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Research that makes a real difference

‘Turning the welfare state upside down?’ Developing a new adult social care offer

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We are grateful to the interviewees who took part in the study – and the title of this paper comes from a quote from one of our participants. Any errors are those of the authors, and any overall themes identified are our interpretation of the data rather than something that can be attributed to any specific individual or to the City Council.

Figure 1 is an image used widely by Simon Duffy at the Centre of Welfare Reform and we are grateful to Simon for finding and popularising such a powerful image.

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About HSMC

The Health Services Management Centre (HSMC) is the leading UK centre for research, teaching and consultancy with regards to health and adult social care. The Centre's Director, Professor Jon Glasby, has advised Downing Street, the Department of Health and the Cabinet Office on the future of health and social care, and has worked with the NHS Future Forum and the 2012 social care White Paper team to advise about the creation of more integrated health and social services. He is also a Senior Fellow of the national School for Social Care Research and a former Board member (2003-2009) of the Social Care Institute for Excellence. HSMC has previously worked with Birmingham City Council to evaluate the closure of local authority care homes for older people, to review joint commissioning and to support the creation of the Health and Well-Being Board. HSMC's Dr Helen Dickinson was also the founding Director of the Public Service Academy established jointly by the University and City Council.

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Summary

For many commentators, the adult social care system is fundamentally broken. This is not the fault of current workers, managers or policy makers – but there is strong consensus that we still have a 1940s' system which is increasingly unfit for purpose in the early twenty-first century. This was already becoming apparent before the current financial crisis – albeit that a very difficult funding environment has brought these debates to the fore and made them even more urgent.

Against this background, the Health Services Management Centre at the University of Birmingham was commissioned by Birmingham City Council Adults and Communities to produce the current policy paper to guide the Council's thinking on the potential for a new adult social care 'offer' to local people. This was based on a review of Council websites (to see how other local authorities frame what they do for local people) as well as interviews with a series of leading national stakeholders and good practice examples.

From our search of local authority websites, many Councils seem to be describing what they do to the public and to potential service users in fairly traditional ways. A typical way of framing the role of adult social care seems to be as a directorate or function within the local authority which assesses individuals and then provides/arranges for the provision of formal services to those who are eligible for support. While many Councils highlight the importance of independence, choice and control and describe an ongoing process of transformation, few explicitly address issues of social capital. Although a small number include mention of building community capacity, this often co-exists alongside traditional approaches to service delivery and some websites even encourage people to go through formal Council processes before they can make their own arrangements for care and support. While some Councils provide online community directories and signpost people to a broad range of services, others do not seem to divert people away from formal services at all and do not provide wider information for local people.

In contrast, our interviewees felt that adult social care has too often adopted a deficit-based approach and either underplayed (or even in some cases ridden roughshod over) social capital and community resources. What was important for them was being clear about the need to be met – but with much greater scope even within the current system to be creative and imaginative when finding ways of meeting such needs within a challenging financial context. In many ways, they seemed to be calling for a return to pre-care management community development approaches, with workers who are based in local neighbourhoods and can work to nurture and release individual, group and community resources. They also cited examples of areas who have been working differently with their care managers to focus more fully on social capital, developing new approaches via the social work practice pilots and exploring concepts such as local area co-ordination, timebanking and support for micro-enterprise. This was described by one participant as 'turning the welfare state upside down' (the title of this paper) – starting with social capital and community resources rather than with statutory services.

However, participants were equally aware that it is easy to talk the language of social capital – but that major cultural changes might be required. At various stages, they cited the dangers of imposing top-down solutions, of such approaches being misconstrued as 'cuts' and of trying to rush a process that many felt needed to be small-scale, bottom up and led by communities themselves. Many cited a series of local and national organisations with significant experience of this process, and they questioned whether local authorities could make such significant shifts by themselves and without support. Of course, this raises significant challenges for local authorities facing very difficult decisions and having to consider large-scale and rapid changes. Going forward there may be a real tension between responding quickly and responding well – and doing both may require a series of carefully judged trade-offs.

In addition to their views on social capital and community resources, participants also highlighted a broader range of issues to do with:

- The relationship between social care and wider social and economic benefits (with scope to view the reform of adult social care not as an end in itself, but as a form of social and economic investment in local communities which can create new employment and business opportunities).

- The relationship with the health service (including the need to develop a shared vision for community services, the need to make best use of scarce public resources and the need for more joint approaches to supporting people with very complex needs).

- The relationship between the local and the national (with a constructive two-way dialogue needed between current debates about a more national settlement for adult social care on the one hand and the need for innovative local solutions on the other).

Overall, there are major opportunities to refocus the adult social care system and to work much more creatively with social capital and community resources. However, the risk is that the severity of the challenges facing local government prevent the careful thinking, time and investment needed to produce a genuine, long-term solution.

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Introduction

"Social care is facing tough times. Social workers are deployed principally as border patrol, policing access to increasingly insufficient resources against a growing clamour of seemingly limitless need. The only access point, a humiliating demonstration of vulnerability and dependency. It is a deficit model that has dominated practice and policy for decades. Yet it is now clearer than ever before that it is unsustainable. Social care is consuming an ever greater share of Council resources while the number whose needs it meets is paradoxically diminishing, shunting costs onto the NHS and leaving increasing numbers of people struggling to cope." **(Paul Burstow, MP, in Fox, 2013, p.5)**

"'I shouldn't have to spend my life proving that my son can't do things, to get the support my family needs to help him do things for himself' (unpaid family carer)... Current social care law... is set up to focus exclusively on eligible needs and how services alone can meet these needs. Assessments are designed to 'gate-keep' services and can require people to go through a demeaning and disempowering process focused entirely on proving their vulnerability, often only to find they are deemed ineligible. Support which is or could be offered by family carers and others is often invisible in the current system, with any needs which are currently being met by carers treated as non-existent." **(Fox, 2013, p.1)**

"Increasingly, within local government, there is a recognition that we are approaching a moment of crisis. Both short-term and long-term pressures on public services... mean that we need to think hard not simply about how we deliver our current services, but fundamentally about what a council is and what it does (and does not do), about the nature of public service and about the boundaries between citizens, state and communities." **(Jonathan Carr-West, in Local Government Information Unit, 2013, p.87)**

In the early twenty-first century, adult social care faces a complex mix of changing demography, rising need and increased public expectations. In the run up to the 2010 general election, research commissioned by Downing Street and the Department of Health (Glasby *et al*., 2010) suggested that – if we do nothing – the costs of adult social care would double within twenty years (and this was for services already perceived to be of insufficient quality in too many cases). However, the research also projected what would happen with 'solid progress' towards reform and a 'fully engaged' scenario (in which there is a sustained commitment to genuine change; where the evidence base is currently

contested or unclear, the outcomes surpass expectations and the mechanisms of reform start to really deliver).

