



Decentralisation and Social Services in England

Walter Lorenz, Free University of Bozen-Bolzano, Faculty of Education

Although Great Britain is not normally credited with the achievement of having been the first nation state to implement measures characteristic of a welfare state (this honour goes to Germany and Bismarck's strategy of promoting social insurance in the 1880s) it nevertheless pioneered many models of welfare services in view of the early onset of industrialisation in that country and the subsequent social problems it created. Organisations like the Mutual Insurance and Friendly Societies, the Charity Organisation Society or the Settlement Movement characterised an early approach to welfare that is based on initiatives at the civil society level and express a sense of self-help or of self-organisation in such a way that it did not involve the state directly. The state, traditionally, dealt with matters of discipline and public order, and for this reason institutions like prisons and workhouses represented the other end of the scale of 'welfare' provisions.

It therefore marked a cultural reversal when a consensus emerged between Conservatives and Labour at the end of World War II, and very much under the impact of the suffering of war and the determined stance against Fascism, that the state should indeed take a decisive and pro-active role in the establishment of comprehensive welfare provisions. These were to be based on the proposals of Lord Beveridge who had headed a commission during the latter parts of the war whose report was to become a blueprint for the UK welfare state. The consensus envisaged was to ensure greater equality in social protection and life opportunities and thereby to overcome the problem of stigma to users of welfare services which had always haunted the traditional provisions. Welfare as an explicit and central concern of the state sets out to correct the effects of capitalist market forces and therefore to reduce class differences (Briggs 1961). The state was put in charge of creating institutions and instruments that were to combat the 'Five Giants' as the major threats to people's welfare over the life span, disease (the health service), ignorance (education), squalor (housing programmes), want (income maintenance) and destitution (social services). In terms of social services the development of a coordinated response took some time and culminated in the Seebohm Reforms of 1971 which established a unified system of public and generic social work services in England and Wales (Social Service Departments, SSD) administered by local authorities to ensure free and equal access to professional, publicly employed social workers according to the Local Authority Social Services Act of 1970 (Younghusband 1978). Instead of the multiplicity of specialised social work service areas that had developed until then there was to be one general service (except for the Probation Service) for all kinds of social need requiring the assistance of social workers, obviating the need for clients to select one of the previous specialised services first before gaining access to assistance.

It is a matter of widespread scholarly debate to what extent this consensus was in fact a compromise that contained too many contradictions to be sustainable or whether it would

have succeeded in transforming British society radically from a class divided into a more egalitarian society had it been implemented systematically and comprehensively. At any rate, the British welfare system remained fundamentally divided and ambivalent, giving rise to the general characterisation as a 'residual' system (Titmuss 1974, Esping-Andersen 1990), which means that it allowed for the continued existence of parallel social, welfare and support services of a private and a public kind, with the private ones being generally of a higher quality and status and sending out therefore the message that users of services would be better off if they could manage to avail of their own facilities and resources, above all in housing, schooling and in pensions. The only exception was the British National Health Service (NHS) which developed very strongly in the direction of a universal public service, free of charge at the point of access, efficient, cost-effective and prevention-oriented, therefore originally supported enthusiastically by the working class and broad sections of the middle class alike. The British approach triggered a process that was 'to preserve an essentially modest universalism in the state, and allow the market to reign for the growing social strata demanding superior welfare. Due to the political power of such groups, the dualism that emerges is not merely one between state and market, but also between forms of welfare-state transfers: in these nations, one of the fastest growing components of public expenditure is tax subsidies for so-called "private" welfare plans. And the typical political effect is the erosion of middle-class support for what is less and less a universalistic public-sector transfer system' (Esping-Andersen 1990, 26). The residual model corresponded to the political culture of liberalism prevailing in British society irrespective of the political party in power. It values the liberty of citizens to be in command of their own civil affairs with minimal interference by the state. It also associates situations where the state is entitled and legitimated to intervene in the lives of citizens not only with exceptional emergencies of need, but also with elements of control deemed necessary over at least potential deviance that could, if left unattended, threaten the stability of society. Citizens can avoid coming under public scrutiny by 'doing their duty', by ordering their affairs sensibly and autonomously, and this includes assisting each other through systems of mutual aid and support. Where public services became necessary, they had a 'top-down' character, cancelling out self-directed initiatives by the urgency demanded and the weight of the expertise applied, despite all the professional rhetoric of 'client self-determination'. The initial attempts of giving service users some influence over the development of personal social services soon became swamped by a coalition of bureaucratic and professional self-interests, giving rise to the characterisation of social services in the UK as 'bureau-professionalism' (Parry and Parry 1979, Harris 2003): Services had a 'representational' dimension implying an unequal relationship between 'expert' and 'assisted' in which the interests of the clients are 'taken care of' by the superior knowledge and ethical standards of the professional. In this way, stable class relations were maintained and the lack of universalism in certain sectors of public assistance legitimated since the middle classes 'automatically' opted for seeking assistance in the private domain of services.

