

# Developing social care: values and principles

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# Chapter 1

## 1.1 Introduction

This report reviews the evidence about the principles and values which underpin the provision of social care in Britain. The definition of social care used is that provided by the Social Care Institute for Excellence (SCIE) – namely, ‘all interventions provided or funded by statutory and/or independent agencies which support older people, younger adults and children in their daily lives, and provide services which they are unable to provide for themselves, or which it is not possible for family members to provide without additional support’. They can be provided at home, in day centres or on a residential basis, including substitute family care and care homes. Where there are common themes between the different client groups for social care, we have aimed to discuss these issues together. However, there are a number of ways in which the interests and values as well as the processes and policies relating to the different client groups vary. Where this is the case we have discussed them separately.

As far as children are concerned, we concentrate on services for children who are ‘in need’ as defined by the Children Act 1989, but we recognise that the Act espouses an approach to children and families, based on the notion that ‘all children and families have needs’, whether that be for the provision of informal, formal or semi-formal support (Quinton 2004).<sup>1</sup> We also recognise that foster care placements may be with family members, but formal placements supervised and supported by social services (currently) differ from private arrangements whereby family members help each other out. At the other end of the spectrum, support from social services for children and young people intersects with interventions with the same young people by agencies which are part of the criminal justice system. We also recognise that some adults, particularly older people with higher incomes, are purchasing from their own resources, possibly with additional contributions from their families, services which are similar to those provided by statutory agencies for other people. The boundaries between social care (supported and provided by the wider society) and private care purchased in the market (paid for from private resources and provided by private or voluntary sector providers) are blurred. For these reasons the evidence cited sometimes crosses the boundary between the two, and indeed often applies equally to both types of care.

The commission brief (see below) did not require a systematic review of all the literature, but pointed to a part of the relevant literature. This comprised the following:

- official documents from central government (for example, White Papers)
- publications of groups representing service users
- publications of those regulatory bodies involved in the inspection of social services provision
- publications from organisations concerned with the training and regulation of the workforce.

Relevant academic literature and research has also been used. Many significant contributions, particularly in the area of disability and mental health, have been made by academics who are also service users and who therefore have a dual perspective (for example, Jenny Morris, Michael Oliver and Peter Beresford).

One further source of our material is the research reports resulting from successive government-commissioned research initiatives. These are especially important in respect of children and families (for example, Department of Health 2001a,<sup>2</sup> Quinton 2004).<sup>3</sup> The Department of Health, which has responsibility for adult services, and was previously responsible for children's services, has a history of commissioning peer-reviewed research which is then incorporated into service planning and delivery. This tradition has been considerably stronger in the context of services for children than services for adults. One of the features of this research activity is that some of it is located in the same higher education institutions which deliver social work education, at both qualifying and post-qualifying levels. This constitutes an important route for the transmission of both knowledge and values to new practitioners and to those who engage in further training.

## 1.2 Current brief

Our brief from SCIE was to review:

- the underlying values and principles of social care and how they relate to the developing agendas in local governance around community leadership, healthy communities, sustainability and social inclusion
- the essential characteristics of social models of care and support, together with the significance of the human rights framework for such models
- what characteristics and contributions of social care need to be sustained within any new organisational arrangements.

Within this broad framework we were asked to focus on six key topics:

1. How are the fundamental values and principles of social care defined by the major stakeholders (that is, adults, children, families, carers, practitioners, managers, regulators and policy makers)?
2. Who are the 'consumers' or beneficiaries of social care? In what respect and contexts do those values and principles define them as resources, recipients, partners, co-producers, and communities? In what contexts are their relationships to social care defined as being based on social control, empowerment, reciprocity, citizenship, or capacity building (at individual or community level)?
3. What are the defining characteristics of social models in terms of professional definitions, workforce orientations, and assumptions about ways of working? What is the influence of the human rights framework on social models and how is it reflected in stakeholder definitions?
4. To what extent do social care values, principles and models apply differently to children, adults of working age, older adults and families/carers (including user group differences within these age groups)?
5. What is the potential contribution of social care to the capacity building (individual and community), well being, sustainability and community leadership agendas in local governance?
6. What are the essential principles, values and models of social care that would need to be sustained, and for what reasons, following any reconfiguration of the currently integrated social services departments? Would such considerations apply equally to adult and children's services?

While the brief initially required a comparative consideration of medical, nursing, housing and education models, these were subsequently omitted as being outwith the realistic scope of this current review.

## 1.3 The context of social care

### 1.3.1 The stakeholders for social care

As a key part of the task was to review the values of stakeholders, it is necessary to explain the concept of 'stakeholder'. This term was originally used in discussions of business corporations. (For a comprehensive discussion of this extensive literature, see Stoney and Winstanley 2001).<sup>4</sup> The actions of corporations, it was argued, have implications for a wide variety of groups in society. These include shareholders, workers, consumers, local communities and governments. In this respect, all such groups can be seen as having a 'stake' in the corporation. The term has been transferred to discussions of the activities of a wider range of organisations, including providers of public services. Thus service users, carers, parents, government, regulators, managers and practitioners can be seen as 'stakeholders' in the provision of social care services.

Stakeholding involves the notion of distinct perspectives. For example, user interests relate to the nature, quality, and terms of access to service provided. Carers share this interest but also have concerns with the specific kinds of support which they are offered. The government is concerned with the implementation of values but also with service outcomes, the costs of service provision, and their broader implications for the level and allocation of public spending. Regulators look at service provision from the point of view of evaluating current standards and also with a view to framing proposals for improvements in such standards. Managers and practitioners are involved as the providers of services; they are both subject to pressures from the other stakeholders on service provision but also have their own views on approaches to implementing values and improving standards.

Differing perspectives can, of course, in certain circumstances lead to conflict – for example, that between service recipients and carers. In respect of children, policy makers have to bear in mind the interests both of the service recipients (children and families) and of those who care for them, be they parents or guardians. Indeed the 'dual nature' of likely service users – that is, children and their parents – constitutes the potential for a clash of values, because the interests of parents and children, although they may well overlap much of the time, will differ at other times (for example, in the context of a Section 47 child protection investigation). With children the differences may be additionally complicated: firstly, by the concept of parental responsibility, and secondly, by the different ages at which children will be perceived by the law to be 'competent' to specify their own preferences (known as the 'Gillick competence' after the case in which the definition was laid down: *Gillick v West Norfolk and Wisbech Area Health Authority*, 1985).<sup>5</sup> This entailed a mother, Victoria Gillick, challenging the right of a GP to provide contraceptive advice to her daughter without seeking parental permission from herself. There may also be conflicts, where parental responsibility is contested – for example, in divorce or adoption proceedings. The Children Bill 2004 highlights these issues.

Similarly conflicts can arise within adult social care; again, those between user and carer provide some useful examples. Carers now have a right to an assessment of their needs and the possibility of receiving services. However, policies which support carers have been challenged by those who argue that carers' needs are best met by directing resources to service users (for discussion of this debate, see Bytheway and Johnson, 1998;<sup>6</sup> Lloyd, 2000;<sup>7</sup> Pickard, 2001,<sup>8</sup> 2004).<sup>9</sup> Qureshi (1991)<sup>10</sup> reports on research showing that conflicts between elderly mental health service users and their carers are not uncommon (Lewis and Meredith, 1989;<sup>11</sup> Qureshi and Walker, 1989;<sup>12</sup> Perring et al, 1990).<sup>13</sup> She also reports that Grant (1985)<sup>14</sup> found that some elderly parents had become dependent on the income from benefits which were received by their adult children with a learning disability (Qureshi, 1991).<sup>15</sup> But such conflicts can be more mundane. For example, those who are full-time intensive carers may have a need for services in the form of respite care, but the person being cared for may find this uncomfortable or even distressing.

### 1.3.2 Children

One defining characteristic of policy debates in respect of children and young people, which differentiates them from other client groups, is an enduring and explicit debate about ideology and values. This debate has been articulated by most stakeholders under successive governments since the discussion leading up to the Children's Act 1948. Its influence can be identified in almost every aspect of the children's services continuum, and at every operational level, from the design and delivery of training, under the auspices of the General Social Care Council (GSCC), to the design and application of monitoring and inspection procedures carried out by the Commission for Social Care Inspections (CSCI), and from the design of open/early access community services such as Sure Start (National Evaluation Sure Start Research Team, 2004)<sup>16</sup> to the work of those who operate, for example, in adoption hearings in the law courts, particularly the Children and Families Court Advice and Support Service (CAFCASS, 2003).<sup>17</sup> Some of the values discussed and debated are explicitly associated with the process of developing and implementing legislation (Department of Health, 1989),<sup>18</sup> while others underpin the evolution of the professional as well as non-professional workforce (BASW, 2003;<sup>19</sup> TOPSS England, 2000).<sup>20</sup>

Children's services inevitably provide a platform for robust and detailed debate around values and principles because historically their development has required politicians to engage simultaneously with three important agendas:

**The child/family/state relationship:** This generates a persistent tension about the authority of parents and the right of the state (in the form of the children's services workforce) to intervene to regulate their conduct. It also means that 'children's services' cannot be detached from public policy in respect of 'family', a concept which is itself value-based (Fox Harding, 1991;<sup>21</sup> Thomas, 2000).<sup>22</sup> It also relates to the issue of the social control of children and who should take primary responsibility for that (Scourfield and Welsh, 2003).<sup>23</sup>

**The need for children to be protected:** This has led to the enduring role of 'children's services scandals' in policy and practice development, as illustrated most recently by the Laming Inquiry (Laming, 2003)<sup>24</sup> Such inquiries traditionally involve

a public debate on both the value base and the competence of the children's services workforce – in particular, the point on the 'need'/'risk' axis at which it should prioritise its work (Tunstall, 2000;<sup>25</sup> Parton, 1997).<sup>26</sup>

**The fact that children grow into adults:** Provision for children has to take into account their long-term needs and interests as well as their more immediate ones. Decisions have to take into account child development theory which emphasises the concept of attachment (Bowlby, 1988),<sup>27</sup> and carries policy implications such as policies to support primary care givers/families (Howe, 1995).<sup>28</sup> In fact, this concept is itself far from value-free and had been criticised on several dimensions, most notably for the Eurocentric nature of its interpretation (Qureshi et al, 2000).<sup>29</sup> This critique underlines the emphasis within children's services value frameworks on the need to respect the diverse, cultural, racial and religious background of children in Britain today. But it also needs to take into account the fact that children have rights as citizens (and will one day be full adult citizens).

The resolution of these tensions involves negotiation with stakeholders with different interests, with different parties prevailing at particular times, to the satisfaction or otherwise of a range of stakeholders (McCleod, 1982;<sup>30</sup> Frost and Stein, 1989;<sup>31</sup> Dingwall and Eekelaar, 1988).<sup>32</sup> A useful typology of value positions is provided by Fox Harding who, in the 1980s, identified four core-value clusters to which she gives the following names: laissez-faire, state paternalism, parents' rights, and children's rights (Fox Harding, 1991).<sup>33</sup> Again it might be argued that elements of the last three are all visible in current policy.

### 1.3.3 Adults

The White Paper *Caring for people* (Department of Health, 1989b)<sup>34</sup> enunciated the key values underlying government proposals for the future of adult social care – namely, the promotion of choice and independence. These values were reiterated in the White Paper *Modernising social services* (Department of Health, 1998)<sup>35</sup> and can be traced in policy statements for each group of service users. A summary of the most important statements for older people can be found in Bainbridge and Ricketts (2003);<sup>36</sup> for people with physical disabilities in Clark (2003);<sup>37</sup> and for mental health service users in Social Services Inspectorate (SSI) (2002)<sup>38</sup> and Robbins (2004).<sup>39</sup> The government's philosophy for people with learning difficulties is developed in the White Paper *Valuing people: A new strategy for learning disability for the 21st century* (Department of Health, 2001b).<sup>40</sup> Walker (2002)<sup>41</sup> provides a useful discussion of the earlier policies and statements for this group of service users.

This development of values took place alongside changes in both the forms of provision and the structures of service provision. In respect of the former there was a commitment to replace institutional care by community-based alternatives (Wistow et al, 1996;<sup>42</sup> Barnes, 1997).<sup>43</sup> (This shift, of course, predated the Children Act 1989. See, for example, Audit Commission, 1986.)<sup>44</sup>

At the same time that this value base for adult service users was being developed, the structures of service provision were being transformed in line with the principles of what the academic literature refers to as 'new public management' (NPM). (Stewart

and Walsh, 1992<sup>45</sup> provide an accessible discussion of NPM, which is still relevant.) The main features in respect of social care were: the introduction of elements of competition into the public sector, both between statutory services and between these services and voluntary and private sector providers (Flynn, 2002);<sup>46</sup> service users to be treated as 'consumers of services', with quality assurance and improvement programmes used in commercial organisations having relevant lessons for public sector organisations (Moullin, 2002);<sup>47</sup> accountability for the performance of services (Waine, 2003);<sup>48</sup> and the promotion of value for money.

While the changes in both forms and structures of service provision were justified in terms of services which could respond more sensitively than previously to the needs of individual users and carers (for example, Department of Health, 1989b),<sup>49</sup> an important sub-text was that both were strongly driven by expenditure control decisions. This dimension is traced by Lewis and Glennerster (1996)<sup>50</sup> in respect of the shift from institutional to community care, and by Cutler and Waine (1997)<sup>51</sup> in their discussion of NPM.

## 1.4 The workforce

The traditionally defined social care workforce in England is estimated to be 929,000 strong, although there is also some uncertainty about the numbers employed in the private and voluntary sectors. Moreover, this estimate excludes early years childcare, foster carers and a range of NHS staff undertaking care roles. Including these would bring the total to 1.55 million. There are estimated to be 76,300 qualified social workers and 20,400 qualified occupational therapists within these totals. Around two thirds of social care staff work in the private or voluntary sectors (TOPSS England, 2003).<sup>52</sup> One important change that has taken place across social care services in recent years has been an increased emphasis on a trained and qualified workforce, particularly for those working with adults. In many organisations and sectors, training is the main method by which values and aspirations are transmitted to the workforce. Social care has overall traditionally been a sector where only a small proportion of the workforce has any qualifications.

Since the 1940s there has been training for decision makers and field staff responsible for children's services (children's officers and childcare officers under the pre-Seebohm system). This was later extended to staff in residential care for children. There had been training for those working in the field of mental health since the 1920s. The generic Certificate of Qualification in Social Work was introduced in 1972 and specialist qualifications were withdrawn. More recently, specialist post-qualifying training for social workers in mental health and childcare have been introduced. However, traditionally in adult services the majority of staff have been care staff or care assistants, who were not required to have any qualifications.

There has been a major drive led by the Department of Health to improve standards in the sector by increasing the proportion of qualified staff. TOPSS England has developed a set of induction standards for all care staff. The current trend is towards developing generic workers for different client groups, with progression from one level to another. Managers of residential care homes must now be qualified to NVQ level 4. At least half the staff in a care home for older people must be trained to NVQ level 2.

All care staff in homes for younger adults must either be qualified to NVQ level 2 or working towards a relevant qualification, and 80% of staff in children's homes must be qualified to NVQ level 3 by 2005. So far good progress is being made and there is evidence of a positive effect on staff morale and aspirations (Gospel and Thompson, 2004).<sup>53</sup>

The sector remains one where recruitment and retention are difficult. One in nine local authority social services' posts were vacant in 2002–03, while the turnover rate was 13%. London has the highest vacancy and turnover rates, up to 39% and 24% respectively (TOPSS England, 2003).<sup>54</sup> In addition, current plans for an expansion in childcare required a net increase of around 90,000 staff by 2006 before the announcement in July 2003 of a planned doubling in the number of children's centres. This provides strong competition for people with the kind of personal qualities that social care requires. Shortages of social care staff cause serious problems both for service users in terms of reduced quality and for other staff in terms of excessive workload, stress and low morale. It also diverts management resources.

### 1.5 Values of social care

The following have been regularly cited in stakeholder publications as the key values to be pursued in the provision of services:

- independence
- citizenship
- empowerment
- social inclusion
- respect for diversity
- care and protection for vulnerable people/children and young people and the community.

In the remainder of this report, we consider in turn each of the key questions listed above. Where the evidence and issues for children and adults vary there are separate sections for each, but there are references to children's issues in the sections for adults and vice versa. For some issues we treat children first and for some we treat adults first. Although it makes for some inconsistency of style, we have chosen to try and start each section with the group for whom the issues are most important, rather than adhere to the same order for each question.

## Chapter 2

How are the fundamental values and principles of social care defined by the major stakeholders (that is, adults, children, families, carers, practitioners, managers, regulators and policy makers)?

### 2.1 Introduction

The aim of this part of the report is to discuss the fundamental values and principles of social care as defined by the major stakeholders, such as policy makers, regulators, users, the workforce and carers. In the case of adults, the focus will be on service users for whom local authorities, via direct payments or service provision, have responsibility – older people, physically disabled people, those who have a learning disability and mental health service users (although these groups are not mutually exclusive, in that older people can have mental health problems, for example). In the case of children the emphasis will be on children ‘in need’ of help or support from social services, either within the context of their own families or in the context of being looked after by the local authority.

### 2.2 Defining the values

#### 2.2.1 Children

There is little doubt about the primacy of policy makers as the major stakeholders in the children’s services system. The parliamentary democratic system means that the specific values they embrace will play a dominant role in respect of provision for children and young people, whose non-adult legal status guarantees that the state will play a key role in their lives (King, 1997).<sup>55</sup> This is not to underestimate the way in which the process of implementation impacts on the original plans of policy makers (Hill, 1997),<sup>56</sup> or the capacity and role of the workforce in applying it on a day-to-day basis (SSI, 2004).<sup>57</sup> Neither is it to deny the fact that individual stakeholder groups may well have different value systems from each other as well as from the Government. However, the relative power of the state in respect of children means it exerts considerable power over values (Pilcher and Wagg, 1996;<sup>58</sup> Hendrick, 2003)<sup>59</sup> in terms of both underlying values and operational principles.

As with adult services, 1989 also marks a key turning point for children’s social care services, with the passing of the Children Act. This remains the main piece of primary legislation in respect of children and young people. It enshrines a clear set of values, although in the official literature these are referred to as principles (Department of Health, 2001a).<sup>60</sup> These include:

- the paramountcy of the interests of the child, particularly in court decisions, which has been reiterated in the Adoption and Children Act 2002
- the notion that the primary responsibility for the upbringing of children rests with parents
- the requirement that the state works in partnership with parents.

