

# Independence, well-being and choice

Our vision for the future of social care for adults in England



## Summary of key points

The Social Care Institute for Excellence (SCIE) is in a position to provide a comprehensive response to the adult social care green paper.

1. As an organisation dedicated to developing and promoting good practice in social care SCIE argues that:
  - a. The development and implementation of the proposals in the green paper *Independence, well-being and choice* should be informed by the best available knowledge. SCIE's response draws on completed work, work in preparation and stakeholder consultations that address the questions raised by the green paper.
  - b. The test of the changes proposed should be the extent to which they promote the conditions in which good practice can flourish and achieve the outcomes for adults outlined in the green paper. They require careful, adequately resourced implementation in which all stakeholders are supported to participate equally and constructively.
2. SCIE's existing work and expertise enables us to comment specifically on topics such as the role of social work in adult services, workforce development, individual budgets, risk management, direct payments, service user and carer participation and developments in person-centred care. This knowledge is highly relevant for the development of the practice and services envisaged in *Independence, well-being and choice*. SCIE's overall task, which concentrates on the development, application and spread of knowledge in practice, resonates with the green paper's emphasis on the development and spread of good practice innovation.
3. SCIE welcomes the green paper's emphasis on independence and choice, and also wishes to encourage careful thinking about the issues of interdependence and control. SCIE supports the proposal to have an inclusive debate about risk, and is in a position to be a significant contributor.
4. Structural change may be necessary, but is certainly not sufficient. The green paper recognises this, particularly through the emphasis on cultural change. Drawing on what is known about the implementation of changes designed to promote user- and carer-centred working, SCIE argues for an incremental approach and for forthcoming legislation to be framed in a way that allows for learning and experimentation by all concerned, including the users of services and their carers and supporters. The green paper's seven outcomes for social care cannot be delivered by social care alone. Effective, outcome-focused partnership working across the human services and spanning from central government to the front-line must therefore be resourced and developed.

5. There is concern about the lack of attention paid to workforce development, particularly compared with the focus given to such matters in the sister green paper on children's services *Every child matters*, and the publication of a separate children's workforce strategy document. SCIE urges and supports the development of a coherent, inclusive human resource strategy for social care and approaches for promoting strong leadership and empowering management in the sector.
6. SCIE strongly supports the education and training of all social care practitioners which promotes understanding of the proposed culture change; person-centred working; empowering practice based on the social model; partnership working; and organisational learning at all levels. Service users and carers should be supported to increase their level of participation in the delivery of this education and training.
7. Both SCIE green paper consultations and the knowledge base suggest that many front-line practitioners, service users and carers share an outlook on what social care should be achieving – making a positive difference to people's everyday lives. There is considerable agreement that this can potentially be done through empowering and respectful relationships between practitioners, service users and carers in working environments that allow space for flexibility, innovation, direct contact and effective communication. Any assessment systems and bureaucratic procedures should support this.

## Introduction

### The role of SCIE

SCIE was established in 2001 to:

- Establish and develop the knowledge base for social care.
- Produce authoritative and accessible guidance on effective and efficient social care practice and service.
- Ensure dissemination through creating effective partnerships across a range of organisations in both health and social care and through maximising the use of electronic communications.

SCIE's response, therefore, comes from an expert position derived from our ever-increasing knowledge of adult social care services, gained from our extensive stakeholder collaboration and our commitment to user- and carer-defined outcomes.

As the key organisation tasked with developing the knowledge base for social care, SCIE believes it is important to examine the implications of changes proposed in *Independence, well-being and choice*.

SCIE believes, therefore, that the implementation of the green paper should signal a determination by central government to develop the knowledge base for adult social care services and to refine its proposals in the light of that knowledge.

### SCIE's consultation strategy

SCIE adopted a broad and inclusive approach to gathering expert stakeholder responses to the proposals for the reform of adult social care as presented in the green paper. SCIE is submitting a knowledge-based critical response drawing on our diverse sources of expertise.

SCIE's core stakeholder consultation activities comprised of:

1. An initial internal response exercise matching individual people's expertise with consultation topics.
2. Making use of SCIE networks, including our Partners' Council, Practice Partners' Network and the Parental Mental Health and Child Welfare Network.
3. Two expert seminars on strategic and implementation issues with academic, senior management and policy stakeholders.
4. Supporting service user and carer organisations, specifically Shaping Our Lives National User Network and the National Centre for Independent Living (NCIL), in their consultation processes.
5. A questionnaire hosted on the SCIE website.

SCIE was also commissioned by the Department of Health to run a series of consultation events with people whom social care services find hard to reach. This

included work with refugees and asylum seekers, people from black and minority ethnic communities and homeless people.

SCIE's response includes a synthesis of the feedback from all these sources, and draws on SCIE's vast knowledge base.

Finally, SCIE's recent position paper on adult services, *Developing social care: the past, the present and the future*<sup>1</sup> (to be referred to as the SCIE position paper hereafter), strongly informs this response. It draws on three major studies: one that consulted extensively with service users; one that reviewed the principles and values of social care; and another which reviewed the current position of social care for different user groups. The SCIE position paper also draws on responses from a pre-green paper consultation SCIE conducted on behalf of the Department of Health.

## SCIE's response to the consultation

SCIE's response is organised according to the relevant topic headings and consultation questions in the green paper.

### New vision and setting clear outcomes

#### 1. Does the vision for adult social care summarise what social care for adults should be trying to achieve in the 21st century?

Service users have strong, well thought-out ideas about the future of social care, which should:

- involve greater support from wider society rather than over-reliance on families and friends
- transcend disability and include education, training and support
- provide help in an understanding manner
- enable people to lead more fulfilling lives and to be independent
- give people choice and control, helping them to lead their lives in the way that they choose.

The SCIE position paper recommends that the vision for adult social care should be shaped by principles relating to process as well as content. The process should:

- start from and be rooted in outcomes for all those who directly use services.
- give priority to users' views about a good quality of life, and the extent to which they are being realised.

The content should be:

- founded on a statement of individual and collective rights and responsibilities
- based on citizenship, inclusion and non-discrimination

- universal in coverage, while recognising individual differences through appropriate support and assistance
- expressed through a unifying statement of values and principles which maximise opportunities for independent living through control and interdependence
- holistic in terms of social, physical and emotional outcomes
- reviewed and assessed through the five outcomes identified for children in *Every child matters* and modified as appropriate.

SCIE recommends that the vision be expressed in terms consistent with the principles of public service reform, not least in order to secure political ownership and implementation support. It is important that there is some cohesion with the policy proposals for youth services outlined in the green paper *Youth matters*<sup>2</sup>, as well as children's services. The vision also needs to be more explicit about the substantial shift in power required from providers and commissioners to service users and carers, if personalised responses are to be realised.

