

Implications for the user

Managing the Package of Care: Implications for the User

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The purpose of this paper is to raise some questions about the implications of the proposals in the Griffiths report¹ for the users of social services. Some of these are speculative because the precise form of organisation envisaged by Griffiths is not always clear. Also, because much of the ensuing commentary is critical it is important to establish, at the outset, my support for many of the report's recommendations, especially the logic of the proposal for a single managing authority and the case for local authorities occupying that role. Furthermore Griffiths is rightly critical of government policy towards the funding of the personal social services and the 'perverse incentive' provided by board and lodging subsidies to the private residential sector². Above all Griffiths has done a service to users by putting the organisation of community care services back on the policy agenda.

It is not surprising that there has been an enthusiastic response to the Griffiths report in some local authority quarters. On the one hand Griffiths appears to swim against the tide of the government's antagonistic approach towards local authorities (an interpretation I take issue with below) and, on the other, he offers concrete proposals to resolve what is now widely recognised as the disarray of government

community care policy³. However this paper adopts a more cautious and critical response to Griffiths than many others have done because even if it is the answer to a local authority manager's dream, the prospect that would face users would be distinctly mixed.

Individual responses to Griffiths turn on one's interpretation of what policies are desirable and politically feasible. If we are looking for an imaginative interpretation of 'community care' based on the principles of normalisation, community support, empowerment of users and institutional closure, then the Griffiths report is, at best, akin to Brighton Pier: plenty of interesting features, all right as far as it goes, but not much use if you want to get to France. If we are looking for a better way of organising what passes for community care at present then Griffiths fits the bill rather better.

The following commentary concentrates on the core proposals, examining how they might affect users. A lengthier and more thorough appraisal would subject Griffiths' recommendations to a systematic examination with regard to their impact on criteria such as: the quality of care, choice, user participation and service accountability. The starting point is an examination of the approach to community care adopted by Griffiths.

Griffiths and community care

The Griffiths review was designed to be an overview of the funding and management of community care policy, along the lines of the review of NHS management conducted by Griffiths in 1983. His brief excluded the content of policy - at least that was the way it was interpreted - and the level of funding⁴. In short, it was intended to be a top-down managerial review and that in large measure is what was produced. Two major implications follow from this narrow conception and execution of the review.

In the first place there is no clear statement about the philosophy that should underpin community care policy, nor, indeed about what 'packages of care' might consist of. Ministers are asked to provide these. However, without first establishing the *goals* of any policy it is difficult to evaluate the managerial arrangements designed to achieve them. Secondly, users do not figure centrally in the report's recommendations. True they are mentioned and there are frequent

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references to consumers, but their role is a passive one: with services operating (as they do now) in a reactive way rather than users playing a central role in organising the services they want.

The importance of these deficiencies may be illustrated. The report emphasises the key role of the informal sector as the primary source of care and states that:

the proposals take as their starting point that this is as it should be, and that the first task of publicly provided services is to support and where possible strengthen these networks of carers⁵.

But this statement reflects a very limited conception of community care and an apparent lack of appreciation of the important criticisms of this minimalist position - by, for example, carers' groups, feminists and racial minorities - that have emerged over the last ten years. In essence the approach adopted by Griffiths reflects a failure to analyse the 'meaning' of community care for those involved, particularly female carers. For example, the impact on carers of the various costs that may be associated with providing care - economic, social, psychological and physical - has been well documented⁶. If policy assumes that informal care is necessarily the main goal these costs will continue to fall primarily on women.

A recent study, in Sheffield, of the family care of elderly people shows that it can be both the best and the worst form of care⁷. Therefore, if policy is based on the one-dimensional assumption that family care is necessarily best, it will help to impose some potentially very destructive relationships on elderly people and their carers. It is only a top-down managerial review, which seeks to sustain the present unequal social division of caring tasks, that would defend the status quo in this way. A view from users (both carers and cared for) would point out that informal care may sometimes be the least appropriate form of care in the community.

The 'second' task of publicly provided services, according to Griffiths, is:

to identify where these caring networks have broken down, or cannot meet the needs, and decide what public services are desirable to fill the gap⁸.

This is a similarly restricted conception of the role of the formal sector in community care. It seems to envisage the continuance of the existing casualty approach to social care⁹ when research, such as that conducted by Enid Levin and her colleagues at the National Institute for Social Work, has demonstrated the need for, and success of, preventive intervention¹⁰.

