



## Centre for Public Policy and Management

### Working Papers

#### 2: Community care in the 21st century

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These comments were written in response to a questionnaire administered during the conference on "Community Care in the 21st Century" on 20th March 2002. The conference was organised by Scottish Forum for Modern Government, in association with Choices. The questionnaire was designed by members of the Centre for Public Policy and Management, Robert Gordon University.

37 people responded. They included:

- 16 people working in care management in local authorities or health services, including 13 of whom were in management roles;
- 13 persons from the voluntary or independent sectors, including
  - 7 who described themselves as managers,
  - 2 workers, and
  - 4 persons active in voluntary sector with personal interests in community care
- 5 persons in education and training
- 2 involved in the political process as representatives, and
- 1 other unspecified response.

The questionnaire consisted of six broadly framed, open-ended, qualitative questions, intended not to elicit precise responses but to draw out a range of views. The questions were:

1. What is your role and interest in this field?
2. What should community care achieve for the people it serves?
3. How can the assessment process be improved?
4. What measures should be taken to promote more effective joint working?
5. How can the contribution of independent providers be used more effectively?
6. Where are additional resources most needed, and what

should they be used for?

Most of the words used below are the words of the respondents; the categories have been introduced by the researchers. The categories used below reflect the pattern of the answers rather than the structure of the questionnaire. The issues which are identified below were not prompted by the questionnaire, but were raised independently by the respondents.

#### **What should community care achieve?**

##### Needs

*Necessary services based on need, and in a form which the user chooses (Community activist)*  
*Accessible, meet needs, choice, flexible, cost effective (Nurse)*  
*Appropriate care and support based on individual need and preferences (Housing worker)*  
*Meet changing needs which (the clients) have influence in shaping (Community care manager)*  
*Satisfy their needs to their wish and satisfaction (Home care manager)*  
*Community care should meet people's needs (Community care manager)*  
*Support tailored to their individual needs, and effectively co-ordinated (Voluntary services manager)*  
*Whatever the individual's needs/wants are (Educator)*  
*An understanding of their needs no matter how complex (Service manager)*  
*(Service which is) representative of users' individual needs and which accepts that these will change to match these changing needs (Trainer)*  
*Individualisation of package, no less than is required, no more than is wished (Educator)*

*Support and care for people who wish and need it (Voluntary sector manager)*  
*The delivery of quality care when and where it is required to meet the individual's need (Voluntary sector manager)*  
*To compensate for the effects of illness or impairment, minimising the functional disability experienced (Voluntary sector)*  
*It should be individually tailored to the individual need (Voluntary sector manager)*  
*Services which meet the needs of people and their carers (Voluntary sector)*

#### Improved services

*Quick access to flexible health and care services (Community Care Manager)*  
*Integrated services between social work, health, housing etc.; unified care planning across life (Social Work manager)*  
*Practice based on an understanding of the issues (Service manager)*  
*No worries about monies, ie benefits or finding the residential place they may need (Educator)*  
*A service that is unique to each individual (Service manager)*  
*Prompt provision of service they require (Nurse)*  
*Flexible, adaptable services which have continuity of "paid carers" (Voluntary sector)*  
*Planned and crisis services, easily acceptable (Voluntary sector)*  
*Quality care in the community: person centred approach (Voluntary sector worker)*  
*Responsive, needs led services which are both accessible and seamless (Voluntary sector)*  
*Good support as necessary (GP)*

#### Fair and equitable distribution

*Equality (GP)*  
*Fair and equitable access (Educator)*  
*A more equitable delivery of all levels of care and support (Trainer)*

#### Choice

*Independence, choice, opportunity, fun, support: quality of life (Politician)*  
*Living with choices; allow for risks to be acknowledged and taken (Community care manager)*  
*Choice (GP)*  
*Sustainable choices in integrated housing (Community care manager)*  
*An ability to deliver a number of options that people may choose from (Service manager)*  
*The choice and control over the services they require (Voluntary sector manager)*  
*A service that the person really wants, not what the care manager, LD nurse or whoever wants them to have. (Service manager)*