## 2. Are these the right outcomes for social care?

*Independence, well-being and choice* sets out seven outcomes for social care:

- improved health
- improved quality of life
- making a positive contribution
- exercise of choice and control
- freedom from discrimination or harassment
- economic well-being
- personal dignity.

Are these the right outcomes for social care?

What outcomes are missing or what else should be included?

While the 1998 Human Rights Act constituted a major starting point for reform of children's services, the concepts of independent living, control and interdependence have provided the framework for the proposals concerning outcomes for adult services. We therefore welcome the proposed outcomes which reflect what service users have indicated and campaigned for.

However, SCIE stakeholders suggested the addition of another objective concerning emotional needs. Although economic well-being is cited as an outcome, a significant overall omission noted by SCIE during our consultations is the lack of recognition of the impact of poverty on individuals. For example, for many older people this is a vital concern<sup>3</sup>. 'Lack of a ready solution to poverty in old age has far-reaching implications because the first priority for security in old age, and for having some choice and control in one's life, is a sufficient income'<sup>4</sup>. The fact that disabled people are more likely to live in poverty has been clearly recognised by the government in *Improving the life chances*

*of disabled people*<sup>5</sup>. Poverty affects not only the basic necessities of food and shelter but also access to services and facilities such as health, leisure and education. It should therefore be a point of major concern for the adult social care agenda. SCIE therefore recommends the modification of the first outcome to 'improved physical, mental and emotional health'; and the sixth outcome to 'economic well-being and freedom from poverty'.

An important question was raised about the evaluation of outcomes, based on measures of control and independence, for both individuals and groups. Any evaluation should be conducted in partnership with service users and carers, and based on quality rather than throughput.

Although these are outcomes most people seek, social care alone cannot deliver them. They can only be delivered by an alliance with housing, health, welfare benefits, criminal justice, local authority and community systems. This alliance should start with a concerted effort by central government departments to take responsibility for and achieve a coherent partnership approach to this social policy agenda. The incentives and duties of all adult and community services should also be examined in light of the proposed reforms.

## Putting people in control: Improving assessment, direct payments and individual budgets

### 3. What are your views about how we can strike an appropriate balance in managing risks between individuals, the community and the social care worker?

It has been argued that society increasingly expects risk to be taken and managed by professionals. However, the extension of choice and person-centred care can be seen as implying some transfer of risk to individuals and their carers. There is the question of whether service users currently possess enough information to make informed decisions about the level of risk they face and are prepared to assume. There may be a need to move the culture of social care away from managing/balancing risk to one that is based on informed consent to intervention.

#### Risk and the service user

*Society views disabled people as 'vulnerable'. Conversely, they are also considered to pose a considerable risk to others*<sup>6</sup>.

SCIE actively supports a more open debate about the meaning and management of risk in social care. Any debate about the balance 'between protecting the individual and enabling them to take risks'<sup>7</sup>, needs to be conducted in a wholly inclusive, supported and constructive way if it is to have positive outcomes for all social care stakeholders.

The debate would need to interrogate the notions of risk and vulnerability using the social model of disability, which is fundamental to the independence, choice and control agenda driving the green paper. Therefore SCIE urges any debate on risk to be strongly informed by the Disability Rights Commission discussion paper *Whose risk is it anyway?*<sup>8</sup>.

Any debate on risk must recognise and include the full implications for mental health service users. There must be an awareness of the tension between the social care choice and control agenda, the mental health social inclusion strategy and the understanding of 'risk to self and others' underlying the proposals to increase compulsion in the Draft Mental Health Bill (2004). The green paper needs to acknowledge this context for people with mental health problems and seriously address the implications for the new vision for social care.

SCIE welcomes the recognition that people who use adult social care services can be at risk from exploitation and mistreatment. Recent research on older people has found this to be a major issue that needs to be urgently and assertively addressed<sup>9</sup>. Developing a skilled, well-trained and well-valued (in terms of pay and conditions) social care workforce with a strong value base rooted in the social model of disability is key to this. Social care professionals need to have the capacity to understand and support the personal, social and emotional needs of service users, their carers and informal supporters in a person-centred way. There should be discussion of and user-led training about risk in the social work degree and NVQ courses.

### Risk and the social care workforce

SCIE has undertaken a major study in risk management in children's services, the findings and recommendations of which have lessons for adult services.

Risk management should refer to organisational strategies to minimise risk to both staff and service users. SCIE's work on risk management<sup>10</sup> in relation to social care services shows that organisations should adopt a systems approach<sup>11</sup>, which shifts attention away from a focus on individual practice and puts the spotlight on the systems that support that practice.

The systems approach is a supportive framework for staff because it acknowledges both human and system error, emphasising *why* the incident occurred, not *who* to blame for an incident. There are specific mechanisms and methods that encourage this sort of approach. In July 2001, the government set up the National Patient Safety Agency (NPSA) to coordinate efforts to learn from adverse incidents and near misses occurring in the National Health Service (NHS) in England and Wales. The NPSA uses root cause analysis (RCA) techniques to understand the underlying causes of incidents rather than identifying individual error. Options should be considered about how best to develop a parallel to NPSA in social care to promote an open and fair culture, encouraging all staff and other stakeholders such as politicians and policy-makers to understand their role in decision-making and preventing error. Findings from SCIE's work in this area shows

that social workers and service users differ about what constitutes harm, hence the involvement of service users is crucial to identifying and analysing error.

Fear of blame encourages staff to be risk averse, undermining the right of service users to make choices about managing risks in their everyday lives. Organisational risk management strategies that support staff in their work, recognising that when errors occur it is systematically connected to their tools, tasks and organisational environment, will promote a less fearful culture among staff and encourage them to support service users to take risks. It is the organisational culture that needs to be changed in order to challenge defensive practice and shift the balance away from paternalism to a human rights approach.

4. Should we take forward proposals to minimise the need for people to provide broadly the same information, for instance by sharing information between agencies such as the local authority and the Department of Work and Pensions?

Generally, the proposal about information sharing is welcomed by SCIE stakeholders but consultations also revealed real concerns about proper safeguards for information sharing between agencies. Service users reported some distrust of the Benefits Agency. There is support to reform overly bureaucratic models of assessing needs, which could be tackled by simpler procedures, based on a common data set that individuals could control and update. This common dataset could form a 'support passport' that individuals could take with them if they move to another locality. This approach could also serve self-assessment models.