Managing the package of care

The main focus of media attention following the publication of the Griffiths report was on the role proposed for local authorities. Griffiths acknowledges the central importance of local authorities in promoting community care: 'The role of the public sector is essentially to ensure that care is provided'¹¹. Of course the role of the public sector is crucial because only it has statutory authority and is based on a system of democratic accountability. But the present government is noted for its antagonism towards local authorities. Therefore, on the face of it, Griffiths is at odds with this aspect of government policy. But, on closer scrutiny, there is no paradox at all: 'How it is provided is an important but secondary consideration'¹². This is in line with mainstream government policy, stretching back through three Secretaries of State and a series of policy statements - including Norman Fowler's speech to the 1984 joint social services conference and Patrick Jenkin's to the ADSS conference in 1980 - to the 1979 election¹³.

Griffiths and the residualisation of social services

Elsewhere I have characterised the main aim of the government's strategy towards the personal social services as *residualisation*¹⁴. Briefly there are three components to this strategy. The fragmentation of community care provision is primarily intended to break the monopoly position of local authorities. Privatisation or commercialisation is the subsidised expansion of the private residential and nursing home sector (which Griffiths and the Audit Commission before him criticised as providing a perverse incentive). At the administrative level the strategy has been represented by the twin-track policy of decentralising operations and centralising resource control. It is this latter component of the residualisation strategy that has made the Department of the Environment the main arbiter of community care policy rather than the DHSS¹⁵.

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Despite the considerable hype about the central role accorded to local authorities, the Griffiths report fits very neatly into this strategy. According to Griffiths it is the role of the public sector to manage, not to provide. Social services departments (SSDs) would become managing agents, with the public provision of services being further residualised while they encourage the expansion of the private and voluntary sectors. Of course this process is already well under way and many SSDs are already acting, to some extent, as managing agents. Griffiths' recommendations are intended to reinforce this trend in government policy.

In effect what is being proposed by Griffiths is further privatisation, not a mixed economy:

The onus in all cases should be on the social services authorities to show that the private sector is being fully stimulated and encouraged and that competitive tenders or other means of testing the market, are being taken¹⁶.

This gives a rather slanted meaning to 'packages of care' and has profound implications for users. It contradicts directly the idea of local authorities as free managing agents, as well as Griffiths' own comments on the damaging effect of privatisation on community care and the evidence about its impact. For example, Herbert Laming's study of private care in the United States found that private homes lacked accountability to local authorities and were interested primarily in getting people in rather than out¹⁷. Moreover, as Toby Harris has pointed out recently, the experience of competitive tendering in other local authority services has not been a happy one, with private contractors winning tenders by unrealistic performance claims and loss-leader prices¹⁸. The quality of contracted-out services has declined, with those responsible being more remote and less accountable to users. Thus, contrary to the market perspective, the lowest price is not necessarily in the best interests of the user. This reminds us that there is a conflict between cost-efficiency and care-effectiveness in the provision of social care, a conflict which Griffiths fails to acknowledge.

Market consumers or service users?

The impetus towards privatisation is political, born out of an ideological antipathy towards the public sector and a concomitant belief in the superiority of the private sector. Reflecting this ideological perspective, the Griffiths report expresses concern about the monopoly power of the public sector:

Social services authorities should not be allowed to become monopolistic suppliers of residential and non-acute nursing home care ... The object should be to encourage further development of the private and voluntary sector¹⁹.

This concern is rationalised in terms of choice, consumers and the market.

However, when viewed from the user's perspective, this argument is based on a double fallacy. On the one hand, it is assumed that monopolies only operate in the public sector. In practice, in some parts of the country, the private sector is already the monopoly provider. For example in the South East and South West Thames regions the private sector provides over half of total unit health for the elderly²⁰. In fact the national total of places in private residential and nursing homes look set to exceed those in the public sector in the near future²¹. On the other hand, it is assumed that the private sector can adequately substitute for the public sector. In turn these two false assumptions are based on a misleading analogy with the market.

As far as, for example, an elderly resident in either a public or a private home is concerned, her provider *is* the monopoly power because shopping around for an alternative is not a realistic proposition. Admission to a home is often an urgent matter following a family crisis. Having a range of alternatives to the public sector will not make the consumer sovereign if she cannot exercise effective choice. Thus, in many instances, the position of the social services user is not strictly comparable to the consumer in the market because the latter usually has the power of exit (the withdrawal of consumption). Moreover if a supermarket goes out of business this does not have quite the same human consequences as a private residential home doing so.

In the social services we are usually concerned with a power relationship in the provision and receipt of services. The only way of overcoming this unequal power relationship between users and

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providers is by ensuring that users have certain rights with regard to services, for example in the level and quality of service they are entitled to. But the issue of rights to services is ignored completely in the Griffiths report, probably because the author's experience is in the market for goods where few such rights exist and because entitlement to services would have major resource implications. The report does go some way towards recognising the importance of user participation - giving them a 'greater say in what is done to them' - but there is no strategy to ensure they participate in managing their own packages of care.

