Abstracts

Social Policy   Lorna Warren

The run up to the full implementation of the 1990 National Health
Service and Community Care Act in April 1993 witnessed such a
plethora of guidance from the Department of Health and the Social
Services Inspectorate that, at times, it was difficult to keep track of
publications, let alone to find time to reflect on wider conceptual issues
or to follow developments in practice. This being so, it is refreshing, just
over a year on, to concentrate on a number of recent articles which do
just that.

> Kerry Caldock, Policy and practice: fundamental contradictions in
> the conceptualisation of community care for elderly people? *Health
> and Social Care*, 2 (1994), 133–141.

Kerry Caldock's contribution focuses on conflicting understandings
and expectations about community care for older people. The paper
updates discussion of the notions of 'community' and 'care'. To the
enduring nature of the rhetoric and reality of community – as
reassuringly dense networks versus a single female relation – Caldock
adds the growing perception of communities as hostile environments. It
is a perception arguably as much created as sustained by daily media
reports. Likewise, the continual use of the term care, in addition to the
focus on needs, has the effect of perpetuating the negative construction
of older people as a dependent problem group. The irony is that the
provision typically offered to older people still constitutes services
rather than personal care, which many reject. Of course, the separation
of these two elements is not clear cut, as my own research has shown
(Warren 1991, 1994). But, using Janet Askham's ideal-typical
definition of the terms, Caldock shows how the renaming of 'packages
of care' as 'packages of services' may benefit older people by
encouraging a view of support as a right, rather than the reverse.

This leads neatly on to the next contradiction: the promotion of user
participation in policy documents which adopt the language of
managerialism. Despite the history of academic discussion surrounding
the divergence of lay and professional perceptions of need, things are

unlikely to change while front-line practitioners fail to possess key contingencies of time and resources. Assessments may be seen as a way of ensuring needs-led services, but forms have become long and complex and are often unused or partially completed. Health service professionals find it particularly difficult to relinquish their traditional authoritarian approach. Emphasis on cost-effectiveness and the rationing of services to those most in need, alongside reassessment and review, brings the issue of service withdrawal into question while, in general, assessors may manage tensions by withholding information.

The potential of care management is not clear since experiments have tended to concentrate on definition and costing management tasks, rather than on user participation. As for multi-disciplinary working, the imperialist nature of individual departmental cultures and the strength of tribal ties are well established. Caldock believes their resolution to necessitate 'breakthrough politics' (David Hunter), which challenge the values and attitudes deeply embedded in objectives and traditional practices. Conflict lies in the market context, however, where competition is likely to lead to more rigid distinctions in an effort to shunt responsibility for costs to other agencies. The situation is compounded by the resistance of health professionals to accepting the assessments and recommendations of non-medically qualified workers, and by the poor quality of communications between health and social services.

Caldock's paper is very readable and well organised, though her focus on older people could be strengthened. As she rightly points out, much of the argument is relevant to other user groups. But this is no bad thing, especially if it helps to highlight the problematic nature of policy. Indeed, Caldock's ultimate call is for the debate about community care to acknowledge and work with some of the underlying dynamics and interactions that may bear on the successful implementation of the reforms. This is precisely the aim structuring the remaining two papers which explore in more detail the character of the day to day contacts between users and professionals, echoing Caldock's themes of ambiguity and contradiction.

Sally Richards, Making sense of needs assessment, *Research Policy and Planning*, **12**, 1 (1994), 5–9.

Sally Richards's exploration of needs' assessments reiterates concern about ageist perceptions of older people as a homogeneous and intrinsically dependent group. Richards is sceptical of the notion of an

objective definition of need, when what individuals require for social independence or quality of life is defined by agencies or authorities, in accordance with their policies and priorities. The shift from services- to needs-led assessment may simply translate as a move, from having to conform to service eligibility criteria, to having to conform to the agency's definition of eligible need. Practitioners are likely to be swayed by agency definitions, not just because of the pressures of limited resources, but also given the difficulties of raising expectations that cannot be fulfilled and because of the fear of legal challenge in response to the identification of unmet need.

Solutions to these issues may be equally problematic. The separation of assessments and purchasing, for example, may be ineffective if the assessor and purchaser are employees of the same agency, pressured towards a common outlook. Here, advocacy is essential to the assessment process. Neither the sharing of information nor the encouragement of users and carers guarantees that they will play a full part in decision-making. The potential power of providers, given the purchaser/provider split, and the possibility of the emergence of monopolies, must be acknowledged.