*Users of services need to direct professionals and create the services to meet individuals's needs, not people fitting into services currently available (Voluntary sector worker)*

#### Independence

*Enabling people to be as independent as possible (Home care manager)*  
*To maximise their independence and choice; to assist them in achieving their choices in life; to minimise interventions (Social Work Planner)*  
*Keep them in the community and their own home (Housing worker)*  
*Meet their wishes to live as independently as possible (Community care manager)*  
*It should enable people to live as independently as possible within their abilities (Service manager)*  
*Allow them ... to stay at home and lead a quality life (Voluntary sector manager)*

#### Quality of life

*Meet user outcomes to improve their quality of life (Housing worker)*  
*Enabling to make maximum contribution to family and community life (Community care manager)*  
*Maximum ability for people to have the full type of opportunities that others take for granted. (Voluntary services manager)*  
*Enable vulnerable people to live as full a life as possible in a setting of their own choice (Voluntary sector)*  
*Enough money to support a quality lifestyle; a challenging of discrimination (Social work manager)*  
*Choice, satisfaction, safety, quality of life (Service manager)*  
*Independence, choice, quality of life: an ordinary life! (Educator)*

#### Social role valorisation

*Valuing people as citizens of their local community with a valued role to play (Home care manager)*  
*People should feel valued and have a sense of worthiness (Service manager)*  
*Rights and responsibilities (Educator)*  
*Enable them to live as participative members of the community whose strengths enhance the community and whose weaknesses are supported by the community (Educator)*  
*Empowerment (Independent sector)*  
*Dignity (Educator)*  
*Dignity (Nurse)*

#### Other

*All the rhetoric that's spoken about (Local authority manager)*  
*Client satisfaction*  
*Most importantly the service should not be finance*

*led (Service manager)*  
*Safety (Nurse)*

## Assessment processes

### Person centred approaches

*To help the user, not the service (Community activist)*  
*Serious commitment to through life planning for the individual (Social work manager) Based on needs not available resources (Housing worker)*  
*Not to be bound by raising priorities as a way of managing budgets (Local authority manager)*  
*Adapt to meet the needs of those individuals whose needs are very complex (Service manager)*  
*Simple person-centred planning with carer involvement. Move away from "formal review process" which is always weighted with professional input and advice. (Educator)*  
*Needs and wants led as opposed to service and resource led. (Educator)*  
*More personal contact with client*  
*By working from the base line around what the person would like and by supporting them to achieve this. (Service manager)*  
*Taking the individual first (GP)*  
*Should revolve around the perspective and preferences of the subject, supported by effective and competent advocacy (Voluntary sector)*

### User involvement

*More use of self-assessment for simple resources/equipment (Community care manager)*  
*Making sure service user is given a choice of what they need (Service manager)*  
*Enable person to take control (e.g. more person centred planning) (Service manager)*  
*Involving the person at the centre of the process (Community care manager)*  
*Involve service users more. Make assessment process more user friendly. (Service manager)*  
*It should be more needs led and not budget led (Service manager)*  
*Starting the process of with the person involved and not completing the process ON the person. Listen! (Service manager)*  
*By putting the person in receipt of services in a pivotal position at all stages of assessment and review (Trainer)*  
*An assessment which describes the need and services they require. Start from the individual. (Voluntary sector manager)*  
*Better communication during and after assessment. (Voluntary sector worker)*  
*Improved access and quality of information about assessment process, both for carers and service users (Voluntary sector)*  
*System in place which helps to mediate if carer and person cared for differ in views of need for services (Voluntary sector)*

*People feel like a number not a person during assessment process (Voluntary sector worker)*  
*Involve people more in assessment and have professionals listen to what's being said (independent sector)*