The Act was accompanied by a detailed list of underlying principles which were intended to inform the detailed drafting of regulations and guidance (Department of Health, 1989).<sup>61</sup> Utting noted in the foreword:

The principle that the welfare of the child comes first is the foundation of the responsibilities of social services authorities towards children. Translating this broad legal principle into practice requires us to unpack the concept of welfare and its component parts: firstly in a general way for all children and subsequently for individual children for whom social services authorities owe duties of protection and care.

Of the 26 principles described in respect of individual children, young people and their families, the following seven seem central to overall policy (Department of Health, 1989):<sup>62</sup>

- Children and young people and their parents should all be considered as individuals with particular needs and potentialities.
- Although some basic needs are universal, there can be a variety of ways of meeting them.
- Children are entitled to protection from neglect, abuse and exploitation.
- A child's age, sex, health, personality, race, culture and life experiences are all relevant to any consideration of needs and vulnerability and have to be taken into account when planning or providing help.
- There are unique advantages for children in experiencing normal family life in their own birth family and every effort should be made to preserve the child's home and family links.
- Time is a crucial element in childcare and should be reckoned in days and months rather than years.
- Young people's wishes must be elicited and taken seriously.

### 2.2.2 Adults

With adults the situation is rather less straightforward. As a consequence, while policy continues to remain a top-down process it has had substantial challenges and critiques from users and user groups – for example the 'ordinary living movement' for people with learning disabilities, the Shaping Our Lives national users movement and carers groups. Thus there are number of important differences among among stakeholder groups with respect to the definition of the key values of independence, citizenship, empowerment, social inclusion, respect for diversity and care and protection for vulnerable people. In some sources, for example, the terms are used as if they are unproblematic and thus no attempt is made to define them. Since the terms are not transparent this makes it difficult to discern how precisely a term is being used in any particular context. Indeed this might be deliberate strategy: as Pattison (1998)<sup>63</sup> notes, the concept of 'values' "... derives its popularity and legitimacy from the fact that it is an apparently simple, universally accessible concept ... delighting all and offending none because most people do not take the trouble to think about what it actually means in their own lives or those of others".

A distinct but related problem is where, in effect, the term is designed in terms of its opposite. Thus, for example, 'independence' is taken to mean 'not dependent'. (See the literature review on independence in older age by Secker et al, 2003.)<sup>64</sup> However, the relationship between independence and dependence is a complex one (Morris, 2001a).<sup>65</sup> Similarly social inclusion is taken to mean 'not socially excluded': in such cases again there is a lack of clarity over usage. (See the discussion by Newbigging [2001]<sup>66</sup> on the National Service Framework and social inclusion of individuals and groups with mental health problems.)

Alternatively, a number of key organisational elements may be used to define the value. Thus the report for the SSI by Bainbridge and Ricketts (2003)<sup>67</sup> on older people's services uses this approach and claims that where local councils had such organisational elements as timely assessment, joint working and consistent service quality in place, then independence had been effectively promoted (see also Little, 2002;<sup>68</sup> NCSC, 2004).<sup>69</sup> However, no evidence is offered for this statement and it remains unclear how these organisational processes can be linked to the valued outcome – independence.

A further problem is where specific dimensions of a key value are prioritised to the exclusion of others. An important instance in this respect is 'citizenship'. In some sources the term has been identified with the concept of an 'active citizen'. This term came to be used in debates of the early 1980s and 1990s to refer to the social obligations of citizens. Thus it came to be argued that reductions in taxation on income should go along with citizens taking an 'active' role in social life – in particular, via work in the voluntary sector (Rummery, 2002).<sup>70</sup> Yet another and more traditional dimension of the concept of citizenship relates not to the obligations of citizens but to their rights. Thus classic accounts such as those of Marshall (1950)<sup>71</sup> saw an evolution of citizen's rights encompassing civil liberties such as freedom of conscience, political rights such as the right to vote, and social rights to a minimum income and services such as education, health and social care. A definition which focuses explicitly or implicitly on the obligations of the citizen thus omits this dimension of rights. (See also the discussion in Johnson [2004]<sup>72</sup> on how the government has attempted to redefine the Human Rights Act 1998 to include responsibilities.)

Social inclusion provides another example of this point. In many current policies it has a narrow interpretation in that it is linked to paid work. "Being in paid work has become the badge of social inclusion par excellence in the world-view and welfare policies of the New Labour government" (Christie and Mensah Coker, 2000).<sup>73</sup> To promote social inclusion for disabled people, the government has introduced the Disability Working Allowance and the New Deal for Disabled People. Levitas (1998, 2001)<sup>74,75</sup> has provided a robust critique of this definition of social inclusion, which stresses the primacy of paid work over unpaid work. Craig (2004)<sup>76</sup> has pointed out that such a definition is inapplicable to older people who are no longer in the workforce. A broader interpretation of social inclusion links it up with a citizenship and human rights agenda (Morris, 2001b).<sup>77</sup>

Discussion of the concept of empowerment further strengthens the notion that values are a complex terrain in the area of adults and social care. 'Empowerment' can be conceptualised in a number of ways. Firstly, it can mean service providers and policy

makers giving individual users choice over the form of provision. Starkey (2003)<sup>78</sup> has referred to this as the consumerist model. Secondly, empowerment can refer to user control over services: this would require service users to become involved in the management of services, acting in partnership roles with professionals (although see Bowl and Barnes [2001]<sup>79</sup> for some of the difficulties which need to be resolved in such a complex relationship). Thirdly, empowerment can be understood as a process in which people develop, as Bowl and Barnes put it, the power to take decisions over their actions and lives. Within this conceptualisation a wider social purpose than that of personal growth is recognised (Starkey, 2003).<sup>80</sup> Indeed this is illustrated by Barnes and Walker (1996),<sup>81</sup> with their eight principles of empowerment, and in the work of Bowl and Barnes (2001).<sup>82</sup> While empowerment is a contested concept with different meanings depending on assumptions and ideologies and competing discourses (Starkey, 2003),<sup>83</sup> clearly not all stakeholders recognise the complexity involved.

A further problem relates to tensions between key values. For example, social services are charged with promoting the social inclusion of people with a mental illness, but providers operate within a legal framework in which they have to be concerned with protection both of the person (in this case, an issue of care and protection of a vulnerable person) and of the general public (Newbigging, 2001;<sup>84</sup> Department of Health, 2000b;<sup>85</sup> McCulloch et al, 2003).<sup>86</sup> This 'policing' role clearly sits uneasily with concepts of social inclusion. Laing (2003)<sup>87</sup> provides an informative discussion of the 2002 draft Mental Health Bill with its emphasis on the government's desire to protect the public and control people with mental health problems, and the draft Mental Incapacity Bill 2003, which accords greater respect to the wishes of the patient. As Laing points out, "these approaches are divergent and suggest that government thinking, on mental health reform is rather muddled". Cavadino (2004)<sup>88</sup> makes a similar point in respect of the draft Mental Health and Mental Capacity Bills 2004.

A final problem in respect of values is the lack of clarity about their status. To what extent do they describe what is currently happening in the field of social care or represent a set of aspirations which should influence and determine future forms of provision?

## 2.3 Values into practice

### 2.3.1 Adults

The discussion of values suggests that, although there is reliance on 'taken-for-granted' meanings, there is, in fact, considerable ambiguity about them. Thus, statements such as 'social values determine the shape of services' are problematic, requiring elaboration as to how the value is defined and perceived by different stakeholders. This becomes clear when attempts are made to operationalise values. Thus policy makers and regulators might aim to operationalise values by changing the forms of provision to empower people (Bainbridge and Ricketts, 2003),<sup>89</sup> or by developing active citizenship by the provision of day care and advocacy services (Clark, 2003),<sup>90</sup> or by showing a respect for diversity by promoting culturally sensitive services (Robbins, 2004).<sup>91</sup> However, other stakeholders – users, for example – might operationalise values somewhat differently.

Thus Morris (1997)<sup>92</sup> has argued that the only way to empower disabled people is to throw off the ideology of caring which is a form of oppression:

*... empowerment means choice and control: it means that someone has the power to exert choice and therefore maximise control over their own lives. One cannot have care and empowerment. [Emphasis in original]*

Empowerment and independence for Morris (1994)<sup>93</sup> are related to an assessment process which is needs-led, providing services that users want and having the money to pay for personal assistance. Indeed research on direct payments (Glendinning et al, 2000)<sup>94</sup> has pointed to the way that direct payments have increased user choice and control and hence empowerment. This is supported in user comments highlighted in various reports (for example, Audit Commission and SSI, 2004<sup>95</sup> and NCSC, 2004).<sup>96</sup>

Similarly service users, were they involved in the process, could design and construct citizenship in a different way to policy makers and regulators. Barnes (1999)<sup>97</sup> suggests that users might think of citizenship as involving social rights, while Oliver (2004)<sup>98</sup> has argued that the direct payments system is a manifestation of a citizenship approach with the emphasis on rights and responsibilities. From within the world of mental health service users it has been argued that social inclusion could better be achieved by providing support for people with mental health problems to continue in employment rather than devising 'welfare to work' schemes to assist them back into work when they have lost their jobs (Beresford, 2002).<sup>99</sup> Finally, rather than promoting culturally sensitive services which could result in stereotyping, it would be preferable to treat each service user as an individual with specific needs (see the discussion by Leason [2004]<sup>100</sup> on the David Bennett report).

### 2.3.2 Children's services

The process of enshrining underlying values into operational principles for children's services has been a high-profile task undertaken over at least a decade by the Department of Health. It has taken the form of prescribing – some may feel it is proscribing (Gilligan, 2001;<sup>101</sup> Pinnock and Garnett, 2002)<sup>102</sup> – the shape of both need assessment and outcome measurement. There were two stages in the development of the new emphasis on measuring outcomes in children's services. The first related to children looked after by local authorities and was based on the 'Looking after Children' research programme funded by the Department of Health. Between 1987 and 1991 the research developed outcome measures. Between 1991 and 1995 the measures underwent piloting and revision, and between 1995 and 1999 they were implemented nationally (Parker et al, 1991;<sup>103</sup> Ward, 1996;<sup>104</sup> Moyers, 1996;<sup>105</sup> Scott, 1999).<sup>106</sup> Subsequently this approach was extended to children in need more generally under the 'Quality Protects' initiative (Gilligan, 2001;<sup>107</sup> Ward and Rose, 2002).<sup>108</sup>

#### 2.3.2.1 Quality Protects

Quality Protects was launched by the Department of Health in 1998 and is scheduled to come to an end in 2004. It was set up with the purpose of 'transforming the management and delivery of children's services' through a set of 11 defined objectives

which echo the core Children Act values of attachment and protection (Department of Health 1999).<sup>109</sup>

All children deserve the opportunity to achieve their full potential. They should be enabled to:

- be as physically and mentally healthy as possible
- gain the maximum benefit possible from good quality educational opportunities
- live in a safe environment and be protected from harm
- experience emotional well being
- feel loved and valued, and be supported by a network of reliable and affectionate relationships
- become competent in looking after themselves and coping with everyday living
- have a positive image of themselves and a secure sense of identity including cultural and racial identity
- develop good inter-personal skills and confidence in social situations.

If they are denied the opportunity to achieve their potential in this way children are at risk not only of an impoverished childhood, but they are also more likely to experience disadvantage and social exclusion in adulthood.

In addition Quality Protects reiterates the fact that:

Patterns of family life vary and there is no one, perfect way of bringing up children. Good parenting involves caring for children's basic needs, showing them warmth and love and providing the stimulation needed for their development, within a stable environment where they experience consistent guidance and boundaries.

Quality Protects has increasingly been officially acknowledged (as well as criticised by other groups) as focusing too exclusively on a cluster of values around 'safety' – that is, on issues of child protection. While seen as having been effective (Audit Commission and SSI, 2004)<sup>110</sup> it has been seen to relegate early intervention and preventing family break-up to a lesser role (Jeffrey, 2003).<sup>111</sup> To some extent this imbalance has been addressed in the Green Paper *Every child matters* (Department for Education and Skills, 2003).<sup>112</sup>

### 2.3.2.2 Every Child Matters

It is inevitable that the shape of future policy will be substantially influenced by the work of the Laming Inquiry into the death of Victoria Climbié (Laming, 2003)<sup>113</sup> The Inquiry conclusions and recommendations were incorporated in the Green Paper *Every child matters*, which laid out a new hierarchy of values in the light of the Government's overall philosophical framework which prioritises the need to reduce social exclusion (Ridge, 2002)<sup>114</sup> by tackling child poverty, ensuring children have the best start in life, raising school standards, improving access to health services, reducing offending and anti-social behaviour and building strong communities (Department for Education and Skills, 2004).<sup>115</sup>

The focus of public interest on the child protection aspects of the Children Bill has tended to overlook the fact that for the first time a government has developed an explicit set of desirable outcomes for all children. It can therefore be seen as the third stage in the process which started with the 'Looking after Children' initiative. Agencies are being given the duty to cooperate to improve the well being of children under five broad outcome measures which were drawn up in consultation with children and young people. This itself was a new departure, which embraced the value of the child as a citizen in his or her own right, with the right to have his or her views taken into account in any decision about their future. The five overarching outcomes (DfES 2004)<sup>116</sup> are:

- Be healthy: enjoy good physical and mental health and live a healthy lifestyle
- Stay safe: being protected from harm and neglect and growing up able to look after themselves
- Enjoy and achieve: getting the most out of life and developing broad skills for adulthood
- Make a positive contribution: to the community and to society and not engaging in antisocial or offending behaviour.
- Achieve economic well being.

At the same time, there is a parallel stress on the need to support families by facilitating early (voluntary) rather than later (compulsory) interventions:

Every child needs – and deserves – the best possible start to life. And this is what almost all receive, from their parents and from family and friends, who encourage them, support them and do all they can to help them fulfil their potential. (NCSC, 2004)<sup>117</sup>

Such services also attract a set of principles to ensure the translation of this value position into practice reality. This is exemplified by the government's statement of principles for Sure Start:

1. Working with parents and children
2. Services for everyone, but not the same service for everyone
3. Flexible at point of entry
4. Starting [with children and their families] very early
5. [Being] respectful and transparent
6. [Being] community driven and professionally coordinated
7. [Being] outcome driven [for children]. (Sure Start Principles: [www.surestart.gov.uk/aboutsurestart/thesurestartprinciples2/](http://www.surestart.gov.uk/aboutsurestart/thesurestartprinciples2/))

## 2.4 Values and structures

### 2.4.1 Regulation

The central set of institutional structures that influence the development and articulation of values in social care comprise both the professional and inspectorial bodies.

For example, the General Social Care Council (GSCC) Code of Practice requires that social care workers must:

- protect the rights and promote the interests of service users and carers
- strive to establish and maintain the trust and confidence of service users and carers
- promote the independence of service users while protecting them as far as possible from danger or harm
- respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people
- uphold public trust and confidence in social care services
- be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.

The 2002/03 Annual Report of the Social Services Inspectorate (SSI, 2003)<sup>118</sup> stressed the common approaches to different client groups in commenting on the work of the GSCC, TOPPS England and SCIE.

These new bodies have been developed to complement each other, to provide a common set of values that underpin the work of people in a variety of care services for both adults and children. They provide a comprehensive structure for the development of the services and the people who work in care services – children’s services, learning disability services, mental health services, and older people’s services. Their scope across the sector recognises that public, private and voluntary services all have an important part to play in social care, and that social care workers make an important contribution to a wide range of services for both adults and children.

Other parts of the professional regulatory system cite specific values in respect of children. The National Occupational Standards for Post-Qualifying Level Childcare Practice are predicated on the following values (which are themselves drawn from the UN Convention on the Rights of the Child):

- Children and young people’s best interests shall be of primary consideration in all actions affecting them.
- Children and young people should be enabled to develop and achieve their full potential.
- Children and young people have the right to express their views and have them taken into account in all matters affecting them.
- Children and young people should remain wherever possible within their family and community networks.

Until April 2004 three bodies were involved in regulating and inspecting social care: the SSI, the Joint Review of the SSI and the Audit Commission, and the National Care Standards Commission (NCSC). The role of these three bodies was to promote those values likely to underpin the achievement of outcomes determined by government. A key feature of the operation of these bodies from the 1980s onwards was their conceptualisation as evaluative bodies (Waine 2003).<sup>119</sup>

The SSI, created in 1985, inherited from its predecessor, Social Work Services, a professional consultancy style of working (Day and Klein, 1990;<sup>120</sup> Gilroy 2004).<sup>121</sup> However, both its remit and mission statement implied a greater managerial orientation; thus the former stated that the role for the new body was to “help to secure the most effective use of professional and other resources ... by identifying good practice and knowledge about it” (Parliamentary Question 620/1984/85). The mission statement (SSI, 2004)<sup>122</sup> flags up the role of the SSI in improving:

... the capacity of social services agencies to provide good quality social services and obtain value for money; monitor standards to secure the most effective use of professional and other resources; inspect services to ensure that people who need them, and their carers, receive services of the right kind of quality.

While the SSI had become progressively a managerialised body, the Joint Review was created explicitly as such a body, its overall aim being “to improve social services by identifying and promoting policies, management and practices which are achieving better outcomes and values” (Audit Commission and SSI, 1998).<sup>123</sup> As Day and Klein (2001)<sup>124</sup> have argued, the Joint Review process set out to avoid appearing to be steeped in professional concerns.

Finally the objective of the short-lived NCSC was not only to secure higher care standards but at the same time to link these higher standards to increased costs – that is, to deliver value for money (Waine, 2003).<sup>125</sup>

The tensions between the maintenance of professional standards, the development of user-focused services and securing value for money continue to be reflected in the Commission for Social Care Inspection (CSCI), which has incorporated these three bodies (CSCI, 2004).<sup>126</sup>

The regulation of children’s services has manifested further tensions with the move of responsibility for the regulation of day care, including childminders, from social services departments to Ofsted, which took place in 2001, but was announced in 1999. This shift was designed to signal the government’s view that the emphasis in the previous system on child welfare neglected the important dimension of child development. The move was accompanied by the extension of a national curriculum to the early years, and of course a subsequent attempt to encourage some parents to join the labour market as with the National Childcare Strategy.

#### 2.4.2 Performance management

There are also important problems related to the structures within which values operate. A crucial influence over these structures, as noted in Chapter 1, is ‘new public management’ (NPM). In particular there are two key dimensions: firstly, the role of performance management and measurement, and secondly, of financial management.