The development of any information sharing system needs to take into account issues of security, access and data protection. There will be core care and support information which needs to be shared, but there will also be more personal information specific to a service or intervention that need not or should not be shared. For example, there are issues specific to refugees and asylum seekers that are linked to immigration status. Therefore it may be that the focus should be on factual information rather than professional assessments or judgement. Any information must be used positively for the service user, who must be fully informed about the use of their personal information before they consent to its submission. Service users are very clear that information must only be shared with the explicit and fully informed consent of the person concerned.

5. We welcome views on modernising assessment and putting individuals at its centre. We are particularly interested in the practicalities of self-assessment. Do you think that there should be professional social work involvement in some or all assessments?

SCIE's consultation work showed that there is considerable interest in extending the role of self-assessment, and participants thought that a case-management model like that being developed for long-term illnesses in the NHS might have some merit. However, respondents said it should be built on a social model rather than a medical model and people who services have found hard to reach were less supportive of selfassessment<sup>12</sup>.

As well as the support provided through domiciliary care, attention also needs to be given to people's emotional and psychological needs for companionship, friendship and intimacy. Perhaps the biggest need is a shift of mind-set and system from assessment of eligibility to assessment of an individual's all-round situation. This personalised assessment should include attention to the individual's strengths, assets, difficulties, preferred outcomes and methods, risks and potential for growth. It is important to recognise the huge variety of circumstances of people needing various forms of social care provision and that they cannot all be treated in the same way.

Self-assessment should therefore be an option, not mandatory. While it is certainly the case that some assessments need to be carried out by professional social workers, it is important to recognise that professional social workers are not the only ones who can carry out assessments. With appropriate training, other service providers, including user-controlled agencies, can do this. It is clear that service users and carers will also need some sort of support and advocacy for this type of assessment. There is a strong message that advocates need to be independent and that service user organisations should be resourced to increase and sustain their capacity in this area. Related to this is the question of how local authorities will define and resource this function.

There are also issues about ongoing assessment within the context of service provision. 'Assessment' should not be seen as a one-off activity as this does not reflect the lives of many people whose circumstances and situation can change rapidly. Service providers who are in touch with individuals and families should be in a position to know about these changes and be able to ensure an appropriate service response without waiting for a further formal assessment.

Service users were clear that for self-assessment to work fairly and equitably, people have to understand the social care system first. This was a particular worry for older and black and minority ethnic people. Therefore it will be important to construct a system that does not just serve certain people and responses. It is crucial to demonstrate that, following self-assessment, services flow as or more efficiently than if someone has had an assessment from a professional. It must be noted too that people who assess themselves may under-report their needs and this needs to be addressed.

In his work on integration, Leutz<sup>13</sup> presents the theme of matching the approach to the circumstances. He identifies three levels of integration: linkage (effective referral to meet basic needs or attend to more specialist ones); coordination (the development of policies and protocols to ensure sharing of information and management of transition); and full integration (the pooling of resources into new services). He argues that the level

of integration should be defined by a service user's needs, the stability or severity of the condition, duration, urgency and capacity for self-direction. One of the key issues for the professional social work role is to identify where it most adds value. Assessment and the supervision of initial assessments are critical areas. However, assessment is one stage in the service delivery process. As one service user at a SCIE green paper consultation event said, 'You could fill in the form saying what the problems are and the help you need, then it goes to the authority and they could just say no without even knowing you. The problems are created when you give in the assessment'<sup>14</sup>.

6. Do you have views on whether the single-assessment process (SAP), the care-programme approach (CPA) and person-centred planning (PCP) should be further developed to provide a tool for use with all people with complex needs?

Such a tool needs to be developed but should be much simpler than the single assessment process and much broader in view than the care-programme approach. If sufficiently resourced and actioned, person-centred planning can be a good tool. A key feature is that once a plan has been agreed, the actions have to flow or something needs to be done differently. While the single-assessment process is professionally driven, person-centred planning is at its best if it is user-led and supported by the social care professional.

7. How can we encourage greater take up of direct payments in under-represented groups such as older people and people with mental health problems?

SCIE's forthcoming work on the implementation and impact of direct payments has some key messages for the green paper. The findings suggest the following will be effective in increasing take up of direct payments:

- **Less bureaucracy:** payments are often delayed, which can dissuade potential applicants. Recipients have been concerned about the level of checks on how the money is spent. Comparisons have been drawn with the Disability Living Allowance that is granted without a series of checks. At present, most direct payments monitoring seems to be about how the money is spent and not on the quality of care and support the person is receiving, or it is about reviewing the arrangement to ascertain if it is still meeting the person's needs.
- **Links with the benefits system:** there should be closer and more coherent links with the welfare benefits system.
- **Improved salaries:** to ensure employment of adequately trained and experienced staff, direct payment users need to be able to offer a decent hourly rate of pay. It is

currently difficult for social care to attract and retain good staff, so the rewards need to reflect the skills. Payments should also take account of the fact that support workers or personal assistants (PAs) will have expenses associated with community and leisure access activities, such as cinema tickets. Again, the hourly rate needs to have built-in flexibility.

- **Better access to better information:** many people delivering and using social care are still unaware of direct payments. The Department of Health should play a leading role in ensuring publicity and accessible information is available to all. Consideration should be given to different media advertising as a method of promotion, as well as a publicity strategy through primary care.
- **A trained and informed workforce:** the proposals around the extension of direct payments and individual budgets will have a major impact on the working culture of social care. This requires comprehensive preparation and training for staff as social workers are not currently trained to work in the ways suggested. Social care staff will need considerable skills training in person-centred planning. Resources must be made available to support the associated cultural changes. If issues of training are not properly addressed, there is the risk of demoralising both staff and service users.
- **Increased funding to independent advocacy services and centres for independent living:** this is essential if bureaucracy and finance are to be managed sufficiently. SCIE supports the proposals in *Improving the life chances of disabled people*<sup>15</sup> to expand and improve centres for independent living and promote access to information so that people understand their entitlements and rights. However, this strategy will require core, long-term infrastructure funding, a lack of which has prevented many centres for independent living from expanding or establishing<sup>16</sup>.
- **Re-structuring of existing services:** social work services must be prepared and resourced for a major change in culture and service delivery.
- **Include healthcare provision:** much of social care is entwined with the health service. Mental health and some learning disability services are delivered by joint health and social care teams. This makes the regulations about paying for healthcare somewhat contradictory and unhelpful.
- **Geographical consistency:** surveys on direct payments have indicated that there is the danger of creating a postcode lottery. Regional inconsistencies exist and notably the majority of centres for independent living are located in the wealthy southeast England region<sup>17</sup>. An assessment of need should not vary between a London borough and a rural community in Yorkshire. A need is a need and people should be able to feel confident that they will be assessed with equity and fairness wherever they live.