### Joint working

*Allow for more structured approach in merger of services (Nurse)*  
*Involve users, involve housing, involve independent sector (Housing worker)*  
*Include housing support services - not everyone needs nursing, but everyone needs a roof! (Service manager)*  
*Joined up IT systems (needs govt. funding), jointly trained assessment staff, integrated monitoring and management processes (Social work manager)*  
*Listening - to service users, carers, support staff and each other - and avoiding insular/arrogant professional views (Voluntary sector manager)*  
*Good joint management/working between health and social work.*  
*Make it truly multi disciplinary with no one agency taking precedence. (Service manager)*  
*Involving all agencies ensuring information is shared and not duplicated (Voluntary sector manager)*  
*Should be inter-professional and inter-organisational (Voluntary sector)*

### Streamlined assessments

*Unified - structured. Assist person not to be bombarded by same sets of questions (from) varying personnel (Nurse)*  
*Streamlined, quicker, single route to all health and care rather than multiple (community care manager)*  
*Limit number of people involved (Service manager)*  
*It should become a single shared assessment and review process (Community care manager)*  
*One assessment (Voluntary sector)*  
*It will depend on how the single Shared Assessment is implemented (Community care manager)*  
*If joint assessment process is more complex it will be seen as a hindrance to staff (Voluntary sector worker)*

### Case planning

*By being clear about the different process that take place during "assessment": identification of the issue/opportunity/problem; developing a plan to approach these; identifying the resources required to achieve the plan: allocating resources on that basis used against criteria. (Local authority planner)*  
*Coordinated evaluation by the service department (Service manager)*  
*Less focus on bureaucratic processes and more focus on outcomes (Service manager)*

## Professional attitudes

*Broaden professionals' understanding of that the purpose of assessment is. (Service manager)*  
*Improve training for those carrying out the assessment (Service manager)*  
*Stop assessors making value judgements - what right do they have to do this? (Service manager)*  
*professionals working together and valuing each others' principles. (Educator)*  
*Train the people who are doing the assessment properly (Service manager)*  
*Assessment is only as good as the assessor and no two people will have the same opinion (Service manager)*  
*Assessors understanding the nature of the problem - knowing what LD is - listening to expert opinion (GP)*

## Other

*A level of "lay" input for a more common sense approach (Politician)*  
*Clarity on what it means, what outcomes are intended. Acknowledgement that an assessment may not be neatly tied up or represent a consensus of all involved. (Community care planner)*  
*Assessment by the person the client sees as most appropriate (Voluntary sector manager) Carers informed of their right to an assessment (Voluntary sector)*  
*More knowledge of clients in all areas of their life, as some can appear more capable than they are and vice versa (Nurse)*  
*Identify the weakness of the assessment process; identify the strengths of the process; use the strengths, improve/make more effective the weaker areas (Educator)*  
*Less quantitative measurement, more quality based (Independent sector manager)*

## Improving joint working

This was also raised as an issue in assessments.

## Professional barriers

*By only employing "quality" staff who are not controlling, not empire builders, who inspire delegation, who are effective (Politician)*  
*Respect for each other's role and contribution to the common goal (Nurse)*  
*The fundamental changes will take a generation to fully work through, enforced by training: new qualifications, standardised conditions of service (Community care planner)*  
*Recognise difference of professional disciplines; acknowledge difference in organisational cultures and structures (Service manager)*  
*Equalise grading of pay structures; secondments (Housing worker)*

*Stop individual disciplines and organisations being precious about their work or "label" (Service manager)*  
*Underpinning values and knowledge are the same (Educator)*  
*Eliminate barriers, reduce protectionism of people from their power (Independent sector manager)*

## Training

*Joint training, awareness training. Trying to move away from continuing "medical model" approach by health service professionals, and less dogma from Social Workers (Educator)*  
*Introduction of joint training initiatives.*  
*Secondment appointments into agency, (Trainer)*  
*Education and training of health and social care professionals needs to be delivered in a more cooperative and collaborative manner. (Educator)*