The perceived 'danger of too much state interference' was hence not only an argument on the political right against the unimpeded expansion of state welfare services, but represented equally a point of critique from the political left, albeit for reasons of a prevailing class bias on the part of the state which prevented working class self-representation becoming effective in public services. These ideological arguments in Britain added to the fiscal crisis which the British welfare state experienced on account of the worsening state finances during the 1970s when it became apparent that this welfare state model (like all others) was based on full employment and that protracted periods of unemployment, together with fundamental

changes in the nature of the capitalist economy, cancelled out the effects of Keynesian Economics by leading to ruinous public borrowing practices that confounded the effect of 'stagflation'. The tensions in the post-war welfare consensus became so noticeable in Britain because its economy had already been in decline in the 1960s, before the general recession in capitalist countries in the 1970s (Mishra 1990), thereby never allowing economically to demonstrate the achievement of the intended benefits to the general population. Welfare and economic progress were never perceived as elementarily related but as polar opposites, quite unlike in other post-war societies.

The reforms of the British welfare system initiated by the Conservative Government of Margaret Thatcher in the 1980s amounted therefore on the one hand to a 'dismantling' of the welfare state, on the other hand to a cancellation of the uneasy and often contradictory compromises that had characterised the post-war welfare system and a sharper rendering of its component parts: class interests clearly prevailed in her politics, and this in terms of the deliberate onslaught on working class solidarity as exemplified by trade unions with a string of restrictive new laws (Employment Acts of 1980, 1982, 1988, 1989 and 1990, Trade Union Act of 1984, Trade Union Reform and Employment Rights Act 1993) as well as in terms of the fostering of competitive market incentives among the working class to make 'playing the market game' seem worth while for them as well. Thus incentives for private house-ownership (Housing Act 1980), private education (Education Act 1980) and private insurance schemes became a central plank of Tory policies.

The neo-liberal reforms of the welfare system by the Conservative Government in Britain, followed through by New Labour under Tony Blair, proceeded in waves of strategies that on one level appear to supplement and reinforce each other, but which, on another level, are indications of new sets of contradictions and unanticipated negative side-effects in the management of welfare which seem to make it necessary to 'call the state back in'. These 'corrections' embroil the state, against its liberal intentions, in ever more elaborate attempts at 'steering' the process when its avowed aims had been to leave the market to do the steering automatically. In other words, the promise of 'less state', so important an element in the UK cultural context, promoted by the Tory slogan of 'rolling back the state', attempted in ever increasing programmes of de-centralisation and privatisation, led paradoxically to a process of 'more and more central state', even though the mode of state involvement changed significantly, particularly in paying less attention to traditional consensus-building processes and institutions. It can therefore be said that 'the New Right assault on the "welfare state"' is a way of 'endeavouring to change public understandings and expectations of both "welfare" and "the state" as well as the relationship between them' (Clarke et al. 2000, 3). It implied at once a new form of social policy and a new form of governance, orienting itself very strongly and very explicitly on developments in the USA and the works of academics like Charles Murray and Lawrence Mead with their emphasis on individualism and social responsibility in combination (Evans and Cerny 2003).

A further distinguishing feature of British welfare reforms under the Conservative Government was that they frequently operated with concepts and values that had formed essential parts of the repertoire of the political left in its critique of an alienating, class-biased, 'top-down' structure of public service provisions, terms such as 'community', 'user participation', 'accountability', 'self-determination', 'empowerment', 'citizens' rights', thereby pre-empting effective opposition to their programme. Thatcherism as a populist ideological alternative to the welfare state concept exploited popular misgivings about

'bureau-professionalism' to present itself as the advocate of 'the people' against the 'tyrannies of collectivism' (Clarke and Newman 1997). The recent changes in British society, seen from a broader sociological perspective, amount to an attempt at reducing the significance of 'the social sphere' and at replacing it with individualism. Individuals are held to assess and control risks as they face them rather than society as a whole providing automatically for risk reducing provisions. This is exemplified in the key document of Conservative health policies of 1992 entitled 'The Health of the Nation'. It marks an ideological shift in health care policy from 'the notion that the state should protect the health of individuals to the idea that individuals should take responsibility to protect themselves from risk' (Petersen 1997, 194).

