Joan Orme and
Bryan Glastonbury

CARE MANAGEMENT

PRACTICAL SOCIAL WORK
Series Editor: Jo Campling
BASW

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BASW

Social work is at an important stage in its development. All professions must be responsive to changing social and economic conditions if they are to meet the needs of those they serve. This series focuses on sound practice and the specific contribution which social workers can make to the well-being of our society.

The British Association of Social Workers has always been conscious of its role in setting guidelines for practice and in seeking to raise professional standards. The conception of the Practical Social Work series arose from a survey of BASW members to discover where they, the practitioners in social work, felt there was the most need for new literature. The response was overwhelming and enthusiastic, and the result is a carefully planned, coherent series of books. The emphasis is firmly on practice set in a theoretical framework. The books will inform, stimulate and promote discussion, thus adding to the further development of skills and high professional standards. All the authors are practitioners and teachers of social work representing a wide variety of experience.

JO CAMPLING

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Care Management

Tasks and Workloads

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To Geoff, Emily and Tim Orme,
who always manage to care

Contents

Acknowledgements

In preparing this text we have been aware that the requirements of good management systems are similar to those for good commentators. That is, those performing the management function or making the commentary need to be aware of the demands of the process, but sufficiently objective to be able to assess, modify and innovate. We are both academics, one with a background in policy and a passion for information technology, the other with a background in practice. Continuing study of workload management has meant that we have both been involved in research, consultancy and staff development work, especially in relation to the implementation of the National Health Service and Community Care Act, 1990. We recognised that what was lacking was someone with first hand practice experience in care management. In achieving the necessary objective, informed commentary, Georgiana Robertson has been an invaluable member of the team which produced this book. Her post as Assistant Coordinator, Community Care with Hampshire Social Services and her first-hand experience of setting up care management schemes for people with learning difficulties are excellent qualifications for involvement in the clarification of key concepts. Undertaking the reading of drafts, either jointly or individually, with vigilance and the practitioner's eye has made her an important part of the quality assurance of this volume. In many ways she has

provided an excellent model of care management; however, if there are complaints from the consumer they should be directed at Joan Orme, whose capacity as editor in some ways equates with the service provider.

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JOAN ORME
BRYAN GLASTONBURY

Introduction

Care management in community care is crucial for all those currently employed in the personal social services, but has particular relevance for professionally qualified social workers. Viewed positively it offers the opportunity to review practices and policies of service delivery, to be innovative and flexible, and to work more effectively with the consumers of the services. Viewed negatively it is a threat to the old order, the patterns of service delivery and, more significantly, employment. Will social workers simply change their title to care manager, or are there more fundamental changes required? In writing this book we are well aware of the concerns and we have set out to explore these and to clarify and codify some of the concepts that are around.

The profession of social work has been under threat for some time. The question of its survival was posed starkly by Brewer and Lait in 1980, although their questioning of the evidence on the efficacy of social work was not in itself effective. A greater challenge was posed by the Barclay Report (1982). It had been commissioned by the incoming Conservative Government, with a specific brief to analyse the role and functions of social workers. Implicit in the task, and at times explicit in the report, was the notion that social work did not have to be undertaken by large numbers of professionally qualified individuals. The concept of social

care planning carried with it suggestions that if social work was organised differently its functions could be carried out more effectively, drawing upon a variety of sources. The recommendations were made in a political climate which had as its aim the reduction of state intervention into the lives of individuals, while at the same time exercising more central control in areas of education, criminal justice, health service planning and the provision of social services. Other significant changes were introduced which had a direct impact on levels of service provision, for example limits on local authority spending, and a further report was commissioned. The Griffiths Report (1988) provided the seed of the idea of care management. It saw a role for local authorities in organising community care, but also introduced the notion that they should design and purchase, rather than be direct providers of, services. The speed at which these proposals were translated first into a White Paper (*Caring for People*, Department of Health, 1989) and then into legislation (Community Care and National Health Service Act 1990) demonstrates how they reflected the political will. The same speed, however, has disadvantaged the very individuals whose professional task will be directly affected by the proposed changes. There has been little opportunity for debate, for considered reflection or for resistance. Much activity has taken place at higher management levels, with regional discussions with health services and top-down exercises in producing community care plans. Local initiatives in the actual practice of planning, commissioning and implementing community care have had limited publicity, written either for an internal audience or in the specialist language of the academic researcher.