- **Joint governance of budgets:** for example between health and social care, housing.

## 8. Extending the scope of direct payments.

- Do you think we should review the exclusions under the direct payments regulations?
- Do you think that extending direct payments should initially be a power or a duty for local councils?
- What do you think about the proposal to extend direct payments via an agent to groups currently excluded, namely those unable to give consent or manage a payment, even with assistance?

Direct payments to people subject to criminal court orders should be considered. They are likely to face the same range of issues as the rest of the population, and adequate support may well negate the need to offend.

SCIE's investigation into the implementation of direct payments<sup>18</sup> suggests that any extensions would need to be a duty for local councils or it will not happen in an even and equitable way.

The proposal for agents to extend the scope of payments is welcome but the proposal must be matched with a funding stream. Evidence shows that there is already a lack of resources for the numbers of people currently eligible for direct payments<sup>19</sup>. At present the majority of direct payments are used for purchasing personal support from individual workers. There is much scope in service users spending direct payments more creatively and collectively. This approach could encourage the development of more diverse and innovative services.

The green paper does not acknowledge and address the barriers to the extension of direct payments. These include organisational and cultural resistances, lack of strong leadership in many authorities, local political defensiveness protecting in-house services and professional mind-sets seeing service users as less capable and independent than they are. Stronger requirements on local authorities to fund centres for independent living and provide emergency back-up services for direct payments users would help a great deal.

The extension of direct payment via agents could just increase the number of people involved in the process, and then add to the difficulties of coordination and chances of confusion. Agents should not be necessary if services are flexible, responsive and high quality. It may be better to focus on making services meet these criteria rather than creating an additional structure to manage scarce resources. It is vital to remember that not all service users may wish to take up direct payments or to plan and manage the delivery of their own care and support. This must be recognised as an equally legitimate choice. For example, some older people may not want to have to manage the services they receive and may just want more flexible and responsive provision. Adopting an

outcome-based approach to domiciliary care<sup>20</sup> might be a more appropriate choice for some.

## 9. Changing the name of direct payments.

- Which name for direct payments is the most appropriate? Are there any others?
- When do you think the change should be introduced?

It is of concern that this proposal to change the name of direct payments has arisen as a result of lack of communication in central government. It is also of concern that the Department of Health and the social care sector is now required to review its terminology, rather than the Department for Work and Pensions. The government document concerning direct payments *Making a difference*<sup>21</sup> acknowledges that the Department of Health originally adopted the term as statutory and the use of the term in banking occurred subsequently.

The term 'direct payments' has its history rooted in the disability movement and therefore has political resonance. Disability activists campaigned for many years to win the right to what they themselves originally defined as direct payments. The history and political meaning of the term, therefore, gives it meaning which takes it beyond the realm of bureaucratic terminology. This should be respected.

## 10. We are committed to the introduction of individual budgets to give people greater control over their lives. We would welcome views on the proposals to pilot individual budgets.

As an indicator for individual budgets, service users in the SCIE position paper consultation were almost invariably positive in their comments about direct payments. People said direct payments had boosted their self-esteem, ended their feelings of isolation and secured a better standard of care. However, people also reported continuing difficulties in accessing direct payments and in finding sufficiently well-trained staff. If not addressed from the outset, this may be a continuing issue for the individual budget scheme. A clear distinction needs to be made between direct payments and individual budgets.

As with direct payments, the outcome of the experience for the service users is as important as the input of the money. It appears that under the individual budget scheme, the purchasing power remains with the local authority – but the decision on how to spend it must be with the service user. The service user may choose to spend their budget on services outside the social care remit and this must be facilitated. The 'In Control' programme has demonstrated that individual budgets can work<sup>22</sup>. As with direct payments though, local authorities need to provide infrastructure and financial

commitment. It is recommended that the following key principles from the 'In Control' individual budget pilot programmes be noted:

- **Supported decision-making:** People should be at the heart of all planning and all decisions about their life.
- **Support brokerage:** People should get support to plan, and implement their plans, if they need it.
- **Fair entitlements:** People should know up front what money or support is available to them so that they can decide what they want to do with it.
- **Openness:** Any rules about what should and should not be done must be clear and accessible.
- **Flexibility:** People should be able to make flexible and creative use of the available resources.
- **Learning:** People should be able to learn from one another about what is and isn't working<sup>23</sup>.

Strategies for enhancing control and making choice a reality include giving service users and carers more influence over service design and priority setting. At the individual level, direct payments and other forms of personalised budgets are the critical instruments. They may also be a positive approach to tackling complex sets of income streams. Although individual budgets have the potential to benefit individuals, they are a weak mechanism for applying pressure and leverage on providers and commissioners to change the way they deliver services. More consideration is needed to work out ways of aggregating the wants of individual budget holders to be a force for change in the social care market, particularly to support new and innovative forms of service.

As regards the professional administration of individual budgets, a careful balance must be struck between the authority of the care management team to exercise their judgement in flexible responses, and checks and balances within and outside the care management agency, including the establishment of rights to service<sup>24</sup>.

Policy can helpfully set out the framework for the allocation of resources and entitlements. This needs to be framed in a way that does not interfere with, but aids judgement; judgements need to be fair and consistent but service providers need to be able to use their discretion about the provision of services and about how services are developed locally. At a more local level of implementation, funding parameters combined with purchasing flexibility can work well. There needs to be further piloting of individual budget schemes. SCIE is in a position to support this work.

11. We are proposing to introduce a care navigator/broker model and would welcome views on these proposals. What are your views on the skills needed to perform the function and whether such a model might free social worker expertise to deal with the most complex cases?

Whilst the proposals on care management are sensible, making them work in practice is not simple. The knowledge base on case management should inform any possible development of this function and associated professional roles. There is an extensive literature body on care management to support the proposed continuing development of this mode of service delivery<sup>25</sup>. Bleddyn Davies in *Care management, equity and efficiency – the international experience*<sup>26</sup> concludes (amongst other things) that high risk does not necessarily imply high need and that systems have to be sensitive to the possible benefit of support and services to a variety of circumstances, for example, people at risk of losing independence, people who may benefit significantly from a relatively low level of service, informal carers.

The idea of having someone supporting individuals through the system is not new and a variety of titles have been used for this role in the past. Clarity about what the role involves is crucial in two areas. The first is whether the individual is solely an advocate for the service user or a representative of the service provider as well. The second is whether the coordinator is one of the staff working with the service user or completely separate.