Nicholas Deakin, in an address to a forum of leading social policy analysts from Britain and Germany in 1997, characterised the waves of measures for the 'management of welfare' initiated by Conservative governments as the following four 'leavers' which together represent the complex and in parts contradictory nature of recent British state-civil society relationships (Deakin 1999, 179ff):

1. Restricting expenditure
2. Privatisation
3. 'New Public Management'
4. Audit and regulation

The first leaver, pulled in the context of a decisive turn away from Neo-Keynesianism towards monetarism according to the doctrine of Milton Friedman, played on a deliberate worsening of the unemployment crisis and the cancellation of the promise of greater social equality to make instead the control of inflation and international competitiveness top political priorities. New employment policies systematically eroded the security gained in decades of trade union struggles and produced large-scale 'casualisation' of labour and the erosion of wage agreements. Significantly, Britain under Tory governments refused to sign the Social Charta which formed part of the EU Maastricht Treaty because it contained a minimum wage clause. Tax reductions introduced instead benefited high income earners disproportionately: During the Thatcher years £ 31 billion were distributed in tax cuts of which the poorest 50 per cent of the population gained 14 per cent while the wealthiest 1 per cent received one third (Oppenheim and Harker 1996). The reductions were largely achieved by drastic reductions in public spending on housing, educational and health (Lavalette and Penketh 2002), resulting in a deterioration in services, particularly in hospitals where long waiting lists ensued for public patients. These policies mobilised considerable resistance in the population, particularly in the form of a wide-spread revolt against the new 'community charge', a system of local taxation based on electoral registration with the aim of turning voters into 'consumers' who vote for cost-effective local governments in the same way shoppers frequent cut-price supermarkets. This highly unpopular so-called Poll Tax precipitated a first crisis in the Conservative Government and contributed to the fall of Margaret Thatcher as leader of the Conservative Party and Prime Minister. During this period the growth of public expenditure was only slowed, but never halted and the measures failed according to the targets set by the Conservatives themselves as the figures of the steady growth of public expenditure show.

**UK General government expenditure: by function, in £ billion at 1995 prices
(Hughes 1998, 60)**

	<i>1981</i>	<i>1986</i>	<i>1991</i>	<i>1994</i>	<i>1995</i>
Social security	61	76	83	100	102
Health	26	29	35	40	41
Education	28	29	33	37	38
Defence	25	29	26	25	23
public order and safety	9	10	15	15	15
general public services	9	10	13	13	14
housing and community amenities	14	12	10	11	10
transport and communication	8	6	8	7	9
recreation and cultural affairs	3	4	4	4	4

The second set of measures, privatisation, ostensibly aimed at cost-effectiveness rather than at cost reduction and utilised the precepts of public choice theory, implying that a linking of 'consumers' with 'service providers' through direct or indirect money transactions could unhinge the inertia built into bureaucratic (in conjunction with political) systems, after the Poll Tax disaster had shown how difficult it was to make this link via politically controlled services and expenditure mechanisms. 'Consumer choice' was the motto which was meant to popularise the drive for privatisation thereby transferring market behaviour of consumers of commercial goods to the 'purchasing' of public goods, although at first this was limited to health, education, housing and insurance. This 'lever' also aimed simultaneously at eliminating political opposition from local authority councils who were still predominantly in the hands of Labour representatives, thereby underlining the logic of transferring steering mechanisms from the political to the economic plane. 'Between 1979 and 1989, 50 pieces of legislation curtailing or redefining the powers and responsibilities of local authorities were passed' (Hughes 1998). These amounted to curtailment of the powers of local authorities, a push to 'contracting out services' with the establishment of the principle of Compulsory Competitive Tendering (CCT) for local government services, and a general transfer of direct service provisions to the private and voluntary sectors with a re-definition of public agencies as purely regulatory, supervisory and organisational. But again, the withdrawal of the state from taking direct responsibility had serious consequences in terms of moral and political accountability: the transfer to market principles did not automatically lead to a more efficient and cost-effective distribution of resources but revealed new inefficiencies. Consequently the move brought in its wake supplementary regulatory structures without which privatisation would have seriously run out of control and turned against its own promises. The differences between private and public goods in market situations became all too apparent.

The diagnosis of this malaise, according to Conservative analysts, lay in the lack of management skills and principles in the previous public and now increasingly privatised domain. So the third wave of measures concerned the transfer of management procedures from the sphere of industrial and commercial production to public (and semi-public) services, fitting them around the previous, 'mechanical' market processes to create effectively a new semi-autonomous steering superstructure for welfare services to buffer the growing friction between politicians and the service-using public. Deakin lists eight key characteristics of the British approach to New Public Management (Deakin 1999, 180):

- a) Disaggregation of services
- b) Competition
- c) Management style borrowed from the private sector
- d) Parsimony in resource use
- e) Shift from procedural rules to discretion and results focus
- f) 'Hands-on' management approach
- g) Measurable performance standards
- h) Control by output measures