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Given current pressures, the research concluded that only a 'fully engaged' approach would be enough to tackle the dilemmas we face – and even this was based on a very demanding set of assumptions about what reform might be able to achieve in practice. This analysis also pre-dated the current cuts to local authority budgets, making the previous challenge seem even greater. Overall, our 2010 research argued that the system which we have inherited was designed very much with 1940s' society in mind, and that it was now 'fundamentally broken': no longer fit for purpose in terms of how we live other aspects of our lives in the early twenty-first century. This was summarised via an image popularised by Simon Duffy at the Centre for Welfare Reform (see figure 1) in an attempt to convey a sense that something major has gone wrong in the social care system and that something equally major might be required to put it right – tinkering around the edges will not be sufficient.

Figure 1: Urgent need for reform

Against this background, one of the ways in which policy – both local and national – has tended to respond is via two separate but inter-linked approaches:

1. The promotion of greater choice and control for people eligible for state-funded adult social care. Over time, however, the eligibility criteria for such services have tended to become much tighter, so that many Councils are now providing much more intensive support to a smaller number of individuals with very significant needs – albeit that those who qualify for such support can exercise greater control over how this support is delivered.

2. The creation of a more preventative, universal 'offer' for all people with social care needs living in individual local authorities, so that people have as much support as possible to remain healthy and independent, have access to meaningful information when making decisions about future needs and know where to go when they need help.

Although both approaches are crucial, there is a risk that the current financial context could lead to a concentration of very scarce resource on those most in need and a relative neglect of more universal, low-level support. While this is entirely understandable on one level, it could easily prove counter-productive if people with low-level needs are unsupported until they have a crisis in their health and then become eligible for significant input from formal services (see Allen and Glasby, 2010, 2012; Allen *et al.*, 2013 for further discussion). Such debates have also been the subject of high profile legal challenge – with local authorities having to make a series of difficult choices in complex, emotive circumstances.

Moreover, even revisiting the potential trade-off between crisis-focused and universal services may not be sufficient to tackle the dilemmas which Councils face. With major financial and demographic challenges set to continue for some time, there may be a need to ask even more fundamental questions not just about what Councils can do for local people and communities, but also about what local people and communities can do for themselves (and how Councils can then organise around this more effectively). Rather than a deficit-based approach, this might involve understanding and building on people's assets, moving to a situation where local people, communities and public services co-produce solutions together. In many ways, this feels similar to debates about 'the Big Society' under the Coalition and about 'rights and responsibilities' under New Labour – but with neither of these ways of framing the issue yet translating into practical ways forward on the ground.

Against this background, Birmingham City Council Adults and Communities commissioned the Health Services Management Centre (HSMC) at the University of Birmingham to produce a short discussion paper to stimulate local thinking about the 'offer' the Council makes to local people. From the beginning, this was seen very much as a contribution to a broader debate about the future direction of policy and practice, and the current paper should therefore be seen as an attempt to provoke discussion rather than as providing definitive 'answers'.

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Methods

In order to develop this discussion paper, we conducted:

- A national search of Council websites to identify the offer which different local authorities make to local people and the balance of rights and responsibilities which they seek to strike (including an analysis of the content of such offers and the way in which the offer/debate is framed). In particular, this element of the research asked:

  - How does the Council describe its role in relation to adult social care?
  - What balance does the Council strike between crisis support and preventative services?
  - To what extent does publicly available information start to explore the balance between rights and responsibilities (or what the Council will do and what it expects individuals and communities to do for themselves)?
  - How explicit are these debates and tradeoffs, and how are they framed?

  This was a labour intensive process, but was felt to be an important way of contextualising current debates. Using the Association of Directors of Adult Social Services directory, we visited the adult social care section of each Council's website, spending a maximum of ten minutes on each site and noting down the ways in which each authority framed its 'offer'. While this was a short period of time, the research team comprised experienced social care practitioners, managers and researchers – and we felt that if a Council was actively exploring these issues with local people but did not have any material that can be found by experts within ten minutes, then the subsequent debate it is having may not be very public. Of course, some authorities may well be exploring new approaches with staff and local people via more informal workshops or other mechanisms – but this aspect of the research focused on publicly available statements of what Councils say they do on their websites. Where an interesting approach emerged, we sought to follow it up with an interview or by collecting additional written material.

- Around twenty interviews with key stakeholders locally and nationally from policy, practice, service user and legal perspectives. Although data is used in a non-attributable way, participants all consented to be named in an appendix to this paper (see Appendix A). These interviews explored how best Councils can balance crisis-focused and preventative services, what scope exists in the view of participants to propose a rebalancing of the current system, whether there is scope to draw more fully on social capital and community resources (see Appendix B for some key definitions), and how this fits with current legal and policy frameworks. These interviews also sought to take full consideration of debates around the current Care and Support Bill (including the proposed 'general duty' to promote individual well-being) and any emerging national guidance (from bodies such as the Department of Health, NICE etc). Ethical permission to conduct this aspect of the research was granted by the University of Birmingham research ethics committee.

Findings I: other local authorities

There are 152 Councils with Adult Social Services Responsibility (CASSRs) in England: 27 counties; 32 London boroughs; 36 metropolitan districts; 55 unitary authorities; and 2 other authorities (City of London and Isles of Scilly). For this part of the research, the websites of all 152 CASSRs were accessed, over a number of days in June 2013, to investigate the public 'offer' of social care made by these Councils.

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Despite the diverse nature of the authorities under investigation, there was little variety in the approach to public discourse on social care presented on websites. Much of the rhetoric and thematic focus of the Councils was very similar, and this cohesiveness extended as far as the presentation of the information itself. For example, many Councils have designed their social care pages using the same template with generic graphics that orders content in a particular format. The overall approach to the social care 'offer' can be described using a number of themes:

1. The language of independence, choice and control

2. The Council versus community role

3. Transformation of social care, including:

    - Integrated services
    - Personalisation and self-directed support
    - Building capacity
    - Local accountability

Independence, choice and control

> ***"Adult social care is about increasing your independence and giving you choice and control over your care and support." (Barnet)***

Not all Councils were explicit with a statement of intent or the values that they work by, but all described their role at some point as providing support to enable people to stay as independent as possible for as long as possible. No definitions of independence were offered, but implicitly independence appears related to accommodation and the aim to keep people at home wherever possible. It could be said there is a sliding scale of independence where one or two Councils talk of 'promotion' and even 'increasing' independence (e.g. Brighton & Hove; Central Bedfordshire; Cheshire East) while others focus on 'safety' and combating the 'risk' of a loss of independence.

> ***"Our purpose is to get the greatest possible increase in independence for those adults, families, carers and communities who need help."* (Cheshire East)**

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The terminology of 'choice and control' is also prevalent on all websites and is largely a manifestation of policies on personalisation and self-directed support. These terms are often used as levers to encourage people to self-manage their care needs, and in many cases serve to reinforce Councils' role as facilitators rather than providers of services:

> ***"Find out what services are available to you and how you can take control of your own care."*** **(Oxfordshire)**

> ***"People have told us that they would like to direct their own care and support and have greater control over how they live their lives."*** **(Kent)**

Right to Control pilots for disabled people were also prominent on the websites of the 7 trailblazer authorities.

