

SCIE conference 2005: Workshop 9 – Your vision for the future of social care for adults in England

Workshop 9, 'Your vision for the future of social care for adults in England', looked at the proposals laid out in the green paper *Independence, well-being and choice* and asked what people thought of them, their own visions for the future and whether they thought two white papers (one on health and social care or one on social care and one on health) would be most useful.

Key issues from the discussions

- People liked the paper and thought its 'heart was in the right place' but felt they had 'seen it before' in the National Service Framework for older people and single assessment process for older people.
- Many people within social care want to work in the ways the paper recommends but aren't supported to do it.
- The paper is missing detail of implementation.
- People were concerned that implementation would be affected by lack of resources, lack of legislation, and lack of support in general.
- There were concerns that certain groups were left out of paper – especially older people with mental health needs, older people with dementia, transition years, youth carers and families.
- Suggestions that older people will miss out on person-centred assessment etc as there are so many older people requiring assessment – not enough time to carry out proper assessments. Resources not directed at older people – despite fact that they are a significant proportion of those requiring social care.
- There were concerns about lack of linkages between different government departments – e.g. benefits (DWP), social care for adults (DH), social care for children (DfES) etc
- No-one disagreed with the principles of independence, well-being and choice but they were concerned about adequate investment; phasing in of new approach and systems; training; understanding in the wider public sector e.g. the courts, of the new direction
- People have concerns about the gaps between adults' and children's services and there is nothing in the green paper to address this.
- People were worried about the devaluation of social care skills.
- People stressed the importance of learning new skills for the different approach set out in the green paper.
- There were concerns over the career structure/training/adequate pay for carers and personal assistants.
- National consistency was important.

- People felt that carers and service users should be involved in delivering training and designing services.
- Concern that the paper was actually created because of market force priorities rather than to promote choice. Concern that direct payments are 'back door' privatisation.
- Need different ways of supporting access for direct payments.
- Contract culture in local authorities is preventing innovation – both within social services departments and within voluntary sector. Voluntary sector innovates pilots and then these go out to tender and then the voluntary sector lose the contract.
- Putting people at the centre of social care means control and interdependence, not choice and independence.
- The green paper requires a different outlook from social services departments.
- There is a danger that the green paper will mean things look different on the outside but are the same on the inside.
- The key to implementing the green paper is independent advocacy. However, the system resists advocacy because it challenges the culture.
- The profile of personal assistants is changing and creating a new market. NVQs are becoming irrelevant.
- The green paper sends out mixed messages – it promotes flexibility but it is difficult for a single model to address multiple, different needs.
- Questions about what 'risk' involves. Will service users know how to assess risks after being denied the ability to take risks for so long?
- Flexibility highlighted in green paper brings many practical issues. E.g. how can you make a worthwhile job out of caring for someone flexibly which might mean two days this week, none the next, four the next week, and so on.
- Increasing choice and control will increase quality of services but also cost. The green paper cannot be met within existing budgets.
- People wanted one health and social care paper ideally, realising that health and social care would have to work together to achieve the vision, but felt that health would overshadow social care. Because of this, people thought a green paper solely on social care would carry more weight. A joint paper should be led by the Office of the Deputy Prime Minister, not the Department of Health.