Increasingly public services are subject to centrally determined performance objectives (Pollitt and Bouckaert, 2000).<sup>127</sup> Summaries of performance in relation to these

objectives for bodies such as social services departments are now published and ranked (Cutler and Waine, 2003).<sup>128</sup> Equally rankings have determinate implications in terms of impact on the organisations concerned. While it is certainly the case that targets selected by government may well be relevant to service standards and could coincide with those that might be selected by service users or carers, there is, of course, no inevitability that this is the case (Beresford et al, 1999;<sup>129</sup> Turner and Balloch, 2001).<sup>130</sup> Rather, the structure created ensures that managers and professionals are likely to orientate themselves to targets by which they are being held accountable ultimately to central government rather than to users/carers (Miller, 2002;<sup>131</sup> Select Committee on Public Administration, 2003).<sup>132</sup> In short, if something is not in the targets then it could be neglected. For example, a recent Treasury service target is to increase the number of vulnerable older people to be supported at home or receiving intensive support in the home. This has been criticised as likely to lead to councils meeting these targets rather than concentrating on the objectives of rehabilitation which require high-quality services such as community transport schemes, shopping schemes and neighbour schemes (Clark, 2004)<sup>133</sup> and which are more difficult to measure.

The introduction of performance management approaches into children's services (Mitchell, 2000)<sup>134</sup> has exacerbated tensions between the value systems of managers and professionals (Tilbury, 2004;<sup>135</sup> Cutler and Waine, 2003)<sup>136</sup> on the basis that the introduction of targets has led to perverse outcomes for children. "The combination of government targets, whether on time scales, keeping children out of care, or proportion of children placed for adoption, combined with the scarcity of resources in terms of children's guardians, social workers, advocates, foster parents and adopters can make children particularly vulnerable ..." (Thoburn et al, 2004).<sup>137</sup> Gupta (2002)<sup>138</sup> stresses the differential impact of these adoption targets on specific groups of children (for example, poor and/or black children).

An emphasis on evaluating services could also undermine values or shift the focus of the values. An example here concerns evaluating empowerment practices to assess whether they really achieve their aim. As discussed above, empowerment can be conceptualised as a process of personal development which is both a long-term and a dynamic process (Bowl and Barnes, 2001).<sup>139</sup> As accountability for the achievement of values is situated within a particular time span (usually a year), this could lead to more emphasis on short-term and more 'tangible' objectives at the expense of these longer-term and possibly more valuable aims and the possibility of empowerment being defined by professionals (Baistow, 1994/95).<sup>140</sup>

A parallel issue arises with respect to the financial aspects of 'citizenship'. Following the 1989 White Paper, key elements of social care have been managed through an assessment process. This has implications for 'citizenship' since the relevant 'right' has been to receive an assessment. In the context of budgetary limitations such assessments do not trigger service provision per se but service provision within a given budget limit. Thus while civil rights are recognised, social rights are not (Rummery, 2002).<sup>141</sup> Tight resource constraints lead to hard choices about eligibility (NCSC, 2004).<sup>142</sup> Indeed, direct payment schemes which can be seen as tackling 'empowerment' and 'independence' issues are also cash-limited, not demand-led (Glasby and Littlechild, 2002).<sup>143</sup> Decisions as to who may access services or financial

resources remain with managers and practitioners operating in their 'gatekeeping role' (Rummery, 2002).<sup>144</sup>

## Chapter 3

Who are the 'consumers'? or beneficiaries of social care? In what respect and contexts do those values and principles define them as resources, recipients, partners, co-producers, and communities? In what contexts are their relationships to social care defined as being based on social control, empowerment, reciprocity, citizenship, or capacity building (at individual or community level)?

### 3.1 Who are the 'consumers'? or beneficiaries of social care?

The terms 'consumer' and 'beneficiary' should not be treated as identical: they are not substitutes for one another. The former entered the language of social care with the 1989 White Paper *Caring for people* (Wistow and Barnes, 1993)<sup>145</sup> and was a consequence of new public management (NPM) restructuring of public services which sought to promote markets with the replacement of 'clients' by 'consumers' (Barnes, 1999).<sup>146</sup> While the term 'consumer' has multiple meanings (Shaw and Aldridge, 2003),<sup>147</sup> that used in the reform of public services emphasised the individual acting in their own rational self-interest and making choices in a market situation. As Barnes and Walker (1996)<sup>148</sup> have argued, the government's social care strategy was based on a "market analogy in which care 'consumers; have choice between competing providers and, therefore, can 'exit' from a particular product if it fails to meet their needs".

The term 'beneficiary' refers to the idea that the individual or group concerned obtain a benefit. While it is possible to identify several groups of 'beneficiaries', in line with the remit for this project and the focus of the literature review, three groups will be discussed: users, carers and the wider community.

In the case of children, the holistic model adopted by the Green Paper *Every child matters* makes clear that while the main beneficiaries of child social care provision are children, young people and their families, the community as a whole can also benefit, and that the work of the social care workforce, although primarily focused on the individual, has an important role to play in the achievement of broader government socioeconomic objectives, including the regeneration of communities. The latter will depend on a variety of factors, such as decreasing crime rates and improved health and attitudinal outcomes (DfES et al, 2002).<sup>149</sup> Social care services, with a primary focus on individual well being, clearly have an important role to play in this process along with the related role of reducing the inter-generational transmission of disadvantage (Rutter, 1985;<sup>150</sup> Sen, 1992).<sup>151</sup>

### 3.2 In what respect and contexts do those values and principles define them as resources, recipients, partners, co-producers and communities?

A key conclusion emerging from the earlier discussion is that values can be constructed in a variety of ways. All are in use contemporaneously. Thus, any discussion of how values and principles define 'consumers' or 'beneficiaries' as resources, recipients, partners, co-producers and communities is inevitably complex.

The 'consumer' is a term imported from economic theory: the essence of the consumer is that of individualism. The consumer is unlikely to perceive themselves as a resource, partner or co-producer. Similarly it is unclear as to whether the values discussed in Chapter 2 are relevant to consumers. The consumer is essentially engaging in a set of private and individual actions and this sits uneasily with a commitment to collective action and citizenship. For example, one area where consumerism has been introduced is that of direct payments where users of social care services, if they satisfy the criteria, can receive direct financial assistance from local authorities to employ personal care assistants and purchase aids and equipment. For many in the disability movement in particular, this has been a welcome development but it is recognised that it presents the dilemma of undermining collective action (Shakespeare, 2000).<sup>152</sup> Barnes and Walker (1996)<sup>153</sup> provide a discussion of the questionable assumptions underlying the idea of the consumer and social care.

Turning to the values discussed above and the variety of ways in which they define beneficiaries, a number of different dimensions can be identified. Users, carers and members of the community can be seen as resources. In part this can be related to certain aspects of the key value of citizenship. Insofar as citizenship is seen as involving obligations to be socially active (in this sense, being a 'citizen' involves a reciprocal relation with the society in which one lives), then these can apply to carers and to community members with the latter undertaking voluntary work as part of the 'active' side of citizenship. But they can also apply to users in that receipt of services places them in a better position to be active citizens and taking part in the wider life of the community (Sayce, 2001).<sup>154</sup>

There is also a sense in which concepts of 'empowerment' can lead to users being seen as a 'resource'. A principle relevant to empowerment is that users ought to be able to register complaints on service provision and to obtain a satisfactory response to such complaints within a given period. Empowerment here may have a 'consumerist' aspect involving redress, but it can also involve the user's complaint as a resource. This reflects concepts in private sector quality improvement programmes that complaints are a resource for service providers because they enable them to identify areas where improvements can be made. However, both research (Simons, 1995)<sup>155</sup> and evaluations of the outcomes of complaints to social services departments (SSI, 2001;<sup>156</sup> NCSC, 2004;<sup>157</sup> Crawford, 2004)<sup>158</sup> suggest that there is little evidence of users being used as resources to improve services.

Moreover, particularly with respect to carers, there are arguably tensions with a concept of empowerment. Some commentators have argued that if carers are seen as resources this may induce a concept of the carer as an alternative to public service provision, and that service providers may be encouraged to disempower carers by resisting their requests for support (Twigg and Atkin, 1994).<sup>159</sup>

Beneficiaries may also be seen as recipients of service provision. This relates to a different aspect of citizenship referred to above – namely, the conception of citizenship as embodying rights. In this respect, users and carers can be regarded as having as part of their 'social' rights the support provided from social care services. Equally one, social control, function of mental health services is to ensure a level of protection from mental health patients who are seen as posing a danger to other members of the

community, and in this respect, the community is a recipient of social care services although not necessarily the user (Flynn, 2002).<sup>160</sup> The recipient role is also consistent with concepts of social inclusion and independence: the former because support for users and carers may be seen as facilitating their participation in social life; the latter because support for users may be involved in allowing them a higher degree of independence. Services provision as a condition of an older, disabled or mental health patient living at home would be an example.

Some beneficiaries may be seen as partners in service provision, thus embodying the values of empowerment. One example would be the objective set for Sure Start local programmes to engage parents in both the management of programmes and the delivery of actual services on the ground, perhaps as community mothers or community cafe staff (Tunstall et al, 2002).<sup>161</sup> However, frequently such initiatives become consultation exercises “rather than enabling service users to be key players or partners in their [policy proposals] formulation” (Crawford, 2004).<sup>162</sup> The difficulties with empowering service users are frequently due to organisational cultures (a failure to embed notions of partnership), a scepticism on the part of professionals as to the competency of user groups (Crawford, 2004)<sup>163</sup> or indeed a refusal by professionals to accept user views which do not coincide with either their own or those of the employing organisation.

Partnership may involve a more formalised relationship. Thus work in a voluntary organisation may be part of active labour market programmes such as the New Deal where the programme participant works under a formalised arrangement. The latter approach is consistent with concepts of an ‘active’ role of citizenship for community members and also certain concepts of social inclusion. Thus participation in work has been regarded by post-1997 Labour governments as an important element of promoting social inclusion.

Beneficiaries may also be treated as co-producers. This role particularly applies to carers (Twiggs and Atkin, 1994)<sup>164</sup> and particularly relates to concepts of empowerment in this respect. Thus where carers are seen as co-producers a more active role in shaping the care package is seen as an effect, and such a conception may operate to mitigate the dangers involved in a conception of users as a resource as discussed above. However, the co-producer concept is not unproblematic from an empowerment standpoint since a potential danger with greater empowerment of the carer in this respect may be disempowerment of the user (Lloyd, 2000;<sup>165</sup> Pickard, 2004<sup>166</sup> in her recent literature review on informal care).

Notions of individual and community capacity building can mean that where users and community members take an active role in social care this contributes to building capacities, and relates to ‘active’ concepts of both citizenship and social inclusion (Demos, 2003).<sup>167</sup> Economic well being through individual and community-level investment in capacity is seen as central to the achievement of positive outcomes for children, and again social care contributions can facilitate these outcomes at the individual level. For example, the Interdepartmental childcare review (DfES et al, 2002)<sup>168</sup> talks of:

... building on existing successes with a new strategic approach – to meet parents' aspirations for greater choice; to increase lone parent labour market participation; and to improve outcomes for the most disadvantaged children.

The current Children Bill is implicitly based on the view that not only are children citizens with rights, but that the community at large has an interest in the upbringing of all children. Children are not just the concern of their own families.

Another important thrust in policy for children's services is to emphasise the roles of young people – as partners and, where appropriate, as co-producers (DfES, 2003).<sup>169</sup> Similar roles are implied for parents, which emphasise the community-level advantages of early intervention in the family. Such values are reflected within the overall vision for families and communities, in concepts such as community consultation and working in partnership (Balloch and Taylor, 2001).<sup>170</sup> The *Framework for the assessment of children in need* (DH, DfEE and Home Office, 2000)<sup>171</sup> requires social workers to consult both parents and children aged 10 or above when identifying both needs and plans to address those needs. There are some concerns that the requirement does not cover younger children too, although research into the assessment process suggests that most social workers do spend time with the children themselves as well as their parents (Cleaver et al, 2004b).<sup>172</sup>

However, there are some contradictory ideas put forward in the same review, which hark back to a more residual role for social care, and one which implies a 'gate-keeping' approach. Such an approach reduces the preventive role of social care and militates against a proactive one which encourages parents to use social care. This contrasts with the research evidence that shows that parents value the role of social workers and often turn to them as a first choice to seek advice/support (Tunstill and Aldgate, 2000).<sup>173</sup> On one the hand, the Assessment Framework makes it clear that children's needs should be met along a flexible and responsive continuum, within which, for example, the capacity of a social worker to deliver a child protection response should coexist with the capacity to deliver a preventive response. However, other current government statements tend towards a more residual model of social work, whereby the core business is seen to be essentially reactive and quite possibly to equate solely with child protection tasks. In this scenario, early interventions are seen as the province of parts of the system other than social care (DfES et al, 2002).<sup>174</sup>

There are very significant payoffs from good quality early interventions for disadvantaged children; not only do the benefits cascade through the educational system, but there are big gains in reducing demand on social services.

### **3.3 In what contexts are their relationships to social care defined as being based on social control?**

Social control is also an important dimension of social care policies and can have implications for the role of providers. For example, the International Federation of Social Workers recognises the social control role of social workers as a potential problem area:

2.3.1.2 The relation between these two opposite aspects of social work [helper and controller] demands a clarification based on an explicit choice of values in order to avoid a mixing-up of motives or the lack of clarity in motives, actions, and consequences of actions. When social workers are expected to play a role in the state control of citizens they are obliged to clarify the ethical implications of this role and to what extent this role is acceptable in relation to the basic ethical principles of social work.<sup>175</sup>

The key areas where social control tends to be publicly acknowledged and/or discussed are services for children, especially those related to child protection, and mental health. (Clearly there are several aspects of social security policy, such as 'welfare to work', which contribute to a set of politically/socially determined types of behaviour, but these, while important to acknowledge, lie outwith the brief of this review.) The broad thrust of current policy statements with respect to children is clearly towards a social model of provision, based on notions of social inclusion in which the concept of the 'best interests of the child' is paramount (DH, 2001a).<sup>176</sup> In a small number of circumstances, that social model is rather less in evidence, and certainly in certain instances, as the Children's Rights Alliance for England argues, this absence of a social model coincides with a prioritisation of the rights and interests of other stakeholders ([www.crights.org.uk](http://www.crights.org.uk)).

One policy area where the government operates on an explicit social control model and young people are effectively recipients of compulsory intervention is that of youth justice (Jones, 2002;<sup>177</sup> Bell, 1999)<sup>178</sup> where the Crime and Disorder Act 1998 has been argued by critics to 'mark a sinister shift from a concern with justice for young children', and where the relative independence of youth offending teams from child and family social work has been criticised as likely to reduce children's welfare (Smith, 2003).<sup>179</sup> Additionally concern has been expressed about the Identification, Referral and Tracking project (Cleaver et al, 2004a).<sup>180</sup> This raises questions as to whether young people own the information kept on them, as well as whether there is a return to 'labelling' of those seen at risk of future problems. There are also significant implications here for the training/professional status/registration of the workforce – for example, in the case of the (previous) Probation Service, which has now been amalgamated with the Prison Service.

A second area of concern is the arena of corporal punishment, whereby parents in the UK, by contrast with many other European countries, are allowed to smack their children (Willow and Hyder, 1998;<sup>181</sup> DH, 2001a).<sup>182</sup> Indeed the reception of the Children Bill in the House of Lords raised other serious concerns, as the Children's Rights Alliance for England notes:

Most peers expressed serious concerns about the government's plans for extensive information sharing between professionals and organisations working with children.... The select committee on delegated powers and regulatory reform has described these powers as 'very wide indeed'.... There was also criticism that the Bill includes no provision to remove the Victorian 'reasonable chastisement' legal defence, despite the legislation being described as the biggest shake-up of child protection in 30 years.<sup>183</sup>

However, concern has also been expressed as to the likelihood of a new law leading inappropriately to the prosecution of parents. Children's rights can therefore be seen as territory that stakeholders still regard as 'contested' even after the Human Rights Act 1998 has been incorporated into domestic law (Prout, 2000).<sup>184</sup> The concept of child welfare embraces both 'quality of life' (Roche, 2002),<sup>185</sup> and the right of children to be heard and their wishes responded to. It is the second of these which generates the most obvious stakeholder anger. Sometimes this debate has been presented, in value terms, as a threat to parental rights (Hendrick, 2003),<sup>186</sup> sometimes as a function of the state's attempts to control antisocial behaviour/juvenile delinquency (Franklin, 2002).<sup>187</sup> The children's rights lobby is entitled to point to their own acceptance of the value base of the United Nations Convention on the Rights of the Child and the Human Rights Act and contrast this with the government's (current) views.

The social control dimension of social care policies in the field of mental health can be recognised in the compulsory aspects of mental health legislation. An important feature of the debate on the compulsory aspects of mental health services is the extent to which they benefit the user or the public. It has been argued that compulsory detention can benefit the former as it allows treatment to be given which might otherwise not have been sought (Bean, 2001)<sup>188</sup> (this, of course, assumes that the treatment is appropriate). However, there are also increasing concerns about the extent to which proposals in the White Paper (DH, 2000b)<sup>189</sup> and the 2002 draft Bill are pushing mental health policy on to a protectionist trajectory in respect of the community (Moller, 2002;<sup>190</sup> Laing 2003).<sup>191</sup> The changes incorporated into the subsequent draft Mental Health Bill have not been sufficient to assuage these concerns. Cavadino (2004)<sup>192</sup> has asked the question: 'of what precisely the public needs to be protected from?'. Bean (2001)<sup>193</sup> also discusses this. The No Force Campaign (2004)<sup>194</sup> has also argued that aspects of the draft Bill are based on an unrealistic perception of the threat of violence by mental health service users.

## Chapter 4

**What are the defining characteristics of social models in terms of professional definitions, workforce orientations and assumptions about ways of working? What is the influence of the human rights framework on social models and how is it reflected in stakeholder definitions?**

### 4.1 Defining characteristics of social models

One of the key shifts in values which took place during the latter part of the 20th century was the notion that many of the disadvantages that service users face are the outcomes of social processes which serve to exclude them from the mainstream. The promotion of social inclusion for everyone is the starting point, which accepts that society as a whole has an obligation to eliminate (or at least to mitigate) the social disadvantages faced by users of social care services.

The key features below illustrate some of the principles on which modern social models are built:

- having a profound understanding of the complexity of human health and wellbeing
- addressing the inner and outer worlds of individuals, groups and communities
- embracing the experiences and supporting the social networks of vulnerable people
- understanding, collaborating with, and challenging institutions in civil society to promote the interests of individuals and communities
- emphasising shared knowledge and territory, across a range of disciplines making it [that is, the knowledge] accessible to service users and the general public
- promoting the need for empowerment and capacity building at individual and community level, thereby tolerating and celebrating difference
- placing equal value on the expertise of service users, carers and the general public
- challenging attitudes and practices that are oppressive, unjust and destructive
- critical understanding of the nature of power and hierarchy in creating inequalities and exclusion
- commitment to the development of theory and practice and the critical evaluation of process and outcome.<sup>195</sup>

The model was originally defined by Oliver (2004).<sup>196</sup> It challenged traditional approaches to physical disability which focused on individual limitations resulting from impairment, and came initially from disabled people themselves (Campbell and Oliver, 1996).<sup>197</sup> Oliver (2004)<sup>198</sup> states that, in the broadest sense, the social model of disability is about nothing more complicated than a clear focus on the economic, environmental and cultural barriers encountered by people who are viewed by others as having some form of impairment.