As defined in the green paper, it is difficult to see the difference between a care navigator and a care broker and unless this is clear, there is a danger of duplication. The terms suggest someone whose only role is to negotiate the system and not to provide any care or support themselves. This is probably a less successful model than one where the coordinators are within the services. In this area it will be particularly important to build on past experience of care management/care coordination and take the best from existing models of provision. The need may not be for navigators/brokers as new staff roles (which could reinforce patterns of professional dependency), but for navigation/brokerage functions that people can use on a 'DIY' basis. Such a function would ensure that people have transparent information and clear options about possible combinations of service. This model could also work for carers.

The development of a care navigator/broker role or function should not be seen as a means of freeing social work expertise but about providing a better service to people negotiating complex services. Service users value the flexible role of good, reliable social workers as support providers.

## The role of the wider community

Participants in the SCIE position paper consultations emphasised that individuals see themselves as belonging to different kinds of community, defined by geography, employment, interest, belief, ethnicity and kinship. They argued that a community approach promotes social well-being by focusing on generic risk factors such as those associated with safety, transport, employment, education, leisure and isolation. Better access to such 'mainstream' services was seen as important in its own right, as a means of helping people to live fuller lives in local communities. Participation in such activities strengthened citizenship and delayed or removed the need for individually targeted services.

This type of community capacity building should embrace the recognition, protection, development and support of families and other sources of informal care, including volunteering.

The concept of social inclusion, by definition, recognises that full and fulfilling lives are rooted in interdependent relationships. For example, although many older people may wish to remain in their own homes for as long as possible and to live alone rather than with others, almost none would choose to live in isolation. Interdependence is, however, only one of the factors older people have identified as important. Others include good-quality housing, safe neighbourhoods and getting out and about, as well as having useful, enjoyable ways of contributing to neighbourhoods.

## Funding and fair access to care

### 12. What do you think will be the impact of shifting the balance of services from high-level need to earlier, preventative interventions on the eligibility criteria and what this might mean for fair access to care services (FACS)?

SCIE urges the Department of Health to seriously reconsider their statement that 'implementing the vision will need to be managed within the existing funding envelope'<sup>127</sup>. All stakeholders consulted by SCIE do not think this is a viable option and many question the knowledge base on which this decision was made. It also appears to run counter to the Government's public service 'invest to save' strategy.

The new vision for social care will lack credibility with the workforce and the public unless it is convincingly costed and adequately funded over realistic, defined timescales. The absence of costings or funding commitments was an immediate criticism of *Improving the life chances of disabled people*<sup>28</sup>. The *Wanless review*<sup>29</sup> has provided the basis for substantial increases in NHS funding. In 2002, Wanless also recommended that a further review be carried out after five years to cover health and social care. He further concluded that 'there is an important role for social care in minimising the demand for health care'<sup>30</sup>. Wanless and the King's Fund are now examining how to cost future social care for older people. SCIE recommends that decisions about funding take the findings of this review into account.

To a large extent, resources are currently concentrated on specialist services targeted on those with the most severe needs. As a result, relatively few resources are invested in the great majority of people with lower-level needs, including support to participate fully in local communities. In principle SCIE welcomes the proposal to expand social care preventive interventions.

However, re-balancing the system will involve complex and demanding challenges in terms of synchronising the direction and timing of financial flows as well as maintaining

high quality, high intensity services for those with greater needs. Prevention is only better than a cure when it works. Some level of crisis response will continue to be required, as will high-intensity care. Therefore the need to 're-balance' cannot be done without new and ring-fenced resources. Local authorities cannot fully fund high-level need now (because of reconfiguration of NHS responsibilities and costs for people needing on-going care) and are having to turn away very needy people. Those in most need should not be competing with those needing less.

A strategy for promoting well-being by focusing on the many as well as the few would have the following components:

- A community and citizen focus to promote well-being, based on empowerment, engagement, social inclusion and safe, accessible environments
- Low-level support to prevent and delay access to specialist services, maintain independence, minimise the impact of mental or physical disability, support informal networks
- Diversion from more to less restrictive environments based on active rehabilitation and/or intensive support in locations of choice.

This would complement the higher priority in the NHS for promoting physical and mental health in line with the Wanless report<sup>31</sup>. It supports the promotion of health for an ageing population by maintaining health and reducing dependency at all stages in the life cycle and also depends on reducing health inequalities. The development of preventive social care services and the promotion of well-being in the context of social care can be seen as an expression of the more general power to promote social, economic and environmental well-being under the Local Government Act 2000.

Finally, attention must be paid to the fact that there are significant groups of people for whom accessing community services presents real difficulties. There are issues of various kinds including language, societal discrimination, fear as a consequence of real issues around safety, legal status, financial issues and lack of information. Some people feel that they are not part of the community. However, there is also a sense that accessing community resources could potentially be of enormous benefit<sup>32</sup>.

## Shifting the focus of services: Strategic commissioning

### 16. Do you support the proposal to develop a strategic commissioning framework?

A fundamental review of commissioning practice is needed because in its present state commissioning is not delivering person-centred services and is a weak mechanism for influencing providers. Commissioning needs to be based on a different relationship with service users carers and providers. This could be part of the responsibility of the new directors of adult social services.

Commissioning practices such as spot contracting or block purchasing are not recommended, but there should be a degree of standardisation of contracts. Suppliers must have some income stability in order to develop services that are responsive to the needs of service user and carers. It may be that the issues of market management and personalised contracts need further exploration. SCIE's forthcoming work on older people and adult placements will contribute to more outcomes-based commissioning, which should provide the basis for a more strategic approach.

## 17. Is the proposed shift to a preventative model of care the right approach?

SCIE is in broad agreement with and welcomes the proposals around prevention. However, it is likely that early intervention and other preventative approaches will affect two main groups: those whose difficulties are dealt with before they become more serious or complex and those who are identified at the early stages of progressive circumstances. Therefore preventative approaches will not provide universal solutions. SCIE would advocate the development of user-controlled models of prevention and early intervention. The driving question would be what do service users, their families and carers see as helpful to preventing breakdown, stress and deterioration.

The evidence base for preventive social care work needs to be strengthened. There is some suggestion that low-level support can work well for older people. The SCIE green paper consultation with black and minority ethnic elders showed the strong degree to which people value and need community groups like luncheon clubs. The development of preventive services should happen within the wider framework of community capacity building.

Pathways approaches in mental health could provide a useful model for the development of more effective health and social care support services. Assessment thresholds have been used to categorise service users so as to decide the level of allocated services. Thresholds might be better used as indicators of the skills, worker and type of assessment required. Good levels of training and supervision are needed for good assessment practice.

Research concerning factors in delays and inappropriate admissions in hospital emergency departments showed that ideal assessment team configurations included senior, experienced staff<sup>33</sup>. This model could apply to all preventative and early intervention services so that assessment and first contact staff are the most skilled and experienced practitioners. It has also been demonstrated that service users have a preference for the direct involvement of service managers in the assessment process<sup>34</sup>.