Some Councils frame the discussion about 'choice' in terms of enabling people to make decisions about how they live:

> ***"Our role is to help you get the support you need to live your life the way you want."*** **(Reading)**

> ***"You should be able to live the life that you want. This means having choices about the care and support that you get from us, and from other organisations. We want to support you in making these choices."*** **(Barking & Dagenham)**

A high number of Councils demonstrate the level of choice offered to individuals seeking support through the development of web portals bringing together information on council-run or commissioned services and those provided by voluntary and private sector organisations. These portals have provided a mechanism for redefining the role of Councils and are discussed further below.

Council vs community roles

All Councils make it clear that there are eligibility criteria for the services that they offer. Most are unapologetic about the focus of their work:

> ***"Services need to reach those who are in most need…we offer the most help to people whose needs are in the 'critical' or 'substantial' bands of the guidance."*** **(Barnsley)**

There is some differentiation here between Councils that present public information on formal services for people eligible for social care support, with little mention of community-based provision, and those that see a role as a provider of information and advice and as a potential hub for community activity:

"We can help with information and advice as well as care and support services for vulnerable adults." **(Buckinghamshire)**

Buckinghamshire is one of many Councils that splits their social care pages into guidance on getting formal services through an assessment process and signposting to a portal collating information about community-based services through a partnership between the Council and third sector organisations (and sometimes the NHS). Some of the services detailed in the portal are commissioned by the Council, but many are not, and there is often a link to the health and wellbeing agenda for preventative services. The 'Derby Choice' portal, for example, contains information on 'micro support providers' – described as small, personal and flexible organisations delivering social care support and activities that promote wellbeing.

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While many Councils appear to signpost people to these portals in an effort to redirect them away from formal services, a surprising number still promote contact with the local authority as a first port of call, either by publishing customer service numbers prominently or by suggesting outright that individuals should be assessed by professionals before trying to arrange anything themselves.

Transformation of social care

The transformation of adult social care is apparent in all but a few Council websites, but local authorities are engaging publicly with this debate in different ways. Some frame discussions around the complex nature of delivering services in a challenging financial climate. Brent explains this context clearly in a video on its social care pages. Luton invites the community to take part in a debate about budget proposals for health and social care. Walsall have developed a blog called 'Who Cares?' as a vehicle for communicating the work of social care professionals to the public. Nearly all websites draw attention to changes in welfare provision and the limited capacity for local authorities to meet demand:

"We don't do everything! No one organisation can meet everyone's needs…The money available to arrange and help pay for care services is limited…" **(Isles of Scilly)**

Despite some diversity, discussions of the transformation of adult social care tended to revolve around a small number of sub-themes: integrated services; personalisation and self-directed support; building capacity; and local accountability:

- *Integrated services*: a number of local authorities talk about the integration of health and social care provision – Leeds, Kent and the Isle of Wight give particular detail about programmes of work bringing the Council, NHS and Clinical Commissioning Groups together in partnership approaches. Many more Councils talk about collaborations with third sector organisations such as Age UK and Citizens Advice Bureaux to provide more joined up working.

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- *Personalisation and self-directed support*: a large proportion of Councils make reference to the personalisation agenda as part of their transformation programme and describe what self-directed support looks like (often through links to community service portals) as well as giving information about personal budgets. Dudley, for example, has presented details of its 'Making It Real' programme on the main social care page, including the high level action plan committing the Council to a long list of practical tasks.

> ***"Personalisation is a term that underpins the way the City of London delivers its social care services to local people. It means giving people the choice and control over the services they receive: in other words, giving people the opportunity to choose the support they feel best suit their needs. We have not changed our values, we have just changed our practice to better support our values."* (City of London)**

Councils such as Doncaster, Harrow and Hertfordshire have set up 'search and shop' pages showing people the upfront cost of care and how they can buy their own support directly. Hertfordshire's eMarketplace site also promotes an independent brokerage service, potentially taking the local authority out of the equation altogether.

- *Building capacity*: a small number of Councils talk in terms of building community capacity. Very few reference social capital as part of the transformation of services, but Sutton is funding 'Social Connectedness Grants' for schemes developed from grassroots collective action that will "s*upport people to live as independently as possible, increasing their social connections within their community and reduce the need for statutory social care (either now or in the future)"* (see Box 1). In addition, Halton are promoting their collaboration with telecommunications company TalkTalk to provide IT drop-in clinics as a way of connecting communities.

A few more Councils feature information about their market position statements with the aim of demonstrating their role in ensuring future community capacity:

> ***"It outlines our plans to invest in services that actively divert people away from ASC [adult social care] towards preventative services that will enable them to remain independent for as long as possible. We will also be looking to develop services that will be provided by the community for the community. This is the first such statement for Leicester. It gives the market our direction of travel and explains the likely demand and types of services which will be required in future. This statement will be renewed every year."* (Leicester City Council)**

- *Local accountability*: Councils are proactively seeking local involvement in services to varying degrees. Some promote consultations (for example, Luton) while others, like Liverpool, have set up 'adult care citizen panels' to engage with people about the future of services on an ongoing basis. A significant number give prominence to their Local Account document, offering further consultation on their commitments and priorities:

"As well as reporting on performance to date, the report includes plans for the future in each of these areas. In addition the report contains real stories of people who have received adult social care as well as comments from people about their experiences. It is also calling for people to comment on the report and get involved in future reports." **(Dudley)**

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Box 1: Local approaches to focusing on social capital

Sutton's new Community Wellbeing Programme (2013-16) stresses that: *'a key element of this approach is that of building social capital. People form social systems which can provide for a range of needs – this could be within households, communities, localities and neighbourhoods – creating networks of mutual obligation, care, concern and interest, contributing to tackling issues around loneliness and isolation... [W]e will want to change practices where reliance upon the state has for some become the norm by using/developing approaches to improve social capital to better strengthen and harness many existing aspects of social relationships to help foster change'* (Community Wellbeing Programme 2013-16, p.11, para. 4.3).

The Community Wellbeing Programme proposes *'a new social contract between citizens and the State'* (p.3, para 1.4) and suggests: *'moving away from providing services just for those deemed eligible under Fair Access to Care to one of building resilient communities... - drawing upon the strengths and assets that already exist'* (Strategy & Resources Committee report, p.324, para 2.4). This includes a new social connectedness grant, designed to encourage local community organisations to see building social capital as a key way of working. Examples of such projects include:

- Sutton Shares Timebank (run by Sutton Volunteer Centre, Sutton Centre for Independent Living and Learning (SCILL), Sutton Mental Health Foundation and Hackney Shares).
- Young Foundation workshops to help local people connect with each other and provide a mechanism for local organisations to work with people who are socially isolated. These link with other local groups to identify participants (for example through the Sutton South Hello project, a resident-led scheme encouraging people to look out for socially isolated neighbours and vulnerable older people). They are also working with the police, residents' associations and using council tax information to target people living on their own.
- Age UK Sutton – My Friends Offline. Age UK Sutton have joined up with a community centre in a deprived ward of Sutton to start up activities identified by local people as being of interest to them (e.g. knit and natter groups; exercise classes; dancing etc). They are knocking on doors to make contact with people, provide information and encourage volunteering. They are being supported by SCILL and aim to 'hand over' the scheme to the local community by the end of the funded year.
- Making it Work (a project by local groups - Glazed All Over, The Vine Project, Nickel Support and The U Sutton - to up-skill vulnerable people and help them gain work experience/employment opportunities.

