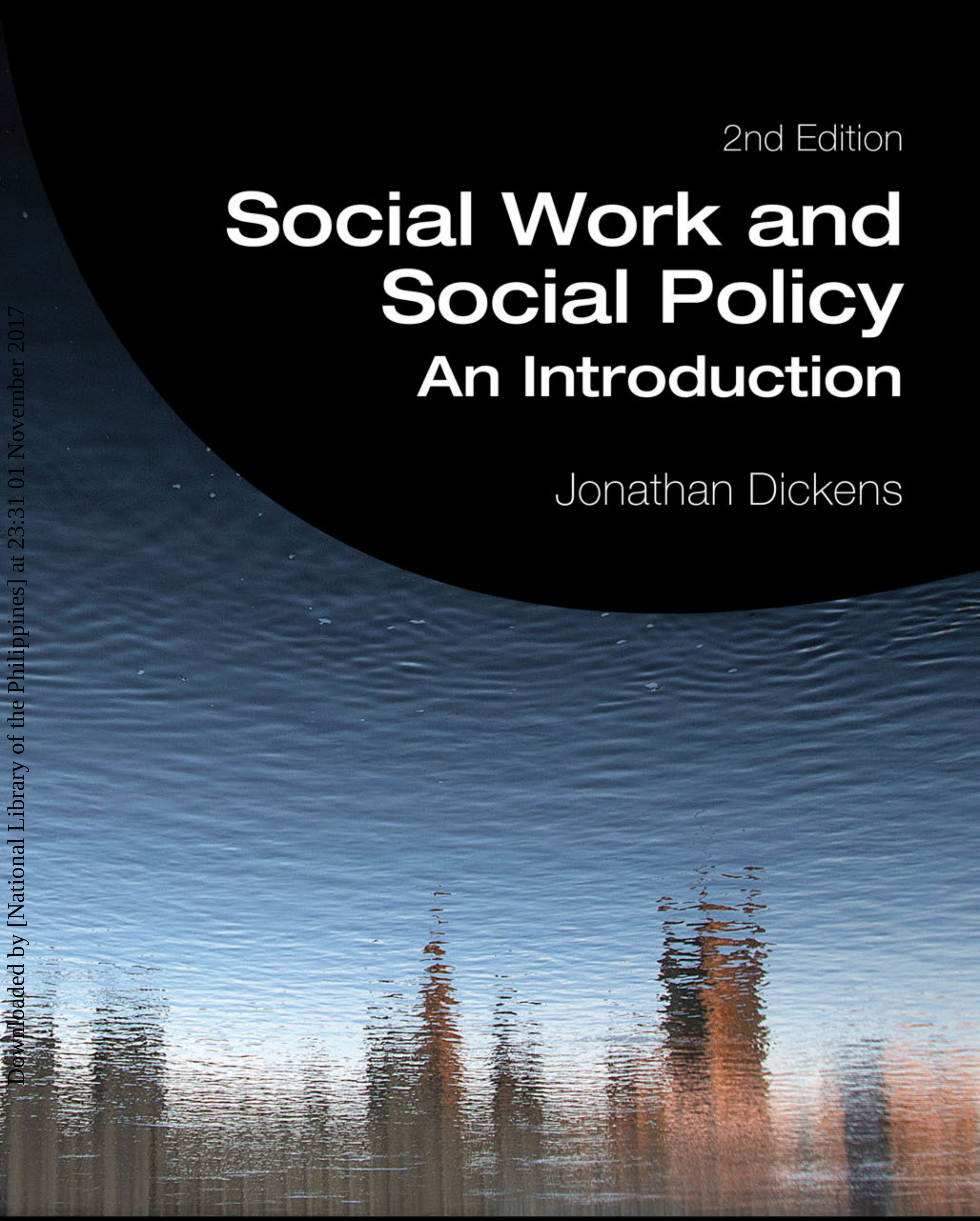

2nd Edition

Social Work and Social Policy

An Introduction

Jonathan Dickens

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Jonathan Dickens is Professor of Social Work at the University of East Anglia, UK. He is the author of another book in the Routledge Student Social Work series, *Social Work, Law and Ethics*.

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Introduction

The roles and tasks of social work are always up for grabs, always the subject of discussion, debate and disagreement. Different people have very different views about what social workers are doing and should be doing, and how these responsibilities and functions fit into the broader range of social policies and welfare services – for example, how they link with health and education, 'welfare to work', 'personalisation', local government and the roles of the private and voluntary sectors. Social work practitioners, managers, local authority councillors, central government ministers, civil servants, journalists, academics, service users, people who have been refused a service, people who provide care for relatives or friends – all will have a view about what social work is or should be, and probably several views. Their own expectations may not always be consistent, and then there will be tensions and sometimes outright conflict with what others think.

In this complex and hotly contested context, the central questions are 'what is social work for?' and 'who is social work for?', and these are the guiding questions that shape this book. My interest is to set social work in its wider context of social policies, social values and other welfare services. The focus is social work in England, but I also refer to developments in the other countries of the United Kingdom (Wales, Scotland and Northern Ireland). Social care and social work are devolved to the different countries of the UK, although other crucial policy areas, notably taxation and welfare benefits, are currently not. There are organisational and policy differences between the four countries, but the underlying issues are recognisably similar, as they will be for readers in other western, democratic and industrialised countries. My approach is to use a variety of 'models', or frameworks, to try to capture the main ideas. I say more about this approach in Chapter 1, but also offer a few thoughts here, reflecting on the fact that whatever the political and economic climate, the core questions remain the same.

Chapter 1

I finished writing the first edition of this book in spring 2009, when the full effects of the global economic crisis of 2008 had still to be felt. The Labour party was still in government, with Gordon Brown as prime minister. In some ways those days seem very distant, but a number of policy themes that are prominent now, were just as important then: 'personalisation' and the promotion of personal budgets, paying for long-term care, how to involve the private and voluntary sectors, how to promote individual and family responsibility for people's well-being.

Labour lost the general election of May 2010, and a Conservative–Liberal Democrat coalition government took its place, with David Cameron as prime minister. The new government had a clear policy agenda to reform Britain's finances, cutting the budget deficit by making significant reductions in public spending rather than increases in taxation. It saw this as the way to re-energise the economy and public services. Rather than the state providing welfare services, mainly through local councils, it envisaged an increasingly important role for businesses and charities to organise, deliver and even fund services; and individuals and families should take more responsibility too. Cameron tried to promote these ideas under the banner of the 'Big Society' (Cameron, 2011). In May 2015 the Conservatives won the general election with a (narrow) overall majority, pledged to continue their policies of cutting back public expenditure, especially reducing the welfare budget.

But these are certainly not new ideas. In particular, the theme of individuals and families taking responsibility by working, saving and looking after one another goes back centuries. So specific policies may change, new laws might be passed, organisations restructured and new agencies created, but the fundamental challenges and dilemmas remain the same.

This context of change and continuity is a vital aspect of social work and social policy. It gives three main challenges for writing a book about them. First is to strike a balance between comprehensiveness and focus, second to ensure that it is relevant to practice, and third that it will have some relevance over time. It is not possible to describe everything about current social policy, which is a huge and fast-changing aspect of government – and there would be no benefit in trying to do so because, inevitably, specific policies and organisational details will change. So I have picked a selection of aspects that seem most relevant to social work, and try to give up-to-date examples and pull out the underlying issues. Some of the contemporary detail will be overtaken by events but should still be useful for following the later developments, and the underlying issues will not change – for example, the need to balance individual freedoms with the safety of others, or the dilemmas of respecting people's choices but providing services within limited resources. Such key challenges last over time. As Martin Rein (1976: 24) put it, social policy has:

> … a general tendency … to develop in a cyclic rather than a linear manner. Since the problems are in essence intractable, and can rarely be resolved without sacrificing some strongly held values, the issues tend to be recurrent. Each generation takes up the same issues again and seeks to re-define them in the light of its own political, economic and social reality.

One lesson from this quotation is to be wary about political or professional claims to have 'solved' social problems, or to have found the perfect way to organise and deliver welfare services. I do not mean this in a jaundiced or defeatist way: on the contrary, it is to stress that the underlying issues are far more important and difficult than organisational and procedural changes alone can ever solve. By focusing on the central ideas and the enduring challenges, I hope that the book will be useful for making sense of policies and organisational structures now and in the future.

There is a further dimension to relevance to social work practice. Sometimes, the bigger picture can seem too daunting, and it is more satisfying to stick to the interpersonal aspects of practice, or to concentrate on completing the day-to-day routines and procedures of the job. Certainly, relationships with service users and organisational competence are both crucial, and social workers will fail in their duties to service users if they are not skilled in these. But understanding the policy context is also crucial, in three ways. First, because major features of social work epitomise some of the major themes in social policy, notably about the importance of responsive, preventive services, about listening to and empowering service users, about flexible inter-professional working, about standards, accountability and budgets. Second, because an awareness of the policy picture is vital if social work is not just to be on the receiving end of these policies, responding all the time to an agenda set by others, implementing plans drawn up by people far removed from the realities of front-line practice. Social workers, and other social professionals (Banks, 1999), can influence policy, but to do so they need to ensure that they are aware of what's going on, and are thinking beyond, or behind, their casework – an often-used image is that they should be looking 'upstream'. The third reason is that what social workers do, *is* the reality of social policy for the people they work with. For service users, all the policies in the world are of little use unless they are put into practice by social workers and other front-line public service workers. Lipsky (1980) uses the term 'street-level bureaucrats' for such workers, and as he points out, things are more dynamic and subtle than simply 'putting policy into practice'. He argues that street-level bureaucrats effectively *make* policy, through their everyday practice – by the way laws and procedures are interpreted and applied, through routines and shortcuts, rule-bending and rule-breaking, strict action sometimes and leniency at others, doing extra work in some cases and not in others. In other words, social workers don't just implement policy, there's a sense in which they create it as they go.

This book aims to be an introduction to the main ideas about social work and social policy, and also an argument about the role that social work can and should play in making social policy – in the sense mentioned above, that social policy is made in and through everyday practice. In some ways, social work is at the heart of current social policy, because the reality of themes such as personalisation and early intervention depends to a large extent on the practice of social workers. In other ways it is strangely marginal and isolated, left out of new policy initiatives. My argument is that social work could make a significant contribution by bringing a better-informed, more subtle and more humane perspective to social policy, but we need to prove that we can.

To explore these themes, the book is structured in three parts. The first part sets out three overarching models – of social work (Chapter 1), social policy (Chapter 2) and the role of the state (Chapter 3). The second part focuses on a selection of key issues in social policy that are especially relevant for social work. It offers a further variety of models to highlight the complexities and tensions, hopefully to clarify the questions and bring out the implications for social work. The themes are need

(Chapter 4), poverty (Chapter 5), rights (Chapter 6), inequality (Chapter 7), participation (Chapter 8) and regulation (Chapter 9). The third part of the book looks at current topics that are central to the delivery of welfare services, and where the debates are especially sharp for social work. These are the themes of prevention and personalisation (Chapter 10), commissioning and integration (Chapter 11) and funding and spending (Chapter 12). Each chapter ends with questions for reflection and suggestions for further reading (full details of the suggested texts are in the reference list at the end of the book).

Chapters
1–12

The conclusion pulls together the arguments of the book and suggests how we might revitalise the professional standing of social work – not in any self-serving sense, but in a way that raises the challenge to ourselves by reasserting the intellectual, political and ethical dimensions of the everyday job.

Part 1
Core models

Overview

The chapters in this part of the book introduce three core models for making sense of social work in its broader context of social policies, other social services and social values.

Chapter 1 raises crucial questions about social work – what is it for, who is it for, what is its role in society? It explores these questions by giving an account of four periods when others have tried to answer them – 1920, 1968, 1982 and the first decade of the twenty-first century. The history shows that social work's role and tasks are complex, ambiguous and demanding, and the chapter goes on to describe how 'models' can be useful in such circumstances. They pull out the key features of a situation, bringing a sense of perspective and order to the uncertainties and contradictions. It then outlines the first model, the social work diamond, which locates social work in the middle of competing responsibilities to the state, service users, professional values and organisational imperatives.

Chapter 1

Chapter 2 takes a look at the broader social policy context. It introduces the second model, the social policy triangle, to illustrate the three interweaving objectives of social policy in western countries – to secure people's well-being, to promote individual responsibility and to facilitate the smooth working of the market economy. It also gives an overview of the range of social services that social policy covers, highlighting their links with social work.

Chapter 2

Chapter 3 gives the third model, four perspectives on the role of the state in ensuring people's well-being in capitalist societies. The chapter describes the main features of the minimalist, integrationist, social democratic and radical approaches, and draws out their implications for social work. It discusses the contribution of radical social work. The chapter emphasises that there are complex mixtures of all four approaches in welfare policies and individuals' beliefs. It illustrates this ambiguity with reference to two important policies for social work – community care and personalisation.

Chapter 3

1 What is social work for?

What is social work for, and who is social work for? Different people will give different answers to these questions, but it is impossible to answer them fully without referring to social work's broader context of social values, social policies and other welfare services. Discussions about the role, or roles, of social work are not new, of course, and are reflected in government policy documents, professional literature, the views of service user groups and in the policies of organisations that employ social workers – to mention just four major sources of ideas. They are also reflected in media coverage about social work, and in debates with other professionals about who should be doing what and how. The differences of opinion are often at the root of disagreements with people who receive social work services, perhaps without wanting to, or those who wish to receive them but do not.

The aim of this book is to highlight some of the fundamental debates about social work and social policy, exploring the links between them and the implications that they have for one another. The focus is on social work in the UK, and more specifically England. There are differences in legislation, policies and organisational structures between the four countries of the UK, increasingly so as devolution progresses. However, the underlying issues and dilemmas are similar, as for all western countries with democratic political systems and developed economies. Even where the detail is specifically English, it should still spark ideas about parallels, or contrasts, in readers' own countries.

Social workers are often called upon to deal with the most complex and demanding situations: what sort of people are fit to look after children? What duties do adult children owe to their aged parents?

If they can't, or won't, fulfil them, what responsibility does the state have? Who should pay? What rights do individuals have to live their lives as they see fit, if that jeopardises the health or well-being of others? What about their own health and well-being? These are questions that philosophers and politicians have debated for centuries, and social workers make decisions about them every day (Reamer, 1993; Dingwall *et al.*, 1995). These decisions are often extremely difficult, and the difficulty reflects the tensions between important social values – tensions between choice and safety; liberty and equality; individual responsibility and society's responsibilities; state help and state control.

Social workers make these difficult decisions in a context shaped by legislation, government guidelines, organisational priorities and resource availability. In their daily practice, social workers are more likely to be mindful of meeting legal requirements, following procedures, hitting deadlines, returning telephone calls and e-mails, and balancing budgets, rather than overarching principles like 'liberty' or 'equality'. Yet behind the tasks of practice, and behind policy initiatives such as personalisation or greater integration of services, at the centre of social work, lie those fundamental social principles, with all the tensions, ambiguities and dilemmas that they generate. That is why this book emphasises the importance of understanding social work practice and decision-making in terms of long-standing social values as well as current social policy trends.

Who is social work for?

One of the debates about 'who is social work for?' is whether it should focus on the most vulnerable people in society, the 'at risk' cases with the highest levels of need, or whether it should play a greater role with a wider group of people, where need is less urgent, and earlier intervention might prevent later problems. This may mean preventive work with individuals and families, or with groups and communities. But there is a further dimension to it, which is that social work also serves a wider function for society as a whole – for the many, not just the few who receive (or might receive) services. There are two angles to this further dimension: one that sees it as beneficent (everyone benefits from an orderly society in which social problems are minimised and dealt with early on), and the other that sees it as controlling (social work as a subtle – or sometimes not so subtle – way of monitoring people who might cause problems, keeping them in order, so that the rest of society can have a trouble-free life).

These questions and debates apply as much to social policy generally as to social work in particular, and we shall return to them throughout the book: whether the focus should be on the very needy or the not-quite-so-needy, and the wider impact on society as a whole. The issues come up especially when we look more closely at social policy (Chapter 2), the role of the state (Chapter 3), models of need (Chapter 4) and prevention (Chapter 9). For now, we explore the significance of these questions by looking at debates about the roles and tasks of social work in the past. This shows us how the same questions come round again and again.

Chapters
2, 3, 4, 9

To illustrate this, we look at four key stages for social work in England: 1920, the era before the welfare state, when Clement Attlee wrote his book *The Social Worker*; the Seebohm report of 1968, that saw an important role for social work as part of the post-World War II welfare state; the Barclay report of 1982, holding on to that vision even as the post-war welfare consensus was unravelling; and recent debates across the UK about the roles and tasks of social work in our modern era. Even if some of the language has changed, the older reports are shaped by the same issues of how to make services effective, relevant and responsive, how to encourage participation by the people who use them, and how to balance rights and responsibilities, risks and resources.

1920: Clement Attlee and 'the social service idea'

Clement Attlee is most famous for leading the Labour Party to an overwhelming election victory in July 1945, and being prime minister of the 1945–51 Labour government that created the welfare state (see Box 2.4). The notable achievements were the creation of the National Health Service in 1948, and the passing of the National Assistance Act, also in 1948, which made it a responsibility of national government, rather than local authorities, to ensure that everyone had enough money to live on, finally bringing the Poor Law to an end (see Box 2.3). But Attlee had a long and successful career in national and local politics before then – he had been deputy prime minister throughout the war, leader of the Labour Party since 1935, and an MP since 1922. And before all that, he had been a social worker and social work lecturer, and had even written a book about social work.

Boxes 2.3 and 2.4

Clement Attlee was born in 1883, into a prosperous family in Putney, London (there are numerous biographies, including Howell, 2006, and Beckett, 1997; and Attlee's autobiography, 1954). It was a large, traditional Victorian family, with an ethic of doing good and strong Christian beliefs, although Attlee himself later gave up Christianity. Attlee was educated at Haileybury College, a leading public school (note: 'public' here means fee-paying and exclusive) and then at Oxford University. After graduating he trained as a lawyer, but his heart was not in that work, and one evening in 1905 he and his brother visited Haileybury House, a boys' club in Stepney, set up and paid for by donations from former pupils of his old school. This was to be one of the decisive events of his life. He started volunteering at the club, and although he was a quiet person, he began to enjoy the company of the boys and young men and took on more and more responsibilities in running the club. Within two years he had become the manager, and moved to live in a small house beside it. Nowadays in England we might call him a youth worker, but with a wider conceptualisation of social work, Attlee was a social worker.

During those two years, his old attitudes about poverty and society changed completely. When he first went to the Haileybury club, he shared the traditional beliefs of his social class, that individuals were responsible for their own poverty and misfortune, and needed to work harder and lead more responsible lives to overcome them. But now, in the East End of London, as he got to know the boys and their families, his understanding of their lives deepened and his attitudes began to change. He began to realise that in order to understand why people behave the way they do, and how best to help them, one has to look behind individual behaviour, to see the social context. He gives some personal and moving examples of this in his book; for example, the young men might turn up late to play football, but rather than blame them he came to see that this was because of the long distance from their homes to the playing fields, the poor public transport, and the pressures they were under to work long into the evenings. By late 1907 he was describing himself as a socialist, and joined the Independent Labour Party.

The work at the club was in the evenings, and in 1912 Attlee got a day job as a tutor and lecturer in social service at the London School of Economics. He left the job when he joined the army in 1914, but returned to it after the war. In 1920 he wrote *The Social Worker.*

It is an intriguing and inspiring book to read because it gives a picture of social work in its early days, and at an important transitional time for social policy. Many services were provided by charities, but government was beginning to take a more active role in people's welfare (for example, the first state old age pensions were introduced in 1909). Attlee's vision of what social work should be like and how it should be done, reflects the struggles of this relatively new profession to decide its purposes and skills, in the context of the debates of the time about the proper roles of the state, the individual and the family, and the charity sector. Attlee argued passionately that social work should be driven by the ideas of citizenship and social justice, not charity.

Atlee had started as a volunteer himself, so he was not opposed to all forms of charity or voluntary activity, but he was very mistrustful of the way that charity could all too easily become patronising and self-serving:

> Charity is always apt to be accompanied by a certain complacence and condescension on the part of the benefactor, and by an expectation of gratitude from the recipient which cuts at the root of all true friendliness … The evil of charity is that it tends to make the charitable think that he has done his duty by giving away some trifling sum, his conscience is put to sleep, and he takes no trouble to consider the social problem any further … Very many do not realise that you must be just before you are generous.
>
> (Attlee, 1920: 9, 58)

Instead, Attlee proposed 'the social service idea', in which all men and women are treated as citizens, and the aim is not benevolence but social justice. Attlee writes 'The rise of democracy has changed the outlook of the social worker: formerly social work was done *for* now *with* the working classes' (1920: 19, italics original). He considers that social workers should be reformers, researchers and agitators, but above all they must have the right attitude – no superiority, but sympathy and patience based on understanding the lives of the people with whom they are working.

1968: the Seebohm report

The 1960s were a period of rapid social change, and in many ways an optimistic time for social work and social policy. The *Report of the Committee on Local Authority and Allied Personal Social Services* in 1968 is a high point of this era. It is known as the Seebohm report, after Frederic Seebohm who chaired the committee. At the time, local authority social work was split across three main departments, for children, health and welfare.

Seebohm argued that each department tended to focus on its own responsibilities, failing to recognise the full needs of the people using them – an analysis that is still echoed today in calls for organisational reforms to ensure better inter-agency and inter-disciplinary working (Dickens, 2011). The report called for social work services to be brought together into unified 'social service departments', in which social workers would be the lead profession. (Scotland was ahead of the game with the Kilbrandon report (1964) which led eventually to the creation of social work departments under the Social Work (Scotland) Act 1968.)

The Seebohm report led to the Local Authority Social Services Act 1970, and the creation of social services departments in England and Wales in 1971. It is notable, though, that the report itself did not use the term 'social services'. It used Attlee's old term, 'social service', to emphasise that the new departments were not just to be about providing services to the neediest, but a way for *all* citizens to give and receive help. Its vision of the new departments is expressed in inspiring, universalist terms, looking to the wider benefits for society as a whole, not just the most needy:

> We recommend a new local authority department, providing a community based and family oriented service, which will be available to all. This new department will, we believe, reach far beyond the discovery and rescue of social casualties; it will enable the greatest number of individuals to act reciprocally, giving and receiving service for the well-being of the whole community.

(Seebohm, 1968: para. 2)

To achieve this goal, the report called for field-level social workers to be skilled in working with a wide range of needs, not narrow specialists (paras. 516–20). It called for a greater emphasis on supporting families and individuals to prevent problems emerging or escalating, although accepting this might be hard to achieve given the levels of 'casualty work' which absorbed so many resources (paras. 427–54). It also called for social workers to work with voluntary organisations and local people to promote community involvement. It saw the potential for conflict between local authorities and voluntary groups, but regarded this tension as essential 'if the needs of consumers are to be met more effectively and they are to be protected from the misuse of bureaucratic and professional power in either kind of organisation' (para. 496).

The report called for the 'maximum participation of individuals and groups in the community in the planning, organisation and provision of the social services', on the grounds that everyone 'consumes' social services, directly or indirectly (paras. 491–2). It proposed a national advisory council to regulate social work education, a national inspectorate (whose role would be 'not so much regulatory as promotional, educational and consultative': para. 649), and the establishment of local advisory committees, which would include service users (paras. 506, 628). It stressed that the new service would not succeed without adequate resources (paras. 88, 147–51).

1982: the Barclay report

In 1980, almost ten years after the creation of social services departments and in a very different political context, the Conservative government of the time commissioned the National Institute of Social Work to undertake a review of the role and tasks of social workers. It was chaired by Peter Barclay, and the report was published in 1982. It identified two key roles for social work (Barclay, 1982: 33–4).

The report called the first of these 'social care planning' ('to plan, establish, maintain and evaluate the provision of social care') and the second 'counselling' ('face to face communication' with service users). It noted that in practice these two were 'inextricably intertwined' (p. 41), but the planning role is not limited to casework, and could be used to tackle wider needs in the community. The report called for a new emphasis on community social work, with social workers working in partnership with local people to support and build on community strengths. It acknowledged that this echoed the aspirations of the Seebohm committee, but thought that the time might now be right because of a greater belief, in society generally, in the capacity of 'ordinary people'. It considered that the constrained finances of the time made a new approach essential, but warned that it would only succeed if well enough resourced.

As for regulation and standards, the report debated and rejected the idea of a general social work council, but did call for a probationary year for newly qualified social workers. It also called for local welfare advisory committees (pp. 177–97).

Two minority reports were published as appendices, revealing the on-going tensions about the role of social work. One of them, Brown *et al.* (1982) argued more strongly than the main report for a clear shift to proactive neighbourhood or 'patch' based work. The other, by Robert Pinker, resisted the calls for community-based work, arguing that social work would do better to be 'explicitly selective rather than universalist in focus, reactive rather than preventative in approach and modest in its objectives' (Pinker, 1982: 237).

The Seebohm and Barclay reports' visions of a preventive, community-based service did not come to pass. By the mid-1980s the dominant political mood was anti-local authorities and anti-welfare, and a succession of child abuse scandals dragged local authority child care social work in a very different direction, becoming much more formalised and investigative, with the focus on risk and statutory responsibilities. In this context, social work was often in conflict with local communities rather than working with them.

The ideas of more preventive ways of working and partnership were never abandoned, though. They are reflected in the two major pieces of legislation that shaped social work in England and Wales throughout the 1990s. The Children Act 1989 reflected the importance of working in partnership with parents and children, promoting the upbringing of children by their families as far as possible. The Act has been extensively amended since 1989, but is still in force today. For adult social services, the NHS and Community Care Act 1990 was intended to ensure that assessments were led by people's needs, not dictated by the available services. The aim was to ensure greater responsiveness to individuals' circumstances and wishes. Whilst this did enable some creative care plans to be put in place, financial restrictions came into play and assessments soon came to be dominated by the need to ration services (Means *et al.*, 2008). The Act has now been replaced by the Care Act 2014, as part of a programme to reform adult social care and support.

The roles and tasks of social work today

Much has changed since 1920, 1968 and 1982, of course, bringing new opportunities and new challenges. There is demographic change, notably the increased number of older people, many in good health and with resources to enjoy their later years, but also more frail older people with high levels of need. There are increased numbers of people with physical and learning disabilities living in the community. We live in a much more ethnically diverse society, and there are new patterns of family life, with more lone and single parents, and changed expectations about the roles of men and women in the home and in paid employment. There is a greater awareness of the abuse that children and vulnerable adults can suffer, from family members, people in the community and professionals working with them. There are new problems, such as the greater use of illegal drugs, but also new opportunities for people to obtain services, gain knowledge and exchange ideas through information and communication technology. The private sector has become much more significant as a supplier of social care services, perhaps purchased directly by individuals but often commissioned by local authorities. Questions about the roles and tasks of social work are as pertinent as ever in these new circumstances; and the underlying debates and demands come up again and again.

In the first decade of the present century, all four countries of the UK undertook reviews of the roles and tasks of social workers, as summarised in Box 1.1.

The wider social consequences: reciprocity or control?

Let us think again about the wider dimension of social work, and its functions for the rest of society, not just those who receive services. Attlee's book, the Seebohm report and the majority of the Barclay report all emphasise the positive side, seeing the value of local authority social services as a mechanism through which citizens could work together and demonstrate care for one another. But there is another way of seeing the wider functions of social work and social policy, in terms of the way that they control populations as a whole, not just individuals (see Parton, 1991; Hudson and Lowe, 2009: 111–28). This perspective sees the social professions and welfare services in terms of the influence and power that they assert, not just over those who are subject to the more coercive forms of intervention (children removed from families under court orders, people detained in hospital against their will under mental health legislation), or even over those who are receiving voluntary services, but also over the people who are not receiving a service, 'everyone else'. The point is that social work, and other welfare services such as education, health, pensions and unemployment benefits, create and enforce wider social expectations and norms. One does not have to receive the services oneself to be aware of what the consequences would be of, say, not caring for one's children properly, or not saving for one's old age. In this way, social work and other welfare agencies serve a role for the state, creating a common sense way of seeing things, maintaining social order in quiet but very powerful ways. Ostensibly benign and supportive approaches are far more effective forms of social control than overt repression and punishment of people who break the law or behave anti-socially. The idea is that it is far better if people are disciplined from the beginning, in as unobtrusive a way as possible, through training and care, to obey the law

Box 1.1 The New Labour reviews of social work

Questions about the roles and tasks of social work were raised in New Labour's reforms of public services. They published a white paper, *Modernising Social Services*, in 1998, with the goals of 'promoting independence, improving protection and raising standards' (DH, 1998). Like the Seebohm and Barclay reports, it stressed that social services are not just about supporting a small number of social casualties, but are 'an important part of the fabric of a caring society' (para. 1.3) – because 'we all benefit if social services are providing good, effective services to those who need them' (para. 1.2). Despite that positive tone, the white paper highlighted a wide range of shortcomings, portraying local authority social services as failing and in need of radical reform. For adult services, it stressed the need to promote people's independence whilst safeguarding them from harm, for greater consistency across the country, and for the system to be centred on service users and their families, with more flexible, accessible and individualised services. For children's services, the priorities were more effective protection from abuse and neglect, better provision and support for children in care, and improving the life chances of children in need, especially through better education and health services.

The white paper proposed a range of organisational changes to achieve these goals, including new regulation and inspection systems, and called for greater partnership working between the various statutory agencies involved, and between the statutory sector and the private and voluntary sectors. All four countries of the UK then undertook reviews of the roles and tasks of social workers (see Dickens, 2012). The Welsh review was called *Social Work in Wales: A Profession to Value* (ADSS (Cymru), 2005), and led to a strategy called *Fulfilled Lives, Supportive Communities* (WAG, 2007). The Scottish review was entitled *Changing Lives: Report of the 21st Century Social Work Review* (Scottish Executive, 2006). The Northern Ireland review (Bogues, 2008) led eventually to *Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland* (DHSSPS, 2012). The final report of the English review was entitled *Social Work at its Best: A Statement of Social Work Roles and Values for the 21st Century* (GSCC, 2008).

Within six months of the publication of the English report, the case of 'Baby Peter' (Peter Connelly) hit the news headlines. Peter had died in 2007 as a result of awful abuse and neglect, and in November 2008 the trial of his mother and two men for his murder provoked a national outcry. The government established a 'Social Work Task Force' to undertake a 'root and branch' review of the profession in England. It produced three reports in 2009 (SWTF, 2009a, 2009b, 2009c). One of the points made in its first report was that social workers felt their profession was poorly understood by the public and the media, and that it was not good at promoting itself and explaining its roles and objectives (SWTF, 2009a: 6). In response, the second report offered a new, 'easy to understand' description of social work. It is less than three hundred words long, in jargon-free language. For example:

> Social work helps adults and children to be safe so they can cope and take control of their lives again … Usually they work in partnership with the people they are supporting … You may think you'll never need a social worker but there is a wide range of situations where you or your family might need one …
>
> (SWTF, 2009b: 50)

Any definition that tries to capture a profession in so few words is bound to give a simplified picture, but there is no recognition of the organisational context (tight budgets, highly regulated practice, the challenges of inter-agency co-ordination). Further, the attempt to strike a universal appeal – the idea that anyone might need a social worker, 'even you' – arguably underplays the realities of poverty and the very high levels of need that afflict most social work service users. What is more, it is a universalism of receiving ('you might need one'), rather than of solidarity and giving, very different to the earlier visions of Attlee, Seebohm and Barclay.

and behave in socially acceptable ways. This welfare approach will not succeed all the time, of course, and then the more coercive aspects of state services and the law will have to be employed, but welfare agencies and social policy are crucial mechanisms through which modern, liberal democratic states seek to ensure the well-being *and* regulation of their populations.

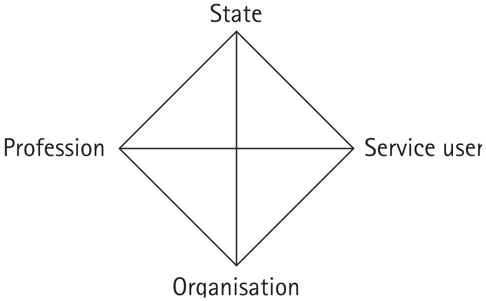
The use of models: the social work diamond

Using models is one way of helping to make sense of complex debates like this, about the roles and tasks of social work. Other terms that could be used for 'model' are 'framework', 'approach', 'construct' or 'theory'. Models work by simplifying matters, pulling out the key themes in a situation, highlighting the central features or ideas. In that sense, they are not descriptive, but analytic. It is better to think of them as caricatures rather than photographs. This does give a danger of over-simplification, but one can recognise people from a good cartoon just as much as from a good photograph: and a good cartoon can deepen understanding by conveying the character of the person depicted, not just their physical appearance. As Richard Titmuss (1974: 30), one of the leading figures for social policy in the UK, put it:

> The purpose of model-building is not to admire the architecture of the building, but to help us see some order in all the disorder and confusion of facts, systems and choices concerning certain areas of our economic and social life.

It may help to think of this book as an exhibition or gallery of different models (O'Brien and Penna, 1998: 1). This analogy helps to clarify the role of models in social policy and social work. Readers are likely to prefer some models to others, just as gallery-goers are likely to have their favourite exhibits. Different models may appear more striking than others, some will have greater relevance and explanatory value, depending on the circumstances and interests of the reader. A model is a starting point for reflection, analysis and application. If it helps you to understand things, use it; if not, try looking at things a different way – find another model that works better, or complements the other one (life is complicated, you're likely to need more than one model at a time), or adapt it – but above all, use it, test it out. Apply the model to your circumstances, in order to shed light on them; but apply your circumstances to the model too, to shed light on it.

The key model of social work in this book sees it as poised between the four points of a diamond – its duties to the state, its obligations to service users, its responsibilities to its own professional standards, and its accountability to organisational imperatives. Figure 1.1 introduces the model and shows some



State

Social policy, social work and other social professions as part of the machinery of state support and control.

Key factors: Roles of central government and local authorities. National policies, legislation, taxation and government spending. Roles of Parliament, courts, regulatory bodies. Overlaps and tensions between these different parts of the state. Political conflict about the proper role of the state.

Profession

Social policy, social work and other social professions as 'top-down', expert-led activities.

Key factors: Professional attributes such as training and expertise, standards and skills, service ethic, self-regulation. But there are criticisms of elitism, self-interest and status, and the disabling effects of professionals.

Service users

Social policy, social work and other social professions as 'bottom-up', user-led activities.

Key factors: Roles of individuals, families, and neighbourhoods; campaign groups and self-help groups. Concepts of participation, inclusion, empowerment, control. But there are tensions between different service users, and questions about how much power and choice they really have, or should have.

Organisation

Social policy, social work and other social professions as activities that are shaped by their organisational setting.

Key factors: Type of organisation – statutory (e.g. local authority), voluntary or business? Inter-agency working. Processes for user involvement. Bureaucracy and regulation. Budgets and profits.

Figure 1.1
The social work diamond

of the main features for each point, but the ideas are discussed in more detail throughout the book. Although this book is about social work, the model is also useful for thinking about the work of other social professions (e.g. health professionals, teachers, lawyers, community workers). The dilemmas are not exclusive to social work – other professionals face similar tensions between following law and government policy, responding to consumers, upholding their own values and skills, and complying with organisational procedures and budgets.

Walter Lorenz proposes a model of social work that uses the first three of these points in his book *Social Work in a Changing Europe* (1994). He uses it to great effect, showing the dangers that can arise if social work becomes too closely aligned with any one point. If social work becomes too strongly an agency of state policy, it risks losing its critical voice and becoming oppressive (Lorenz gives the chilling example of social work in Nazi Germany). Alternatively, if it is too closely aligned with particular user groups, it risks becoming the tool of those who are more vociferous or socially powerful, and losing sight of the wider picture, of justice between different groups. And if it becomes too focused on its own professional expertise and status, it risks becoming self-serving and once again oppressive. Lorenz argues that the challenge for social work is to stay balanced between the three points, holding them in creative tension.

It is a powerful model, and like all good models opens up new lines of thought. This leads me to add a fourth point, the organisational dimension of social work policy and practice. Organisational goals, structures and dynamics shape the expectations that social workers have about their jobs, and the work that they do, at least as much as formal government policy, disciplinary knowledge and users' views. This applies whether workers are employed by governmental or non-governmental agencies. The substantial majority of social workers in the UK work for local government (Northern Ireland is the exception, where the main employers are health and social care trusts), but others work for charities and other voluntary organisations, some for private welfare businesses (e.g. private foster care agencies, private children's homes), and some work independently, as agency workers or taking commissions for particular pieces of work. Whatever the setting, the four points of the diamond come into play. For example, the state is still important for voluntary and private sector organisations, through legislation, national policies and funding; and even the work of an independent social worker is shaped by organisational matters, namely the budget and policies of the commissioning agency. Financial imperatives are a crucial part of this organisational dimension. Workers in all welfare organisations have to show that they are achieving value for money, may well be involved in lengthy work to secure funding for their plans, and often have to make tough decisions about the allocation of limited resources between needy causes.

Thinking more about the organisational and financial dimension, a major trend in current UK social policy is the restructuring of public services in order to get them to achieve the goals of greater economy, efficiency and effectiveness, and closer links between the public sector and other providers of welfare. This 'mixed economy of welfare' includes statutory agencies; private, profit-making businesses; charities and voluntary organisations; and informal sources of help and support (families, friends, neighbours). There have always been these different components, but the balance between them is changing as more and more services are provided by the private and voluntary sectors. This is discussed further in Chapter 11.

Chapter 11

An important feature of the diamond is that there are tensions *within* each of the four points as well as *between* them. So, within the state there may sometimes be conflict between political priorities and court decisions, and there is often tension between central and local government. There may be tensions between different service users (e.g. a child and parent), and between service user groups, particularly in a world of limited resources. Organisations are torn between being lean and efficient, or flexible and open. Professionals have to reconcile their responsibilities to the state, service users and the organisation. The four points are continually interacting with one another, adapting themselves and bringing about change in the others in a dynamic, on-going manner. For example, notions of professionalism have changed to accommodate the greater emphasis now placed on involving service users – listening to their views and empowering them to make their own choices are now seen as professional things to do. (Although even this is not truly 'new': as we saw earlier, Clement Attlee emphasised the importance of this as long ago as 1920.) The increasing profile of service users and carers is also challenging notions about the proper roles of the state and welfare organisations, pressing them to become more responsive and enabling. But pressure is never all in one direction. Legal responsibilities about protecting people from harm, and organisational requirements such as compliance with tight procedures and keeping within tight budgets, can restrict the influence of service users and limit the extent of professional discretion. In terms of the state's powers, government policy has dramatically changed the organisational requirements and context of social work practice in recent years. Under the New Labour government of 1997–2010 there was an emphasis on targets, performance indicators and inspections, and the creation of a whole new range of regulatory agencies. Under the coalition government there was change of rhetoric, with more talk of cutting back on bureaucracy, devolving power to local areas, and encouraging welfare professionals to exercise their professional judgment; but that certainly does not mean an end to inspection and regulation (see Chapter 9). And yet the flow is not all one-way, government-down. Welfare organisations may resist externally-imposed requirements, re-interpret them or modify them; and state policies only take effect, only become 'real', through the activities of street-level bureaucrats such as social workers (Lipsky, 1980; Evans and Harris, 2004; Ellis, 2011). For service users, it is the decisions and actions of frontline workers that have the most direct impact on their lives, putting formal government policies into practice.

Chapter 9

Conclusion

This chapter opened with the questions that guide this book – what is social work, and who is it for? To begin to get some answers, it looked back at four important periods when those questions have been debated before – the start of the twentieth century, the 1960s, the 1980s, and the beginning of the twenty-first century. It has shown how social workers play a pivotal role in the way that legislation, government policies, organisational policies, and professional values are put into practice, the ways that they actually affect people's lives.

It has also introduced the first of the core models, the social work diamond, as a way of helping to make sense of the challenges of putting policies into practice. Social workers have to pay attention to four sets of responsibilities – to the state, to the organisation, to professional standards and to service users. The greatest challenge is that these different requirements do not always pull in the same direction, and social workers have to think clearly, in demanding situations, to make fine judgments on difficult issues. Underneath the pressures and busy-ness of day-to-day practice, the same essential dilemmas come up, year after year: how are professional standards, state policies, organisational requirements and service users' interests to be balanced; who are the service users; and how are the supportive and controlling aspects of social work to be reconciled?

There are no easy answers to these questions. The important thing is to be sensitive to the questions, rather than trying to settle the debate. It is impossible for any single report or statement to satisfy fully all the different interests involved. It may be possible to find some points on which service users, family carers, social workers, managers, academics, civil servants, local politicians and national politicians will all agree, but such matters are likely to be very bland. As things become more specific, and in the realities of practice, disagreements are bound to occur. The challenge of social work, and for social workers, is being in the middle of these competing demands.

Questions for reflection

- Who do you think social work is for?
- Look back to the social work diamond. Think about a social welfare agency where you have worked or been on placement. What were the competing demands on you?
- Look back to the summaries of Attlee's, Seebohm's and Barclay's visions of social work. What lessons do you see for the present day?
- Think about (or find out about) current policies and programmes for a particular group of social work service users (e.g. policies for older people, or for children and young people in care). How do they reflect the issues raised in the historical material? And how do they reflect the tensions in the social work diamond?

Useful websites and further reading

Clement Attlee's book is easily available on the internet, and is well worth reading: https://archive.org/details/socialworker00attliala.

The British Association of Social Workers' code of ethics (2012) is worth reading for another view on the roles and values of social work: www.basw.co.uk.

The *Community Care* website is a good way to follow the news and debates about social work. You can follow it on Twitter, and register for a weekly e-mail to help you keep up to date: www.communitycare.co.uk.

For an introduction to social work, recommended books are:

Horner (2013) *What is Social Work? Context and Perspectives*, 4th edn.

Howe (2014) *The Compleat Social Worker.*

Parker and Doel (eds) (2013) *Professional Social Work.*

Payne (2006) *What is Professional Social Work?* 2nd edn.

2 What is social policy about?

The first chapter made the point that social work exists and is practised within a wider social policy context; indeed, more than that, it is at the heart of many social policy themes and dilemmas. This chapter adds to the picture by exploring in more depth what we mean by 'social policy', and what it is for. It proposes a model, the social policy triangle, as a way of making sense of the underlying issues and purposes of social policy in western, capitalist countries. It highlights the links and overlaps with social work, and sets the scene for further exploration of the themes in later chapters.

The first section of the chapter considers the outcomes and objectives of social policy, the things it is meant to achieve, and describes the triangle. The second section looks more specifically at the range of services and organisations that deliver welfare services, drawing out the relevance for social work and the importance of an integrated, joined-up approach.

A point to stress at the start, is that social policy is political, in two senses of the word. It is political in a party politics sense – different political parties promote policies which they believe will benefit the nation as a whole, but also which they calculate will help them to win elections. And it is political in a wider sense, to do with power and control – who decides, or should decide, what people's needs are, whose needs should be met, and how those needs are best met? Politicians, judges, government advisers (the state)? Doctors, teachers, social workers (the welfare professionals)? Managers, directors, accountants (the organisational aspect)? Or service users, carers, consumers, citizens themselves? Asking these questions shows that the tensions social workers face in having to balance the demands of state, profession, organisation and service users (the social work diamond) are not at all unique to social work – they are typical of social policy more generally.

Another point worth noting at the beginning is the way that the term ‘social services’ is used in social policy literature. For many social workers in England, the term ‘social services’ refers to local authority social services departments, as created in the early 1970s after the Seebohm report (see Chapter 1). For over 30 years these were the major employers of social workers in England, and the major provider of ‘personal social services’. They were restructured into separate children’s and adults’ departments as part of the New Labour reforms to social work (and specifically in response to the Victoria Climbié child abuse case: Laming, 2003, 2009), but the term still has deep resonance for social workers in England (and there are some departments which have re-combined children’s and adult services: Garboden, 2011). In Wales, there is still a statutory duty on local authorities to appoint a director of social services, although the departments themselves are structured in a variety of ways. (Scotland has social work departments, Northern Ireland has health and social care trusts.) However, in social policy texts, the term ‘social services’ often carries a wider meaning, referring to the whole range of services that are intended to meet people’s welfare needs. This includes, amongst others, education, health and income maintenance, as well as social care. So, when reading social work and social policy texts, it is important to be aware of the way that the term ‘social services’ is being used.

Chapter 1

Outcomes and well-being: the social policy triangle

In England and Wales, the Children Act 2004 specifies five aspects of children’s well-being, or outcomes, which local authorities and other agencies are meant to help them achieve. These are shown in Box 2.1. The Care Act 2014 (which applies only to England) specifies nine aspects for adults, shown in Box 2.2. (Wales has a very similar list in the Social Services and Well-being (Wales) Act 2014, which is due to be implemented in April 2016.) Before looking at them in detail, it is important to consider the use of the terms ‘well-being’ and ‘outcomes’.

There is much debate about the relationship between the concepts of well-being and welfare (see, for example, Kendall and Harker, 2002; Jordan, 2008; Taylor, 2011). In the past, the terms may have been used interchangeably, but in modern political and social policy debates a difference between them has developed. Welfare may still be used for the *services*, but the desired *outcomes* are more likely to be described in terms of people’s well-being.

The concept of welfare itself is an honourable one, with the image of people ‘faring well’, but for some it has come to carry negative connotations, and a more limited meaning than well-being. From this perspective, welfare is seen to be about dealing with problems rather than promoting people’s choices, independence and overall happiness. It is often associated with welfare benefits, payments to help people in financial need. It is seen as being about state-run services that encourage dependency, rather than promoting individual autonomy and responsibility. Well-being is portrayed as a more positive objective for all individuals, not just the neediest. But the term welfare is still sometimes used as an

Box 2.1 Well-being for children: five aspects in the Children Act 2004

The Children Act 2004 specifies five aspects of children's well-being (s. 10(2) for England and s. 25(2) for Wales). Local authorities and their partner agencies are meant to cooperate to ensure that children achieve them:

a physical and mental health and emotional well-being;

b protection from harm and neglect;

c education, training and recreation;

d the contribution made by them to society;

e social and economic well-being.

These five aspects were originally introduced in the New Labour green paper *Every Child Matters* (HM Treasury, 2003: 14), and subsequently developed in *Every Child Matters: Change for Children* (HM Government, 2004). Although the Every Child Matters programme is no longer government policy, the five objectives are still in force, under the Children Act 2004. (Scotland has a policy framework known as *Getting It Right For Every Child*, GIRFEC, which identifies eight areas of children's well-being: to ensure that children are safe, healthy, achieving, nurtured, active, respected, responsible and included: see Scottish Government, 2012.)

The five objectives were captured in the slogan 'Be healthy, stay safe, enjoy and achieve, make a positive contribution, achieve economic well-being.' They carry wider implications than simply safeguarding children from the most extreme forms of harm. They apply to all children, and are about well-being, not just risk:

- 'Be healthy' includes physical and mental health, sexual health, healthy lifestyles.
- 'Stay safe' includes safety from maltreatment and neglect, from accidents, from bullying, from crime and anti-social behaviour.
- 'Enjoy and achieve' includes attending and enjoying school, meeting educational standards.
- 'Make a positive contribution' includes engaging in decision-making, law abiding behaviour, and choosing not to bully or discriminate.
- 'Achieve economic well-being' includes being ready for employment, living in decent homes and households free from low income.

Box 2.2 Well-being for adults: nine aspects in the Care Act 2014

Under the Care Act 2014, local authorities in England have a general duty to promote the well-being of adults when undertaking their tasks relating to care and/or support. Section 1(1) of the Act, which came into force in April 2015, specifies nine aspects of well-being:

a personal dignity (including treatment of the individual with respect);

b physical and mental health and emotional well-being;

c protection from abuse and neglect;

d control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);

e participation in work, education, training or recreation;

f social and economic well-being;

g domestic, family and personal relationships;

h suitability of living accommodation;

i the individual's contribution to society.

The Act also sets out key principles for achieving these goals, including the participation (as far as possible) of the person themselves, taking full account of their views and wishes; the importance of preventing or delaying the development of needs for care and support; the importance of safeguarding the person from harm; and balancing the well-being of the individual with the well-being of the people who care for them.