Again, these measures are not unique to the changes taking place in Britain but correspond to an international trend addressed and systematised in the book by Osborne and Gaebler (1992) entitled 'Reinventing Government' which can be summarised in their slogan that 'government should steer and not row'. However, in the British historical context these principles assume a very distinct relevance: in no other European country did public services change so rapidly and so profoundly, and in no other country have the changes had such a paradoxical effect, namely that the declared dispersal of the role of central government led to a virtual omnipresence of central government through the relentless pushing through and minute monitoring of these pervasive changes at all levels and in all regions, thereby reducing the ability of local government and indeed of the non-governmental sector in coming up with any real alternatives to the 'management agenda'. The role of local government has not been strengthened in this process – devolution has benefited the much more autonomous 'nations' of the United Kingdom (Scotland, Wales and to some extent Northern Ireland, with the autonomy of England as such being largely unresolved), but there is no federal structure emerging nor is it indeed intended in the UK. What has been de-centralised, however, is accountability for outcomes, as Deakin states: 'Responsibility for outcomes is no longer located in a single place, rather, it has migrated to a whole series of decentralised structures' (Deakin 1999, 181). In local authorities this led to the spread of 'managerialism as an ideology with which many professional and organisational actors actively engaged, to the extent that its features were increasingly internalised within the organisational structures of local government' (Cochrane 2000, 130). The 'Local Government Management Board' (LGMB) issued guidelines for all local authorities on 'best practice' which became the standard to which all local councils had to subscribe. The aims centred on 'developing a strategic direction', 'providing effective community leadership', 'being responsive to the public as customers and consumers' and 'sustaining local democracy through strengthening accountability to the public as citizens' (LGMB 1993, 1.8).

It was during this third wave that the Conservative Government launched its actual targeted programme of the transformation of health and welfare services. The progress of local government restructuring had been slowed down considerably by an invigorated trade union movement, particularly among public employees, who organised strongly and effectively

against the erosion of their hard fought for employment rights and conditions through contracting out and privatisation. These trade unions, particularly in the health sector, managed to gain back public confidence and support by making it clear that their actions were not primarily motivated by self-interest but that the quality of services to users was at stake through privatisation. They were able to demonstrate convincingly that unequal funding of 'marketised' services would improve certain service sectors only at the expense of others, and trade unionists gained a great deal of support from the public for their determined stand against unfettered privatisation (Kemshall 2002). It was only with the help of the device of New Public Management that the Conservatives were able to pursue their aim of creating quasi-market conditions for the distribution of welfare services at local level. In relation to social services the transformation strategy of the government utilised the poor public reputation of social services which had been mounting in the wake of apparent failures by social workers in protecting children 'at risk' from being harmed by their carers. 'SSDs [Social Service Departments] were seen as inefficient and expensive and in some areas wasteful of resources. A second criticism here was that managers of social services were inadequate at making plans, setting targets and deciding priorities' (Pinkey 1998, 259). The key documents in this strategy were the reports commissioned directly by Mrs. Thatcher from the managing director of the Sainsbury supermarket chain, Sir Roy Griffith in 1983 and 1988. Both, the first one on the National Health Service and the second one on Community Care, advocated a 'mixed economy of welfare' approach to reform and were less concerned with the substance of the services than with their management. The subsequent National Health Service and Community Care Act 1990 served to implement the recommendations which amounted to a decisive strengthening of the non-governmental sector in the delivery of services and the simultaneous introduction of New Public Management strategies. The Conservative Government subsequently stipulated 'that 85 per cent of the funds transferred to local authorities from central government's social security system for community care services had to be spent on the independent sector' (Harris 2003, 44, see Department of Health 1992, Annex C, para. 3).

It is, however, the 'emptiness' of the management approach and this dispersal of responsibilities which again came to threaten the stability and legitimacy of the emerging welfare arrangements in electoral terms, perceived particularly strongly during the last phase of the Conservative Government under Prime Minister John Major. He famously instituted a 'UK Citizen's Charter' (HMSO 1991) that defined key principles of public service delivery such as the right to information, to choice and consultation, to respectful treatment and to value for money. Each service sector had to develop its own sets of principles under these general headings and to define their mode of interaction with the public. In order not to leave these citizens rights as empty promises the whole system of auditing the performance of public and contracted-out services was introduced under the umbrella of the National Audit Office and the Audit Commission which had been set up in 1983 and whose remit gradually expanded to ever wider areas of service provision both in the public and in the private domain. With this set of measures the (social) rights of citizens promised under the Keynesian welfare settlement were finally transformed into those of consumers thereby underlining the importance of a 'purchaser – provider culture' and of a management approach to the delivery of social (and of other public) services. 'The Charter introduces the market as the mediator of the relationship of people to welfare services by its emphasis on costumers, competition, privatisation and contracting out' (Hughes 1998, 70). This fourth development, a wave of audit and regulation measures, evidences another paradox typical of the British development, which is that although those reforms are driven entirely by political motives and values, the

structures of decision-making and evaluation are becoming more and more insulated from political debate by being framed in an administrative, managerial and hence seemingly politically neutral epistemology, and this again with immediate consequences for the users of social services and their actual status and conduct as citizens. They are called upon to exercise their choices less through political channels than through their conduct as consumers.