## 18. What are your views on approaches to promoting and developing partnership working across agencies and effective models for so doing?

The new vision for adult social care will demand more effective partnerships operating across a broader range of activities. Many of the problems of making partnerships work locally come from fragmented policies and funding streams. Joined-up government is key to this. There is a very strong message from stakeholders that central government should be modelling good practice in partnership working between and within departments, in this case to bring forward the green paper proposals. There are programmes and funding streams across diverse departments that should work coherently to promote the green paper's proposed seven outcomes. The Department of Health cannot be the sole contributor to achieving these aims. Improved consistency and more open communication between and within relevant departments (such as the Department for Education and Skills, the Home Office, the Office of the Deputy Prime Minister, the Department for Work and Pensions and the Prime Minister's Strategy Unit) has the potential to greatly influence consistency, efficiency and partnership working at all other levels in commissioning and service delivery.

In service provision, the SCIE position paper literature survey found that progress in partnership working has been uneven, much of the evidence about effectiveness concerns the functioning of inter-agency relationships rather than outcomes for service users. Participants in the consultations thought that rather than pursuing seamlessness, strong seams need to be constructed between services, so that service users and carers experience services as being joined up by the right people at the right place and right time.

The SCIE position paper consultations revealed limited stakeholder enthusiasm for structural change, which they felt would distract from service improvement and be undermined by 'change fatigue'. They generally thought that better outcomes could be delivered within the current structure if systems and processes were improved, for example by streamlining the assessment process.

The mixed record and difficulty in making partnership working work indicate the need to take a strategy-focused approach. Joined-up government should be seen as a longterm, selective and cooperative project. It is long term because people have to acquire new skills, build trust and overcome professional boundaries. It is selective because not all problems require joined-up solutions. Boundaries can have benefits – they define the work area, ensure accountability and can promote loyalty. This means that efforts at joining up should be directed at specific and significant problems. It is cooperative because it cannot be imposed but requires leadership and commitment.<sup>35</sup>

Recent research on joint working between social work and primary care concluded that resources and professional skills were important for collaborative working<sup>36</sup>.

Successful partnership working across agencies crucially depends on common understanding and common purpose. This may seem obvious but in practice partnerships do not always ask each other what they do, how and why they do it or test their own presumptions about each other's work. The Bichard Inquiry is the latest

demonstration of this<sup>37</sup>. The literature suggests the following also help to promote cross boundary work:

- a mandate from funders
- some loosening of the boundaries through agreement about resources, some funding flexibility and a multi-disciplinary approach
- agreement about which resources are shared and which are protected
- clear parameters for the work
- careful attention to the key relationships and effective stakeholder management
- a fit with the prevailing policy environment.

*SCIE resource guide 1: Families that have alcohol and mental health problems – a template for partnership working*<sup>38</sup> provides a good reference point for thinking about inter-agency partnership working.

## Service improvement and delivery

### 19. What help and support is needed to help local authorities and other social care providers to work with people using services and carers to transform services?

Putting people at the centre of social care requires significant shifts of power and influence to service users, to their carers and to community interests. This new vision implies a shift in emphasis from ‘choice and independence’ for some service users and carers towards ‘control and interdependence’ as an expression of what most citizens expect in everyday living and is only a first step. Converting the vision into lasting reality requires a dual approach which can be summarised as ‘making it happen and making it stick’ – using change-management programmes to support the transition to new ways of working and then embedding these new approaches in the social care system’s culture and practice.

SCIE argues the need to take an incremental approach as this is an area where knowledge is developing and implementation will benefit from a good combination of the efforts and experience of people working at the centre and locally. Mindful of the potentially disruptive effects of change, implementation has to be carefully managed. It needs to sustain and develop a coherent approach to services for adults.

Changing the way in which services are provided may require a more incremental approach in which the centre works in partnership with localities that *learn by doing and the state learns by monitoring*<sup>39</sup>. A study of service integration reforms in children and families services in Maryland USA found that implementation is improved, especially in circumstances when the goals are clear, but the way to achieve them is not, and some flexibility is necessary to achieve the goal of more coordinated, more individual services.

This suggests that the approach to implementation should be characterised by a degree of prescription that sets a clear framework of expectation and standards with sufficient flexibility, which will allow new arrangements to suit local circumstances. In addition there must be space to learn from experience. This means avoiding too much prescription about the precise managerial and structural arrangements at local level (evidence suggests that too much prescription about the detail of implementation stifles innovation) and recognising that these are uncharted waters.

The transformation of services for adults will, therefore, need to demonstrate a clear purpose, be cooperative and flexible, focus on practice as well as structures and establish a culture of mutual learning that encourages the sharing and spread of knowledge. SCIE, through the development of Social Care Online ([www.sciesocialcareonline.org.uk](http://www.sciesocialcareonline.org.uk)), active dissemination networks and work with our Practice Partners' programme to devise and use a methodology (drawing on the experience of collaboratives in the NHS) for embedding changes in practice, can contribute to this.

Parents with mental health problems are one of the four groups most likely to have difficulties in accessing core services<sup>40</sup>. SCIE and NIMHE are working together to take forward the recommendations relating to parents and their children from the Social Exclusion Unit report on mental health and social exclusion<sup>41</sup>. This work will be directly relevant to the implementation of the vision for adult social care as proposed in the green paper. SCIE are also working with NICE on a systematic review of services to parents with mental health problems and their children that will form the basis for a practice guide. Part of this work focuses on building relationships with senior officials involved in the emerging structures for adult and children's services. This will provide the opportunity for different work areas to share information and identify areas for collaboration.

In the Shaping Our Lives National User Network green paper consultation, service users emphasised that much work is still needed to make it possible for user involvement to be an effective and inclusive policy in social care, with tokenism being a major concern<sup>42</sup>. SCIE work on service user participation<sup>43</sup> indicated that organisational culture and structure needs to respond and change in order to accommodate new ways of working with people who have often been oppressed and marginalised. It is likely that this will also be the case for carer participation<sup>44</sup>. Cross-agency structures for service user involvement and service user control need to be established.

In terms of models of provision, there was some concern about the proposals, primarily around technological, remote approaches to care delivery, particularly for frail older people who are often socially isolated. Any such intervention must be complemented by human contact. 'Rather than there being an emphasis on technology, people still want the human touch...resources are very limited, but how ever good a telephone is, it's always better to have a face to face discussion<sup>45</sup>.'