In commencing our task we discovered that writing about policy and legislation which is in the process of being implemented is fraught with difficulties. The first of these is that the subject itself is constantly being defined and redefined. When we commenced this text there was much rhetoric, but very little guidance on the implementation of

policy. There was research, but little evidence that the findings could be easily translated into day-to-day practice by front line social workers. As we complete the text there are a growing number of policy documents and even practical guidelines emanating from the Department of Health and the Social Services Inspectorate. However they remain at the level of departmental activity and give no clues to the requirements and expectations of the role and task of front line social workers or their line managers. This is disappointing, but reassuring for us because it convinces us even more that this book needs to be written for those people whose roles and tasks in the provision of social services are clearly under scrutiny.

The second difficulty is a consequence of the process of definition and redefinition, and relates to the problems which arise when the terminology itself changes. In the early work in this country, and still in the United States the accepted term is *case management* and this term was at the core of the government thinking at the policy stages, as *Caring for People* illustrates. During the past months the generally used and now officially recognised term is *care management* (Department of Health, 1991a and b). The use of *care management* is significant because it is an acknowledgment that the work which will need to be done to ensure care in the community is not merely with an individual case, client or person but can involve the provision of a range of activities and services provided from a variety of sources. It is the package of care, involving whatever is necessary to enable the individual to continue living in the community, which will have to be managed, not the frequency and content of visits by a social worker to an individual client. The continued use of management is germane to our arguments because, while we acknowledge that in all social work tasks there are elements of management, the implications of current policy initiatives are that some recognition of the devolution of the management task is necessary. The fact that it is the *care* that will need to be managed and not the *case* is

even more significant for us because of our firmly held belief that for any activity in social work to be managed there needs to be a recognition and overview of the work involved. That there is still the need for clear line management responsibility is reflected, for us, in the use of the term *service manager*. This identifies a first line management function with responsibility for the care managers but does not directly replace the team leader. We recognise that in some areas the title *service manager* has been used for those appointed to specific client groups or geographical areas, not always at the level of front line manager. However for our purposes the title does encompass what we feel are essential functions of a front line manager which are concerned with ensuring and assuring a service to consumers.

Such a debate highlights the fact that the legislation has brought with it changes in terminology which need definition and clarification, but, equally important, the need to be clear about what is meant by the use of terms with which social workers, and others, assume they are familiar. To assist understanding, and to clarify our usage of certain terms we have provided a glossary at the end of the book.

Care management has been defined in many ways, with much emphasis on the consumer orientation of the policy, and presumably the practice. It is about matching flexible services to identified needs rather than fitting people into inflexible services. This shift in emphasis is important in itself, but has significance for those who have had a crucial role in providing services. In considering this change we are conscious that stress has been put upon quality assurance and consumers, and we are in total agreement with Piachaud when he comments that 'The present Government has put all its emphasis on consumers and on management at the expense of providers of services and of professional standards; they have ignored the fact that professional autonomy is a major source not only of quality and service development but also of job satisfaction' (1991, p. 212). We would also argue that quality, service development and job satis-

faction are obtained when the work of the front line social worker is properly managed.

In an earlier study of workload management (Glastonbury, Bradley and Orme, 1987) we maintained that there is a fundamental need for workload management schemes in social work. By this we mean that, at an individual level, a team level and an organisational level there needs to be an acknowledgement of the work that has to be done, the standard to which it must be done and the resources available to do it. In any workload management scheme there needs to be some notion of measurement, whether that is an actual measurement of how long it takes to do a particular task or a notional weighting of tasks in comparison to each other. This measurement is necessary to give a form of accounting for tasks in order to ascertain what is 'enough' for individual workers and what constitutes parity between the workloads of individuals. We recognise that to implement such schemes can be perceived as managerial interference in the autonomy of individual workers, but argue that, properly handled, such schemes are more likely to give protection to workers and, properly calculated, they help to ensure that workers are given the appropriate time to carry out the tasks expected of them to best professional standards. This helps to promote job satisfaction on the part of the worker and also assures quality for the consumer.