These reforms paved the way to a new type of consensus which is currently being harnessed and synthesised by the New Labour Government of Tony Blair. It purports to be a 'Third Way', a middle path between the never realised universalism of traditional socialism where state services and provisions supersede all private welfare initiatives and the – equally never realised – individualism of neo-liberalism which emphasises personal responsibility and foresight to cover eventualities through hard work, savings and the purchase of private insurance benefits. The bundle of Neo-liberal and other welfare politics converges on a programme of de-constructing taken-for-granted areas of public service provision and installing instead 'mixed systems' of provisions whose growth is partly driven by competition, partly by the self-expressions of the needs and requirements of service users and partly by 'neutral' expert systems watching over the ensuing quality of services.

There is a general consensus among social policy analysts that Third Way politics represent a great deal of continuity with the reforms initiated by the Conservative Governments of the previous eras in Britain, albeit with different emphasis on particular elements of that fundamental transformation (Ellison and Pierson 2003). The direction was set with a White Paper in 1998 entitled emblematically 'Modern Local Government: In Touch with the People' (DETR 1998) which reiterated the familiar Tory critique of traditional local authority and welfare structures: 'The old culture of paternalism and inwardness needs to be swept away' (DETR 1998, 7). This is an acknowledgement that the new service structure emphasising managerialism that had been introduced by the Conservatives in all areas of local government, cannot be reconciled with fundamental democratic principles unless a new type of interface is created between the public, the managers and the public's elected representatives. This signals not only new managerial steering mechanisms but also new forms of political representation and participation, again with all the opportunities and limitations this entails. Apart from giving local councillors a more explicit role of scrutinising the strategic executive the White Paper stresses consultation and more direct voter involvement as 'stakeholders' as the new key term. Given the low participation rate in local elections such changes are indeed highly necessary, but they signal a complete cultural change from previous political structures and processes, cutting across old power structures and forging new alliances between lobby groups, experts, managers and politicians. All these changes happen under the threat that central government can always intervene directly when the local councils fail to implement the new practices (Cochrane 2000).

In terms of the particular changes in social services promoted by the New Labour Government in Britain, these also continued the line of development initiated by previous conservative governments which amounted to introducing deliberate austerity, the use of market forces and decentralisation, to promote, however, in addition particularly the element of accountability (Langan 2000). This was stated programmatically in the White Paper on Social Services also issued in 1998 called 'Modernising Social Services: Promoting Independence, Improving Protection, Raising Standards': 'While allowing authorities the freedom to manage their social services as they think best, the Government intends to monitor their arrangements as part of the performance management arrangements described earlier'

(Department of Health 1998, 123). To this aim 'national standards' are being defined for different social service areas in very general terms (for instance 'to ensure that children are protected from emotional, physical, sexual abuse and neglect'). The exact implementation of these standards is then on the one hand a matter for each authority to define and to operationalise, partly a matter for additional quality control structures which monitor the performance of services and their personnel¹. For instance, the New Labour Government gave the accreditation body for training in the social work profession, the former Central Council for Education and Training in Social Work (CCETSW) much wider powers to set and implement standards in training as well as in practice by turning this body into the General Social Care Council (GSCC). Apart from monitoring very closely training outcomes of social work courses through the already well established 'competence criteria', an exact catalogue of performance skills students are required to demonstrate in order to be awarded a professional qualification (cf. TOPSS England 'The National Occupational Standards for Social Work')², this council also has the responsibility for keeping a professional register of all members of the social professions and of protecting therefore the public comprehensively from malpractice.

The programme of 'modernisation' under New Labour emphasises the diversity of British society which no longer allows for a 'top down' approach to service planning and delivery. 'The practices, structures, cultures and modes of operation of public services, government departments and agencies were formed in a time when Britain's population was relatively homogenous, stratified by class, comparatively static and, to a large extent, lived in "conventional" households. Increasingly, it is highly diverse, multiply stratified, mobile and in a growing variety of living arrangements. "One size fits all", with the implication that everyone should receive the same service, if it was ever appropriate, is ill-suited to the wide variety of demands, needs and aspirations of individuals and communities in the 21st century. (Innovation in the Public Sector, 2003, 3.2)³

Most clearly exemplified is the turn towards user and consumer choice in the area of Care for the Elderly where in 1996 direct payments were introduced to older people who can thereby purchase care according to their needs and preferences, which are, however, negotiated in joint assessments between local authority representatives and the applicants themselves⁴.