These aims and principles are not new, but build on a long succession of policy debates and proposals about social care for adults, and best social work practice. Now, they are captured in primary legislation. The statutory guidance that the government issues to local authorities about how they should implement the Act says that:

> the core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life … Well-being covers an intentionally broad range of the aspects of a person's life … A local authority can promote a person's well-being in many ways. How this happens will depend on the circumstances, including the person's needs, goals and wishes … The focus should be on supporting people to live as independently as possible for as long as possible.
>
> (DH, 2014: paras 1.7, 1.8, 1.15)

objective, and not always in a negative way: for example, promoting ‘the welfare of the child’ is still one of the central aims for courts and local authorities under the Children Act 1989. Furthermore, well-being is not a straightforward concept itself, and has been criticised for bringing ‘an individualised and marketised view of social provision’ (Taylor, 2011: 779). Taylor (2011) argues that the distinctions are exaggerated and unhelpful, and that welfare and well-being are inter-dependent.

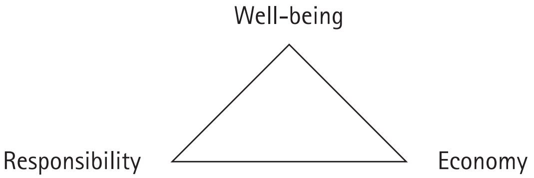
As for ‘outcomes’, this is also an important word from a policy-making point of view. The reason for thinking in terms of outcomes is to get away from a narrow focus on ‘inputs and outputs’ – that is to say, to shift attention away from systems and services, to the results, the difference that they make to the quality of people’s lives: do they improve their well-being? Of course, this is a worthy ambition, and all policy makers and practitioners would agree with it – but even so, a great deal of time and energy is often absorbed in designing and reorganising systems, structures and services, and whilst this is going on this can detract from the quality of the service offered.

Look at the various aspects of well-being in the Children Act 2004 and the Care Act 2014. Who could disagree with any of them? On the surface they seem uncontroversial, but they become rather more interesting when we push hard at the questions ‘what are they for?’ and ‘who are they for?’.

What might lie behind the stated outcomes? To answer this question, we need to set them in context. We need to step back from the current detail to look first at the larger purposes of social policy, and then at the wider range of social services.

We can say that the overriding objective of social policy in western, democratic nations with capitalist economic systems, and its overriding challenge, is to balance three demands – to ensure the well-being (and welfare) of citizens, to promote the values of individual responsibility and family autonomy, and to uphold economic freedom and prosperity. I call this the ‘social policy triangle’. Obviously it is a simplification, but it helps to draw attention to the tensions, contradictions and difficult balances that have to be struck. It shows the links between economic policy and social policy, something that has been very apparent since the global economic crisis of 2008–9. Governments around the world have invested staggering sums of money to prop up the world economy, with the professed goal of preserving people’s jobs and savings; but in order to pay back these debts, many have adopted (or been forced to adopt) strict austerity programmes, cutting back spending on public services (and in the process, threatening some people’s jobs and savings). Figure 2.1 shows some of the questions the triangle generates, and the links between them.

The tension between well-being and the economy is that high quality social services are expensive. If the services are provided by the state, then that will mean a high tax bill – but individuals and businesses, on the whole, do not like to pay high taxes. The fear of politicians and policy-makers is that if taxation is too high, businesses will move their factories and offices to other countries, where wages and taxes are lower. In our globalised world, this seems easier than ever. On the other hand, defenders of public services such as health, education and pensions, argue that they support the economy by producing a skilled and healthy workforce. More than that, they give people a sense of social and financial security, which builds a general sense of well-being in society, as well as individual well-being.



Well-being

- What sort of things are important to ensure a person's 'well-being'? Income, health, education, employment? What about choice, control, friendships, leisure activities?
- What level of well-being? Should public services aim to provide the highest possible standards or a basic minimum?
- Whose well-being? Are public services only for the extremely vulnerable or a wider population?
- Who deserves help? What happens to people who are judged not to deserve it?
- How to balance the well-being and freedoms of individuals with the well-being and freedoms of others?
- Who decides what needs are met, and how? Politicians, experts, consumers?
- Why do people need social services? Individual failings, policy shortcomings, wider social and economic forces?
- When should public services be provided? Early on (preventive services) or not until later, when need is clearly established?
- Who provides? State, businesses, charities, families?
- Who pays, and how? Taxation, donors, user charges?
- What about people who are not state citizens? Immigrants, refugees, asylum seekers?

Responsibility

- How to help individuals take responsibility for their own well-being and that of their families (e.g. to work, save, bring up children, care for older relatives)?
- What responsibilities does society have when people cannot do these things?
- What to do if people refuse to comply? In other words, how to balance responsibility and individual freedom?
- When to intervene compulsorily?
- How best to help people who need assistance – state intervention, or through voluntary organisations, or private agencies?
- How to balance responsibilities and rights of different individuals or groups (e.g. children or parents, women or men, employed or unemployed)?
- What allowance to make for cultural, religious and ethnic differences?

Economy

- How to protect people from the unfairnesses of the capitalist economy (e.g. redundancy, low pay, high prices for essential goods), but in ways that do not unduly restrict business freedom and incentives?
- How to pay for public services without raising taxes too high?
- How to run services efficiently, economically and effectively?
- How to help (or oblige?) people to work, rather than rely on welfare benefits?
- How to ensure that there is a suitably skilled and plentiful workforce?
- How to involve businesses and voluntary organisations in providing public services?
- Should there be more private saving or voluntary giving? If so, how should the state change people's financial behaviour?
- Is redistribution of wealth an objective (i.e. through taxation) – or is it better to allow the better-off to keep more of their money?

Figure 2.1

The social policy triangle

The relationship between well-being and responsibility also has two sides. Welfare critics say overly-generous provision from the state undermines individual responsibility – it discourages people from saving for their old age, it weakens family ties because people no longer feel an obligation to help their relatives ('someone else will do it'), and it saps people's dynamism by taking away the need to 'get on', making life too soft and too dull. On the other hand, supporters of social services argue that most people who need help do so not because they are lazy or irresponsible, but because their needs are so great – financial, emotional, intellectual, physical and social. Maybe they do not have families to help, or their needs are so demanding that their families cannot cope. A bit of timely help will enable some to resume self-responsibility. Others will need longer-term support, and it should be accepted as society's responsibility to provide that.

The relationship between responsibility and the economy is that for most people, the primary way of being responsible for oneself and one's family is to work, to earn money. Welfare sceptics argue that social services make life too easy and too expensive, undermining responsibility and the economy. Supporters argue that they give the vital help people need in times of trouble, and more than that have a positive role in building up a skilled, responsible workforce and a thriving market for goods and services.

Chapter 3

Questions about the relationships between well-being, responsibility and the economy recur throughout social policy and throughout social work. We focus on them again in Chapter 3, but Box 2.3 gives a historical picture, by looking at the way they have interacted over the centuries in the Poor Law.

Box 2.3 The Poor Law

The tensions between well-being, economy and responsibility go right back to the beginnings of the modern state and its role in welfare, the Poor Law. There were numerous versions of the Poor Law, but three key dates are 1601, the Elizabethan Poor Law; 1834, the Poor Law Amendment Act (the Victorian or New Poor Law); and 1948, the final end of the Poor Law, with the passing of the National Assistance Act that year.

The Poor Law emphasised that the first responsibility of those who could work, was to work; for those who could not work, the first people to have responsibility for them were members of their family; and if there were none, or if they could not meet those responsibilities, then the local community, the parish, was to help. People who came from outside the parish were not entitled to receive help, and would be sent back to their own areas. There was also a distinction between those who deserved help, called the 'impotent poor' (young children, older people, people who were sick or disabled) and those who did not, the 'able-bodied'. Most who got help received it in the form of food and small sums of money (a 'dole') to support them in their own homes. This was called outdoor relief, but there was also indoor relief, the poorhouse for the deserving poor and the workhouse for those considered able to work. Even so, and especially in times of economic hardship, most would receive outdoor relief.

By the beginning of the nineteenth century, there was growing concern about the cost and effects of the Poor Law, and a Royal Commission was set up in 1832 to investigate what could be done – in our terminology, how the system could be modernised. The 1834 Act aimed to end outdoor relief for able-bodied men and their families, and sharpened the distinction between the deserving and undeserving poor (in terms we might use, it raised the eligibility criteria). The expectation was that all but the extremely needy would work. If they could not support themselves on the outside, they would have to go into the workhouse, where the old and sick would receive care but others would be made to work for their keep. The 1834 Act introduced the notion of 'less eligibility', which meant that conditions in the workhouse were designed to be so undesirable that no-one would choose to go unless they absolutely could not avoid it. In this way, it was thought, only the most desperate would claim relief. In reality, there was considerable opposition to the Act and it was implemented differently in different parts of the country. In some places it was enforced rigidly, but outdoor relief was never ended. It continued to be used for the majority of people who needed help (including the able-bodied, who were made to work for it).

The state, via the Poor Law, was not the only source of help (and control). There was a growing number of charities in the Victorian era, and also the growth of working class self-help organisations.

Help from charities involved home visiting by charitable visitors, often upper and middle class women, to assess need and monitor behaviour. Supplies and money were given in return for living a responsible life (e.g. not drinking, caring for the children, working). The practice and underlying principles here, of visiting, assessment and material assistance in return for responsible behaviour, were characteristic of the nineteenth century middle class philanthropy movement, and mark the beginnings of casework techniques and professional social work. But help was not only 'top-down': there were also self-help organisations such as friendly societies (to encourage saving and give money to their members in times of trouble), the Co-operative movement, trades unions and the beginnings of the Labour Party. (For the historical background, see Harris, 2008, Fraser, 2009, Pierson, 2011; Bamford, 2015.)

The fearful image of the workhouse and the shame associated with having to go 'on the parish' were deeply scarred into the consciousness of working people, as was the shame of receiving charity, and resentment at the intrusive and patronising conditions that went with it. The National Assistance Act of 1948 finally ended the Poor Law by transferring responsibility for financial assistance to central government, and separating it from accommodation and residential care (which were local authority responsibilities). Given that it only ended in 1948, it is sobering to realise that even now there are people alive for whom the Poor Law is not distant history, but living memory.

The legacy of the Poor Law is still with us today, in various ways. For some, it is in the shame of having to accept help from the state. For many, it is reflected in suspicious attitudes towards people who rely on state welfare, especially unemployment benefits – that they are 'welfare scroungers', not deserving of help but rather of a tough, no-nonsense regime that obliges them to go to work. The strict eligibility criteria for state assistance, notably for financial help for people out of work but also for social care, reflect the old concerns to ensure that people use their own resources first and only rely on the state in extreme circumstances. The notion that people should return to their own parish for assistance may no longer exist, but on occasions there are arguments between local authorities about which is responsible for an individual or family who has moved into their area. And in our globalised world it is also echoed in the idea that foreign citizens should have limited entitlements to state assistance, and that (except for exceptional circumstances) asylum-seekers should be made to return to their own countries rather than stay in the UK.

Services and organisations

So, with what sort of social services is social policy concerned? Traditionally, it has been the 'big five' that made up the core of the British welfare state after the second world war: health, education, housing, income maintenance (also called 'social security' – it includes pensions, unemployment and disability benefits, child benefit), and the personal social services. The key elements of the post-war welfare state are summarised in Box 2.4. Newer approaches to social policy add other services, such as criminal justice, transport, leisure and the environment, and emphasise the importance of a co-ordinated approach to tackle disadvantage and promote well-being. Although the focus of social policy is often the role of the state, modern approaches also combine this with a wider look at the roles of international bodies, voluntary organisations and even businesses. The following discussion looks at the primary themes and debates about the main social services, highlighting their relevance for contemporary social work.

Health

Looking at health, the traditional focus in the UK has been the working of the National Health Service (NHS). All the major political parties in the UK claim to be the best defenders of the NHS, committed to it but also resolved to reform and improve it. They often disagree strongly about what those reforms should be, in particular how the budget should be controlled and what place there is for private health care providers. They all claim that they will preserve the principle that health care provided by or through the NHS should be (largely) free at the point of need, paid for out of general taxation rather than individuals having to pay directly to get a service; but that does not necessarily mean that all the services will be provided directly by NHS bodies. Despite the political and public popularity of the NHS, there are often complaints about matters such as inefficiency, high costs, long waiting lists for treatment, and poor hygiene in hospitals, although the majority of people who use its services report good experiences (e.g. CQC, 2015a). Nevertheless, such criticisms have led to frequent organisational changes and restructurings in the drive to deliver services more effectively and economically.

Box 2.4 The Beveridge report (1942)

The principles of the post-war welfare state were laid out in the *Report of the Inter-Departmental Committee on Social Insurance and the Allied Services*, published in 1942. Known as the Beveridge report, after William Beveridge who chaired the committee and wrote the report, it aimed to tackle the five 'giants' of want (poverty), ignorance, idleness, disease and squalor. The report was undoubtedly important, but not completely revolutionary: it built on existing services and developments, especially the reforms of the Liberal government before the first world war (including the first state old age pension and national insurance for ill health and unemployment). In the context of its own era, it aimed to strike a balance between the three imperatives of well-being, responsibility and the economy.

To tackle want, the national insurance system would be improved, and there would be a safety net of national assistance, the income support of its day, funded out of general taxation – but benefits were to be paid at subsistence levels, to make sure that there was an incentive for those who could work, to do so (see Box 3.1 for more on the difference between insurance and assistance approaches). To tackle idleness and help people exercise proper responsibility for themselves and their family, labour exchanges (which Beveridge had helped create in 1909) would help them find work. This service was aimed at men: Beveridge's vision assumed full male employment, with women staying at home to look after the family. To tackle ignorance, there would be an expanded state education system; to tackle disease, a national health service; and to tackle squalor, good quality housing to be rented from local authorities. The personal social services did not feature in this model, but came to have a role as a residual service for those whose needs were not adequately met by the main services. Their work expanded greatly in the twenty years after the second world war, but was under-resourced and spread across many local authority departments. When the Seebohm committee was set up in 1965, its task was to review this situation (as described in Chapter 1).

Chapter 1
Box 3.1

The Conservative–Liberal Democrat coalition government introduced major and controversial reforms to the NHS in England, under the Health and Social Care Act 2012. The government's white paper for the reforms, published in July 2010, stated that its aims were to give greater choice and control to patients, in particular to extend the right to choose treatments and providers; to ensure more personalised care to meet each individual's needs and wishes; to focus on outcomes and quality standards, including greater use of payment by results to drive up performance; and to empower professionals and providers by freeing them from top-down control and giving them responsibility for commissioning and budgets (DH, 2010a). Promoting a competitive market between providers was seen as a key part of this (competition in the NHS had been part of New Labour policy too, but the coalition government sought to extend it). The reforms also gave responsibility for local health improvements ('public health') to local authorities. It created health and well-being boards, which are based within local authorities but work with patient representatives and partner agencies to improve health in the local population, tackle health inequalities, and promote the integration of health and social care.

The reforms gave control of a substantial part of the NHS budget (about two-thirds, over £60 billion) to general practitioners (GPs, family doctors), who are now organised into local groups called 'clinical commissioning groups' (CCGs). There are 211 of these in England. The leading health care think tank, the King's Fund, published an evaluation of the coalition government's record on the NHS in early 2015 (Ham *et al.*, 2015). The new structures had only been in place since April 2013, so the report warns against drawing overhasty conclusions. Overall, its view was that the first half of the coalition's time in office had been spent arguing about the reforms, and the second half trying to limit the damage caused by them and deal with the increasing pressure on resources. It found that the majority of care was still delivered by NHS providers, and concluded that the time and effort that had been spent on the reorganisation had damaged the ability of the NHS to cope with growing financial pressures and to improve patient care (Ham *et al.*, 2015: 22).

Yet for all the political, professional and public attention paid to the NHS, it has a relatively limited impact on the health of the nation and on average life expectancy. The major impact on these is from clean water and good sanitation, adequate diet, decent housing and healthy lifestyles. These are issues of public health and wider social services, rather than medical care. And despite nearly 70 years of the NHS, with free access for all, striking health inequalities continue. The greatest determinant of a person's health and longevity continues to be their wealth (or lack of it). People in the lower socio-economic groups are more likely than those in the higher groups to die sooner, and to spend longer in poor health. Health inequalities are discussed further in Chapter 7.

Chapter 7

There are two important links with social work. The first concerns inter-professional working. Social workers regularly work with health professionals such as health visitors, community nurses, general practitioners and hospital consultants. Sometimes this may be relatively distant contact, simply making a referral or obtaining information, but sometimes it can involve close collaboration (working together on a case where children are at risk, or where a mental health patient is discharged into the community).

The second area of overlap concerns community care services and brings major challenges for relations between social work and health organisations. There are often tensions about which service should be responsible for meeting a particular person's needs, whether they should be considered primarily health needs or social care needs. The decision on this issue has implications for the workload of the different services, and profound consequences for the individual and his/her family. This is because health care services are free at the point of need, whereas social care is usually charged to the service user, subject to means-testing. The distinction between health needs and social care needs can be hard to draw and often appears arbitrary, but the consequences of falling one side rather than the other can be financially devastating. There is a long history of efforts to improve the integration of health and social care, and to reform the funding of social care. The coalition government of 2010–15 introduced numerous changes, discussed in Chapters 11 and 12, although funding reforms for long-term care were postponed by the new Conservative government.

Chapters 11 and 12

Education

The second of the traditional social services is education. Here, policies and debates have often focused on the standards of work produced by school pupils (are they getting better or worse? Which groups are doing better or worse?); how best to ensure improvements; and on the best ways to organise and fund schools (e.g. how much control should come from central government or local government? How much autonomy for schools?). Yet despite all the attention and money spent on state education, there is still a striking pattern that children from better-off socio-economic groups achieve markedly better than those from the poorer groups.

Once again, there is a pattern of extensive and continuing organisational reforms. A major feature of education policy under the coalition government was the growth of the school academies programme and the launch of free schools. Academies are still state schools, but have a greater degree of autonomy than maintained schools. They have to follow the same rules in some matters (e.g. admissions), but have other freedoms, notably that they do not have to follow the national curriculum. They are funded directly by central government, rather than through the local authority. Academies were introduced by the New Labour government, from 2002. Originally the programme was aimed at secondary schools that were judged to be failing, giving them a new organisational structure designed to improve performance. By July 2010, there were 203 academies, but the coalition government made a policy decision to expand the programme. It extended the programme to primary schools, and encouraged high-achieving schools to become academies as well as struggling schools. By December 2014 there were 4,344 academies, including over half the secondary schools in England (House of Commons Education Committee, 2015).

The House of Commons Education Committee report on academies examined whether they had helped their pupils to achieve better exam results, and whether any success could be attributed to the new organisational arrangements and freedoms. The committee observed that the written submission from the Department of Education 'failed to address our terms of reference and instead presented a sustained paean of praise to the success of the policy' (House of Commons Education Committee, 2015: 6). Having considered all the evidence and the different interpretations, the committee came to a more cautious conclusion: '… research does not support a straightforward relationship between attainment and the academy model of autonomous schools … According to the research that we have seen, it is too early to judge whether academies raise standards overall or for disadvantaged children' (House of Commons Education Committee, 2015: 23).

Whatever the type of school and organisational arrangements, there are significant opportunities and challenges for social work with schools. Social workers will need to liaise closely with teachers to ensure the well-being of children who are in need or at risk of significant harm. They may be working with children who are 'looked after' by the local authority (usually in foster or residential care), and there is a specific legal duty to ensure the educational progress of these children (Children Act 1989, s. 22(3A)). The poor educational achievement of looked after children has long been a cause of political and professional concern (e.g. DfES, 2007; APPG, 2012), although many of them would have had considerable needs before they entered care. Some of the children will present very great challenges to the teachers and support staff, or not be able to cope in a mainstream school. Effective inter-professional practice in such circumstances can be very demanding, but skilled and sustained work with troubled young people can bring great rewards in helping them achieve stability and good educational outcomes (e.g. see Martin and Jackson, 2002).

Housing

The balance between public and private provision is very different in housing compared to education and health. Whereas the majority of the population rely on the NHS and state schools, only a minority of households in England (17 per cent) live in 'social housing' (that is, rented from local authorities or housing associations). The proportion of households living in social housing fell significantly over the 1980s and 1990s (from 31 per cent in 1980 to 19 per cent in 2000) because of the Conservative government's right to buy policy, which allowed tenants to buy their homes at discounted prices (DCLG, 2015a: 12).

The majority of the population meet (or attempt to meet) their housing needs through the market, by buying or privately renting their own home. Just under two-thirds of households are owner-occupied, 63%, down from 71% in 2003; and 19 per cent are privately rented, double the rate in 2002 (DCLG, 2015a: 9, 11–2). The high price of property makes it very hard for many younger adults to buy their own homes, hence the drop in the proportion of owner-occupied housing and the increase in private renting. Another indication of the difficulties is that in 2013–14, for the first time, the number of households where the owners owned outright exceeded those still paying a mortgage (DCLG, 2015a: 11). The reason is that most of the outright owners are older people who have paid off their mortgage, and the number of people taking out new mortgages has fallen. Instead, younger adults are more likely to rent privately, which may be insecure (they can get caught in a cycle of short-term lets) and too expensive for them to save towards a deposit. The ending of a private tenancy is now the largest single cause of statutory homelessness in England (Fitzpatrick *et al.*, 2015: 47).

A central issue for housing policy in this context is the need to increase the supply of affordable homes and access to mortgages for people to buy them. All the major political parties have policies on this, as it is seen as an important vote-winner. A second important theme for housing policy is to ensure that there is sufficient housing which is suitable for older and disabled people. The New Labour government introduced a strategy on this in 2008 called *Lifetime Homes, Lifetime Neighbourhoods* (DCLG, 2008), which made the point that people's housing needs are not just about the buildings they live in, but require good local services and safe, supportive communities. The coalition government took this policy forward, and commissioned further research on it (Bevan and Croucher, 2011). The report gives useful examples of local initiatives and practical schemes that are helping to create neighbourhoods that are 'age friendly'.

Box 6.2

A highly controversial issue related to housing under the coalition government was the 'removal of the spare room subsidy', or the 'bedroom tax' as it became known, for people in social housing who were receiving housing benefit. This is discussed in Box 6.2.

Housing has important implications for social work policy and practice. Families may be living in poor quality accommodation – damp, cold, insecure, noisy – affecting their physical and mental health. Social workers in adult services are likely to be involved in assessing whether people who have become frail or disabled are able to remain in, or return to, their own homes. They may recommend services and adaptations, and good links between housing, health and social care are essential if people are to be helped to stay at home, safely and comfortably. Children's services social workers are likely to come across families who are in housing need because they have left their home to escape domestic violence. Social workers will also be working with other groups of people with particular housing needs, such as care leavers, ex-prisoners, vulnerable young mothers, and people with mental health problems.

Income maintenance and employment

The general expectation in capitalist societies is that most people maintain their own incomes, through working and saving. However, some people have low paid jobs that do not cover all their needs, especially if they have children; others are retired, and may never have earned enough money to have a significant pension or savings; some may be ill or disabled, and unable to work; others may be caring for children or other relatives, and not able to work. Some may live in areas where there are not enough jobs. So individual responsibility and market place provision are not always enough, and the state has taken on a role in income maintenance.

Government policy under the coalition, as with New Labour before it (and now the Conservatives after it), stressed the importance of reducing people's reliance on state benefits, and getting claimants back into work. The main themes are summarised in Box 2.5.

Like other aspects of social policy, income maintenance policies and payments raise challenging practical questions and, behind them, profound moral dilemmas. Practical questions include how to avoid unemployment and poverty traps. These arise because benefits are withdrawn as people move into work or better paid jobs; but the risk is that the loss of benefits can be too rapid, making it not worthwhile, financially, for people to take a job or increase their pay. This is more than an issue of fine-tuning. Underneath it, there are deeper questions about the purposes of cash benefits and tax credits: are they primarily intended just to alleviate immediate poverty, or do they have a bigger purpose, a more significant redistribution of wealth from the richer to the poorer? Is it better if payments are pitched rather low, in order to 'encourage' people to look for work (an echo of the old Poor Law)? But if so, how is this to be balanced against the welfare of those people and their families – for example, why should their children suffer from living in poverty? Are claimants properly seen as citizens with choices and entitlements, or potential scroungers who need to be carefully monitored and disciplined, if necessary forced back into employment and a more responsible lifestyle?

Box 2.5 Welfare reform

It has always been the case that receipt of benefits has been dependent on people fulfilling certain conditions, which for those considered able to work (our equivalent of the 'able-bodied') means being ready to start a job, and taking active steps to find one. New Labour's welfare reform programme tightened this expectation, requiring more people on benefits to be actively seeking work, with benefit sanctions if they did not. The coalition government intensified these requirements even further in its programme of welfare reform, along with other steps intended to simplify the system and reduce welfare expenditure. Claimants of jobseekers' allowance have to make a plan of the steps they will take to look for work, and a 'claimant commitment' to carry it out. If they do not, their benefits may be docked. There have been many complaints of harsh and insensitive sanctions, and they have been identified as a major cause of people needing to use food banks (see Chapter 5). The House of Commons Work and Pensions Committee investigated the topic in 2015. It accepted the principle of conditions for benefits and that financial sanctions had a part to play, but called for a more discerning approach to recognise vulnerable groups, more support for claimants and more research to determine the most effective forms of sanction (House of Commons Work and Pensions Committee, 2015).

The main elements of the coalition's welfare reform programme were the introduction of 'universal credit', a cap on the total amount of benefits a family could receive, and restrictions on housing benefit. Universal credit was passed into law by the Welfare Reform Act 2012. It was meant to replace a number of means-tested benefits and tax credits with one integrated payment, paid monthly. It replaces income-based jobseeker's allowance, income-related employment and support allowance, income support, child tax credits, working tax credits and housing benefit.

The intention was that it would be a more flexible way of delivering benefits and make it easier for people to move into jobs, because benefits would not be withdrawn so quickly once they started earning. It was strongly backed by Iain Duncan-Smith, the Conservative Secretary of State for Work and Pensions. However, the introduction of the scheme was plagued by computer problems and delays, and ran massively over budget. It was heavily criticised by the House of Commons Public Accounts Committee (2013, 2015). There were a number of pilots, and national rollout eventually started in February 2015, but this was only to be for the most straightforward cases, single people who would have otherwise claimed jobseeker's allowance.

Other changes under the Welfare Reform Act 2012 included the abolition of council tax benefit, community care grants and crisis loans. Responsibility for equivalent payments was passed to local authorities. The government argued that local councils were better placed to assess and meet local need, but at the same time central government funding for these schemes was reduced. Following a review and consultation in 2014, some extra funding was granted from April 2015. The government said it was to help councils deal with the pressures on local welfare (HM Government, 2015a); sceptics might comment on the timing, that the change was announced in the run-up to a general election.

Social workers encounter people living in poverty all the time – it is the most common factor affecting the service users with whom they work. Despite this, social workers in the UK have traditionally been reluctant to take on tasks associated with income maintenance, such as assessing people for welfare benefits. However, the financial aspects of social work practice have become increasingly important since the 1990s. Adult care social workers are regularly required to assess people's income and savings when arranging domiciliary, day or residential care. The growth of personal budgets, direct payments and commissioning makes the financial aspects of social work even more prominent, no longer just in terms of complying with the organisation's budgets and financial procedures, but now in working with service users, helping and supporting them in their decisions about how to spend their money.

Broader approaches

So far we have discussed the traditional social services, but what about the many other issues that affect people's physical, intellectual and emotional well-being, and the services that deal with them? Law and order is an obvious example – what about crime rates and ways of reducing offending? The roles of the police, courts and prisons? Modern approaches to social policy will include these too, because of their importance for social life and people's well-being.

Immigration is another important aspect of social policy today, given widespread media coverage and political concern about the numbers of people coming into the UK. Some welcome the incomers as a boost to the labour force, or stress our moral duties to offer safety to refugees; others voice concerns about the effects on employment and wages, and the extra demands on public services such as education, health, housing and social services. Services for unaccompanied asylum-seeking children and young people are now a significant responsibility for local authority children's services departments.

Transport policies are important too, for individuals, families and businesses. Public transport can be expensive and unreliable, but a car is beyond the means of the poorest families, who are therefore at risk of becoming further excluded from mainstream society. Poor public transport is a particular problem for those who live in remote rural areas, with implications for social care, such as the cost of providing home care services (Manthorpe and Stevens, 2008).

Environmental policy is another new social policy issue, as public and political awareness has risen about global warming, pollution and the degradation of the world's natural resources. This is a good example of the wider perspective on welfare and well-being, that they are not just about the neediest individuals and families, but also about communities, nations and even the world's population as a whole.

Another new element is to look at the role of other organisations, above and below the state. Above the state, there are international bodies such as the European Union, discussed in Chapter 9; and the United Nations, with its international human rights treaties, discussed further in Chapter 6. Below the state, there are all the specialist groups and charities that provide services and campaign on behalf of particular service user groups.

Chapters 9 and 6

As well as the wider range of issues, newer approaches to social policy emphasise a new style of policy making, less top-down, in which service users and/or their representatives have a larger say in how services are designed and delivered, and in which service users' rights and abilities are to the fore, not just their needs. Patients, parents, pupils, tenants and social care service users are encouraged to give their views about the services they receive, and to sit on committees to review and plan services. The situation for people who receive unemployment benefits reveals some of the ambiguities about participation. Although there are organisations such as claimants' unions which press for their voice to be heard at policy as well as individual level, on the whole their position is a weak one. They are supposed to receive personalised support, taking account of their abilities as well as their needs, but ultimately they are expected to comply with what is required of them.

Conclusion

This chapter has approached the question 'what is social policy about?' by looking at outcomes and objectives and the range of services involved. The discussion has, I hope, sharpened the dilemmas of what, and who, social policy is for. How much is it about well-being (or welfare), or making people responsible, or the economy? How much about empowerment, and how much control? How much for individuals, and how much for society as a whole?

One of the key points about social policy is that there are no simple answers to such questions. The answers are usually 'both/and', rather than 'either/or'. There are too many contradictory principles, interweaving arguments, potential drawbacks to every initiative, unanticipated consequences, for any simple answer to be convincing. One has to think in terms of tensions and balances, and on-going, fluid dynamics rather than any static state of affairs.

Questions for reflection

- Identify some of the problems to do with health, education, housing, income and employment that people receiving a social work service may have. To what extent are their difficulties the result of wider circumstances beyond their control, the attitudes of others, the shortcomings of service provision, or their own choices? What could a social worker do?
- Think about services and programmes for a service user group you are especially interested in. Use the social policy triangle to identify the balances between well-being, responsibility and the economy.

Useful websites and further reading

Chapter 9
Boxes 9.1, 9.2, 9.3

The websites of the major government departments and regulatory agencies that cover social services (in the broad sense) are the best places to look for current policy documents and reports: see Chapter 9, Boxes 9.1, 9.2 and 9.3 for details. Reports from Parliamentary committees are also very useful. Most major reports have an executive summary which gives the main findings and recommendations in an easily digestible form, but to pursue the topics in detail you will need to go into the body of the reports, and read more widely – other research, textbooks and academic journals.

For independent research and comment on social policies in the UK, the leading organisation is probably the Joseph Rowntree Foundation (JRF). It has special interests in income maintenance, social exclusion and housing. Its website is an unbeatable source of information and ideas: www.jrf.org.uk.

Paul Spicker's *Introduction to Social Policy* website has clear explanations of the main issues and concepts: www.spicker.uk/social-policy/.

There is a large number of general textbooks on social policy. Often they have separate chapters on topics directly relevant to social work, but even chapters that are less obviously relevant can offer useful insights and spark off ideas for understanding social work in its broader social policy context.

Also, the issues come up all the time in the news and in political debates. Get used to following them – the *Today* programme on Radio 4 and the *Guardian* newspaper are great places to start.

3 The role of the state

This chapter looks more closely at different views about the role of the state in providing welfare in capitalist societies, and pulls out the implications for social work. The key questions are 'what can the state do?' and 'what should the state do?'. The chapter outlines a model with four broad approaches to these fundamental questions. Another term that is often used for these categories is 'welfare regimes' (Esping-Andersen, 1990). Given that this is the established term, this chapter uses the word 'welfare' rather than well-being (as discussed in the previous chapter), but concept is being employed in its wider sense, to include all aspects of a person's well-being. Each of the four approaches is a model in its own right, but become part of a bigger model about the role of the state. They each encapsulate different ideas about the proper powers and responsibilities of the state in balancing the three points of the social policy triangle – the meeting of people's welfare needs, the smooth working of the capitalist economy and the helping, or obliging, of people to take responsibility for their own and their family's well-being. Each of the four positions has deep-rooted historical antecedents and the key themes tend to come round again and again in social policy writing, with different terminology and labels.

The first three approaches all seek to maintain the capitalist economy, although with different levels and forms of state intervention. I have called these the minimalist, integrationist and social democratic models (drawing on Titmuss, 1974; Esping-Andersen, 1990; Hardiker *et al.*, 1991; Levitas, 1998). The fourth position is rather different in that it seeks the overthrow of the capitalist economy and capitalist-based social welfare systems, and I call this the radical perspective.

Of course, these are models and so should be considered caricatures or exaggerations, not descriptions. They do not exist anywhere in their pure form, although some countries are nearer to one model than the others. The United States of America is often seen as the epitome of the minimalist approach, Germany and France as examples of the integrationist model, and the Scandinavian countries as typical of the social democratic approach. However, within each country there are different political, professional and public views about how services should be run, and in any country the reality is an amalgam of competing trends and priorities. Indeed, the beliefs of individuals are likely to be a mixture of the ideas. The overlaps and ambiguities between the approaches are just as important as the differences, if we are to understand how some social policies come to be popular.

Four welfare approaches

Chapters 1 and 2

Table 3.1 summarises the characteristics of each approach. As we explore them in more detail, the ideas will link back with themes that we have discussed in Chapters 1 and 2. Later in the chapter, we shall focus on the implications for the roles and tasks of social work, and consider policy blurring and equivocation.

The minimalist state

The minimalist approach has its roots in the political philosophy of libertarianism, from the eighteenth and nineteenth centuries, which held that the greatest social value was individual freedom. The state should only intervene in social and economic life when absolutely necessary to safeguard the liberties of individuals – for example, to protect private property, to uphold law and order, to defend the nation from attack. Otherwise, it is for individuals to decide how to live their lives, how to spend their money, and for businesses to supply the right sort of services and goods to meet their needs. People can then choose what services and goods to buy according to their own resources and preferences. Businesses that meet those needs and wishes at the right price will flourish, those that don't will lose money and eventually go out of business. The state's approach is non-interventionist, *laissez faire*, 'let it be'. A key point about this approach is that whilst the state takes a non-interventionist approach most of the time, when laws are broken it tends to take a hard-line, punitive approach. In order to protect the liberties of the law-abiding majority, and to enforce socially responsible behaviour, it stamps down hard on transgressors. The catchphrase is 'small state, strong state'.

Welfare needs are best met in exactly the same way, not by the state but by individuals and families, who are responsible for their own welfare, and by businesses (e.g. private health care, private schools, private pensions). The main way of obtaining welfare services is to buy them, and the state will have very minimal, basic services for those who cannot afford to do so. Esping-Andersen (1990) calls this a 'liberal' or 'neo-liberal' approach. Titmuss (1974) and Hardiker *et al.* (1991) use the term 'residual'. It is certainly true that the minimalist welfare state tends to offer very poor services to those in need, but it is also necessary to remember that some important principles lie behind the approach. A prime example is the idea that the

Table 3.1
The state and welfare

	Minimalist	*Integrationist*	*Social democratic*	*Radical*
Core value	Liberty	Stability	Equality	Transformation
State & society	*Laissez faire* – belief in individual freedom and the 'market place'. 'Small state, strong state'.	State's role to uphold the *status quo* but mitigate worst effects of capitalism. 'Social stability'.	Active role for state in ensuring welfare of all citizens – 'democratic socialism'.	A critical view – state serves the interests of capitalism, but can also challenge it.
State's role in welfare	Minimal – individuals and families should provide and/or purchase.	Significant but limited – collaborates with private and voluntary sectors.	Positive role in planning and providing services, for high quality and equality.	Even greater role for state, to create equality: but state is part of the problem too.
Approach to social problems	Failings of individuals, families or communities.	Failings of individuals or families, or welfare system failings.	Problems caused by inequality of opportunities, support and resources.	Structural causes such as class, race and gender; but state welfare is also seen to mask these differences.
Welfare benefits	'Safety net', means-testing.	Insurance based, preserving differentials.	Taxation based, redistributive.	Greater redistribution – current system a con.
Role and functions of social work	Gate-keeping; rescue and control.	Treatment and reintegration; commissioning.	Partnership and empowerment.	Advocacy, adversarial, consciousness-raising.

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state should not be allowed to intervene in people's private and family lives without good cause (European Convention on Human Rights, Article 8: see Chapter 6), a belief that many would agree with even if they do not accept the extremes of the minimalist approach.

Charities and other voluntary organisations are also important in this model, to supply or subsidise services for those who cannot afford to purchase them at the market price from private suppliers. However, the state does not take a particularly active role in supporting charities; indeed, it has a rather ambivalent attitude to them. On the one hand it welcomes them, because they give opportunities for individuals to help one another and they mean the state does not have to intervene. And it is for individuals to give their money direct to the charities they support, not for the state to take money away from people through taxation and then redistribute it to charities. The state may give tax allowances on donations to charities (to encourage private giving), but would avoid getting involved in deciding what charities do or how – that's for them. On the other hand, the minimalists are a bit suspicious of charities, worried that they might be over-generous to people who do not really deserve help. This mistrust is apparent in some of the comments about food banks, discussed in Chapter 5.

Chapter 5

Although families, businesses and charities are the main sources of welfare support and services, there is recognition that there will be some people for whom this is not enough – those with very great needs, few personal and financial resources, no family or friends. For these people, the state provides a safety net – very basic services, the minimum to meet essential needs, but not so generous or comfortable that they undermine individual responsibility or mean that taxes have to rise too high. So for example, there might be state hospitals, but they would not be as well equipped as private hospitals, and patients might have to wait longer for their treatment. There might be some basic financial welfare benefits, but they will only be a very modest amount of money, and will involve stringent eligibility criteria to distinguish between the genuinely needy and the 'undeserving'. People of working age who are healthy and able to work would be required to work rather than receive benefits (and so we see the echo of the Poor Law). Decisions about entitlement would also involve means-testing to assess the level of income and savings held by a claimant. They would be required to use them up first, before they are eligible for state assistance.

Under this minimalist approach, social problems (for example, drug misuse, crime, poverty) are attributed to moral weaknesses in the individuals, families or communities that have them – so there are problem individuals, problem families, problem neighbourhoods. The wider social and economic system is not to blame, because capitalism and individual liberty are prized social values. On the whole there is a mistrust and dislike of the poor, who are seen as a 'moral underclass' (Murray, 1990). Levitas (1998) identifies three different approaches to social inclusion, and one of them, the 'moral underclass discourse', MUD, fits here, in this minimalist model. In this way of looking at things, the socially excluded are excluded, in a sense, by themselves, because they cut themselves off from mainstream society by their own behaviour and their refusal to accept mainstream social values of employment, saving, marriage. The state's primary role is to protect mainstream society from them. It does also have a role to bring them back into mainstream life, but it does so through a punitive approach – sending offenders to prison to teach them to obey the law, withholding unemployment benefits to make people go to work. Of course, there are some people who are seen as the deserving poor – for example, people who are the victims of unforeseeable accidents – but even they should be encouraged to 'stand on their two feet', to 'pull themselves up by their bootstraps'.

In terms of the social policy triangle, the emphasis falls on individual and family responsibility. If only individuals can be made responsible, they will work hard, which will contribute to economic prosperity, and they will provide for their own and their family's well-being.

The integrationist state

The second approach sees a greater role for the state in social and economic life. The primary value now is not liberty, but rather social stability and cohesion. There is an emphasis on working actively with the private and voluntary sectors to meet people's needs, but within the limits of current social norms – there is no question of radical social change, it is more a matter of mitigating the worst effects of capitalism. This approach has its roots in the philosophical tradition of utilitarianism – the greatest happiness for the greatest number. The overall objective is the smooth running of society as a whole ('the greatest number'); if that means that some individuals lose out in certain ways, so be it. An example is that individuals might lose out financially, by having limited welfare benefits, if that is what the economy and social stability is deemed to require.

Esping-Andersen (1990) calls this approach 'conservative corporatist', which conveys the sense of the state working with businesses and charities (corporatism) to maintain current social and economic structures (conservatism). Titmuss (1974: 31) labels it the 'industrial achievement-performance' model, and sees it as 'the handmaiden of the economy'. By this he focuses attention on the way that it prioritises the working of the economy (industrial achievement) and the way that, whilst seeking to assist individuals in need, it also aims to preserve the differentials between those who perform well in the economy and those who do not. Hardiker *et al.* (1991) use the term 'institutional' for this model, capturing the way that welfare is bedded into the structures and functioning of society, through state, private and voluntary agencies, and through legislation, policies and established practices. It also captures the close links between different institutions (state, private and voluntary) in the provision of services. Levitas (1998) refers to a 'social integrationist discourse', SID – the aim is for integrated services to integrate people back into mainstream social and economic life, but not to change society. Integrationist approaches lie behind other terms such as 'the social market economy' (the characteristic approach in Germany since the second world war), and 'the social investment state' (Giddens, 1998; Lister, 2003).

In this model, the state has a significant but limited role in the delivery of welfare services. It co-operates with the private and voluntary sectors, and tends to take a planning, co-ordinating and funding role rather than the direct provision of services. The mixed economy of welfare is characteristic of the integrationist model. Social problems such as poverty, child neglect, and poor educational attainment may be seen as the result of individual failings, as in the minimalist model, but may also be understood as failings of the welfare system. That is not the whole social and economic system, which this approach seeks to preserve, but specifically the ways that welfare system works. So, when social problems like poverty, poor health or educational drop-out are identified, they may be analysed as the result of services not being delivered effectively to the neediest people. Accordingly there is an emphasis on targeting services more accurately, on performance monitoring, on re-organising agencies to deliver services more efficiently.

Under the integrationist model, welfare benefits would be insurance-based, so that those who have better-paid jobs would pay in more, but then receive higher benefits when they need them (see further in Box 3.1 below). This system therefore preserves differentials between the better-off and the poorer sections of society, and its supporters see the advantage of this being that it secures the support of the middle classes (because they benefit by it). Middle class support is crucial for the stability of welfare systems, if they are to become firmly established, institutionalised, at the heart of society.

In terms of the social policy triangle, the emphasis in the integrationist model falls on the economy. The state co-operates with businesses to provide opportunities for them to supply welfare services, and make a profit out of it. Public–private partnerships, commissioning and payment by results are emblematic of

Box 3.1 Welfare benefits: insurance, assistance, universalism

There are three basic approaches to the state's role in organising welfare benefits. A social insurance approach is likely to appeal most to integrationists, and universalism to the social democrats. The minimalists don't really want much of a state welfare system at all, so they would back a minimal version of social assistance. In reality, a national system is likely to contain elements of all three, but the balances between them give a clue to which approach is dominant.

In the social insurance approach, people pay a percentage of their income when they are working, as a contribution to a state-run fund. Their employers pay in a percentage of the employee's salary as well. Then, when the person meets the relevant criteria, such as old age, unemployment or sickness, they will be *entitled* to a payment if they have paid enough contributions. The payment is not based on how badly they need the money, but on their entitlement. State pensions in the UK are a prime example. Integrationists like it because it rewards those who have worked hard and paid their contributions. Minimalists tolerate it, but would prefer people to take private insurance and pensions rather than have such a large state machinery. Social democrats like the entitlement aspect, but point out that many will not qualify for insurance-related benefits through no fault of their own. Some will not have paid enough contributions (say, they have not worked long enough), or the level of payment to which they are entitled is insufficient to meet their needs (perhaps because they have a large family or special health requirements).

The second basic approach is called social assistance. Here, people in difficulties may be able to get a payment from the state, but this will be based on an *assessment of need* rather than entitlement – and the assessment is likely to include a *means-test*, that is to say an assessment of their financial circumstances. The person's income and savings (and often the income and savings of family members) will be taken into account, and they will be expected to use these first, before receiving a payment from the state. People who do not qualify for insurance-based benefits will have to turn to assistance. Income support is the prime example in the UK. Social assistance is funded out of general taxation. Strict rules about eligibility and low level payments are characteristic of a minimalist state. The other approaches would have assistance-based schemes too, but with less harsh conditions.

A social democratic approach though, would try to avoid means-testing because of its stigma and perverse effects (e.g. poverty traps as benefits are withdrawn when people's income increases). Instead, its preference is for universal benefits, to be paid out of general taxation to everyone who has the need, regardless of contributions or means. In the UK, attendance allowance is an example; child benefit used to be, but since 2013 families where one of the parents has a taxable income of more than £50,000 lose part of it, and if it is over £60,000 they lose it all. Universal benefits are expensive, but the money is recouped from the better-off by higher rates of income tax.

The insurance/assistance/universalism distinction is a model and the picture can be rather murky in reality because of the mixture of elements in a national system. Still, it is a handy framework for making sense of the range of payments and the underlying principles; and of course, means and needs tests are very familiar to social workers, who are often required to use these when assessing a person's eligibility for social care services.

this approach. If the capitalist economy does run into difficulties, say people are made redundant, the integrationist state would see its role to help people get back into work, through re-training and support – although private and voluntary organisations would probably be commissioned to provide these services, rather than the state provide them. Also, the organisations are likely to be paid by results, for example how many people they get back into work, and how long they stay in work. It aims to integrate people back into the world of work because that is the best way to ensure that they can provide for their own and their family's well-being. (The minimalist state values work too, of course, but the difference is that the integrationist state plays a more active role in trying to help people into employment, co-ordinating and funding the help.) By preserving differentials in the payment of welfare benefits, it further confirms the benefits of employment and economic success.

The social democratic state

The key value for the social democratic welfare state is equality, with its roots in the philosophical traditions of egalitarianism and moderate forms of socialism. It sees an active role for the state in ensuring that all citizens receive high quality welfare services. Welfare is at the heart of the state's role in society, and the objective is to raise the quality of life for all citizens, not just the obviously needy. There is a positive view about what the state can do and should do, and the state plays a major role in planning and providing services. State-run services are not seen as a residual, safety net provision for inadequate people, but as services for all, promoting equality and offering high standards. The state's role is not just to prevent difficulties arising (e.g. through targeted services), but to create opportunities and well-being for everyone, through universal services. When social problems do arise, these are understood not primarily as personal failings or welfare system failings, but as the result of wider inequalities of opportunities and resources. So, the state will use taxation to redistribute wealth and create opportunities, by funding high quality welfare services and fully sufficient benefits. There would be greater expenditure on state social services such as education, health and income maintenance, and a positive view about personal social services for those who need extra help.

Titmuss (1974) refers to this approach as the 'institutional redistributive' model, Esping-Andersen (1990) calls it 'social democratic', and Hardiker *et al.* (1991) use the term 'developmental'. Levitas (1998) describes a 'redistributionist discourse', RED, that captures the features of this model.

Box 3.2 The state, parents, childcare and work

An effective illustration of how the three models would work differently in practice is to consider how they would each approach the issue of helping (or not) the parents of young children into work. The main focus here is mothers, who usually face the major challenges of balancing childcare and work, but it does not only concern women. Also, this example pushes the models to their extremes, and reality is always more mixed and ambiguous.

In a minimalist state, the answer is fairly simple, although predictably harsh: it's your responsibility. It's your child, and the state certainly isn't going to pay you to stay at home and look after him/her (apart from perhaps a relatively short period after the child is born). Equally, we aren't going to help you go to work either: if you want to go, that's great, but you need to find a job that fits with your childcare arrangements. If you're lucky, you might have relatives who are willing to help look after your child while you are at work. If not, you'll have to pay for a nursery or a childminder. If you have highly marketable skills then an employer might pay you well enough that you can purchase good quality childcare. If not, you will have to decide what you can afford. Different providers will charge different amounts for different levels of service, and different quality of care: you have to decide. Alternatively, if a company needs more workers, then it might decide to increase wages, offer childcare vouchers, or provide a day nursery for the children of staff. The state would not interfere with these decisions. It may inspect childcare facilities and impose some basic requirements, such as health and safety aspects, but these would be at a minimal level. The belief is that the most effective regulation comes from the market – desirable, good value providers will flourish, whilst poor quality and over-priced ones will go bust.