## Team working

*Promote rationale for joint partnership (Nurse)*  
*Joint management, pooled and aligned budgets, agree lead responsibility (Housing worker)*  
*Learn to share values and information and to develop a shared vision (Voluntary services manager)*  
*A broader understanding by budget holders that responsibility lies across budgets (Service manager)*  
*Allow social work and care staff (i.e. nurses) to do joint assessments and actually listen to each other (Service manager)*  
*Defining clearly roles and responsibilities (Educator)*  
*Emphasis on communication between all parties: clarity of common purpose (Educator)*  
*Improved communication and training by multi disciplinary agencies involved in care provision to identify most appropriate person to coordinate a person's care (Voluntary sector manager)*  
*Effective communication within partnership working. (Voluntary sector worker)*  
*Joint training for different groups of staff (Voluntary sector)*  
*Joint training, shared objectives, focus on outcomes (Community care manager)*

## Partnership between agencies

*Extend group membership to include non health or social work professionals (Community care manager)*  
*Give independent sector greater role in the partnership (Service manager)*  
*Provide local leadership to push joint working (Social work manager)*  
*Multi agency planning fora (Community care manager)*  
*Multi agency approach*  
*Pooling of budgets and responsibilities; more*

*organisational models which reward the behaviour desired (Voluntary sector)*

*attendance at meetings of health providers (GP)*

#### Co-ordination of agencies

*Unitary statutory agencies i.e. local health/social Trust/Department (Community care manager)  
Creating coterminous health and local authority boundaries; greater use of co-location of services and staff (Community care manager)  
Co location of HQs and workers; coterminous boundaries of organisations, e.g. local authorities/health boards (Service manager)  
While acting and speaking corporately helps, it also loses some of the impact (Community care manager)*

#### Other

*Promote the values of all providers to ensure the general public and fellow practitioners are aware of and value the input of providers (Educator)  
Change of structure: radical political change (Service manager)*

#### Care planning

*Clarify outcomes by users of services and also by services (Service manager)  
Ask the services whether they are getting what they are asking for (Voluntary sector manager)*

#### Independent sector

*"Independent providers" covers a wide range of different organisations/ functions so no single/ simple approach. (Community care manager)*

#### Central direction

*Government oversight of the financial processes, balance of interests between inpatient treatments and the needs of the person in the community (Social work manager)  
Statutory measures that require joint working (Service manager)  
Continued Scottish Executive support and drive (Educator)  
Take funding responsibility away from a particular discipline. Centrally fund care for clients so there can be no vested interest by one group of professionals (Voluntary sector manager)  
Increasingly the Executive should allocate and account for resources jointly rather than through departments (Community care manager)*

#### Advantages of independent services

*Less bureaucratic than large local authorities, and often can be more focused on individual need rather than service need. Offer choice and diversity for the customers of community care. (Educator)  
Ability of independent sector to remain flexible/responsive (Community care manager)  
They have good examples of user involvement, individual tailored services (Voluntary sector manager)*

#### Resources

*Sufficient resources to ensure older people financially supported at home, at same level of spend as learning disability (Social work manager)  
Invest cash (Community care manager)  
Recognise the costs and timescales entailed in bringing people/agencies together (Voluntary sector manager)  
Adequate funding (Educator)  
Money is power (Service manager)*

#### Attitudes to the independent sector

*Treated as professional organisation equal to the NHS and LA (Politician)  
Don't assume that independent sector is better or worse than statutory services. (Community care manager)  
Should be seen as increasing the range of options and not as competitors. (Community care manager)  
Mutual trust about quality and standards which are independently governed (Community care manager)  
Listen to us and don't be afraid to be innovative and take risks. Teach all local authorities and health authorities the importance of equality and how independent services can enhance existing statutory services, not just give lip service. (Service manager)  
Give independent providers high profile input (Educator)  
According them the same status as the large statutory and voluntary sector providers (Trainer)  
Listen to us and don't discriminate against the "private sector" because they are not a "not for profit" organisation. We give best value for a lot less remuneration than the public sector. (Independent service manager)  
Surely they should be equal partners in the provision of care, alongside voluntary and statutory services, and equally accountable to funders, service users and carers (Voluntary sector)  
Try to keep an open mind (voluntary sector)*