Accordingly, the types of partnership have also amplified under the recent government. The relationship between the public and the voluntary sector at local authority level in England can now take the following forms:

- grants (under S.65/1968 or S.28A/1977 joint finance) promote voluntary sector developments in line with the LASSDs responsibility and objectives;
- contracts/service agreement for the provision of services by VOs directly related to the discharge of the LASSDs statutory responsibilities (provision of public services);

¹ 'All our futures' Association of Directors of Social Services, October 2003, p 14

² www.topps.org.uk

³ Discussion Paper by the UK Government Strategy Unit (2003), written by Geoff Mulgan and David Albury, <http://www.strategy.gov.uk/files/pdf/pubinov2.pdf>, accessed 3. Sept 2005

⁴ Community Care Direct Payments Act 1996, Department of Health; Health and Social Care Act 2001, Department of Health

- financial and other support for developing the voluntary sector infrastructure, typically support for local development agencies (furthering LAs more corporate 'agenda' as well as LASSDs specific objectives and reflecting the wider enabling role of LAs in promoting the social and economic well-being of their area);
- involvement in the management of VOs;
- involvement of VOs in service planning and commissioning processes as required by statute or developed as good practice.

This means that there is now in place a complex set of interlacing responsibilities and a partnership arrangement graded between 'contracting out', 'grant-aiding independent activities', 'joint venture', 'consultation' and 'shared management'.

The type of partnership depends on factors like the size of the voluntary organization (some are extremely small and geared very specifically to local requirements, some are large and form part of national organizations), the type of activity (service provision or need assessment/advocacy) and the type of legal framework operating. Basically, however, two types of financial relationship prevail, (i) the contracting of specific services (which would in most cases mean 'payment by result', and (ii) grant aiding (which means investing in the relatively autonomous development of a service sector carried out by a voluntary organization). In effect, competitive tendering is therefore not necessary in every instance.

Central to promoting this new approach is the government's Neighbourhood Renewal Unit, set up 2001 under the Office of the Deputy Prime Minister, which promotes strongly the 'mixed approach' to neighbourhood renewal and the elimination of inequality and disadvantage in the UK's most deprived neighbourhoods.⁵ Local Strategic Partnerships (LSPs) are central to this approach: 'The idea behind LSPs is a very simple one – that the public, private, voluntary and community sectors should come together in a single overarching local co-ordination framework'⁶. 'They must include representatives of each of these sectors and can be set up in new organizations or can be built around existing neighbourhood groups and initiatives such as 'Local Government Association's New Commitment to Regeneration partnerships, Housing Action Zones (HAZs), community Planning Partnerships, Local Agenda 21, Single Regeneration Budget (SRB) partnerships, leadership arrangements for these partnerships need not be disturbed. So some LSPs may not be led by local authorities'⁷. The strategy, which is receiving funding mainly through the Neighbourhood Renewal Fund, is originally targeted at the 88 most needy neighbourhoods, but it is expected to be expanded beyond those as the approach proves successful.

⁵ see factsheet <http://www.neighbourhood.gov.uk/formatteddoc.asp?id=228>, accessed 5.Sept. 2005

⁶ <http://www.neighbourhood.gov.uk/formatteddoc.asp?id=89> accessed 5 Sept. 2005

⁷ *ibid.* – the document lists the following organisations to be represented: residents and community groups; voluntary organisations; faith communities; private sector and business organisations; local councillors; and various public sector organisations, including: the local authority (e.g. education, housing, transport, social services, planning, culture and leisure), local Learning and Skills Councils, education and training providers, such as schools, colleges and universities, Registered Social Landlords (RSLs), the Health Authority or Primary Care Trusts/Primary Care Groups, the police and fire services, the police authority, the Employment Service, and New Deal partnerships, the Benefits Agency, the Small Business Service, the Regional Development Agency, the Community Legal Service partnerships, Drug Action Teams, and a representative from the Government Office for the Region.

In these developments a merger of concerns becomes apparent in as much as the strategies draw on the support from and involvement of government departments which have so far been working largely separately. Such concerns include the creation of small businesses, the easing of unemployment, particularly for long-term unemployed, care for children, housing, education and policing with social services playing more and more a mediating role between all areas. Most controversially this applies to the implementation of the 'welfare to work' strategy which aims at 'activating' people who are at high risk of unemployment but is being perceived often as punitive.