The integrationist state gives a different range of answers, with intriguing variations according to the needs of the economy. There is a tension between its conservatism, which leads it to support traditional family structures, and its corporatism, which leads it to support businesses. So, if the economy has no current need of extra workers, it may give allowances to mothers to encourage them to stay at home to look after their children. It may also do this if low fertility rates suggest that the population is likely to fall, and it needs to boost the number of children who are born to ensure a sufficient number of workers in the future. On the other hand, if the economy requires more workers now, an integrationist state would intervene to encourage more mothers to take jobs. It could do this by reducing state benefits for parents who stay at home, and/or by increasing support to help them go to work – for example, raising tax allowances for working parents, or giving special grants. It would also work with the private and voluntary sectors to ensure that more childcare facilities were provided. It could do this by tax breaks to encourage businesses to run nurseries, or grants to charities to set up nurseries in areas where there is a shortage. An integrationist state would register and inspect nurseries and childminders, and is likely to impose higher requirements than the minimalist state. It is also likely to offer assistance and incentives to childcare providers to improve their standards, through training or financial assistance.

The social democratic state approaches the issue in further different ways. First, as a matter of equality it wants parents, particularly women, to have the opportunity to continue working and pursuing their careers when they have children. But also, the high quality welfare services provided by the social democratic state are expensive, so it needs to have a high employment rate to generate enough taxes to pay for them: therefore it needs to get women as well as men into work. So it has to provide more childcare, which itself creates new jobs. These would mainly be jobs for women, given that childcare work is predominantly a female occupation (although the commitment to sex equality means there is less occupational stereotyping in a social democratic regime). It would raise the status and pay of childcare work by having high standards and highly valued qualifications for staff (its approach to public service jobs in general). If more childcare is simply tacked on to an integrationist or minimalist approach, the chances are that status and pay will remain low.

In terms of the social policy triangle, the emphasis now is on well-being. The state provides welfare services not just for the needy few but for all citizens. The state can play a positive role in ensuring welfare and well-being – and by providing high quality services for all, it creates employment and ensures a healthy and well-educated workforce. This enables people to take responsibility for themselves, but they also share a sense of social responsibility for the well-being of their fellow citizens.

The radical perspective

The fourth perspective is rather different in that it takes a critical view of the state and capitalism. It looks, ultimately, for the ending of capitalism and the transformation of society, with power and resources in the hands of working people, an end to privilege and individualism. In the meantime, on the road to that objective, it looks for a new form of state welfare. This approach has its roots in Marxism.

It is mistrustful of the state, arguing that even the social democratic model serves the interests of capitalism more than the interests of workers. The social democratic state might do it more subtly than the minimalist or integrationist states, but the end result is not so different: people are forced to conform to the *status quo*, to work (or not) according to the demands of the economy. It mistrusts social democratic rhetoric about social justice and equality, seeing it as superficial change, and is critical of its tendency towards authoritarianism. The social democratic state requires a high level of social conformity, because citizens are expected to go to work to pay taxes to fund the services. There is not much leeway for alternative lifestyles. So the minimalist state starts with a belief in individual freedom but ends up being very harsh on those who do not comply with its norms; the integrationist state is paternalistic, forcing people into employment and back into mainstream society on its terms, not theirs; and the social democratic state starts with a commitment to equality but this also ends up underpinning social conformity rather than the freedom to be 'equal but different'.

State welfare serves the interests of capitalism, but even so, working people deserve the best services they can get, and good services can challenge capitalism. Education is an example. Why does the state provide schools and colleges? The radical position doubts whether this is because of a genuine desire to help children and adults learn and develop. It accepts that individual policy-makers and teachers may be motivated by this (it does not want to dismiss the integrity and hard work of individuals, although it does challenge careerism and inflated salaries), but the *system as a whole* is not altruistic. It provides education in order to meet the needs of the economy. Schools have a triple function in this respect. First, they teach children the skills they need to get jobs in the modern economy (competence in maths and writing, the ability to use a computer). If the economy required more manual labourers than computer operators, different skills would be emphasised and the school leaving age might be different. Secondly, schools act as a childminding service, so that their parents can go to work. Thirdly, even the children who fail or drop out of school are, in a sense, being prepared for work – for unskilled, low wage jobs (Willis, 1977). The education system labels some children as successes and others as failures, perpetuating inequality. But a radical perspective is certainly not an excuse to give up trying to raise educational standards. Working class children are not well served by poor schools and limited educational opportunities. Good education can give young people the skills and knowledge they need to do well themselves, but more than that, to change society. It can begin to undermine capitalism. The radical approach calls for a revitalised role for the state, to actively promote the interests of the working class, to provide high quality services for the poorer groups in society, to redistribute wealth and power on a much greater scale than the social democratic approach envisages.

For the radicals, social problems are not the result of individual choices or moral weaknesses, but of deep-seated, structural divisions in society – class, race, gender, age and disability are the main examples. These features, rather than people's individual actions or attitudes, determine their outcomes in life. Welfare services, as they currently operate, do little if anything to redress these imbalances: indeed, they may even reinforce them, because of the tendency for the middle classes to take better advantage of social services, both as recipients and as employees. Further, state welfare can disguise the depth of these inequalities, by giving the impression that services and opportunities are open to all. Formally they may be, and some young people from poor families do go to top universities and do get top jobs. But the power of these deep structural forces is such that most people live and die in the same social class in which they are born; and those in the poorer social groups live in worse health and die sooner.

Looking at welfare benefits, the radicals go further than the social democrats in calling for even higher levels of taxation to fund payments to those in need, and an end to stigmatising needs and means tests. They would also want to see greater equality of income before taxes, and might pass legislation to raise minimum wages and prohibit excessive salaries and bonuses. But at the same time as calling for reforms of the benefits system, the radical viewpoint remains sceptical about the whole enterprise: after all, it isn't as if the money has permanently been given to the poor. They will have to spend it – and so it goes back into the pockets of businesses, keeping the capitalist system ticking over.

Box 3.3 What would social work be like?

Before reading further, think what social work would be like under each of the four models. What would be its distinctive values, what sort of work would it be doing, in what sort of organisations, and with whom?

The implications for social work

Under the minimalist model, social work is likely to take on the residual, safety net character of other welfare services. Social work assessments will be focused on 'gate-keeping', to determine whether people meet the high thresholds for state services, and what their own resources are to meet their own needs, but social workers might offer advice to people about where to go for assistance, and in some cases might act as brokers in arranging services. Other key words that capture the approach are 'rescue' and 'control', because social work is likely to focus on people who are considered a risk to themselves or others, taking on a policing role. It will provide services for people in severe need, with the most intractable problems, but they are likely to be fairly basic services, rather controlling and punitive. People whose needs are at lower levels would be expected to sort them out for themselves, or with the help of their families. If families cannot provide directly, the next expectation is that people purchase services privately, or perhaps rely on charities – but charities themselves are likely to be hard-pressed (they get little if any state support) and to have high eligibility criteria. For the neediest people, who cannot or who are not allowed to manage for themselves, social workers might purchase services on their behalf, using tightly limited state funds, from private or voluntary agencies.

Social workers might work for state agencies, charities or private welfare agencies, or they could set up as a business themselves, providing freelance social work services. As freelance workers, their services may well be purchased by state welfare agencies – for example, they might be commissioned to undertake assessments or to provide specialist help. Those who are directly employed by the state sector are especially likely to be involved in the more coercive aspects of social work. They are likely to have few resources, and will have to ration services carefully, with strict eligibility criteria.

In the integrationist model, the key words are 'treatment', 'reintegration' and 'commissioning'. There are still the elements of control and rescue, but help comes a bit sooner, and control a bit more subtly. The emphasis is on getting people back into mainstream society, to live according to accepted social norms. This means employment, education or training, bringing children up in acceptable ways, caring for members of one's family. It is a conservative approach, with traditional views about family life – so expectations tend to fall heavily on women as mothers, partners and daughters to provide care for family members. It is also corporatist, so state agencies will not provide all the services themselves: rather, they will commission services from private, voluntary and other statutory agencies.

Social workers, then, might be working for state agencies, but also for charities or private businesses. Churches and other religious institutions may well be significant partners in welfare provision, so social workers may be employed by faith-based organisations. State employed social workers are likely to be involved in purchasing or co-ordinating services provided by other agencies, rather than arranging direct provision by state organisations.

For the social democratic approach, the emphasis is on even earlier intervention, to prevent needs arising in the first place. There will be an emphasis on working at a community level, with groups rather than individuals, and in ways that are voluntary rather than compulsory. Even when people's needs increase, there is still an effort to work in co-operative ways, to try to empower people to keep or regain control of their lives. There is an emphasis on listening to people's views, trying to involve them in decisions about what happens to them, and in planning services more generally. The key words are 'prevention', 'participation' and 'partnership'. Social workers are likely to work for state agencies, but in contrast to the minimalist model (and to an extent, the integrationist approach) these will be well-resourced and well-respected by society.

When difficulties go beyond the preventive level, social workers would continue trying to work in positive and voluntary ways. An example is state care for children. Rather than seeing it as a last resort to be avoided if at all possible (and kept as short as possible), the social democratic approach sees it as a positive service to help children and families (Thoburn, 2007). Children are likely to be admitted sooner, before their needs became overwhelming, but also, young people in trouble with the law are likely to be sent into care rather than custody. There is an emphasis on having highly qualified, skilled staff to help the children. An approach known as social pedagogy is popular in continental Europe, described as 'education in its broadest sense', with an emphasis on child development, group work and therapeutic relationships (House of Commons CSFC, 2009: para. 102). It underpins a much more optimistic view of residential care and more creative ways of working with young people. There was a pilot project to test this approach in England, in 30 children's homes from 2009–11. The evaluation is rather cautious, noting that residential child care in England is very different to how it is in continental Europe, and that the effectiveness of social pedagogues is profoundly limited by the wider social context and the characteristics of the children in the homes (Berridge *et al.*, 2011).

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It is worth noting that there are tensions in the social democratic model. On the one hand it talks of empowerment and the importance of service users' views, but at the same time it is very centralised and top-down, with a tendency to require social conformity – and as we discussed in Chapter 1, welfare is a subtle way of achieving this.

The radicals make that point, of course. For them, all forms of state intervention are ambiguous – they may offer help, but they are also repressive. Social workers who operate from this perspective would be passionate advocates for the people they work with, arguing hard to make sure they receive the full benefits to which they are entitled and the highest quality services. They would emphasise service users' rights, and might well work with organisations like claimants' unions and disability rights groups to campaign for welfare reforms. At the same as this advocacy and adversarial approach, they would also be engaged in 'consciousness-raising', that is, explaining the controlling aspects of welfare, helping service users to see that even if they get their full entitlements, they are still losing out in the wider capitalist system. Radical social workers would be trying to change the way that people understand themselves and their lives, encouraging them to work for radical social change. The role of feminist workers in the Women's Aid movement provides an excellent example of this approach (Fraser, 1989). For them, women who come to refuges because of domestic violence are not seen as victims, but as survivors and potential activists. Radical workers can help the women to understand what has happened to them not in individual terms (their own behaviour or the features of their relationship), but in wider terms of male-female power relations in society. Radical social workers may not find it easy to work in statutory agencies, but if they do they would probably be seen as mavericks, and may often find their position an uncomfortable one, in conflict with their colleagues and managers.

Box 3.4 Radical social work

There is a long tradition of radical critiques of welfare services and the role of the state, even from those working within them, going right back to opposition to the Poor Law and the controlling aspects of charity. There is also a long tradition of radical social work, and whilst it has never been accepted wholesale into mainstream local authority services, it has had an important impact, over the years, in challenging and changing aspects of social work policy and practice.

The core notion of radical social work is its strong mistrust of the individualised casework approach, which it criticises for denying the wider social, political and economic realities that constrain people's lives, notably poverty, class, race and gender (different versions emphasise different oppressions). Casework, whether with individuals or families, focuses on *them*, their thoughts and behaviour, and so reinforces the idea that they are to blame for their own misfortune. Its message is that they have to change, behave responsibly, in order to fit back into society. In contrast, radical approaches argue that the emphasis should be on understanding people's lives in terms of wider social structures, and seeking to change society, not just individuals.

The first UK book to popularise the ideas of radical social work was by Bailey and Brake (1975). The emphasis at that time was on social class as the main structural factor that limited people's lives. At the end of the book, it gives the manifesto of a group called Case Con, which sought to promote a radical approach to social work. The manifesto is critical of the Seebohm report for shifting responsibility for welfare from the state to the family. It is highly critical of attempts to professionalise social work, regarding these as self-serving. It calls for social workers to work with trade unions in the struggle for a workers' state.

Parts of the Case Con Manifesto seem very dated now, but its central message, to see the bigger picture and not to individualise people's problems, is as relevant as ever. It was reflected in the publication of a new manifesto in 2004, entitled *Social Work and Social Justice: A Manifesto for a New Engaged Practice* (known as the Social Work Manifesto: Jones *et al.*, 2004).

The 2004 manifesto highlights the organisational challenges and frustrations facing many social workers in the UK (managerialism, marketisation, financial restrictions, increased bureaucracy), and speaks of the 'current degraded status of social work'. It calls for a social work committed to social justice and to challenging poverty and discrimination. It sees seeds of hope in the growth of user movements and in the wider global anti-capitalist protest movements.

The latter seems a very long shot. Anti-capitalist movements remind us that there are alternative visions of society, but it is far from certain that they would want to support social work – they may well see it as part of the problem. The optimism about the 'innovation and insight' of service user movements may be better grounded. These have certainly challenged and reinvigorated social work in the UK, but even so, this needs a much more balanced approach. There is nothing in the Social Work Manifesto about legal and moral duties to protect vulnerable people from harm, sometimes over-ruling people's wishes, about balancing competing rights and responsibilities, about weighing up the interests of different individuals and groups, about the ambiguities and complexities of notions such as participation, justice, equality and diversity (some of the values it lists as 'anti-capitalist').

Radical social work has been criticised for being unrealistic and unable to give a satisfactory account of what social workers should actually do differently when faced with individuals in distress or in need of protection. Nevertheless, its ideas have an important part to play in counter-balancing minimalism and individualism, helping social workers to practise in ways that are better informed and more sensitive to the difficulties that individuals face (Ferguson and Woodward, 2009; Turbett, 2014). In that sense, radical social work is good social work.

The ambiguity of social policy

Reality is a complex mixture of the approaches, with overlaps and tensions between them. Some countries may be nearer to one model than another, but there are always competing viewpoints. Even within political parties there are a range of opinions, and individuals too are likely to have a mixture of beliefs, not always consistent. A central challenge for politicians and policy makers is to 'sell' their policy proposals so that they appeal to all viewpoints, all at the same time. Policies that achieve this are most likely to be accepted, at least initially, but it means that policies can be highly ambiguous. There are some words or concepts that, on the face of it, appeal to all perspectives – words like 'family', 'community', 'participation', 'fairness', 'opportunity' – but when one looks closer, it is clear that they carry very different meanings in the different approaches. Care in the community and personalisation are examples of prominent policy themes in social work that typify this ambiguity.

Care in the community care appeals to all perspectives because it seems to meet most people's wishes better than institutional care. For the minimalists the added attraction is that they can see the potential for reducing the role of the state and cutting state expenditure, by closing residential facilities and replacing them with community-based alternatives that are cheaper, and supplied by non-state agencies. Community care appeals to integrationists partly because it returns people to, or keeps them in, mainstream society, and also because of the links between the statutory, voluntary and private sectors, with the state commissioning services from different agencies. Community care is also attractive to social democrats, because it can offer lower-level preventive services as well as better meeting the wishes of service users. Even the radicals find community care attractive in so far as it meets service users' rights and wishes.

But all are going to be disappointed. For the minimalists, it never saves enough money and still leaves too big a welfare machine; for the other groups, it is flawed by insufficient funding, the scarcity and often inadequacy of the services available, and the burdens it can place on family carers.

Personalisation is another example of the way that a policy can, on the face of it, appeal to all perspectives simultaneously. Most people would like to have at least a say in the services they get, and some would welcome full control. Most people would prefer support that is tailored to their individual circumstances, rather than an inflexible, one-size-fits all service. Social democrats welcome it because it offers empowerment to service users and communities (see Duffy, 2010, who argues for personalisation from a social justice perspective); even the radicals see some potential here. Integrationists welcome it because it brings the promise of new roles for the voluntary and private sectors, as advocates and supporters of service users, planners along with the local authorities, and as providers of services. Minimalists like it because it gives responsibility back to the individual.

On the other hand, there are some highly sceptical critiques of personalisation. Important criticisms, from a radical perspective, are set out by Iain Ferguson (2007, 2008, 2012). He argues that personalisation as currently proposed has more to do with minimalism than social democracy, and is certainly not radical. For him, it is based on individualistic, consumerist notions of choice; it underplays the realities of poverty and vulnerability which constrain people's capacity to be independent consumers; it stigmatises those who cannot, or do not wish to be, independent; and rather than giving or sharing responsibility, it is likely to force it onto people and so risks making their situations worse. Of course, the supporters of personalisation do not accept these criticisms, and argue that people will not be forced to take on responsibilities they cannot manage, and that there will be personalised support to help them with their new independence. Personalisation certainly offers much that is potentially positive and exciting; but as Ferguson concludes, it is not something that social workers should accept uncritically. Personalisation is discussed in more detail in Chapter 10.

Chapter 10

Conclusion

This chapter has described three mainstream models of state welfare, and the fourth, radical approach. It has pulled out the relevance and implications for social work. The radical model is more than a fourth point along the spectrum, it is also a new way of looking at the other three. As a fourth point it may seem unrealistic, but as an ever-present critical perspective, always pushing us to think anew about our practice and the underlying policies and assumptions, it is invaluable. It can be awkward and unsettling, which is why it is so important.

The other main point in this chapter has been about the ambiguity of social policy, and how a policy can be 'sold' by seeming to be all things to all people. Personalisation currently fits this very well. The difficulty is that people do not all support it for the same reasons. They use the same words, but mean different things. So after the immediate popularity wears off, longer-term disillusionment and conflict is inevitable. It won't save as much money as some hoped, it won't be as well funded as others hoped, budgets will be tight and inter-agency relationships will still be strained. Some will see it as the withdrawal of the state from welfare provision, whilst others may see a subtle expansion of state activity and control, as independent agencies become tied to local authority contracts and funding.

Questions for reflection

- Which of the four approaches appeals most to you, and why? Discuss the ideas with colleagues, and try to explain your view.
- Which approach do you think is dominant in your country at the moment? If you cannot say one, where and how can you see the different strands?
- Think of a social work setting where you have worked or been on placement. Can you see any signs of the different models? How did they overlap, or compete? Was there any evidence of a radical perspective? How was this regarded?
- Read the 2004 Social Work Manifesto (Jones *et al.*, 2004, available online). What do you think about it?

Useful websites and further reading

The *Guardian Society* website and its *Social Care Network* are excellent ways to stay informed about wider political and social policy developments in the UK. You can register for regular e-mails to keep you up to date with the latest stories, and follow them on Twitter.

See www.theguardian.com/society and www.theguardian.com/social-care-network.

Radical perspectives on social work in the UK are available through the *Social Work Action Network* (*SWAN*: www.socialworkfuture.org). There are also radical social work websites in other countries – google 'radical social work' to find them.

For thought-provoking accounts of the radical perspective, see:

Ferguson and Woodward (2009) *Radical Social Work in Practice*.

Lavalette (ed.) (2011) *Radical Social Work: Social Work at the Crossroads*.

Ferguson and Lavalette (eds.) (2013) *Critical and Radical Debates in Social Work.*

Turbett (2014) *Doing Radical Social Work.*

Part 2
Key issues

Overview

This part of the book discusses a number of key issues for social policy generally and social work in particular – needs, poverty, rights, inequality, participation and regulation. The chapters uncover more of the tensions behind the core models of social work, social policy and the state, and offer further models for pulling out the underlying issues. A common theme across all the chapters is the complexity and ambiguity of the terms, and the interactions. All of them carry different meanings and implications according to people's views about the purposes of social policy, the roles of the state and the functions of social work. And all of them interweave and impact on one another – for example, one might understand poverty in terms of people's needs, or take a rights-based approach (or both); or take a participatory approach to identifying the impact of inequality and the best ways of tackling it. In that sense, the sequence of the chapters is not significant; but in order to begin making the connections and spotting the tensions, they are arranged in three pairs.

Chapters 4 and 5 are the first pair, looking at the complexities of defining 'need' and 'poverty', and the challenges of meeting people's needs and alleviating poverty. Need and poverty are closely linked: having enough money to live a decent life is a fundamental need. But in the United Kingdom, social workers do not have a primary responsibility to help people in financial need, although it is a common feature in the lives of the people they do work with, and some would argue that they should play a more active role in addressing it. The duty of

Chapters
4 and 5

ensuring that people have enough money belongs to a central government department, the Department for Work and Pensions. Social workers focus on other aspects of need, notably for care, safety and well-being. So who decides what sort of needs qualify for a social work service, and on what basis? Chapter 4 explores these questions, and offers two models for thinking about need – Bradshaw's taxonomy (1972) and the pyramid of need. Chapter 5 focuses on poverty. How do we define it, and what should we do about it?

Chapters 6 and 7 are the second pair, looking at rights and inequality. Traditionally, social work and social policy have been concerned with meeting people's needs, but the language of rights underpins a new and more pressing approach to quality of services and equality of treatment. Chapter 6 discusses the significance of human rights for social work, distinguishing between different types of rights. It explores how rights go from the very broad level of values and aspirations down to the small places, the difficult realities of social work practice. Chapter 7 looks at inequality. What do we mean by this, why does it matter, and what are the best ways of tackling it? The chapter focuses on social class and health inequalities to illustrate the issues and interactions. The conclusion highlights the professional and personal implications for social workers.

Chapters 6 and 7

Chapters 8 and 9 are the final pair in this section. They look at participation and regulation. Again, the chapters explore what these notions mean in practice, why they are important, and what the complexities and limitations might be. Chapter 8 uses the models of two ladders of participation to open up a discussion about the different dimensions and implications of participatory approaches. Chapter 9 describes the range of regulatory bodies for social work in England and the other countries of the UK, and the underlying approaches to ensuring a high quality service. The dilemmas here are that it is essential that proper standards are maintained, but at the same time it is important to avoid inflexible systems or simplistic solutions to problems (for example, calling either for a new organisational structure, or for a cutback in bureaucracy). All approaches have their strengths and weaknesses, and one has to look for suitable trade-offs and balances.

Chapters 8 and 9

4 Need

Need has, traditionally, been at the heart of social work and social policy. Social workers often say that their goal is to meet the needs of their service users, and the goals of social policies are often stated as being to ensure that people’s needs are met. Need has a central role in the major legislation that shapes social work policy and practice in England and Wales. The Children Act 1989 gives the definition of a ‘child in need’, and specifies the duties of the local authority to such children and their families. The Care Act 2014 specifies that local authorities must provide, or arrange for the provision of, ‘services, facilities or resources’, in order to prevent, delay or reduce the needs of adults for care and support. But need is a wide concept – need for what? For a basic standard of life, or for the higher aims of well-being, as discussed in Chapter 2? Whose responsibility is it to meet those needs? And how should needs be set alongside other important considerations, such as people’s strengths and capacities, their financial resources, their choices and their rights?

Chapter 2

Not all need gets a service, or at least, not a particular service from any particular agency. Difficult decisions have to be made about priorities and the rationing of limited resources. Government guidance on safeguarding children is clear that local authorities are not expected to meet every individual need, but should work with other agencies to ‘identify emerging problems and potential unmet needs for individual children and families’ and make decisions about which agency is best placed to provide any necessary services (HM Government, 2015b: 12). Many children are likely to be referred to ‘early help’ services rather than receive a service from the local authority children’s services department, which has to focus its resources on higher need cases, children in need of protection and children in care. (Early

Chapter 10

intervention is discussed further in Chapter 10.) Likewise, government guidance on the Care Act 2014 is clear about the importance of working with partner agencies to prevent, delay or reduce needs and to promote well-being (DH, 2014: 7–21). The Care Act 2014 introduced new requirements for assessing the needs and eligibility of adults for social care services provided or funded by the local authority. The previous system had four bands of need – low, moderate, substantial and critical (DH, 2010d). Authorities could set their own criteria, but most restricted their services to people in the higher categories. The Care and Support (Eligibility Criteria) Regulations 2014 set out national eligibility criteria for care and support for adults, discussed later in the chapter.

So we begin to see that need is highly contentious. Two fundamental questions arise: first, *who* defines need and *how*; and second, how are different needs prioritised? The following sections offer two models for thinking about these issues.

Defining social need

A well-established and widely-used model for thinking about the ways that needs are identified is Jonathan Bradshaw's 'taxonomy of social need' (1972, reproduced in Cookson *et al.*, 2013). It gives us some further angles on the social work diamond, about the relationships between service users and social professionals in saying what a person's needs are. Bradshaw distinguishes between four ways of identifying need:

- Felt need.
- Expressed need.
- Comparative need.
- Normative need.

Felt need is the need that individuals and groups perceive for themselves – they feel hungry, they feel the need for more money, better jobs, warmer homes, better schools. The difficulty of relying on felt need as the test of whether someone really is in need or not, is that people have very different perceptions about their own needs. Some people feel a need much quicker than others. This may be because of other factors – for example, a person with asthma will feel the need for a dry house sooner than someone who has no breathing problems – but sometimes it is just because different people have different tolerance levels. Some can put up with very difficult circumstances, even thrive on them, whereas others would feel the need for help long before then.

Some felt needs become expressed needs, when they are turned into a demand – 'I need help looking after my husband', 'The children round here need a playground'. But not all felt needs are expressed – people may keep quiet out of a sense of shame, or because they are afraid of the consequences of asking, or because they cannot imagine anything being any different – what's the point of asking, that's just the way things are. Not all expressed needs are met. Some may be 'bounced back' to the person doing the asking – 'that's up to you to do something about, then'. Sometimes the need might be expressed to the wrong person – 'I'd love to help you, but it's not my job'. Or the need may be refused because it is not considered high enough, or it may be put on a waiting list.

Comparative and normative need do not require the person or people in need themselves to feel or express their need. In the former, need is identified by comparing the situation of some people to that of others – so, children in some schools do not achieve as good exam results as those in others, adults in some neighbourhoods have poorer health than those in others. But how to deal with those differences? The children may need extra help, or their parents, or their teachers. What sort of problem is it – a problem of children's abilities or attitudes, poor parenting, or poor teaching? How we define the problem determines what services we offer. Some may say schools need closer inspection and monitoring, others that parents need more help. As for adults in poor health, they may need extra health advice, or better housing, or better jobs, or improved health services. Some comparisons can be misleading: for example, to compare school performance simply by looking at exam results. This does not take account of the backgrounds of the children, whether one school is serving a very deprived area whilst another takes pupils from more prosperous backgrounds.

Normative need is need decided by professionals and experts, in accordance with their norms and standards. For example, experts might decide what sorts of things people need for an adequate lifestyle, and then calculate the level of income this requires. This approach overcomes a potential difficulty with expressed need, that those who express their views loudest might get a service, whilst less forceful groups may not get the help they need. It would also deal with one of the challenges of felt need, the different tolerance levels of individuals, by giving an objective standard of need. However, it has its own drawbacks. Experts don't always agree, standards change over time, and why should an external opinion be privileged over someone's own views about their situation and what they need?

There are different combinations of these categories of need, and some combinations may be more likely to get a service than others – so, a need that is felt and expressed, and also comparatively and normatively supported, is more likely to be met than one that lacks comparative and normative backing. There are thought-provoking implications. A person may need professional help to express their need, but this could then be trumped by the professional's view of what they 'really' need. A powerfully expressed view might prevail against experts' opinions, but it is always vulnerable to being dismissed as a 'want' rather than a 'need', or not really in the person's best interests. Or it could be dismissed as unrealistic – in an ideal world, you might get that service (say, extra home care), but given the high levels of demand and limited resources, you're jolly lucky to get anything at all.

Levels of need

The notion of different levels of need is crucial for making those difficult prioritising decisions, and brings in the state and organisational points of the social work diamond. Whether and how different types of need are met, reflects different beliefs about the role of the state, the tasks of different welfare organisations and the best use of resources. It is not just about rationing, although in practice that has become a major part of it, but it is also about targeting the work and skills of a particular agency at the level where they are likely to be most effective, and about services co-operating to ensure that even if they do not provide a service for a particular need, there is another agency locally that does, so they can refer the person to them. Hardiker *et al.* (1991) proposed an early model of levels of need in children's services, which has been revised and developed in subsequent publications (see Hardiker, 2002). This section draws on that work.

The concept of different levels of need has often been illustrated by the image of a triangle or pyramid. As examples, a version was used in the *Every Child Matters* green paper (HM Treasury, 2003: 21), and another in the Welsh Assembly Government's 2007 strategy for social services in Wales (WAG, 2007: 41–2). Hardiker refers to her model as a grid or a map, but the image of a pyramid has gained wide currency because it conveys the idea that more people are in the lower bands, and fewer at the higher levels. There are many different versions of the model, some with just three levels and others with seven, nine or even more. The principle behind them is the same: that as need increases more specialist services are provided, either instead of or in addition to the lower level ones.

Figure 4.1 shows a five level version, based on Hardiker's (2002) model, with universal needs at the bottom, then four levels of increasing need. Roughly, these represent vulnerability, specific additional needs, severe needs or risk, and harm. As one goes up the pyramid the focus tends to move from groups to individuals, and from voluntary to compulsory forms of involvement with statutory agencies.

The general goal is to match the right sort of service to the person's needs, and prevent needs increasing. Often the aim is to help people move down again to the lower levels. If this is not possible, for example with long-term conditions, the aim is to manage the needs and (if possible) stop them increasing, or slow down the increase – or, as the Care Act 2014 puts it, to prevent, reduce and delay the development of needs. All this should be done with regard to the person's choices, rights and abilities, as well as their needs.

In thinking about the model is it important to realise that pyramids from different agencies may not match up because of different priorities. One of the central problems of inter-agency working is that a case which is a high priority for one service may be a lower priority for another. Furthermore, there are no sharp lines between the different bands, but rather a gradual progression; and we should also recognise that a person may have high level needs in some aspects of their lives, but be able to manage their own affairs very well in others. A one-off and one-dimensional picture of need will not be adequate, and services have to be able to respond flexibly.

The bottom level of the pyramid represents the basic needs that everyone has, for sufficient education, decent housing, a reasonable income and good health. Individuals and families meet many of these needs for themselves, and as we have seen, current policy aims to encourage that independence and self-responsibility, for people to buy their own homes, earn an income, care for family members. But we should not underestimate the role of the state at this level. It provides basic but essential public services that all require, such as sanitation, refuse collection, police, roads, parks. Economic policy affects the

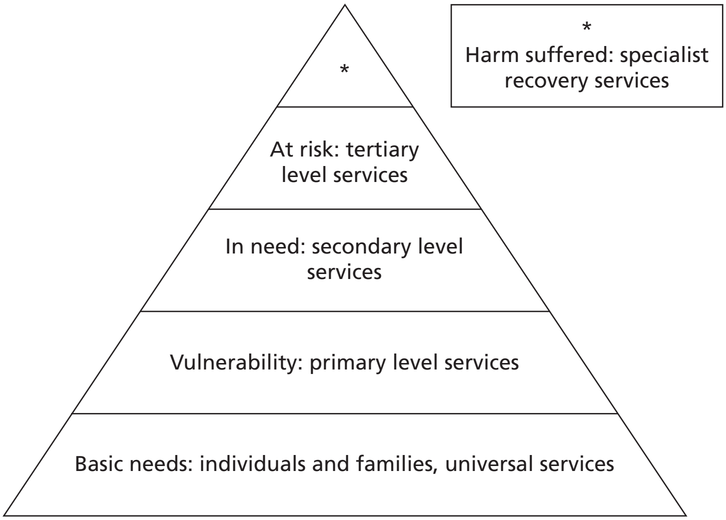

Figure 4.1
A pyramid of need

number of jobs that are available. Legislation sets an overall framework for people's safety and well-being, for example to protect people from crime, and to ensure that all children receive a sufficient education. There are state schools to meet the universal need for education. Most families use these, although take-up is not compulsory. Families may use private schools or teach their children at home, but the state requires that parents ensure their children are educated. State intervention at this level also includes public information and advice, for example about the importance of a healthy diet and exercise.

But for some, this will not be enough. For a variety of reasons, they will have additional needs, and the first step up is to a level where people may be seen as vulnerable. This includes people with extra needs because of young or old age, on low or insecure incomes, in poor health, unlikely to do well at school. Voluntary and community services, such as mother and toddler groups, after-school clubs and home visiting programmes from agencies such as Age UK or Home Start might meet needs at this level. Other typical services at this level would be advice centres or adult education classes to help people look for jobs or learn new skills, or to manage their money better (e.g. Citizen's Advice Bureaux). If we apply the pyramid idea to income maintenance, this level would include payments such as the state pension for older people, child benefit for families with children, and tax credits for people on low wages.

From a health point of view, this level includes common medical needs that are typically dealt with by general practitioners, dentists, opticians and community nurses. It would also include advice and preventive services such as walk-in centres and 'well woman' clinics. These are often described as 'universal services' because they are open to all who need them, even if not all use them. It is also important to note the way that the UK health sector uses the terms 'primary care' and 'secondary care'. Primary care includes all community-based services, however intense or frequent they may be, in contrast to secondary care which is hospital-based. So from a health point of view even regular visits from community nurses would be regarded as primary services, but in terms of the patient's *needs*, he or she may be much higher up the pyramid.

Most people's needs will be met at the first two levels. But some have higher level needs – people with chronic illnesses, disabled people, families where the parents are struggling to cope. This is the next level up, where more specific need emerges out of vulnerability. So some parents will need additional support with parenting skills, some disabled people will need assistance and adapted housing to live at home, some people caring for relatives will need extra help or respite care. In terms of income maintenance, we now have additional payments for people with no or very low incomes because of unemployment, disability or retirement (but often with eligibility criteria such as needs and means tests, as discussed in Chapter 3; and for people of working age, often with conditions about looking for work). On the whole, take-up of services at this level is still voluntary, although there may be strict eligibility requirements. Services would be specifically aimed to meet the extra needs of the identified groups, such as children's centres, parenting classes, day centres, home care, meals on wheels, community nurses.

Chapter 3

This specific needs level is where, in England, local authority social work and social care services tend to start being involved. This is not to say that local authorities are not involved at the earlier levels, because they have general powers to promote the well-being of people in their area (Localism Act 2011) and duties to ensure co-operation between different agencies. This means that they may well be providing or commissioning lower level services, but probably not as an explicit part of their social work/social care services.

The next level up is when needs become more severe, and social workers may now talk of risk, 'need of protection' or 'safeguarding'. By now, intervention is increasingly focused on individuals, although there may still be group activities, and is increasingly likely to be compulsory, perhaps because it is required by the courts or simply because there is no alternative, the person cannot manage without the service. Choice is more constrained, and in some cases support will be mixed with monitoring. So, children may be the subject of child protection plans, and there may be court proceedings if the risks are not reduced. For older people, there may be an intensive package of home care support, adaptations to their home or specialist housing, and telecare facilities (e.g. sensors to detect movement around the house, linked to a monitoring service). People with mental health problems are likely to be receiving medication and in touch with a community mental health team. Young people in trouble with the law may be on court orders that require them to attend advice or training sessions, intended to prevent re-offending.

At the top of the pyramid, harm has occurred and now the services are aimed at managing or reducing the long-term consequences. This may be by arranging for people to move to new living situations, or by helping them to return to their homes and families but with extra support. For children, the options include foster care and then return home, longer-term foster care, residential care, or adoption. Specialist therapeutic help may be required in any of those settings. For adults, options could be hospital care followed by a return home or a move to supported housing or residential care. Even prison could fit into this model, if services are in place whilst people are serving their sentence to help them learn new skills for, say, anger management and employment.

An important point, stressed by Hardiker (2002: 66) is that the name of a service is not a reliable guide to where it sits on the pyramid of need. It is necessary to look at the values and methods of the service. For example, a service called a ‘family centre’ could be working at the lower levels, if it has a community focus, provides drop-in services, information and advice; or at the third or fourth levels, if it focuses on specialist assessments, expert-led intervention and cases referred by social workers or the courts. The same family centre *could* provide services at both levels, but it is important to be clear about the differences if the services are to be used effectively.

Need and the Care Act 2014

The legal framework for social care for adults in England was transformed by the Care Act 2014, although the principles and practices it builds on are well-known and have been important themes in social work with adults for many years. These include choice and empowerment, personalisation, personal budgets and direct payments, self-directed support, support for carers, and approaches to choice and risk that try to reconcile autonomy and safety. For summaries of the current context, see Lymbery (2012, 2014); Needham and Glasby (2014); Brookes *et al.* (2015).

The Care Act made the adult’s well-being the core consideration, as highlighted earlier (Box 2.2), but need is still the starting point. Local authorities are required to assess people’s needs, determine their eligibility for care and support, and work with them to plan what that care and support should be. The process is described in Box 4.1 (there is a broadly similar process for assessing and meeting the support needs of relatives and friends who are providing care). So the law requires local authorities to adopt a new approach, not limited to a narrow view of needs, but helping people to achieve the outcomes that matter to them as individuals, their choices, and to promote their well-being. On the face of it, it steers local authorities to meet needs and prevent harm lower down the pyramid.

Box 2.2

The principles of the Act chime very well with the values of social work, but even so require significant cultural and organisational changes if they are to be implemented successfully; and this in turn requires adequate funding. During the preparations for the Act, the Local Government Association and the Association of Directors of Adult Social Services said that although they welcomed the principles, the financial implications were considerable (LGA and ADASS, 2014). They warned that 2015–16 would be a ‘crunch year’, with expected reductions of over 12 per cent to funding levels that had already been reduced by a third in the four years before that (LGA and ADASS, 2014: 4). There were doubts that the funding for implementing the new system would be sufficient. The ADASS budget survey in summer 2015 reported a total of £4.6 billion reductions in funding for adult social care since 2010–11 (a combination of cash reductions and lost increases that would have been necessary to maintain services in the context of growing demand and rising costs). Over 80 per cent of directors expected serious impacts on services over the following two years (ADASS, 2015). Later in summer 2015, the financial difficulties led to the postponement of plans to reform the funding of long-term social care (see Chapter 12).

Chapter 12

Box 4.1 Assessing and meeting needs under the Care Act 2014

Assessing and meeting the care and support needs of adults is a three-stage process under the Care Act 2014: a needs assessment, an eligibility determination, and then a care and support planning process. There are detailed regulations and statutory guidance on the way that the Act should be implemented (DH, 2014), and a wide range of additional guidelines and advice. The SCIE website is especially good.

First, if it appears to a local authority that an individual may have needs for care and support, then the authority has a duty to assess these, whether or not the person seems likely to be eligible for local authority services or funding (i.e. regardless of how high or low the needs appear to be, and the person's financial circumstances). The local authority may be able to offer advice or referral to other services if they are not eligible. The requirements about assessment are covered in s. 9 of the Care Act 2014, the Care and Support (Assessment) Regulations 2014 and Chapter 6 of the statutory guidance. The assessment must have regard to three dimensions: the nine aspects of well-being listed in s. 1 of the Act (see Box 2.2), the outcomes that the person themselves wishes to achieve in their day-to-day life, and the ways that the provision of care and support could contribute to this.

Box 2.2

Assessments must be appropriate and proportionate; for example, they must take account of the person's communication needs and abilities, their wishes and needs for support during the assessment, and the involvement of other agencies. If the level of a person's needs fluctuates, the authority must assess their circumstances over an appropriate period of time. They should take a strengths-based approach, working in collaborative ways to identify the person's own views, abilities and skills, and the resources in their family and social network and the wider community.

Second, having assessed the person's full needs, the local authority must then determine whether they are eligible for state-funded care and support. Under the Care and Support (Eligibility Criteria) Regulations 2014 there are three essential elements to determine eligibility. First, whether the person's needs arise from, or are related to, a physical or mental impairment or illness; second, that as a result of those needs the person is unable to achieve *two or more* of the outcomes specified in the regulations; and third, as a consequence there is, or is likely to be, a significant impact on their well-being.

The specified outcomes are listed in Regulation 2(2):

a managing and maintaining nutrition;
b maintaining personal hygiene;
c managing toilet needs;
d being appropriately clothed;
e being able to make use of the adult's home safely;

f maintaining a habitable home environment;
g developing and maintaining family or other personal relationships;
h accessing and engaging in work, training, education or volunteering;
i making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
j carrying out any caring responsibilities the adult has for a child.

Regulation 2(3) states that an adult is to be regarded as being unable to achieve an outcome if he/she:

a is unable to achieve it without assistance;
b is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
c is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
d is able to achieve it without assistance but takes significantly longer than would normally be expected.

The eligibility determination has to link the needs to the outcomes and then to the areas of well-being; and it has to decide whether the impact on well-being is 'significant'. Significance is not defined in the legislation but the guidance says that it should be given its ordinary meaning; and it also observes that what is significant to an individual depends on their own circumstances and choices. But service users do not have the final word. Although the local authority and the individual should work together to assess needs and eligibility, the guidance is clear that 'the final decision regarding eligibility will rest with the local authority' (DH, 2014: para. 6.53). If the person is assessed as having eligible needs, then there should be an assessment of their financial circumstances, and whether they qualify as being 'ordinarily resident' in the local authority's area.

Third, if the person is still eligible, a care and support plan should be drawn up. This starts with the person being given an indicative personal budget, a 'ballpark figure' of the amount of money that is available to meet their assessed needs. This is intended to give them greater choice and control over how the money is managed and spent, and clarity about how much they might have to contribute. The final amount will be set once the plan is made and agreed. Care and support planning and personal budgets are covered in sections 25 and 26 of the Care Act, and Chapters 10 and 11 of the statutory guidance. The key principles for setting the personal budget are given as transparency, timeliness and sufficiency (DH, 2014: para. 11.24). The guidance states that 'The person must be genuinely involved and influential throughout the planning process, and should be given every opportunity to take joint ownership of the development of the plan with the local authority if they wish, and the local authority agrees' (DH, 2014: para. 10.2).

Thinking about the introduction of the Care Act and the impact of the government's austerity programme in the light of the pyramid highlights two particular issues. One is the impact on lower-level prevention, the second on service users' rights and choices.

The cutbacks in public spending since 2010 have fallen particularly heavily on local authorities. The NHS and education budgets have been safeguarded, as have pensions, meaning that the cuts have fallen disproportionately on other services and benefits (Lupton *et al.*, 2015). Services which local authorities have to provide by law and those which deal with high levels of risk have been maintained, but discretionary and lower-level services have been cut. At the same time, levels of demand have been rising, particularly for adult social care, given the increasing numbers of people living longer with on-going and sometimes severe health and social care needs.

In 2013–14, the number of contacts to local authority adult social care departments in England from new clients, or potential clients, was 2,163,000. This was an increase of four per cent from 2012–13, and up six per cent from 2008–09 (HSCIC, 2014a: 16). Meanwhile, the total number of people receiving adult social care services over the year was 1,273,000. This was a drop of four per cent from 2012–13, and 29 per cent down from 1,782,000 in 2008–09 (HSCIC, 2014a: 34). So the number of referrals has gone up, but the number of people who actually receive a service has gone down.

At the same time, the number of contact hours of home care that local authorities pay for has fallen, and the type of home care that they fund is shifting. Councils funded 186 million contact hours of home care during 2013–14, a decrease of seven per cent from 2010–11 (HSCIC, 2014a: 50). (The great majority of these hours, 92 per cent, were provided by independent sector agencies, an issue discussed further in Chapter 11.) The number of people receiving home care services on the snapshot day, 31 March 2014, was 279,000, down six per cent from two years before (HSCIC, 2014a: 47), but the number of them receiving an intensive service (that is, more than ten hours per week, including overnight, live-in and 24 hour services) had risen to 127,000, up four per cent over the two years (HSCIC, 2014a: 53). This means that the proportion of home care users receiving an intensive service had risen from 41 per cent on 31 March 2012 to 46 per cent two years later.

Chapter 11

To summarise, there is now a tighter 'filter' to get local authority funded services: fewer people get a service, but those who do are more likely to get a more intensive one. This helps to explain a decrease in nursing and residential care, because councils are trying to use intensive home care instead. To relate this back to the pyramid of need, the level at which councils intervene to meet need and prevent harm has edged upwards. But the Care Act, with its emphasis on prevention and well-being, aims to shift intervention down again, and the statutory guidance calls on local authorities to develop local preventive strategies, working with partner agencies (DH, 2014: Chapter 2). This context does create challenges for the Care Act 2014. The obvious question is how it will be possible to meet the aspirations about well-being and choice in the context of limited resources.

That introduces the second aspect, about services users' choices and rights. The legislation and guidance stress the importance of involving service users in the assessment of their needs, the determination of eligibility and the planning of care and support. In s. 1(3) of the Care Act 2014 it is stated that local authorities must start with 'the assumption that the individual is best-placed to judge the individual's well-being', but this may not always be the case. Service users may be mentally unwell, or have limited cognitive abilities, or be intimidated by the people with whom they live or who provide care for them (this may not always be intentional). So there are circumstances in which a service user's views may not always prevail, and the statutory guidance includes a chapter on safeguarding (DH, 2014: Chapter 14) which replaces the *No Secrets* guidance from 2000 (DH and Home Office, 2000). The 2014 guidance gives six principles for adult safeguarding: empowerment, prevention, proportionality, protection, partnership and accountability (DH, 2014: para. 14.4), but recognises the ambiguities and challenges of this work, to uphold people's choices and ensure their safety and well-being:

> Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect … This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances … People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating 'safety' measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.
>
> (DH, 2014: paras 14.7–8)

Conclusion

This chapter has explored the central social policy and social work theme of need. Underneath apparently simple phrases, and seemingly straightforward tasks, such as 'assessing a person's needs', or 'meeting people's needs', there are complex challenges and difficult decisions to be made. Who decides, and what do they take into account? How are needs balanced against strengths, choices, rights, and safety; the needs and rights of others; and the availability of suitable services and support? The answers that people give to these questions in any particular case will depend partly on the circumstances of individual service users, but they also reflect wider debates about the purposes of social policy, the nature of social work and the role of the state – taking us back to the core models discussed in Part 1 of the book.

Part 1

Chapters 6, 8 and 10

Later chapters build on the themes that we have discussed in connection with need. Rights are explored further in Chapter 6, participation and choice in Chapter 8, prevention and personalisation in Chapter 10. But the following chapter goes on to look in more detail at poverty, the underlying need that is shared by so many people who rely on social work services.

Questions for reflection

- Think back to Bradshaw's taxonomy of need. What are the messages for social work practice?
- Think back to the pyramid of need, and to the models of state welfare in Chapter 3. Where would the different models focus their services, in terms of the pyramid? Why?
- Look back at the eligibility criteria for care and support under the Care Act 2014, in Box 4.1. Think what these mean in practice, the sorts of circumstances and day-to-day activities that a social worker would need to observe and ask about when making an assessment.
- Think of an agency or team where you have worked or been on placement (or know about). Where were its services aimed, in terms of the pyramid of need? How effective were its links with agencies or teams providing services at the levels above and below?

Useful websites and further reading

The Social Care Institute for Excellence (SCIE) has a thorough and practical guide to the Care Act 2014: www.scie.org.uk/care-act-2014/index.

DH (2014) *Care and Support Statutory Guidance.*

5 Poverty

One of the most frequent characteristics of social work service users is that they are poor. This does not apply to all, of course, but it is the shared feature that pervades the lives of so many. This has long been the case, since the beginnings of social work in the nineteenth century (Pierson, 2011; Bamford, 2015). A consequence is that social workers tend to become used to visiting poor families, working with adults and children who live in poverty. One of the dangers of this is that immediate consciousness of poverty and its impact wears off. It becomes the norm, the everyday background, and can sometimes be overlooked (Backwith, 2015). It is important for social workers to remain aware of poverty and the way it affects people. But whose responsibility is it, and what is to be done about it?

