay in deciding its response to the Griffiths Report suggests that the recommendation was accepted reluctantly, after disputes within central government about possible alternatives.

The reform nevertheless fits into the general enabling approach. The government's intention is that the local authority will not be the main body providing community care, but will largely organise other bodies in the voluntary and private sectors. In line with the other reforms, central government is given a key role with the power to give guidance, inspect local plans, and issue directions.

References

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