Findings II: insights from national interviews

During the interviews, four main themes emerged about the potential for a new approach to adult social care:

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1. Building on social capital and community resources

2. Social care as a form of social and economic investment

3. The relationship with the NHS

4. The relationship between local and national

Building on social capital and community resources

Many participants were adamant that current approaches too often focus on deficits and neglect assets (both of the individual and of local communities). This means that Councils end up concentrating on what people cannot do for themselves, rather than on what they can. It also means that local authorities miss opportunities to organise what they do around what already works for that individual and/or – in a worst case scenario – they can actually damage or ride rough-shod over existing social capital. As one person pointed out:

> ***"The welfare state was set up to provide a safety net after everything else has been exhausted. Now these services have become the front door... We need to turn the welfare state upside down and start focusing on what people can do for themselves and on friends, family and communities."***

In particular, several participants felt that rising demand and shrinking resources meant something fundamental would have to change. As one person put it, the system is facing something of a *"ticking time bomb"* and there are essentially three options (with only the final of these three viable in practice):

- Increase services to meet rising demand (with no extra resource)
- Manage demand as best we can with tighter eligibility criteria, longer waits and reducing quality over time
- Reduce future demand in positive ways

However, a number of participants were adamant that approaches to social capital must focus on releasing and nurturing people's skills and abilities so that they can have better lives – not a negative process of reducing formal services and simply hoping that community resources can make up the shortfall. As one participant noted, terms like 'social capital' can sound very positive but sometimes mask a more complex reality. To illustrate this further, they reflected on previous terms such as 'community care' (which they felt sounded very positive but may have been more to do with securing cuts in residential care budgets) or 'personalisation' (which is such a broad term that it can mean different things to different people).

For several participants, this might mean significant changes for modern social work. Over time, they felt that the care management function had tended to concentrate the system on a very narrow definition of people's needs and on very bureaucratic paper-based processes. In the words of a previous participant in HSMC research, they felt as if social workers had too often become "gatekeepers, accountants and glorified photocopiers" (personal communication – see below for further discussion of 're-scripting care management'). Many people contrasted this with pre-care management approaches that were seen as adopting more of a community development role, in which social workers were taught to identify and nurture the skills, resources, and aspirations of individuals, groups and communities:

> ***"We've conflated social work with what social services departments do, but the role of a social worker isn't care management. This can be part of it, but looking for the inner resources of the individual, group or community and releasing this is a key role for social workers so that individuals, groups and communities can be part of the solution."***

For another interviewee, drawing on social capital was a crucial antidote to the focus of the current system on deficits and limitations – which is not only inherently negative but also encourages people to overlook natural supports and rely more fully on formal services:

> ***"That's [social capital] where the action is... The care system encourages people to make themselves as dependent as possible because support is dependent on dependency. The incentives are wrongly aligned."***

In one sense, these participants felt that they were calling for a return to a previous model of patch-based social work, focused more around community development, working with groups and detailed knowledge of local resources than on some of the paperwork and processes associated with care management. However, they recognised that making this shift would require widespread cultural change – and would have implications for future social work training (see below for further discussion).

At the same time, several people recognised that a shift to a more assets-based, community approach had been stressed in previous policy – but all too often had never really materialised in practice. Thus, different participants highlighted key contributions such as the work of the Equality and Human Rights Commission (2009) on social care as a 'springboard' rather than a 'safety net', pledges to create a National Care Service (HM Government, 2009) and the emphasis on social capital in *Putting People First* (HM Government, 2007; see Box 2 for extracts). Participants also welcomed the general duty to promote individual well-being in the current Care and Support Bill, but many worried how this was going to be delivered in practice given current financial realities.

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Box 2: Previous attempts to focus on social capital

"The challenges are profound and far-reaching... Without fundamentally re-designing care and support for the future, there is a grave danger that we will undermine individual opportunity, the strength of family life and our future national prosperity. It is our belief that the Government must consider modernising the basic approach to care and support to achieve three key aims: promote the capabilities and autonomy of each individual regardless of means; encourage co-production and partnership to create a sustainable infrastructure of care and support; and identify and communicate the cost-benefits of reform to society as a whole" (Equality and Human Rights Commission, 2009, p.6).

"The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services... The right to self-determination will be at the heart of a reformed system only constrained by the realities of finite resources and levels of protection, which should be responsible but not risk averse. Over time, people who use social care services and their families will increasingly shape and commission their own services. Personal Budgets will ensure people receiving public funding use available resources to choose their own support services – a right previously available only to self-funders. The state and statutory agencies will have a different not lesser role – more active and enabling, less controlling" (HM Government, 2007, p.2).

"The National Care Service will: ... support family, carers and community life – recognising the vital contribution that families, carers and communities make, offering a circle of support where people feel supported, can develop their aspirations, and access the opportunities that help them realise their potential" (HM Government, 2010, p.68).

Despite a recognition that we have been here before, some participants felt that starting with social capital and wrapping services around what people and communities can already do for themselves was not only the right thing to do, but could also deliver better outcomes for the same money (and may even actively save money). When asked whether such an approach might be legal, a number of participants felt that further guidance would be needed, but suggested that they believed Councils had a duty to ensure needs are met. How such needs are met, for them, was not a relevant issue. If needs could be met by making greater use of social capital and community resources, then several people felt this would be a good outcome all round – for individuals, families, communities and the local authority. Another participant commented that debates around eligibility are about *unmet* need – if Councils grant fund low-level services or even commission them and simply signpost people to them, then it is appropriate to say that the need is met, outside of people's formal care packages. This participant was adamant that *"this has been the law for as long as I've been studying it".*

Particularly interesting examples being explored in Surrey and in Shropshire are set out in Boxes 3 and 4. Other authorities and organisations have also described ways in which they try to build on social capital in practice (see Box 5 for examples). In some respects, messages from these case studies seem similar to work by Duffy and Fulton (2012) in Yorkshire and Humber to "re-script" care management:

> ***"Progress... is critically dependent upon the development of care management. Care managers need a new script that focuses their energies on those issues that demand their direct attention while also enabling the wider community – in all its forms – to take up an increased role"* (p.15).**

Box 3: Building on social capital in practice – good practice in Surrey

In Surrey, a series of staff workshops are taking place across the county to explore scope for a more assets-based approach. This builds on research into the economic case for building community capacity by Martin Knapp and colleagues (2010), encouraging staff to start with what individuals and families can do for themselves and with community resources (rather than starting with formal services that the Council has pre-purchased on people's behalf).