Reducing poverty is crucial to improving people's physical and mental well-being. All the mainstream political parties agree that the main way of doing so is to get people into work, and encourage them to make savings and invest in a pension plan. There are, however, significant differences in how different parties plan to do this. Under New Labour, there was a system of monitoring and sanctions for people who were out of work and did not seem to be making sufficient effort to find a job, but there was also an extensive system of tax credits to boost the take-home pay of people in low paid jobs or with large families. There was also a programme of accessible 'early years' provision, such as Sure Start children's centres, to enable more parents to go to work. Under the coalition government, and now under the Conservatives, the sanctions have been intensified, welfare benefits for those out of work have been tightly restricted, in-work credits capped, many children's centres have shifted their focus to cases at the higher levels of need, and the rhetoric about 'welfare scroungers' has intensified. The emphasis on individual responsibility has stepped up. It is worth noting though, that in 2012–13 half of all people in poverty lived in households where there was someone in paid work, pointing to the impact of low wages (MacInnes *et al.*, 2014). It is not just about individuals needing to get jobs and work harder. So – why are people poor, and what should we do about it?

Understanding poverty

Before we can talk about the causes of poverty and how to reduce it, we need a clear understanding of what 'poverty' is. We are back to the issue of definitions. Is it simply lack of money – if so, how much do people need to stop being poor? Or should we consider other aspects of life, not just income? These questions are crucially important, because unless we are clear about what we mean by poverty we will not know what we have to do to tackle it, or when we have been successful. Four approaches to understanding poverty are outlined in Box 5.1.

The first approach is to distinguish between absolute poverty and relative poverty. Absolute poverty is usually taken to be such a shortage of income and other resources that a person's physical existence is in jeopardy. This level of poverty is relatively unusual in the countries of the developed world, which makes it tempting for some people in England to claim that we don't have real poverty here. However, as we shall discuss further later in this chapter, the impact of welfare cuts has meant a rise in people living in very great need, and when this is combined with the harsh use of benefit sanctions, and mistakes and delays in sending out payments, this has contributed to a huge increase in the numbers of people who have had to use 'food banks' because they cannot afford enough food.

The other approach is the notion of relative poverty. The best known definition is from Peter Townsend (1979: 31):

> Individuals, families, and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities, and have the living conditions and amenities which are considered customary, or at least widely encouraged and approved, in the societies to which they belong.

This definition focuses attention on the wider social context, but raises as many questions as it solves. What sort of things are to be included, and who is to say? And how much money does that require?

The government uses a low income line of 60 per cent of the UK median income, adjusted for household size (because larger families need more money to avoid being in poverty). The figures are published in the annual *Households Below Average Income* report (DWP, 2015). The report uses weekly disposable income (i.e. after taxes and benefits), and gives the figures before and after housing costs, BHC and AHC. The Child Poverty Action Group argues that AHC is a better measure of disposable incomes (CPAG, 2015).

In 2013–14, the national median income (i.e. half the population above and half below) was £453 BHC, or £386 AHC. This is taken as the standard for a couple with no children. Table 5.1 shows what this means

Box 5.1 Four questions about poverty

1. Absolute and/or relative poverty?

Where is the 'poverty line'? Should it be the minimum income necessary for survival, or should it be the amount of money to have a generally acceptable standard of living in one's society? Who decides how much money is needed for either of these poverty lines? How? (e.g. what counts as part of a 'generally acceptable standard' – subscription television channels, holidays, new clothes or second hand, alcohol?)

2. Income and/or opportunities?

Should poverty be measured simply in terms of the income and financial assets of an individual or household, or should it include other factors like educational attainment, health, employment, standard of housing? Access to services such as decent schools and health care? Quality of neighbourhood life, low crime rates?

3. Individual and/or social causes?

How do we understand the causes of poverty? Individual misfortune, individual choices? Intergenerational or community attitudes and cultures? Lack of effective services and support? Wider structural causes (e.g. social class, gender, race)? The exploitive relations of capitalism?

4. Material and/or social consequences?

Do we measure poverty solely in terms of the material impact (poor diet, clothing, health, housing, education), or do we also look at the impact on social relations – shame and stigma, disrespect and humiliation, powerlessness, stereotyping. Lister's (2004) 'wheel of poverty' has the material aspects at the centre and the non-material, symbolic and relational aspects round the edge.

for the median and low income lines, before and after housing costs, when it is adjusted for different types of household.

In 2013–14, there were 13.2 million people in the UK below the 60 per cent line, AHC (DWP, 2015: 1). That is 21 per cent of the population, but the rate varies substantially for different groups – for example, it was 14 per cent of pensioners, but 28 per cent of children, and 27 per cent of individuals living in families where at least one member was disabled. It also varies considerably for different ethnic groups.

Table 5.1

Median weekly income and low income line for different types of household, UK 2013–14, before and after housing costs

	Median BHC	*60% of median BHC*	*Median AHC*	*60% of median AHC*
Couple with no children	£453	£272	£386	£232
Couple with two children ages 5 and 14	£693	£416	£626	£375
Lone parent, two children ages 5 and 14	£544	£326	£464	£278
Single person with no children	£304	£182	£224	£134

Source: DWP (2015: 21, 26, and Table 2.2db).

It was 19 per cent for white British people, but it was 24 per cent for Indian people, 46 per cent for Pakistani people, and 51 per cent for Bangladeshi people. It was 49 per cent for Chinese people, and 41 per cent for black people (this category includes people who are black Caribbean, African and British: DWP, 2015: Table 3.5db). (See also Barnard, 2014, on tackling poverty across all ethnic groups in the UK.)

Another aspect of defining poverty is to consider a person's access to opportunities and services, not just their cash income. This approach directs attention to the importance of good quality local facilities such as schools, health services, shops, banks, parks, sports and social centres; the availability of jobs, easily reached from people's homes and paying decent wages; good housing; protection from crime and anti-social behaviour; and access to reliable, safe and frequent public transport.

It is important to recognise the resilience and coping strategies of many poor people, and not to cast them as passive victims (Lister, 2004; Ridge, 2009). Having said that, we must also recognise that the struggle to manage on a low income week after week, wears people out, physically and mentally. There are powerful impacts on health, and also on self-esteem and confidence, knowing that one is poor and not able to take part in the sorts of things that 'ordinary' people do. These social consequences are felt early by children, and they shape their expectations accordingly, 'learning to be poor' (Shropshire and Middleton, 1999). The sense of exclusion is transmitted to children in many ways, through television, shops, remarks by other children, even, inadvertently, how their parents explain things. When shopping with a child, better-off parents tend to explain why they are not going to buy something by saying it is not good value, not worth the money; poorer parents are more likely to say that they can't afford it (Shropshire and Middleton, 1999: 23–4). The language gives a strong message to the children about their power to make choices, and their place in society.

In a comprehensive review of research into children's and families' experiences of poverty, Ridge (2009) categorises four main types of effect. There are psychological effects such as loss of self-esteem, anger, depression and anxiety; physical effects, on people's health; relational effects, on social and personal

Box 5.2 'Modest but adequate'

One approach to the question of trying to define relative poverty is to think in terms of a modest but adequate standard of living (e.g. Parker, 2002), and then work out how much money this would require.

- What would you include in a modest but adequate lifestyle for a family of two adults and two children (aged 14 and 5)? For example, think about food, possessions, personal space and time, family activities, friends – the exercise works best when you are very specific about what is included.
- Or for a married couple, in reasonable health, aged 80 and 76?
- How much money do you think this would cost per week?
- Look back to the 60 per cent of median income figures. Do you consider them generous, sufficient, or inadequate?
- Find out the current income support levels for these two households (DWP website). What do you think of them?
- It is useful to discuss these questions in a group, if possible. What things do you agree about, and on what matters do you disagree? What are the reasons for any disagreements?

relationships; and practical effects, as poverty limits people's choices and options for parenting (Ridge, 2009: 19). A hard-hitting report from Save the Children (2014) highlights the impacts on children's physical health and emotional well-being, their cognitive development and educational attainment, and their longer-term, lifetime outcomes.

Child poverty

When New Labour came to power in 1997, the UK had one of the highest rates of child poverty in the industrialised world (Stewart, 2009: 47). Over a quarter of all children were living below the 60 per cent low income line BHC, 3.4 million, 27 per cent. It was 4.2 million, 33 per cent, AHC (DWP, 2015: 52-3). In 1999, Tony Blair pledged to end child poverty by 2020, with an interim goal of halving it by 2010. But in 2010, there were still 2.6 million children below the relative low income line BHC (20 per cent), and 3.9 million AHC (30 per cent). In 2013–14, the figures were 2.3 million BHC, 17 per cent; and 3.7 million AHC, 28 per cent (DWP, 2015: 52-3).

Although the target was missed, it is important to acknowledge that this was an ambitious and unprecedented commitment, and also to acknowledge the impressive achievements that were made

(Judge, 2012). Many more children would have been living in poverty if nothing had been done (Brewer *et al.*, 2010). Even in 2008, as the difficulties for achieving the targets became clearer and the economic crisis magnified them further, Gordon Brown (who was then Prime Minister) announced that the Labour government would put the 2020 goal into legislation. This was passed in March 2010, as the Child Poverty Act 2010.

If we think about the social policy triangle, we can see why the promise was an effective political move, even if surprising. New Labour's main method of tackling child poverty was getting their parents into work, so it was linked with the goals of enforcing responsibility and economic participation. Also, it was designed to reduce the long-term costs of child poverty, arising from poor educational achievement, low employment rates when the children grow up and higher risks of early childbearing for young women (e.g. Ermisch *et al.*, 2001). So the policy was about helping children in the present, but also about making them better workers in the future (Williams, 2004). This policy breadth made it politically powerful and explains why even the Conservative party accepted the goal, albeit in cautious terms. It would have been politically dangerous to vote against the Child Poverty Act in the run up to the general election of 2010.

Having said that, the specificity of the targets was risky, and set off a lengthy process to work out how to define child poverty. The Labour government eventually settled on a four-part measure. These were set out in sections 3–6 of the Child Poverty Act 2010:

- The first was 'relative poverty', 60 per cent of the current median income BHC. The target was not actually zero, because of fluctuations in family income, but to have less than 10 per cent of children below this line.
- Second was 'absolute poverty', but this was not the strict starvation-level definition of absolute poverty mentioned above. Rather, it compared the current poverty line to what the line had been in a specified base year, adjusted to take account of inflation. Originally the base year was 1998–99, but in the Child Poverty Act it was changed to 2010–11. The target was to have less than 5 per cent of children below this line.
- Third was 'persistent poverty', which was being below 60 per cent of the median for three of the last four years. The target was to have less than 5 per cent of children below this line. This was an important measure because the longer children spend in poverty the worse the outcomes, and the greater the chance that they become poor adults (HM Government, 2014a).
- Fourth was 'deprivation', which was a combination of low income and material deprivation. The test of material deprivation is rather like the concept of a modest but adequate lifestyle, outlined in Box 5.2. It includes a list of possessions and activities, and asks parents if they and their children have these; and if not, if this is because they choose not to, or cannot afford them. One example is whether the children attend an organised activity once a week: one per cent of richer families said they could not afford this, compared to 20 per cent of the poorest (DWP, 2015: Table 4.7db AHC).

The Conservatives had always argued that a wider view of poverty was required, not just household income (Kennedy, 2010), but for political reasons were not able to change these targets during the coalition government. But soon after their general election victory in 2015 the new Conservative government announced they would take these targets out of the law, and replace them with measures that focused on (what they saw as) the root causes of poverty. Under the Welfare Reform and Work Bill (introduced in July 2015) the poverty targets are to be replaced by a duty to report on the number of children in workless households and educational attainment. The Child Poverty Act is not to be repealed, but to be renamed the Life Chances Act 2010.

These proposals are consistent with developments that had been underway since the start of the coalition government. In June 2010, soon after it came to power, it ordered an independent review of poverty and life chances. This was chaired by the Labour MP, Frank Field, who is a former director of the Child Poverty Action Group and the Low Pay Unit. The report was published in December 2010 (Field, 2010). It argued for a wider approach to poverty, to look at family lifestyles and parenting behaviour, stressing the importance of what happens in the child's first five years. Frank Field wrote:

> I no longer believe that the poverty endured by all too many children can simply be measured by their parents' lack of income. Something more fundamental than the scarcity of money is adversely dominating the lives of these children … there is much more beyond just improving short-term family incomes in determining the life chances of poor children. A healthy pregnancy, positive but authoritative parenting, high quality childcare, a positive approach to learning at home and an improvement in parents' qualifications together, can transform children's life chances, and trump class background and parental income. A child growing up in a family with these attributes, even if the family is poor, has every chance of succeeding in life … At the moment poor children are much less likely on average to benefit from these advantages. But with the right support from government, the voluntary sector, and society as a whole, this doesn't always have to be true. If we can ensure that parents from poor families know how best to extend the life opportunities of their children (the advantages that many middle class and rich families take for granted and which a significant number of working class parents achieve) then – even if we cannot end income poverty in the short term – we can break this intergenerational cycle….
>
> (Field, 2010: 16)

One might well agree that it is important to tackle the underlying causes, but it is important to recall that New Labour did have a range of policies and activities designed to address the wider issues Field identifies (e.g. Sure Start, early-years education, programmes to tackle educational disadvantage: see Judge, 2012).

The coalition government published new strategies for tackling child poverty in 2011 and again in 2014 (HM Government, 2011, 2014b). Both reasserted that they were committed to ending child poverty by 2020, by tackling what they saw as the main causes: parents being out of work or on low earnings; children's poor educational attainment, which locks them into longer-term poverty; family and relationship breakdown; and poor parenting. The evidence suggests, however, that the actions being taken were not sufficient and the targets in the Child Poverty Act (had they remained) would have been missed by a long way (Brewer *et al.*, 2011).

A report published by Save the Children in 2014 was scathing about the inadequacy of the steps being taken to meet the 2020 targets. They argued that the assertions of politicians from all the major parties were no longer credible, and that things were likely to get worse rather than better. The report identifies three main factors behind the loss of progress since 2004: flat wage growth, cuts to the welfare benefits budget, and the rising cost of living (Save the Children, 2014: 10–19). On the last of these, they talk about a 'poverty premium', the extra price that poor people have to pay for everyday goods and services because they do not have savings or ready access to low-interest loans or credit cards. For example, poor people have to purchase household items like cookers or fridges on expensive hire-purchase agreements, or loans with very high interest rates. This ends up costing far more than if they could buy the goods outright, or with more reasonable loans.

The report made a number of proposals to tackle child poverty more effectively (Save the Children, 2014: 27–30). These include the government actively promoting a living wage, set considerably higher than the national minimum wage; that the minimum wage should be increased above the inflation rate so that it better reflects a basic standard of living; additional welfare benefits targeted specifically at families with young children; more social housing; help for parents to get into work, especially high quality and affordable child care; and greater access to fair finance and loans.

Food banks

A phrase which would have been unfamiliar to most social workers in England only five years ago is 'food security'. It comes from the field of international development, and the United Nations has defined it as existing 'when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life' (UNFAO, 1996). It is worth thinking what this means in practice – it means people having enough food so that they are not hungry or unhealthy, and not having to worry about whether there will be enough for them and their family to eat. There are growing numbers of people in the UK who do not have food security.

One of the most notable developments over the last five years has been the growth of food banks, to meet the needs of people without enough food. There were food banks before this, and other ways of delivering food to people who cannot afford it, or are not able to make their own meals – free school meals for children from poor families, soup kitchens, drop-in centres, and a way that social workers are familiar with, 'meals on wheels'. But it is the rapid increase of food banks that has been most striking, and it has provoked a great deal of soul-searching and political argument about whether people really are in such level of need; if so, why and what should be done about it; and whether food banks really are an effective response.

The leading organisation in this work in the UK is the Trussell Trust, although it is not the only one (see its website, www.trusselltrust.org). It was established in 1996, originally to help poor children in Bulgaria, but started its first food bank in England in 2000. It has been running a food bank network in the UK since 2004, using a franchise model to help local groups to set up a food bank in their area. In April 2015 they had 445 food banks nationwide, up from just 29 in 2008–09. In 2014–15 they gave three days of emergency food to over a million people, a eight-fold increase in just three years (it was 128,697 in 2011–12: Trussell Trust, 2015). The main reasons were low income, benefit sanctions and benefit delays.

The food banks are run by volunteers and the food is donated by individuals, businesses, schools and churches. Individuals and families have to be referred to the food banks by people such as social workers, health visitors, advice workers, doctors or the police. They are given a parcel of food designed to last for three days, as well as advice and support. People are normally limited to no more than three parcels in a row, and if they are still in need of food, Trussell workers try to work with the referral agency to devise a longer-term support plan.

It is an inspiring picture of local people working to help others. But are they really a good thing? There are critics on both ends of the political spectrum. On the right, the minimalists do not want to say that the growth of food banks is because their welfare safety net is not working properly or levels of benefit payment too low, so they tend to argue that food banks create need rather than meet it. An example is the former Conservative MP, Edwina Currie, who has listed a number of arguments against them (Currie, 2014). One is that the people who use them often have long-term needs, such as mental ill-health, and would struggle to manage whatever the state of the national economy. The food bank doesn't address the underlying need. Her second criticism is that despite saying they offer short-term help only, food banks create long-term dependency, with the same people coming round again and again. And third, she suspects that the people who go are not really poor, but taking advantage of free food without having to work for it. The chairman of the Trussell Trust replied to these points, describing the way that the organisation works and the evidence they have of real need and poverty (Mould, 2014). Other research has confirmed the picture that the increase in food bank use is driven by real need, including research commissioned by the Department for the Environment, Food and Rural Affairs, DEFRA (Lambie-Mumford *et al.*, 2014; see also Lambie-Mumford, 2013; Cooper *et al.*, 2014 and Perry *et al.*, 2014).

But there are also critics on the left wing, the radicals. They are also worried that food banks do not address the underlying problems, but in a different way. They are deeply unhappy that people have to rely on charity to have enough to eat. It should not depend on charity, which may not always be available or reliable, but on well-resourced state services, funded from taxation. So, the minimalists mistrust food banks because they undermine individual responsibility, and the radicals mistrust them because they undermine state responsibility. Two notable examples of a radical perspective are Riches (1986), on food banks in Canada, and Poppendieck (1998), on the USA (and see Riches, 2011, for a more recent overview of food banks in developed countries). Poppendieck argues that charity creates the illusion of effective action, and makes it easier for governments to shed their responsibility for the poor. She does not question the genuine motives and hard work of the volunteers, nor that most of them genuinely want to do something about addressing the underlying causes of hunger. But this requires much higher level action than they are used to – employment programmes, education and training schemes, adequate welfare payments, health care and on-going support for people with addictions and mental health problems. This sort of action may be less popular with volunteers and donors, so it can be easier to stick with dealing with the immediate problems. Poppendieck's vision is that food aid programmes become places where volunteers and recipients work together as neighbours and fellow citizens, sharing ideas and campaigning for change.

In the middle of these political arguments are real people who are hungry. Food banks may only be a 'sticking plaster', not a lasting solution, but if that is what is needed, it is important to provide it. The challenge is to deal with the symptoms and the causes, simultaneously.

Conclusion: the implications for social work

Poverty is a widespread feature in the lives of people who use social work services, but not all service users are poor and not all poor people are service users. We always have to remember why poverty matters so much in social work, but also how complex it is. Bywaters (2015) gives a striking account of the relationship between local authority deprivation rates and the rates of children in care or on child protection plans. There is a clear gradient for both, with poorer areas tending to have more children in care or on plans, and wealthier areas fewer. A child living in the most deprived 20 per cent of local authorities is almost three times more likely to be in out-of-home care than a child from the least deprived fifth (Bywaters, 2015: 13). As Bywaters says, this trend is not a surprise, and not new (e.g. see Bebbington and Miles, 1989). There is no doubt that poverty is a crucial factor for children coming into care; but it is also important to appreciate that it is not the only one. Dickens *et al.* (2007) also found a strong link between poverty rates and rates of children coming into care, but noted that there were considerable differences between local authorities. Some admitted more children than would have been predicted simply from the level of deprivation, whilst others admitted fewer. This shows that local policies, practice and services do make a difference, as do the attitudes and skills of individual social workers. And of course, trends do not determine individual outcomes. A key factor is the determination of many poor parents to make sure that despite everything their children get the best start in life they can.

But what should social workers do about poverty? Similar to Poppendieck's (1998) approach to food aid programmes, Mantle and Backwith (2010) argue that social workers should adopt a community-oriented approach, working in an empowering and partnership way with local people. As an example, they talk about working to support local credit and saving facilities in disadvantaged communities, to help people avoid borrowing money from 'loan sharks' at extortionate rates. They acknowledge that it will not be easy to move to this way of working in countries such as England where social work is strongly based on individual and family casework, but it takes us back to some of the old ideas of Attlee, Seebohm and Barclay (see Chapter 1). (For useful guides to this way of working, see Pierson, 2008 and 2010.) And it is important to remember that casework too can be done in empowering and partnership ways, seeing peoples' difficulties in their wider, structural context, not an individualised blaming way; helping them to new understandings of their own situation and supporting them in their plans and actions to improve things for themselves and their families.

Chapter 1

Questions for reflection

- Look back to the quotation from Frank Field, on page 77. What do you think of it?
- It is not unusual to hear comments such as 'They're on benefits and say how hard it is, but look, they've got a huge television!' Do you think that's fair? And if it is true in some cases, what might be behind it? Is there anything a social worker should do about it?
- How much allowance do you make for the effects of poverty when assessing and understanding the situation and behaviour of social work service users? How much should you?
- Is it a social worker's job to tackle poverty? If not, why not, and if so, how? (Think about the different approaches to welfare.)

Useful websites and further reading

There are many research and campaign groups with specialist interests in poverty. Important organisations are:

Joseph Rowntree Foundation (JRF). Invaluable research and policy analysis about poverty: www.jrf.org.uk.

New Policy Institute: www.npi.org.uk.

Poverty and Social Exclusion in the UK (PSE:UK): www.poverty.ac.uk.

Child Poverty Action Group (CPAG). The leading campaign, research and policy analysis group on child and family poverty: www.cpag.org.uk.

Recommended books are:

Backwith (2015) *Social Work, Poverty and Social Exclusion.*

Judge (2012) *Ending Child Poverty by 2020* (online).

Parrot (2014) *Social Work and Poverty: A Critical Approach.*

Pierson (2010) *Tackling Social Exclusion*, 2nd edn.

6 Rights

If need is the traditional heart of social policy, as discussed in Chapter 4, rights are its new blood. That is not to say that rights are a new idea, but the language of rights has become much more widespread in recent years, and in the UK particularly since the implementation of the Human Rights Act 1998, in 2000. Rights are a very powerful form of language, more so than need: compare 'I need help looking after my husband', with 'I have a right to help looking after my husband'. The latter is much more insistent, and this underpins the wide range of rights-based movements – women's rights, children's rights, disabled people's rights, service users' rights and so on. But for all that, rights are no less complex than needs, with just as many ambiguities and contradictions, and just as many difficult balances to be struck.

Chapter 4

Supporters of a particular cause may well claim that something is a 'human right' – for example, that prisoners have a right to vote, separated fathers have a right to see their children, that people have a right to choose how they live their lives, even if some of those choices seem unwise, or put themselves at risk. Others may disagree with some of those claims, or argue that rights have to be limited in certain ways. For example, they may say that rights have to be balanced with responsibilities, or the rights of one person against those of another, or one set of rights against another set of rights (say, the right to privacy against the right to freedom from harm: see Dickens, 2013). There is a great deal of rhetoric about human rights, sweeping claims both for and against, not always correct or realistic.

There are two main challenges, and two images of kitchen equipment may help to illuminate them. First, there is a funnel. The challenge is to apply high level, general principles to specific situations in everyday life, in the ‘small places’ (Roosevelt, 1958). It is here that contradictions and tensions can often emerge. So the second image is a set of weighing scales. Different rights have to be balanced against one another, often in complex and delicate ways. The important thing is to do the balancing explicitly and carefully, only to infringe one set of rights when it is necessary to do so, and even then no more than is absolutely necessary (to intervene ‘proportionately’).

Not all rights are human rights, but many ‘lesser’ rights – for example, consumer rights – have at their core ideas about fairness, honesty and treating people with respect, that are certainly consistent with broader human rights – and those principles are thoroughly consistent with the values of traditional relationship-based social work. The language and ideas of rights re-affirm something old about social work, but also bring new dimensions and challenges. The global definition of social work, as amended in 2014, states that ‘Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work’ (IFSW/IASSW, 2014). As long ago as 1988 the International Federation of Social Workers declared that social work is, and always has been, a human rights profession (Healy, 2008). If that is the case, it is essential to consider what we mean by human rights, and what the implications might be.

Types of human rights

United Nations’ international treaties about human rights are at the top of the funnel, and may sound a long way removed from the day-to-day realities of social work, but in fact the different rights that they specify are of direct and powerful relevance to social work practice. Social workers do not have to be human rights campaigners or activists to be doing human rights work, they do it every day by working with people whose rights are challenged by poverty, ill-health or harm, and the quality of their practice is a vital factor for making sure that people’s rights are upheld. This may sometimes involve weighing up competing rights, with hard decisions about over-ruling some in order to uphold others, but the challenge for social work is often to try to maximise *both* sets of rights, as far as possible – for example, to support a person’s right to choose to live in a certain place, and their right to safety.

International treaties provide widely-accepted statements of what human rights are, and are a useful foundation for thinking about how rights apply in practice – but the task is always to put them into action in the uncertainties and intricacies of real life.

Two core human rights treaties are the International Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights. They have their roots in the 1948 Universal Declaration on Human Rights and were written in order to give more detail and force to that declaration. They were adopted by the UN Assembly General in 1966, and both came into force in 1976, after sufficient countries had ratified them (ratification is a binding commitment to respect them). The UK ratified both treaties in 1976, but they are not directly part of UK law (unlike the European Convention on Human Rights, discussed below). Rather, they are principles that should be reflected in all legislation and policy.

The distinction between these two broad types of rights is long-standing. Civil and political rights have been called 'first generation rights', and have their roots in libertarianism, where the state has a small but strong role to defend people's individual freedoms (the minimalist approach described in Chapter 3). Economic, social and cultural rights have been called 'second generation rights', and have their roots in egalitarianism and social democracy. They imply a much more active role for the state to ensure that they are achieved, not just to defend them. First generation rights are sometimes called 'negative rights', because they limit the powers of the state (it must not infringe them except in certain exceptional and clearly defined circumstances), in contrast to the 'positive' second generation rights, which bring many more duties and tasks for the state. Whilst there is some merit in this distinction, on the whole it underestimates the power of first generation rights, which can be used to argue that states have positive duties to protect and promote people's civil and political rights. Box 6.1 shows a selection of the rights that come under each heading.

Chapter 3

The box shows the clear differences between the two approaches to human rights, although there are also some overlaps and a key principle of human rights work is that all rights are interdependent and indivisible – so, progress in achieving one is likely to lead to improvements in others, and a violation of one will have a harmful effect on others. As an example, it would probably be hard for someone to exercise their right to freedom of expression if they were malnourished because of lack of food. Even so, it is not hard to see the likelihood of strong political conflict about the importance of these different sorts of rights. An example of such conflict is criticism of the coalition government's housing policies by the UN special rapporteur in 2013 and the fierce reaction to it, described in Box 6.2.

There is also a *third generation of human rights*, which are more collective and belong to communities, societies and nations rather than to individuals. Examples are the right to benefit from economic growth, a harmonious society and a healthy, clean environment. There are overlaps with the earlier rights and it is clear that all are interdependent, because individuals benefit from these rights as well as communities. Also, the first and second generation rights have communal aspects: for example, first generation rights such as freedom of assembly and the rights of ethnic minorities. Second generation rights such as education and an adequate standard of living bring benefits to communities as well as individuals, and require provision on a collective level, even if they can be claimed by individuals.

Ife (2012) considers that first generation rights have traditionally been met through the law (e.g. bills of rights and international treaties), and defended by legal action through the courts, the work of legal professionals and campaign groups. Second generation rights have typically been delivered through the policies of national welfare states, voluntary and private sector agencies, and the direct work of welfare professions such as social work. The third generation rights are achieved through economic development schemes, community projects, environmental campaigns, and the work of community development workers. Ife argues that it is important to understand the distinctions between the three dimensions, but also to recognise the overlaps and interactions between them.

Social work has a part to play in all three dimensions. The importance of civil and political rights for social work has been brought home by the Human Rights Act 1998, which is discussed further below.

Box 6.1 Human rights

Civil and political rights	**Economic, social and cultural rights**
First generation rights	*Second generation rights*
No discrimination.	No discrimination.
Right to life.	Right to work; fair wages; equal pay for work of equal value; safe and healthy working conditions; reasonable working hours and paid holidays.
No one shall be subjected to torture, or to cruel, inhuman or degrading treatment or punishment.	Right to join trade unions and to strike.
No one shall be held in slavery.	'The widest possible protection and assistance should be accorded to the family'; special protection for mothers, children, young people.
Right to liberty, no arbitrary arrest.	Right to social security.
Liberty of movement and freedom to chose one's own residence.	Right to adequate standard of living.
Right to a fair trial: all entitled to the equal protection of the law.	Right to freedom from hunger.
No unlawful interference with a person's privacy and family life.	Right to the highest attainable standard of physical and mental health.
Freedom of thought, conscience and religion, and of expression.	Right to education.
Right of peaceful assembly, and of freedom of association.	States undertake to take steps, individually and through international assistance, to the maximum of their available resources, to achieve progressively the full realisation of these rights.
Right of people from ethnic, religious or linguistic minorities to enjoy their culture, religion, language.	
From the International Covenant on Civil and Political Rights, 1966.	*From the International Covenant on Economic, Social and Cultural Rights, 1966.*

Box 6.2 Human rights and the bedroom tax

The United Nations Human Rights Council has a system of 'special rapporteurs' (investigators) who monitor and promote the implementation of human rights in different countries and according to different themes. There is a special rapporteur for adequate housing, which is a component of the right to an adequate standard of living. In September 2013, the special rapporteur paid an official visit to the United Kingdom to assess how the right to adequate housing was being implemented. The rapporteur was Raquel Rolnik, a professor of architecture and urban planning from Brazil. She issued a press release with her assessment at the end of the visit, and submitted her official report in December 2013 (Rolnik, 2013). It was published by the UN Human Rights Council the following month.

The report observes that 'the right to adequate housing should not be considered narrowly. It includes guaranteeing various aspects, such as security of tenure, affordability, accessibility, location and cultural adequacy' (Rolnik, 2013: para. 7). Linked with this wider human rights viewpoint, one of the crucial issues that the report considers is the impact of welfare reforms on people's housing situation, in particular the effects of the policy to reduce the 'spare room subsidy' for tenants in social housing – or, as it has become widely known, the 'bedroom tax'.

This measure came into force in April 2013 and reduced the amount of housing benefit that tenants in social housing received, if they had more rooms than they were deemed to require. The idea behind it was that the tenants would then move to smaller homes (thus freeing up their old property for families on the waiting list), or pay the extra. The problems with the scheme were that there were often not enough smaller properties available for them to move into, and a mismatch between areas where there were high numbers of families on the housing waiting list and those areas with high numbers living in homes that were larger than their needs. This meant that many people were forced to pay the higher rent even if they were prepared to move; and others did not want to move, for personal and family reasons (see also research by the Cambridge Centre for Housing and Planning Research and Ipsos MORI, 2014, which was commissioned by the Department for Work and Pensions).

The special rapporteur called for the policy to be suspended immediately and be fully re-evaluated. The fierce reaction from the government and its supporters demonstrates how powerful and controversial it can be to look at things from a human rights perspective. Even though the special rapporteur had no power to make the government change course, her report did have an impact by adding to the criticism of the policy, and giving it greater weight. In response, the chairman of the Conservative party, Grant Shapps, sent a letter of complaint to the Secretary General of the United Nations, claiming that Ms Rolnik's research had been flawed and she had shown political bias (Shapps, 2013).

The third generation, collective rights may be detected in area-based approaches to tackling poverty and social exclusion, such as neighbourhood renewal projects, economic regeneration schemes and in the promotion of strong communities. Central government funding for such projects was cut back substantially under the coalition (Lupton *et al.*, 2015: 39), but the vision of strong local communities is still a powerful one in political rhetoric. As for social work, its potential role in neighbourhood initiatives has been undervalued in England in recent years, but there is a long history of social workers doing community development work, although often in agencies outside local authorities. As we saw in Chapter 5, there are opportunities for social workers to get involved in community initiatives to tackle poverty, and casework social workers (not only community workers) have a part to play here too, because they work with individuals and families in the most deprived communities, and can help them get involved in local schemes (Collins, 2009).

Chapter 5

Box 6.3 The force of UN human rights treaties

The force of UN human rights treaties is primarily political and moral, to raise awareness about rights and to pressure governments to respect them. As such, they are often used by non-governmental organisations (NGOs) as a basis for campaigning for changes to law and policy. As well as this potential at *national* level, they are also very useful as a source of ideas to review the policies and practices of one's *organisation*, and to audit one's own *practice*.

Alongside the Universal Declaration and the two covenants, the core UN human rights conventions address racial discrimination; discrimination against women; torture and other forms of cruel, inhuman or degrading treatment or punishment; and the rights of children, migrant workers and disabled people.

There is a UN committee for each convention, which periodically reviews the progress being made by each country that is a party. Governments are required to write a report for the review, and NGOs can also send reports. The committee considers the reports and questions of representatives of the different bodies, and then produces a final report with recommendations for action, known as its concluding observations. These are powerful documents, publicly challenging governments to change law, policy and practice.

The United Nations Convention on the Rights of the Child

The Convention on the Rights of the Child, UNCRC, is probably the best known of the UN treaties in the UK. It contains civil and political rights, and economic, social and cultural rights. Article 3 of the Convention states that 'the best interests of the child shall be a primary consideration' for a range of official agencies, including courts, legislative bodies and welfare institutions. Article 12 specifies that children have the right to express their views on all matters affecting them, and these should be given due weight according to the child's age and maturity. There are rights to provision (e.g. education, an adequate standard of living), protection (e.g. from abuse and ill-treatment, economic exploitation) and participation (e.g. freedom of expression, access to information).

Understanding of the Convention's full implications for policy and practice is still developing and is hotly contested. In December 2010 the UK government made a commitment to give 'due consideration' to the UNCRC when making new policy and legislation, but noted that it might at times disagree with the UN children's rights committee as to what compliance means.

In Wales, under the Rights of Children and Young Persons (Wales) Measure 2011, Welsh ministers have been required since May 2014 to have 'due regard' to the rights in the UNCRC when exercising any of their powers. In Scotland, under the Children and Young Persons (Scotland) Act 2014, Scottish ministers are required to 'keep under consideration' whether there are any steps they could take to achieve the requirements of the UNCRC, and take those steps if they consider it appropriate to do so.

Each of the four countries of the UK has a children's commissioner. Their roles vary between the countries, but for all of them the focus is on promoting the rights of children, particularly with regard to the UNCRC (UK Children's Commissioners, 2015).

The UK government submitted its fifth periodic report to the UN Committee on the Rights of the Child in May 2014 (HM Government, 2014c). Although the government had consulted with a range of NGOs about the 2014 draft report, many were unhappy with the final product. Some of the misgivings are captured in a report on the UK's compliance with the UNCRC published by the Parliamentary Joint Committee on Human Rights in March 2015 (JCHR, 2015), and a joint report from the UK Children's Commissioners published in July 2015. The Commissioners express their concern on many issues, but particularly the impact of austerity measures and welfare cuts on the poorest children, the reduction in legal aid, and inadequate funding for child and adolescent mental health services (UK Children's Commissioners, 2015). The Joint Committee criticises the report for being too abstract and patchy, '… presenting a somewhat optimistic picture in places … nor does it represent the practical reality for many children, particularly the disadvantaged, in areas where policy may have been misjudged or good policies perhaps not properly implemented' (JCHR, 2015: para 67). The UN committee is due to issue its concluding observations in October 2016.

The Human Rights Act 1998

The Human Rights Act 1998 incorporates the European Convention on the Protection of Human Rights and Fundamental Freedoms into UK law (usually known simply as the European Convention on Human Rights, ECHR). The rights in the ECHR are first generation, civil and political rights, including the right to life, the prohibition of torture, freedom from slavery, the right to liberty, the right to a fair trial, the right to privacy and family life, freedom of thought, conscience and religion, and freedoms of expression and assembly. There is a right not to be discriminated against in regard to these rights (i.e. it is not a general right to non-discrimination). Some of the rights are absolute rights, that should be respected in all circumstances (e.g. the prohibition of torture); others are limited, and may be overruled in circumstances specified in the convention (e.g. the right to liberty can be overruled if a person is lawfully convicted of committing a crime); and others are qualified, and may be overruled on grounds that are legitimate, necessary and proportionate (e.g. the rights to privacy, freedom of expression and freedom of assembly – see Dickens, 2013).

The ECHR was written in 1950 and the UK signed it in 1951; and since 1965 people who considered that their rights under the Convention had been infringed, have been able to apply for a remedy to the European Court of Human Rights in Strasbourg, France. So it was not that the ECHR was new to the UK, but the Human Rights Act 1998 introduced three vital changes. First, UK courts can now hear ECHR cases (complainants are still able to apply to Strasbourg after they have exhausted all domestic routes). Second, all UK legislation since 2000 should be compatible with the ECHR, and all legislation (whatever date) should, if possible, be interpreted and applied in such a way as to be compatible with the ECHR (HRA 1998, s. 3). Third, and crucially for social work, it is unlawful for a public authority to act in a way which is incompatible with a Convention right (HRA 1998, s. 6). A 'public authority' includes central and local government, NHS trusts, the courts, police and prisons, and private businesses and charities when they are fulfilling 'public functions'.

Given that more and more health and social care services are provided by private agencies, there has been much debate about who is covered by the Human Rights Act and who is not. The Care Act 2014 clarified that the Act covers people who are in private or voluntary care homes if their placement is arranged or paid for (fully or in part) by a local authority, and people receiving home care services from independent agencies, if this is arranged, funded or part-funded by a local authority. People who arrange and pay by themselves are not covered by the Human Rights Act (s. 73 of the Care Act 2014, effective from 1 April 2015).

This is because the ECHR only applies to states, and it is not possible for a person to take legal action for violation of ECHR rights against another individual, or against a private business or charity, if there is no state involvement. They may have protection under other legislation, such as the Equality Act 2010 and the Mental Capacity Act 2007, as well as through national standards and the related systems of regulation and inspection; and beyond that, if abuse occurs, through the criminal law.

Box 6.4 highlights three key articles from the ECHR in order to demonstrate the relevance of Convention rights to social work and the complexity of the balancing acts involved. However, other articles have far-reaching implications too, notably Article 2, the right to life (e.g. for treatment of severely ill or disabled people); Article 5, freedom from unlawful detention (e.g. for people with severe mental health problems or limited mental capacity, children and adults in care settings – for example, action under the ECHR led to the introduction of *Deprivation of Liberty Safeguards* for adults with limited mental capacity: see SCIE, 2015); and Article 9, freedom of thought, conscience and religion (e.g. diet, daily activities and participation in acts of worship for people in care settings or receiving community care services).

Box 6.4 Three key articles for social work in the European Convention on Human Rights

Article 3: Prohibition of torture

> 'No one shall be subjected to torture or to inhuman or degrading treatment or punishment.'

Examples of relevance to social work: protection of children and adults in their own homes, the community and in care settings (care homes, day care, children's homes, foster care). Includes humiliating treatment. Creates a positive duty to take action if the public authority knows about the situation.

Article 6: Right to a fair trial

> 'In the determination of his civil rights and obligations ..., everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal established by law'. (Press and public may be excluded in certain circumstances, including the interests of juveniles and the protection of private life.)

Examples of relevance to social work: child care proceedings, mental health tribunals. Note that the text refers to a hearing not just a trial – so administrative meetings which affect people's rights under the ECHR are likely to be covered. This includes, for example, child protection case conferences and looked after children reviews. If hearings do not comply with all the Art. 6 requirements (e.g. independence), there must be a route of appeal to a court or tribunal that does. Core requirements of fairness, impartiality and transparency apply to all decision-making processes.

Article 8: Right to respect for private and family life

> 'Everyone has the right to respect for his private and family life, his home and correspondence. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.'

Examples of relevance to social work: support for families, preservation of family links for children and adults in care settings. Possibility of rehabilitation to family. Also includes right to physical integrity (one's body), sexuality, clothing and appearance, and confidentiality of information and records. Interference in these rights is allowed under certain conditions, which include protecting the rights and freedoms of others, but any intervention must be lawful, necessary and proportionate (the catchphrase is 'don't use a sledgehammer to crack a nut').

If we look at Box 6.4 and think about child and family social work, we can see how social workers have to deal with complex balances between rights and responsibilities all the time. They have to balance the responsibilities of the state to protect children from harm, and the rights of children to be brought up in their own family (Articles 3 and 8). They have to weigh parents' rights to bring up their children as they decide, and children's rights to safety (again, Articles 3 and 8). They have to balance the responsibilities of the state to support families, and the responsibilities of parents to care properly for their children. They have to respect the responsibilities of the local authority to act fairly and proportionately at all times, and the rights of children and parents to a fair hearing (Article 6). In adult care work, there are parallel responsibilities to support people's rights to choose, to help (or oblige?) them to exercise their own responsibilities, to protect them and others from harm and – more than that minimalist approach – to promote their well-being.

Rights and responsibilities

Despite the UK's long history as a member of the ECHR and the fact that very few judgments from the European Court of Human Rights go against the UK government (just eight in 2013: MoJ, 2014: 15), there are often very strong views expressed by politicians and members of the public against the court for interfering in national matters. One of the most contentious debates is whether and how rights should be linked with responsibilities. Some argue that rights alone, without responsibilities, encourage frivolous claims and allow criminals to get away with their crimes; others hold that rights are a vital defence for all, no matter who they are or what they have done, and if one has to 'deserve' a right, it isn't really a right at all.

The Labour government published a review of the implementation of the Human Rights Act in 2006, which concluded (amongst other things) that the Act had not seriously impeded action against crime and terrorism, and that its overall impact had been beneficial. It found that the ECHR does allow suitable balances between individual rights and public safety, but there are many myths and misunderstandings about it, and people need to be more aware of the protection aspects (DCA, 2006: 39–42).

Later, the Labour government published a green paper entitled *Rights and Responsibilities: Developing Our Constitutional Framework* (MoJ, 2009). The purpose was to launch a consultation about a UK Bill of Rights and Responsibilities. The government accepted that rights are not dependent on responsible behaviour, but held that both are necessary for a healthy society.

The coalition government ordered its own commission on a Bill of Rights in 2011, which reported in 2012, *A UK Bill of Rights? The Choice Before Us* (Commission on a Bill of Rights, 2012). The commission did not come to a decision on whether there should be a UK bill; but even if there were, it did not see this replacing the ECHR, but rather incorporating and building on it. The Conservative party later said that it intended to repeal the Human Rights Act and replace it with a British bill of rights, and limit the powers of the European Court of Human Rights (Conservative Party, 2014). But as for the relationship between rights and responsibilities, the commission concluded:

> …it is in the nature of human rights that they exist for all human beings equally without reference to whether they are 'deserving' or not and that they cannot be made directly contingent on the behaviour of the individuals concerned. We thus do not believe, if there were to be a UK Bill of Rights, that the rights it contained should be made conditional upon the exercise of responsibilities.
>
> (Commission on a Bill of Rights, 2012: 36)

But even without putting responsibilities into a formal document, the relationship between rights and responsibilities is at the heart of social policy and legal decision-making. Box 6.5 gives an example of how a rights-based approach, drawing on the ECHR and UNCRC, was used to argue against the welfare benefits cap that the coalition government introduced in 2013. In this case the court action was unsuccessful, but it shows how rights can be used in campaigns to challenge social policies. It also shows how rights-based arguments interact with other policy goals and priorities, notably about responsibility and the economy, and the balancing acts that policy makers and the courts undertake in trying to weigh up different aims and considerations. Legal and political approaches to social policy are discussed further in Chapter 9.

Chapter 9

Box 6.5 Rights-based perspectives on the welfare benefits cap, 2015

One of the main features of the coalition government's welfare reforms was the introduction of the 'benefits cap'. This limits the amount of benefits that a non-working household can receive to a sum equivalent to the national median income of working households (there are some exceptions, for example people receiving certain disability benefits; and the policy does not affect retired people). The cap came into force in April 2013, and was set at £350 per week for a single claimant without dependent children and £500 per week for all others (that is, couples and lone parents with children). It is going to be lowered further under the Conservative government.

From the government's point of view there are a number of policy aims behind the cap: to make the system fairer between non-working and working households, to incentivise people to work, and to save money. Critics argued that it fell hardest on large families living in areas where rent was expensive, and most notably on women. They are most likely to be affected because most single parents are women, and they may be least able to get a job or move to a less expensive area because of their childcare commitments and family ties.

The arguments for and against, and the history of the debates, are well captured in a judgment given by the Supreme Court in March 2015. The applicants had argued that the cap was unlawful because it discriminated unfairly against women, using the European Convention. But the court decided, on a split vote of three judges to two, that it was lawful. The judgment is known as *R (on the application of SG and others (previously JS and others)) (Appellants) v Secretary of State for Work and Pensions (Respondent)* [2015] UKSC 16. The full judgment and an official summary are available on the Supreme Court website.

The judges who supported the cap concluded that the aims were legitimate, and the methods were justified and proportionate to those aims. The two judges who decided against it, Lady Hale and Lord Kerr, accepted that the aims were legitimate, but did not agree that this justified the impact on women and children. Lady Hale considered that the expectations were 'simply unrealistic in the case of families of lone parents and victims of domestic violence, upon whom the policy has such an adverse effect … the way in which the benefit cap has been implemented cannot be seen as a proportionate means of achieving a legitimate aim' (paras 202 and 229).

An important theme in the judgment concerned the impact of the UNCRC on domestic policy-making and court decisions. The UNCRC is not formally part of UK law, but it can have an indirect influence in the courts because the European Court of Human Rights uses it to interpret the rights of children under the European Convention. In this way the UNCRC can illuminate and inform decision-making in the domestic courts. But the Supreme Court also considered written arguments about the direct relevance of Article 3 of the UNCRC, that the best interests of the child should be a primary consideration. Three of the judges criticised the government for not complying with this (Lady Hale, Lord Kerr and Lord Cranworth), but Lord Cranworth judged it was not strictly relevant to the appeal they were deciding, which was about discrimination against women, not against children. This left the other two in the minority and so the appeal was dismissed. But Lady Hale gave strong expression to a children's rights perspective (para. 226): 'It cannot possibly be in the best interests of the children affected by the cap to deprive [their parents] of the means to provide them with adequate food, clothing, warmth and housing, the basic necessities of life'.

Conclusion

This chapter has discussed the vital social policy theme of rights, showing that beneath easy phrases about 'respecting people's rights' are complex challenges, such as what sort of rights, how competing rights for an individual are weighed, how the claims of different individuals are measured, and how responsibilities and resources are taken into account. The issues go back to the core models in Part 1 of the book. They reflect different views about the balances between well-being, responsibility and the economy, and disputes about the proper role of the state. These large-scale debates are reflected in social work practice, in the tensions that sometimes arise between service users' choices and professional judgments, organisational responsibilities and resources, and statutory duties (the four points of the diamond). We can see that social work decisions are shaped by wider policy debates. The issues aren't just about the tasks that social workers do with individuals and families, but about the sort of society we would like to live in. This is the great challenge and opportunity for social work, that we have the chance – and the responsibility – to help put these big ideas into reality in people's lives. The goal cannot be expressed better than in the well-known quotation from Eleanor Roosevelt (1958), that universal human rights begin in 'small places, close to home – so close and so small that they cannot be seen on any map of the world… Unless these rights have meaning there, they have little meaning anywhere'.

Part 1

Questions for reflection

- Look back at Box 6.1, which shows the examples of civil and political rights and economic, social and cultural rights. Think about an individual or service user group that you have worked with. What rights are involved? What are the implications of a rights-based approach to social work with them?
- Think of an agency or team where you have worked or been on placement. Do the staff talk about their work in terms of human rights? If so, in what ways? If not, what difference might it make if they did?
- What do you think are more important – rights or responsibilities? What are your reasons, and what implications do these have for the way that social work is undertaken?

Useful websites and further reading

Two important websites are the British Institute of Human Rights (BIHR) and the Equality and Human Rights Commission (EHRC).