The social model is in principle equally relevant to all groups of service users. However, it has been developed differentially. Thus recent policy on people with learning disabilities, as embodied in *Valuing People* (DH, 2001b),<sup>199</sup> has sought to extend the model for this group, while for older people the development of the model has not moved beyond opposition to age discrimination (Turner, 2003).<sup>200</sup> Beresford (2002,

2004)<sup>201, 202</sup> has written on the potential of such a model for mental health service users, taking as a starting point the social model of disability developed by the disabled people's movement.

The social model of disability has been critiqued both from outside and from within the disability movement. In respect of the former, Bury (2000)<sup>203</sup> has argued that it is over-socialised and fails to take adequate account of impairment, although Oliver (2004)<sup>204</sup> has rebutted this. Thomas (2004),<sup>205</sup> who supports the model, has suggested that it fails to take account of cultural and experiential differences among disabled people. Reeve (2004)<sup>206</sup> feels that the psycho-emotional aspects of oppression operate at a public level affecting what people can do, but also at a personal level as to who they can be. This dimension, she argues, is not adequately highlighted in the social model of disability.

As far as children's services are concerned, the social model as articulated by adult service users has not generally penetrated, even for disabled children. Rather, official and academic literature on policy for children's services refers to an 'ecological model', most clearly in the context of an ecological model of human development (Bronfenbrenner, 1979).<sup>207</sup> This approach underpins the *Framework for the assessment of children in need and their families* (DH et al, 2000).<sup>208</sup> Its key characteristic is a central concern with the role of the wider family and of environmental factors in the community. Thus, the needs of the child must be assessed and tackled within his or her social environment. This model is at the heart of the development of the Assessment Framework under the Quality Protects programme.

The development of the Assessment Framework and its use as the basis for the assessment of all children in need, including those who may be at risk of significant harm, should, at best, succeed in integrating a previously twin-track approach to children in need and those potentially at risk of significant harm. It should also improve the consistency of social work interventions with children and their families and, in the view of policy makers (DH et al, 2000),<sup>209</sup> provide a clear evidence base for assessment:

Use of the framework should provide evidence to help, guide and inform judgements about children's welfare and safety from the point of first contact, through the process of initial and more detailed core assessments according to the nature and extent of the child's needs.

Houseman (2001)<sup>210</sup> lists the key requirements of the Assessment Framework as follows:

Assessments must:

- be child-centred
- be rooted in child development
- be ecological in their approach
- ensure equality of opportunity
- involve working with children and their families
- build on strengths as well as identify difficulties

- be inter-agency in their approach to assessment and the provision of services
- constitute a continuing process, not a single event
- be carried out in parallel with other actions and providing services
- be grounded in evidence-based knowledge.

These principles are seen as underpinning all processes of work with children and families, including assessment, planning intervention and reviewing.

The current Children Bill may also be seen to derive from the ecological model, whose values are evident in the five outcomes which flag up the centrality of the emotional, social and economic environment for children and young people (DfES, 2003).<sup>211</sup>

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well being.

Where children's services are concerned, current policy is, on the face of things, well developed to take forward the ecological model. Where this model is applied, it potentially reduces tensions between the educational model (with its emphasis on 'formal' intellectually measurable outcomes, such as GCSEs) and the medical model (with an emphasis on unilateral professionally informed assessment). The development of the Integrated Children's System, which will be implemented nationally in December 2005, commands a high level of agreement and support from stakeholders in all those agencies who are likely to work with children and their families (Ward and Rose, 2002).<sup>212</sup> This approach will be further reinforced by the forthcoming *National service framework for children* (DH, 2004)<sup>213</sup> which encompasses six key areas: children needing acute/hospital care; maternity; mental health and psychological well being of children and young people; children in special circumstances; disabled children; healthy children and young people.

## 4.2 Social models and professional definitions, workforce orientations and assumptions about ways of working

The Quality Assurance Agency (QAA) for Higher Education, in its benchmark statement for social work (QAA, 2000),<sup>214</sup> requires that undergraduate students during their degree studies should:

... acquire, critically evaluate, apply and integrate knowledge [of] ... the social processes ... that lead to marginalisation, isolation and exclusion and their impact on the demand for social work services; explanations of the links between definitional processes contributing to social differences (for example, social class, gender and ethnic differences) to the problems of inequality and differential need faced by service users; the nature of social work services in a diverse society.

The Training Organisation for the Personal Social Services (TOPPS) England defines one of the key values in The National occupational standards for social work as the importance of social workers being capable of challenging discriminatory images and

practices affecting users and carers (TOPPS, 2004)<sup>215</sup>. Such requirements suggest that the knowledge base and professional practice of social workers, while not completely embracing the social model, are underpinned by key elements of this model.

Bailey (2004)<sup>216</sup> writes of “the almost unbelievable penetration of the language of the social model [of disability] into institutional and organisational literature”, while Oliver (2004)<sup>217</sup> notes that, by the 1990s, the model was being colonised by a range of organisations, interests and individuals and that the Disability Rights Commission is guided in everything it does by the social model of disability. A recent report for the SSI, *Independence matters*, states that it takes as its value base the social model of disability and found that “social services in the councils inspected were strongly committed to developing services that promoted the social model of disability” (Clark, 2003).<sup>218</sup> The model has been similarly embraced in two recent reports on mental health (Robbins, 2004; ODPM, 2004).<sup>219, 200</sup>

Thus, at the level of values there seems to be a widespread acceptance of the social model. However, there is some doubt regarding the extent to which it has had a real impact on professional practice.

Bailey (2004)<sup>221</sup> comments that spread of the language of the social model of disability is often concurrent with “continuing oppressive practice”. Oliver (2004),<sup>222</sup> reflecting on social work practice over the previous 20 years, concludes that the social model has “had no real impact on professional practice, and social work has failed to meet disabled people’s self-articulated needs”. Similar points were made by Clark in the SSI report (Clark, 2003):<sup>223</sup> “only half the councils visited were able to demonstrate that the everyday practice of frontline staff reflected the strategic commitment to the social model”. The Audit Commission/SSI (2004)<sup>224</sup> report reached a similar conclusion:

While social care services are committed to developing services ... [which] enable people with disabilities to overcome barriers to full participation, it is also clear that the everyday practice of front line staff does not always reflect this.

However, neither report addresses the issue of how ‘everyday practice’ is to be changed to accommodate the social model. If the social model requires that “the way society is organised must be changed” (see Clark, 2003, for the SSI)<sup>225</sup> then it is pertinent to ask whether simply changing working practices is sufficient. At the same time, a commitment to place the social model at the centre of practice would, at the very least, need the ‘institutionalisation’ of a respect for the expertise and experience of service users, in parallel with the development of capacity building, at both an individual and community level, to challenge disabling barriers.

### **4.3 The influence of the human rights framework on social models and the reflection of the framework in stakeholder definitions**

The role of national legislation increasingly co-exists with international systems – in particular, in the context of social care, the values embodied in the United Nations Convention on the Rights of the Child (UNCRC) 1989 and the Human Rights Act 1998.

The Human Rights Act sought to bring into the domestic legal system the European Convention on Human Rights to which the UK had been a signatory since 1950, and which had exerted a strong influence over legislation. The Convention is divided into two parts, the first dealing with substantive rights and the latter with procedural matters. The Act itself consists of 14 articles and a number of protocols (the full text of the articles can be found in Appendix 1 of Clements and Read, 2003).<sup>226</sup>

The most relevant rights for users of social care are:

- Article 2: the right to life
- Article 3: the right not to be subject to degrading and inhuman treatment
- Article 5: this prohibits a state's power to detain people except in certain defined instances
- Article 6: the right to a fair hearing
- Article 8: respect for private and family life, home and correspondence
- Article 9: the right to freedom of thought, conscience and religion
- Article 12: the right to marry
- Article 14: freedom from discrimination
- Protocol 1, Article 1: the enjoyment of one's possessions, such as money, and social security benefits
- Protocol 1, Article 2: the right to education.  
(Watson, 2002 provides an accessible discussion of each of these articles with relevant examples of their application.)<sup>227</sup>

This wider framework has had an important influence on the framing of modern children's legislation, which has, in turn, influenced current social work values in the field. (Willow, 1998).<sup>228</sup> However, the relationship can sometimes be complex, and education legislation, for example, does not incorporate these principles. The Children and Young Person's Unit at the Department for Education and Skills comments that "The convention does not give enforceable rights to individual children, but imposes obligations on the State to bring these rights into national law".<sup>229</sup>

The heritage of the UNCRC can be traced through the Adoption Act 1976, the Children Act 1989, the NHS and Community Care Act 1990, the Boarding Out Regulations 1991, the Children Leaving Care Act 2000, the Minimum Standards for Foster Carers 2001, the Green Paper and the current Children Bill. For example, in his speech on the launch of the children's Green Paper *Every child matters* on 8 September 2003, the Prime Minister's language strongly evoked some of the central sentiments of the UNCRC when he said:

Families are central to the lives of the vast majority of children at risk. Government should not influence the way parents choose to bring up their children – it is a very private choice – but no one can argue against the basics. Children need a supportive, loving environment in which they can grow, and young people need guidance, role models and clear boundaries to enable them to develop into adults ... all our children should have the chance of a proper start in life. Underpinning this must be not just resources but a change of attitudes that reflects that value that society places on children and childhood. Children embody our future – the future of our society, our communities, our own families.

In general terms, the UNCRC expanded upon the Universal Declaration of Human Rights (1948), asserting: "... the United Nations has proclaimed that childhood is entitled to special care and assistance".

Two values are implicit here: first, that the state of 'childhood' is valuable in itself, and is not just a prelude to the gaining of adult rights and status; and second, that due to their vulnerability children have special rights in addition to those held universally.

The notion of children as valued individuals in their own right is clearly stated in the *Charter of Fundamental Rights of the European Union*, which states (Euronet, 2000):<sup>230</sup>

Children must be treated as equal individuals and they must be allowed to influence matters pertaining to their person to a degree corresponding to their maturity.

The value base of the UNCRC is described in the preamble to the 54 articles, where it is stated:

[The United Nations] is ... convinced that the family, as the fundamental group of our society and the natural environment for the growth and well being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities in the community.<sup>231</sup>

And also:

... recognising that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.

The primacy of the family as the best place for children to grow up, free from unnecessary interference from the state, is further echoed in Article 8 of the Human Rights Act 1998, which established the rights and freedoms of the European Convention on Human Rights within the ambit of domestic legislation.

The National Children's Bureau (2001)<sup>232</sup> comments:

Article 8 [of the Human Rights Act] guarantees the right to respect for private and family life and prohibits any arbitrary interference with this right by the State. The European Court of Human Rights has recognised that the relationship between parent and child is a fundamental aspect of family life, which is not terminated by placing a child in care. A decision by a local authority to remove a child from his/her family and place him/her in care must thus be based on reasons that are relevant and sufficient in order to be Convention compliant. The test here is one of proportionality, which means that any such interference with family life must be justified, for example with reference to the child's corresponding need to care and protection – the child's interests being of crucial importance.

This echoes the issue discussed under question 1: the fact that different groups of stakeholders in the social care system may have conflicting interests.

Franklin (2002)<sup>233</sup> highlights three of the 54 UNCRC articles as being of particular significance: Article 2 in respect of children's right to freedom from discrimination; Article 3 in respect that the primary consideration when actions taken on behalf of a child should be his or her best interests; and Article 12 in respect of children's views being accorded due weight in relation, to their age and maturity in all matters affecting them. While Wringe (1995)<sup>234</sup> groups the rights contained in the UNCRC into three broad categories – provision (for example, Article 2), protection (for example, Article 3) and participation (for example, Article 12) – the Prime Minister in his launch of the Green Paper *Every child matters* stated: "Our goals are summed up in three words: security, opportunity [and] responsibility".

At an international level, social work is strongly committed to the values and rights enshrined in the UNCRC. For example, the principles and standards of the International Federation of Social Workers (1994)<sup>235</sup> states:

2.2.7 Social workers respect the basic human rights of individuals and groups as expressed in the United Nations Declaration of Human Rights and other international conventions derived from that declaration.

The framework of human rights is clearly present in both legislation and practice as they relate to services for children. Although in theory the same might be true of services for adults, and some organisations have argued this strongly, the reality appears to be that the human rights framework does not impact strongly on social care practice in adult services.

#### 4.4 What is the influence of a human rights framework on social models?

As previously argued, the social model approach is particularly associated with disability and disabled people. The focus of such a model is on the disabling society – the economic, environmental, cultural barriers encountered by people who are viewed by others as having some form of impairment (oppression and discrimination are central to the disabling society). Thus the development of a human rights-based approach is a fundamental aspect of the model in that it challenges those barriers which impede the access to those human and social rights taken for granted by others (Barnes, 1999).<sup>236</sup> However, a human rights framework is of importance to other groups who might not operate with a clearly defined social model.

For example, Help the Aged (2001)<sup>237</sup> has argued that the Human Rights Act 1998 empowers older people because it gives them rights "which the law now requires to be respected – not just borne in mind but respected". Inyama (2001)<sup>238</sup> makes the same point in respect of those using mental health services, but also adds that "its impact will be much wider in that it is an opportunity to change the culture of mental health service provision and to refine policies and practice guidelines". Laing (2003)<sup>239</sup> concurs with this view. However, Cavadino (2004)<sup>240</sup> has commented that the draft Mental Health Bill 2004 fails to take adequate account of the Human Rights Act 1998.

## 4.5 How is the human rights framework reflected in stakeholder definitions?

The effectiveness of the Human Rights Act depends on the willingness of stakeholders to approach decision making from a human rights perspective, and indeed the impact on legislation is pervasive (see Audit Commission, 2003 for examples of this).<sup>241</sup> The expectations of the government were that public service decision makers would work within a human rights framework, and that managers would have a clear understanding of their obligations under the Act (Audit Commission, 2003).<sup>242</sup> However, there is little evidence that this is the case.

Research by the Audit Commission shows that despite the high profile of the Act, 58% of all public bodies surveyed had not adopted a human rights strategy and that this was particularly marked in the NHS (Audit Commission, 2003).<sup>243</sup> Most only responded to legal challenges. Although training had been given to the staff, this was usually a one-off separate event and not integrated into a training programme. The Audit Commission gave examples of good practice pursued by public authorities, which at the time of their research, they emphasised, were still rare. However, they stated that “the application of human rights principles, for example, dignity and respect, can help to improve a patient’s experience and quality of care and will inevitably lead to improved outcomes” (Audit Commission, 2003).<sup>244</sup>

Similar conclusions were reached by Watson (2002)<sup>245</sup> in a study which assessed the impact of the Act on parts of the voluntary sector. Little serious attempt had been made to use the Act to create a human rights culture; staff had no understanding of their responsibilities under the Act; and there was a lack of an ongoing concerted promotional strategy. The study provides a number of individual stories which illustrate the lack of impact of the Act on the daily lives of older people and disabled people. A perusal of documents from those bodies concerned with the education, training, and regulation of the social care workforce (the QAA, GSCC and TOPSS England) suggests that human rights concerns do not have a high profile.

## Chapter 5

**To what extent do social care values, principles and models apply differently to children, adults of working age, older adults and families/carers (including user group differences within these age groups)?**

It is unusual for social care for adults and for children to be considered as part of the same framework. Generic social services departments only have a 30-year history, and in many cases different teams dealt with adults and with children.

There are some quite profound differences in the value systems that apply in social care for adults and for children. Adult users of social care services are essentially regarded as consumers, while services for children are seen as an investment in their future. The differences between different groups of adults are more subtle, but they nevertheless exist. The models of partnership and choice are also different, and, as we discuss above, the social model tends to be important in services for younger adults who are disabled, but is less in evidence in the determination of services for older people.

The choices around social care for older people reflect the fact that most people will become old and may at some point need social care services. They therefore fit plainly within the framework of the 'veil of ignorance' outlined by John Rawls in his seminal *A theory of justice* (1971).<sup>246</sup> Rawls' premise is that the wider social contract is best served when those who make choices do so on the basis that they do not know whether or not they themselves will be fortunate and not need services or unfortunate and need them. In fact, 8 out of 10 people will experience at least one year of disability during their lifetime (Prime Minister's Strategy Unit, 2004).<sup>247</sup>

In political and social terms, older people receiving social care are drawn from across the whole of society, a point which is not true of children receiving social care services. Children receiving care services are disproportionately drawn from families who experience poverty and disadvantage. The emphasis on children's services is therefore on social inclusion (or preventing social exclusion). Children and young people lack power legally and may be disempowered within the family. While the social care system aims to support them, and the Children Act 1989 recognised that their interests might differ from those of their parents, empowerment is not an issue with services for children.

The different social class profile of older service users reflects the interaction of a number of different factors. The first is that there is a strong relationship between social class and age of death. Those in higher social classes tend to live longer (Donkin et al, 2002).<sup>248</sup> At the same time, the probability of an older person needing social care services rises with age. Some 60% of all adult social care recipients are aged 75 or above (and more than a quarter are aged 85 or above) (DH, 2004).<sup>249</sup> Given the differential mortality rates across social classes, higher social classes represent a relatively large proportion of the people in these oldest age groups, particularly the over-85s. Among men over 85, more than half cannot manage domestic tasks without help and a similar proportion cannot manage self-care. Among women over 85 (who are on average a

little older than the men), 80% cannot manage domestic tasks without help while 67% cannot manage self-care (ONS, 2000).<sup>250</sup>

Older people have well-established and well-regarded voluntary organisations working for their welfare at both national and local levels. Moreover, the access route into social care for older people is often through health services. A third of all adult referrals for services come either through hospitals or through GPs. Only around a quarter of all referrals are self-referrals (DH, 2004).<sup>251</sup> This means that individual older people are not necessarily negotiating on their own for packages of care. They have the support of professional advocates and friends and relatives, and they have access to advice based on wide-ranging knowledge and experience.

However, taking the range of values for services for adults outlined in our discussion of question 1 above, in reality the emphasis for older people is on care and protection, within a Rawlsian framework of citizenship. Independence is sometimes cited as a value for older people, but in practice the virtue of 'independence' is that supporting people to remain living in their own homes is considerably less resource-intensive than supporting them in residential care. Indeed, recent research suggests that older disabled people receiving domiciliary care feel they have less autonomy and control over their lives than those living in residential care (Boyle, 2004).<sup>252</sup>

The issue of resources and the arguments for providing them are also quite different for different groups. For children the expenditure of resources represents an investment which has the potential to yield returns in the future. If children are less likely in the future to be involved in offending, to become lone parents or to truant from school, or if they are more likely to have a stable job and pay taxes as a result of investment in social care services, then there is an economic as well as a social justification for the expenditure of resources.