#### Time

*Have realistic time frame (Service manager)  
Allow time (Community care manager)  
More care managers and community based CMNHs to enable all sectors to meet more regularly (Independent sector)  
Recognising clinical commitments which prevent*

#### The purchaser/provider split

*I believe that increasing use of independent sector providers by local authorities to provide complex care to greater numbers of people has and will give independent providers more influence and control in shaping future models of working and service delivery (Community care manager)*

*We should establish what they are best at doing and seek to consolidate them to greatest effect (Housing support worker)*

*(Emphasise) what is expected from the users instead of what providers will provide (Nurse)*

*Better dialogue between commissioners and providers: less waste of resources on "competition"!* (Voluntary sector manager)

*Allowing them to work together rather than act as competitors (GP)*

*Don't use independent providers as a "last resort".*

*Involve more providers in assessments in the community and use our knowledge. (Service manager)*

*Audit provision to identify areas of need not being addressed: independent providers focus on the gaps. (Educator)*

*Recent "provider list" and now "preferred provider lists" make it difficult for voluntary organisations to offer and commission for innovative or specialist services. Councils are now controlling who they want. This needs to change (Service manager)*

#### Changes in contracting procedures

*More effective contracting and monitoring processes to ensure quality of provision. Increased funds to providers to enable them to provide better quality care. (Social work manager)*

*From the local authority perspective move away from ad hoc, piecemeal business to "block" contracts. (Community care manager)*

*Reduce their reliance on short term funding and increase core funding for services provided by the independent sector (Service manager)*

*Apply a level playing field across the board for all (Independent sector manager)*

*Funded more consistently and to provide a variety of services. Voluntary organisations are good at this! (Voluntary sector)*

*Their contribution should be measured by performance indicators. Focus on outcomes for service users that they can contribute to. (Voluntary sector)*

#### Partnership

*Can be more involved in planning and developing services as well as provision (Service manager)*

*Allow them to assess, Real involvement in planning, decision making and consultation (Housing worker)*

*Involve them in joined up planning processes (Social work manager)*

*Linking of new policies/legislation to clearer thinking about what it will take to implement them (Voluntary*

*sector manager)*

*Engagement in the planning and decision making process (Community care manager)*

*Allowing them more involvement in service provision (Service manager)*

*Increase sharing of knowledge and skill rather than encourage competition (Service manager)*

*Increasing communication and sharing of knowledge/expertise (Educator)*

*Be considered as part of partnership*

*Use knowledge and experience of providers in influencing policy; adapt policy to include opinions of providers who care for individuals with complex disorders (Service manager)*

*More liaison to indicate what the local needs are so that the independent providers can be fully conversant with what is needed (Nurse)*

*Involving us in the assessment process (especially where we are the only agency involved) and by sharing information (Service manager)*

#### Improving services overall

##### Person-centred approaches

*More public involvement and carer/user involvement. More information available to public. (Politician)*

*Emphasis on quality care to the individual - not about who should deliver this piece etc. People don't care who delivers as long as they have the quality of life they deserve. (Voluntary sector worker)*

*More self advocacy involvement with professionals (Independent sector)*

*Improved consultation process and feedback on decisions to those consulted (Voluntary sector)*

*(In the independent sector there should be) better communication with the people they provide care for. Consult with users of services, they can direct providers as to a better quality of service. (Voluntary sector worker)*

*Help promote choice and empowerment for the individuals who use our services. (independent sector)*

*Flexible care provision tailored to the individual (Nurse)*

##### Needs for extra resources

*All community care services are underfunded - no consistency of care. Lack of proper funding means lack of proper life for people dependent on services. (Voluntary sector worker)*

*Using the benefits/tax system to promote care at/ in the individual's own home (Community care manager)*

*Care "free" at the point of delivery through general taxation so that access to higher care levels is not dependent on income or linked to other types of care.*