The BIHR website has a great range of practical guides to using human rights to ensure people are treated with dignity and respect: www.bihr.org.uk/. For example, there are guides for older people, disabled people, people with mental health problems, carers, and refugees and asylum seekers. Two key publications are:

BIHR (2008) *The Human Rights Act: Changing Lives*, 2nd edn.

BIHR (2014) *The Difference It Makes: Putting Human Rights at the Heart of Health and Social Care.*

The EHRC website also has a great range of reports and practical guides for upholding and promoting people's human rights in different fields, including adult services, children's services, criminal justice, education, and immigration and asylum: www.equalityhumanrights.com/

A good website for understanding human rights and what they mean in practice is RightsInfo: http://rightsinfo.org/

To keep up to date with court cases and legislative changes, see the UK Human Rights blog: http://ukhumanrightsblog.com/

The Small Places blog is a very good site on mental capacity and human rights: http://thesmallplaces.wordpress.com/about/

Many special interest groups and campaign groups take a human rights perspective in their work. Examples are the Children's Rights Alliance for England (CRAE, www.crae.org.uk), the Mental Health Alliance (www.mentalhealthalliance.org.uk), and Age UK (www.ageuk.org.uk).

The following books are useful accounts of the implications of human rights for social work:

Ife (2012) *Human Rights and Social Work: Towards Rights-Based Practice*, 3rd edn.

Reichert (2011) *Social Work and Human Rights: A Foundation for Policy and Practice*, 2nd edn.

7 Inequality

This chapter looks at the subject of inequality, and linked with that, social class. It builds on the previous chapters, because equality and social justice are core parts of the human rights discourse, and socio-economic disadvantage is one of the most obvious signs of inequality. There are many other forms of inequality as well as social class – people might be treated unjustly because of their gender, their race, their sexual orientation or because they have physical or learning disabilities. When should the state intervene, in what ways, and how far? It is another contentious and ambiguous area of social policy, with strong parallels and implications for social work.

Social work's professional values, as described in the British Association of Social Workers' code of ethics, include respecting the diversity of the societies in which they practise and challenging discrimination, and ensuring that the resources at their disposal are distributed fairly, according to need (BASW, 2012: Section 2.2). So there are two aspects, respect and resources, and given these assertions one would expect inequality to be a central concern of social work. There is indeed a huge body of literature about tackling discrimination and working with disadvantaged groups. For all that, social work is often criticised for having more rhetoric than reality on these matters, for not appreciating the extent and impact of inequality and discrimination on the lives of services users, individualising their problems rather than seeing the bigger social picture, and being part of the state apparatus that controls poor people (the radical social work critique).

Likewise, in social policy there is plenty of talk about promoting equality and social justice, but there is great ambiguity and conflict about what the terms mean, and what policies should follow from them.

Some people want social policy to eradicate poverty and inequality, others think some level of poverty and some forms of inequality are useful things, others that state welfare perpetuates them.

The Equality Act 2010 was passed by the Labour government before it lost the 2010 general election. Most of it came into force in October 2010, under the coalition government. It applies in England, Scotland and Wales (other legislation applies in Northern Ireland, but the Equality Commission for Northern Ireland (2014) has called for 'urgent reform' of equality legislation there). The Act consolidated previous anti-discrimination and equal opportunities legislation in terms of nine 'protected characteristics', shown in Box 7.1. Section 1 of the Act was going to introduce a new duty on public authorities to promote equality of outcome for people suffering from 'socio-economic disadvantage'

Box 7.1 The Equality Act 2010

Nine protected characteristics are listed in s. 4 of the Act. Discrimination against a person (that is, treating them less favourably than another, directly or indirectly), harassment and victimisation on the basis of any of these characteristics is illegal:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

The Act also imposes positive duties on public authorities to promote equality of opportunity (i.e. more than simply not discriminating). This is known as the public sector equality duty, s. 149 of the Act, and came into force in April 2011. It applies to eight of the protected characteristics, the exclusion being marital and civil partnership (note: *discrimination* on the basis of marital or civil partnership status is illegal, but public authorities do not have a duty to *promote* any position on them). Positive action is allowed to help people overcome the effects of disadvantage connected to the protected characteristics (s. 158), and 'reasonable adjustments' for disabled people must be made where possible (s. 20).

(that is, disadvantages linked to social class and poverty). This would have been a general duty, to be borne in mind at the level of policy-making and strategic decisions, rather than a specific duty owed to individuals. The coalition government did not implement this part of the Act, claiming that it would create more bureaucracy, not achieve greater equality (HM Government, 2010a: 8). It did however introduce a large number of policies intended to promote social mobility and social justice, discussed later in the chapter.

This chapter explores the underlying debates about equality and inequality, focusing on socio-economic disadvantage, and illustrating them with a discussion of health inequalities. That is not to say that other equality strands such as race, gender, disability, sexuality, age and religion are less important. It is the *intersections* between them all that are crucial to a proper understanding of inequality.

Aspects of inequality

It is possible to identify three aspects of inequality – inequality of opportunity, of treatment and of outcome. For some, equality of outcome is impossible and undesirable – people are different, with different talents, interests and choices. Instead of trying to enforce dull uniformity, we should recognise that people have individual responsibility for creating and taking opportunities, and celebrate difference. Supporters of this approach might say it is important to treat people equally, that is, not to discriminate unfairly, and to ensure that people have equal opportunities, but after that it is for the individuals themselves to make the most of those opportunities.

Others would say that equality of outcome has nothing to do with making everyone the same, but rather that greater equality in things such as income, health and educational achievement is a fundamental requirement for freedom and diversity (e.g. Tawney, 1931, quoted in Mount, 2008: 4). They are also likely support a different approach to equality of treatment and opportunity. Rather than arguing that everyone should be treated exactly the same they would say that because of existing inequalities in society, some people need extra help to enable them to take advantage of opportunities that come easily to others. So in some cases it is not about exact equality of treatment, but 'positive action' is needed to redress deep-seated disadvantage. But what should that positive action be? Examples are 'women only' shortlists for certain jobs, or lower conditional offers for university places for pupils from deprived backgrounds. In turn, some might argue that standards should not be lowered, rather that extra coaching and encouragement should be given to help candidates meet the set requirements. Either way, it is clear that positive action can be controversial and lead to counter-arguments that the group which was doing better is now itself suffering from unfair treatment.

Of course, opportunities, treatment and outcomes are closely connected. The test of whether opportunities really are more equal is whether, eventually, outcomes become more equal. Given that modern social policy focuses on outcomes and well-being, as discussed in Chapter 2, one might expect a strong policy focus on outcomes; but that is not always the case. The different aspects of inequality matter differently to people from different political and

Chapter 2

Chapter 3

philosophical perspectives. We can see this if we think back to Chapter 3, the four welfare approaches: the minimalist, integrationist, social democratic and radical perspectives bring very different understandings and emphases.

For the minimalists, inequality is an essential part of a free market and a free society, inevitable and also useful to motivate individuals to work hard. They would accept that people have basic rights to fair treatment (i.e. civil and political rights against discrimination), but would not support positive action to redress inequalities of opportunity. People have to make and take their own opportunities. They would argue that maximum freedom is essential for economic growth, so that talented people can make lots of money, and then (they believe) the benefits will trickle down to all.

For the integrationists, the worst extremes of poverty are unacceptable, and they would support policies and taxes to tackle this. However, they would consider some degree of inequality valuable as a reward for hard work, to keep the economy going and to ensure social stability (for them, this means securing the support of the middle and wealthier classes). So they would support equality of opportunity, and limited forms of positive action to redress the worst inequalities. They would not support larger scale action to redistribute wealth and achieve equal outcomes.

From a social democratic point of view, there should be far greater efforts to end inequality based on people's characteristics, and to redress socio-economic disadvantage. This should go beyond legal protection against discrimination and unequal treatment, and beyond small-scale positive action, to much wider policies for redistributing wealth and opportunity (the interest is in social and economic rights, as well as civil and political). The radicals look for this but more so. They argue that civil rights tend to uphold privilege (e.g. rights to private property are far more use to those who own property), and look for an end to the unequal social relations that inevitably go with capitalism (you can't have capitalism without inequality – it runs on some people making money out of others).

There is evidence that more equal societies have higher overall standards of health, less violence and fear of crime, and enable more people to reach their full potential. Wilkinson and Pickett (2009) show that inequality does not just affect the poorer sections of society, but has a damaging impact on the richer groups too (see Wilkinson and Marmot, 2003; Wilkinson, 2005). They suggest that the stresses of living in unequal societies lie behind this – the pressures affect the better-off as well as the poor (Wilkinson and Pickett, 2009: esp. 180–93). From this perspective, there is a practical as well as moral argument for greater equality – everyone does better.

Equality policy under the coalition government 2010–15

The coalition government published its *Equality Strategy* in December 2010 (HM Government, 2010a). In the foreword, the home secretary, Theresa May, said that the strategy was built on two principles of equality: equality of opportunity and equality of treatment (note, not equality of outcome). She argued that equality was 'at the heart' of the coalition government's policies because it was vital to building a strong economy and a fair society, saying:

> As we rebuild our economy it is essential that we make sure we benefit from the talents of everyone in the UK. As we take the difficult decisions necessary to tackle the UK's record deficit we are determined to do so fairly, protecting the most vulnerable and prioritising equal opportunities for all.
>
> (HM Government, 2010a: 5)

The report pointed out that despite years of anti-discrimination legislation, policy initiatives and much spending, many fundamental inequalities remain, for example, in education, health and employment outcomes. It makes a strong economic case for greater equality, giving estimates of the amount of money that is lost to the national economy by unequal treatment of women and people from ethnic minorities. The key strategies for tackling inequality (as it defines it) are to focus on children's early years, parenting and education; get people into work; devolve power to local communities and citizens (including personal budgets for people who use social care services); encourage cultural and attitudinal change; and tackle violence and hate crime.

In 2011, the coalition government established a Social Mobility and Child Poverty Commission, as required by the Child Poverty Act 2010. Social mobility was added because it was one of their professed priorities in the coalition agreement of May 2010 (HM Government, 2010b: 18). The former Labour MP, Alan Milburn, was appointed to chair the commission. Its purpose was to monitor progress in improving social mobility and reducing child poverty in the United Kingdom, and it was required to write an annual 'state of the nation' report about this. In its 2014 report, the last before the 2015 general election, the commission concluded that the next government 'will have to adopt radical new approaches if poverty is to be beaten, mobility improved and if Britain is to avoid becoming a permanently divided society' (SMCPC, 2014: iii). It repeated the themes of improving parenting and ensuring that all children are 'school ready' at the age of five; and improving educational outcomes for poorer children, including higher salaries to attract the best teachers to the most challenging schools. It called for the wider adoption of a living wage, rather than a minimum wage. Its point was that employers should play their part in raising living standards, rather than relying on welfare benefits (paid for by taxation) to supplement low wages. It also called for reforms to private renting, and for universities and the professions to widen their recruitment strategies. Following the Conservative's general election victory in 2015, the government announced that it would repeal the child poverty targets (see Chapter 5) and the commission would be renamed the Social Mobility Commission.

Chapter 5

In March 2012 the coalition government published a social justice strategy (HM Government, 2012a). It reiterated the themes that characterised the coalition approach: that the old focus on income as the main measure of poverty had ignored the root causes, and a new approach was necessary which should focus on prevention and early intervention; promoting work as the most sustainable route out of poverty; designing and delivering services at local level; and ensuring a fair deal for taxpayers.

Social justice is another term that carries different meanings for people from different ends of the political spectrum. It is a term that social democrats and radicals use more than minimalists and integrationists, but there have been attempts to claim the concept for the right wing, such as the Centre for Social Justice set up by Iain Duncan Smith in 2004. As always there are overlaps between the approaches, but for social democrats and radicals the emphasis is on social and economic rights, redistribution, and an active role for the state to help achieve equality of outcomes. For minimalists and integrationists, the emphasis is on equal opportunities, formal rights to equal treatment, the rights of individuals to keep the rewards of their own endeavours, and the responsibility of individuals and families to change their behaviours and take advantage of the opportunities they are offered.

But did the coalition government achieve its objectives? A major research programme by the Centre for Analysis of Social Exclusion concluded in 2015 that in many respects it was too early to say, for three reasons: the time lag in gathering and publishing relevant data, the fact that some changes have only been in place for a short time or were still being implemented, and that for many social policies, the true outcomes can only be known in the long-term (Lupton *et al.*, 2015). However, the researchers did note that families with young children have borne a particularly heavy burden, losing out from tax and benefit changes, and from cuts in funding for early-years services. Pensioners had been protected in financial terms, but some have been affected by reductions in services. They predict that the full range of reforms is likely to increase inequality, as the policies take root and more data becomes available.

Social class

Social class is another term that seems obvious at first sight, but turns out to be conceptually complex and tricky to define. How many classes are there? How would you classify different people – for example, a waitress who happens to be the daughter of a duke? Where would you put a plasterer? But what if they earn more than, say, a school teacher – who should go higher? What is your basis for deciding? In everyday conversation people might talk about 'working class', 'middle class' and 'upper class', and are likely to ascribe different people to those categories for a variety of reasons. What jobs or how much money people have may be less important than their family background, how they talk, dress and where they live (so someone who is perceived as 'upper class' is likely to be still seen that way, even if they lose all their money).

Sociologists, social researchers and social policy analysts need to have a clear and shared framework for social class categories if they are to monitor social trends and the outcome of social policies. Occupation is usually taken as an indicator of social class, despite the occasional anomalies it produces. The scheme most widely used in official statistics until 2001 was a five class system, based on occupation, known as the Registrar General's scheme. Class I was professional occupations (e.g. doctors, lawyers); Class II was managerial and technical occupations (which included social workers and nurses); Class III was skilled occupations, split into IIIN (non-manual work, such as retail staff) and IIIM (skilled manual work, for example bricklaying). Class IV was partly skilled occupations (including care assistants) and Class V was unskilled work, such as labouring.

A revised system was introduced in the national census in 2001, known as the National Statistics Socio-Economic Classification (NS-SEC). Table 7.1 shows the new categories and examples of the sorts of occupations that come under each.

Table 7.1
National Statistics Socio-Economic Classification

1.	Higher managerial and professional occupations:	
	1.1 Employers and managers in large organisations	e.g. senior managers in national or local government, health service managers, senior police officers
	1.2 Higher professionals	e.g. university lecturers, doctors, solicitors, architects
2.	Lower managerial and professional occupations	e.g. social workers, nurses, teachers, librarians, professional sports players
3.	Intermediate occupations	e.g. secretaries, electricians, computer engineers, nursing auxiliaries
4.	Small employers and own account workers	e.g. child minders, shop-keepers, carpenters, decorators
5.	Lower supervisory, craft and related occupations	e.g. bakers, train drivers, TV engineers, motor mechanics
6.	Semi-routine occupations	e.g. care assistants, sales assistants, call centre workers, caretakers
7.	Routine occupations	e.g. sewing machinists, packers, labourers, refuse collectors
8.	Never had paid work/long-term unemployed	
	Unclassified	includes full-time students

Source: *NS-SEC User Manual* (ONS, 2005).

The social gradient

The challenges of defining social class might lead one to suspect that the notion is of little practical use. This is not the case, for despite the conceptual difficulties, SEC (socio-economic classification) is an extremely powerful predictor of one's life chances. There is a strong 'social gradient' of inequality, which holds across all aspects of life and death (Wilkinson and Marmot, 2003). As examples, people in the higher groups are more likely to live longer, be in better physical and mental health, their children to do well at school and go on to higher education. They are less likely to be disabled, overweight, to smoke, to be victims of accidents or crime, for their children to die in infancy. It is not just that the richest group does better than the poorest, but at each step along the way, the higher placed SEC group nearly always does better than the one below.

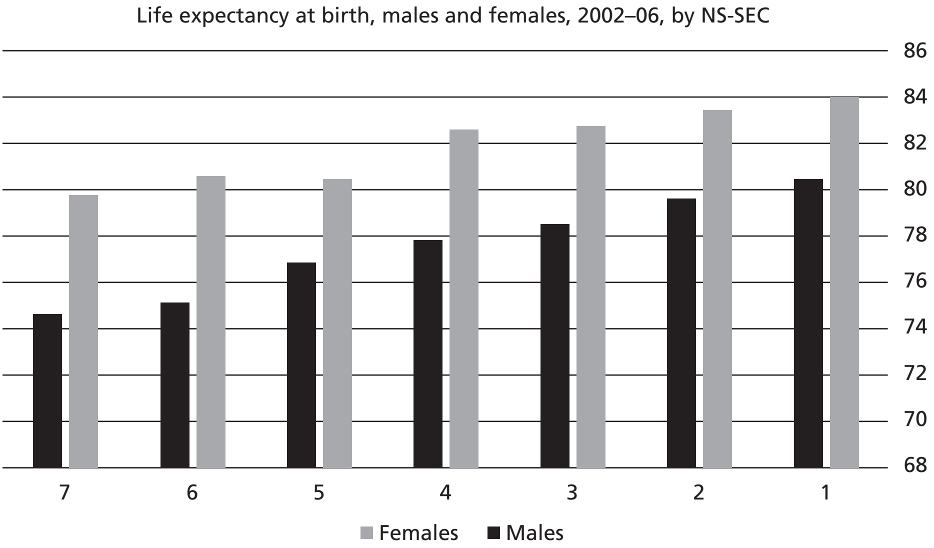

Figure 7.1
The social gradient
Source: ONS (2011).

An example is life expectancy for children born in 2002–06, shown in Figure 7.1, drawing on data published by the Office of National Statistics (ONS, 2011). Life expectancy is based on the mortality pattern over the period in question (i.e. the ages at which men and women in the different socio-economic groups died in 2002–06). The horizontal axis gives the socio-economic groups of the children's parents, going across from SEC 7 (routine occupations) to SEC 1 (higher managerial and professional occupations). Life expectancy is shown on the vertical axis. The slope across the different groups is clear to see. It is worth pointing out that we are talking about trends across populations, not an inevitable fate for individuals – but the trends are strong, reflecting the powerful impact of inequality and poverty on people's lives.

Social class and health

The strong links between social background and health have long been known. The links between mortality rates and occupation or neighbourhood have been studied since the nineteenth century (Macintyre, 1997). They raise important questions: to what extent is the likelihood of early death or poor health the result of inherited, biological conditions, or learned, behavioural factors? What is the impact of poverty, occupational and environmental conditions? Or access to and quality of health and social care services? But also, to what extent are the findings a consequence of the measures and groupings employed? That is, there may be 'real' differences, but these might be exaggerated, or disguised, by the way that particular categories are drawn and comparisons made (for example, differences by locality, ethnicity and gender need to be identified as well as social class). Or, more significantly, what is the *interaction* of these different elements, the overlaps and subtleties, and what are the implications for policy and practice?

In 1977, the Labour government of the time commissioned an independent working group on health inequalities. Its report was published in 1980, and became known as the Black report (DHSS, 1980). It gave a detailed picture of health inequalities and the links with social class, highlighting the impact of low income, poor housing, working conditions and education. It made a range of recommendations, including improving services for children's early years and an extensive anti-poverty strategy. It called for greater redistribution of resources, and for the abolition of child poverty to be the national goal for the 1980s. It also called for more health education, employment schemes, housing improvements, action to reduce smoking and accident prevention programmes. But by then the government had changed, and the Conservatives were in power. The Secretary of State, Patrick Jenkin, wrote a foreword to the report, in which he said that the expenditure required to implement the report's recommendations was 'quite unrealistic in present or any foreseeable economic circumstances'. He questioned whether, in any event, the recommendations were likely to be effective, and refused to endorse them (DHSS, 1980: foreword).

When the Labour party returned to power in 1997 it prioritised the issue, and commissioned an independent review of health inequalities. Its report became known as the Acheson report (1998). It stressed the importance of tackling health inequalities both 'upstream' and 'downstream' – that is, to address the structural and social determinants, such as poverty, employment and education, but also to address individual behaviour, such as smoking. The Labour government published a white paper in 1999 which set goals of improving overall health while also reducing the 'gap' between the richer and poorer sections of society (DH, 1999a). In 2008, a progress report found that whilst life expectancy had risen for all groups, including the poorest, it had risen faster for the better-off groups – so the gap had actually got wider. The same had happened with infant mortality – it had fallen for all groups, but not as much for the poorest, so the gap had widened (DH, 2008; and see Sassi, 2009).

The Labour government then commissioned an independent review to advise on further strategies for tackling health inequalities, chaired by Sir Michael Marmot. The report was published in 2010, *Fair Society, Healthy Lives* (Marmot, 2010). It argued:

> Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age ... In England, people living in the poorest neighbourhoods, will, on average, die seven years earlier than people living in the richest neighbourhoods ... These serious health inequalities do not arise by chance, and they cannot be attributed simply to genetic makeup, 'bad', unhealthy behaviour, or difficulties in access to medical care, important as those factors may be. Social and economic differences in health status reflect, and are caused by, social and economic inequalities in society... although there is far more to inequality than just income, income is linked to life chances in a number of salient ways ... income inequalities affect the lives people are able to lead. A fair society would give people more equal freedom to lead flourishing lives.
>
> (Marmot, 2010: 16–18)

As had happened thirty years before, it was left to a new government to respond to the challenge, although this time the response was not as immediately dismissive. The coalition government published a white paper entitled *Healthy Lives, Healthy People* in November 2010, together with its own review of the evidence regarding health and well-being of people in England (HM Government, 2010c, d). The white paper set out proposals for public health reforms, which included organisational changes to improve central government and local leadership. At a national level, a new body was established, Public Health England, which came into being in 2013. At local authority level, local health and well-being boards were set up in 2012 and became fully operational in 2013. But despite the firm rhetoric, a highly interventionist approach ran in tension with other aspects of coalition government policy. The ambivalence is reflected in the following sentence from the white paper: 'We will balance the freedoms of individuals and organisations with the need to avoid harm to others, and we will use a 'ladder' of interventions to determine the least intrusive approach possible, aiming to make voluntary approaches work before resorting to regulation' (HM Government, 2010c: 23).

The coalition's research overview acknowledged the Marmot review and the prevalence of health inequalities, but had a noticeably different tone. Three aspects stand out. It downplays the issue by saying that the findings for England are unremarkable in a wider international context; it focuses on aspects such as smoking, diet, drug and alcohol misuse, and exercise, with a strong implication that these are matters of individual lifestyle and choice; and it does not mention poverty at all, summarising the causes of inequalities as 'the wider social influences on health, the lifestyles people have and the services they use' (HM Government, 2010d: para 5.17).

Conclusion: the relevance to social work

Why are these debates about inequality so important for social work? One answer is that the people we work with tend to be from the most disadvantaged groups in society, so we need to understand the challenges they face, the broader social trends and the policies that are in place. As an intellectual profession we need to understand the issues; as a practical profession, we will want to use this knowledge to do something about them. We have those professional values about respect and fair distribution of resources.

But what can we do as social workers? There is little scope in mainstream local authority social work for campaign work and public protest, but there is ample opportunity and challenge in one's day-to-day practice to help secure better opportunities and outcomes for service users and their families (to be a 'quiet radical'). Yet as we noted at the start of the chapter, social work is sometimes criticised for being part of the blaming and controlling state system, despite our aspirations and our rhetoric.

Humphries (2004) is especially critical of the gap between talk and practice. She goes so far as to say that:

> [Social work] needs to stop pretending that what it calls ‘anti-oppressive practice’ is anything but a gloss to help it feel better about what it is required to do, a gloss that is reinforced by a raft of books and articles that are superficial and void of a political context for practice.
>
> (Humphries, 2004: 105)

Humphries is talking about social work’s role in immigration cases, but her general point could apply to all rhetoric about equalities. In a similar vein, McLaughlin (2008: 56) speaks of ‘a new professional middle class who use anti-oppressive terminology to gain some sense of moral superiority, while simultaneously establishing more forms of control over various sections of society’. We have to take the criticisms seriously but not be defeated by them. The messages are that we need to be wary of easy talk, and also have a critical awareness of the big picture behind social work if we are to avoid individualistic and oppressive practice – the power of structural inequality, the impact of poverty, the politics and the policies.

Another reason why social divisions and equalities are so important in social work is that they all affect us personally. We all have our own class background, race, gender and sexuality, we are able-bodied or disabled, and many will have personal experiences of disadvantage or discrimination. This leads to complex, personally and professionally challenging situations. For example, social workers may be working with black families who have suffered racism, or with people who have racist attitudes. How does our own racial group affect how we are perceived by these service users, how we understand their experiences, interact with them, and feel about working with them?

There may be particular tensions between social workers’ own class backgrounds and social work’s position in the socio-economic classification. By getting a degree and a professional job, social workers are, on the outside at least, middle class. But how do we feel about that on the inside? Such questions add another dimension to the social work diamond – alongside our responsibilities to service users and to the organisation, our professional values and our state role, there are our personal experiences, understandings and values. So in a book about social policy, we still have to think about our personal beliefs, and we still have to think about practice with individuals and families, not just social trends and statistics. Of course: the personal, political, social and practice dimensions are indivisible.

Whatever the causes, people experience problems downstream and help at that moment can be a good thing. It might only be ‘sticking plaster’, but that could be just what is needed. Concentrating only on the upstream factors can be as unhelpful as only looking at the immediate, pressing situation. We need both. The bigger picture is essential, even if we are not radical activists ourselves. It can help us avoid simplistic and blaming responses, and look for new ways to offer support, create opportunities and work in partnership with people, to help them change behaviours that may be harmful or distressing to themselves or others.

Questions for reflection

- How do you think your social class background has shaped the person you are today? Have you changed class? Do you think you could – and would you want to? How do you relate your personal sense of class to where social work is in the NS-SEC?
- What about your race and gender, sexuality and whether you are able-bodied or disabled? How did these aspects interact with your social class when you were growing up, and now? How do you think they shape the way that you work with service users, colleagues and other professionals?

Useful websites and further reading

There are many research and campaign groups with specialist interests in different aspects of inequality. Some have already been mentioned in the chapters on need, poverty and rights. Other useful websites are:

Centre for Analysis of Social Exclusion (CASE). Based at the London School of Economics. Publishes research on many aspects of social disadvantage and the impact of social policy, including a major programme of research on the coalition government's reforms and policies, *Social Policy in a Cold Climate*: http://sticerd.lse.ac.uk/case/default.asp.

Institute of Health Equity. Established by Sir Michael Marmot and colleagues in 2011, building on the Marmot review. The report and follow-up materials are available on its website: www.instituteofhealthequity.org/home.

The Equality Trust. Established in 2009 by Richard Wilkinson, Kate Pickett and colleagues, building on their influential book *The Spirit Level*: www.equalitytrust.org.uk.

Danny Dorling. Danny Dorling is professor of human geography at Oxford University. He has written widely and very powerfully about many aspects of inequality. His website is a good introduction to his writing and thinking: www.dannydorling.org.

Specialist government units include:

Social Mobility Commission. Set up in 2011 as the Child Poverty and Social Mobility Commission, to monitor progress in improving social mobility and reducing child poverty in the United Kingdom. Publishes an annual report: www.gov.uk/government/organisations/social-mobility-and-child-poverty-commission.

Government Equalities Office (GEO). A cross-departmental body to co-ordinate the government's equality strategy: www.equalities.gov.uk.

The chapter referred to a range of reports and reviews about inequality, many of which are available on the internet.

Recommended books are:

Dorling (2015) *Injustice: Why Social Inequality Persists*, 2nd edn.

Wilkinson and Pickett (2009) *The Spirit Level: Why More Equal Societies Almost Always Do Better.*

Lupton *et al.* (2015) *The Coalition's Social Policy Record: Policy, Spending and Outcomes 2010–2015* (online).

Platt (2011) *Understanding Inequalities: Stratification and Difference.*

Thompson (2011) *Promoting Equality*, 3rd ed.

8 Participation

Participation and related themes of choice, control, empowerment, personalisation, partnership and co-production have become central concepts in modern social policy. They were strongly promoted by the New Labour government of 1997–2010 and taken forward by the coalition government (e.g. PMSU, 2007; Cameron, 2011) but they are not new to social work – as we saw in Chapter 1, as long ago as 1920 Clement Attlee spoke of social work now being done *with* poor people, rather than for them. But the task is always to see how the old themes relate to modern situations. Nowadays, principles of participation and empowerment underpin the reforms to adult social care introduced in 2015 (DH, 2010b, c, 2014). They also apply in social work with children (for example, to involve children in care and their parents in their regular review meetings: DfE, 2015). But they are essential elements in a wider vision for public services as a whole, to make them more accountable to service users, more responsive and effective. Beyond that, there is a wider vision still, of broader social change, greater involvement of service users and citizens in all aspects of society, a new culture and new roles for local government and social professionals, and stronger, supportive communities. All this is a very ambitious agenda, fraught with difficulty and complexity (see Barnes and Cotterell, 2012). It raises the usual questions: what do we mean by 'participation', why is it important, what are the limitations – and behind all the rhetoric, what and who is it for?

Chapter 1

As regards participation of service users and carers in social care, there are three aspects:

- participation in decisions about their own situation and the services they receive;
- participation on broader issues about planning, delivering and evaluating services;
- and then more broadly still, participation in society.

There is potential for a productive interplay of ideas and strategies between these three levels, and between practice and policy. The goal of ensuring genuine empowerment, not just tokenism, should be the same whether one is working with an individual on their own care or support plan, or with a group of service users at a wider planning level. At all levels though, there are dilemmas of balancing other rights and responsibilities, managing risk and working within available resources.

The first part of the chapter identifies different meanings of participation, using the models of 'ladders of participation'. The second section discusses the significance of participation from different social policy and social work perspectives, and identifies key questions and principles for 'whole systems' change.

Ladders of participation

Sherry Arnstein's 'ladder of citizen participation' (1969) has become a well-known and highly influential model for describing and analysing participation. It has been a starting point for other ladders, and many complementary or alternative models. This section outlines Arnstein's model and another famous ladder, by Roger Hart, for children's participation.

Arnstein's ladder of citizen participation

Arnstein's (1969) ladder was based on her study of the involvement of local people in urban regeneration programmes in large American cities in the 1960s, and is shown in Figure 8.1. She was primarily concerned with the participation of groups in political processes, rather than individuals and casework, but the framework can easily be applied to the involvement of individuals in decisions about their own situation.

On the lower rungs of Arnstein's ladder are forms of participation that are not truly participative at all. The bottom rung is 'manipulation', when people are invited on to committees, or asked to give their views about proposals, simply to confirm decisions that have already been made. It is merely the appearance of involvement. The next rung up is 'therapy'. This is where the experts recommend that someone, or some group of people, should be involved in planning or running a service, or perhaps in the appointment of a member of staff, because 'it will be good for them'. This might be in the sense of teaching them some new skills, or building their self-esteem. It is not that there is anything wrong with these things, but if they are the sole reason for encouraging participation, it has not shifted the balance of power at all.

Arnstein calls the next three steps 'degrees of tokenism'. First is 'informing'. This is when people are told in advance about what is planned, but not invited to express a view or assisted to do anything about it.

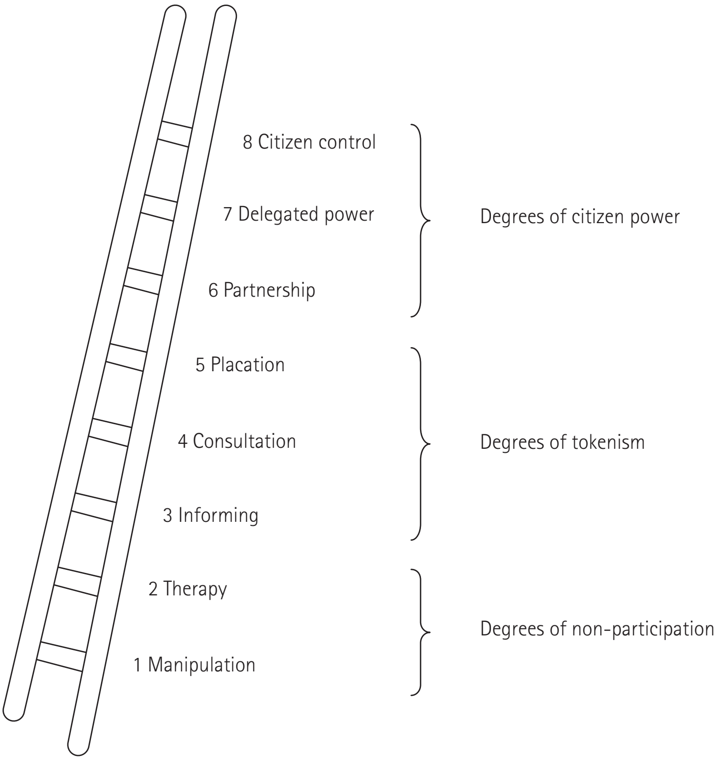

Figure 8.1
A ladder of citizen participation (adapted from Arnstein, 1969)

It is important that information is honest, full and given clearly, avoiding jargon, otherwise it is not participatory at all. It may be rather 'take it or leave it', but at least being informed gives people the opportunity to consider the proposals and take action themselves if they decide to do so. Above that comes 'consultation'. Here, people's views are sought at the planning stage, but there is no guarantee that they will be acted on. Decisions are still made by the professionals, and professionals still control the implementation of the plans. Level 5 is 'placation'. This is where people are invited to get involved, perhaps to sit on a committee, but the purpose is to head off dissent, rather than listen to alternative views. At this level, the people invited to participate might be local figureheads, or the usual service user representatives, well-known to the planners or service managers and easily manageable by them. The representatives might be allowed to vent their frustrations, and some concessions may be made, but essentially this is just about smoothing the way for the existing plan. Open meetings and residents' surveys or opinion polls may also be placatory, depending on the circumstances.

Moving up, the top three rungs represent 'degrees of citizen power'. Level 6 is 'partnership'. This is when local people or service users share in decision-making with the professionals, and the agreement of both parties is necessary for the plan to proceed. Not all partnerships are equal, however, and it may be that the views of one group can be over-ruled by the other. The key points for effective partnerships are that the residents or service users are fully informed about the issues at stake, have access to independent advice, and are aware of any external limits that constrain the project (e.g. budgets, legislation, timescales). Level 7 is 'delegated power'. This is where the residents have full control over an issue – but only that issue, as delegated to them by the programme managers. So it tends to be a rather limited aspect of the project – choosing the furniture for the community centre within a specified budget, for example. Further, there is always the risk that the experts will take the power back if they are not happy with how it is being exercised. At the top of the ladder is 'citizen control', when the residents are fully in charge. Here, there may not be a role for professionals; but if there is, it could be as adviser, enabler, advocate, facilitator.

Hart's ladder of children's participation

Arnstein's ladder has been adapted by Roger Hart (1992, 1997) to illustrate the different aspects of participation for children and young people, as shown in Figure 8.2. His focus was on involving children in community development and environmental projects, but it can be applied to other situations and adapted as necessary.

The bottom three rungs of Hart's ladder are examples of non-participation, and unacceptable. The first is 'manipulation', for example when children's artwork is used in a publication but the children were not involved in any decisions about the book or the use of the pictures – and if people are told that the children were fully involved in the project, Hart would consider this deception. Next is 'decoration'. An example is when children go on a protest march but have no idea what they are protesting about. It is a step up from manipulation because there is no pretence that the children are running the march, but it is not truly participative. 'Tokenism' is the next level. Here, children may be called to talk at meetings, but the ones who get invited are often the charming, photogenic ones. They are not selected by other children, and it is not clear whose views they represent.

Moving into degrees of participation, level 4 is 'assigned but informed'. This is when children are told about a project and asked to take on a specific role or task. They do have information about what is involved, and a choice whether to participate or not, but no choice about how the project is run or what their role is. The next rung is 'consulted and informed', which means that the children's views are sought at the planning stage. The children's views will be taken seriously at this level (otherwise it would be at one of the first three rungs), but even so there is no guarantee that they will be acted on. The plan is finalised by the adults, and the children's roles are fixed by them. Level 6 is when the plans are initiated by the adults, but the decisions are shared with the children. The challenge for the adults here is to ensure that the children are properly informed and really do take part in all aspects of the project. Next comes 'child initiated and directed' and the highest rung of all is 'child-initiated, shared decisions with adults'. At first sight this order seems odd – surely, 'child-initiated and directed' should come highest? Hart's answer is that whilst this might look like full participation, it tends to be limited to specific areas, for example play activities. So it is rather like Arnstein's 'delegated power' – the children do have control of the scheme, planning and implementing their project, but it is only in a relatively modest context. Hart

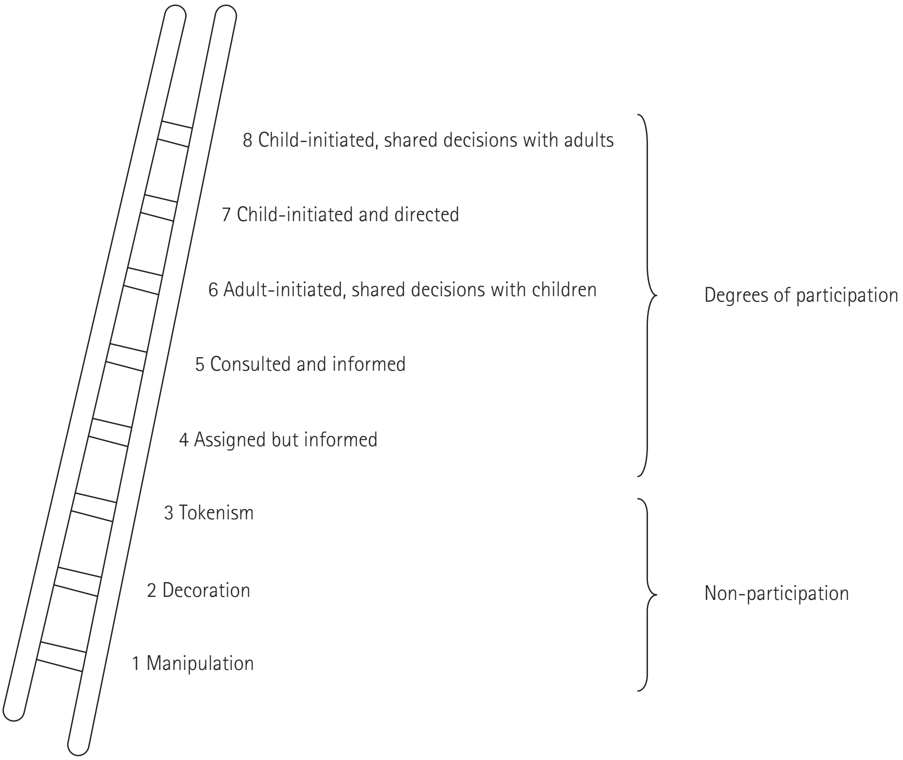

Figure 8.2

A ladder of children's participation (adapted from Hart, 1992/1997)

holds that he is not a separatist, and that children can actually achieve more, be involved in bigger schemes, if they do so with adults – but here, at the top of the ladder, the roles of the adults are those of advisers, enablers, facilitators.

Hart notes that it is not always necessary to be aiming to be at the top of the ladder – some children, in some circumstances, may choose to stay on the lower rungs, and that may be appropriate for them. The important thing is to avoid operating at the bottom three rungs.

Complementary models

Arnstein's and Hart's ladders are helpful models for thinking about participation at group and individual levels, but have been criticised for being overly rigid and one-dimensional. Many adaptations and alternatives have been suggested. For example, Tritter and McCallum (2006) analyse Arnstein's ladder and suggest that a better analogy is a mosaic, with tiles of different colours and shapes. They argue this better reflects the dynamic nature of participation, the roles and ambitions of different individuals and groups, and the importance of relationships for making participation effective. Adams (2008) summarises critiques and adaptations of Arnstein's ladder.

As regards Hart's ladder, Hart himself has acknowledged the limitations (Hart, 2008; see also Thomas, 2007, for a summary of critiques). Hart (2008) acknowledges that the ladder is too easily seen as a sequence for *children* to develop competence, with the expectation that they should move up it, whereas he intended it to reflect the extent to which *adults and organisations* enable children to participate; and also, that it is rather individualistic, and does not take full account of cultural differences in which more collective approaches may prevail.

Two useful models to complement Hart's ladder (i.e. not to replace it, but to enhance it) are Emmanuelle Abrioux's (1998) circle and Nigel Thomas' (2000) climbing wall. Both are specifically about children's participation, but the ideas are useful for thinking about and implementing participation more generally, not just with children and young people.

Abrioux worked with girls and young women in Afghanistan. The social and political climate there at that time was strongly against women's open participation in society. Abrioux (1998) makes the point that aiming for the higher rungs in those circumstances could have been very dangerous for the girls. She argues that we need a more contextual understanding of participation. We need to be sensitive to different starting points, and the risks to participants. An initiative that might be considered tokenism in one environment, could actually be a constructive step forward in other circumstances. She does not reject the idea of a ladder, but suggests we balance it with the idea of a circle, in which the important idea is to keep moving round. It's not about reaching the top, but about recognising the value of small steps and continually moving on. Participation is a process, not a one-off achievement.

Thomas looked at children who are looked after by local authorities in England (usually placed in foster homes or residential care). There are regulations that require regular reviews of the children's progress and the plans for them, and Thomas studied their participation in these reviews. He uses his observations to ask incisive questions about the ladder model:

> Is a child who attends a meeting because s/he is told that s/he must, and then takes a very active part in the discussion, higher or lower on the ladder of participation than one who attends as a free choice but then says nothing? Is a child who takes a very active part in dealing with all the matters on the agenda, but who does not realise that she could have asked for other things to be discussed, a 'participant' or is she merely being 'consulted'?
>
> (Thomas, 2000: 175)

Thomas argues that there are different aspects of involvement, and we can think of them like bricks or pillars in a wall. He suggests six key aspects: the level of *choice* that a child has over his/her participation; the amount of *information* they have about their situation; the degree of *control* that they have over the decision-making process; how much *voice* they have in the discussion (how much are they allowed to say?); the level of *support* that they receive; and the degree of *autonomy* that they have (that is, freedom to make decisions independently of what others say).

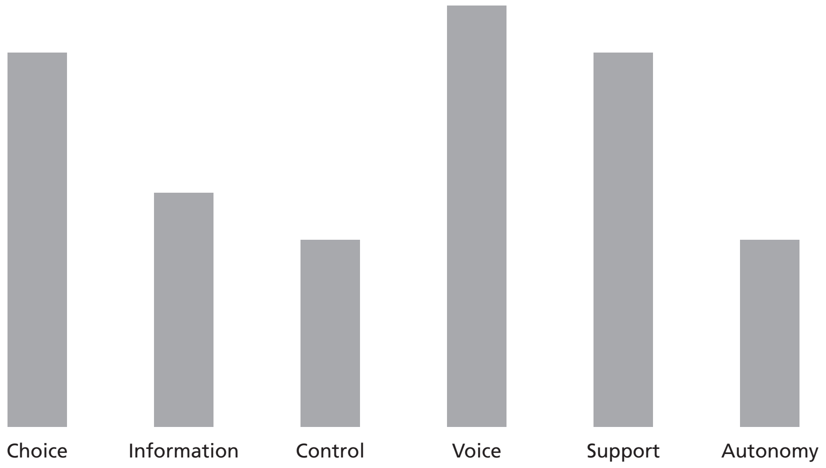

Figure 8.3
Aspects of participation (adapted from Thomas, 2000)

Thomas (2000: 176) shows these different dimensions in a bar chart, to give a picture of the different aspects and levels of involvement. In the example given in Figure 8.3, the child can choose whether to be involved, is allowed to say quite a lot and is well supported; but they have relatively little information or freedom to do anything else, and little control over the decision. Thomas proposes that there is more than one route up the climbing wall – increasing different aspects will lift the child's overall level of participation and control over his/her own life. Thomas' model shows that participation is multi-faceted, and serves as a useful guide for policy and practice.

The ladders and the complementary models are useful for generating questions about the practices of participation. For example, timing: at what stage are service users involved, and how are their views obtained? Are they involved in identifying the problem, designing the service and implementing it, or only afterwards, to assist in evaluation? People may have very different views beforehand, in the middle of a process, and afterwards. Second, are people invited to contribute, or do they have to force their way in? How are meetings publicised, where are they held and at what time of day? Third, what efforts are made to get the views of the 'hard to reach' or 'seldom heard' groups? (Robson *et al.*, 2008, discuss four particular groups: homeless people with addiction problems, people from black and minority ethnic communities, people with communication impairments and people with dementia.) What methods of involvement are used, and what are their strengths and weaknesses (e.g. neighbourhood committees, user-led organisations, user representatives, group discussions, one-to-one interviews, questionnaires, evaluation forms, complaints procedures)? The implications for social work practice and organisations are discussed further in the section on 'whole systems' change (notably Box 8.1), but first we consider more of the underlying dilemmas and debates.

The politics of participation and choice

As the ladders have shown, participation is another of those words with many different meanings, and many different implications for practice – as are choice, empowerment, personalisation and control. That is why they have become so widespread in current policy – everyone can sign up to them. For the minimalists, they are a way of restraining the power of overbearing welfare state professionals, and shifting control to service users and citizens. They also welcome the shift of responsibility to individuals and families, and the possibility of reducing state expenditure, as people take on new roles and responsibilities for managing their own welfare. It brings market place principles of choice to the public services. The integrationists aim to target services more effectively, and service users' views should help them to do this. They also like the idea of a range of welfare suppliers and people being able to choose between them. They see choice and participation as important ways to get vulnerable people back into society, and also more broadly to regenerate community life, building social cohesion and social capital. The social democrats value participation and choice because they are aspects of citizenship and equality. They may be less concerned than the others about people having a choice of supplier, or about saving money: for them, the priority is to get higher quality services and a more integrated society. Even the radicals like the ideas of participation and choice, giving power to the people, but they are very suspicious of the motives behind the rhetoric, seeing it as a vehicle for privatising services, saving money and reducing state help to vulnerable families. More than that, they mistrust it as a subtle but powerful form of social control, window-dressing that tricks people into participating in a system that oppresses them (Carey, 2009).

Participation and choice also have profound implications for the social work diamond, unsettling the traditional roles and relationships between state, organisation, profession and service users. Some see the prospect of a new role for the state, to become an 'enabling state', creating the conditions for individuals to make the right choices for their own well-being and the well-being of others – for example, to adopt a healthy lifestyle, get a job, spend and save their money wisely. The state should become a platform on which citizens can build their own lives, supported by professionals if necessary to 'co-produce' services (Leadbetter, 2004; SCIE, 2013). The radicals, of course, see this sort of talk as a deception from the real issues of inequality and power, but still want to see genuine participation and empowerment. Welfare organisations will have to be redesigned to facilitate this new approach – and this will involve substantial changes of culture, structure, practice and review systems. Professional roles should change, to be less the experts, assessing needs and allocating services as a 'professional gift' (Duffy, 2014a), but instead seeing service users as citizens and supporting them to make their own decisions and achieve their own goals.

Five key questions

Greater participation and choice for service users and carers could be an inspiring vision or a worrying one, depending on one's personal and political point of view. It has the potential to go either way, and there are many challenges for policy and practice. For a start, different people will have different priorities and may make incompatible choices. Who decides, and how? Resources are limited. Who decides, and how? People may not make the 'approved' choice, or their choice may be unsafe. Who decides, and how? Five dimensions are especially important.

Human rights or consumer rights?

It is important to analyse the extent to which programmes for greater service user involvement support it from a standpoint of human rights, or consumerism. The latter approach is far more limited. It gives some rights, for sure – to express a view, be consulted, make complaints – but the risk of a consumerist approach is that participation is restricted to fine-tuning services in order to make them more efficient. Rather than encouraging collective action from service users and a revitalised role for state services, it reduces the issue to one of individual choice, a 'supermarketised vision' of involvement (Cowden and Singh, 2007: 6). This diminishes the potential for radical change in the ways that services are designed and delivered, and for challenging discriminatory attitudes and practices. A cost-saving agenda is also characteristic of a consumerist approach, although this is often down-played. The unspoken idea is that devolving control to individual service users, say through direct payments or individual budgets, will save the state (i.e. the taxpayer) money. The danger here is that participation and choice become ways of passing difficult rationing decisions down the line, to the users themselves (Hoggett, 1996: 20).