For adults, this argument does not hold. For older people there is sometimes an appeal to the insurance principle: they have paid taxes and national insurance for many years and are now entitled to withdraw some of the 'credit' they have earned (Dwyer, 2000).<sup>253</sup> However, this argument is not always available for some (although not all) of the younger adult service user groups, who may have had limited opportunities for paid employment. For these groups the values and arguments are based on social exclusion, promoting diversity within social and economic activities and citizenship more generally. The social model is powerful here, arguing that it is the responsibility of society to ensure that all its citizens can play a full part in the life of the community. For all adult service users the issue of rationing is also acute. Most older people receiving services (and indeed many who do not) have a long-term illness or disability. In fact, people aged over 65 are a third of all disabled people (Prime Minister's Strategy Unit, 2004).<sup>254</sup> The Government also recognises that, although it is committed to providing greater choice over services, this may not be compatible with overall resource constraints (Prime Minister's Strategy Unit, 2004).<sup>255</sup>

If service users (eg patients) are able to choose the service they receive they may make individual decisions that are not cost-effective overall. This may lead to fewer resources available to improve standards of service delivery overall. Therefore the degree of personal choice may need to be balanced against overall resource allocation.

Finally, the issue of social care as part of a wider system of social control applies differently to different groups. While it is often argued that the integration of children into society as they move into adulthood requires the promotion of socially conforming behaviour, which inevitably is part of social control, this is not an explicit value for adults. However, some groups argue that there can be implicit social control involved for adult care service users who are negotiating with care managers.

## Chapter 6

**What is the potential contribution of social care to the capacity building (individual and community), well being, and sustainability and community leadership agendas in local governance?**

The concept of capacity building is widely covered in a range of current political/ policy-focused literature, especially in the context of empowerment (Craig and Mayo, 1995; Mayo and Anastacio, 1999),<sup>256, 257</sup> partnership working (Mayo and Taylor, 2001)<sup>258</sup> and urban regeneration (Burns and Taylor, 1998).<sup>259</sup> In addition, the power/conflict paradox has been highlighted by Bourdieu (1984).<sup>260</sup>

In this report we cannot hope to do other than touch on this contested concept (Putnam, 1993; Gittell and Vidal, 1998)<sup>261, 262</sup> in relation to the delivery of social care services. As we have indicated above, these services are likely to be differentially delivered within communities which differ on a socioeconomic basis.

A recent report by Demos (2003)<sup>263</sup> provides a useful overview of the role of communities in tackling social exclusion. The key dimensions of inclusion are:

- access to social goods
- empowerment
- institutional trust.

It argues that these can best be achieved by taking a capacity-building approach to developing communities by investing in the human and social capital of marginalised individuals. For sustainable social inclusion to be achieved, a layer of independent civil society organisation must be nurtured and sustained.

There is increasing pragmatic recognition that capacity building takes time. This is particularly true where the objective is to develop organisations that will deliver services to users in a responsive manner (HM Treasury, 2002).<sup>264</sup> The Government appears to have embraced this and is seeking to develop a whole new approach to measuring and supporting 'effective communities', with local authorities moving away from traditional approaches of grant-giving to voluntary organisations to community capacity building (Woodin Consultancies, 2003).<sup>265</sup>

In July 1998, the government published a White Paper *Modern local government – In touch with the people* (ODPM, 1998).<sup>266</sup> This was followed in March 1999 by *Local leadership, local choice* (ODPM, 1999).<sup>267</sup> Both outlined the government's modernising agenda for local government which involved a wide range of changes, referred to in academic writings as a shift from 'government' to 'governance' (see Newman, 2001 for a discussion of the literature on this topic).<sup>268</sup> The proposed changes were incorporated into the Local Government Act 2000. Local authorities were to take a community leadership role – the government has argued that they are the organisations best placed to take a comprehensive overview of the needs and priorities of their areas and the means of meeting these needs. This, it is maintained, should ensure a joined-up approach, particularly in tackling social inclusion – for example, supporting people with mental illness in the community. The Act also gives councils powers to promote the

economic, social and environmental well being of their area. They will be required to prepare comprehensive community strategies with local strategic partnerships and to consult local people in this process (unusually the word 'consult' is used in the Act). It is expected that this approach – which brings together public, voluntary, private bodies and community groups with local people – will allow the identification of objectives for the area (see [www.odpm.gov.uk](http://www.odpm.gov.uk)).

There is a new emphasis on local authorities not just providing services, but on taking on some of the activities that have traditionally been associated with the voluntary sector: information, advocacy and support. For example, for users of mental health services local councils will develop roles beyond provision of public services – as enablers, advocates, guardians and stewards of the local community (NHSE/SSI 2000).<sup>269</sup> Thus, better performance and prospects for improvement are associated with, among other things:

- effective joint management and corporate governance of services
- action and engagement with users and carers, with their perspectives on services being given proper weight
- an holistic approach to mental health
- engagement with a range of non-stigmatising providers of mainstream services
- opportunities for wider engagement by service users in meaningful activity and routes to support participation in such activities.

The emphasis is on a 'bottom-up' approach, with local people and organisations defining their priorities for local social services. Effective involvement, which extends to marginalised individuals, groups, and so on, requires the "building of community capacity" (Nock and Zahno, 1999; Demos, 2003).<sup>270, 271</sup> Capacity building "refers to the process of developing the abilities of local people to organise themselves so that they have more influence over the process and involvement in ... outcomes" (Wood, 2000).<sup>272</sup> As Duncan and Thomas (2000)<sup>273</sup> note, "capacity building helps [local people] better define and achieve their objectives ... and take an active and equal role in partnership with other agencies". Capacity building can also have an individual dimension.

Some of the principles underlying the issue of capacity building at a local level remain unresolved. The Department of Health (2001c)<sup>274</sup> talks of a 'whole-systems approach' to capacity building. What this means in practice is not clearly defined, but such an approach needs to move away from a deficit model to a more participative model. The process should be both collaborative and long term. Effective capacity building requires a transfer both of resources and of responsibility. Finally, there needs to be a vision of what a community will look like once its capacity has been built, so that the whole process can be evaluated.

There therefore need to be changes in both process and outcome. The process of individual capacity building will require engagement with a wide variety of agencies which affect the community and also involve changes in the ways in which services are planned, developed, managed and delivered. This should produce improved outcomes in terms of services which are attuned to local need. In addition, individuals should have learned how local affairs are controlled and how they can influence them. They

should feel that both they and their views are valued. They should also be committed to the area, which should strengthen social networks.

The planning and partnership development process needs to consider the potential for groups to contribute to the process and what kind and level of support they need to help them develop their aims. If successful, this will lead to an improved ability on the part of voluntary and community groups to access resources and develop new activities, and should also lead to changes in the practices of statutory organisations (DH, 2001c).<sup>275</sup>

One potentially undervalued resource in this context is foster parents. Foster parents are community members who provide leadership, role models and support for children. The recruitment and training of foster parents is one of the key ways in which social care services develop community capacity. In many cases, they continue to act as informal mentors once young people leave their care and move on to independent living (Allen, 2003).<sup>276</sup> There is a new responsibility for social services departments to continue to provide, support for young people who have previously been looked after until they reach the age of 21, has meant the recruitment and training of support workers to act as adult role models and mentors. This applies to looked-after young people who have reached the age of 16 or above, and for those aged 18 or above who have previously been looked after. In particular, their role in helping these young people find their way through the maze of training, employment and benefits services also helps to develop community skills and capacity.

There are expectations that social care can and should contribute to the new agendas in local governance. One indication of this is the improved corporate profile that it has in local councils and the increasing integration of its functions within councils (Audit Commission and SSI, 2004).<sup>277</sup> However, the potential contribution of social care is still at an early stage and detailed analysis is premature.

## Chapter 7

### 7.1 Conclusion

In this final chapter, we pull together some of the issues which have been identified and explored earlier in order to see if there are any essential principles, values and models which need to be sustained in the future roll-out of national and/or local policies in respect of the groups whose needs we have discussed. We attempt to highlight some key principles.

First, it should be recognised that there are some obvious commonalities between children and adults as groups of users. For example, there are two common threads in the future development of social care for both children and adults: (a) the idea that services should be configured around the needs of the individual service user, within his or her own circumstances and environment; and (b) the recognition that partnership working between statutory services and the voluntary sector can provide a new way forward. Where individuals have needs in addition to those addressed by social care services, there should be greater integration of those services so that, for the individual service user, the whole range of services appears as a seamless package. For adults the emphasis is on integrating health and social care packages. For children the primary emphasis is on integrating care and education packages, with health often a less explicit concern.

The Department of Health, in its report *Building capacity and partnership between the statutory and the independent social care, health care and housing sectors* (2001c),<sup>278</sup> argues that the key underlying principles for the future development of social care and related services are:

- the support and promotion of independence
- social inclusion and equitable access
- rights and choices for people using services and their carers
- better care and higher standards
- care at and closer to home
- the need for a whole spectrum of care options
- delivery through integrated working, unimpeded by organisational boundaries and supported by harmonised budgets.

We go on to focus in some greater detail on the respective issues for the two groups and identify any obvious differences.

### 7.2 Adults

For adults the values that would need to be sustained in any future reconfiguration of social services departments are those which have a consensus among stakeholders – that is, independence, inclusion, empowerment and diversity. However, the operation in practice of these values needs to be determined by the user. This is also being proposed by Stephen Ladyman, Minister for Community Care, in his consultation exercise *A new vision for adult social services*. However, user-determined services need

to be reconciled with problems of control of resources (for an exemplary discussion of this, see the Prime Minister's Strategy Unit, 2004).<sup>279</sup>

There is an acceptance by most stakeholders of the social model, pioneered by the disability movement, and a desire to make it applicable to all groups of service users. The human rights agenda is a useful means of empowering people, despite its focus on political and civil rights rather than social rights (Johnson, 2004).<sup>280</sup> The essence of this approach is the aim to treat people who are service users in the same way as other members of society – that is, non-service users (Morris, 2001a).<sup>281</sup>

As we discussed in Chapter 5, everyone who is going to grow old will be a potential service user at some point during their lives. Disability, old age and/or mental illness are not the fate of a restricted minority but are conditions which are likely to be faced by many at some point in their lives. Moreover, the need for services arising out of these circumstances encompasses a wide range of social and income groups within the population. There therefore needs to be a challenge to both policy and academic literature which segregates adult service users from the rest of the population. (The same is not true of children's social care, where service users tend to be drawn from disadvantaged groups.)

The possibility of forming alliances between different groups of service users is beginning to be explored (Priestley, 2002; Beresford et al, 2002).<sup>282, 283</sup> However, there is little work on how service users could form alliances with non-service users which might further agendas such as inclusion (see Tregaskis 2004 on the opportunities and pitfalls of forming alliances for change among disabled and non-disabled people).<sup>284</sup> Christie and Mensah Coker (2000)<sup>285</sup> have referred to such alliances as the 'mutual model'.

### 7.3 Children

For children's services the current policy emphasis set out in the Green Paper *Every child matters* is on the integration of services for children and young people and, in particular, the development of a much closer working relationship between education, health and social services. This in essence is a continuation of the developments which have taken place since the passing of the Children Act in 1989. However, although there has been increasing consensus between key stakeholders as to the desirability of the underlying value base of the Act, at the same time there has been a moving away on the part of government from the idea of the social work/social care workforce as major contributors to the holistic agenda it has laid out. Paradoxically, such disagreements as do emerge within various parts of the implementation process serve to underline the core values which most practitioner stakeholder groups espouse in respect of social care and, especially, social work, and which moreover reflect the views of families who use services (Tunstall and Aldgate 2000; Thoburn et al, 2000).<sup>286, 287</sup>

The dominant current concern across a range of stakeholder groups is the changing balance between preventive, open-access services and those targeted exclusively at more complex issues (Little, 2003).<sup>288</sup>

Examples of such concerns include social workers' frustration at the emphasis put by their agencies on late intervention/child protection activity. Sure Start evaluation underlines the commitment of the social work workforce to supporting families (Tunstall et al, 2002).<sup>289</sup> One more general concern is that (Rogowski, 2004):<sup>290</sup>

... any hands-on work is left to less qualified, or at least differently qualified, staff such as those in family support and outreach services, Sure Start, Connexions and the Children's Fund.

In fact, SSI inspection reports underline the need to support children and families effectively, and commend "better partnership working; more effective preventative strategies with less reliance on statutory intervention; and the development of family support and early year's services ..." (SSI, 2004)<sup>291</sup>

In view of all these conflicting trends it is possible to identify a group of overlapping models which need to be sustained within social care services in any new configuration, on the basis of two sets of considerations:

- they command support across most stakeholder groups, including families and professionals
- they are knowledge based – that is, underpinned by theory and empirical findings.

### 7.3.1 A family strengths approach

A common feature of current mainstream developments within childcare services is the centrality of 'family' which has evolved on the basis of a group of associated values. These include the concepts of:

- resilience, which stresses the importance of families in building the child's self-esteem and competence (Ward and Rose, 2002)<sup>292</sup>
- parental capacity and care giving, stressing the relationship between good parenting and positive outcomes for children
- partnership (Saleeby, 1997).<sup>293</sup>

This model can inform the design and delivery of all stages of the childcare/social care task from early intervention which addresses 'low-level need' to individual casework with cases of complex need – for example, child protection. It is particularly relevant for work with Black and other minority ethnic children and families, which has been criticised for taking a 'deficit' or 'pathological' approach to the assessment of children's needs. Critiques of social work practice have often highlighted the failure to work with the strengths of black families and have relied instead on a deficit or problem-oriented approach (Dutt and Phillips, 2000).<sup>294</sup> Negative stereotypes and pathological assumptions about Black and minority ethnic children and families can impact on practice in various paradoxical ways – for example, by failing to provide adequate support services (Quereshi et al, 2000),<sup>295</sup> by making more coercive interventions in the court systems (Brophy et al, 2003)<sup>296</sup> and by making inaccurate assessments that leave children at risk of significant harm (Laming, 2003).<sup>297</sup>

### 7.3.2 An ecological and systems approach

An ecological approach requires that the needs of children and families are understood within the context of their wider family, community and society. An awareness of how inequality, discrimination and oppression frame the lives of many service users is an essential element of an ecological approach. In this model, social care professionals need also to reflect critically on how these factors impact on the service delivery of their organisation, as well as their own practice in order to strive to provide services which respect diversity as well as seeking to challenge discrimination and oppression and minimise the deleterious effects that powerlessness and social exclusion have on people's lives.

The potential of this values cluster is demonstrated by a current project (part-funded by SCIE) which has explored the perspectives of families who are service users and who are living in poverty. The responses from family members point to a proactive, not merely reactive, role for social workers. This model supports the integration of a family strengths approach, an ecological approach and a lifespan perspective which takes account of changing needs and the successful resolution of problems. It also acknowledges the importance of partnership-based work, and of an understanding of the effects of chronic poverty on children's long-term development and parental mental health, and recognises the structural and environmental influences on families. Specific messages for social workers from family members involved in the project include:

- Poverty is not just about money – it is about dignity and self-respect for parents and children.
- Demonstrate an understanding that 'neglect' can be created by society as well as by individuals.
- People do not want handouts – they want to help themselves.
- Respect people enough to explain things, and do not label or pre-judge people, but get to know the individual.
- Listen to what families think would help them.
- Treat people with courtesy and respect, and do not be over-intrusive or abuse your power.
- Recognise other sources of powerlessness and oppression and how this compounds the experience of poverty – for example, racism and disability.
- Offer a human touch – do not be a robot just carrying out procedures/form-filling.
- Recognise and develop people's strengths and aspirations – what they have done to survive and what they want for the future.
- Be true to social work values; be honest and open.

### 7.3.3 A value continuum which embraces notions of prevention and protection

In this model, services are flexibly organised so that they enable the early non-stigmatising and indeed low-cost deployment of preventative services and the timely exploration/identification of child protection concerns, and ensure the allocation of support services to meet child and/or family need as necessary following this process. By diminishing the current exclusive emphasis on child protection work, it also addresses the workforce issue of social worker satisfaction, thereby contributing to

reductions in vacancy rates. This model overlaps with the family strengths model, in which children and their carers are likely to make a range of transitions, from greater to lesser dependence and vice versa (Audit Commission, 1994).<sup>298</sup> These ideas attract the support of most stakeholder groups, including staff and those who use services. This model is underpinned at a theoretical level by the model of the enabling authority proposed by Hardiker (2002)<sup>299</sup> which provides for five levels of provision ranging from universal to specific action to prevent long-term damage arising from substitute care.

## 7.4 Common issues for all services and service users

While the values and models set out above might have broad acceptance as necessary to underpin the work of a reconfigured social services department, within that framework there are several practical issues that merit discussion. Most of these are common to both adults and children.

### 7.4.1 Empowerment and workforce development

User empowerment has implications for the education, training and ways of working of social care staff. As Barnes and Walker (1996)<sup>300</sup> have noted, "... preparedness to loosen control and embrace users' own definitions and solutions requires different skills from those that professionals have been taught". Adams (2002)<sup>301</sup> provides a list of principles for empowering practice:

- a commitment to developing empowering approaches which challenge oppressive practice
- people and practitioners should work through an empowering process which includes planning together, working together and evaluating outcomes
- practitioners should facilitate service users decisions over choice; practitioners should remain committed to empowering people to change their circumstances rather than adjusting to them.

### 7.4.2 Managerialism

One of the challenges represented by the emphasis on improving the quality of management in relation to public services – represented by, for example, the evaluation report on the Better Government for Older People initiative Making a difference – is that there is a potential conflict in that "the way Government funding, performance indicators and accountability is organised inhibits rather than facilitates preventative activities to promote the independence of older people" (Hayden and Boaz, 2000).<sup>302</sup> We have also seen that there is a recognition that there is a potential conflict between the empowerment of the individual service user and the need to ensure that resources are allocated fairly and efficiently, both between groups of users and between users and the rest of the community (Prime Minister's Strategy Unit, 2004).<sup>303</sup> Targets, or more accurately the perverse outcomes to which they can lead, remain a problematic issue for all client groups (Tilbury, 2004; Cutler and Waine, 2003; Humphrey, 2003).<sup>304, 305, 306</sup>

### 7.4.3 The challenges of partnership working

While partnership and other forms of joint working are seen as crucial to delivering values, the organisational and cultural differences between the agencies remain important. Turner (2003),<sup>307</sup> drawing upon the work of Peter Beresford, discusses both the differences in user involvement in social care and the NHS and the continuing privileging of the medical model within health. Further, as Rose (2003)<sup>308</sup> contends, coordination at a managerial level, particularly in the areas of health and social care, rests on the false premise that changes at a high organisational level will trickle down to frontline workers.