It is possible, therefore, to distinguish two different philosophies towards the operation of community care services: consumerism, based on a market analogy, and user participation and rights. If policy-makers are genuine about promoting user participation this would imply major changes in the philosophy and operation of social services. A user orientated approach would enshrine rights to services, reflect a conception of care that starts from the users' definition of need, respect their right to exercise choice and control over their own lives and to share, as senior partners, in the production of their welfare. In short, care would not be something done to users, or managed for them, but shared with them. This approach conflicts with the cost-efficiency imperative implicit in market-orientated consumerism as reproduced in the Griffiths report.

The assumption that the private sector can adequately substitute for the public sector overlooks the fact that the motivations of a for-profit producer are quite different from those of a public sector provider. Although both public and private settings offer opportunities for the abuse of power by exploiting vulnerable people²², it is only in the private sector that financial profit forms part of the motivation for care and it is only in the public sector that a direct line of public accountability exists.

Impact of residualisation

What would be the implications for users of a Griffiths' style reorganisation of community care services? Most importantly there is the classic danger associated with a residualised public sector: stigma, lack of choice and a decline in the quality of services as they are run

down. A rump of the most severely disabled people are left in the public sector as the private sector 'creams-off' the less severely disabled (a clearly discernible trend already). There is a danger too that special needs, such as those of racial minorities, are ignored by the private sector. As far as those users in the commercial sector are concerned, this sector is not noted for its effort to promote user participation or power, equal opportunities for racial minorities and independent living.

Would the further extension of the private sector proposed by Griffiths give users greater choice? In practice the association between the private sector and choice is largely illusory. For example, research by the Centre for Environmental and Social Studies in Ageing found that only a quarter of residents had actually had any choice about the home they were admitted to, and nearly a quarter said that their admission was the result of unsolicited arrangements by a third party²³. Similarly a study in North Yorkshire has shown that although board and lodging subsidies had increased the number of homes for the elderly, these were concentrated in certain geographical areas. Choice was limited further by waiting lists, admissions criteria (for example refusing to admit people with dementia) and ability to pay. Once inside a home the concept of choice seems particularly inappropriate: elderly people probably remain in the home for the rest of their lives. Moreover there was little evidence in the North Yorkshire study of self determination: homes changed ownership without consulting residents, the number of residents and the size of the home was altered without consultation, there was no choice about the mix of residents or who shared their bedroom²⁴.

In addition to these disadvantages for users the Griffiths proposal would create problems for staff left in the residualised public sector. For instance there would be the untenable role of care manager social workers, having to encourage the growth of the private and voluntary sectors while their colleagues in the public residential and domiciliary services experience falling morale as the services are reduced. It has been argued that SSDs must undergo a 'cultural revolution' in order to implement the Griffiths proposals²⁵. But it is, to say the least, questionable whether this is possible in the face of the prospect of residualisation, with the public sector having to concentrate on the poorest, most stigmatised, most severely disabled and dependent users.

Perhaps the call for a cultural revolution in the government's attitude towards local authorities would have been more appropriate.

Local authority managers too should be wary of imagining that they would have much freedom of action in developing services. Their role, as envisaged by Griffiths, appears to be a heavily circumscribed one: targeted grants, mandatory encouragement to the private and voluntary sectors, expectation of changes, monitoring of local authority performance in relation to targets, ministerial veto and so so. (It would be interesting to hear the views of a Sainsbury's manager about the prospects for innovative management within the constraints of a regime such as this.)

In sum, Griffiths' proposal to establish managing agencies raises two fundamental questions for users: how can users be guaranteed any effective participatory role in the tightly controlled management system proposed? How can the *quality* of care for the most vulnerable be ensured when there is pressure to tender and contract out?

Accountability

The main concern here is the proposed separation of control over resources from implementation. There has been some favourable comment on this aspect of the Griffiths report in the social services journals. However, as far as users are concerned, this is likely to blur lines of accountability and communication and lead to confusion about who is responsible for policy.

The importance of combining decision-making and resource control has been emphasised by Herbert Laming:

Without a clear link between decisions and resources, users of services can be passed from organisation to organisation, those with the greatest needs may not be given the highest priority.....26.

But unless there are sufficient resources, and without strings, this is not likely to help users much. In the likely event that the overall budget for community care is both too small and cash-limited, SSDs will be faced with the task of turning away users in large numbers.

Of course this is clearly recognisable as the third component of the residualisation strategy outlined earlier. Local authorities would be in the unenviable position of having to absorb all of the criticisms users

are likely to voice yet they would be powerless to respond with resources. In turn, users and potential users would get increasingly frustrated by what they perceive as the lack of responsiveness on the part of the SSDs. If this seems familiar it was precisely the experience of users and local authorities following the decentralisation of housing benefit operations in 1982. At the time local authority managers greeted the proposal with enthusiasm, as an extension of their powers, but since then they have had to manage the retrenchment in housing benefit determined centrally by the government and apologise for the resulting worsening service for users.