There are also grounds to question whether an approach that sees social care service users simply as customers does justice to the complexity of the relationships and responsibilities involved – for example, that some service users are not there voluntarily, and that sometimes their wishes may not be met because of concerns for their own safety or the safety of others. In contrast, a human rights approach recognises the wider implications of participation, that it will entail a new role, not necessarily a reduced one, for state welfare services; and human rights provide a crucial underpinning for legal and procedural safeguards when wishes do have to be over-ruled.

Cloak or dagger?

For some, participation is a sharp instrument to change public services and beyond that the nature of the relationships between the state and the citizen (e.g. Leadbetter, 2004). Other analysts, though, have identified ways that it can be used as a cloak for decisions that have already been made, or as a handy weapon in political or professional battles. Barnes *et al.* (2003) speak of user involvement being reduced to a 'technology of legitimation', giving the appearance of democratising services, and of how professional groups can sometimes 'play the user card' to try to win arguments ('we know better than you what the users want'). Equally, if service user views go against what the professionals want, they may then play another card, dismissing them as 'unrepresentative' or 'unrealistic'.

Cowden and Singh (2007) point out that government ministers and managers can use the rhetoric of 'listening to users' and 'increasing choice' to criticise and control the practice of front-line workers, by implying that the workers don't really know what the public wants, or are resistant to change. In this way 'it is easy for service user critiques of professional practice to be simply incorporated into an agenda dominated by performance management, audit and evaluation' (Cowden and Singh, 2007: 19–20).

Process or outcome?

Another important dimension is whether the aim is to encourage participation for its own sake, because the process itself is necessary and worthwhile, an aspect of citizenship, regardless of any benefits it brings; or whether better outcomes are the litmus test. Outcomes include benefits such as enhanced confidence and self-esteem, and improvements to the services. Often these different aspects will go together, *intrinsic* and *extrinsic* benefits (Doel *et al.*, 2007), but they need not. Wonderful co-operative work might not achieve the result the group wish for – for example, the local hospital might still be closed. Was it worth it? A disappointing result may not invalidate the personal benefits or the whole principle of participation, but it certainly will if there are too many of them.

Linked with this 'process or outcome' aspect, are questions of whether the goal is greater participation in everyday activities and choices, or in decisions about 'bigger' issues. Robson *et al.* (2008: 7) make the point that participation in the activities and routines of everyday life is 'the bedrock of involvement in other aspects of services'. Staff need to be listening to service users, creating opportunities for them to make choices and exercise control, but that is not sufficient by itself to ensure that service users play a wider part in the development and management of services. Organisations must also enable service users to have access to, and influence in, decision-making structures and processes.

Why don't people always participate?

The fourth key dimension is to understand the possible reasons for non-participation, and work to counter them; but at the same time to respect people's choices not to express their views or get involved in particular projects. Some may be cynical that anything will ever be any different, some may fear repercussions if they complain, and some may be apprehensive about the burdens of taking on too many responsibilities. The important thing is to have worked hard in listening, explaining and creating methods that enable people to play a part and express their views; and just because some people choose not to participate, not to write them off for next time, or to give up on participation altogether.

One reason why some people may take up chances of participation more readily than others, is that they are more comfortable with roles in decision-making (this may apply especially to direct payments in adult social care, if people have prior skills and confidence in managing financial affairs: see Leece and Leece, 2006). The middle classes may be better placed to take advantage of the new opportunities for personalised services than people from poorer socio-economic backgrounds or other disadvantaged groups. Some people come with a long history of being told what to do by professionals, lacking confidence, skills and (in some cases, understandably) trust to take a different role. For some, saying nothing is the best way of exercising choice, or showing resistance. Others will welcome the opportunity to have their say and have ample determination to express their views.

There is the other side too, that the biggest cultural and attitudinal change is not for the service users, but for the staff. One explanation for the very slow expansion of direct payments was that there was often reluctance to trust service users to manage the funds properly or safely, the systems were too bureaucratic, and practice was shaped by assumptions that certain people would not be interested or able to manage (Ellis, 2007).

Co-operation or conflict?

The fifth key issue concerns the relationships between workers and users. Are the two groups locked in irredeemable conflict? The consumerist approach can sometimes make it seem like that, but Beresford and Croft (2004) call for closer links and alliances, seeing this as the way forward for a new, more emancipatory social work. Their argument is that the service user movement, and especially service user organisations, have had a great impact in society, well beyond social work and social care, in culture, politics, legislation and social policy. As a movement, it has not been confined to narrow consumerism, but has emphasised the human rights of service users, and a more democratic approach to running public services. Although it has challenged social work, it has done so 'from a progressive and liberatory position' (Beresford and Croft, 2004: 62). If social work is to move away from a controlling role towards a more liberating one, practitioners need to work together with service users and local people.

Carr (2004) sounds a warning. She highlights the extent of the changes that service user involvement demands in social care agencies, and says that it challenges 'the very fabric of the institutions in which it is taking place' (2004: 268). As such, resistance and conflict are inevitable. Carr is hopeful that shared understandings and alliances between service users and practitioners may be achieved, but the road will be difficult. Conflict must be anticipated and worked through, not suppressed. Differences should be valued, and debated openly and honestly.

'Whole systems' change

SCIE has published a wide range of material about participation, including Carr (2004); Begum (2006), Wright *et al.* (2006), Moriarty *et al.* (2007), Robson *et al.* (2008), and SCIE (2013). One of the common themes is that participation has far-reaching implications for the organisational point of the social work diamond. Social work organisations will need to change their ethos, structures and practices if participation is to be more than tokenistic. Box 8.1 shows the four dimensions that need to be addressed.

Box 8.1 A 'whole systems' approach to participation

Culture

Culture includes the beliefs, values and norms of an organisation. It is not static but something that can change over time. Building an effective culture for participation includes:

- establishing a shared understanding of participation;
- leadership – ensuring managers actively support and sustain participation;
- ensuring that all staff are committed to participation (training and support);
- developing a participation charter, as a public promise about participation;
- showing evidence of participation in organisational policies and documents, such as policies and manuals;
- publicising commitment to participation (e.g. leaflets, posters).

Structure

Participation can only create change or improvement when people can influence decision-making processes. Structures must enable service users to become active participants. This includes:

- development of a participation strategy, to include training for staff and service users/participants, roles in key meetings and committees, changes to make meetings more appropriate (time of day, style of meeting), payment;
- partnership working with other organisations – for example, service user organisations, advocacy and support groups, and other agencies, to promote participation and learn what they do;
- identification of 'participation champions', specialist workers or teams, to co-ordinate and promote participation;
- provision of adequate resources for participation (e.g. training, equipment, interpreters, expenses and payment, suitable venues).

Practice

Practitioners need to be able to work in a way which enables participation and ultimately brings change or improvement. Good practice on a day-to-day basis is essential to ensure that people have a positive experience of becoming involved. This includes:

- involvement of all, including children and young people, older people, and people from groups that are seldom heard;
- ensuring safe participation, which includes informed consent, not making people feel embarrassed or anxious, awareness of cultural or religious factors, confidentiality;
- creating an environment for participation (e.g. being welcoming, layout of rooms, avoiding jargon, showing respect, thanking people);
- using a variety of flexible and creative approaches, such as focus groups, questionnaires, non-verbal methods, informal meetings, internet;
- understanding the different mechanisms for involving people in organisational development as well as individual decision-making processes (e.g. formal committees, strategy groups, recruitment processes, research);
- providing opportunities for practitioners and service users and carers to develop their skills, knowledge and experience.

Review

The process of monitoring and evaluating the participation of service users and carers. It is important to show how participation has helped change or improve services. This includes:

- systems to provide evidence of the *process* of participation (i.e. what the organisation is doing to involve people) and the *outcomes* (i.e. what has changed as a result);
- clear identification of proposed outcomes (unless you have clear goals, you won't know if you've achieved them) with service user participation in setting them;
- service users and carers should be involved in defining the aims, objectives, processes, and the ways and means of measuring them;
- feedback to service users;
- adequate resources for review systems.

Based on Wright *et al.* (2006) and Moriarty *et al.* (2007).

Conclusion

This chapter has debated some of the ambiguities, tensions and conflicts about service user participation and choice. They are such powerful, flexible and ambiguous concepts that they can be used, simultaneously, in different ways. They can challenge long-established ways of doing things, patronising attitudes and unimaginative practice. At the same time, that powerful potential can be diluted if it is only given lip-service, and kept at the lower rungs of the ladder. More than that, it can be distorted, if it is taken over and used for political purposes about cutting back the welfare state, or to satisfy managerial goals about budgets and organisational compliance, or as a card in inter-professional arguments. At the same time again, there are challenging issues of limited resources, fairness between different groups and between individuals, safety and legal responsibilities.

Another challenge for participation links back to the relative definition of poverty we discussed in Chapter 5. People who do not have enough money to pay their bills or eat properly, or for their children to have opportunities that are routine in better-off families, are not able to participate fully in the society in which they live (Ferragina *et al.*, 2013). Formal rights to participation do not redress those deep inequalities.

Chapter 5

Chapter 10 looks in more detail at how this complex picture of participation works out in policies for personalisation. Meanwhile, it is clear that political rhetoric about participation based on limited notions of consumer rights or customer behaviour does not do justice to the many tensions and ambiguities. Taking participation and choice seriously means recognising all sides, the positives and the challenges. This is not to be overwhelmed by confusion, but to help us put them into practice in ways which are creative, fair and enhance service users' human rights and quality of life.

Chapter 10

Questions for reflection

- Think about times when you have tried to involve adults or children in planning or running services, or in making decisions about their own lives (if you have not done it in work, think about examples in your personal life). Use Arnstein's or Hart's ladders to analyse what happened. Would you do anything differently next time?
- On the basis of your experience, could you suggest any adaptations to the ladders, or any alternative models of participation?

- Where on the ladders would you put the following? What factors shape your answers – and could they be changed to move things higher up the ladder?

  Direct payments for social care service users

  Social services' complaints procedures

  General elections

- Use the four elements of whole systems change in Box 8.1 to think about the way that participation was being implemented in an agency where you have worked or been on placement. What areas could be developed further?

Useful websites and further reading

The following websites are useful:

Centre for Welfare Reform: www.centreforwelfarereform.org.

Shaping Our Lives (user-led organisation): www.shapingourlives.org.uk.

National Voices (a coalition of health and social care voluntary organisations in England): http://www.nationalvoices.org.uk/.

There may well be local organisations in your area led by and for people who use social work services, to put forward their views, and offer advice and support to one another. Find out about them and what they do.

SCIE has a large amount of material about participation on its website: www.scie.org.uk.

The two papers which are used in Box 8.1 are especially recommended:

Wright *et al.* (2006) *The Participation of Children and Young People in Developing Social Care.*

Moriarty *et al.* (2007) *The Participation of Adult Service Users, Including Older People, in Developing Social Care.*

A useful overview is given in Barnes and Cotterell (2012) (eds) *Critical Perspectives on User Involvement.*

9 Regulation

This chapter looks at the regulatory and organisational context of social work in England, showing the range of different agencies involved in prescribing, delivering and monitoring it, and identifying the major principles that lie behind these arrangements. The chapter gets us back to the old debates about the control of social work, who runs it and who should – politicians, professionals, managers, service users? Or more likely, what are the balances between these different groups, and what methods can each of them use to shape social work policy and practice?

The term 'regulation' is being used here in its broadest sense, to cover any method of setting and maintaining standards, and co-ordinating activities. This involves a whole variety of organisations and approaches, and is no longer just the responsibility of national or local government – hence the rise of the term 'governance', which is meant to capture the multi-agency nature of the enterprise, that it now involves voluntary organisations, businesses, community groups, service users and local residents.

The chapter describes the main organisations and structures for social work in England, as at July 2015, and identifies the main similarities and differences with the other UK countries. It also explores the concepts and principles that lie behind them, which should be relevant to other countries even if the specific structures are not. There are many approaches and techniques for trying to achieve high standards and ensure that policies are put into effect properly or modified if they need to be – formal regulations and government guidance are prominent methods, but also important are education and training, procedures and systems, funding, management and supervision, consultation with service users and special interest groups, law and the courts, and monitoring and inspection. All the approaches overlap and interweave, sometimes supporting one another and sometimes in contradiction. It is through this interaction that policies are formulated, put into practice, challenged and evaluated.

The welfare jigsaw puzzle

Welfare policies and services are not just the responsibility of national government, but are shaped by a jigsaw puzzle of different organisations – international, national and local, statutory, voluntary and private, with a web of vertical and horizontal links between them. Some of the connections are formal and ‘strong’, enabling one organisation to direct and evaluate the work of another, whilst others are weaker, relying more on negotiation and inter-professional relationships.

Chapter 5

In terms of vertical links, social policy in the four countries of the UK is shaped from above, by international treaties and organisations. At the highest level, the United Nations influences policy through its human rights treaties, discussed in Chapter 5.

Two European inter-governmental organisations have a significant impact, the European Union and the Council of Europe. The European Union (EU) approach to social policy tends to focus on employment-related matters such as equal treatment for women and older workers, parental leave, fair working hours. It has extensive policies on tackling discrimination, and on freedom of movement within the EU whilst maintaining its external borders and controlling immigration. It is also a major funder of social regeneration projects, through its structural funds. The Council of Europe is a different body to the EU, and has more member countries (for example, it includes Turkey and Russia). All states that belong to the Council have to comply with the European Convention on Human Rights (ECHR), discussed in Chapter 5.

For Deacon (2007), the EU is a prime example of the ‘globalisation of social policy’, where issues of regulation, redistribution and rights, previously the concern of national governments, now take on an increasingly international dimension. That is, policies to ensure good working conditions and fair welfare provision (regulation) are now framed by an international body; wealthier countries give money to the EU that is spent in the poorer parts of other nations (redistribution); and questions of rights and entitlements now go beyond national citizenship (EU citizens are, generally, entitled to equal treatment in other EU countries, but there are tighter restrictions on the rights of non-EU citizens). Having said that, we are still a long way from a homogenous ‘European welfare state’, and different nations within the EU still have very different approaches to social policy issues, reflecting the underlying approaches discussed in Chapter 3. EU law is usually issued in the form of regulations or directives. Member states must comply with regulations but have some discretion in how they translate directives into national legislation. The European Court of Justice in Luxembourg decides disputes about EU law, and its decisions are binding on UK courts (note that this is a different body from the European Court of Human Rights in Strasbourg).

Chapter 3

The national level

In the different countries of the UK, different central government departments have different responsibilities for social welfare and social work. Departmental names and functions change from time to time, but Box 9.1 gives a summary of the major departments in England in July 2015. Box 9.2 gives details of other important regulatory and advisory bodies, using the term 'regulatory' to capture any method of setting standards and ensuring high quality services. Wales, Scotland and Northern Ireland have their own government structures and regulatory bodies, and the principal organisations for those countries are shown in Box 9.3. The commentary in this section focuses on England.

Box 9.1 Major government departments for social policy and social work in England, July 2015

- **Department of Health (DH)**
  National Health Service (England), adult social care, public health.
  www.gov.uk/government/organisations/department-of-health
- **Department for Education (DfE)**
  Early years, schools, children's social care.
  www.gov.uk/government/organisations/department-for-education
- **Department for Communities and Local Government (DCLG)**
  Local government, housing, planning, social integration, economic development.
  www.gov.uk/government/organisations/department-for-communities-and-local-government
- **Department for Work and Pensions (DWP)**
  Welfare to work, welfare benefits, disability allowances, pensions.
  www.gov.uk/government/organisations/department-for-work-pensions
- **Home Office**
  Policing, immigration, crime reduction, anti-social behaviour.
  www.gov.uk/government/organisations/home-office
- **Ministry of Justice (MoJ)**
  Courts and legal services, including child care proceedings; probation, youth offending teams, prisons.
  www.gov.uk/government/organisations/ministry-of-justice
- **The Treasury**
  Taxation, public expenditure.
  www.gov.uk/government/organisations/hm-treasury

Box 9.2 A selection of other regulatory and advisory bodies in England, July 2015

- **Health and Care Professions Council (HCPC).** Social work register; social work education: www.hcpc-uk.org
- **Care Quality Commission (CQC).** Regulates and inspects health care services and adult social care: www.cqc.org.uk
- **Office for Standards in Education, Children's Services and Skills (Ofsted).** Inspects schools, also regulates and inspects children's social care services: www.gov.uk/government/organisations/ofsted
- **Chief Social Workers.** Since 2013 there has been a chief social worker for child and family social work, and one for adult social work.
- **National Institute for Health and Care Excellence (NICE).** Provides guidelines, quality standards and advice on a range of health and social care matters: www.nice.org.uk/
- **Social Care Institute for Excellence (SCIE).** Promotes evidence-based practice via dissemination of research: www.scie.org.uk
- **Skills for Care.** Employer-led workforce development body for adult social care in England: www.skillsforcare.org.uk
- **Centre for Excellence and Outcomes in Children and Young People's Services, C4EO.** Shares examples of best practice in children's services and offers support to local areas: www.c4eo.org.uk
- **Equality and Human Rights Commission (EHRC).** Concerned with inequalities of gender, race, disability, sexuality, age, religion: www.equalityhumanrights.com
- **Association of Directors of Children's Services (ADCS)** and **Association of Directors of Adult Social Services (ADASS).** Promote the role and views of local authority social care services in policy-making with central government: www.adcs.org.uk
- **British Association of Social Workers (BASW).** A professional body, not a trade union, that aims to represent the views and interests of social workers in the UK: www.basw.co.uk
- **Local Government Association (LGA).** Representative body for all local authorities in England and Wales, seeking to influence policy, explain their role and views: www.local.gov.uk

Box 9.3 Major government departments and regulatory bodies for social work in Wales, Scotland and Northern Ireland, July 2015

Wales

- **Welsh Government**: http://gov.wales/?lang=en
- **Department of Health and Social Services**: http://gov.wales/topics/health/?lang=en
- **Care and Social Services Inspectorate Wales (CSSIW)**: http://cssiw.org.uk/?lang=en
- **Care Council for Wales** (to be known as Social Care Wales from 2017): www.ccwales.org.uk
- **Social Services Improvement Agency (SSIA)**: http://www.ssiacymru.org.uk
- **Association of Directors of Social Services (Wales) (ADSS Cymru)**: www.adsscymru.org.uk

Scotland

- **Scottish government**: www.gov.scot
- **Social Care and Social Work Improvement Scotland** (also known as the Care Inspectorate). Regulates and inspects social work and social care services provided by or on behalf of local authorities. Created in April 2011 from the merger of the Scottish Care Commission and the Social Work Inspection Agency: www.scswis.com
- **Scottish Social Services Council**: www.sssc.uk.com
- **Institute for Research and Innovation in Social Services**: www.iriss.ac.uk
- **Scottish Human Rights Commission**: www.scottishhumanrights.com
- **Social Work Scotland**. Created from the Association of Directors of Social Work in 2014, now open to a wider membership. Aims to improve social work practice and leadership, and promote the social work profession: www.socialworkscotland.org

Northern Ireland

- **Northern Ireland Executive**: www.northernireland.gov.uk
- **Department of Health, Social Services and Public Safety**. Social work and social care delivered via the health and social care board and five health and social care trusts: www.dhsspsni.gov.uk
- **Northern Ireland Social Care Council**: www.niscc.info
- **Regulation and Quality Improvement Authority**: www.rqia.org.uk
- **Northern Ireland Human Rights Commission**: www.nihrc.org

Social work in England currently comes mainly under two departments, the Department of Health (DH), which is responsible for adult social care, and the Department for Education (DfE), which takes children's services. In the other countries, social work is still under one central government department (directorate in Scotland). The Conservative–Liberal Democrat coalition government reintroduced the title 'Department for Education' when it came to power in 2010, replacing the Department for Children, Schools and Families (DCSF) that the New Labour government had created in 2007. The DCSF had replaced the Department for Education and Skills (DfES), which was itself only formed in 2003. Responsibility for children's social services moved to the DfES in 2003, but before that children's and adult social services were together, under the DH. Even this short summary indicates the complexities of finding the 'right place' for social work, and the powerful tendency to reorganise departments and agencies in the search for the most effective arrangement (practically and symbolically). The tendency is shown repeatedly, throughout the chapter.

Social work is a relatively small concern for national government, and the English policy of splitting it across two major government departments may have weakened its position and influence even further. An effective way of incapacitating a group is to split it into smaller bodies and then drop them into much larger and more diverse ones (the old 'divide and rule' idea). The DH also has responsibility for the National Health Service (England) and public health (e.g. vaccinations, safe sex and anti-smoking campaigns), whilst the DfE covers schools and early years provision (nurseries, childminding). The NHS and the state education system both have far larger budgets and much higher public profiles than social work. It is hard for social work to compete for equal attention with such large, socially popular and politically important public services.

In the UK, social work is mainly delivered through local government, which means that the central government department responsible for overseeing local government also has a significant role. In England, this is currently called the Department for Communities and Local Government (DCLG; this title was created in 2006). (Having said that, there have always been voluntary sector agencies, and nowadays there are growing numbers of private agencies: this mixed economy of welfare is discussed further in Chapter 11.) The DCLG is also responsible for housing policy, planning, social integration and local economic development. Local authorities in England have a 'general power of competence', which they can use to promote economic and social well-being in their communities, although this does not allow them to raise local taxes (Localism Act 2011: see Sandford, 2014). Under the Health and Social Care Act 2012 they have a duty to improve the health of people in their area. The key bodies for doing this are local health and well-being boards.

Chapter 11

The Department for Work and Pensions is responsible for welfare benefits and welfare to work programmes in England, Wales and Scotland (Northern Ireland has its own social security agency, but benefits are the same). Benefits include jobseeker's allowance, employment and support allowance, the state pension, and disability payments such as the personal independence payment and attendance allowance. The DWP is also responsible for the network of Jobcentre Plus offices.

Other relevant departments, as shown in the box, are the Home Office and the Ministry of Justice. Finally there is the Treasury, which is responsible for raising public funds through taxation and deciding how much money each department should get.

Other national regulatory and advisory bodies

In addition to the major government departments, there are other organisations that have an important role in shaping and controlling social work – regulating it, in the widest sense of the term. Some aim to achieve this through target setting or inspection, others by a more educational and advisory approach, others by a combination of methods. This section comments on some of the major bodies in England, but see Box 9.3 for details of parallel organisations in Wales, Scotland and Northern Ireland.

Since 2012, social workers in England have to be registered with the Health and Social Care Professions Council (HCPC). This replaced a body known as the General Social Care Council (GSCC), which had been set up in 2001, alongside similar councils in the other countries of the UK. Those countries still have these councils, but the English one was abolished as part of a Conservative–Liberal Democrat review of public bodies, to reduce the number and costs of such bodies (Dickens, 2012). The HCPC was previously known as the Health Professions Council and also registers physiotherapists, occupational therapists, speech and language therapists, paramedics, and hearing aid dispensers.

At the same time as the GSCC was abolished, a new national organisation for social work in England was established, known as The College of Social Work (TCSW). Its aim was to represent and support the social work profession, and promote high standards. The establishment of such a body had been one of the recommendations of the Social Work Task Force (SWTF), which had been set up in 2009 in the wake of the Baby Peter child abuse scandal (see SWTF, 2009a, b, c). This was succeeded by the Social Work Reform Board (2010–13), which took forward the recommendations of the SWTF and produced a new set of professional standards for social work, known as the Professional Capabilities Framework (PCF: SWRB, 2010). The College took on 'ownership' of the PCF. In June 2015 the Conservative government announced that it would withdraw its funding for the body, and as a result the college was wound up.

The HCPC and the social care/services councils also approve and monitor social work degree programmes, and only holders of approved degrees can register as qualified social workers. The HCPC has issued a set of 'standards of proficiency' (SoPs) which set out what a social worker in England should know, understand and be able to do when they complete their social work training (HCPC, 2012). Higher education institutions that run social work degrees must be approved by the HCPC.

In England, adult social care services are inspected by the Care Quality Commission (CQC). This was created in 2009, from a merger of the Commission for Social Care Inspection (CSCI), the Healthcare Commission and the Mental Health Act Commission. It also inspects hospitals, mental health services, and doctors' and dentists' practices. Children's social care services are inspected by the Office for Standards in Education, Children's Services and Skills (Ofsted), which also inspects schools. Both bodies inspect local authority social care services, and register and inspect private and voluntary sector agencies.

Both bodies have been subject to heavy criticism for failing to identify poor practice and not enforcing standards effectively. Examples are criticism of the CQC from the House of Commons Health Committee (2013), which has an annual accountability hearing with the CQC, for failing to ensure that its inspections were sufficiently challenging; and criticism of Ofsted by the House of Commons Communities and Local Government Committee (2014) for the failure of its inspections to identify problems in dealing with child sexual exploitation in Rotherham. The Munro review of the child protection system in England (2010–11) pointed out that inspections can sometimes miss the most important things because they tend to focus on aspects that can easily be measured, such as compliance with procedures and timescales, rather than the experience of the children and the effectiveness of the help offered to them and their families (Munro, 2011b: 45–51). In 2014, Ofsted published a revised framework for inspecting social care services for children (Ofsted, 2014) and the CQC started using a new approach to regulating and inspecting adult social care services (CQC, 2015b). Both organisations publish their inspection reports on their websites, and also produce annual overview reports (e.g. CQC, 2014a; Ofsted, 2015).

There are two 'chief social workers', one for children's services (at the time of writing, Isabelle Trowler) and one for adults' services (at the time of writing, Lyn Romeo). These posts were created in 2013, in response to a recommendation in the Munro review to increase the visibility and voice of social work within government (Munro, 2011b: 9). Their role is to provide leadership for the profession, support and challenge it as necessary, and provide expert advice to ministers. Both have produced statements of the key knowledge and skills that social workers in their area should have (DfE, 2014b; DH, 2015). These statements have become the basis for assessing the progress of newly qualified social workers in their first year of employment.

A relatively new player in the regulation of social care is the National Institute for Health and Care Excellence, NICE. This was established as the National Institute for Clinical Excellence in 1999, with the original aim of ensuring that drugs and treatments available on the NHS were clinically and cost effective. It has provided guidance on social care since April 2013, when it adopted its new name. It takes an evidence-based approach to produce guidelines and quality standards on a wide range of topics, and also provides a useful directory with access to authoritative research and other guidance. At the time of writing it was still developing materials on many social care topics, but had published guidelines, quality standards and advice on a range of matters including the health and well-being of looked after children and older people in care homes.

The Social Care Institute for Excellence (SCIE) is another body that aims to raise standards in social work by promoting evidence-based practice, through disseminating research findings and publishing guidance. It was created in 2001 as part of New Labour's reforms to the regulatory system, replacing a body known as the National Institute for Social Work. It emphasises the involvement of people who use services and their carers in identifying what works and how that knowledge can be put into practice. Its website has a wide range of briefings, guides, knowledge reviews and videos on a full range of social care topics, and an online database.

Another significant body is the Equality and Human Rights Commission (EHRC). Although it does not regulate social work directly, the principles and legislation it supports are certainly relevant to every aspect of social work, the practices of local authorities, voluntary organisations, private agencies and individual workers. It was formed in 2007 from the merger of the Equal Opportunities Commission (concerned with equality between the sexes), the Commission for Racial Equality and the Disability Rights Commission. It added sexuality, age, religion and belief, and human rights generally to its remit. It has produced guidance for local authorities and care providers on complying with human rights and equality legislation, and campaigns for good practice based on these standards.

There are numerous other organisations that have a say – or hope that they might achieve some sort of say – in shaping social work policy. Some are shown in Box 9.2, but there are many voluntary organisations, campaign groups, representative bodies, research organisations, think tanks and lobby groups that have an interest in social care, and which might issue publications and run campaigns to change policy. Many have been referenced throughout the book, including the 'Useful websites and further reading' section at the end of each chapter.

The local level

However much social policies are planned at national level, delivery is at local level – for example, through health centres, schools, jobcentres, local authorities, the local offices of voluntary organisations and welfare businesses. Here the themes are about effective inter-agency working, 'horizontal integration'. Social work in the UK is mainly provided through local authorities (Northern Ireland has a different organisational structure, but it is still local delivery).

There are 152 councils with responsibilities for children's services and adult social care in England. These are either 'higher tier' authorities or unitary authorities. That is, in areas where there are two levels of local government, county councils and district councils, it is the county council that has responsibility for social work, along with education, roads, libraries and museums, and economic development, whilst the district council carries responsibility for housing, parks and leisure facilities, and environmental health (including rubbish collection). In parts of the country where there is only one tier of local government, the council carries all these responsibilities. These include the London boroughs, the metropolitan boroughs (large industrial cities, typically in the Midlands and the north of the country), and a number of newer unitary authorities that serve smaller towns or areas, most formed as a result of local government reorganisation in the 1990s. All local authorities in Wales and Scotland are unitary – 22 in Wales and 32 in Scotland.

Cutting back the red tape?

One of the early acts of the Conservative–Liberal Democrat government, in June 2010, was to commission Professor Eileen Munro to undertake an independent review of the child protection system in England (the Social Work Task Force had submitted its final report as recently as December 2009). The purpose was to ask how social workers could be helped to make good professional judgments about children, without unnecessary bureaucracy and regulation, but with transparency and accountability. Munro produced an initial report in October 2010, an interim report in February 2011 (Munro, 2011a), her final report in May 2011 (Munro, 2011b: see also the government's response, DfE 2011a), and a progress report in May 2012 (Munro, 2012). But there has long been an awareness that bureaucracy and regulation do not protect children by themselves, and may have perverse consequences by shifting attention to following the procedures and meeting the timescales, rather than engaging with service users and their families (e.g. Howe, 1992). The typical response to child abuse scandals and other social work failings has been to introduce more guidelines and tighter procedures, but as long ago as 1999 this was described as a 'doomed strategy of "more of the same"' (Braye and Preston-Shoot, 1999: 239).

Munro concluded that the child protection system in England was 'an over-standardised system that cannot respond adequately to the varied range of children's needs' (Munro, 2010: 5). She called for various adjustments to the procedural systems, but more than that, a change of culture across the multi-agency child protection system, to put the emphasis on learning and improvement rather than compliance and blame. However, there are four notable challenges in shifting from prescription to professional judgment.

First, the calls to reduce prescription are heeded only selectively, and political rather than professional considerations are more likely to determine what is cut and what is added. So, whilst the statutory guidance on child protection has been cut back substantially, there has been an increase in government prescription in other areas. Examples are the extensive guidance and regulations on care planning and review for children looked after by local authorities (an updated version was published in June 2015: DfE, 2015), and the government's highly prescriptive adoption action plan, with targets and scorecards (DfE, 2011b). As the Munro progress report observes, this creates a 'confusing narrative' (Munro, 2012: 53).

Second, a reduction in central prescription is not necessarily the same as overall reduction in procedures. Rather, the source of the rules, guidelines and timescales is likely to drop to local level, or to be disguised in other ways. For example, although *Working Together,* the statutory guidance on children in need and child protection was significantly reduced in 2013, an appendix at the back of the 2015 version gives links to 48 pieces of supplementary or additional guidance (HM Government, 2015b). Parton (2014: 196), commenting on the 2013 version, notes that it had 45 links, which added up to over 3,500 pages of material. The Munro progress report observes that rather than 'removing guidance' it is better to talk of 'moving some guidance', to professional and local levels (Munro, 2012: 10).

Third, the challenge is not just about reducing top-down guidance, but also building up skills and confidence amongst field level staff – and not just confidence in their own abilities and professional judgments, but confidence that they will be supported by their managers, and by local and national politicians, if things do go wrong (Munro, 2012: 53). As Munro puts it:

> One fundamental change that is needed is for all to have realistic expectations of how well professionals can protect children and young people. The work involves uncertainty: we cannot know for sure what is going on in the privacy of family life, nor can we predict with certainty what

> will happen. Too often, expectations have become unrealistic, demanding that professionals 'ensure' children's safety, strengthening a belief that if something bad happens 'some professional must be to blame'. This has contributed to the development of a defensive culture that focuses on compliance with targets and rules instead of whether services are providing effective help. Having realistic expectations of professionals will make it easier for them to have the confidence to use judgment instead of applying rules that do not match a specific child's needs, and the humility to reflect on weaknesses in their practice so that they can learn.
>
> (Munro, 2012: 3)

Until this change happens, social workers, managers and local authority leaders are likely to be wary about leaving the apparent security of the rules for the risks of professional judgement – even though, in reality, any security the rules may offer frequently proves illusory (because the more rules there are, the more likely it is that the worker will be found to have infringed one or more of them, as noted over 20 years ago: Howe, 1992).

And this points to the fourth set of challenges, rooted in the wider political and socio-economic context. The required shift in mentality is unlikely to happen in an environment where there is scepticism about public services and often suspicion about the people who rely on them, and where the emphasis is on cutting public expenditure and reducing state provision. The climate of austerity leads to high workloads and gives less time and resources for workers to work with families, and less time to think about these difficult decisions.

Law and politics

Law and politics are prominent approaches (sets of principles and techniques) for organising and regulating social work. They are closely interlinked (politicians debate and pass laws), but they can also be in conflict (courts can overturn political decisions). As always there are overlaps and tensions, and opportunities for different groups to influence and use the processes – for example, for service users to lobby politicians or take local authority decisions to court for judicial review.

The legal approach

Legislation and the courts are powerful mechanisms for regulating social services. Legislation includes Acts of Parliament ('primary legislation') and regulations, also known as statutory instruments or 'secondary legislation' – as examples, there are regulations about standards and procedures for fostering services and care homes. A third level is 'statutory guidance', which is issued by the relevant central government department. It does not carry the full force of law but local authorities are strongly expected to comply – a leading example in children's services is *Working Together to Safeguard Children*, which has been revised and reissued on numerous occasions. At the time of writing, the most recent edition had been published in March 2015 (HM Government, 2015b). In adult services, the guidance for the Care

Act 2014 is a leading example (DH, 2014). Courts will normally uphold statutory guidance and authorities may only deviate from it in exceptional circumstances, so it is an important means for government to direct social work practice.

In theory, law should be clear, fair and rational, reflecting and enforcing national policies and priorities. The usual process is that the government publishes a green paper (a discussion document), a white paper (further refined, more concrete proposals), then a bill. This political process gives opportunities for service user groups and professionals to lobby for changes. The bill is debated and amended before becoming an act. There is then often a period of delay while preparations are made for the implementation of the new law, which may include drafting the secondary legislation and government guidance, training professionals, and publicising the changes. But legislation is not always created along such a smooth path. There can be knee-jerk legislation, in response to a public scandal or a media campaign (Butler and Drakeford, 2005); legislation may be unclear, and an astute lawyer can often find loopholes or challenge the way it has been interpreted and applied; and there may well be people who feel hard-done by it. So law is not always rational, clear or fair. Also, just like bureaucracy, laws do not implement themselves, but rely on professionals to interpret and apply them.

The courts offer opportunities for the state to impose its requirements (for example, to prosecute offenders, to enforce planning laws, to take children into care), but importantly they also give individuals the opportunity to resist, and a means to seek redress for those who feel they have been unfairly treated. Courts are important as independent, objective tribunals that will weigh the different sides of an argument. They are part of the state but can be a check on its powers, as well as a way of enforcing social control. Having said that, courts are intimidating places, and proceedings are often slow and expensive. Those who are most familiar with the system, and who have the greatest resources (money, but also knowledge and experience), are most likely to 'come out ahead' (Galanter, 1974). And courts often say that they are not the right place to decide questions about public expenditure – those economic and public policy matters are properly decided through democratic processes and Parliamentary debates.

There are also questions whether law is always the right mechanism to resolve welfare problems and disagreements. Law works by reducing disputes to terms it can decide – guilty or not guilty, evidence that is acceptable or not acceptable, actions that are permitted or not permitted. Many of the issues that social workers deal with are not easily amenable to this sort of binary categorisation – for example, a young person may be an offender, but he/she may also be the victim of ill-treatment (King and Piper, 1990; King and Trowell, 1992).

The political approach

Political parties and politicians play crucial roles in designing and monitoring social policies. Political decisions determine what policies are adopted and what the budget shall be. Politicians have a crucial role in asking hard questions to managers and professional staff about how they are implementing policies and spending funds. Strong-minded politicians can certainly do this, but once again there are complex interactions and ambiguities in practice. Most politicians are not professionally qualified or experienced in the matters for which they carry political responsibility – e.g. the Secretary of State for Health is not usually a medic, or at a local level the lead councillor for children is not usually a child welfare professional. Politicians therefore need to take advice from professionals and managers, and give support and sufficient resources to enable them to fulfil their tasks; but they are also required to be independent of the professionals and the departments, to hold them to account when necessary.

As for the links between political and service user approaches to social policy, service users can lobby politicians about the proposals they would like to see adopted. However, in a context of limited budgets and conflicting demands, one group's success may well be another's disappointment. Further, groups that use social care services are often poor or socially excluded, with less political power than other interest groups. Indeed, it could be said that if one has to campaign openly, one is already in a weak position: the truly powerful exercise influence much more subtly. The prevailing ways of doing things, beliefs that 'that's the way things are', work quietly but compellingly in their favour (Lukes, 1974).

In theory, the democratic political process weighs up the competing interests of different groups, through open debate and decision-making: in reality, it can be very hard for minority issues to secure a prominent place on the political agenda. Political decision-making is also influenced by electoral timescales. Politicians might be reluctant to make an unpopular decision close to an election, even if it might be the one that all the evidence suggests is right. Equally, they might be keen to make a popular decision, even if the experts and advisers argue this is not correct. Behind those dilemmas, are fundamental questions about politicians' roles and loyalties, which echo questions about the role of social professionals – how far do they follow the wishes of the electorate (service users), or when and how do they take a more active role in trying to *change* attitudes and behaviour? How do they weigh up the wishes and interests of different groups? How do they reconcile compliance with party (organisational) policy, with their own assessment of what is needed?

Conclusion

This chapter has reviewed the regulatory structures and approaches for social work in England in 2015. There is an on-going pattern of substantial organisational change and high levels of political activity. New Labour's approach to raising standards was characterised by organisational restructuring and tight top-down control though legislation, targets and inspections. The Conservative–Liberal Democrat coalition sought to reduce the amount of top-down regulation and bureaucracy, but the extent to which they achieved that is doubtful. The Conservative government looks set to continue along this 'devolution' approach, with a greater emphasis on the role of non-statutory partners in designing as well as delivering services. But their motives for doing so are questionable, whether it really is to move power and control to local people and front-line organisations, or whether it is a way of shifting the blame and the responsibility for difficult rationing decisions. However many reorganisations there might be, and however many targets or few targets, the ability of local agencies to deliver effective services is constrained by budgets and resources.

It is important to be wary of one-dimensional solutions to the perceived shortcomings of social work and other public services. Problems are often portrayed as failures of communication, procedural compliance, management, or organisational structure, and therefore amenable to technical fixes such as restructuring or adjustments to the regulatory framework. The lessons of history suggest that things aren't as easy as that, and the issues are deeper-rooted than organisational structures and inspection regimes alone can solve. That is not to say that these things don't matter – effective structures can enable people to do better work, and effective regulation can help ensure high quality services. But we need to be realistic about what they can achieve and their limitations, and sensitive to the complexity of the underlying issues.

High standards and effective regulation (in the wide sense used in this chapter) are crucial because social work affects the lives of people who may not always be able to safeguard their own interests, and it involves large amounts of public money. But deciding what the appropriate standards are, and how they are best achieved and monitored, inevitably gets us back to the key questions about the proper roles of the state, professionals, organisations and service users, and different views about what social policy is for, and who social work is for. The answer is that they have many purposes, not always compatible. This complexity makes change and regulation much more difficult than often portrayed by inquiries, political comment and media accounts.

Questions for reflection

- Think of a place where you have worked or been on placement. How was the work there regulated? Think of the rules and procedures you had to follow. Where did they come from? Who enforced them, and how? What room was there for discretion?
- Think of a time when you have been dissatisfied with a law, policy or some aspect of professional or organisational practice (this may be in your personal life, not just at work). Did you do anything to try to change it? If not, why? If so, how well did it work, and what lessons did you learn about making change happen?

Useful websites and further reading

Explore the websites of the various organisations listed in Boxes 9.1, 9.2 and 9.3. Also, look for websites of other organisations that research and campaign about social policy or represent the interests of service user groups.

A good way of keeping up-to-date with current developments is to register for a daily email from gov.uk. You will need to use the filters to specify the sort of information you would like to receive.

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Part 3

Current topics

Overview

The chapters in Part 3 look at crucial aspects for the delivery of welfare services and social work in the current climate of austerity: prevention and personalisation, commissioning and integration, and funding and spending. All of these demonstrate the challenges of the three core models described in Part 1 of the book (the roles of social work, the aims of social policy and the state approaches to welfare), and exemplify the overlaps and tensions of the key issues discussed in Part 2. This part of the book, looking at these current topics, draws out the implications for social work's roles, tasks and future identity.

Parts 1 and 2

Chapter 10 explores issues of prevention and personalisation. The two appear to go hand-in-hand – more preventive, earlier services and support, are likely to be more effective if they are more personalised and tailored to the needs and choices of the individuals concerned. And both seem unproblematic – who could possibly argue against them? But under conditions of tightly restricted public spending and increasing demand, together with the political and media stereotyping of people who rely on public services (and indeed, also of those who provide them), things may not always be as straightforward as that. This chapter explores some of those undercurrents, and considers what they mean for social work. Prevention and personalisation are goals in all fields of social work, but the chapter focuses on 'early intervention' with children and families, and personalisation in adult social care.

Chapter 10

Chapter 11 looks at dilemmas about the closer integration of services, and the greater use of providers from the non-statutory sectors – private businesses, voluntary organisations and informal, unpaid carers. There are tensions between these two policy directions, as one points towards more uniformity of provision and the other towards more diversity. The key to resolving them is seen to be strong arrangements for joint planning, commissioning and co-ordination. However, the context of central government mistrust about the role of the public sector (and to some extent the voluntary sector too) together with the very tight restrictions on public spending creates considerable challenges for these goals.

Chapter 11

Chapter 12 discusses the finances of social care. It summarises the current system for funding local authority services for children's and adult social care in England, and how the money is spent. It also discusses the thorny issue of who should pay for social care, and how. This is highly controversial because of rising demand and the tricky boundary with health care. It has been the subject of many investigations and proposals over the years, but the challenges of getting it right, and keeping it affordable, have often led to them being shelved. A new system for funding long-term care in England was due to come into force in April 2016, but in July 2015 the Conservative government announced that it would be postponed until April 2020.

Chapter 12

10 Prevention and personalisation

Early intervention and personalisation are crucial notions in current social policy, but both have long roots in social work's history. Prevention is a firmly established priority, and even though the term 'personalisation' is relatively new, the ideas that lie behind it, of ensuring that services are tailored to the choices, rights, capabilities and needs of individuals, are also at the heart of traditional social work values and practice. That is not to say, of course, that these have always been achieved as well as we might have hoped. Sometimes there are obstacles because of worker or agency inflexibility; sometimes, situations are urgent and risks are high, and action has to be taken that may not be in accordance with service users' wishes; but, very often, the aspirations have been hindered by a shortage of resources. Against this, in the current policy context it is often argued that earlier intervention is a way of saving money in the longer term, and personalised approaches can be more efficient, cutting out inappropriate services (e.g. Allen, 2011b; SCIE, 2013). So, how are we to understand these terms and the related policies, and what are the implications for service users and for social workers?

Preventing, delaying and reducing harm are goals in all aspects of social work, as we saw in Chapter 4, when looking at the levels of need. We saw there that the Care Act 2014 is trying to promote a shift of focus for adult social care in England, towards promoting well-being and lower levels of prevention, although the reality is that services are increasingly restricted to people with the highest levels of need. Equally, personalisation is a goal for all public services, not just social work. For the purposes of this chapter, however, the focus is on early intervention for children and families, and personalisation in adult social care.

Chapter 4

Early intervention

Improved prevention is a long-standing goal for children's services in England (for all services, including health, early years and education, as well as social work). There have been numerous attempts over the years to move intervention to an earlier stage, to prevent harm arising rather than respond to it once it has. It was one of the objectives of the Children Act 1989, and was behind calls to 're-focus' local authority child protection services in the mid-1990s (Platt, 2001). It was at the heart of New Labour's *Sure Start* programme and the *Every Child Matters* programme from 2004 to 2010. There was a renewed focus under the coalition government, and the terms that came to prominence were 'early intervention' and 'early help'.

Early intervention has two meanings in the context of child and family work: to intervene early in the evolution of a problem, or early in a child's life. Of course, in some cases these clearly overlap, but some problems may not emerge until later, perhaps in adolescence – drug use, criminal behaviour or school drop-out, for example. But the roots of these later problems are often seen to lie in the adverse experiences that the children suffered when they were small, because of the deep impact of neglect and abuse at such a crucial time in the child's development. Research into children in care, and the long-term outcomes for children who have been adopted because of abuse or neglect, show the emotional and behavioural difficulties that some of them continue to face even many years after they have been removed from the harmful environment (Davies and Ward, 2012; Selwyn *et al.*, 2014) – although it is important to recognise that care or adoption are often positive alternatives for children who have been ill-treated, even if they do continue to experience difficulties. But surely it would be better to intervene before the harm has been done? And not just to prevent the worst forms of abuse, but to tackle lower level forms of neglect and poor parenting? These may not meet the thresholds for the child protection system, but can nevertheless lead to poor outcomes for children, such as poor mental health, poor emotional control, poor educational achievement, offending, early pregnancy, limited abilities to get and keep a decent job.

Early intervention emerged as a dominant theme in the early years of the coalition government. They commissioned an independent review of the topic, chaired by the Labour MP Graham Allen, which produced two reports in 2011 (Allen, 2011a, b). The second of these reports put the 'business case' for early intervention – that heading off problems in early childhood is a 'smart investment' to save public money in the long-term. Early intervention was also a core recommendation in other policy reviews, notably the Frank Field report on child poverty (discussed in Chapter 5), the Marmot review of health inequalities (discussed in Chapter 6), the Munro report on child protection (discussed in Chapter 9) and Clare Tickell's review of the early years foundation stage (a framework for pre-school provision: Tickell, 2011). The reports led to the establishment of the Early Intervention Foundation in 2013, which aims to promote the greater use, and more effective use, of early intervention, 'to support local agencies and national policy makers to tackle the root causes of problems for children and young people, rather than waiting to address issues once they are embedded' (Messenger and Molloy, 2014: 5).

Chapters 5,6 and 9

One could hardly argue with this objective, but closer scrutiny reveals some of the ambiguities and hidden implications. The attraction of the early intervention approach, from a political and policy making point of view, is that it boils children and young people's difficulties down to what happens in the first years of their lives, and in particular to the quality of the parenting they receive in that period. Furthermore, it needs to be seen alongside other policy initiatives that call for swifter and more decisive intervention higher up the pyramid of need, to protect children from significant harm. A key message from an overview of research into child protection services in the first decade of the twenty-first century was that 'too many children are left for far too long in abusive families where there is insufficient support, and that more, rather than fewer, would benefit from being looked after away from home' (Davies and Ward, 2012: 14). So a number of powerful strands come together – babies and small children, parenting, child protection, young people's behaviour, and saving money – and this begins to explain why and how the concept of early intervention has gained such political traction since 2010.

One of the key sources that has been drawn on to justify the approach has been neuroscientific evidence about the development of the infant brain, especially the vital importance of the first three years of a child's life to create the intellectual and emotional 'hard wiring' that enables them to grow into competent, well-functioning adults. The research is described in the Allen report (2011a) and by Brown and Ward (2012), a research overview produced for professionals working in the family justice system. There have been some trenchant criticisms of this approach, in two respects – questioning the certainty of the science, and the political purposes to which it has been put. Wastell and White (2012) and Gillies (2014) are prominent examples of the critical approach; Ward and Brown (2013) give a robust defence of their research overview.

The critics question the nature of the 'scientific' evidence, noting that many neuroscientists are themselves cautious about the certainty of the research findings and their implications for any individual child (for a useful overview of the debates and the evidence, see Woolgar, 2014). The research base and the scientific techniques are still developing; and also, the evidence points to the adaptability and plasticity of the human brain, that it does continue to change after the first three years. And, of course, there are individual differences: some children seem to cope better with difficult circumstances than others. So we should not over-interpret the findings and think of them in absolute terms, that the first three years inevitably determine a child's destiny. This is not to deny the reality of the severe harm that some children suffer, or its damaging and enduring consequences in their lives: rather, it is to point out that there is no simple formula for diagnosing the harm or predicting the consequences. Also, it is important to distinguish between the higher risk cases and the lower level cases of vulnerability or emerging need. These will require different responses. Each case requires a careful, research-informed assessment, observing and analysing the specific circumstances of each child and family, and then ensuring that the relevant services are provided.

