

REPORT

22 June 2005

Developing social care: the current position



Chapter 1: Introduction

SCIE commissioned the Personal Social Services Research Unit (PSSRU) at the London School of Economics to undertake a literature survey on 'Service development trends and gaps'. The work was carried out from April to July 2004.

The brief

We asked the team to consider a range of issues:

- What have been the principal trends in needs, resources and outcomes of social care since 1989?
 - > What have been the relationships between these aspects of social care?
 - > What are the projected trends for the scale of need, the growth of 'new' and recently emerging needs and the resource consequences of such needs?
- What have been the principal service-development trends in personal social services since the *Children Act 1989* and the *NHS and Community Care Act 1990*?
 - > What is the inter-relationship between such trends and those in the NHS?
- What evidence is there about the nature, extent and cost-effectiveness of new partnership models of care (for example, models that extend user control, partnerships with carers, housing agencies, the wider local authority and non-statutory sectors)?
- What are the major continuing and emerging gaps in practice and provision in relation to current policy objectives and stakeholder expectations?
- What evidence is there (in inspection and other reports) about trends in management capacities and capabilities of social services departments?
- What essential characteristics of trends in needs, resources, outcomes and service development should be sustained (and for what reasons), following the reconfiguration of the currently integrated social services departments?
 - > Would such considerations apply equally to adult and child services?

We were asked to focus primarily on England, but also to include evidence for Wales and Northern Ireland where possible. The survey was to cover the period since the late 1980s and offer projections beyond 2004 where appropriate and possible. All social-

care service user groups were to be covered, some in separate sub-reviews and all of them collectively. Finally, the consequences for—and influences of—contiguous service areas (health, housing, education, etc.) were to be examined.

Method of working

Established researchers supported by new assistants (combining experience, expertise, energy and ideas) undertook the search and retrieval processes. An experienced systematic reviewer was a key member of our team.

Details of the methods employed are set out in a technical appendix at the end of this chapter. In brief, we searched the relevant literature online, obtained papers directly from key individuals and organisations, and sought specialist advice on certain service user groups and topics. However, given the size of the task and the short time available, some compromises had to be made. We had to use fairly narrow search criteria, and the number of sources searched was necessarily limited. In all, the attention devoted to the subgroups (defined by primary need) was roughly proportional to the share of public expenditure on social care.

We were inclusive in our treatment of evidence, using insights from research, inspections, audits, narrative accounts of practice, and (reported) user views. Generally, we do not comment on the underlying methodologies or (in detail) on the quality of the evidence, although we have occasionally noted limitations. However, some of the research-based evidence is very poor. As Sheldon and Macdonald say, 'We suffer in our field from a worryingly high chaff/wheat ratio in the output of research' (1999 p17). In addition, some of the inspection- and audit-based analysis, which is solidly grounded in fieldwork, sometimes gives the impression of being unaware of evidence from research.

We plan to provide Endnote libraries to SCIE, which will be built up from our literature search.

In addition to the literature search, we developed a conceptual framework to contain, organise and interpret the statistical and narrative evidence.

Report structure

A brief overview of this report may be useful.

Chapter 2 starts by setting out our conceptual framework. This identifies the key criteria for the review, including effectiveness and efficiency in their conventional interpretations, and moving on to consider user choice, social solidarity and community participation. This section describes the production of a welfare framework, hypothesising links between needs, resources and outcomes. We structure much of the evidence on the basis of this framework.

We then offer a broader interpretation of social care, suggesting that it can be seen not only as a productive process (linking resources to outcomes), but also as a managerial, coordination-integration, political or learning process. Finally, the matrix representation of the mixed economy is set out, showing the many transaction types within a social-care system, linking sources and routes of funding to modes or sectors of provision.

Chapter 3 sets out a generic approach to developments in social care, exploring the evidence in the light of the five *process* interpretations, across all social-care user groups. We also employ the production of a welfare framework to summarise evidence on needs, resources and outcomes that cannot sensibly be discussed under specific user-group headings.

In chapters 4 to 8 we move to specific user groups: older people, people with mental health problems, children, people with physical disabilities, and people with learning disabilities. Each section is organised around the same seven subheads:

- context
- needs
- expenditure (including some discussion of funding options and issues, such as user charges)
- resource inputs (staff, capital, informal care)
- services (including targeting needs, sector balances and service mix more generally)
- outcomes and cost-effectiveness
- choice (including preferences).

There are, of course, numerous overlaps between the chapters, and we have tried to follow the allocation of evidence along the following lines:

- All evidence relating to people aged 65 or over is discussed in Chapter 4.
- Evidence on anyone aged under 18 is covered in Chapter 6.
- The mental health, learning disability and physical disability chapters thus concern people aged 18–64.