*There will never be enough money to do all that is needed, so focus on doing what you can to the highest possible standards. (Voluntary sector)*  
*In the community for preventive support and diversion. (Housing support worker)*  
*Payment of the actual cost of care in all sectors. For too long (particularly in long term care) the government has got "cut price care" and they still expect standards above what it costs to provide them. (Service manager)*  
*More proactive services (Housing support worker)*  
*Need to invest in alternative models of support, which will gradually help to shift expectations/views of services and will therefore shift balance of provision (Service manager)*

Priorities for resources:

Front line staff

*Additional "grass roots" staff (Service manager)*  
*Most needed at level of frontline services which, for the most part, have not changed at the pace anticipated by national strategies, legislation or regulations and require substantial investment to meet the expectations of ministers, service users and their families. Many people still continue to receive 1970s services in 2002. (Community care manager)*

Support for specific client groups or needs

*In provision in the Cinderella service: mental health (Politician)*  
*Dementia care in the independent sector (Nurse)*  
*There is a huge disparity between support levels for older people and those of other community care groups. At a time when other people are leaving institutions forever, more older people are being forced into institutional care because it's cheaper (Social Work manager)*  
*Aids and adaptations*  
*Capital funding of new provision of housing (Community care manager)*  
*Closure of large day centres and move to social inclusion. Promotion of social inclusion in the school setting and the development of centres of excellence in place of special schools (Educator)*  
*Residential sites for holiday/weekend breaks (Voluntary sector)*  
*Specialist resources in the community i.e. LD teams*  
*Supported housing (Nurse)*  
*Set higher levels for direct payments (Voluntary sector)*  
*Employment for services users (Independent sector)*  
*All community care client groups (Service manager)*

User empowerment

*More advocacy funding (Housing support worker)*  
*Required on advocacy (Independent sector)*  
*Provision for the voice of the individual to be heard*

*(Trainer)*  
*Information for service users and carers (Voluntary sector)*

User funds and "dowries"

*Give the individual sufficient funds to purchase the services they assess they need. (voluntary sector manager)*  
*More independent work, separate from the care providers: almost like being offered a personal advisor who would be guided by the person purchasing the service. (Service manager)*

Better services for users

*Realistically targeted at services to assist people in meeting full potential (Service manager)*  
*Implementation of services that users can see (Politician)*  
*(Extra resources) at the point of care - specific to individuals (Educator)*

Delayed discharges

*If prevention encouraged, less need for bed blocking (Housing support worker)*  
*Reduce length of stay in hospital for complex need patients (Nurse)*  
*Taking people out of hospital; freeing beds (GP)*

Training

*Training and development of staff to meet the expected standards and quality of care (Service manager)*  
*One issue is training/qualifications - for current staff, and to provide the skilled staff we'll need in the future. It's hard to recruit social workers, nurses, speech therapists, clinical psychologists etc.) (Voluntary sector manager)*  
*Training at all levels to broaden understanding (Service manager)*  
*Training and awareness raising for professionals on issues affecting carers (Voluntary sector)*

Staffing

*Staffing levels - service costs need to reflect this. Conditions of service, to recruit and retain capable staff. (Voluntary sector manager)*  
*Recruitment, training and retention of "coal face" staff. (Trainer)*

Management

*Not necessarily cash. Need people/agencies to provide clarity and leadership to drive agenda and ensure agencies deliver goods. (Community care manager)*  
*Additional resources are needed in redesigning*

*traditional services to become more effective (Service manager)*  
*Huge investment in information system and support services (Community care manager)*

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## **The Centre for Public Policy and Management**

The CPPM is one of Scotland's leading multi-disciplinary research centres. It was created in 1995 and is part of the Aberdeen Business School in The Robert Gordon University.

The work of the CPPM is based on the application of people with a range of expertise to the practical problems of public sector, voluntary and independent agencies. The staff attached to the centre have backgrounds in policy analysis, social administration, management, planning, law, economics and social research. Recent and current research work has been undertaken for the Scottish Executive, the Great Northern Partnership, Scottish Enterprise Grampian, Aberdeen City Council, Dundee City Council, Oxfam and the European Social Fund.

The CPPM's website can be consulted on <http://www.rgu.ac.uk/publicpolicy/cppm/> .

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