It is also difficult to detach this issue from either the distribution of resource allocation and/or the respective 'approval' accorded to various stakeholders within the workforce. In the case of children, this is exemplified by social worker resentment at the fact that far more resources have been given to Sure Start programmes than have been available to local authorities to support the implementation of Section 17 of the Children Act (Tunstall et al, 2002).<sup>309</sup>

The reconfiguration of services along a partnership model is further complicated by the need to make trade-offs between the needs of different users and, in practice, between different principles. Competing demands on budgets and urgent priorities could result in insufficient funds to meet the needs of all service users (see the discussion by Barnes et al, 2002 on this point).<sup>310</sup> Moreover, those with complex or expensive needs could absorb a disproportionate amount of the funds, leaving fewer funds available to develop community services (Clark 2003).<sup>311</sup> Thus, the promotion of independence and empowerment for one group could diminish the achievement of these values for others.

### 7.4.4 Workforce issues

In order for the key values underpinning social care services to be sustained, they need to be embraced by the workforce and incorporated into the way they do their jobs. One of the obstacles to this is the shortage of skilled and qualified staff across a range of service areas. For example, Clark (2003)<sup>312</sup> reports that staff shortages put at risk local councils' ability to deliver services to physically disabled people. Bainbridge and Ricketts (2003)<sup>313</sup> similarly report that, for at least half of all councils, staff vacancies caused problems in delivering services to older people. In the worst affected councils inspected, vacancy levels had a significant impact on morale and service development.

Both the Audit Commission/SSI report (2004)<sup>314</sup> and that from the NCSC (2004)<sup>315</sup> point to a shortage of workers and difficulties in recruiting certain types of staff. In particular, children's social workers, approved social workers in mental health, home carers and occupational therapists are in short supply. Shortages of the latter two groups could undermine the promotion of values such as independence and empowerment. The NCSC report noted (para 4.7)<sup>316</sup> that, over the seven years of the Joint Reviews (1996–2003), workforce pressures had increased.

Pressures on staffing are set to increase as daycare services for children expand. There are already recruitment difficulties in the daycare sector, and further expansion will draw from the same pool as the providers of social care services. Both sectors require people with good inter-personal skills who can pass Criminal Records Bureau vetting. (Rolfe et al, 2003)<sup>317</sup>

However, poor morale is not an inevitable consequence of staff shortages. Mainey (2003)<sup>318</sup> found that over half the managers in children's homes reported difficulties in recruiting and retaining staff. Nevertheless three quarters of staff are either satisfied or very satisfied with their jobs. Almost the same proportion reported that morale was okay or high in their homes. Factors considered to promote morale were good teamwork, support from colleagues, access to training and recognition of good quality work.

## Bibliography

- <sup>1</sup> Quinton, D. (2004) *Supporting parents: Messages from research*, London: DfES/DH.
- <sup>2</sup> DH (Department of Health) (2001a) *Children act now: Messages from research*, London: The Stationery Office.
- <sup>3</sup> Quinton, D. (2004) *Supporting parents: Messages from research*, London: DfES/DH.
- <sup>4</sup> Stoney, C. and Winstanley, D. (2001) 'Stakeholding: confusion or utopia? mapping the conceptual terrain', *Journal of Management Studies*, vol 38, no 5, pp 603–26.
- <sup>5</sup> Gillick v West Norfolk and Wisbech Area Health Authority [1985] 3 All ER 402 (HL).
- <sup>6</sup> Bytheway, B. and Johnson, J. (1998) 'The social construction of carers', in A. Symonds and A. Kelly (eds) *The social construction of community care*, Basingstoke: Macmillan.
- <sup>7</sup> Lloyd, L. (2000) 'Caring about carers: only half the picture?', *Critical Social Policy*, vol 20, no 1, pp 136–50.
- <sup>8</sup> Pickard, L. (2001) 'Carer break or carer blind? Policies for informal carers in the UK', *Social Policy and Administration*, vol 35, no 4, pp 441–58.
- <sup>9</sup> Pickard, L. (2004) *The effectiveness and cost effectiveness of support services to informal carers of older people: A review of the literature prepared for the Audit Commission*, London: Audit Commission.
- <sup>10</sup> Qureshi, H. (1991) 'Social care services for disabled people', in G. Dalley (ed) *Disability and social policy*, London: PSI Publications.
- <sup>11</sup> Lewis, J. and Meredith, M. (1989) 'Contested territory in "informal care"', in M. Jefferys (ed) *Growing old in the twentieth century*, London: Routledge.
- <sup>12</sup> Qureshi, H. and Walker, A. (1989) *The caring relationship: Elderly people and their families*, Basingstoke: Macmillan.
- <sup>13</sup> Perring, C., Twigg, J. and Atkin, K. (1990) *Families caring for people diagnosed as mentally ill: The literature re-examined*, London: HMSO.
- <sup>14</sup> Grant, G. (1985) *Older carers, Interdependence and the care of mentally handicapped adults: Some survey results*, Working Paper 36, Care Networks Project, Bangor: University College of North Wales.
- <sup>15</sup> Qureshi, H. (1991) 'Social care services for disabled people', in G. Dalley (ed) *Disability and social policy*, London: PSI Publications.
- <sup>16</sup> National Evaluation Sure Start Research Team (2004) 'The national evaluation of Sure Start local programmes in England', *Child and Adolescent Mental Health*, vol 9, no 1, pp 2–8.

- <sup>17</sup> CAFCASS (Children and Families Court Advice and Support Service) (2003) *Service principles and standards*, London: CAFCASS.
- <sup>18</sup> DH (Department of Health) (1989) *An introduction to the Children Act 1989*, London: HMSO.
- <sup>19</sup> BASW (British Association of Social Workers) (2003) *Code of ethics for social work*, Birmingham: BASW.
- <sup>20</sup> TOPSS (Training Organisation for the Personal Social Services England) (2003) *The state of the social care workforce in England*, Leeds: TOPSS England Workforce Intelligence Unit.
- <sup>21</sup> Fox Harding, L. (1991) *Perspectives in childcare policy*, Harlow: Longman.
- <sup>22</sup> Thomas, N. (2000) *Children, family and the state: Decision-making and child participation*, Basingstoke: Macmillan.
- <sup>23</sup> Scourfield, J. and Welsh, I. (2003) 'Risk, reflexivity and social control in child protection: new times or the same old story?', *Critical Social Policy*, vol 23, pp 398–420.
- <sup>24</sup> Laming, L. (2003) *Report of the Inquiry into the Death of Victoria Climbié*, London: The Stationery Office.
- <sup>25</sup> Tunstall, J. (ed) (2000) *Children and the state: Whose problem?*, London: Cassell.
- <sup>26</sup> Parton, N. (1997) *Child protection and family support*, London: Routledge.
- <sup>27</sup> Bowlby, J. (1988) *A secure base: Clinical applications of attachment theory*, London: Routledge.
- <sup>28</sup> Howe, D. (1995) *Attachment theory for social workers*, Basingstoke: Macmillan.
- <sup>29</sup> Qureshi, T., Berridge, D. and Wenman, H. (2000) *Where to turn? Family support for South Asian communities*, London: National Children's Bureau.
- <sup>30</sup> McCleod, M. (1982) *Whose child? The family in childcare legislation and social work practice*, London: Study Commission on the Family.
- <sup>31</sup> Frost, N. and Stein, M. (1989) *The politics of child welfare*, Hemel Hempstead: Harvester Wheatsheaf.
- <sup>32</sup> Dingwall, R and Eekelaar, J (1988) 'Families and the state: an historical perspective on the public regulation of private conduct', *Law and Policy*, vol 10, no 4, pp 341-61.
- <sup>33</sup> Fox Harding, L. (1991) *Perspectives in childcare policy*, Harlow: Longman.

- <sup>34</sup> DH (Department of Health) (1989b) *Caring for people: Community care in the next decade*, Cm 849, London: HMSO.
- <sup>35</sup> DH (Department of Health) (1998) *Modernising social services: Promoting independence, improving protection and raising standards*, Cm 4169. London: The Stationery Office.
- <sup>36</sup> Bainbridge, I. and Ricketts, A. (2003) *Improving older people's services: An overview of performance*, London: DH.
- <sup>37</sup> Clark, J. (2003) *Independence matters: An overview of the performance of social care services for physically and sensory disabled people*, London: DH.
- <sup>38</sup> SSI (Social Services Inspectorate) (2002) *Modernising mental health services: Inspection of mental health services*, London: DH.
- <sup>39</sup> Robbins, D. (2004) *Treated as people: An overview of mental health services from a social care perspective, 2002–04*, London: DH (report for SSI).
- <sup>40</sup> DH (Department of Health) (2001b) *Valuing people: A new strategy for learning disability for the 21st century*, Cm 5086, London: The Stationery Office.
- <sup>41</sup> Walker, C. (2002) 'Revolutionising care for people with learning difficulties? The Labour government's learning disabilities strategy', in R. Sykes, C. Bochel and N. Ellison (eds) *Social Policy Review 14: Development and debates 2001–2002*, Bristol: The Policy Press.
- <sup>42</sup> Wistow, G., Knapp, M., Hardy, B., Forder, J., Kendall, J. and Manning, R. (1996) *Social care markets: Progress and prospects*, Buckinghamshire: Open University Press.
- <sup>43</sup> Barnes, M. (1997) *Care, communities and citizens*, London: Longman.
- <sup>44</sup> Audit Commission (1986) *Making a reality of Ccommunity care*, London: HMSO.
- <sup>45</sup> Stewart, J. and Walsh, K. (1992) 'Changes in the management of public services', *Public Administration*, vol 70, no 4, pp 499–518.
- <sup>46</sup> Flynn, N. (2002) *Public sector management* (4th edn), London: Prentice-Hall.
- <sup>47</sup> Moullin, M. (2002) *Delivering excellence in health and social care*, Buckinghamshire: Open University Press.
- <sup>48</sup> Waine, B. (2003) 'Baseline study on regulation and inspection of adult social care services 1980–1998', (unpublished study for DH).
- <sup>49</sup> DH (Department of Health) (1989b) *Caring for people: Community care in the next decade*, Cm 849, London: HMSO.

- <sup>50</sup> Lewis, J. and Glennerster, H. (1996) *Implementing the new community care*, Buckingham: Open University Press.
- <sup>51</sup> Cutler, T. and Waine, B. (1997) *Managing the welfare state: Text and source book*, Oxford: Berg
- <sup>52</sup> TOPSS (Training Organisation for the Personal Social Services England) (2003) *The state of the social care workforce in England*, Leeds: TOPSS England Workforce Intelligence Unit.
- <sup>53</sup> Gospel, H. and Thompson, M. (2004) *The role and impact of the statutory framework for training in the social care sector*, Department for Education and Skills Research Report 495, London: DfES.
- <sup>54</sup> TOPSS (Training Organisation for the Personal Social Services England) (2003) *The state of the social care workforce in England*, Leeds: TOPSS England Workforce Intelligence Unit.
- <sup>55</sup> King, M. (1997) *A better world for children: Explorations in morality and authority* London: Routledge.
- <sup>56</sup> Hill, M. (1997) *The policy process in the modern state*, Hemel Hempstead: HarvesterWheatsheaf.
- <sup>57</sup> SSI (Social Services Inspectorate) (2004) *Building a better future for children: The 12th Annual Report*, London: DH.
- <sup>58</sup> Pilcher, J. and Wagg, S. (eds) (1996) *Thatcher's children? Politics, childhood and society in the 1980s and 1990s*, London: Falmer Press.
- <sup>59</sup> Hendrick, H. (2003) *Child welfare: Historical dimensions, contemporary debate*, Bristol: The Policy Press.
- <sup>60</sup> DH (Department of Health) (2001a) *Children act now: Messages from research*, London: The Stationery Office.
- <sup>61</sup> DH (Department of Health) (1989) *An introduction to the Children Act 1989*, London: HMSO.
- <sup>62</sup> DH (Department of Health) (1989) *An introduction to the Children Act 1989*, London: HMSO.
- <sup>63</sup> Pattison, S. (1998) 'Debating point: questioning values', *Health Care Analysis*, vol 6, no 1, pp 352–59.
- <sup>64</sup> Secker, J., Hill, R., Villeneuve, L. and Parkman, S. (2003) 'Promoting independence: but promoting what and how?', *Ageing and Society*, vol 23, pp 375–91.

- <sup>65</sup> Morris, J. (2001a) 'Social exclusion and young disabled people with high levels of support needs', *Critical Social Policy*, vol 21, no 2, pp 161–84.
- <sup>66</sup> Newbigging, K. (2001) 'Promoting social inclusion', *Mental Health Review*, vol 6, no 3, pp 5–12.
- <sup>67</sup> Bainbridge, I. and Ricketts, A. (2003) *Improving older people's services: An overview of performance*, London: DH.
- <sup>68</sup> Little, M. (2002) *Improving older people's services: Policy into practice – the second phase of inspection into older people's services*, London: DH.
- <sup>69</sup> NCSC (National Care Standards Commission) (2004) *All our lives: Social care in England 2002–2003*, London: DH.
- <sup>70</sup> Rummery, K. (2002) *Disability, citizenship and community care: A case for welfare rights?*, Aldershot: Ashgate.
- <sup>71</sup> Marshall, T.H. (1950) *Citizenship and social class, and other essays*, Cambridge: Cambridge University Press.
- <sup>72</sup> Johnson, N. (2004) 'The Human Rights Act, 1998: a bridge between citizenship and justice', *Social Policy and Society*, vol 3, no 2, pp 113–22.
- <sup>73</sup> Christie, I. with Mensah Coker, G. (2000) *An inclusive future? Disability, social change and opportunities for greater inclusion by 2010*, London: Demos.
- <sup>74</sup> Levitas, R. (1998) *The inclusive society? Social exclusion and New Labour*, Basingstoke: Macmillan.
- <sup>75</sup> Levitas, R. (2001) 'Against work: a utopian incursion into social policy', *Critical Social Policy*, vol 21, no 4, pp 449–66.
- <sup>76</sup> Craig, G. (2004) 'Citizenship, exclusion and older people', *Journal of Social Policy*, vol 33, no 1, pp 95–114.
- <sup>77</sup> Morris, J. (2001b) 'Impairment and disability: constructing an ethics of care that promotes human rights', *Hypatia*, vol 16, no 4, pp 1–16.
- <sup>78</sup> Starkey, F. (2003) 'The "empowerment debate": consumerist, professional and liberation perspectives in health and social care', *Social Policy and Society*, vol 2, no 4, pp 273–84.
- <sup>79</sup> Bowl, R. and Barnes, M. (2001) *Taking over the asylum: Empowerment and mental health*, Basingstoke: Palgrave/Macmillan.
- <sup>80</sup> Starkey, F. (2003) 'The "empowerment debate": consumerist, professional and liberation perspectives in health and social care', *Social Policy and Society*, vol 2, no 4, pp 273–84.

- <sup>81</sup> Barnes, M. and Walker, A. (1996) 'Consumerism versus empowerment: a principled approach to the involvement of older service users', *Policy & Politics*, vol 24, no 4 pp 375-94.
- <sup>82</sup> Bowl, R. and Barnes, M. (2001) *Taking over the asylum: Empowerment and mental health*, Basingstoke: Palgrave/Macmillan.
- <sup>83</sup> Starkey, F. (2003) 'The "empowerment debate": consumerist, professional and liberation perspectives in health and social care', *Social Policy and Society*, vol 2, no 4, pp 273-84.
- <sup>84</sup> Newbigging, K. (2001) 'Promoting social inclusion', *Mental Health Review*, vol 6, no 3, pp 5-12.
- <sup>85</sup> DH (Department of Health) (2000b) *Reforming the Mental Health Act*, Cm 5016-1 and 5016-2, London: The Stationery Office
- <sup>86</sup> McCulloch, A., Glover, G. and St John, T. (2003) 'The national service framework for mental health: past, present and future', *Mental Health Review*, vol 8, no 4, pp 7-17.
- <sup>87</sup> Laing, T. (2003) 'Reforming mental health law and the ECHR: will the rights of mentally vulnerable adults be protected?', *Journal of Social Welfare and Family Law*, vol 25, no 4, pp 325-40.
- <sup>88</sup> Cavadino, M. (2004) *Memorandum to the Joint Committee of Parliament on the Draft Mental Health Bill*, DMH 7, London: DH.
- <sup>89</sup> Bainbridge, I. and Ricketts, A. (2003) *Improving older people's services: An overview of performance*, London: DH.
- <sup>90</sup> Clark, J. (2003) *Independence matters: An overview of the performance of social care services for physically and sensory disabled people*, London: DH.
- <sup>91</sup> Robbins, D. (2004) *Treated as people: An overview of mental health services from a social care perspective, 2002-04*, London: DH (report for SSI).
- <sup>92</sup> Morris, J. (1997) 'Care or empowerment? a disability rights perspective', *Social Policy and Administration*, vol 31, no 1, pp 54-60.
- <sup>93</sup> Morris, J. (1994) 'Community care or independent living?', *Critical Social Policy*, vol 14, no 1, pp 24-45.
- <sup>94</sup> Glendinning, C., Halliwell, S., Jacobs, S., Rummery, K. and Tyrer, J. (2000) *Buying independence: Using direct payment to integrate health and social services*, Bristol: The Policy Press.
- <sup>95</sup> Audit Commission and SSI (Social Services Inspectorate) (2004) *Old virtues, new virtues: An overview of the changes in social care services over the seven years of joint reviews in England, 1996-2003*, London: DH.