The other angle of the critique looks at the purposes to which the neuroscience has been put. On the one hand, it has proved useful for securing government and independent funding for early intervention projects. It gives a veneer of 'hard science', and that can be very effective for securing support in a context where resources are limited. However, it also comes to underpin a particular approach to early intervention, where the focus is on parenting skills – which effectively means the role and actions of mothers. But it does not take proper account of wider factors such as poverty and other social inequalities, notably imbalances of power and opportunity on lines of gender, race and disability. Writing passionately and provocatively, Gillies argues that this trend started under the New Labour government, but has now been intensified:

> Attempts to portray poor families as personally responsible for their own hardship have reached new extremes in the context of unprecedented cuts to welfare and public spending pursued in the name of austerity … The coalition government remained invested in attributing social ills to poor parenting, but while simultaneously presiding over savage cuts to family services. To square this circle, policy makers looked to … an increasingly influential body of literature promoting heavily scientised interpretations of child development … Disadvantaged mothers might now receive training in parenting skills, but their prospects of securing decent housing, an income sufficient to feed their children, and access to desperately needed support services diminish by the day.
>
> (Gillies, 2014: 213, 214, 216–7)

Gillies' argument is that the principle of early intervention, which could be the basis of progressive policies and programmes, has been 'colonised' by more reactionary approaches (typical of minimalist ways of thinking about the state and welfare). These hold poor families, particularly mothers, responsible for their children's future in a rather technical way – whether they demonstrate the right sort of parenting skills and competencies. Of course, parents do have responsibilities for their children's well-being, but the way that early intervention has been taken over by this highly individualised and technical approach 'works to personalise and normalise inequality, while simultaneously conveying apparent concern for children's well-being' (Gillies, 2014: 205).

There are powerful tensions between the positive potential of early intervention and its benefits for children and families, and the negative side, the risks of punitive and overly controlling responses that give parents little opportunity, time or support to make the desired changes (see Featherstone *et al.*, 2014a, b). The tensions are apparent in the development of the Troubled Families programme in England, which was started in 2012, discussed in Box 10.1.

Box 10.1 The Troubled Families programme

The Troubled Families programme in England may be understood as the latest incarnation of a long political and social policy concern about 'problem families' and how best to deal with them. The programme builds particularly on earlier New Labour initiatives, Family Intervention Projects (from 2006) and Think Family pathfinders (from 2008: see Thoburn *et al.*, 2013). Family Intervention Projects were established as part of New Labour's strategy to reduce anti-social behaviour (HM Government, 2006). They were aimed at families whose behaviour was causing serious problems in the community and placing them at risk of eviction. The Think Family programme then built on this (SETF, 2008). The core elements were to take a 'whole family approach', to look at the needs, strengths and relationships of all members of the family, with a dedicated key worker whose role was to 'get a grip' on the whole situation – the family, the problems and the various agencies involved.

The Troubled Families initiative was announced in December 2011, in the aftermath of the riots in a number of English cities earlier that year. The aim was to 'turn around' the lives of the 120,000 most troubled families in the country by 2015 (see DCLG, 2012a, b; 2013a; 2014). The national criteria for entry to the programme were that the family should have three of the following four problems:

- they are involved in youth crime or anti-social behaviour;
- there is a child who is regularly truanting or not in school;
- there is an adult who is on out-of-work benefits;
- they are causing high costs to the taxpayer.

This means that these are not necessarily families where the children are considered at risk of significant harm, or even to be a 'child in need' under s. 17 of the Children Act 1989. But analysis of a one-tenth sub-sample of families who had entered the programme up to December 2013, found that about a quarter of them did have a child identified as a child in need, and one in eight had a child on a child protection plan (DCLG, 2014: 21). It also found that the families had many interlocking problems, with a high incidence of physical and mental ill-health, multiple and deep-seated problems with their children's education, and high levels of involvement with the police. So this is not 'early intervention' in the sense of preventing problems beginning, but it may stop them getting worse (Hayden and Jenkins, 2014: 637).

The driving force at a political level is saving money. The government estimated that the 120,000 families cost a total of £9 billion per year across all government departments, and just £1 billion of that was being spent on targeted interventions to help them address their problems

(DCLG, 2013a: 8). The coalition government offered funding of £448 million to local authorities for the Troubled Families programme. Although the government promoted this as additional funding, Hayden and Jenkins (2014: 633) consider it to be money re-cycled and re-packaged from other cuts they had imposed. The other important feature of the programme is that it has a 'payment by results' element. Local authorities receive most of the money when families enter the programme, but then further payments if families improve in relation to the national criteria.

The government defined 'turned around' as meaning:

- children who were previously truanting or excluded, have been back in school for a year;
- youth crime and anti-social behaviour has been significantly reduced;
- or, an adult has moved off benefits and been in work for three consecutive months or longer. If this goal has been achieved the full results payment is made, even if other targets have been missed. (There is also a smaller payment for adults who are making 'progress towards work'.)

In March 2015, the government reported that more than 105,000 families had been turned around, saving an estimated £1.2 billion (DCLG, 2015b). These figures were based on information returns from the local authorities, and as Butler (2015) observes, the fact that funding depends on the case being classed a 'success' makes it hard not to be sceptical. There has not yet been an independent evaluation, and Portes (2015), from the National Institute of Economic and Social Research, has called the figure 'pure, unadulterated fiction'. Also of course, it does not mean that all the family's problems have been solved, just that they have satisfied the Troubled Families criteria. Hayden and Jenkins (2013: 10) comment that the prospect of turning round all these families is 'clearly political rhetoric, based partly on the initial confusion about what the problem is, as well as some naivety about the complexity of the needs and issues they have'. But for all that, they concluded that the programme has been used to deliver effective support for some families.

Drawing on the lessons of the Family Intervention Projects, there are five key elements in the Troubled Families programme (DCLG, 2012a):

- a dedicated worker for the families, with a determined and honest approach;
- practical 'hands-on' support, tackling practical problems such as repairs, cooking and bedtime routines;
- a persistent, assertive and challenging approach, workers who combine intensive help with clarity about what needs to change;

- considering the family as a whole, understanding things from the family's point of view and identifying the things they are good at, as well as the difficulties;
- having a common purpose and an agreed plan with the family and the other agencies, to ensure clarity about the issues and consistent intervention.

As Parr (2009) and Thoburn *et al.* (2013) observe, these are features of traditional relationship-based social work, although social work is barely mentioned in the official Troubled Families literature. Despite the punitive and policing aspects of the rhetoric, the programme does provide opportunities for local authorities, and individual workers, to help some of the most vulnerable and challenging families.

Personalisation

Personalisation has become a mantra for all public services, not just social work. The term covers a number of requirements, notably to make services more flexible, responding to service users' choices and abilities as well as their needs, to promote their independence and social integration, and to give them more control over the services they receive (PMSU, 2007). An early advocate of the concept was Leadbetter (2004) who argued that personalisation was the way to improve public services by increasing people's expectations and creating a demand-led pressure for change. He also argued that personalisation should run hand in hand with greater participation, so that it goes beyond a simple consumer model, where people choose from a set range of options, to actually involving users in the design and delivery of services (see also Leadbetter and Lownsborough, 2005). Who could be against it? But there are many tensions and ambiguities, as outlined earlier, in Chapter 3. It has been criticised for shifting unreasonable risks and responsibilities to service users, and the doubts have been intensified in a period of very tight limits on public sector spending and services. Also, as with early intervention, there are questions about its implications for social work, and whether it offers a real possibility of more positive ways of engaging with service users, or more restricted and restrictive roles.

Chapter 3

Direct payments and personal budgets are seen as important ways to achieve the goals of personalisation. These now have a central importance in the Care Act 2014, but they are means to the end of more personalised and responsive services, not ends in themselves.

They have their origins in the campaigns of disabled people for greater control over the services and support available to them, one result of which was the introduction of direct payments under the Community Care (Direct Payments) Act 1996. Centres for Independent Living, which are user-led organisations for disabled people, were especially prominent in developing direct payments in the UK, and supporting people to use them. The 1996 Act allowed local authorities to give disabled service users (aged 18–64) a cash sum in place of services, to spend on the services and support they chose.

Implementation and take-up was slow and highly variable across the country. People aged 65 and over were added in 2000, and then carers, parents of disabled children and disabled young people aged 16–17. In 2003 the government made it mandatory to offer direct payments (people could still decline), and made take-up a performance indicator for local authorities, to increase the pace of change (Spandler, 2004; Scourfield, 2007; Glasby and Littlechild, 2009; Needham, 2011).

In 2007, the New Labour government made a commitment to transforming adult social care through the introduction of personalised approaches, in a protocol between central and local government, providers and regulators known as *Putting People First* (HM Government, 2007). The goals of greater personalisation and more prevention were taken forward under the coalition government, in its policy document *A Vision for Adult Social Care: Capable Communities and Active Citizens* (DH, 2010b). The ministerial foreword referred back to the Seebohm report of 1968, arguing that its proposals were a return to those foundations: 'Care must again be about reinforcing personal and community resilience, reciprocity and responsibility, to prevent and postpone dependency and promote greater independence and choice' (DH, 2010b: 5). But the vision is not quite the same. Seebohm saw the local authority social service department taking the lead in enabling people to give and receive service for the well-being of the whole community (see Chapter 1); the coalition version had a harder edge, emphasising a much more reduced role for the state. It called for shifts of power, provision and responsibility: 'a real shift of power from the state to people and communities', a 'vibrant plural market' and reducing people's 'dependency' on state services (DH, 2010b: 4). The principles were reaffirmed in *A Sector-Wide Commitment to Moving Forward with Personalisation and Community-Based Support* in January 2011 (TLAP, 2011). This agreement was co-ordinated by the organisation Think Local Act Personal, TLAP. This is a national partnership to promote personalisation and community-based support, involving the Department of Health and representatives of local authorities, health organisations, private, independent and community organisations, and service users and carers. Its website is a valuable source of information about developments in adult social care.

Chapter 1

As regards personal budgets, the core principles are that service users should play a greater part in assessing their own needs, and specifying the outcomes they wish to achieve. They should be told what resources they are entitled to, based on their eligible needs, expressed as an amount of money. They should have the support they need to plan how to use it, and then in using it. There should be a variety of ways of helping people to spend their entitlement. This could be giving them the cash directly (a direct payment), giving it to a trusted third party such as a family member, using an independent organisation to manage it on their behalf (known as an independent service fund), or the local authority managing it – or a combination of methods. Even if the local authority manages it on their behalf, this ought not to mean that the person themself has less say in how the budget is spent.

Local authority social care has been at the forefront of developing personal budgets, but in conjunction with voluntary sector and service user organisations, notably In Control, which was established in 2003 (Duffy, 2014b). In Control initially focused on people with learning disabilities, but now works with all groups of social care service users. It helped develop many of the ideas and practices that have now been incorporated into government policy about personalisation. It has an invaluable website, with many inspiring examples of how personal budgets and self-directed support have helped to transform people's lives. The terminology has changed over time, and what we now call personal budgets were at one time referred to as individual budgets. This term took on very specific meaning in the 2005–07 individual budgets pilot, because these involved a number of different funding streams from the Department for Work and Pensions and housing-related support, as well as adult social care (although not health funding). An independent evaluation was undertaken by the Individual Budgets Evaluation Network, IBSEN (Glendinning *et al.*, 2008). This funding approach was not pursued, and since then the term personal budgets has been used.

Personal health budgets were piloted in the NHS in 2009–12 (Forder *et al.*, 2012) and there are now pilots to integrate health and social care personal budgets (Bennett and Stockton, 2012; Bennett, 2014; NHS Confederation, 2015). A programme known as Integrated Personal Commissioning, IPC, was launched in nine demonstration sites in April 2015, intended to help develop the scheme over the next three years.

Personal budgets are also used for children and young people with special educational needs or disabilities who have education, health and care (EHC) plans under the Children and Families Act 2014. EHC plans replaced statements of special educational needs and learning difficulty assessments from September 2014. Children and young people who had one of these should be transferred to an EHC plan by April 2018. The young person themself, and/or their parents or carers, should be fully involved in making their EHC plan and deciding how the personal budget should be spent. Like personal budgets in adult social care, it may be given as a direct payment to the young person or the parents, or managed by an independent organisation or the council (DfE and DH, 2015).

Research into personal budgets

Research into the impact and operation of personalisation and personal budgets gives a mixed and complex picture. There is a generally positive impression of the benefits for individuals, but there is still room for improvement in the practice and processes involved, a need to consider the different impacts on different service user groups, on carers and on workers, and a recognition of the way that funding cuts threaten the goals of control, choice and citizenship. The different experiences and perspectives are debated clearly in Needham and Glasby (2014); see also Carr (2012), Rodrigues and Glendinning (2014).

In Control and Lancaster University have developed a questionnaire for service users and carers known as the Personal Outcomes Evaluation Tool (POET). The results of the third national personal budget survey using POET were published in 2014 (Waters and Hatton, 2014). This had responses from just over 4,000 people in 26 local authorities. Approximately two-thirds of them were personal budget holders and the other third were carers for someone who held a personal budget. Waters and Hatton acknowledge that the sample is self-selecting, and only answered the relatively straightforward questions they are asked. This is the trade-off for getting a questionnaire that is easy to complete, but it does mean the responses may not be representative of the full range of user and carer experiences. Also, it does not include the views of providers and commissioners. That said, it is the largest survey of people who use personal budgets, and it gives an important picture of people's own views about their outcomes and their experiences of the process. The Department of Health has provided funding to extend the use of POET to more local authorities.

The 2014 survey asked people to evaluate the impact of their personal budget in fifteen areas of their lives, on a five-point scale of whether things had got a lot better down to whether things had got a lot worse. Over 80 per cent of budget holders thought that things were a lot better or better regarding their quality of life and being supported with dignity (Waters and Hatton, 2014: 30). Other high scores were for independence, arranging support, and paid and family relationships. Satisfaction ratings were over 60 per cent on all but four criteria. The less positive results were to do with getting paid work, volunteering, their physical health and making a difference to where they live and who they live with.

It is important to note differences between different service user groups. There were differences in what people spent their personal budget on, and on what aspects they reported positive impact. The most common way that people spent their personal budget was on care and support, followed by personal assistants, community and leisure services and equipment. But older people were more likely to spend their budget on care and support, people with learning disabilities more likely to spend it on community and leisure services, and people with physical disabilities on personal assistants (Waters and Hatton, 2014: 28). The length of time that people had held their personal budget also seemed to be important, as positive ratings were more likely if they had been held for over a year (Waters and Hatton, 2014: 40). These findings about different needs, choices and effects chime with earlier results from the individual budgets evaluation (Glendinning *et al.*, 2008).

Other information about the take up of personal budgets and direct payments comes from the Health and Social Care Information Centre annual statistics on adult social care (HSCIC, 2014a). In 2013–14, 647,000 people, 62 per cent of all adult service users, were receiving self-directed support (the term they use for a personal budget), up from 28 per cent in 2010–11. About a quarter of these, 155,000 people, received a direct payment at some point during the year. But many more received their care and support as a direct service: for example, 470,000 received home care, and 358,000 received equipment (HSCIC, 2014a: 7). This fact has important implications for the potential and limitations of personal budgets: for many service users, given the needs that they have, there is actually little choice about how they will spend their personal budget. To put it simply, people cannot manage without these essential services. They may have more choice than before about who provides the care (they can hire the person) and possibly more control over when the person comes, what they do and how they do it; but there is not much of a choice about whether or not to have these services. 'Choice' is therefore limited by need, and whilst there are gains in the greater control, this does create challenges for the wider goals about people's aspirations and wishes. As we have noted before, there are tensions in the Care Act 2014 between the needs-focused eligibility criteria and the outcomes-oriented approach that takes a wider view of people's well-being and their own choices; and these are especially acute when resources are so tight.

Simon Duffy, who established the organisation In Control and was one of the leading campaigners for self-directed support, which evolved into personal budgets, has expressed disillusionment at the way that the concept has been distorted by the pressure to make cuts:

> In practice, personalisation is now a mixture of the good, the bad and the ugly. Central government has a bad track record in implementing positive change … personalisation has become one of the means by which cuts have been introduced. The resource allocation systems that were designed to empower people, it turns out, can equally be used to cut budgets … At its worst, personalisation has become 'zombie' personalisation. The language and structures of self-directed support are used, but the underlying spirit is hostile to citizenship and hostile to community.
>
> (Duffy, 2014b: 178)

Implications for social work

There is a wide range of views about the implications of personalisation for the roles and tasks of social workers. Some workers and commentators welcome them as a chance to get back to core social work skills, others see opportunities for new roles and skills, whilst others complain about yet more forms and restrictions, and the diminishing role of social work. The rise of personalisation has led to calls for re-assessing the role of social workers in adult social care, with greater clarity as to how their skills and approaches can best be used (ADASS and Skills for Care, 2012). The College of Social Work made a 'business case' for social work with adults (TCSW, 2012). It reported that social work posts have been cut in some areas as assessment tasks have been delegated to non-social work qualified staff, but argued that well-trained and skilled social workers are essential for the high quality, sensitive assessments that are needed, and are more likely to come up with creative, value-for-money plans (TCSW, 2012; see also Lymbery, 2014). But what do service users themselves want?

One of the new roles that personalisation appears to offer for social workers is 'brokerage'. This means identifying people's preferences, needs and resources, and the possible options for support; finding community services and resources; costing the support plan; finding, negotiating and contracting with support providers; and co-ordinating the arrangements (Skills for Care, 2009). This will sound familiar to local authority social workers, but it has been argued that the broker should be independent of local authority budgets and management if they are to be truly effective (see Skills for Care, 2009; Scourfield, 2010). Leece and Leece (2011) report on an online survey of 66 users of personal budgets (41 disabled people, 18 carers and seven older people) undertaken over four weeks in late 2009. There were some positive comments about local authority services and social workers, but overall, more than half the respondents questioned their relevance and usefulness. Respondents recognised 'the confusing and often ambiguous nature of social work, where loyalties can be torn between helping users and acting as gate-keepers of local authority budgets', but the authors conclude 'the findings tentatively suggest that disabled people, older people and carers may not want a social care workforce with greater levels of professional control, but instead prefer autonomy and power over support to be in the hands of users and carers' (Leece and Leece, 2011: 219).

But budgets do matter, and there are risks that have to be taken into account. In a context of reduced funding and rising demand, there have to be some forms of assessment and gate-keeping; and public money has to be spent appropriately, so some form of checking is inevitable. An aspect of direct payments that is relatively unexplored so far is the risk of fraud. We should note here that the service users may be the victims rather than the perpetrators, if they are being financially exploited. There is little evidence to date that fraud is a serious problem, but the Audit Commission (2014) suggests this may be in part because councils are not monitoring it effectively. They consider that direct payments 'represent one of the biggest new fraud risks to councils' (Audit Commission, 2014: 27).

Also, there are risks to service users, carers and others in the community if people do not get the care and support they need. Direct payments can increase people's independence but also increase the risks, notably about them employing people who were not suitable or even dangerous, spending the money on the 'wrong' things and not meeting their essential needs, not getting good value for money and not coping with the additional responsibilities. The Care Act 2014 introduces statutory duties on local authorities to investigate if they consider an adult may be suffering abuse or neglect (including financial exploitation), and to establish 'safeguarding adult boards' to promote an inter-agency approach. But as noted earlier, in Chapter 4, the statutory guidance also emphasises that people have complex lives and inter-personal relationships. Intervention must take account of people's own choices and desired outcomes (DH, 2014: paras 14.7–8; see also Carr, 2010).

Chapter 4

So, there are profound implications for the way that organisations and individual workers engage with service users and carers. It requires the sort of whole system change described in Box 8.1. Rather than write off social work, we should look for the positive contribution that social workers can make, and how they can be enabled to do this. One of the overwhelming messages from research into personalisation is the importance of *support* for service users – from their families, from other service users, and from workers – and *commitment* to the wider, transformative goals of personalisation (Glasby and Needham, 2014). Helga Pile, who leads on social care for the trade union UNISON, notes that there is continuing support from practitioners for the principles of personalisation, and argues that 'we need to reject the divide-and-rule narrative of workers with too much power and concentrate instead on empowerment for both workers and service users' (Pile, 2014: 109).

Box 8.1

Conclusion

This chapter has explored the themes of prevention and personalisation, highlighting their tensions and ambiguities, and the implications for social work. Both policy directions offer exciting visions of responsive services and better support for children, families and adults, heading off need and promoting their well-being. But, if we look back to the goals of social policy and the models of the state's role in welfare, we know that things are never one-dimensional. Social policies have multiple objectives (increasing individual responsibility and meeting economic goals, not just promoting well-being); and the threads of minimalist, integrationist, social democratic and radical approaches interweave in their development and implementation.

This creates challenges and opportunities for social work. There is the challenge that early intervention becomes early control. Featherstone *et al.* (2014a: 1739) have warned of the dangers of an 'unforgiving approach to time and to parents'; but at the same time, local authorities have taken advantage of the new sources of funding, and some families have been helped. There is the challenge that personalisation becomes a way of disguising cuts and withdrawing support. Duffy (2012, 2014b) has complained bitterly at the way that techniques which were meant to increase individual control and creativity (resource allocation, support planning) have been absorbed into highly bureaucratic systems, and undermined; but even so, some people have benefited from the new approach. The positive potential is still there, and this takes us back to the notion of street-level bureaucracy, mentioned in the introduction (Lipsky, 1980; and see Ellis, 2014). Policy is put into practice through the attitudes and the actions of social workers and other front-line professionals – indeed, they do more than that, they effectively make policy as they go. The social and economic context is very difficult, so the pressure is towards defensive practice, but nevertheless agencies and individual workers can make a difference to the way policies are implemented and experienced.

Questions for reflection

- Prevention and personalisation are core principles in social work, but there are many researchers and commentators who are sceptical about the way they are being developed and implemented. What is your experience, from your work or placements? What could be done to ensure that these really are positive developments for service users?
- Find a service user or campaign group, in your local area or online, that is arguing for improved preventive services, or greater personalisation. What are the arguments they use, and what response do they have (or might they have) to the more sceptical views?

Useful websites and further reading

On prevention and early intervention in child and family services, useful sources are:

Early Intervention Foundation: www.eif.org.uk.

The Children's Partnership: www.thechildrenspartnership.org.uk.

Featherstone *et al.* (2014b) *Re-Imagining Child Protection: Towards Humane Social Work with Families.*

Wagg and Pilcher (2014) *Thatcher's Grandchildren? Politics and Childhood in the Twenty-First Century.*

On personalisation in adult social care services, see:

In Control: www.in-control.org.uk.

Think Local Act Personal: www.thinklocalactpersonal.org.uk.

Carr (2012) *Personalisation: A Rough Guide* (online).

SCIE (2013) *Co-Production in Social Care: What it is and how to do it* (online).

Needham and Glasby (eds.) (2014) *Debates in Personalisation.*

Waters and Hatton (2014) *Third National Personal Budget Survey* (online).

11 Commissioning and integration

This chapter explores the wider policy context of commissioning and integrating services. Calls for more effective inter-agency cooperation and inter-professional working are well-known in social work and social care (notably between social care and health, but also with education, housing, welfare benefits and the police), but in the current political and economic climate there is a greater focus on the involvement of private businesses and voluntary organisations. The aim is to ensure high quality, responsive services, greater choice and (in theory) better value for money. But spreading provision out like this creates new challenges, to ensure that standards are met and services are working together effectively, without duplication and without gaps. To be effective, integration has to happen at a number of different levels: at a strategic, policy and planning level; at an organisational, service level; and at a day-to-day level, through inter-agency and inter-disciplinary partnership working by individual practitioners. It is their practice that makes the difference, creating the ways that the policies and plans are put into effect for individual service users.

Social policy and social welfare services have always been delivered through a mixed economy of welfare, not just through statutory agencies. For example, private businesses have always played a part in providing services such as hospitals, schools and residential children's homes, and in many of these areas they pre-date statutory involvement. Equally, charities and other types of voluntary organisations have played major roles in campaigning for improvements and delivering services for their particular service user group. Current government policy emphasises more than ever the importance of the non-statutory sectors, and the changing role of central and local government to promote their involvement. This is not just by commissioning and purchasing more services from them, but working with them to identify what is needed and make plans to ensure that there is a suitable range of provision to meet local needs. A phrase that has become popular for this is 'market shaping'. Under s.5 of the Care Act 2014, local authorities have a duty to 'promote the efficient and effective operation of a market in services for meeting care and support needs'. This means ensuring that there is a variety of providers for service users to choose from, who (taken together) provide a variety of services, of a suitably high standard. In children's services there is a similar duty to ensure that there is a sufficient range of placements for children in care, to be placed in their local area if this is in their interests (s. 22G of the Children Act 1989, inserted by the Children and Young Persons Act 2008).

As with the changes discussed in the previous chapter, these developments create new challenges and new opportunities for local authorities and for social workers. Local authorities need to develop their systems for working with partners in the private, voluntary and community sectors. Social workers may find themselves on either the commissioning side or the provider side, perhaps having to develop new skills in these roles.

The mixed economy of welfare

The phrase 'the mixed economy of welfare' refers to the combination of four welfare sectors:

- Statutory, public sector agencies (e.g. local authorities, the NHS, state schools).
- The private sector (e.g. private hospitals, private pensions, private care homes).
- The voluntary and community sector (also called the 'third sector', 'not-for-profit' sector, or sometimes 'civil society'. It includes major charities, such as Age UK, MIND, the National Society for the Prevention of Cruelty to Children (NSPCC), the Salvation Army; housing associations; smaller charities and local groups; and community and self-help groups).
- The informal sector (family, friends, neighbours).

These different sectors have always been involved in the provision of welfare, but the patterns of involvement are changing and increasingly complex. The boundaries are increasingly blurred, as new types of organisations are established, and new funding arrangements introduced (Burchardt, 2013).

The private sector

The private sector is widely involved in the delivery of public services. Under the New Labour government, 'public–private partnerships' were introduced for private companies to build and run public services (e.g. schools, hospitals, prisons), in return for annual fees on long contracts with central or local government. The coalition government sought to increase the use of the private sector in delivering services and also to attract more private funding to support new social programmes, for example through the greater use of payment by result contracts and social investment bonds.

In theory the private sector can give more choice to service users, and competition raises standards. In reality, choice is often limited and the need to make a profit can undermine standards. The difficulty is that the rhetoric about the private sector, markets and consumer choice hangs on middle class images of shopping in good quality department stores. But as Harris (2003: 146) points out, there are other sides to markets: poor quality products, limited choice, over-pricing, high-pressure sales and con tricks, poor wages and poor working conditions. This makes it all the more important that providers are selected carefully, and subject to effective regulation and inspection.

Annual statistics from the Health and Social Care Information Centre (HSCIC) give an interesting picture of the role of the independent sector in residential and domiciliary services for adults in England (the term 'independent sector' includes both private businesses and voluntary organisations, but the substantial majority of providers are private).

On 31 March 2014 local authorities in England were funding, in full or in part, 213,000 adults in care and nursing homes. Of them, only 9,000 were in local authority-run homes, just over 4 per cent (down from 9 per cent in 2008). Nearly 96 per cent were in the independent sector, up from just 20 per cent in 1993 (HSCIC, 2014a: 62; 2008b: 4–5). For services in people's own homes, we saw in Chapter 4 that local authorities funded 186 million contact hours of home care during 2013–14, but 171 million of them were provided by the independent sector, 92 per cent. This is up from 81 per cent in 2008, 51 per cent in 1999 and just 2 per cent in 1992 (HSCIC, 2014a: 50–2; 2009a: 4, 7; EHRC, 2011: 8).

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We should note here that private sector involvement is much more widespread in England compared to Wales, Scotland and Northern Ireland. As an example, in England in 2010–11, 87 per cent of home care hours were delivered by independent sector agencies, compared to 68 per cent in Wales, 58 per cent in Northern Ireland and 47 per cent in Scotland (UKHCA, 2012: 14; and see HSCIC, 2014a: 52: the figure for England has since risen to 92 per cent).

The significance of the independent sector as the major provider of adult social care is also shown in the workforce statistics. Less than 10 per cent of the total adult social care workforce in England are employed in local authorities. The HSCIC (2015: 62–3) reports an estimated 1,520,000 adult social care jobs in England in 2013 (estimated by Skills for Care, the adult social care workforce development agency). Of these, 870,000, or 57 per cent, were in the private sector. Voluntary sector agencies employed 290,000 workers, 19 per cent. It was estimated that a further 140,000 (9 per cent) were employed by individuals through direct payments (although they advise caution about this figure). But altogether, that is 85 per cent of the workforce. There were 81,100 staff working in adult social care-related jobs in the NHS (5 per cent), and 140,700 in local authorities (9 per cent).

The HSCIC reports that the number of staff employed in adult social care in local authorities had fallen to 130,100 in September 2014 (HSCIC, 2015). Taking a historical view, this is down from 295,700 in 1999 and 256,100 in 2008 (HSCIC, 2009b: 4). Some of these posts are part-time, and in terms of 'whole time equivalents', the 2014 figure comes to 104,200. This is down from 202,200 in 2008. Social workers make up a relatively small proportion of the local authority total. In September 2014 there were 15,700 social worker jobs in adult social services departments in England, about 12 per cent of the workforce.

The shift away from local authority provision is also reflected in the roles of local authority staff. The numbers of residential staff, day care workers and domiciliary staff have fallen as these jobs have moved to the independent sector. Meanwhile, over the first decade of this century there were rises in the numbers of senior managers, professional support staff and planning staff, as the work associated with commissioning grew. In recent years, however, these have also been falling (HSCIC, 2009b; 2015).

The voluntary sector

The voluntary sector has traditionally been involved through the work of charities and religious organisations, but it is a hugely diverse category. At one end are high profile, national (and international) voluntary organisations that employ professional staff to deliver their services and are as bureaucratic and managerial as any private business or public sector body. These organisations may still raise funds through voluntary donations and charity shops, but are likely to get the bulk of their funding from contracts and (to a lesser extent) grants from central or local government. As service delivery agencies, they can become almost like an arm of the state. There are fears that these close links, especially the reliance on funding, can create challenges for the independence of voluntary organisations (Panel on the Independence of the Voluntary Sector: PIVS, 2014).

At the other end, the voluntary sector includes smaller charities, local groups such as clubs and societies, play schemes and older people's visiting schemes, where it blurs with the informal sector; and there is another point where it blurs with the private sector, for example through different types of social enterprises. These are businesses run for social or environmental purposes, where profits are mostly reinvested in the business or the community for those purposes (so there is a profit, but it is not primarily for personal gain). The size and diversity of the third sector is shown on the website of the National Council of Voluntary Organisations, NCVO (www.ncvo-vol.org.uk). It reports that there are over 160,000 voluntary organisations and over 15 million people volunteering each month in the UK (NCVO, 2015, based on the government's Community Life Survey: note, not all of these are social care organisations, and this figure does not include people who care for relatives).

The coalition government said that it wanted to develop the role and capacity of the voluntary and community sector, not just to deliver services but in a broader sense, to promote active citizenship and to reduce reliance on the state. In December 2010 it renewed a 'compact' between the government and the voluntary sector (they referred to them as 'civil society organisations', CSOs). The New Labour government had launched the first compact in 1998. The new compact said that the government would 'ensure CSOs are supported and resourced in a reasonable and fair manner where they are helping the government fulfil its aims', and 'respect and uphold' their independence 'including their right to campaign, regardless of any relationship, financial or otherwise, which may exist' (HM Government, 2010e). Many in the sector have been disappointed about what has followed, the demands that are being made of the sector and the lack of support for it (see CSJ, 2013; PIVS, 2014; NCVO, 2015).

A particular cause of disappointment was the government's lobbying bill in 2013. The bill included proposals to restrict the ability of charities and other groups to campaign on issues that could be regarded as likely to influence the way that people vote, in the 12 months before a general election. Despite strong protests from voluntary sector organisations, notably about the vagueness of the terms which made it hard for them to know what was allowed or not, the law was passed in January 2014 (the Transparency of Lobbying, Non-Party Campaigning and Trade Union Administration Act 2014). There have been concerns that the law has had a 'chilling effect' on voluntary organisations, making them censor themselves rather than say anything that might get them in trouble. In February 2015, Eric Pickles, the Secretary of State for Communities and Local Government, complained further about the lobbying activities of 'pressure groups and supposed charities' and announced that in future all grants from his department would contain an anti-lobbying clause (Pickles, 2015).

Other concerns about the health of the voluntary sector in the current political and economic climate include a loss of funding, weak charitable giving and the increased concentration of resources to a small number of large charities (CSJ, 2013). The concerns are shared by the PIVS (2014), which notes that market-driven funding arrangements, such as a narrow focus on price and payment by results, are reducing the funding available to smaller, often local, voluntary organisations. It concludes that the distinctive, independent role of the voluntary sector is being eroded, and the government is not keeping to its compact.

The NCVO (2015) points out that voluntary organisations save taxpayers considerable sums of money by reducing demand for statutory services. However, they share the concern that many smaller organisations are being squeezed out by the size and complexity of contracts, payment by results and the focus on cheapest price. They conclude that:

> … the policy challenges of the future cannot be met through voluntary sector initiatives alone. They require a fundamental rethink of the way government works – and as part of that, the way it works with us … It is time to talk about how working in partnership together we will be better able to deal with the opportunities and challenges of the future.
>
> (NCVO, 2015: 3)

There is a clear sense of disillusionment here, that the rhetoric about the importance of the voluntary sector has not been matched by the reality. The NCVO calls for changes to commissioning practice, and steps to ensure that voluntary organisations have fair access to grants and contracts.

The informal sector

The informal sector usually means the family, despite much talk about community involvement, and the family usually means women in their roles as mothers, wives, daughters and partners. Having said that, there are many different sorts of 'carers', in very different circumstances. The image that springs to mind is of working-age adults caring for their elderly parents, but much care is also provided by spouses and partners, some of whom may be older people and in poor health themselves; parents caring for their disabled children, including adult children; grandparents caring for their grandchildren, perhaps under a court order because of child safeguarding concerns; and children and young people caring for their parents or siblings. Figures from the 2011 census show that there were just over 6.5 million unpaid carers in the UK (about 5.4 million of them in England), just over 10 per cent of the whole population. Of these, about two-thirds provided 1–19 hours unpaid care per week, while nearly a quarter gave 50 hours or more (White, 2013; and see Carers UK, 2014). Carers UK estimated the total value of unpaid care in the UK in 2011 as £119 billion per year, more than the UK cost of the NHS (Buckner and Yeandle, 2011).

There can be personal satisfaction in providing care, but there can also be great physical, emotional and financial costs (see the Carers UK website, www.carersuk.org). New Labour launched a National Carers' Strategy in 1999 (DH, 1999b), and renewed it in 2008 (HM Government, 2008a). Now, the Care Act 2014 brings a greater emphasis on recognition and support for carers. There are new rights for carers to have an assessment of their needs for support, and an entitlement to receive the support they need if they meet the eligibility criteria (previously there was only a 'power' for local authorities to provide services for them).

Carers UK carries out an annual survey of the views and experiences of carers, and their *State of Care 2015* report shows the challenges for implementing the Care Act. They note that aims of the Act have to be set in the overall context of reduced spending on public services, and the impact of welfare benefit cuts on many carers. The 2015 survey gave the views of over 4,500 carers, over 80 per cent of whom were working-age adults. Over half were worried about welfare benefit cuts, and about cuts to care and support services. The results show the heavy impact of caring on carers' own health: 82 per cent reported a negative impact, and over half said that they had suffered from depression as a result of their caring role. Nearly half said they were struggling to make ends meet; of them, four in ten (so 20 per cent of the whole sample) said they were cutting back on essentials like food and heating. Nationally almost half of carers, over 3 million, try to combine their caring role with full-time or part-time work, but it can be extremely difficult to juggle these responsibilities. Over half the people responding to the survey had given up work to care, and a fifth had reduced their working hours. The main priorities that respondents wanted the new government to ensure were that carers and their families do not suffer financial hardship as a result of caring, and that there is sufficient funding for the social care system. Like the NCVO, they call for a 'new dialogue' about how government, employers and society can better support families who care (Carers UK, 2015: 5).

There are other important challenges for the rhetoric of informal care in a society where people are living longer, and longer in poorer health, often in need of greater help as they become increasingly unwell or disabled; people are having fewer children; high rates of divorce and separation mean that extended families are less stable, and 'in-laws' cannot be relied on as much; people are more mobile, and may not live close to relatives who need care; and women are more likely to be in, or want to be in, employment. In essence, the demand for informal care is likely to increase, but the supply is uncertain. Research by Pickard (2015) shows that there is likely to be a growing gap between the number of older people in need of care and support, and the number of adult children (their sons and daughters) who are able to provide care for them. Pickard (2015: 113–5) estimates that there will need to be another 200,000 working-age people providing care to older parents in England by 2032, if supply is to meet demand. This is an increase of over 40 per cent from current levels, and Pickard questions whether this is feasible. This has major implications for long-term care policy, which as Pickard observes is based on the assumption that there will continue to be high levels of informal support.

Policy about carers is a touchstone for attitudes and suppositions about the informal sector, and indeed, more than that, for the whole notion of a mixed economy of welfare. How much is it being promoted because it is what people want, because it is what is best for them (and who judges that?), or because it is cheap? Do the different sectors have the capacity to deliver everything that is expected of them, and what are the implications and limits of the relationships between them? These questions take us back to the different views about the role of the state. Different political perspectives will look for different relationships between the sectors and will emphasise different benefits of the mixed economy.

Ensuring high standards

One of the consequences of more commissioning and the diversification of agencies is that there is a greater need for contracts, monitoring, reviews and inspections. So the break-up of the old local authority structures, which have often been criticised for being slow, inflexible and inefficient, does not do away with bureaucracy, but leads to new forms of paperwork and procedures. These have to work well to ensure high standards across the whole spectrum, from local authority services to private and voluntary agencies and, in appropriate ways, even for informal care – remembering that there are legal duties to safeguard children and adults from ill-treatment, and that the state may be funding it, even if indirectly, perhaps through direct payments or carers' allowances. But these considerations have to be set alongside the rights of competent adults to choose their relationships and where and how they live.

The majority of private agencies provide a good service, but unfortunately there are examples of poor care, and even abuse. In 2011 the BBC television programme *Panorama* exposed the shocking ill-treatment of residents at Winterbourne View, a privately-run hospital for people with learning disabilities, owned by the Castlebeck Group. They ran 12 mental health hospitals and 12 adult social care facilities, all registered with the Care Quality Commission in England. The Commission had in fact inspected Winterbourne View three times in the previous two years, but had not found anything untoward. Following the television programme the hospital was closed down and serious failings were found in over half of Castlebeck's establishments (CQC, 2011).

The collapse of the private residential care provider Southern Cross Healthcare in 2011 shows that there must also be careful scrutiny of businesses' accounts and financial stability, as well as the quality of care provided. It is important to ensure they are viable businesses and not likely to go bankrupt, potentially leaving vulnerable people at risk of going without care or having to move to a new home. In 2013–14 there was a 'serious case review' (an inquiry) into ill-treatment of residents at Orchid View, a care home that had been owned by Southern Cross Healthcare (West Sussex ASB, 2014). The home had been opened in November 2009, and was closed by the owners in October 2011. It had been inspected by the Care Quality Commission in January 2010, and was given a 'good' rating, even though at that time it only had

16 residents out of a full capacity of 87. During the two years it was open there were a number of safeguarding alerts and investigations, but the rating was not suspended or changed. In August 2011 there was an anonymous allegation of poor care which led to police investigations and later, in 2013, an inquest into the deaths of 19 residents. The coroner concluded that neglect had contributed to the deaths of five of them, with the others suffering 'sub-optimal' care.

Southern Cross Healthcare had begun to experience financial difficulties in 2008, and during the period that Orchid View was open it was trying to resolve them and transfer its homes to other organisations. The serious case review found that this context had a direct impact on the quality of care the residents received (West Sussex ASB, 2014: 19). It sees that quality of care and an organisation's financial circumstances are not separate issues, but linked. The Care Quality Commission takes a similar view, pointing out that as an organisation's finances deteriorate it is less likely to spend money on maintaining its property, or training its staff (CQC, 2014b: 43). This makes it harder to attract new residents, and to recruit and retain good staff, so income continues to fall and quality of care is likely to get worse. But as the serious case review of Orchid View concluded, such large scale businesses are likely to play an increasingly great role in care provision, in both residential and home care services (West Sussex ASB, 2014: 19).

The Care Quality Commission expressed regret at its mistakes in inspecting Orchid View and responding to the allegations and concerns (CQC, 2014c). It has reformed its approach to inspection and regulation, with a new outcome-based framework, and considers that it is now better at dealing with safeguarding issues. But it also asserts that 'The major responsibility for high quality, safe, compassionate and effective care rests with the people running the services and the staff working there as well as with those who commission them' (CQC, 2014c: 3).

Concerns about the quality of care also extend to the home care sector. Home care is crucial for helping people maintain their independence with dignity and safety; but it is delivered in private, in their own homes, so poor quality services or ill-treatment might easily go undetected. In 2011 the Equality and Human Rights Commission undertook an inquiry into the rights of older people receiving home care in England (EHRC, 2011). Around half of the older people, family members and friends who gave views to the inquiry were satisfied with the service they received, and there were examples of highly-committed workers giving very good help, beyond the limits of their paid role. But there were also disturbing examples of older people's safety being put at risk, and their dignity being undermined: for example, not being fed, being left without access to food and water, meals that were culturally inappropriate, being left in soiled clothes and sheets, being patronised or ignored, being put to bed in the early afternoon, having intimate care in a rushed and insensitive manner. The inquiry concluded that there were 'serious, systemic threats to the basic human rights of older people' (EHRC, 2011: 7). The Care Act 2014 has since clarified that people receiving home care services from independent agencies are covered by the Human Rights Act if the services are arranged or paid for by a local authority (see Chapter 6).

Chapter 6

But it would not be fair to lay the blame simply on the care workers or home care agencies. At times there may be poor practice, or poor supervision, but a fundamental difficulty is the low level of funding to meet the high and rising levels of demand. The UK Homecare Association (UKHCA), which represents independent home care agencies, highlights the difficulties from their point of view, in particular the commissioning practices of local authorities. In a survey of home care providers undertaken in March 2012, they found that the average price paid by councils in England for one hour of day-time care on a week-day, was £12.87. There was considerable regional variation. The highest rate was £22 per hour in the south east of the country, the lowest £9.95 in the West Midlands (UKHCA, 2012: 26). The UKHCA points out that this sum has to cover wages, leave and sick pay, travel time, the operating costs of the business (e.g. managers' salaries and costs, training, office costs), and leave the business room to make a profit. Three-quarters of the providers thought that councils had become more interested in securing a low price than the quality of the service (UKHCA, 2012: 22).

The UKHCA acknowledged that the financial context for local authorities was difficult, but found that the cost-cutting agenda had led to worsening relationships between providers and local authorities. They argued that low rates of payment make it less likely that providers will be able to pay their staff well or ensure good training and support, which makes poor care more likely. They also make it more likely that businesses will decide the future is not financially viable, and will change their services, merge or close. This makes the local provider market unstable, and undermines the 'market shaping' goals of current policy. The tight financial context makes effective planning, improvements and integration more difficult.

The UKHCA survey found that almost three-quarters of home care visits commissioned by local authorities in England were for 30 minutes or shorter, with one in ten being less than 15 minutes. Visits in Wales and Scotland were more likely to take longer, but in Northern Ireland, 87 per cent were for less than half an hour (UKHCA, 2012: 18–9). Given the high levels of care that many of the service users require, this makes it almost impossible to avoid shortcuts that compromise their safety and dignity.

The coalition government pledged to end the use of 15 minute visits for personal care. Guidance published by the National Institute for Health and Care Excellence in September 2015 specified that visits of less than half an hour should only be used in certain circumstances: if the worker is known to the person, the visit is part of a wider package of support and it is for specific, time-limited tasks such as checking if the person is well (NICE, 2015: 22).

Integrating health and social care

The importance of effective integration between health and social care services is another long-running issue, now more intense than ever because of the pressures of increasing demand and tightly limited resources. It has been called the 'holy grail' of policy making (Keohane, 2015a: 6), the 'impossible dream' (Bamford, 2015: 129), but also a 'huge prize' worth working towards, 'a much simpler path through the current maze of cash benefits, health and social care' (Commission on the Future of Health and Social

Care in England (CFHSCE), 2014: 8). It has major implications for organisational structures and cultures, funding and collaboration within each service, as well as between them – for example, not only for relationships between community-level health and social care teams, but also for hospitals to engage more effectively with community health services, to prevent admissions and to facilitate safe discharges (Naylor *et al.*, 2015). Other services will need to be involved too, notably housing and welfare benefits.

Integration requires committed local leadership involving providers, commissioners, and representatives of service users, carers, patients and staff. They need to agree shared goals and develop trust in working together. And it needs proper funding, to help shift budgets from acute services to preventive ones (i.e. from higher on the pyramid of need to lower down). This will need transitional funding, before any longer-term savings can be made. Bringing budgets together is important, but at a time when money is so tight it can be hard for agencies to give up 'their' funding. Furthermore, there are very different funding streams and principles (discussed further in Chapter 12). Integrating these approaches at strategic, organisational and service-user levels is a major challenge (see CFHSCE, 2014).

Chapter 12

All that said, there are examples of successful local initiatives to co-ordinate services and spending. In 2013 a National Collaboration for Integrated Care and Support was formed to share lessons and give national leadership (NCICS, 2013). Later that year they chose fourteen areas in England to be 'integrated care pioneers' (see NHS England, 2015). Also in 2013, the coalition government launched the Integration Transformation Fund, later renamed the Better Care Fund, with a budget of £3.8 billion to drive better collaboration including pooled budgets. It is important to appreciate that this was not new money, rather existing funds transferred into the new budget, including substantial sums shifted from the NHS to social care. Later the budget increased to £5.3 billion, when councils and NHS commissioners added extra funds to it – but again, no new money, and it is still only a very small proportion of all health and social care funding (for overviews see Keohane, 2015a, b).

In February 2015, the coalition government announced a major scheme to promote integrated health and social care in Greater Manchester. It will devolve control of the entire health and social care budget for the area to the ten local authorities and 12 clinical commissioning groups that work there. Services will stay as part of the NHS or the councils, but there is the potential to re-balance them to better meet the needs of local people (Greater Manchester Combined Authority, 2015). The scheme will come into full operation in April 2016.

Chris Ham, Chief Executive of the King's Fund, the leading health care think tank, noted that details were thin and needed to be worked out carefully the year running up to implementation. In particular, he warned that it was important to avoid adding yet another layer of decision-making to an already complex system; to work out the balance between national standards and acceptable variation; and to ensure sustainable funding, because 'merging two leaky buckets does not create a watertight solution' (Ham, 2015).

Box 11.1 Leutz' five laws of integration (1999)

In an important article from 1999, Walter Leutz compared approaches to integrating health and social care services in the United States of America and the United Kingdom. He noted that integration can take place at three levels: linkage (based on professionals having good knowledge of the other systems and referring people appropriately), co-ordination (when there are structures and special systems to co-ordinate services, but the organisations are still largely separate) and full integration (where services and funding are combined). From his analysis, Leutz identified five 'laws of integration'. Although specific policies and organisational details have changed since 1999, his observations still provide a useful guide for thinking about the opportunities and challenges of integration.

1 *You can integrate all of the services for some of the people, some of the services for all of the people, but you can't integrate all of the services for all of the people.*

This is a take on a famous saying from Abraham Lincoln, about it being impossible for politicians to fool all of the people all of the time. Leutz' point is that full integration (as he defined it) may not always be needed. Indeed, he argues that for most groups of service users, better linkage and improved co-ordination are likely to be more effective solutions.

2 *Integration costs before it pays.*

Integration is often promoted as a way of making longer-term savings, but Leutz identifies additional costs at the beginning, to develop the new systems and train workers. He notes that it is hard for people to give up control of their services and budgets in order to make savings for someone else.