The allocation is not perfect in design or in practice, but it was the most convenient given the configurations of statistical data, the organisation of inspection and audit (summary) reports, and the structure of the research literature.

Chapter 9 offers some brief reflections on the evidence, and discusses management of social care.

Technical appendix to Chapter 1

Literature search

As part of the rapid literature review we developed a formal search protocol in line with well-defined principles set out by Goodman (SBU 1993). Six key areas were identified, consistent with the overall themes specified:

- general social care literature
- children
- older people
- mental health
- physical disabilities
- learning disabilities.

In addition to the 'gold standard' of hand-searching key journals and other resources, the team used electronic-databases (Medline, [International Bibliography of the Social Sciences](http://www.lse.ac.uk/collections/IBSS/) (www.lse.ac.uk/collections/IBSS/), [AgeLine](http://www.aarp.org/research/ageline/) (www.aarp.org/research/ageline/), [EconLit](http://www.econlit.org/) (www.econlit.org/), and GeogLit), and browsed reference lists in retrieved papers. We also contacted a large number of experts to ask for information on any papers and reports that would be of benefit.

Key criteria for inclusion and exclusion in the searches were developed. We agreed on the terms to be used in electronic searches, including both major general social care terms and specific additional ones related to each client group. These terms were then piloted to identify additional synonyms, to check for any consistent pattern of key words that might have been overlooked, and to identify any further terms that might reduce the number of inappropriate hits during recall and thus improve the precision of the search.

Given the focus on the UK, we only used English-language materials and retrieved papers from 1990 onwards, reflecting the significant reforms to social care introduced in 1989. The US National Library of Medicine online version of Medline (www.ncbi.nlm.nih.gov/pubmed) was used, allowing precise searches specifying items with an abstract and references with specific Medical Subject Heading Terms, including the country identifiers relevant to the UK (Great Britain, England, Northern Ireland, Scotland and Wales). The remaining databases were searched using the SilverPlatter

CD platform; because this is more limited than Medline, the search strategy had to be modified slightly, and could not exactly replicate that undertaken in Medline.

We ran separate searches for each of the six themes, and all hits were imported into a reference-manager program (Endnote), so that duplicate records could be easily identified. After further screening to eliminate spurious references, papers were retrieved using a set of inclusion/exclusion principles tested with a batch of references by a subgroup of the project team. Relevant papers were coded by client group and by key themes addressed: context, needs, resource inputs, services, outcomes, cost-effectiveness, choice, collaboration, etc.

The sheer magnitude of the published literature uncovered by our search—most of it ostensibly relevant to our task—meant that we could only cover material that was readily available. Citations or references without an abstract, as well as those in libraries to which we had no immediate access, had to be excluded. Grey literature that did not arrive on request was similarly excluded. We were also unable to devote much time to dissecting studies spanning discipline boundaries, such as health, housing, criminal justice or education, for the social care component; to give one example, research on the support and treatment needed by people with mental health problems.

Furthermore, the SilverPlatter databases have some limitations, most notably their inconsistent use of country identifiers, so not all papers relevant to the UK may have been picked up. Moreover, fewer abstracts are reproduced, limiting the number of relevant papers retrieved (given our decision to retrieve or reject papers on the basis of abstracts). It was anticipated, however, that many papers excluded in this fashion might be picked up through the hand-search of key journals, as well as by scanning references of full papers retrieved.

Even in well-structured databases such as Medline, papers are classified in an inconsistent manner, so relevant papers may have been excluded simply because the appropriate MESH term had not been used. (No attempt was made to use the online version of the [CareData](http://www.elsc.org.uk/caredata/caredata.htm) (www.elsc.org.uk/caredata/caredata.htm) database, because its search tools and functionality were very limited, and there is no mechanism for downloading references. This remains a disappointingly unhelpful resource.)

The journals that we hand-searched were: Ageing & Society, British Journal of Social Work, British Medical Journal, Child & Family Social Work, Children & Society, Health & Social Care in the Community, Journal of Applied Research in Intellectual Disabilities, Journal of Intellectual Disability Research, Journal of Social Policy, Policy & Politics, and Social Policy & Administration.

Finally we note that electronic searches do not always find books successfully, and we have doubtless not adequately covered evidence that is only available through that medium.