As a working assumption, the Council is exploring what would happen if staff assumed that for every need identified, a significant proportion of the response could come from social capital and community resources, with the remainder coming from formal services. This is not to say that people with less social capital would be denied help – but as a way of helping staff to develop a more assets-based approach.

In seeking to implement these concepts, Surrey has drawn on 'the Taylor family' – a fictitious but realistic case study of a 'typical' Surrey service user and their family – using this to explore what a new approach would mean in practice. Similar to the example of Mrs Smith in Torbay (Thistlethwaite, 2011), this has been a powerful way of making the case for change and winning support from key stakeholders.

If such an approach is rolled out it would mean a significant shift in current practice. With personal budgets, the logic is that a supported self-assessment leads directly to an indicative resource allocation, enabling the individual to plan more effectively and creatively. Here, there could be detailed work with an individual service user, their family and the worker to plan – with a resource allocation system being applied to the services that the Council contributes after social capital and community resources have been explored.

In addition to this work with front-line staff, Surrey has also created a network of local Citizens' Hubs, run by user-led organisations in high street locations. Although the Hubs provide practical advice and peer support, they are also a way of creating alternative spaces in everyday places to provide a more universal resource to all local people and take the stigma out of care and support.

Box 4: New approaches to meeting needs – good practice from Shropshire

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"People2People is an independent social work practice team born out of the Department of Health's Adult Social Work Practice Pilot which runs to April 2014. It delivers short-term social work support on behalf of Shropshire Council and the majority of staff previously worked as social workers for the council. However, their approach, motivation and results have been transformed by this pilot scheme that is enabling them to work in creative ways, removing bureaucracy and barriers...

The team has introduced ideas for achieving short term outcomes in more person-centred ways by re-thinking local processes and embedding person-centred approaches to promote independence with a much greater focus on communities and self determination.

The welcoming offices are situated in a local community shopping centre where people can pop in, staff are valued and empowered to make their own decisions, bureaucracy is kept to a minimum and creative solutions are positively encouraged. Local people are involved through a peer mentoring scheme and people being supported are encouraged to take control over their lives and participate in decision making....

People2People has a unique arrangement with Shropshire County Council whereby it has delegated authority to allocate community care funds on the Council's behalf... In other areas, people referred for support would be offered up to six weeks' assistance from a reablement service... People2People don't use this service but make arrangements to meet needs in other ways using local community resources and natural support and, if paid support is needed, can arrange this within a maximum nominal amount of £150 per week (with higher amounts just requiring further approval)...

The greatest impact People2People is making is that it is supporting people effectively but in a way that strengthens resilience and social inclusion. Working creatively, many people are supported to identify solutions that require little, if any, paid support to achieve outcomes around independence and wellbeing" (Pitts and Sanderson, 2013, pp.2-5, 8).

The model is now being extended to a second area in the south of the County, but with a focus on long-term as well as short-term support and with a staff group that have not necessarily volunteered for the pilot in the same way as in the initial project. Future plans are also being developed to roll out this approach to other local authorities with support from the National Development Team for Inclusion (NDTi). The NDTi (2011) have also published eight essential actions when commissioning for community inclusion, providing practical guidance and key principles for local authority commissioners.

Box 5: Social capital in practice

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"The Royal Borough of Windsor and Maidenhead was chosen in 2010 as a "big society vanguard" – one of the main tasks being to further civic engagement... Our lead member for adult and social care was very keen to build on the strengths he saw in his local communities: people helping each other out. He could also see a gap for people who might not be eligible for social care, but who were living on their own and needed a system to put them in contact with local people to reduce social isolation and depression in old age... Through looking at other models of care for older people, ... the most relevant was the Japanese system of Fureai kippu, whereby individuals living far away from relatives who needed social care support could support an elderly person nearby. As a result,... we have introduced Carebank..., a new initiative that allows volunteers to earn credits which can either be exchanged for community services or gifted to people who would benefit from support from, for example, a good neighbour or befriending scheme... The Carebank model aims to:

- *Encourage greater participation, particularly for groups who typically have lower than average volunteering rates*
- *Deliver positive benefits for those giving or receiving support*
- *Strengthen community ties and networks*
- *Deliver cost savings and other benefits for existing services in the area."*

To date, there are 63 volunteers and 137 recipients, with a target of 11,000 traded hours. Local community enterprises are contributing to rewards that range from a café, to an arts centre, a local garden centre, and discounts for council leisure and library services.

The council is developing Carebank alongside a number of empowering and 'strengths-based' approaches. We have identified gaps in existing services, and areas in which existing services need to be more proactive and varied. We have developed a web-based advice and information system, to steer people to information on support to help them remain at home for as long as they want, and we have developed assisted technology and 'telehealth' support systems, in partnership with local GPs...

As a council, we have used the 'big society' concept to organise our work around existing and new community assets. The initiatives we have developed help people to connect, giving them opportunities to contribute much more to their neighbourhood, and in return experiencing real choice and often much improved outcomes."

(Burbage, 2013)

Box 5: Social capital cont.

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A variant on timebanking is the 'agency time credits' developed by the social enterprise, Spice (http://www.justaddspice.org/):

"Spice Time Credits are a social currency developed initially in South Wales and now being rolled out across Wales and England. In England Spice is currently developing large scale health and social care programmes with The Young Foundation across London, Norfolk, Wiltshire and Lancashire with local authorities and organisations. Key outcomes of this work are developing user led approaches to coproduction, sustainability, service provision and commissioning engaging the health and social care sector, commissioners and the private sector.

Across West Norfolk, Lewisham, Wiltshire and Lancashire the project so far has signed up over 200 organisations and is directly engaging almost 1000 people who receive health and social care services across multiple service types such as day centres, domiciliary services, neighbourhoods and hostels.

How Spice Time Credits work: everyone has something to give

People are recognised with Time Credits for contributing time to their community or service ('Time In'). People then use Credits to access events, training and leisure services, or to trade time with neighbours ('Time Spend').

'Time In' Menu: Services and local community groups identify current and new opportunities for people to contribute their time. The new opportunities are based on the interests, skills and availability of local people, and are enabled and supported by community services.

'Time Spend' Menu: Public, community and private organisations identify ways to enable people to spend Time Credits in their services or at events. This can be 'spare capacity' at theatres for example or for community services a way of recognising and thanking people for the contributions they have made (trips for young people on free school meals become trips for young people who have contributed). Each area has a unique Time Spend menu and we are developing a wider national offer with partners such as The British Museum, The Barbican and Tower of London.

As a result of supporting Time In and Time Spend the amount of time given to organisations and services increases, with large numbers of new people contributing, with services becoming increasingly user driven. Also, people have the opportunity to use their Time Credits to access new services across the community or try new activities such as swimming, theatre, training, cinema, exhibitions and tea dances. Commissioners and professionals also are encouraged to work in a new way, collaborating with service users and citizens to think about how services and venues can be run in ways that encourage mutual participation by the whole community, sharing skills, assets and encouraging a greater sense of community integration" (personal communication, Spice; see also Spice, n.d.).