The approach in these 'joint up strategies', which have spawned an enormous amount of elaborate models, prescriptions and schemes, still reflects the government's faith in a 'management approach', even where this goes beyond the explicit professional management of resources. For instance, one of the latest proposals is the setting up of 'Neighbourhood Management': 'Neighbourhood Management works by placing a single person, team or organisation in charge – someone who local people can turn to if they face a problem. Neighbourhood managers can help focus services on residents' priorities and customer needs by making service level agreements; running local services; managing a devolved budget; and/or putting pressure on higher tiers of Government. Managers could be employed by either a Neighbourhood Management partnership or by a partner on the LSP, such as the local authority. Neighbourhood managers can be supported by neighbourhood forums and other methods of community involvement. ... Some pathfinders – in areas of ethnic diversity – will be led by minority ethnic groups'⁸.

In order to stimulate local involvement and to avoid giving the impression that it was merely a cost-cutting exercise the government has set up a special 'Community Empowerment Fund' which can allocate up to € 600.000 to each of the identified 88 neighbourhoods to fund meetings, training and the infrastructure required for effective participation. Thereby the government can also monitor the development of community involvement and, where it is weak, directly intervene. The government will be advised by a Task Force of experts in community activation.

In addition the government is setting up a 'Knowledge Management System' to create not only a database on strategies that work in reducing deprivation in neighbourhoods, but also to disseminate such knowledge effectively. To this aim extra teams of advisors are being established that neighbourhoods can avail of⁹.

Local Governments are rising to this challenge. In a manifesto by the Local Government Association in September 2004 they underline the central role local government has in rebuilding more active political involvement through providing a solid basis of trust in accountable politicians. They affirm the principles of devolution of power to local councils and directly to people, communities and civil society organizations, to make governmental services more directly and democratically accountable to the public.

'Local government can also provide the best starting point from which to rebuild involvement in politics and trust in politicians. Local issues are the ones that people care most about and most want to get involved in. Trust can best be rebuilt from the bottom up, by councils actively welcoming and supporting participation. Our vision is of self-governing

⁸ <http://www.neighbourhood.gov.uk/formatteddoc.asp?id=89> accessed 5. Sept. 2005

⁹ <http://www.neighbourhood.gov.uk/formatteddoc.asp?id=89>, accessed 5 Sept. 2005

communities: Over the next ten years we want to see communities given much more responsibility for solving their own problems without recourse to external help; communities freed to govern themselves with and through locally-elected representatives without outside interference in matters that are best left to local decision. Self government is the key to creating communities that are more prosperous, healthier and more cohesive but, just as importantly, different from each other. Sustainable communities that draw strength from their distinctive identity make a contribution to our national economy, culture and political life. Local government holds the key to restoring faith in the political system. Trust can, and can only, be rebuilt from the bottom up. It will never be possible for more than a small minority of people to be actively involved in determining national policies, but it is possible and practical for many more people to be involved at a local level. The implication is that power must be devolved to localities - to councils but also to the local branches of public service organisations such as the police and health service - so that they can join together to respond to local issues without needing permission from the centre.'¹⁰

At the same time the local government representatives demand a better taxation basis to raise their own funds, so that citizens can see how their money is being spent more immediately, and to streamline the system of inspection and auditing, which has become a burden on local services¹¹.

Summary of current developments in England

Community care is assuming a new significance in the context of the development of public services in Britain. The third New Labour government under Tony Blair is intent on maintaining the basic direction of reforms initiated under the previous Conservative governments, emphasizing however the following principles:

1. Central government continues to assume a renewed role in directing the development of public services, setting standards and monitoring developments.
2. Service delivery has diversified at local level. There are now over 24000 different agencies operating in the field of social services with over one million staff¹², representing a wide range of organisational forms and funding principles.
3. The government is exploring the possibility of combining social and health services to form "Care Trusts" in analogy to the already existing National Health Trusts. Furthermore the merger of social and educational services is being considered, particularly for the purpose of improving child protection systems.

Key features of this emerging service model are that services will be:

- Person-centred – flexible services, designed around the individual needs particularly of older people,
- Easily accessible – twenty four hour, seven day a week services,

¹⁰ <http://www.lga.gov.uk/Documents/Publication/Manifesto%20SummaryWEB.pdf>, accessed 6 Sept. 2005

¹¹ <http://www.lga.gov.uk/Documents/Publication/Manifesto%20SummaryWEB.pdf>, accessed 6 Sept 2005

¹² see joint annual report for 2002/03 "All our Lives" by the Joint Reviews of Social Services, Social Service Inspectorate and National Care Standards Commission, <http://www.dh.gov.uk/assetRoot/04/07/71/21/04077121.pdf>, accessed 2 Sept. 2005

- Delivered in partnership – through integrated teams. The partnership will include health, housing and social services, community members, the independent and the voluntary sector,
- Community based – locally determined and locally delivered, but within a national framework.¹³