- <sup>96</sup> NCSC (National Care Standards Commission) (2004) *All our lives: Social care in England 2002–2003*, London: DH.
- <sup>97</sup> Barnes, M. (1999) 'Users as citizens: collective action and the local governance of welfare', *Social Policy and Administration*, vol 33, no 1, pp 73-90.
- <sup>98</sup> Oliver, M. (2004) 'The social model in action: if I had a hammer', in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and research*, Leeds: The Disability Press.
- <sup>99</sup> Beresford, P. (2002) 'Thinking about "mental health": towards a social model', *Journal of Mental Health*, vol 11, no 6, pp 581-4.
- <sup>100</sup> Leason, K. (2004) 'Family and experts cast doubts on proposals in David Bennett report', *Community Care*, 19–25 February.
- <sup>101</sup> Gilligan, R. (2001) 'Promoting positive outcomes for children in need: the assessment of "positive factors"', in J. Horwarth (ed) *The child's world*, London: Jessica Kingsley.
- <sup>102</sup> Pinnock, M. and Garnett, L. (2002) 'Needs-led or needs must? The use of needs-based information in planning children's services', in H. Ward and W. Rose (eds) *Approaches to needs assessment in children's services*, London: Jessica Kingsley.
- <sup>103</sup> Parker, R., Ward, H., Jackson, S., Aldgate, J. and Wedge, P. (eds) (1991) *Looking after children: Assessing outcomes in childcare*, London: HMSO.
- <sup>104</sup> Ward, H. (1996) 'Constructing and implementing measures designed to assess outcomes in "childcare"', in J. Aldgate and M. Hill (eds) *Childcare in the United Kingdom and Ireland: Developments in law, policy and practice*, London: Jessica Kingsley.
- <sup>105</sup> Moyers, S. (1996) *Looking after children: Audit of implementation in year one (1995–96)*, Totnes: Dartington Social Research Unit.
- <sup>106</sup> Scott, J. (1999) *Looking after children: Audit of implementation in year three*, Leicester: University of Leicester.
- <sup>107</sup> Gilligan, R. (2001) 'Promoting positive outcomes for children in need: the assessment of "positive factors"', in J. Horwarth (ed) *The child's world*, London: Jessica Kingsley.
- <sup>108</sup> Ward, H. and Rose, W. (eds) (2002) *Approaches to needs assessment in children's services*, London: Jessica Kingsley.
- <sup>109</sup> DH (Department of Health) (1999) *The government's objectives for children's social services*, London: DH.
- <sup>110</sup> Audit Commission and SSI (Social Services Inspectorate) (2004) *Old virtues, new virtues: An overview of the changes in social care services over the seven years of joint reviews in England, 1996–2003*, London: DH.

- <sup>111</sup> Jeffrey T. (2003) 'Setting the scene: today's government initiatives', in report of Sir Michael Sieff Foundation conference: *Ensuring effective interventions in a changing world*, York: Joseph Rowntree Foundation.
- <sup>112</sup> DfES (Department for Education and Skills) (2003) *Every child matters: Government proposals for childcare reform*, London: The Stationery Office.
- <sup>113</sup> Laming, L. (2003) *Report of the Inquiry into the Death of Victoria Climbié*. London: The Stationery Office.
- <sup>114</sup> Ridge, T. (2002) *Childhood poverty and social exclusion*, Bristol: The Policy Press.
- <sup>115</sup> DfES (Department for Education and Skills) (2004) *Next steps*, London: The Stationery Office.
- <sup>116</sup> DfES (Department for Education and Skills) (2004) *Next steps*, London: The Stationery Office.
- <sup>117</sup> NCSC (National Care Standards Commission) (2004) *All our lives: Social care in England 2002–2003*, London: DH.
- <sup>118</sup> SSI (Social Services Inspectorate) (2003b) *Modern social services – A commitment to the future: The 12th annual report of the chief inspector of social services*, London: DH.
- <sup>119</sup> Waine, B. (2003) 'Baseline study on regulation and inspection of adult social care services 1980–1998', (unpublished study for DH).
- <sup>120</sup> Day, P. and Klein, R. (1990) *Inspecting the inspectorate*, York: Joseph Rowntree Foundation.
- <sup>121</sup> Gilroy, D. (2004) *The SSI: A history of the origins, impact and legacy*, London: DH.
- <sup>122</sup> SSI (Social Services Inspectorate) (2004) *Building a better future for children: The 12th Annual Report*, London: DH.
- <sup>123</sup> Audit Commission and SSI (Social Services Inspectorate) (1998) *Reviewing social services: Guiding you through*, London: Audit Commission.
- <sup>124</sup> Day, P. and Klein, R. (2001) *Auditing the audits: Audit in the NHS*, London: The Stationery Office.
- <sup>125</sup> Waine, B. (2003) 'Baseline study on regulation and inspection of adult social care services 1980–1998', (unpublished study for DH).
- <sup>126</sup> CSCI (Commission for Social Care Inspection) (2004) *Initial corporate plan 2004–07*, London: CSCI.
- <sup>127</sup> Pollitt, C. and Bouckaert, G. (2000) *Public management reform: A comparative analysis*, Oxford: Oxford University Press.

- <sup>128</sup> Cutler, T. and Waine, B. (2003) 'Advancing accountability? The social services "star ratings"', *Public Money and Management*, vol 23, no 2, pp 125–8.
- <sup>129</sup> Beresford, P., Croft, S., Evans, C. and Harding, T. (1999) 'Quality and personal social services involvement in the United Kingdom', in A. Evers, R. Harerinen, K. Leichsenrig and G. Wistow (eds) *Developing quality in personal social services: Concepts, cases and comments*, Aldershot: Ashgate.
- <sup>130</sup> Turner, M. and Balloch, S. (2001) 'Partnership between service users and statutory social services', in S. Balloch and M. Taylor (eds) *Partnership working: Policy and practice*, Bristol: The Policy Press.
- <sup>131</sup> Miller, N. (2002) 'The weakest links: Priorities for improvement in personal social services indicators', Paper presented at Social Services Research Group Workshop, Leicester, 24 April.
- <sup>132</sup> Select Committee on Public Administration (2003) *On target? Government by measurement*, Fifth Report Session 2002–03, HC 62-1, London: The Stationery Office.
- <sup>133</sup> Clark, L. (2004) 'Treasury's notion of quality of life dismissed by older people's charities', *Community Care*, 22–28 July.
- <sup>134</sup> Mitchell, S. (2000) 'Modernising social services: the management challenge of the 1998 Social Services White Paper', in M. Hill (ed) *Local authority social services: An introduction*, Oxford: Blackwell.
- <sup>135</sup> Tilbury, C. (2004) 'The influence of performance management on child welfare policy and practice', *British Journal of Social Work*, vol 34, pp 225-241.
- <sup>136</sup> Cutler, T. and Waine, B. (2003) 'Advancing accountability? The social services "star ratings"', *Public Money and Management*, vol 23, no 2, pp 125–8.
- <sup>137</sup> Thoburn, J., Chand, A. and Procter, J. (2004) *Review of research on child welfare services for children of minority ethnic origin and their families*. Norwich/Nottingham: University of East Anglia/Nottingham University.
- <sup>138</sup> Gupta, A. (2002) 'Sacrificed for targets?', *Community Care*, 24 April.
- <sup>139</sup> Bowl, R. and Barnes, M. (2001) *Taking over the asylum: Empowerment and mental health*, Basingstoke: Palgrave/Macmillan.
- <sup>140</sup> Baistow, K. (1994/95) 'Liberation and regulation? Some paradoxes of empowerment', *Critical Social Policy*, vol 14, no 3, pp 34-46.
- <sup>141</sup> Rummery, K. (2002) *Disability, citizenship and community care: A case for welfare rights?*, Aldershot: Ashgate.
- <sup>142</sup> NCSC (National Care Standards Commission) (2004) *All our lives: Social care in England 2002–2003*, London: DH.

- <sup>143</sup> Glasby, J. and Littlechild, R. (2002) *Social work and direct payments*, Bristol: The Policy Press.
- <sup>144</sup> Rummery, K. (2002) *Disability, citizenship and community care: A case for welfare rights?*, Aldershot: Ashgate.
- <sup>145</sup> Wistow, G. and Barnes, M. (1993) 'User involvement in community care: origins, purposes and applications', *Public Administration*, vol 71, pp 279–99.
- <sup>146</sup> Barnes, M. (1999) 'Users as citizens: collective action and the local governance of welfare', *Social Policy and Administration*, vol 33, no 1, pp 73–90.
- <sup>147</sup> Shaw, I. and Aldridge, A. (2003) 'Consumerism, health and social order', *Social Policy and Society*, vol 2, no 1, pp 35–44.
- <sup>148</sup> Barnes, M. and Walker, A. (1996) 'Consumerism versus empowerment: a principled approach to the involvement of older service users', *Policy & Politics*, vol 24, no 4 pp 375–94,
- <sup>149</sup> DfES (Department for Education and Skills), DWP (Department for Work and Pensions), HM Treasury and Women and Equality Unit (2002) *Inter-departmental childcare review: Delivering for children and families*, London: Office of the Deputy Prime Minister.
- <sup>150</sup> Rutter, M. (1985) 'Resilience in the face of adversity: protective factors and resistance to psychiatric disorder', *British Journal of Psychiatry*, vol 147, pp 598–611.
- <sup>151</sup> Sen, A. (1992) *Inequality re-examined*, Cambridge, MA: Harvard University Press.
- <sup>152</sup> Shakespeare, T. (2000) *Help*, Birmingham: Venture Press.
- <sup>153</sup> Barnes, M. and Walker, A. (1996) 'Consumerism versus empowerment: a principled approach to the involvement of older service users', *Policy & Politics*, vol 24, no 4 pp 375–94,
- <sup>154</sup> Sayce, L. (2001) 'Not Just users of services but contributors to society: the opportunities of the disability rights agenda', *Mental Health Review*, vol 6, no 3, pp 25–8.
- <sup>155</sup> Simons, K. (1995) *I'm not complaining but ...: Complaints procedures in social services departments*, York: Joseph Rowntree Foundation.
- <sup>156</sup> SSI (Social Services Inspectorate) (2001) *Quality on the way: A report of social services quality improvements in social care*, London: DH.
- <sup>157</sup> NCSC (National Care Standards Commission) (2004) *All our lives: Social care in England 2002–2003*, London: DH.

- <sup>158</sup> Crawford, M. (2004) *Has service user participation made a difference to social care services?*, London: SC1E.
- <sup>159</sup> Twigg, J. and Atkin, K. (1994) *Carers perceived: Policy and practice in informal care*, Buckinghamshire: Open University Press.
- <sup>160</sup> Flynn, N. (2002) *Public sector management* (4th edn), London: Prentice-Hall.
- <sup>161</sup> Tunstill, J., Allnock, D., Meadows, P., McCleod, A. et al (2002) *Early experiences of implementing Sure Start*, London: DfES.
- <sup>162</sup> Crawford, M. (2004) *Has service user participation made a difference to social care services?*, London: SC1E.
- <sup>163</sup> Crawford, M. (2004) *Has service user participation made a difference to social care services?*, London: SC1E.
- <sup>164</sup> Twigg, J. and Atkin, K. (1994) *Carers perceived: Policy and practice in informal care*, Buckinghamshire: Open University Press.
- <sup>165</sup> Lloyd, L. (2000) 'Caring about carers: only half the picture?', *Critical Social Policy*, vol 20, no 1, pp 136–50.
- <sup>166</sup> Pickard, L. (2004) *The effectiveness and Cost effectiveness of support services to informal carers of older people: A review of the literature prepared for the Audit Commission*, London: Audit Commission.
- <sup>167</sup> Demos (2003) *Inside out: Rethinking inclusive communities – final report*, London: Demos.
- <sup>168</sup> DfES (Department for Education and Skills), DWP (Department for Work and Pensions), HM Treasury and Women and Equality Unit (2002) *Inter-departmental childcare review: Delivering for children and families*, London: Office of the Deputy Prime Minister.
- <sup>169</sup> DfES (Department for Education and Skills) (2003) *Every child matters: Government proposals for childcare reform*, London: The Stationery Office.
- <sup>170</sup> Balloch, S. and Taylor, M. (eds) (2001) *Partnership working: Policy and practice*, Bristol: The Policy Press.
- <sup>171</sup> DH (Department of Health), DfEE (Department for Education and Employment) and Home Office (2000) *Framework for the assessment of children in need and their families*, London: The Stationery Office.
- <sup>172</sup> Cleaver, H. and Walker, S. with Meadows, P. (2004b) *Assessing children's needs and circumstances: The impact of the assessment framework*, London: Jessica Kingsley Publishers.

- <sup>173</sup> Tunstill, J. and Aldgate, J. (2000) *Services for children in need: From policy to practice*, London: The Stationery Office.
- <sup>174</sup> DfES (Department for Education and Skills), DWP (Department for Work and Pensions), HM Treasury and Women and Equality Unit (2002) *Inter-departmental childcare review: Delivering for children and families*, London: Office of the Deputy Prime Minister.
- <sup>175</sup> [www.ifsw.org/publications/4.4.pub.html](http://www.ifsw.org/publications/4.4.pub.html)
- <sup>176</sup> DH (Department of Health) (2001a) *Children act now: Messages from research*, London: The Stationery Office.
- <sup>177</sup> Jones, D.W. (2002) 'Questioning New Labour's youth justice strategy: a review article', *Youth Justice*, vol 1, no 3, pp 14–26.
- <sup>178</sup> Bell, C. (1999) 'Appealing for justice for children and young people: a critical analysis of the Crime and Disorder Bill 1998', in B. Goldson (ed) *Youth justice: Contemporary policy and practice*, Aldershot: Ashgate.
- <sup>179</sup> Smith, D. (2003) 'New Labour and youth justice', *Children and Society*, vol 17, pp 226–35.
- <sup>180</sup> Cleaver, H., Barnes, J., Bliss, D. and Cleaver, D. (2004) *Developing identification, referral and tracking systems: An evaluation of the processes undertaken by trailblazer authorities*, London: DfES.
- <sup>181</sup> Willow, C. and Hyder, T. (1998) *It hurts you inside: Children talking about smacking*, London: Save the Children.
- <sup>182</sup> DH (Department of Health) (2001a) *Children act now: Messages from research*, London: The Stationery Office.
- <sup>183</sup> [www.crights.org.uk](http://www.crights.org.uk)
- <sup>184</sup> Prout, A. (2000) 'Children's participation: control and self-realisation in British late modernity', *Children and Society*, vol 14, no 4, pp 304–15.186 Hendrick, H. (2003) *Child welfare: Historical dimensions, contemporary debate*, Bristol: The Policy Press.
- <sup>185</sup> Roche, J. (2002) 'The Children Act and children's rights: a critical reassessment', in B. Franklin (ed) *The new handbook of children's rights: Comparative policy and practice*, London: Routledge.
- <sup>186</sup> Hendrick, H. (2003) *Child welfare: Historical dimensions, contemporary debate*, Bristol: The Policy Press.
- <sup>187</sup> Franklin, B. (ed) (2002) *The new handbook of children's rights: Comparative policy and practice*, London: Routledge.

- <sup>188</sup> Bean, P. (2001) *Mental disorder and community safety*, Basingstoke: Palgrave/Macmillan.
- <sup>189</sup> DH (Department of Health) (2000b) *Reforming the Mental Health Act*, Cm 5016-1 and 5016-2, London: The Stationery Office
- <sup>190</sup> Moller, C. (2002) 'The rights balance', *Legal Action*, 7–8 August.
- <sup>191</sup> Laing, T. (2003) 'Reforming mental health law and the ECHR: will the rights of mentally vulnerable adults be protected?', *Journal of Social Welfare and Family Law*, vol 25, no 4, pp 325–40.
- <sup>192</sup> Cavadino, M. (2004) *Memorandum to the Joint Committee of Parliament on the Draft Mental Health Bill*, DMH 7, London: DH.
- <sup>193</sup> Bean, P. (2001) *Mental disorder and community safety*, Basingstoke: Palgrave/Macmillan.
- <sup>194</sup> No Force Campaign (2004) *Memorandum to the Joint Committee of Parliament on the Draft Mental Health Bill*, DMH 44, London: DH.
- <sup>197</sup> Campbell, J. and Oliver, M. (1996) *Disability politics: Understanding our past, changing our future*, London: Routledge.
- <sup>195</sup> [www.spa.org.uk](http://www.spa.org.uk) (Social Perspectives Network)
- <sup>196</sup> Oliver, M. (2004) 'The social model in action: if I had a hammer', in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and research*, Leeds: The Disability Press.
- <sup>198</sup> Oliver, M. (2004) 'The social model in action: if I had a hammer', in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and research*, Leeds: The Disability Press.
- <sup>199</sup> DH (Department of Health) (2001b) *Valuing people: A new strategy for learning disability for the 21st century*, Cm 5086, London: The Stationery Office.
- <sup>200</sup> Turner, M. (2003) *Service User Participation: Implications for the leadership in social care programme* (unpublished paper). London: SCIE.
- <sup>201</sup> Beresford, P. (2002) 'Thinking about "mental health": towards a social model', *Journal of Mental Health*, vol 11, no 6, pp 581–4.
- <sup>202</sup> Beresford, P. (2004) 'Madness, distress, research and a social model', in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and research*, Leeds: The Disability Press.
- <sup>203</sup> Bury, M. (2000) 'A comment on the ICIDH2', *Disability and Society*, vol 15, no 7, pp 1073–7.

- <sup>204</sup> Oliver, M. (2004) 'The social model in action: if I had a hammer', in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and research*, Leeds: The Disability Press.
- <sup>205</sup> Thomas, C. (2004) 'Developing the social relational in the social model of disability: a theoretical agenda', in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and research*, Leeds: The Disability Press.
- <sup>206</sup> Reeve, D. (2004) 'Psycho-emotional dimensions of disability and the social model', in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and research*, Leeds: The Disability Press.
- <sup>207</sup> Bronfenbrenner, U. (1979) *The ecology of human development: Experiments by nature and design*, Cambridge, MA: Harvard University Press.
- <sup>208</sup> DH (Department of Health), DfEE (Department for Education and Employment) and Home Office (2000) *Framework for the assessment of children in need and their families*, London: The Stationery Office.
- <sup>209</sup> DH (Department of Health), DfEE (Department for Education and Employment) and Home Office (2000) *Framework for the assessment of children in need and their families*, London: The Stationery Office.
- <sup>210</sup> Houseman, E. (2001) *The assessment framework: Policy, protocol, process*, Twickenham: Brunel University.
- <sup>211</sup> DfES (Department for Education and Skills) (2003) *Every child matters: Government proposals for childcare reform*, London: The Stationery Office.
- <sup>212</sup> Ward, H. and Rose, W. (eds) (2002) *Approaches to needs assessment in children's services*, London: Jessica Kingsley.
- <sup>213</sup> DH (Department of Health) (2004a) *Community care statistics 2002–2003: Referrals, assessments and packages of care for adults*, London: DH.
- <sup>214</sup> QAA (Quality Assurance Agency for Higher Education) (2000) *Subject benchmark statements: Social policy and administration social work* ([www.qaa.ac.uk](http://www.qaa.ac.uk)).
- <sup>215</sup> Training Organisation for the Personal Social Services England (2004) *The National Occupational Standards for Social Work*. <[www.topss.org.uk](http://www.topss.org.uk)>.
- <sup>216</sup> Bailey, K. (2004) 'Learning from the social model: linking experience, participation, and knowledge production,' in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and research*, Leeds: The Disability Press.
- <sup>217</sup> Oliver, M. (2004) 'The social model in action: if I had a hammer', in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and research*, Leeds: The Disability Press.