Personal and other contacts

We contacted a number of researchers in the field to request details of their work and publications, and others who heard of the project provided helpful material and leads. Among those we contacted were: Gerald Wistow, Brian Hardy, Melanie Henwood, Bob Hudson, Alison Petch, Julia Twigg, Clare Ungerson, Caroline Glendinning, Ian Sinclair, Ian Gibbs, Mike Stein, Clare Wenger, Hazel Qureshi, Martin Powell, Brian Sheldon, Ruth Hancock, Harriet Ward, David Berridge, Janice Robinson, Marian Barnes, Alan Walker, Justine Schneider, John Carpenter, Eric Emerson, Chris Hatton, David Felce, Paul Cambridge, Ann Netten, Jim Mansell, John Baldock, Jan Pahl, Frances Hasler, David Challis, Peter Huxley, Janet Askham, Marjorie Smith, Clive Sellick, Jane Aldgate, Sheila Peace, Geraldine Macdonald, Tony Bovaird, Robin Means, Michael Donnelly, Vanessa Burholt, Catherine Manthorpe, Linda Pickard, Kate Henderson, Simon Lawton-Smith, Janice Robinson.

- We searched the websites of a number of organisations, including:
- [Audit Commission](http://www.audit-commission.gov.uk/) (www.audit-commission.gov.uk/)
- [Department of Health](http://www.dh.gov.uk/Home/fs/en) (www.dh.gov.uk/Home/fs/en)
- [Department for Education and Skills](http://www.dfes.gov.uk/) (www.dfes.gov.uk/)
- other relevant government departments (including those in Wales and Northern Ireland)
- [National Institute for Mental Health in England](http://www.nimhe.org.uk/home) (NIMHE www.nimhe.org.uk/home)
- [Age Concern](http://www.ageconcern.org.uk/) (www.ageconcern.org.uk/)
- [Mental Health Foundation](http://www.mentalhealth.org.uk/) (www.mentalhealth.org.uk/)
- [Mind](http://www.mind.org.uk/) (www.mind.org.uk/)
- [Rethink](http://www.rethink.org/) (www.rethink.org/)
- [Mentality](http://www.mentality.org.uk/) (www.mentality.org.uk)

- [Sainsbury Centre for Mental Health](http://www.scmh.org.uk) (www.scmh.org.uk)
- Cochrane Library (www.cochrane.org/reviews/clibintro.htm)
- [Campbell Collaboration](http://www.campbellcollaboration.org/) (www.campbellcollaboration.org/)
- [Scope](http://www.scope.org.uk/) (www.scope.org.uk/)
- [National Council on Independent Living](http://www.ncil.org/) (www.ncil.org/)
- [Healthcare Commission](http://www.healthcarecommission.org.uk/Homepage/fs/en) (www.healthcarecommission.org.uk/Homepage/fs/en)
- [Centre for Evidence-Based Social Services](http://www.cebss.org/) (www.cebss.org/)
- [Social Policy Research Unit](http://www.york.ac.uk/inst/spru/) (York www.york.ac.uk/inst/spru/)
- [Durham Centre for Applied Social Research](http://www.dur.ac.uk/sass/casr/) (www.dur.ac.uk/sass/casr/)
- [Joseph Rowntree Foundation](http://www.jrf.org.uk/) (www.jrf.org.uk/)
- [Personal Social Services Research Unit](http://www.pssru.ac.uk/) (www.pssru.ac.uk/).

Statistical data

Another early task was the compilation of complementary statistical data and their analysis and description. We took those statistics from a number of sources. The strategy for the collection of quantitative evidence focused on national providers of publicly available web-based data. Hence, most of the evidence on resources and outcomes of social care for the three countries were derived from the following sources:

- [Department of Health](http://www.dh.gov.uk/Home/fs/en) (www.dh.gov.uk/Home/fs/en)
- [Office of the Deputy Prime Minister](http://www.odpm.gov.uk/) (particularly for data relating to social care financing www.odpm.gov.uk/)
- [Department for Education and Skills](http://www.dfes.gov.uk/) (particularly for data relating to children's services www.dfes.gov.uk/)
- [Audit Commission](http://www.audit-commission.gov.uk/) (www.audit-commission.gov.uk/)
- [Office for National Statistics](http://www.statistics.gov.uk/about/ons/organisation.asp) (www.statistics.gov.uk/about/ons/organisation.asp)

- [National Assembly for Wales](http://www.wales.gov.uk/index.htm) (www.wales.gov.uk/index.htm)
- [Local Government Data Unit - Wales](http://www.lgdu-wales.gov.uk/eng/home.asp) (www.lgdu-wales.gov.uk/eng/home.asp)
- [Department of Health, Social Services and Public Safety](http://www.dhsspsni.gov.uk/) (Northern Ireland www.dhsspsni.gov.uk/).

Downloadable data were complemented with hard copies obtained from the same sources whenever possible in order to get an adequate longitudinal picture. In addition to the previous sources, the analysis extracted evidence from National Statistics Online (www.statistics.gov.uk/) and [Official Documents](http://www.official-documents.co.uk/) (www.official-documents.co.uk/).

As we anticipated, there were difficulties in pooling the data over time, agencies and service categories. We did not attempt to pool the data across England, Wales and Northern Ireland, but did carry out some analyses of variations in the cross-section.