## Building capacity: The workforce

### 23. Do you think the direction proposed for strengthening and developing skills in the workforce is right?

The green paper vision requires a major culture and mind-set shift from the social care workforce so that empowering and partnership-working approaches can be developed. This requires strong managerial, professional and political leadership at local level, itself based on power sharing with users and carers. SCIE supports the focus on cultural change, non-hierarchical leadership and the Skills for Care strategy. Government needs to act in the knowledge that the social care workforce works with individuals and their networks. Therefore green paper proposals must be linked to children's workforce development and organisational arrangements must ensure social care mental health workforce development is promoted.

SCIE strongly encourages and supports the development and publication of an adult social care workforce strategy, similar to that produced for the reform of children's services<sup>46</sup>.

Many respondents to the SCIE consultations raised issues about the workforce. Service users identified concerns about the quality and continuity of staffing arrangements. They were critical of the status of social care staff, their employment conditions and the limited time often allowed to meet users' individual needs. Staff were also conscious of these factors. In addition, they were acutely concerned about the need for workforce training and development focused on the new vision and its implications for ways of working.

Empowering relationships between staff, service users and their carers are among the most essential vehicles for delivering support which is person-centred, proactive and seamless. An appropriate workforce development strategy is not some 'add on' to the new vision but an integral element in its realisation. The vision will fail unless the workforce understands, owns and is properly equipped to deliver it. Winning hearts and minds also involves adequate support and resources.

In the SCIE position paper, the Joint Reviews Team highlighted five issues consistently identified as most important to staff:

- feeling they are making a positive difference to service users' lives
- being clear about what is expected of them and being given constructive feedback
- having attention paid to their personal development
- having a voice in the organisation
- having fair workloads and terms and conditions. SCIE will soon publish its People management website ([www.sciepeoplemanagement.org.uk](http://www.sciepeoplemanagement.org.uk)), a website which enables social providers to review their strategies and skills for managing people via a number of questionnaires.

## 24. How can we improve and better integrate local workforce planning?

SCIE supports the Skills for Care adult social care workforce development strategy. Any workforce planning must include service users and carers in the decision making process. There should be technical and strategic links with allied workforces such as criminal justice, health, housing and education. Any local workforce planning should forge joint working strategies between children and adult services. The director of adult services should be given lead responsibility for local integrated workforce planning and development in conjunction with NHS and children's services. There must be clarity on who is responsible for local workforce planning and human resource management should be a concern with those engaged in the process.

## 25. What actions are needed by Government and others to assist employers in recruiting, retaining and developing the workforce?

In Lord Laming's report from the Victoria Climbié Inquiry, he states that 'this inquiry saw too many examples of those in senior positions attempting to justify their work in terms of bureaucratic activity rather than outcomes for people<sup>47</sup>'.

This statement has major implications not only for the leaders of social care but the workforce as a whole. All too often bureaucratic activity is seen to take precedence over good quality relationships and communications that the majority see to be at the heart of effective and helpful social care. A key motivating factor for social care staff is the chance to 'make a real positive difference to people's lives<sup>48</sup>'. Attracting staff with the values of social care is the first step to meeting service user needs and attaining outcomes, but from there on, developing skill and good people management are crucial components in the development and retention of good quality staff. Also, staff who are shown the same values as those they are expected to demonstrate to users of services are more likely to have a greater sense of well-being and satisfaction about their work which will then translate to greater productivity. For social care, such values include person-centred approaches, social inclusion and community empowerment. Marginalised service user and carer groups who responded to SCIE's consultation felt it vital to recruit managers from frontline staff<sup>49</sup> and the training and employment of service users as social care practitioners was found to be widely supported by service users<sup>50,51</sup>.

We have to be careful when we use metaphors such as 'navigator' and 'broker' in describing the staff we want. Often metaphors will determine the sorts of responses we have. We do not want people who only navigate and who only broker services, we want those same people to be able to consult, respect, relate and communicate effectively with service users.

It is crucial to note the six major contributory factors to social care job satisfaction identified by the Topss England (now Skills for Care) Workforce Intelligence Unit:

- interactions and relationships with service users and carers
- working with and learning from a team of colleagues
- feeling valued by management, government and society as a whole
- a manageable workload and acceptable hours
- worthwhile procedures, administration and paper work
- fair pay<sup>52</sup>.

Research has shown that the quality of human resource management in the public sector is relevant to staff morale, more effective recruitment and reduced turnover, but in every part of the social care sector it remains underdeveloped<sup>53</sup>. SCIE therefore argues that strong human resource management is vital for workforce development. This includes increased capacity for social care workforce development within the Department of Health.

Finally, a concerted, well-resourced government strategy is needed to raise the status and profile of social care, both as a career field and in terms of its contribution to society.

### Community capacity building: Working with the voluntary and community sector

#### 26. How can we strengthen the links with the voluntary and community sector, and increase community capacity?

Strengthening the links with the voluntary and community sector requires a commitment on the part of central government and the statutory sector to maintain continuity of funding and to work as a genuine partnership. The key issues are not necessarily funding new initiatives but identifying, sustaining and mainstreaming proven existing schemes. Lack of sustained resources has meant that many innovative local voluntary and community projects organisations have had to close. The voluntary and community sector is where many of the smaller, local organisations are run by and for service users, carers and groups who have been underserved or marginalised by mainstream service (such as black and minority ethnic communities and lesbian and gay people). There is strong support from this constituency of people to direct more resources towards the voluntary and community sector<sup>54</sup>.

A greater degree of flexibility in the way the local authority provides support to smaller voluntary and community organisations is needed, as many local activities only require relatively small sums of money to survive and flourish. Grassroots local organisations must be involved with local authority planning and service delivery if a partnership approach is to be developed.

SCIE recommends that social care voluntary and community sector capacity building occurs within the wider context of related government policies and initiatives. For

example, engagement with related developments within the social inclusion and youth programmes seems vital. It is also recommended that the Treasury's Cross Cutting Review<sup>55</sup> be taken into account and a commitment to implementing the associated Compact. Particular attention should be paid to funding strategies, with an emphasis on full cost recovery and core funding. The green paper's proposals encourage the increased uptake of voluntary and community sector services, and this needs to be matched with sustained investment and innovative funding strategies that go beyond the traditional short-term pump priming and pilot approaches.