References

- Briggs, A.** 1961: The welfare state in historical perspective, in: *European Journal of Sociology*, 2, pp. 221 – 258.
- Clarke, J. and Newman, J.** 1997: *The Managerial State*, London: Sage.
- Clarke, J., Gewirtz, S. and McLaughlin, E.** (2000): Reinventing the Welfare State, in: Clarke, J., Gewirtz, S. and McLaughlin, E. (eds): *New Managerialism, New Welfare?* London: Sage, pp. 1-26.
- Cochrane, A.** 2000: Local Government: Managerialism and Modernisation, in: Clarke, J., Gewirtz, S. and McLaughlin, E. (eds): *New Managerialism, New Welfare?*, London: Sage, pp. 122-136.
- Deakin, N.** 1999: The Management of Welfare, in: Weber, H. (ed.): *The Future of the Welfare State – British and German Perspectives*, Trier: Wissenschaftlicher Verlag Trier, pp. 178-186.
- Department of the Environment, Transport and the Regions DETR** 1998: *Modern Local Government: In Touch with the People*. London, The Stationery Office.
- Department of Health** 1992: *Memorandum on the Financing of Community Care*. London: Department of Health.
- Department of Health** 1998: *Modernising Social Services: Promoting Independence, Improving Protection, Raising Standards*. London: Stationery Office.
- Ellison, N. and Pierson, C.** 2003: Developments in British Social Policy, in: Ellison, N. and Pierson, C. (eds.): *British Social Policy 2*. Basingstoke: Palgrave, pp. 1-14.
- Esping –Andersen, G.** 1990: *The Three Worlds of Welfare Capitalism*. Cambridge: Polity Press.
- Evans, M. and Cerny, P.** 2003: Globalization and social policy, in: Ellison, N. and Pierson, C. (eds.): *Developments in British Social Policy 2*. Basingstoke: Palgrave, pp 19 – 40.
- Harris, J.** 2003: *The Social Work Business*. London: Routledge.
- HMSO** (1991): *The Citizen's Charter: Raising the Standard*. London: HMSO.
- Hughes, G.** 1998: 'Picking over the Remains': the Welfare State Settlements of the Post-Second World War UK, in: Hughes, G. and Lewis, G. (eds.): *Unsettling Welfare: the reconstruction of social policy*. London: Routledge.
- Kemshall, H.** 2002: *Risk, Social Policy and Welfare*. Buckingham: Open University Press.
- Langan, M.** 2000: Social Services: Managing the Third Way, in Clarke, J., Gewirtz, S. and McLaughlin, E. (eds): *New Managerialism, New Welfare?* London: Sage.
- Lavalette, M. and Penketh, L.** 2002: The British Welfare State from Beveridge to Blair, in: Aspalter, C. (ed.): *The Welfare State: East-West Comparisons*. New York: Nova Science.
- Local Government Management Board** 1993: *Fitness for Purpose. Shaping New Patterns of Organisation and Management*. Luton: LGMB.

¹³13 Community Care and Voluntary Organisations - ADSS/Voluntary organisations Joint Policy Statement

Mishra, R. 1990: *The Welfare State in Capitalist Society – Policies of retrenchment and maintenance in Europe, North America and Australia*. London: Harvester Wheatsheaf.

Oppenheim, C. and Harker, L. 1996: *Poverty: The Facts* (3rd ed.). London: Child Poverty Action Group.

Osborne, D. and Gaebler, T. 1992: *Reinventing Government*. Reading, MA.: Addison-Wesley.

Parry, N. and Parry, J. 1979: *Social Work, Professionalism and the State*, in: Parry, N., Rustin, N.M. and Satyamurti, C. (eds.): *Social Work, Welfare and the State*. London: Edward Arnold.

Petersen, A. 1997: *Risk, governance and the new public health*, in: Petersen, A. and Bunton, R. (eds.): *Foucault, Health and Medicine*. London: Routledge

Pinkey, S. 1998: *The Reshaping of Social Work and Social Care*, in: Hughes, G. and Lewis, G. (eds.), *Unsettling Welfare: the reconstruction of social policy*. London: Routledge.

Titmuss, R. 1974: *Social Policy: An Introduction* (ed. by B. Abel-Smith and K. Titmuss). London: Allen and Unwin.

Younghusband, E. 1978: *Social Work in Britain, 1950 – 1975*. Vol. 1. London: Allen & Unwin.

Author's Address:

Prof Dr Walter Lorenz
Libera Università di Bolzano
Facoltà di Scienze della Formazione
Via Stazione, 16
39042 Bressanone (BZ)
Italia
Tel.: +39 0472 014150
Fax: +39 0472 014009
Email: Walter.Lorenz@unibz.it

**Social Work
& Society**