3 *Your integration is my fragmentation.*

Leutz observes that people's jobs are much more straightforward if all they have to worry about is their own service. Even if managers and practitioners appreciate the potential of integration, they may still have a sense that the demands on them are increasing, and their job is being fragmented.

4 *You can't integrate a square peg and a round hole.*

Leutz comments that there are fundamental differences between health and social care that can frustrate integration. In particular, Leutz notes different approaches to assessment, with social care focused on eligibility criteria and negotiation, and health care on diagnosis and expert advice. He also notes the crucial difference in the underlying principles about paying in the UK: free at the point of need in the NHS and means-tested in local authority social care.

5 *The one who integrates calls the tune.*

Leutz' point here is that integration has largely been driven by politicians, professionals and providers, rather than individual service users, their families and the public. He expands on this by noting that one of the main hopes for integration is that it will help to transform health and social services by making them less cumbersome and more user-friendly. But Leutz warns that the more services are integrated, the more users must rely on professionals to shape, maintain and use them. One of Leutz' recommendations is that planners and providers from all sectors must go out of their way to ensure greater participation of service users, carers and community groups in planning, oversight and implementation.

Social work practices

As we have noted, the independent sector has long been involved in providing social care services which are purchased by local authorities; and, of course, there have long been social workers working in independent sector agencies, or as freelancers, at times carrying out tasks which are commissioned by local authorities. But recent developments have been to pilot 'social work practices', through which some of the local authority's statutory duties and social work responsibilities are delegated to an independent organisation. The idea is that these new bodies are run by voluntary or private sector organisations, or groups of partners like a GP practice, and operate independently of the local authority. There are grand aims behind them: to give greater autonomy and flexibility to social workers, free them from bureaucracy, enable closer engagement with service users and promote greater job satisfaction and staff stability.

This idea originated in children's services, in the 2006 *Care Matters* green paper, as a response to scepticism about the effectiveness of local authority social work with children in care (DfES, 2006). The proposal was developed by a working party led by Julian Le Grand (Le Grand, 2007). The green paper and the working party recounted a number of frequently cited problems in local authority social work – the lack of continuity and stability; diminished professional autonomy and responsibility; social workers spending too much time on paperwork and bureaucracy, and too little on working directly with the children; and a lack of incentives for innovation and responsiveness. Social work practices (SWPs) were proposed as a solution to these problems. They would take on all the work with the young person, although the local authority would retain legal responsibility and any significant changes to the care plan would still have to be agreed in a formal review. The practice would be paid a standard fee for each child, and then extra amounts if they helped him/her achieve specified outcomes.

The working party suggested that the scheme be piloted. Six local authorities were selected to run the pilots, starting in 2009, although only five started, between December 2009 and May 2010. They were in Blackburn with Darwen, Hillingdon, Kent, Liverpool and Staffordshire (McGregor, 2010a, b). The pilots were evaluated by Stanley *et al.* (2012, 2014). By the end of the evaluation, in May 2012, two of them were due to close.

In 2010, under the coalition government, and before there had been any evaluation of the children's pilots, it was proposed that social work practices would also be piloted in adult social care. Seven started between 2011 and 2012. They were in North East Lincolnshire, Shropshire, Birmingham, Suffolk, Stoke-on-Trent, Lambeth and Surrey (Donovan, 2014; Schraer, 2014). They were evaluated by Manthorpe *et al.* (2014). By the end of the pilot programme, March 2014, two of them were due to close.

Both evaluations had mixed and complex findings, and it was not possible to identify clear and unequivocal improvements in services or better outcomes for service users. In both programmes, the social work practices were organised under a variety of different arrangements, which made it hard to attribute any particular changes to the way that the pilots were designed and operating, or to draw any firm overall conclusions.

The evaluation of the children's social work practices did not find any significant differences in the quality of children's relationships with their social workers in the pilot sites and comparison sites which had not introduced social work practices. Most children in both types of setting said that they found it easy to contact their key worker, and there were experiences of social workers giving a high quality service in both (Stanley *et al.*, 2012: 85, 91–2). Staff in the pilots did think that they had more time to spend in direct face-to-face work with children and families, but this was because they had reduced caseloads, rather than less bureaucracy and paperwork (Stanley *et al.*, 2012: 43, 55). One of the key findings was that all the pilots were heavily dependent on their links with their local authority for a range of services, expertise and support. The effectiveness of the relationship with the local authority was 'fundamental to the survival and achievements of the social work practices' (Stanley *et al.*, 2012: ii). The report concludes that the practices worked best as a partnership, rather than a more formal purchaser–provider arrangement (Stanley *et al.*, 2012: 135).

As for the adult care evaluation, this also found that it was hard to draw firm conclusions because of the variety of arrangements, and further changes that happened over the course of the pilot. They found key factors behind the quality of service were the skills and effectiveness of the practice manager and the relevant local authority manager, who led on the commissioning (Manthorpe *et al.*, 2014: 135). They noted the pilots received considerable support from the local authorities, in terms of free or subsidised premises, human resources, legal advice, training and IT services; and generally the commissioners were selective about the cases that they passed to the pilots, not giving them the most contentious ones (Manthorpe *et al.*, 2014: 142). Above all they found that it was the commitment and enthusiasm of the staff that made a difference – but as they observe, that is the case for most pilots. The challenge is what happens when it is rolled out, when people who are more reluctant become involved, and the initial energy wears off.

Conclusion

The integration of health and social care, and of the four sectors of the mixed economy, are prominent goals of current social policy. In this context, the role for local authorities is envisaged as one of co-ordinating and commissioning services rather than providing them – to steer rather than to row, and indeed to share the steering with other organisations, through joint planning and joint funding. But the discussion in this chapter has shown how difficult all this is in a context of tight policy control from central government, and desperately tight financial resources. There is a strong sense of disillusionment from all the sectors about the reality behind the government's rhetoric of partnership working and devolving control.

The chapter has also shown that the private, voluntary and informal sectors are heavily dependent on ongoing, practical and financial support from the statutory sector, and good working relations with them; and that service users depend on statutory regulators and inspectors to ensure high standards. The non-statutory sectors have important parts to play alongside public services, but will not easily replace them. One could observe that it is precisely because of the limitations of the private, voluntary and informal sectors that public sector welfare services were created in the first place. The powerful pressures at the moment to reduce the role of the public sector are taking us back to an earlier time, a pre-welfare state. The election result of May 2015 shows that there are some who support this, but it is clear that for those working on the frontline of welfare services, whichever sector they are in, the pressures are causing a great deal of anguish. It is important to remember the lessons of the research into social work practices, which shows that whatever the organisational arrangements there is still room for committed, creative and skilled practice that makes a difference to people's lives. But as always, policy has to be analysed rigorously, asking how much is it about people's welfare and well-being, how much about shifting responsibility away from the state, and how much about reducing welfare costs. The next chapter goes on to look further at questions of funding and spending.

Questions for reflection

- List as many strengths and weaknesses as you can for the four sectors of the mixed economy of welfare. Think about positives and drawbacks from different points of view (e.g. service users, staff, government). Try to be as specific as you can – think of examples from your own experience or knowledge. It works well to do this in a group, to compare ideas and experiences.
- Think about the ways that you can work with practitioners in other organisations and welfare sectors. Try to identify key principles and practical tips for effective cooperation and inter-agency working.

Useful websites and further reading

The websites of organisations that represent the private, voluntary and informal sectors are useful places to get information about their experiences and perspectives. Some examples are:

National Council for Voluntary Organisations (NCVO): www.ncvo.org.uk.

Carers UK: www.carersuk.org.

UK Homecare Association: www.ukhca.co.uk.

Social Enterprise UK: www.socialenterprise.org.uk.

For up-to-date commentary and analysis of policy for health and social care, the leading think tank is the King's Fund: www.kingsfund.org.uk.

Useful reading:

Powell (ed.) (2007) *Understanding the Mixed Economy of Welfare.*

Glasby (2012) *Understanding Health and Social Care*, 2nd ed.

12 Funding and spending

This chapter investigates some of the financial aspects of social care. This is a crucial dimension because the sums of money involved are substantial, and there are controversial questions about who pays for services and how much should they pay. Linked with that, there are questions about who should decide how the money is spent and on what; and the pattern of spending gives intriguing clues about the relationships between the public, private and voluntary sectors in social care. In the current policy context, severe cuts to the budgets of local authorities, other public services and welfare support are having a profound impact on the lives of social work service users, the services available to them and the day-to-day work of social workers. Looking at social work through the lens of money brings a sharp focus to all the themes that we have been discussing throughout the book.

Local authority social services are big business, with a total expenditure in the UK of about £33 billion in 2013–14 (a billion is a thousand million: see details below on each of the four countries). But even though £33 billion is a large amount of money, it is far smaller than the amounts spent on education (around £88 billion for the UK in 2013–14: Bolton, 2014), the NHS (£110 billion in England alone: Harker, 2015) and welfare benefits (about £166 billion in 2012–13: OBR, 2014: 22). The figure also misses out the value of the informal care that families and friends provide, care which is purchased privately, and services which are funded by charitable giving. As noted in the previous chapter, Carers UK put the cash value of informal care to adults at £119 billion in 2011 (Buckner and Yeandle, 2011). The cost of privately purchased residential and home care for older people in England in 2010–11, without local authority involvement, was estimated at almost £10.2 billion (NAO, 2014a: 13, 15; and see Burchardt *et al.*, 2015).

Voluntary giving to charities was estimated at £10.6 billion in the UK in 2014 (CAF, 2015), although this would not all have gone to projects related to social care.

Furthermore, the levels of need that this £33 billion is meant to cover are high and rising. Local authorities have to ensure that they continue to meet their statutory duties, but the cuts to funding for public services and welfare provision that have already been implemented, and further cuts to come, mean that demand is likely to increase at the same time that local authority services are themselves being reduced, or at best have limited growth. Non-statutory services are particularly at risk of closure or reduced funding. This could be early prevention in social care or other local authority provision such as leisure and cultural services; and even for the statutory services, it means prioritisation and increasingly tight rationing (LGA and ADASS, 2014; NAO, 2014b; Lupton *et al.*, 2015).

As well as looking in detail at the way that the personal social services budget is spent, this chapter looks at where the money comes from (central and local taxation, and charges – or 'user contributions', as the government prefers to call them), and considers the debates and proposals for funding long-term social care.

In summary, the questions that guide this chapter are 'who pays and who should pay?' and 'who spends and who should spend?'. These questions link with the three core models that run through the book:

- First, in terms of the social work diamond, the questions reflect the tensions between the organisational contexts of social work (local authorities, other providers, restricted budgets, tight systems of financial control), the state context (taxation, government spending, national policy), service user perspectives (discontent over charges, moves to give greater control to service users to purchase services themselves), and professional viewpoints (assessing needs and abilities, working in a context of limited resources).
- Second, in terms of the social policy triangle, the questions reflect the challenges of ensuring people's well-being through high quality services, encouraging and supporting individual and family responsibility, and not undermining the workings of the market economy.
- Third, in terms of the roles of the state, the different answers that people give to these questions reflect the differences but also the overlaps and ambiguities of the minimalist, integrationist, social democratic and radical positions – attitudes towards individual responsibility and choice, to diversifying the range of welfare suppliers, to changing the role of the state.

Gross expenditure on local authority children's services in England in 2013–14 came to £8.9 billion (DfE, 2014a), and £17.2 billion on adult social care services (HSCIC, 2014b); a combined total of £26.1 billion. In Scotland, total social work expenditure in 2013–14 was £3.9 billion (Scottish Government, 2015a: 3). Of this, nearly three-quarters, £2.9 billion, was on adult social care, whilst £865 million was on services for children and families (the remainder was spent on other matters, including criminal justice social work). The cost was £1.9 billion in Wales (£1.38 billion on adults and £552 million on children and families: StatsWales, 2014). In Northern Ireland, spending was about £200 million on social services for children and families and £800 million for adult social care (IAD, 2014: 6; DHSSPS, 2013: 7).

We shall look in detail at the figures for England, drawing out four main points:

- The tensions between local authority 'freedoms' and central government control.
- Over half the money is spent on services provided by the private and voluntary sectors.
- Charges to service users make up a significant proportion of the income.
- Social work is a relatively small part of the expenditure.

Where the money comes from

There are three main sources of funding for local authority social care in England: central government taxes, local government taxes, and charges to service users. Central government taxation includes income tax, value added tax (VAT), extra taxes on alcohol, tobacco, petrol, and taxes on businesses. The government can also raise money by borrowing, although this has to be paid back later, or by raising taxes; or it can try to reduce expenditure, by not increasing budgets in line with inflation, or direct cuts. It may argue that budgets can be reduced through efficiency savings without affecting frontline services.

The money from central government is distributed to local authorities under two main headings: formula grant and specific grants. Formula grant is intended to fund the mainstream expenditure of the council. The amount that each authority gets in formula grant depends on its population size and characteristics, and general levels of prosperity. It is calculated according to a system known as 'relative needs formula' (RNF), described further below.

Specific grants are given for particular areas of spending or policy initiatives. Under New Labour many of these grants were 'ring fenced' – that is, the money had to be spent on the particular policy area or project. Under the coalition government, the number of ring fenced grants was reduced substantially. Now, in most cases, local authorities have more freedom about how they decide to use the money. From one perspective this is empowering and can promote flexibility and local solutions, but from another angle it increases the risks to local authorities. First, their freedom is limited because they still have to meet national standards and inspection requirements; and second, in a time of such tight budgets, when difficult decisions have to be made to cut back some services or prioritise others, they are more likely to get the blame from other local agencies and special interest groups who think they have lost out.

The money that local authorities get from central government includes their share of the business rates. These are also known as 'national non-domestic rates', and are rates on business premises, such as factories, shops and offices. Local authorities collect this money, but the rates are set by national government, not by the councils themselves. Before 2013 they had to give all the money to central government, which would then redistribute it to local authorities according to population size. The system changed in 2013 so that authorities now keep part of the money for themselves and give the other part to central government (currently it is a 50:50 split, subject to some adjustments for larger or smaller authorities). The government's aim was that this would increase local authority financial independence and encourage them to promote economic growth in their areas, because they get to keep more of the money (DCLG, 2013b).

Local authorities raise their own money via the council tax and by charging service users. The council tax is a tax that householders pay according to the value of their property. Overall, council tax makes up about 20 per cent of local government income, and service user contributions about 10 per cent, but there is variation between different services and different authorities. For example, as we shall see below, service user contributions are considerably more important in adult care services, amounting to over 20 per cent of the income. The balance also varies between authorities, because different areas have different levels of need and different levels of prosperity. Some councils, with high levels of need and relatively poorer populations, will have to provide more services and will not be able to raise as much money from council tax or user charges as wealthier areas. They will therefore need extra funding from central government if they are to provide a level of services comparable to other authorities. The government uses the relative needs formula to decide these allocations.

RNF uses key social, economic, demographic and geographical indicators to calculate how much each area will get (DCLG, 2013b). The total RNF for each authority is made up of a number of component RNFs. These include children's services, adult personal social services, police, fire, roads, and 'environmental, protective and cultural services' (includes libraries, museums, housing benefit, flood defence). As an example, the RNF for children's services starts with the number of children in the area, and then takes account of a range of factors including the proportion living in families dependent on means-tested benefits, the proportion in poor health and the proportion from minority ethnic groups.

The government then takes account of the resources available to each authority – the amount it should get from the council tax and its portion of the business rates, if it collects them efficiently. The result of these calculations and some further adjustments gives the amount that the authority will get in formula grant. Specific grants come on top of that.

RNF should be understood as a way of slicing up the cake, rather than deciding how big the whole cake should be. It does not determine the overall amount of money that is available for public services, which is decided by central government in the light of all its other spending commitments and political priorities. Rather, it is a way of comparing levels of need between authorities and deciding how much each gets from the amount available. Inevitably, many authorities complain that it is unfair and fails to recognise the particular challenges and expenses that they face.

Despite central government assertions that local authorities are able to determine their own spending priorities, in some ways there is relatively little freedom for councils to raise their own money and fix their own priorities. They have to work with other local agencies, so they do not have a free hand in decision-making. Whilst they are formally allowed to shift expenditure from one heading to another, they are likely to face resistance if they do so – for example, they could decide to close a library to save money for another service, but they would, no doubt, get protests from library users and staff. They can raise council tax, but if they want to raise it above the government's set limits they will have to hold a local referendum, and are likely to face complaints from local people if they try to raise it too high. If they want more money for a particular service, it is likely that they will have to charge service users – and that may also prove unpopular.

How the money is spent

This section looks at the way that local authority budgets in England for children's services and adult care services are spent. The figures for children's services are given in an annual report published by the Department for Education, and for adult care in an annual report published by the Health and Social Care Information Centre. This section looks at the spending in 2013–14 (DfE, 2014a; HSCIC, 2014b), but readers are advised to consult the most recent version.

The government's headline figure for local authority expenditure on adult social care services in 2013–14 was £17.2 billion. This sum is called 'gross current expenditure'. It excludes expenditure that is met by other agencies, such as health, through inter-agency agreements. This came to about £1.9 billion in 2013–14, so the total amount of public money spent on adult social care was £19.14 billion. Gross current expenditure also excludes money that the authorities recoup through 'client contributions' (sales, charges and fees). This came to £2.6 billion in 2013–14. The figure which takes account of these sources of income (inter-agency arrangements and client contributions) is known as 'net current expenditure'. This was £14.65 billion in 2013–14. Table 12.1 gives the figures for each of the main adult service user groups.

The largest category of expenditure is services for older people, which came to nearly £9.8 billion, just over half the total spending on adult social care. This funded services for about 854,000 people aged over 65 (HSCIC, 2014a: 34). This is down from 1.2 million people aged over 65 in 2007–08 (HSCIC, 2008a: 15). (Over the year 2013–14, there were nearly 1.3 million adult service users in total, all ages 18 and over, down from 1.8 million in 2007–08.) Over the year, community-based services were provided to over two-thirds of a million older people, 672,000, and 238,000 older people received residential or nursing care (permanent or temporary), funded in full or in part by the local authority (HSCIC, 2014a: 34) (some would have received community *and* residential care over the course of the year, so there is some double counting). As Table 12.1 shows, user contributions repay a significant proportion of the expenditure on older people's services, £2.16 billion, 22 per cent. How these charges are levied, and the debates they reflect and provoke are discussed further below.

Another significant feature of the spending is the difference between 'own provision' and 'provision by others'. Overall, £14.54 billion, or just over three-quarters of the adult social care budget, is spent on provision by others – that is, services provided by the private and voluntary sectors. So, local authority social services are big business, but part of this is that they are very big purchasers of services from the independent sector, as we discussed in Chapter 11.

Chapter 11

Table 12.1

Expenditure and income on local authority adult social care services, England 2013–14, £ million

	Older people (65+)	*Physically disabled adults (18–64)*	*Learning disabled adults (18–64)*	*Adults (18–64) with mental health needs*	*Other*	*Total (£m)*
Expenditure						
a) own provision	2,420	390	1,230	400	160	4,600
b) provision by others	7,370	1,350	4,600	920	290	14,540
Total expenditure	**9,790**	**1,740**	**5,830**	**1,320**	**460**	**19,140**
Income						
a) from client contributions[1]	2,160	120	260	50	10	2,600
b) from other sources[2]	940	160	460	210	140	1,910
Total income	**3,100**	**270**	**720**	**260**	**140**	**4,500**
Net current expenditure[3]	**6,680**	**1,470**	**5,110**	**1,060**	**320**	**14,650**

1 'Client contributions' includes sales, fees and charges.
2 'Other sources' includes joint funding arrangements, e.g. with health services.
3 'Net current expenditure' is total expenditure less total income.
Figures may not add up due to rounding.

Source: Adapted from HSCIC, 2014b: 11.

Other tables in the HSCIC expenditure report give details about the types of service provided (HSCIC, 2014b: 15–6). They divide them into three broad categories: assessment and care management, which takes 11 per cent of the money overall; day and domiciliary provision, which takes 46 per cent, and residential care, which takes 43 per cent. The term 'assessment and care management' covers social work tasks such as receiving referrals, assessing need, defining eligibility, and arranging and reviewing packages of care. So it can be seen that these only use about a tenth of the money. This echoes the statistics about the local authority adult social care workforce, discussed in the previous chapter, where we saw that just 12 per cent were social workers. Residential care is the most expensive part of the service on a 'per head' basis. It takes more than half of the budget for older people, but only about a quarter of the over-65s who received a service over the year were in residential care. So saving money, as well as meeting people's choices and well-being, is part of the reason for helping them stay in their own homes.

Despite the high policy profile of direct payments, they still make up only a small proportion of the expenditure. In 2013–14 just 8 per cent of the budget, £1.4 billion, was spent on direct payments, although this was up from 4 per cent (£610 million) in 2008–09 (HSCIC, 2014b: 22).

Table 12.2 gives the details for services for children and families. The government's headline figure is £8.9 billion (shown as 'total expenditure'), but this includes about £1 billion on children's centres and early years, which will not necessarily be for 'children in need', the usual threshold for local authority children's services. On 31 March 2014 there were 397,600 children in need in England, of whom 68,840 were looked after by local authorities (that is, in care: DfE, 2014c, d). (This snapshot figure is less than the total number receiving services over the year, because of cases opening and closing. Also, it is the number of children and does not include parents or other relatives.)

The table shows that the largest category of expenditure is looked after children, who take up about £3.5 billion, or 40 per cent of the budget. Looking at this in more detail, the DfE statistics show the breakdown between foster care and residential care. About £1.5 billion was spent on foster placements, and just under £1 billion on residential care; but there were 51,340 children and young people in foster care on 31 March 2014 (three-quarters of all looked after children), compared to only about 8,000 children and

Table 12.2

Expenditure and income on local authority children's social care services, England 2013–14, £ million

	Children's centres and early years	*Looked after children*	*Child safe-guarding*	*Other*	*Total (£m)*
Expenditure					
a) own provision and other public sector bodies	850	2,030	1,950	1,880	6,720
b) provision by private bodies	90	1,480	50	160	1,780
c) provision by voluntary agencies	120	150	20	140	430
Total expenditure	**1,100**	**3,660**	**2,020**	**2,160**	**8,930**
Income	90	150	80	320	630
Net current expenditure[1]	**1,000**	**3,520**	**1,950**	**1,840**	**8,300**

1 'Net current expenditure' is total expenditure less total income.
Figures may not add up due to rounding.

Source: DfE, 2014a: Table 2.

young people in various forms of residential care (12 per cent of the looked after population). Children with the highest levels of physical, intellectual, emotional and behavioural needs are likely to be in residential care, so one would expect it to be expensive, but the difference is striking. The use of the private sector is also interesting. Of the £1.5 billion spent on foster care, just over £660,000, or 44 per cent, was spent on placements provided by private foster care agencies. Of the money spent on residential care, over £620,000, about 65 per cent, went to private sector agencies (DfE, 2014a).

User contributions are not significant in children's services because many families are on income support and/or compelled to use the services. The income that is shown in the table comes mainly from joint funding arrangements with other agencies such as education or health.

As with adult social care, the finances suggest that in some ways social work is a relatively small part of the local authority picture. There are considerably more social workers employed in local authority children's services than in adult care, about 27,000 in September 2014 (DfE, 2014e), but even so, most of the money goes on direct services, and the wages and allowances for the people who provide them. Of course, social workers have crucial roles to assess cases, make plans, arrange services and review progress, and they can get to build relationships with the children and have a positive impact on their lives; but the key people who make a difference are the ones who actually look after the children. This message comes across clearly in Sinclair *et al.*'s (2007) study of the care system in England in 2002–04. They conclude that the best way local authorities can promote the well-being of children in care is to provide them with long-term security and give them good foster carers (Sinclair *et al.*, 2007: 258). In all the talk about policies and budgets, we should remember their key message, that the greatest wealth the care system has is the commitment and human qualities of those who make it up (Sinclair *et al.*, 2007: 275).

Paying for social care

As we have seen, service user contributions make up a significant part of the budget for local authority adult social care, but charging service users is highly controversial, and is one of the most important differences between health and social care. Health care is provided by the National Health Service and is generally free at the point of need, apart from some charges for eye care and dentistry, and in England for prescriptions (the other three countries of the UK do not charge for prescriptions). (Many social work service users are likely to be exempt – children, older people, people on welfare benefits.) Social care, however, is provided by local authorities and is means-tested. Users may be charged for the services, and the charges can be very heavy. There are four particular problems shown in Box 12.1.

The funding challenge is intense because the growing number of older people, especially the 'older old', brings an increasing demand for long-term care. The growing number of older people with private pensions and savings, and who own their own property, means that more are liable to pay for aspects of their care. The coalition government sought to find a way forward by setting up a commission on the funding of care and support in 2010. This was chaired by Andrew Dilnot, and reported in 2011 (Dilnot, 2011). It led to the coalition government designing a new funding system, which would set a lifetime

Box 12.1 Four dilemmas in paying for social care

1. Means-testing

The danger of means-tests is that they punish the people 'in the middle'. The rich can afford to pay anyhow, and may use their money to purchase private services without even asking for state help. The poor qualify for the service without having to pay. So the charges fall heaviest on people who see themselves as having been responsible, done what was expected, worked hard, paid taxes and saved their money – and now, when they need some help, the system is unfair and punishes them. But resources are limited and need to be targeted on those in greatest need. Without some sort of financial assessment, this would be hard to do.

2. Health and social care needs

Another perceived unfairness arises because of the muddy boundary between a health care need and a social care need. The most striking example is Alzheimer's Disease, with some hotly-contested disagreements about whether a person's needs qualify for health care or 'just' social care. Behind these boundary disputes are questions of fairness. After all, no-one asks to get dementia, any more than they ask to get cancer (although some might say that people who behave in certain ways – smoking for example – bring ill health on themselves). Yet the person with dementia is likely to be charged for their care, while the person with cancer will not be.

3. Local variation

There has been considerable variation between eligibility levels and charging policies in different local authorities, meaning that people with similar conditions may qualify for local authority services in some areas whilst they do not in others, and they might pay very different amounts for similar services. This postcode lottery has been another source of great discontent and controversy, and under the Care Act 2014 there will now be national eligibility criteria. How consistently they are implemented in practice remains to be seen. Local authorities are required work with their partners to assess the needs of their area and make locally agreed plans on how to meet them. The challenge is to balance local flexibility and national fairness.

4. Public budgets and private profit

A further set of dilemmas arise because of tightly restricted budgets and the increasing role of the private sector in providing social care, paid for by local authorities. Councils have to try to commission services for the best price they can, so that they can fund services for as many people as possible; but if they drive the price too low, this is likely to undermine the quality of the service, the pay and working conditions of the staff, and might force the agencies out of business. Private sector agencies sometimes complain about the low prices local authorities pay, but councils have a responsibility to spend public money prudently and accountably, to make their budgets go as far as possible, and not to over-pay.

cap on the amount of money a person would have to pay for their care and support. This was due to be implemented in April 2016, but in July 2015 the new Conservative government announced that it would postpone the changes until 2020. In order to understand these developments we need set the Dilnot proposals in context, by identifying the key requirements for a fair system, and looking back at previous attempts to resolve the dilemmas.

Weighing up the issues

This section summarises a number of issues and principles that need to be taken into account when weighing up the pros and cons of any funding settlement. The main source is a discussion paper by Glendinning and Bell (2008).

Fairness

The central requirement is for the system to be fair, but there are different aspects of fairness to be considered (Glendinning and Bell, 2008: 4–7). First, how the system raises money. For a system to be fair it should raise money progressively – i.e. the better-off pay more. But how much more, and in what ways (charges, taxes, social insurance, private insurance, co-payments) are devilish political questions, and the different political perspectives give different answers to them. Two other aspects of fairness are 'diagnostic equity', so that people with similar levels of impairment receive similar levels of resources, and 'spatial equity' – that is, that people with similar conditions in different areas are treated the same and get the same level of resources. There is also a question of inter-generational equity, meaning that one generation should not have to bear an unfair burden. This is a risk if the older population grows rapidly, leaving a smaller working population to pay, and may have to be counteracted by extra payments from the older group themselves.

Prevention and integrated support

The social care system must be integrated with other social services, notably housing, welfare benefits and health, to ensure that sufficient support is available, at the right time, to help people maintain independence and well-being. Policy goals of prevention and personalisation are undermined by funding restrictions that mean social care services are not available until people are high up the pyramid of need.

Sustainability

The system must be sustainable, not only in an economic sense, but in terms of public support and acceptability. People are generally willing to pay towards their long-term care, but the system must be clear and not punish those who have saved.

Family care

There should be proper support for family members but no assumptions that they will provide care. The challenge is to balance support, independence and choice for carers, as well as the person cared for. England has extensive legislation and policy about carers, but this must be properly put into effect, otherwise 'heavy reliance on informal care is likely to lead to excessive burdens, stress and longer term impoverishment' (Glendinning and Bell, 2008: 10).

Choice

The current emphasis is on the greater control that direct payments can give to service users, but Glendinning and Bell sound a note of caution (2008: 8–9). Cash payments can be an added burden, and paying family members for care can bind them into caring roles. The provision of services may be more effective to ensure they get respite and freedom to do other things. Lessons from other countries are that services are more effective than cash in helping women to take paid work outside the home (see Moullin, 2008: 33–5). The point is to have flexibility rather than one option only.

Standards

Chapter 11

It is important to ensure that people receive safe and high quality services that respect their rights and dignity. The safeguards that come from consumer-type behaviour, shopping around and choosing between providers, are not always available if people need care urgently, when they are alone, housebound, or in areas where there are few services. There are risks in market sector provision, as discussed in Chapter 11.

All this suggests that there is a vital role for the state, and one it must not shirk by divesting responsibility to individuals and families. There are particular implications for the relationship between central and local government. Local authorities have the major role in social care, but this leads to unfair variation. They resent having extra responsibilities and high levels of regulation without adequate funding (and as noted above, they have very little power to raise their own funds). Therefore there is a need for central government to play a full part in raising sufficient funds and ensuring fairness across the country (Glendinning and Bell, 2008: 7–8). Central government has the responsibility for taxation and national budgets, and has the power to bring together the different funding streams. It can ensure consistency with tax, national insurance and pensions policies. Greater powers for central government might be mistrusted by local authorities, but Glendinning and Bell hold that 'enlightened central control need not be inimical to flexibility and innovation' (2008: 8).

Background

The New Labour government tried to tackle the issue of paying for long-term care soon after it was elected, by setting up a royal commission in late 1997. This broke the costs into three components: personal care, housing costs and living costs (Royal Commission on Long-Term Care, 1999). It defined personal care as care which involves touching the person – e.g. help with bathing, dressing, eating, going to the toilet. It proposed that personal care should be provided free at the point of need (funded from general taxation), although people would still be responsible for their own living and housing costs (but could be eligible for assistance after means-testing). Not everyone on the Commission agreed with this, and there was a note of dissent (Joffe and Lipsey, 1999). This argued that the costs would be too high, and the main beneficiaries would be the middle classes (poor people got it free anyway). The government rejected the proposal of free personal care for all in England (DH, 2000), but Scotland did accept it.

Box 12.2 Free personal care in Scotland

In 2002, Scotland introduced free personal care for people aged over 65. This was seen as an important flagship policy for devolution (Bowes and Bell, 2007). For people in residential care, the policy means a fixed payment to cover the cost, and for people in their own homes, the provision of services or direct payments. The new policy did away with means-testing, although there is still an assessment of eligibility (needs-testing).

It is hard to unravel the specific impact of free personal care from wider trends in social care, notably the greater use of intensive home care as an alternative to placements in residential or care homes. Early research showed a shift within the group of people receiving home care, so that a higher proportion were receiving personal care and fewer receiving other forms of domestic help, such as cleaning and shopping (Bell *et al.*, 2007). This has continued, as more people with high levels of need are supported to live at home.

Another key finding was that free personal care did not reduce the amount of informal care that relatives provide, but rather allowed some to change the sort of care and support they gave. It took away some of the tasks they found difficult and time-consuming, freeing them up to do other things, and enabling them to continue as carers (Bell *et al.*, 2007; Vestri, 2007).

Funding has proved to be the big issue, and led to a review of the policy in 2008 (Sutherland, 2008). This found that the policy was adequately funded for the first few years, but a shortfall had built up as take-up increased. It led to an increase in funding. In April 2015, the Scottish Government estimated that the cost of providing personal care to older people in their own homes in 2013–14 was £364 million, for just under 48,000 people (Scottish Government, 2015b). The cost is more than double the figure in 2004–05, when it was £158 million, and there were 36,300 people receiving free personal care. In 2013–14, people receiving personal care services at home got an average of 8.6 hours care per week, compared to 6.7 hours in 2004–05, meaning that the total number of hours provided has increased by 70 per cent over the nine years. The changes reflect the fact that an increasing proportion of older people are being cared for at home for as long as possible, rather than in hospital or care homes. This means they are likely to have high levels of need, and so require more intensive personal care services.

There are still doubts about the longer-term affordability of the policy (BBC, 2015), but it is worth noting the conclusion of the 2008 review, which found that free personal care is 'a relatively small component of a complex system of care and the total costs of care' (Sutherland, 2008: 46). The importance of this broader context is crucial for all countries. Social care for older people, as for all service users, needs to be seen in the context of the full range of public services, notably housing, social care, health services, transport, pensions and welfare benefits, together with the practical and financial contributions of families and individuals.

The New Labour government did not come up with any further proposals until 2008, seemingly finding the issue too difficult. The debate did not go away, however, and was kept in the political arena by two independent reviews of long-term care costs and the funding system, by the Joseph Rowntree Foundation (2003–6) and the King's Fund (2005–6). The JRF review (2006) concluded that public opinion supports a greater role from the state, even if that does mean higher taxes, but also that people are generally prepared to pay something towards their costs, if this payment is perceived as fair and reasonable. It recommended a co-payment funding model, in which costs were split 80:20 between the state and individuals.

The King's Fund review gave its findings in *Securing Good Care for Older People* (Wanless, 2006). It proposed a 'partnership model' for funding long-term care. The idea was for a national framework of entitlements, clearly linked to levels of impairment. Once assessed as having certain needs, the person would be entitled to a set level of support free of charge, without any means-test. Wanless suggested that this level should be two-thirds of the full amount they were assessed as needing. After that, the person would have to contribute, but for every pound they paid, the government would pay another pound, up to the benchmark level. People who wished to buy additional services beyond that could do so, but the state would not contribute. People might choose not to pay their full portion, but for those who could not afford to pay, there would be means-tested help from welfare benefits.

Wanless argued for this partnership model on a number of grounds. One is that it would help keep costs down, but he also considered it would deter unnecessary use of services, encourage people to save, and empower them by giving them a sense of entitlement to the services they are getting (2006: xxxiii).

The New Labour government returned to the issue in 2008, with a public consultation (HM Government, 2008b), and published a green paper in July 2009, *Shaping the Future of Care Together* (HM Government, 2009). This proposed that local variation would be replaced by a national system of rights and entitlements, with an emphasis on choice, prevention and independence. It said this would be a 'National Care Service'. It also outlined five possible funding schemes. It ruled out two of them straightaway, that everyone should pay for themselves, or that everything should be paid from taxation. The three others were a partnership model along the lines of the Wanless report, where people would be means-tested for services above their entitlement level; an insurance system, where people could choose to pay into an insurance scheme to meet any costs above the entitlement level; and a comprehensive scheme where everyone over 65 would be required to pay into a scheme, and then those whose needs qualified for state support would get it all free of charge. In the insurance and comprehensive systems, there would be flexibility for individuals about when and how to pay, including lump-sums paid on retirement or after their death, from their estate. But in the run-up to the general election in 2010, this led to accusations of a 'death tax', and the political consensus about finding a way forward collapsed.

The Dilnot proposals and subsequent developments

The coalition government's commission on the funding of care and support addressed the issues again, and came up with three major recommendations. First, it proposed that there should be a lifetime cap on the amount of money that any individual should be expected to pay for their social care. The commission suggested that this should be £35,000. Beyond that, the state should pay. It is important to note that this was only to cover the care costs, not any 'board and lodging' costs for people in residential care. Second, the commission recognised that some people will not be able to afford to pay the full cost, and so means-tested help will still be necessary, but it recommended that the threshold beyond which no means-tested help is given should be raised from £23,250 to £100,000 for people in residential care. This would make the system less harsh by allowing people to keep more of their assets, although many people who own their homes are likely to come above the threshold. The report recommended an improved scheme for payment to be deferred until the property is sold. Third, it proposed that there should be national eligibility criteria, with portability of assessments if people moved from one local authority to another. The commission also proposed new rights for carers, duties on local authorities to provide information and advice to all people who need it, including those who are not eligible for state support, closer integration between health and social care, and that welfare benefits should be better aligned with the social care system (Dilnot, 2011: 5–6).

The report was published in July 2011 and this sparked off further consultations between the government and the care sector. However, there was no clear response to the funding recommendations until July 2012, when the government published a white paper on wider reforms to the adult social system, a draft care and support bill, and a progress report on funding (HM Government, 2012b, c). The white paper outlined the ambitions for a reformed care and support system focused on choice and control, prevention, independence, support for carers, better integrated services and a national eligibility framework. In the progress report, the government said that it supported the principles of the Dilnot recommendations but given the economic situation could not commit to them. It announced a national scheme to allow people to defer payments until after their death, and said it would continue to explore possible options.

In spring 2013 the government announced that it would introduce a new funding scheme based on the Dilnot proposals. Originally this was to start in April 2017 with the lifetime cap on care costs set at £75,000, but in the March 2013 budget the start date was brought forward to April 2016 and the cap brought down to £72,000 (see Humphries, 2013). The threshold for means-tested support for people in residential care would rise to £118,000. People in residential care would still have to pay towards their general living costs (food and accommodation). People who enter adulthood with care and support needs would not have to pay for their services. The new system would be paid for by changes to national insurance contributions and the freezing of inheritance tax thresholds.

Although many were delighted (and surprised) at these proposals, there were certainly concerns about their feasibility. Humphries (2013) noted a number of crucial challenges for the new scheme. First, setting up the relevant systems would require an immense amount of detailed planning, falling mainly on local authorities at a time when they are experiencing the toughest financial challenges in their history. Second, there would need to be a huge information and awareness campaign, to help people understand how the scheme works, what is included and what is not. A particular challenge here is that not all spending by individuals would necessarily count towards the cap. The only spending that counts will be based on their eligible care and support needs, as assessed by the local authority.

But the major concern was simply where the money would come from, and how it could be found at the same time as the demands on the social care system were increasing under the Care Act 2014, and further cuts were being made to local authority budgets. In summer 2015, the Local Government Association (a Conservative-led body) wrote to the government to request that the introduction of the new scheme be postponed. It had been part of the Conservative's election manifesto, but Alistair Burt, the minister for community and social care, replied on behalf of the government saying that now was not the right time to be introducing the expensive new scheme, which was expected to cost £6 billion over the next five years. The government had therefore taken the 'difficult decision' to delay it, but remained 'fully committed' to the scheme, and 'will work hard to use this additional time to ensure that everyone is ready to introduce the new system' (Burt, 2015; and see Hunt, 2015). Reaction to the announcement was mixed, with some expressions of relief from local authorities, but disappointment and anger from service user and campaign groups, and from some politicians (see McNicholl, 2015; Wollaston, 2015). Humphries (2015), from the King's Fund, argues that delaying the scheme until 2020 means that it has effectively been abandoned, not postponed. Whether it will ever see the light of day, and if so in what form, remains to be seen.

Conclusion

The chapter has discussed the costs of social care, and the complexities of the financial issues – who pays, who spends, how much on what, and who decides. There is a great deal of money involved, but it has to be said that the sums involved are small compared to the whole public sector budget, and tiny compared to the whole size of the economy. Also, as we are reminded by the massive amounts of money that were produced to rescue ailing banks in the credit crunch of 2008–9, money can always be found for things that are a high enough political priority.

An important message is that spending decisions are not just about the three Es of economy, efficiency and effectiveness, but that there are two others – ethics and equity (Balogh *et al.*, 1989, in Hugman, 1998: 187). Questions of what is right and what is fair are fundamental, but as we have discussed throughout the book, there are no straightforward answers because these depend on one's views about the proper role of the state and the proper balances between well-being, the economy and responsibility. As usual in social work, behind the technical suggestions, the procedures and rules, are fundamental questions about fairness and the sort of society we would like to live in. How much do we expect individuals to pay, what do we expect from families, and what are we prepared to pay ourselves – either from our own savings when we need care, or as carers, or as tax payers?

These debates have a special resonance for social workers. Our job often involves working with people who are poor, and we do so within limited and tightly controlled budgets. We assess people's needs and often their financial circumstances. We have to make tough decisions about who qualifies for a service or not. The social work diamond sets out the dilemmas. We have professional knowledge about need and support, and service users have their requests, their demands and their unspoken needs; but the state sets the overall priorities and budget, and the organisation we work for will have its own policies and procedures about decision making and spending. Financial assessments and budget-based decisions can be some of the most uncomfortable, personally and professionally challenging parts of the job.

Questions for reflection

- Should service users pay charges for social care? What are your reasons?
- It can be very distressing for people to see their savings shrink as they pay for care, when they had hoped to leave the money to their family. Others feel that the money is there to be spent when it is needed, and the complaints come mainly from middle class families who are anxious to keep their inheritance. What do you think, and what are your reasons?
- If you have done a financial assessment of a service user in your work or on placement, how did it make you feel? If not yet, how do you think it might?

Useful websites and further reading

The Health and Social Care Information Centre is an important source of data on adult social care services and budgets: www.hscic.gov.uk.

The Personal Social Services Research Unit (PSSRU) has detailed information and research about social care costs: www.pssru.ac.uk.

Other research centres with useful information about costs, staffing and outcomes include:

The Centre for Research on Children and Families at the University of East Anglia: www.uea.ac.uk/centre-research-child-family.

The Centre for Child and Family Research at the University of Loughborough: www.lboro.ac.uk/research/ccfr.

The Social Care Workforce Research Unit at King's College, London: www.kcl.ac.uk/sspp/policy-institute/scwru/index.aspx.

The Social Policy Research Unit at the University of York: www.york.ac.uk/inst/spru/index.html.

There are bound to be ongoing tensions and arguments about the funding of social care. Watch out for the debates and the proposals.

Conclusion

Between the middle and the margins

This book has shown how social work is in a profession 'in the middle'. It is in the middle of powerful sets of demands, from state, organisation, profession and service users. It is at the heart of wider social policy balances between well-being, responsibility and the economy – what sort of help, and how much help, should governments offer, to who, under what conditions? It is at the centre of some of society's most testing dilemmas – the tensions of balancing needs and resources, participation and protection, choices and budgets, fairness for individuals and fairness for society. Furthermore, it is often in the middle of all the other services that come under the banner 'social policy', because social work involves working with other professionals and organisations, to obtain and co-ordinate services and support for individuals and families.

Given all this, why is it that social work sometimes seems so marginal in the wider social policy picture? Politicians often seem to be equivocal when they speak about social work and social workers – 'they do some wonderful work, they are undervalued by society, but ...', and there's the rub. 'But there are too many mistakes, they spend too much time on paperwork, they need to get better at responding to service users', or whatever the most recent complaint happens to be. Few professions face the vitriol that social workers receive when things go wrong, and the criticisms of social work tend to go further than just 'a few bad apples in the barrel', but that the whole enterprise is flawed.

A social policy and social values perspective helps to shed some light on this ambivalence about social work, the paradox of why it is so firmly in the middle and yet on the margins. The discomfort about social work is not so much about social work itself, as about the difficult issues it tackles and the fundamental, contradictory social principles that stand behind it. These are captured in the tensions and similarities, overlaps and ambiguities, between minimalist, integrationist, social democratic and radical approaches to social policy and social work.

Social workers are criticised for refusing services to needy people *and* for spending too much time and money on 'undeserving' cases; they are criticised for failing to take action in time to protect vulnerable people *and* for being 'too quick to break up loving family homes' (as the popular press might put it). Behind the criticisms are fundamental tensions about the role of the state and the privacy of the family, about the deserving and undeserving, about the responsibilities of tax payers and individuals, about social attitudes to people who are poor, disabled, elderly or mentally unwell. Whether or not the criticisms are fair in any particular case is not entirely the point; rather, when things seem to go wrong in social work, all society's discomfort and anxiety about these difficult questions suddenly gets a focal point, a scapegoat. It is important to get away from this, and look at the broader policy picture. Just as it is important to understand the needs of service users in a broader context, so it is important to understand social work in its wider context of social values, social policies and other social services. If there are individual shortcomings these have to be addressed, but it isn't just a matter of a few bad apples, or even a few unlucky apples. We have to look at the barrel itself – the wider expectations on social work, its many functions, its many responsibilities. To pursue the analogy, the problem is that the barrel is made up of different types of wood, some strips wedged together tightly, some very loose, some cracked, some straining apart – all those different social values, their overlaps and tensions, the ambiguities and the contradictions between them.

How can social work respond to the public and political criticisms and ambivalence? Three current ways of doing so are to emphasise the evidence base, the interpersonal elements, and the values of social work. Each of these is important, but not enough.

The idea behind the evidence-based approach is that if we have better knowledge about what works in social work policy and practice, through scientific-style research, we will be able to help people better and so overcome the ambivalence about social work. Research is important, but not enough by itself. Social work is not a pure science but a human science, and we have to apply the messages of research to tricky and unpredictable situations. Furthermore, rights and values come into play – it's not just a matter of applying the relevant formula and the correct answer will pop out, we have to consider questions of justice and fairness.

The interpersonal side is crucial too, and good social work builds relationships with people that support them, and challenge them, and help them to achieve their goals. Reliable, caring, consistent and persistent relationships are vital, but again not enough by themselves. Social work is shaped by law and policy, social values about individual freedom, safety and fairness, responsibilities for the best use of public money, organisational priorities. The therapeutic and counselling side is important, but social work is more than interpersonal helping relationships.

The third approach emphasises the importance of social work values. Again, this is crucial but not enough. Social work's values are not so different from those of any social profession, to respect service users' dignity and rights, to treat people fairly, to meet people's needs and help them develop their potential, to act with integrity, to develop one's knowledge and skills (BASW, 2012). At one level they sound rather banal. At another, they are very demanding indeed. Some of the situations and people that social workers encounter test these values to the limit – for example, how much allowance one makes for disadvantage or difference in ways of bringing up children. Fair to who, in what ways?

So we need to keep the evidence-based, interpersonal and values-based approaches, but all of them, not just one. More than that though, we have to accept the paradox of always being in the middle and on the margins. The roles and tasks that social work has in society mean that it will always be caught in this conundrum. We cannot escape it, but we can try to understand it and explain it. To do this, we need to add three dimensions, the intellectual, the political and the ethical. Social work involves these everyday – they are not additional tasks or optional extras, but fundamental aspects of the job. It is intellectual, political and ethical because it involves hard questions about the duties and powers of the state, the freedoms and obligations of individuals, needs and rights, the meaning and implications of concepts such as inequality, participation, prevention.

Emphasising the intellectual dimension is not to avoid the painful or interpersonal aspects of the job, but it is to go a step beyond a simplistic 'research says ...' approach. To emphasise the political is not to say that we have to get involved in party politics or radical campaigning. Some might want to, but the point is to appreciate that we 'do' politics every day, in our decisions about resources, rights, intervention, participation. Also, it is to encourage a wider view on the policies and decisions that shape our jobs, about budgets, priorities, organisational structures – to see these in the bigger political context, about the role of the state and the duties of citizens. And emphasising the ethical aspects is to add an extra dimension to values – to go beyond the important but rather basic 'respect the rights of service users' approach, to draw out the challenges and dilemmas of working with uncertain and contradictory social values.

In relation to the questions at the start of the book, then, what and who is social work for? It is for different things, for different people. It is for service users, certainly, but different service users have different needs and strengths, and so social workers will perform different roles in different circumstances. It is for society more widely, in that it deals with some of its most troubling problems, and is part of a range of services and professions that try to prevent those problems arising in the first place. But society expects different and contradictory things – to help families stay together and to rescue children, to provide support to people but not to spend very much money – and no profession can meet all of these all of the time.

Finally, social work is 'for' social workers, but not just because it provides careers and salaries. For a start, there are few riches on offer, although the growth of private sector involvement in social care suggests that there are good profits to be made for those minded to look for them. But more than that, it is 'for' social workers because it is a practically and intellectually rewarding occupation. It gives the opportunity of helping people, but it is much more difficult, ambiguous and interesting than just that.

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