Box 5: Social capital cont.

"Local Area Co-ordination is a unique and innovative approach to supporting people who are vulnerable through age, frailty, disability or mental health issues to identify and pursue their vision for a 'good life', to strengthen the capacity of communities to welcome and include people and to make services more personal, flexible and accountable.

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Local Area Co-ordination is a long term, evidence based approach to pursuing the abovementioned aspirations, with a greater emphasis on helping people to stay strong and safe; nurturing valued and supportive relationships; individual and family leadership; supporting local/non service solutions wherever possible…, building more inclusive, welcoming inclusive and mutually supportive communities and contributing to making services more personal, flexible, accountable and efficient.

Rather than waiting for people to fall into crisis, assessing need and responding with services or money (if eligible), it builds relationships at the individual, family and community levels, aiming to support people to stay strong, build personal, local and community solutions and nurture more welcoming, inclusive and mutually supportive communities. At a single, local accessible point of contact for local citizens, it becomes the new 'front end' and offers the opportunity to simplify (and connect) the service system for local people.

It was originally developed in Western Australia in 1988, has subsequently developed across Australia and other countries… and is now starting in a number of areas in England including Middlesbrough, Cumbria, Stroud, Derby City, Thurrock, Derbyshire and now Monmouthshire in Wales" (Inclusive Neighbourhoods, n.d.).

Further examples and key research studies are available from sources such as: Government of Western Australia, 2003; Scottish Executive, 2008; Peter Fletcher Associates, 2011; and Broad, 2012.

For a practical example of an adult social care strategy that builds on such principles and tries to frame this for local people in everyday language, see Monmouthshire County Council (2013).

Box 5: Social capital cont.

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"Community Catalysts is a Community Interest Company launched in January 2010 and working to support the development of sustainable local enterprises delivering services that people can buy to live their lives. Its aim is to enable individuals and communities to use their gifts and skills to provide real choice of small scale, local, personalised and high quality social care and health services…

Micro-providers run very small (typically less than 5 workers) local enterprises that provide a range of social care, housing, leisure and health services. These include services helping people to gain a new skill or make new friends, to lead a healthy life or enjoy a leisure activity…

The business models used by micro-providers are on a continuum from fully commercial at one end to fully voluntary at the other…

Older and disabled people play a variety of roles in the design and delivery of micro-enterprise. In nearly all cases people are involved in co-designing their services… A growing number of older and disabled people are setting up their own micro-enterprises…

Micro-enterprise:

- *Provides an important route into work, especially for disabled and older people, and creates local jobs…*
- *Is a practical vehicle for local authority employees interested in taking over and delivering their service on a co-operative basis or setting up a social enterprise*
- *Helps local money stay local…*
- *Provides an accessible route to enterprise for local people…*
- *Offers real choice so that people can buy the support and services which best enable them to live their lives…*
- *Builds social capital…*
- *Brings real and tangible assets into the market for community benefit…*
- *Provides healthy competition and helps to drive quality and innovation in local provision, positively disrupting the status quo."*

(Community Catalysts, n.d.)

HSMC are currently working with Community Catalysts to carry out a national evaluation of the performance of micro-enterprises relative to larger, more traditional providers (see **http://www.birmingham.ac.uk/research/activity/micro-enterprises/index.aspx**).

If an approach based on social capital and community resources is to be developed, participants emphasised a number of key issues that would need to be addressed first, stressing that this was not a ‘quick fix’:

- Developing an assets-based approach requires a fundamental cultural shift – but particularly for front-line workers. Implicitly, this discussion paper began with an assumption that a new approach might need a new conversation with local people, but several participants felt that starting this conversation with staff was a crucial first step. For some interviewees, the skills needed to draw more fully on social capital may now no longer reside in modern social work, but in other places (such as regeneration, user-led organisations and the third sector). A particularly key issue is the training of future workers – although one interviewee in particular pointed out a perceived irony that some social work programmes continued to train people as community development workers a long time after the advent of care management, yet have more recently started to train future workers more explicitly as care managers. In one sense they were perceived to have caught up with current practice just as some departments might want to move back to a system based more on community development.

- With any major change, a new approach can look promising conceptually but fall flat and be subject to challenge if it is not adequately tested in practice and not implemented well. One of many ways to do this might be to build on a ‘typical family’ like the Taylors in Box 3 to explore exactly what a new approach would mean in practice and begin working through potential implementation issues.

- Understanding and working with social capital is not quick or easy to predict. Instead it requires longer-term, strategic investment in understanding local communities – and several participants mentioned practical tools and techniques to help do this (for example, the RSA’s ‘Social Mirror’ tool – see http://www.thersa.org/action-research-centre/community-and-public-services/connected-communities/social-mirror). Thus, a number of people were clear that understanding social networks and how to engage with them is *“a very granular business”* which needs time and in-depth work on the ground: *“what emerges is subtle... you can’t just make a quick decision to focus on social capital and hope that it will somehow fill the gap left by retreating public services.”* Several of the examples cited in Box 5 have a significant track record in recruiting and support local co-ordinators to help develop and embed new ways of working (for example, organisations such as Community Catalysts or Inclusive Neighbourhoods). Many people also talked about ways in which more conversational, relational approaches were needed, stressing that it takes skills and experience to work in this way.

- One way forward for local authorities may be to invest in local agencies that already understand and engage with local communities (whether this is a local Voluntary Service Council, a faith-based network, minority ethnic community networks or some combination). For one participant in particular, such investment in intermediary organisations would be crucial as local authorities may not be best placed themselves to help identify and develop networks of potential community resources. In any event, the approach from the Council should be to acknowledge that communities already care in different ways

and ask how the local authority can do more to help: 'what can we do to help?', rather than 'how can help us?' This was picked up by another participant who felt that such approaches cannot be introduced top-down: the role of the local authority should be *"to facilitate"* and *"to remove barriers"* rather than *"to lead"* or *"to drive"* – albeit that the current financial context may make some of these issues even more fundamental and urgent than they were before. For many people, this was about a change in relationships – and any attempt that was perceived as *"doing to"* local people would be counter-productive.

- Linked to this, several participants felt that many Councils had overseen changes that were the mirror image of what was now needed. For example, when finances are tight, it can be tempting to make savings by reducing community worker roles or closing neighbourhood offices – yet these are some of the very things that might help. Similarly, some Councils are very focused on assessment timescales, and this can make it difficult for workers to have the time and flexibility to work with people in a holistic way. Some authorities have also relocated staff into large, central offices, when a more community-based approach might require smaller teams in more local settings.

- For some participants, a key tension was the tendency to create separate approaches to "strategic commissioning" on the one hand and "operations" on the other. This can lead to a situation where front-line staff involved in individual service design feel prevented from being creative and inventive by more traditional procurement frameworks.