Operation of the care management system

There are four specific aspects of the Griffiths recommendations that would have important implications for users and, therefore, require some comment.

Assessment

In the first place there is the issue, raised by the Firth and Wagner reports as well as Griffiths, of how access to the private sector might be managed (if local authorities are allowed to ration access). Rationing access requires an assessment of the need for residential care and, as Jonathan Bradshaw has pointed out, there are a range of practical questions concerning how this might be done²⁷. For example, will the criteria be easily understood by users? What will happen in the case of emergency admission? There are likely to be variations in assessments between local authorities which will lead to difficulties if an elderly person wants to move from one part of the country to another. Such local variations mean that users receive a different service from one authority to another. Will assessments be applied to all potential residents or only those claiming public support? (This raises the problem of those who claim income support after admission to a residential home when their capital is exhausted.) Finally will there be a right of appeal against social work decisions by users (including carers)?

The answers to these practical questions about assessment rest to a considerable extent on the degree to which local authorities would be allowed to act as autonomous managing agents under a Griffiths

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inspired reorganisation and, in turn, the importance attached to the views of users. It is the answer to the issues of principle raised above that would determine the nature of any assessment system introduced, while the answer to these operational questions will determine the sort of service users receive.

These questions concerning assessment also remind us that social workers do not have the relevant training to act as care managers and there is no likelihood that they could receive it under the present organisation of social work training. Moreover there must be some doubt about whether they would have time to perform this role given the pressures of other, statutory, duties.

Claimant or client?

Secondly there is the proposal that social workers would administer the community care element of the social fund. This has major implications for users, the impact of which would be difficult to disentangle from the effects of the social security changes carried out in April 1988.

This proposal is fraught with the well known dangers of confusing income maintenance and the social and psychological needs that are the traditional province of social work. It raises the spectre of the Poor Law system with social workers investigating claimants in order to distinguish between the deserving and the undeserving. As Chris Davies has pointed out, if enacted, this recommendation would put social workers in the front line of administering a grossly unpopular scheme²⁸. This would result in them and SSDs taking the blame for the inadequacies of the social fund. Accountability would be further confused with users confronting social workers when the crucial resource decisions are beyond their control in the hands of Whitehall.

Of course the community care element of the social fund is the only one which makes grants. At the present time around one-fifth of income support claimants are also social services users, so another consequence of the transfer of this responsibility to SSDs would be that they become flooded with applicants.

Health services

Thirdly there is the matter of the relationship between health and social services. Thus the notion of individual packages of care makes the

artificially rigid distinction between social and medical care which is difficult to sustain in many cases, for example the chronic sick in the community. This also overlooks examples of successful partnership practices²⁹. From a user's perspective GPs and district nurses usually occupy a more important role in care than social workers.

Auxiliary carers

Fourthly there is the remarkable proposal that, within the packages of care, elderly people might be better served by a less skilled, less professional, multi-purpose auxiliary force of school leavers and JTS trainees³⁰. This idea appears to derive wholly from a cost-efficiency perspective because it misconstrues entirely the nature of the care needs of elderly people with disabilities. Many of these needs may be practical in kind, but if these are made the province of a semi-skilled group of auxiliaries this might operate to reinforce dependency rather than assist independence. Experience suggests that, in order to promote independence, formal carers requires more not less training. Furthermore the conscription of JTS or other similar trainees - whose only commitment to the caring role may be a fear that their benefit will be withdrawn - is a singularly unsound basis for community care.

Conclusion

If these comments seem overly critical it is because when the Griffiths report is viewed from a bottom-up user perspective its main deficiencies become apparent. The report's recommendations are not likely to promote better quality community care, increase choice or extend user participation. In fact the dynamic of further privatisation underlying the Griffiths report would be likely to have the opposite effects, especially the increased exclusion and marginalisation of the most vulnerable users. Seen from a top-down position there is no doubt that Griffiths provides a concrete path through the important problem of managerial fragmentation. To some extent though, individual responses to Griffiths rest not on the viability of his recommendations but on a prediction about the role of the government in relation to community care. Can we expect the government to trust local authorities to organise packages of care or would it seek to restrict and control them?

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As I have argued already, experience so far, particularly in the field of housing benefit, tends to suggest that the government would be extremely interventionalist.

The government could surprise us and take steps to ensure that the Griffiths report represents a start on the road to community care - by adopting a new user-orientated conception of care³¹ and by guaranteeing the resources necessary to put it into practice - but this is unlikely. In the absence of central government action local authorities could begin to survey all of the care needs in their areas, in order to pressure the government into action, and make a start now on the involvement of users in the management and operation of services.

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