- <sup>218</sup> Clark, J. (2003) *Independence matters: An overview of the performance of social care services for physically and sensory disabled people*, London: DH.
- <sup>219</sup> Robbins, D. (2004) *Treated as people: An overview of mental health services from a social care perspective, 2002–04*, London: DH (report for SSI).
- <sup>220</sup> ODPM (Office of the Deputy Prime Minister) (2004) *Mental health and social exclusion*, London: Social Exclusion Unit.
- <sup>221</sup> Bailey, K. (2004) 'Learning from the social model: linking experience, participation, and knowledge production,' in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and research*, Leeds: The Disability Press..
- <sup>222</sup> Oliver, M. (2004) 'The social model in action: if I had a hammer', in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and research*, Leeds: The Disability Press.
- <sup>223</sup> Clark, J. (2003) *Independence matters: An overview of the performance of social care services for physically and sensory disabled people*, London: DH.
- <sup>224</sup> Audit Commission and SSI (Social Services Inspectorate) (2004) *Old virtues, new virtues: An overview of the changes in social care services over the seven years of joint reviews in England, 1996–2003*, London: DH.
- <sup>225</sup> Clark, J. (2003) *Independence matters: An overview of the performance of social care services for physically and sensory disabled people*, London: DH.
- <sup>226</sup> Clements, L. and Read, J. (2003) *Disabled people and European Human Rights: A review of the implications of the 1998 Human Rights Act for disabled children and adults in the UK*, Bristol: The Policy Press.
- <sup>227</sup> Watson, J. (2002) *Something for everyone: The impact of the Human Rights Act and the need for a human rights commission*, London: British Institute of Human Rights.
- <sup>228</sup> Willow, C. (1998) 'Listening to children in local government', in D. Utting (ed) *Children's services now and in the future*, London: National Children's Bureau and Joseph Rowntree Foundation.
- <sup>229</sup> [www.cypu.gov.uk/corporate/childrights/index.cfm](http://www.cypu.gov.uk/corporate/childrights/index.cfm)
- <sup>230</sup> Euronet (2000) *Draft Charter of Fundamental Rights of the European Union*, Brussels: 5 June, CHARTE 4343/00 CONTRIB 207, Brussels: Euronet.
- <sup>231</sup> [www.uncrc.info](http://www.uncrc.info)
- <sup>232</sup> National Children's Bureau (2001) *Highlight*, no 183.
- <sup>233</sup> Franklin, B. (ed) (2002) *The new handbook of children's rights: Comparative policy and practice*, London: Routledge.

- <sup>234</sup> Wringe, C. (1995) 'Children's welfare rights: a philosopher's view', in M. John (ed) *Children in our charge: The child's right to resources*, London: Jessica Kingsley.
- <sup>235</sup> IFSW (International Federation of Social Workers) (1994) *The ethics of social work: Principles and standards*, Berne: IFSW ([www.ifsw.org/Publications/4.4.pub.html](http://www.ifsw.org/Publications/4.4.pub.html)).
- <sup>236</sup> Barnes, M. (1999) 'Users as citizens: collective action and the local governance of welfare', *Social Policy and Administration*, vol 33, no 1, pp 73-90.
- <sup>237</sup> Help the Aged (2001) 'The Human Rights Act: What are the implications for older people?', A Help the Aged Seminar at Westminster, 13 September, London: Help the Aged.
- <sup>238</sup> Inyama, C. (2001) 'The potential impact of the Human Rights Act 1998 on mental health services', *Mental Health Review*, vol 6, no 3, pp 29-32.
- <sup>239</sup> Laing, T. (2003) 'Reforming mental health law and the ECHR: will the rights of mentally vulnerable adults be protected?', *Journal of Social Welfare and Family Law*, vol 25, no 4, pp 325-40.
- <sup>240</sup> Cavadino, M. (2004) *Memorandum to the Joint Committee of Parliament on the Draft Mental Health Bill*, DMH 7, London: DH.
- <sup>241</sup> Audit Commission (2003) *Human rights: Improving public service delivery*, London: Audit Commission.
- <sup>242</sup> Audit Commission (2003) *Human rights: Improving public service delivery*, London: Audit Commission.
- <sup>243</sup> Audit Commission (2003) *Human rights: Improving public service delivery*, London: Audit Commission.
- <sup>244</sup> Audit Commission (2003) *Human rights: Improving public service delivery*, London: Audit Commission.
- <sup>245</sup> Watson, J. (2002) *Something for everyone: The impact of the Human Rights Act and the need for a human rights commission*, London: British Institute of Human Rights.
- <sup>246</sup> Rawls, J. (1971) *A theory of justice*, Oxford: Oxford University Press.
- <sup>247</sup> Prime Minister's Strategy Unit (2004) *Improving the life chances of disabled people*, London: Cabinet Office.
- <sup>248</sup> Donkin, A., Goldblatt, P. and Lynch, K. (2002) 'Inequalities in life expectancy by social class 1972-99', *Health Statistics Quarterly*, vol 15, pp 5-16.
- <sup>249</sup> DH (Department of Health) (2004a) *Community care statistics 2002-2003: Referrals, assessments and packages of care for adults*, London: DH.

- 250 ONS (Office for National Statistics) (2000) *Living in Britain: Results from the General Household Survey 1998*, London: The Stationery Office
- 251 DH (Department of Health) (2004a) *Community care statistics 2002–2003: Referrals, assessments and packages of care for adults*, London: DH.
- 252 Boyle, G. (2004) 'Facilitating choice and control for older people in long-term care', *Health and Social Care in the Community*, vol 12, pp 212–20.
- 253 Dwyer, P. (2000) *Welfare rights and responsibilities: Contesting social citizenship*, Bristol: The Policy Press.
- 254 Prime Minister's Strategy Unit (2004) *Improving the life chances of disabled people*, London: Cabinet Office.
- 255 Prime Minister's Strategy Unit (2004) *Improving the life chances of disabled people*, London: Cabinet Office.
- 256 Craig, G. and Mayo, M. (1995) *Community empowerment: A reader in participation and development*, London: Zed.
- 257 Mayo, M. and Anastacio, J. (1999) 'Welfare models and approaches to empowerment: competing perspectives from area regeneration programmes', *Policy Studies*, vol 1, pp 5–21.
- 258 Mayo, M. and Taylor, M. (2001) 'Partnerships and power in community regeneration', in S. Balloch and M. Taylor (eds) *Partnership working: Policy and practice*, Bristol. The Policy Press.
- 259 Burns, M. and Taylor, M. (1998) *Mutual aid and self help: Coping strategies for excluded communities*, Bristol/York: The Policy Press/Joseph Rowntree Foundation.
- 260 Bourdieu, P. (1984) *Distinction*, London: Harvard University Press, Routledge and Kegan Paul.
- 261 Putnam, R. (1993) *Making democracy work*, Princeton, NJ: Princeton University Press.
- 262 Gitell, R. and Vidal, A. (1998) *Community organising: Building social capital as a development strategy*, London: Sage Publications.
- 263 Demos (2003) *Inside out: Rethinking inclusive communities – final report*, London: Demos.
- 264 HM Treasury (2002) *Cross cutting review of the role of the voluntary and community sector in service delivery*, London: The Stationery Office.
- 265 Woodin Consultancies (2003) *Building community capacity in London: Final evaluation of the Pan London Community Regeneration Consortium*, London, Woodin Consultancies.

- <sup>266</sup> ODPM (Office of the Deputy Prime Minister) (1998) *Modern local government – In touch with the people*, Cm 4014, London: The Stationery Office.
- <sup>267</sup> ODPM (Office of the Deputy Prime Minister) (1999) *Local leadership, local choice*, Cm 4298, London: The Stationery Office.
- <sup>268</sup> Newman, J. (2001) *Modernising governance: New Labour, policy and society*, London: Sage Publications.
- <sup>269</sup> NHSE (National Health Service Executive) and SSI (Social Services Inspectorate) (2000) *Mental health in London: A strategy for action*, London: DH.
- <sup>270</sup> Nock, M. and Zahno, M. (1999) *Capacity building: The way forward – A framework for enabling individuals, groups, small businesses and partnerships to be involved in regeneration*, London: London Voluntary Service Council.
- <sup>271</sup> Demos (2003) *Inside out: Rethinking inclusive communities – final report*, London: Demos.
- <sup>272</sup> Wood, M. (2000) 'Community involvement and capacity building', in J. Low (ed) *Regeneration in the 21st century*, York: Joseph Rowntree Foundation.
- <sup>273</sup> Duncan, P. and Thomas, S. (2000) *Neighbourhood regeneration: Resourcing community involvement*, Bristol/York: The Policy Press/Joseph Rowntree Foundation.
- <sup>274</sup> DH (Department of Health) (2001c) *Building capacity and partnership between the statutory and the independent social care, health care and housing sectors*, London: DH.
- <sup>275</sup> DH (Department of Health) (2001c) *Building capacity and partnership between the statutory and the independent social care, health care and housing sectors*, London: DH.
- <sup>276</sup> Allen, M. (2003) *Into the mainstream: Care leavers entering work, education and training*, York: Joseph Rowntree Foundation.
- <sup>277</sup> Audit Commission and SSI (Social Services Inspectorate) (2004) *Old virtues, new virtues: An overview of the changes in social care services over the seven years of joint reviews in England, 1996–2003*, London: DH.
- <sup>278</sup> DH (Department of Health) (2001c) *Building capacity and partnership between the statutory and the independent social care, health care and housing sectors*, London: DH.
- <sup>279</sup> Prime Minister's Strategy Unit (2004) *Improving the life chances of disabled people*, London: Cabinet Office.
- <sup>280</sup> Johnson, N. (2004) 'The Human Rights Act, 1998: a bridge between citizenship and justice', *Social Policy and Society*, vol 3, no 2, pp 113–22.

- 281 Morris, J. (2001a) 'Social exclusion and young disabled people with high levels of support needs', *Critical Social Policy*, vol 21, no 2, pp 161–84.
- 282 Priestley, M. (2002) 'Whose voice? Representing the claims of older disabled people under New Labour', *Disability and Society*, vol 30, no 3, pp 361–72.
- 283 Beresford, P., Harrison, C. and Wilson, A. (2002) 'Mental health service users and disability: implications for future strategies', *Disability and Society*, vol 30, no 3, pp 387-96.
- 284 Tregaskis, C. (2004) 'Social model theories and non-disabled people: some possibilities for connection', in C. Barnes and G. Mercer (eds) *Implementing the social model of disability: Theory and practice*, Leeds: The Disability Press.
- 285 Christie, I. with Mensah Coker, G. (2000) *An inclusive future? Disability, social change and opportunities for greater inclusion by 2010*, London: Demos.
- 286 Tunstill, J. and Aldgate, J. (2000) *Services for children in need: From policy to practice*, London: The Stationery Office.
- 287 Thoburn, J., Wilding, J. and Watson, J. (2000) *Family support in cases of emotional maltreatment and neglect*, London: The Stationery Office.
- 288 Little, M. (2003) 'The changing world – a conceptual framework', in report of Sir Michael Sieff Foundation conference: *Ensuring effective interventions in a changing world*, York: Joseph Rowntree Foundation.
- 289 Tunstill, J., Allnock, D., Meadows, P., McCleod, A. et al (2002) *Early experiences of implementing Sure Start*, London: DfES.
- 290 Rogowski, S. (2004) 'Are social workers becoming extinct?', *Community Care*, 8 July 2004, p 21.
- 291 SSI (Social Services Inspectorate) (2004) *Building a better future for children: The 12th Annual Report*, London: DH.
- 292 Ward, H. and Rose, W. (eds) (2002) *Approaches to needs assessment in children's services*, London: Jessica Kingsley.
- 293 Saleebey, D. (1997) *The strengths perspective in social work practice*, New York, NY: Longman
- 294 Dutt, R. and Phillips, M. (2000) *Assessment of black children in need and their families: Practice guidance*, London: DH.
- 295 Qureshi, T., Berridge, D. and Wenman, H. (2000) *Where to turn? Family support for South Asian communities*, London: National Children's Bureau.

- <sup>296</sup> Brophy, J., Jhutti-Johal, J. and Owen, C. (2003) *Significant harm: Child protection litigation in a multi-cultural setting*, London: Department of Constitutional Affairs.
- <sup>297</sup> Laming, L. (2003) *Report of the Inquiry into the Death of Victoria Climbié*. London: The Stationery Office.
- <sup>298</sup> Audit Commission (1994) *Seen but not heard: Co-ordinating community child health and social services for children in need*, London: HMSO.
- <sup>299</sup> Hardiker, P. (2002) 'A framework for conceptualising need and its application to planning and providing services', in H. Ward and W. Rose, *Approaches to needs assessment in children's services*, London: Jessica Kingsley.
- <sup>301</sup> Adams, R. (2002) *Social work and empowerment*, Basingstoke: Palgrave/Macmillan.
- <sup>302</sup> Hayden, C. and Boaz, A. (2000) *Making a difference: Evaluation report of Better Government for Older People*, London: Cabinet Office.
- <sup>303</sup> Prime Minister's Strategy Unit (2004) *Improving the life chances of disabled people*, London: Cabinet Office.
- <sup>304</sup> Tilbury, C. (2004) 'The influence of performance management on child welfare policy and practice', *British Journal of Social Work*, vol 34, pp 225-241.
- <sup>305</sup> Cutler, T. and Waine, B. (2003) 'Advancing accountability? The social services "star ratings"', *Public Money and Management*, vol 23, no 2, pp 125-8.
- <sup>306</sup> Humphrey, J. C. (2003) 'New Labour and the regulatory reform of social care', *Critical Social Policy*, 23:1, pp 5-24.
- <sup>307</sup> Turner, M. (2003) *Service User Participation: Implications for the leadership in social care programme* (unpublished paper). London: SCIE.
- <sup>308</sup> Rose, D. (2003) 'Partnership, coordination of care and the place of user involvement', *Journal of Mental Health*, vol 12, no 1, pp 59-70.
- <sup>309</sup> Tunstill, J., Allnock, D., Meadows, P., McCleod, A. et al (2002) *Early experiences of implementing Sure Start*, London: DfES.
- <sup>310</sup> Barnes, C., Mercer, G. and Morgan, H. (2002) *Creating independent futures*, Leeds: The Disability Press.
- <sup>311</sup> Clark, J. (2003) *Independence matters: An overview of the performance of social care services for physically and sensory disabled people*, London: DH.
- <sup>312</sup> Clark, J. (2003) *Independence matters: An overview of the performance of social care services for physically and sensory disabled people*, London: DH.

- <sup>313</sup> Bainbridge, I. and Ricketts, A. (2003) *Improving older people's services: An overview of performance*, London: DH.
- <sup>314</sup> Audit Commission and SSI (Social Services Inspectorate) (2004) *Old virtues, new virtues: An overview of the changes in social care services over the seven years of joint reviews in England, 1996–2003*, London: DH.
- <sup>315</sup> NCSC (National Care Standards Commission) (2004) *All our lives: Social care in England 2002–2003*, London: DH.
- <sup>316</sup> NCSC (National Care Standards Commission) (2004) *All our lives: Social care in England 2002–2003*, London: DH.
- <sup>317</sup> Rolfe, H., Metcalf, H., Anderson, T. and Meadows, P. (2003) *Recruitment and retention of childcare, early years and play workers: Research study*, Research report no 409, London: DfES.
- <sup>318</sup> Mainey, A. (2003) *Better than you think: Staff morale, qualifications and retention in residential childcare*, London: National Children's Bureau.

### Other resources

Audit Commission (2004) *Older people – Independence and well being: The challenge for public services*, London: Audit Commission.

Barr, A., Stenhouse, C. and Henderson, P. (2001) *Caring communities: A challenge for social inclusion*, York: Joseph Rowntree Foundation.

Chouhan, K. and Lusane, C. (2004) *Black voluntary and community sector funding: Its impact on civic engagement and capacity building*, York: Joseph Rowntree Foundation.

Cutler, T. and Waine, B. (2000) 'Managerialism reformed? New Labour and public sector management', *Social Policy and Administration*, vol 34, no 3, pp 318–32.

Dalrymple, J. and Burke, B. (1995) *Anti-oppressive practice social care and the law*, Buckingham: Open University Press.

Dean, H. (2002) *Welfare rights and social policy*, Harlow: Prentice Hall.

DfEE (Department for Education and Employment) (1998) *National childcare strategy*, London: DfEE.

DfES (Department for Education and Skills) (1998) *National childcare Strategy*, London: DfES.

DH (Department of Health) (1989c) *The care of children: Principles and practice in regulations and guidance*, London: HMSO.

- DH (Department of Health) (2000a) *Assessing children in need and their families: Practice guidance*, London: The Stationery Office.
- Dingwall, R., Eekelaar, J. and Murray, T. (1983) *The protection of children: State intervention and family life*, Oxford: Blackwell.
- Dominelli, L. (2002) *Anti-oppressive social work theory and practice*, Basingstoke: Palgrave/Macmillan.
- Fisher, M., Marsh, P., Phillips, D. and Sainsbury, E. (1988) *In and out of care*, London: Batsford.
- General Social Care Council (2002) *Code of Practice for Social Care Workers* <[www.gsc.org.uk](http://www.gsc.org.uk)>.
- HM Treasury (1998) *Modern public services for Britain – Investing in reform: Comprehensive spending review: new public spending plans 1999–2002*, Cm 4041, London: The Stationery Office.
- Keywood, K. (2003) 'Gatekeepers, proxies, advocates? The evolving role of carers under mental health and mental incapacity law reforms', *Journal of Social Welfare and Family Law*, 25:4, pp 355–68.
- Morris, J. (2001) 'Impairment and disability: constructing an ethics of care that promotes human rights', *Hypatia*, vol 16, no 4, pp 1–16.
- National Audit Office (2003) *Developing Effective Services for Old People*. House of Commons Paper HC518, Session 2002–03. London: Department of Health.
- Poll, C. (2003) 'Connecting vulnerable people to their communities: easy to say and hard to do?' *Housing Care and Support*, 6:3, pp 26–31.
- Rogowski, S. and Roche, J. (2001) 'Quality of life for children', in Foley, P., Roche, J. and Tucker, S. (eds), *Children in Society*. Basingstoke: Palgrave/Macmillan.
- Social Services Committee (1990) *Community Care: Choice for service users*. Sixth report, session 1998/90, HC444. London: HMSO.
- Social Services Inspectorate (2003a) *Who We Are and What We Do*. London: Department of Health.
- Tanner, D. (1998) 'Empowerment and care management: swimming against the tide', *Health and Social Care in the Community*, vol 6, no 6, pp 447–57.