- Different individuals and communities have access to different levels of social capital, so any attempt to draw more fully on such resources must make sure that it does not disadvantage already vulnerable people yet further. In one sense this was felt to be a potential issue with the current personalisation agenda. If done well, personalisation should increase equity by tailoring support to individual circumstances and helping everyone to access greater choice and control. However, if done badly, there is scope for local approaches to disproportionately benefit those who are most able to articulate their needs and co-ordinate subsequent support (albeit we should not forget that such groups can also benefit disproportionately from directly provided services if access is poorly planned). In particular, any approach based on social capital will need to conduct an in-depth equality impact assessment, with specific consideration of what this might mean in terms of gender.

- Without constructing a robust case for change, there is a danger that any changes could be seen as a form of cuts – rather than an attempt to create a social care system that is more fit for purpose in terms of how we live other aspects of our lives in the early twenty-first century. For one participant in particular, the way forward is to create a narrative around the case for change, then trusting front-line staff and local communities to develop good solutions. What will not work, in their view, is leaping straight to top-down 'solutions' (a warning that may be challenging for local authorities facing urgent financial and policy challenges and wishing to make rapid changes).

- Even with all the above caveats, some participants stressed that we lack a robust evidence base that more community-based approaches 'work'. While they felt that focusing on social capital was the right thing to do, they also

emphasised that this remains unproven until an authority invests in a new way of working for long enough and at sufficient scale to generate evidence about what impact such an approach can have. Elsewhere, HSMC has charactised this as moving away from an approach based on 'evidence-based practice' (where we look for evidence of what will work before we do it) to a system of 'practice-based evidence' (where we focus on what isn't working, develop new approaches, and learn by doing and reflecting as we go along).

Social care as a form of social and economic investment

In our previous review of adult social care funding for Downing Street (Glasby *et al*., 2010), we argued that social care funding should not be seen as 'dead money', but as a form of social and economic investment which can improve people's lives and contribute to significant savings in other parts of the welfare state:

- Accordingly to our modelling, it may be possible to save £1.00 on emergency hospital beds days for every £1 spent on prevention (under a 'solid progress' scenario) and £1.20 saved for every £1 spent (with a 'fully engaged' approach).
- If some of the gains from high performing integrated sites could be achieved more generally, there may be scope to achieve 2.7 million fewer hospital admissions among the over-65s each year (a 22% reduction overall).
- Supporting social care service users to engage in paid employment could generate additional earnings of £400 million each year (of which over £50 million would be paid in tax and National Insurance) plus a reduction in benefits spending of £150 million ('solid progress'). This would double under a 'fully engaged' scenario.
- Greater support for carers could lead to additional earnings of £750 million for working carers ('solid progress') or £1500 million ('fully engaged'), with extra revenue gained through tax and National Insurance.

These issues were highlighted only rarely in our interviews, but a small number of participants were keen to emphasise the importance of linking adult social care funding to future economic development. For one participant in particular, a crucial way forward would be to identify a series of innovation funds, encouraging local communities and social entrepreneurs to bid for seedcorn funding to test new ways of meeting social care needs that build on social capital and community resources. These ideas would be evaluated, with the local Council committing to roll out successful models at scale. The true test of success, for this person, would be whether in five years time the Council had a series of new providers adopting assets-based approaches across the local area, but also nationally and possibly even internationally. There may also be future scope to develop more outcomes-based commissioning focused on payment by results and to seek other sources of social finance.

In contrast, another participant emphasised the importance of staying consciously small and local. According to this perspective, the key issue is *"to scale out rather than scale up."* With micro-enterprise in particular, it simply isn't possible to replicate successful local services as each enterprise, by definition, is driven by the passion of the person running the service, the local context and any gaps in local provision. Rather than services growing larger, it

is important to create an environment in which lots of little services can develop and thrive, each supporting a small number of people but collectively changing the nature of service provision. This was supported by a second participant who felt that large authorities in particular might not be able to move wholesale to a new model of delivery, but could pilot in different local communities (perhaps in local areas where there are already well-developed structures and networks). A helpful synthesis was provided by one participant, who summed up the need to *"start small but think big".*

The relationship with the NHS

Although interviews focused on the delivery of adult social care, many participants spontaneously identified the relationship with the NHS as crucial in three main respects:

1. There is significant emphasis on joint working between health and social care, and any change in the philosophy or nature of social care could cause problems elsewhere if a similar change did not take place in the NHS. For several participants, the need to focus more on social capital and community resources was just as relevant for the health service (particularly in primary care and general practice) as for social care. Rather than necessarily integrating structures, this was more about having a similar vision. This might also prevent the danger of greater structural integration with the NHS leading to greater barriers with other services (such as employment, leisure and housing) – if the emphasis was on shared vision rather than changing structures, a range of local services might be involved in such debates.

2. No one who commented on current public finances felt that adult social care was properly resourced to deliver its obligations – and everyone who discussed these issues felt that a jointly funded approach with the NHS was needed to make best of scarce public funds. Several people described this as similar to the idea of 'total place', seeing public money as available to spend on the needs of the local area as best we can rather than seeing them as belonging to particular agencies. It was hoped that new Health and Well-being Boards could be a way in to this conversation, but more radical sharing of risks and rewards might be needed to bring about the paradigm shift required.

3. Several interviewees felt that previous community development approaches had been good at providing broader, more universal support – but had struggled to identify and work with people at risk of a significant crisis in their health. They therefore felt that all services should adopt a more assets-based approach, but that additional targeted work was needed with the NHS to prevent a rapid deterioration in the condition of people with multiple complex needs and on the cusp of requiring hospital services. While current NHS approaches to risk stratification and working with people with long-term conditions were felt to be a helpful step in this direction, participants believed that much more detailed thinking was needed here to develop an approach that genuinely keeps people with complex needs as well as possible for as long as possible. They thus envisaged something of a dual system with a focus on social capital and community resources on the one hand, but with an additional targeted approach to people at risk of multiple hospital admissions.

The relationship between local and national

Although not specifically asked, several interviewees instinctively talked about the limits of what an individual Council can do by itself and highlighted the importance of a two-way relationship between the local and the national.

For several people, the Care and Support Bill could create more of a national settlement, with acceptance of the principle of co-funding of long-term care and greater portability of assessment. Whatever solutions local authorities develop, they will therefore need to be consistent with this emerging national settlement. At the time of writing, a particular tension was felt by one participant to be in sections of the Bill focused on rights and entitlements. While they were very supportive of such sections in principle, they felt that there was a danger that such an approach adopted a deficit-based approach of what people cannot do for themselves and need money from the state to do – rather than an approach which stresses both rights and responsibilities and includes a greater emphasis on assets as well as deficits.