## References

- 1 Wistow G (2005) *Developing social care: the past, the present and the future* London: SCIE
- 2 Department for Education and Skills (2005) *Youth Matters* London: TSO
- 3 King's Fund (2005) *The Business of Caring: King's Fund Inquiry into care services for older people in London* King's Fund: London
- 4 Henwood M. and Waddington, P. (1998) *Expecting the worst: views on the future of long term care* London: Help the Aged & Nuffield Institute for Health
- 5 Prime Minister's Strategy Unit (2004) *Improving the life chances of disabled people* London: Cabinet Office
- 6 Disability Rights Commission (2005) *Whose risk is it anyway? Discussion paper* Manchester: Disability Rights Commission p12
- 7 Department of Health (2005) *Independence, well-being and choice* London: TSO p28
- 8 Disability Rights Commission (2005) *Whose risk is it anyway? Discussion paper* Manchester: Disability Rights Commission
- 9 King's Fund (2005) *The Business of Caring: King's Fund Inquiry into care services for older people in London* King's Fund: London
- 10 Bostock L, Bairstow S, Fish S and Macleod (forthcoming) *SCIE position paper: Managing risk and minimizing mistakes in services to children and families* London: SCIE
- 11 Reason J (2000) Human error: models and management *British Medical Journal* vol 320 no 7237 pp768-770
- 12 Begum N (2005) '[I'm] not asking to live like the Queen.' *The vision of service users (or potential service users) and carers who are seldom heard on the future of social care for adults in England* London: SCIE
- 13 Leutz W (1999) Five laws for integrating medical and social services: lessons from the US and UK *Millbank Quarterly* vol 77 no 1 pp77-109
- 14 Begum N (2005) '[I'm] not asking to live like the Queen.' *The vision of service users (or potential service users) and carers who are seldom heard on the future of social care for adults in England* London: SCIE
- 15 Prime Minister's Strategy Unit (2004) *Improving the life chances of disabled people* London: Cabinet Office
- 16 Barnes C and Mercer G (2003) SCIE research review on user involvement in promoting change and enhancing the quality of social care services for disabled people (unpublished report) ADULT SERVICES SCIE consultation response to *Independence, well-being and choice* 34
- 17 Barnes C, Mercer G and Morgan H (2000) *Creating independent futures: An evaluation of services led by disabled people. Stage one report* Leeds: The Disability Press
- 18 Lewis S (forthcoming) *Direct payments: Frequently Asked Questions* London: SCIE
- 19 Ibid
- 20 Lucianne Sawyer (2005) An outcome-based approach to domiciliary care *Journal of Integrated Care* vol13 no 3 June 2005
- 21 Department of Health and the Cabinet Office (2005) *Making a difference: Direct Payments* London: Cabinet Office

- 22 Duffy S, Casey J, Poll C, Routledge M, Sanderson H and Stansfield J (2004) *In Control: A national programme to change the organisation of social care in England so that people who need support can take more control of their own lives and fulfil their role as citizens* London: Mencap. [www.in-control.org.uk](http://www.in-control.org.uk)
- 23 Ibid
- 24 Davies B (1992) *Care management, equity and efficiency - the international experience* Canterbury: PSSRU
- 25 Challis, D., von Abendorff, R., Brown, P., Chesterman, J. and Hughes, J. (2002) Care management, dementia care and specialist mental health services: an evaluation. *International Journal of Geriatric Psychiatry* 17 pp315-25.
- 26 Davies B (1992) *Care management, equity and efficiency - the international experience* Canterbury: PSSRU
- 27 Department of Health (2005) Department of Health (2005) *Independence, well-being and choice* London: TSO p40
- 28 Prime Minister's Strategy Unit (2004) *Improving the life chances of disabled people* London: Cabinet Office
- 29 Wanless (2004) *Securing good health for the whole population* London: HM Treasury
- 30 Ibid p10
- 31 Ibid
- 32 Begum N (2005) *'[I'm] not asking to live like the Queen.'* *The vision of service users (or potential service users) and carers who are seldom heard on the future of social care for adults in England* London: SCIE
- 33 Cooke M, Fisher J, Dale J, McLeod E, Szczepura A, Walley P and Wilson S (2002) *Reducing attendances and waits in emergency departments: A systematic review of present innovations* London: NHS SDO
- 34 Qureshi H, Patmore C, Nicholas E and Bamford C (1998) *Outcomes in community care practice 5: Outcomes of social care for older people and carers* York: SPRU
- 35 Pollitt C (2001) *Joined up government: a short review. A background paper for the National Audit Office* (unpublished report)
- 36 Kharicha K, Iliffe S, Levin E, Davey B and Fleming C (2005) Tearing down the Berlin wall: social workers' perspectives on joint working with general practice *Family Practice* vol 22 no 4 pp399-405
- 37 Bichard M (2005) *Report of an independent inquiry arising from the Soham murders* London: TSO
- 38 Kearney P, Levin E, Rosen G and Sainsbury M (2003) *SCIE resource guide 1: Families that have alcohol and mental health problems – a template for partnership working* London: SCIE
- 39 Waldvogel J (1997) The new wave of service integration *Social Service Review* September 1997 pp463-484
- 40 Social Exclusion Unit (2004) *Mental health and social exclusion* London: Office of the Deputy Prime Minister
- 41 Social Exclusion Unit (2004) *Mental health and social exclusion* London: Office of the Deputy Prime Minister
- 42 Beresford P, Shamash M, Forrest V, Turner M and Branfield F (2005) *Developing social care: service users vision for adult services* (unpublished SCIE report)
- 43 Carr S (2004) *SCIE position paper 3: Has service user participation made a difference to social care services?* London: SCIE

- 44 Roulstone A, Hudson V, Kearney J and Martin A (forthcoming) *SCIE knowledge review: Working together – A review of carer participation in England, Wales and Northern Ireland* London: SCIE
- 45 Unpublished minutes of SCIE stakeholder green paper consultation meeting, Manchester 28/06/05
- 46 Department for Education and Skills (2005) *Children's Workforce Strategy* London: Department for Education and Skills
- 47 Laming (2003) *Report of the Victoria Climbié Inquiry* London: HMSO
- 48 Robbins D (2004) *SCIE background paper: Human resource management in social care: the development of an audit tool* (unpublished report)
- 49 Begum N (2005) *'[I'm] not asking to live like the Queen.'* *The vision of service users (or potential service users) and carers who are seldom heard on the future of social care for adults in England* London: SCIE
- 50 Ibid
- 51 Beresford P, Shamash M, Forrest V, Turner M and Branfield F (2005) *Developing social care: service users vision for adult services* (unpublished SCIE report)
- 52 Eborall C (2003) *The first annual report of the Topss England Workforce Intelligence Unit vol 1* London:
- 53 Robbins D (2004) *SCIE background paper: Human resource management in social care: the development of an audit tool* (unpublished report)
- 54 Begum N (2005) *'[I'm] not asking to live like the Queen.'* *The vision of service users (or potential service users) and carers who are seldom heard on the future of social care for adults in England* London: SCIE
- 55 HM Treasury (2002) *The role of the voluntary and community sector in service delivery: A cross cutting review* London: HM Treasury