Having theorised the problems in operationalising the concept of need, Richards turns to practice, introducing her study of specialist 'elderly care' teams. Starting from the perspective that need is best understood as a social construction, the study represents the assessment process as a series of dialogues, each of which may frame the older person's needs in a different way. As far as possible, all encounters are therefore being explored: visits, case discussions, allocation meetings and individual assessments, as well as discussions variously involving the older person, their referrer, the assessor and multi-disciplinary case conferences. The researcher's own view of needs is also, welcomingly, included.

Fieldwork is not complete yet the difficulty, in practice, of distinguishing the concept of need from the concepts of risk and dependency is already clear. Richards hopes (*sic*) other submerged themes – loneliness, relationship problems or closeness to death – may be found. It is to be trusted their identification will not predetermine analysis, for Richards's aspiration, to enable participants in the assessment process to become more conscious of the way in which it often works to disempower people, is an important step in bringing about the culture change strongly recommended by Caldock.

> Nina Biehal, Changing practice: participation rights and community care, *British Journal of Social Work*, **23** (1993), 443–458.

Biehal adds to the discussion of participation and empowerment through her exploration of contacts between older people and workers in social care. She draws on findings from the Social Work in Partnership (SWIP) project, which aimed to develop a model of practice which encourages greater participation by users.

Biehal organises issues arising from the project under two headings: 'Values into practice' and 'Limits to participation', though the divisions between them are not always clear cut. She highlights the political boundaries within which needs are socially constructed. professionals carry their 'peculiar baggage' of concepts derived from social work theories, practice wisdom, local agency eligibility criteria, information from health professionals, plus the pressures to manage demand. At the same time, users themselves may define their needs solely in terms of the services they know about.

The situation is compounded by workers' failure to share their professional assessment with users. Confusion ensues where, for example, an ideal of independence is imposed which may not be achievable or even welcome in the older person's view. But it may be difficult to share assessments where workers feel there is a need for counselling or to negotiate with an individual considered to be at risk. Even where workers provide information, there is a fine balance between communicating sufficient details and overloading users. Insufficient information obliges users to trust to the worker's judgement, may serve as a hidden rationing mechanism, and results in users being ill-prepared for planning meetings.

Limits to participation involve a mix of individual attitudes and expectations combined with structural obstacles. For example, some workers in the SWIP project were willing to try a more participatory approach only in relatively straightforward cases, or they constructed shared records but gave low priority to, or reframed, user-defined problems and goals (pseudo-participation). Practitioners may easily slide from advice and guidance into coercion to 'persuade' an individual to follow a certain plan of action. At the same time, the existence of routinised responses to service users may hamper participation, confrontation of which is tacitly avoided through 'functional fudge' (p. 454). Users themselves often have little experience of any degree of control or participation in the decision-making process. In the case of dementia, they may lack the power to choose.

In the multi-agency context, the extent of workers' influence

concerning user-involvement may be minimal. Hospital social workers noted, for example, that they were sometimes required to set up packages of domiciliary care at such short notice in order to clear beds that exploration of the individual's own views was severely restricted. Ultimately, the broader political context sets fundamental limits by rationing resources. Workers 'protect' service users by leading them to suppose that the most appropriate resource for their needs is being offered, rather than the only available option.

At times one might question the extent of the relinquishment of professional power in the SWIP model of practice. For example, Biehal's description of the process of negotiating agreements about meeting needs, in which 'the worker might undertake to provide or obtain specified kinds of practical help, advocacy or counselling and the older person might also agree to undertake specified tasks' (p. 448), hints of patronage by, or at least compromise in favour of, the professional. Similarly, there are intimations of a belief that the professional still knows best: 'In focusing on problems prioritised by the users, workers may be able to demonstrate their commitment to giving people greater control over the work undertaken. It may then be possible to negotiate an agreement to work on additional problems' (p. 449). And what are the possibilities for practice which encourage older people with dementia to participate? This consideration is left unaddressed.

Nevertheless, Biehal does suggest a number of steps which may contribute to user participation. These include reassuring workers of the skills it demands, recognising that the process requires time, developing ways of sharing and discussing assessments with users, and well-presented information about services, procedures and rights and, at the wider level, about policies on the rationing of resources and local priorities. Ultimately, there is no blue-print to community care, but the combined contribution of theoretical critique, empirical study and practice recommendations offered by papers such as these are an important contribution to addressing obstacles.

References

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