At the same time, there was a fear from some participants that recent national changes could create something of a vacuum in which localities had to develop their own responses to complex problems. Examples cited here included the closure of various arms length bodies that previously had a key role in supporting local projects, or the advent of direct payments (which depended on local innovations from Centres of Independent Living supported and rolled out nationally by the National Centre for Independent Living and the Department of Health). For one participant:

> ***"Local is great – but you need the national and the local working together... It seems as if there's been a breakdown in the national and local relationship... Localism could become very insular if it's too separate from the national scene."***

Without a more constructive dialogue, this participant felt that local authorities could blame central government for funding cuts, while government may blame local authorities for spending money unwisely (in its view) - with users, carers and communities *"stuck in the middle".*

Using the metaphor of family breakdown, this person added:

> ***"There's a breakdown in the marriage between local government and the Government – and the 'kids' are suffering. We need to think how we can empower the kids to get out of a set of potentially damaging relationships."***

In addition, several participants emphasised that the relationship between the local and the national is a two-way process, with individual authorities having significant scope to develop new approaches and contribute lessons learned to ongoing national debates.

Conclusion

From our search of local authority websites, many Councils are describing what they do to the public and to potential service users in fairly traditional ways. A typical way of framing the role of adult social care seems to be as a directorate or function within the local authority which assesses individuals and then provides/arranges for the provision of formal services to those who are eligible for support. While many Councils highlight the importance of independence, choice and control and describe an ongoing process of transformation, few explicitly address issues of social capital. Although a small number include mention of building community capacity, this often co-exists alongside traditional approaches to service delivery and some websites even encourage people to go through formal Council processes before they can make their own arrangements for care and support. While some Councils provide online community directories and signpost people to a broad range of services, others do not seem to divert people away from formal services at all and do not provide wider information for local people.

Of course, what appears on the website is not the same as what is actually happening at ground level and various new service models and approaches may well be being explored in a range of areas. However, from our initial search, it does not appear as if adult social care more generally is currently trying to frame what it is and what it does in radically different ways than in the past – at least in terms of the messages that appear in public places such as Council websites. How this will change following deliberations surrounding the Care and Support Bill remains to be seen if there is a greater emphasis on promoting well-being, on advice and information and on more preventative approaches.

From our interviews with key national stakeholders and local good practice examples, there is recognition of the need for approaches based on social capital and community resources – partly because of current financial challenges but also because this just feels like the right thing to do. There is a strong sense that the current deficit-based approach is counter-productive – albeit that there have been several attempts to refocus the system which have not proved successful.

Going forwards, there is a sense from many participants that local authorities need to adopt more of a community development approach, understanding, nurturing and building on the natural resources of individuals, groups and communities. There are also a number of emerging examples of good practice and lots of community-based organisations with experience of working in new ways and much to offer.

However there is also recognition that this is complex, time-consuming and resource intensive – and that such a rebalancing would need a sustained, long-term commitment and significant cultural change. In moving forward, key elements may include:

- Working with current staff to ensure that they focus on social capital and community resources rather than on deficits and limitations. This could usefully focus around a 'typical' local family (such as Mrs Smith in Torbay or the Taylor

family in Surrey) and/or explore new models of care management (such as the People2People approach in Shropshire).

- Changes to social work education and workforce development so that future practitioners are trained in new ways with a more explicit community development focus.

- Paying attention to the practical impact of new models so that they are not only intellectually coherent – but also really work in practice and do not bring unintended consequences. This also includes conducting an equality impact assessment – particularly in relation to gender.

- Viewing social care spending as a form of social and economic investment, rather than as ‘dead money’.

- Linking social care reform to economic development and encouraging new providers to pioneer more asset-based approaches.

- Investing time and money in understanding local communities and how best to engage them. ‘Doing to’ local people is not consistent with nurturing social capital and would be counter-productive.

- If necessary, reversing previous changes that have centralised support or taken resources away from working with local communities.

- Working with NHS partners to explore joint funding arrangements and to develop new approaches to identifying and supporting people with complex needs at risk of multiple hospital admissions.

- Remaining mindful of the emerging national settlement while at the same time contributing new local approaches to national debates.

However, throughout our interviews, the vast majority of participants stressed that changes such as these are easy to do superficially (only paying lip service to new approaches). They are also easy to attempt by imposing perceived ‘solutions’ too quickly and in a clumsy, top-down manner – thereby missing something fundamental about social capacity, community resources and how to work differently in the process. In a very difficult financial environment, the task for local authorities will be to ‘do the right thing’ and to ‘do the thing right’ – both at the same time and in challenging circumstances.

7

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Appendix A: participants

- Prof. Pete Alcock, Director, Third Sector Research Centre
- Stephen Barnett, Policy Director and Lisa Schoenenberg, Policy Officer for Long-term Care, European Social Network
- David Behan, Chief Executive, Care Quality Commission
- Prof. Peter Beresford, Chair, Shaping Our Lives and Director, Centre for Citizen Participation, Brunel University
- Ralph Broad, Director, Inclusive Neighbourhoods
- Sally Burlington, Head of Programmes, Community Well-being, Local Government Association
- Baroness Jane Campbell of Surbiton
- Jo Cleary, Chair, College of Social Work and Chair, National Skills Academy
- Prof. Luke Clements, Cardiff Law School
- Mike Farrar, Chief Executive, NHS Confederation
- Alex Fox, Chief Executive, Shared Lives Plus
- Rob Greig, Chief Executive, NDTI
- Sandie Keene, President, Association of Directors of Adult Social Services
- Sian Lockwood, Chief Executive, Community Catalysts
- Jenny Pitts, Non-Executive Director, People2People
- David Russell, Head of Health and Social Care, Spice
- Belinda Schwehr, trainer and legal framework consultant, Care and Health Law
- Matthew Taylor, Chief Executive, RSA
- Mark Verlot, Programme Director for Public Services and Joanna Owen, Senior Lawyer, Equality and Human Rights Commission

Appendix B: key definitions

Building on work by Martin Knapp and colleagues (2010, p.3), we have adopted the following definition:

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> ***"'Social capital describes the pattern and intensity of networks among people and the shared values that arise from those networks'* (Muir, 2006).**

Developing social capital through projects that build community capacity has the potential to benefit the community at large, as well as providing personal benefits for the individuals, recipients and providers involved in such initiatives. The potential is there to offer a level of personalisation unattainable through traditional service models, for example. The versatility of social capital in responding to individuals' needs gives rise potentially to a wide range of benefits, not confined to people needing health and social care support, or to those at risk of needing such support in the near future. Rather, they are linked to wider issues about how to improve and sustain neighbourhoods, including issues of equity of access to care and support, and inclusion of marginalised groups. Among the achievements that might result from empowering local communities and groups to initiate action themselves are reductions in antisocial behaviour and crime, greater safety (actual and/or perceived), social engagement, citizen participation and mutuality, improved housing and physical environments, and increased levels of support to people who want to move into employment or who are experiencing difficulties with absenteeism. Quite often some external pump-priming funding and perhaps staff support is needed from, say, the health service, a local authority or a charity."

About the authors

Jon Glasby is Professor of Health and Social Care and Director of HSMC, with an interest in partnership working, personalisation and community care.

Robin Miller is a Senior Fellow at HSMC with an interest in social enterprise, co-production, social value and the role of the third sector.

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Chris Ham and Debra de Silva
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