Our task in this text is therefore to clarify the implication of care management for those who are currently employed as front line social workers. In attempting this we have identified three overarching themes which help to divide the book into sections. The first theme is whether the implementation of care management will in fact constitute a change in the work that social workers undertake with individual clients. In the first three chapters of the book we address the way in which care management can be perceived as a continuation of policy, philosophy and practice of themes which have their roots in the Seebohm Report, if not the report on the Poor Law! In a largely theoretical way we explore such

continuities in the light of current criticisms of social work practice and seek to show how care management can offer opportunities for addressing, for example, anti-discriminatory practice. The second theme is the implications for social workers of the tasks involved in care management. This includes an analysis of the possible organisation of service delivery and, critically, the professional background, qualification and management status of those performing the tasks. Chapters 4 and 5 are focused on practice and give detailed accounts of the requirements of care management and the possible ways in which it can be organised. In these accounts we are constantly aware that ultimately for schemes to be implemented they will need to be translated into appropriate workloads for the front line workers. This is the third theme, which is explored in Chapters 6 and 7. These chapters also provide a summary of our main arguments. In Chapter 6 we present a framework for good care management which leads us, in Chapter 7, to give guidelines for the particular workload concerns of care management.

We have set out to write a text which will inform those at the front line of the social work profession of some of the thinking behind the changes brought about by the implementation of care management in community care, but more particularly the implications for them as professionally qualified workers and the possible changes which will be required. It is not a text on how to do it, a users' manual. It is a text which will alert students, workers and front line managers to the concepts and issues, but more particularly the possible consequences of community care for themselves and for the individuals, families and groups about whom, and for whom, they care.

1

Community Care, Care Management and Workload Management

Different nations, different cultures, develop their own philosophies of welfare. In North America there is a prevailing current of self-dependence, reinforced by the supportive values of the many immigrant cultures which make up its population. National and state participation in social services is well established in appreciation of the fact that wholly private or voluntary systems will not meet the needs of less privileged citizens in a comprehensive fashion. Yet the public services do not dominate, either in size or influence, and the resulting social services mix is a lucky dip. On the up side there is enormous variety, in size, policy, organisational structure and method of working, so that America is a testbed for new ideas, for pushing forward new ways of helping people. On the down side the services available to a particular individual in a particular locality may be comprehensive and progressive, but just as likely may be patchy and eccentric.

In contrast Britain, while practising a mixed economy in offering social services, has a long commitment to public provision and, despite some wavering, has moved gradually to accept the dominance of the public sector. For many decades Britain has maintained a standardised range of services, usually organised on a local basis, but running

according to national legislation and central government policy. The down side may be the lack of variety. The up side includes a capacity to take a nationwide approach, to review and set policies through a broadly based planned route, and to assess the overall state of affairs from moral, political, economic and 'best practice' angles.

Despite the seeming consistency of this approach, British social history is littered with major reviews of the social services, some of which have led to fundamental change, while others gather dust in a forgotten corner. A century and a half ago there was a review and major restructuring of the social services departments of the day, operated under the Poor Law. Community care, known then as domiciliary, parish or outdoor relief, was becoming too expensive, so was banned for all except those with serious mental or physical defects. This is not to say that helping a family in the community was necessarily more costly than residential provision (it was not!), but there were economic and moral doubts about such an approach. The economic problem stemmed from the fact that community help was more attractive to the population, so many more eligible people had the temerity to apply for it, and the overall bill became burdensome. The moral aspect had two elements. There was concern that people given outdoor relief might achieve a standard of living with state help which others could not reach through their own efforts; and there was a feeling that state benefits should only be provided in a way which was unpleasant enough to put off all but the most desperate.

The solution was residential care, coupled with the transfer of Poor Law administration from local parish officials (too many of whom were considered to be a soft touch) to a more centralised authority. The core provision was to be the workhouse, operating a regime which would make anyone think twice before seeking a place. There was compulsory hard labour for all able-bodied residents: 'You have got to find work which anybody can do, and which nearly everybody dislikes doing [otherwise] you will have your work-