

THE CHANGING FACE OF LOCAL ACTION.

As everyone at this conference knows, the long term post war consensus between central and local government concerning the nature of its relationship has broken down. In earlier years there was a kind of controlled tension, an institutionalised battle in which both sides knew the rules of engagement and (usually!) stuck to them. Of course, there were ritual complaints on both sides but neither side sought to change radically their respective roles vis a vis the other. All that has changed. Even in those local authorities which share the same political views as central government, there is increasing anxiety and resentment, stemming not only from resource constraints but from a belief that the very structure of government in this country is being challenged and that attempts to weaken local government are part of a calculated political plan.

The traditional structures, involving two or three levels of government, have formed quite a strong system of checks and balances. However, there was a time, 15 years or so ago, when I sometimes wondered whether, in the field of the personal social services, we would do better not to have them within a local government structure at all. I was concerned at the extent of what has been called 'territorial injustice', that is, the variation in the quality of service offered according to where the consumer lives. Of course uneven provision in social services is not simply a consequence of local government variation. (Such unevenness has long been evident in the Health

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Service). However, so long as central government funds (in part) local services without 'ear marking' them for particular purposes and local authorities use rates, or their equivalent, locally determined, for the same purpose, the latter are given significant freedom and discretion in the overall amount of money which they use on personal social services and the priority which they accord to different areas of the work. The consequences of this are both positive and negative. On the one hand, it offers opportunities for innovation and for sensitive response to local needs; it may encourage a sense of local involvement in the provision. On the other hand, it is hard to justify a situation in which your aunt or your mother stands a much better chance of getting a home help in one county or borough than in another and will receive the services free in one place and not another - and so on. More recently, one has also been conscious of the extent to which party political interests, at local level, affects, and sometimes distorts, the development of the personal social services.

No doubt, many of those present would argue for the (relative) independence of local government as you would for the voluntary sector, on the grounds that diversity and local involvement are of higher value than streamlined centralised services. Broadly, I agree: but we pay quite a high price in terms of the well being, even safety, of individual citizens in certain parts of the country.

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This has spun off into local government itself. For example, in some authorities we are seeing a new breed of social services Director, whose party-political affiliations are overt in a way which would have been unthinkable in years gone by.

Obviously, this in turn affects the voluntary sector. Traditionally many local voluntary organisations have gone to great lengths, especially with reference to their charitable status, to preserve political neutrality. They must continue to do so. Yet it becomes increasingly difficult as the local battles grow more bitter. It is simplistic, even hypocritical, simply to say, 'of course we are not party political' without facing the ethical questions which the policies of political parties raise, a point to which I shall return.

Further difficulties about maintaining - and being seen to maintain - party political neutrality arise in relation to major policies initiated by central government in relation to disadvantaged groups in society. Resources available to implement community care programmes for the mentally ill and mentally handicapped are one example of an area in which a declared political priority of severe restraint in public expenditure appears to place such programmes in serious jeopardy. Similar difficulties arise in relation to the 'reforms' of social security. I am a member of the governments 'watchdog' committee - the Social Security Advisory Committee. It is well known that we advised against a substantial number of these 'reforms' and other measures, such as those arising from Board and Lodging allowances. Our advice was, by and large, rejected. Essentially, the arguments advanced by the Committee were the

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same - that the proposed measures (such as the Social Fund) will bear too harshly on poor or vulnerable people, either because the income support is inadequate or because the administrative problems arising from them will be unjust to individuals and further increase inequality.

One has now to accept that the dominant priorities and values of the present government are not the same as the majority of those, in the voluntary and statutory sector, who are involved in, and committed to, work on behalf of the poor, oppressed and disadvantaged. This is a far sharper divide than has existed in the past, whichever party was in power.

(Of course, the impact of central government policies on the voluntary sector is often filtered through local government. This complicates the picture).

Thus, however seriously one strives to keep party politics out of the day to day debate about voluntary action, it is increasingly difficult to avoid such engagement when a party in power appears to challenge more fundamentally than heretofore some of the very values for which CVS stand.

Any discussion about the relationship between statutory and voluntary sectors must also take into account the issue of welfare pluralism - of what some have called 'a mixed economy of welfare' in which the social services which people need are provided in a range of ways, through central and local government, through a wide range of voluntary organisations and, increasingly, through the private sector. Of course, that is the present position and has been so for many years. What is

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new is that the balance between sectors is under radical review. Indeed, although we have not seen the long promised Green Paper on the personal social services, the former Minister at the DHSS, in a speech to Directors of Social Service in 1985, said that he saw the future role of local authorities as 'strategic planners' for services, less involved than heretofore in the direct provision of services. The private sector has been much strengthened by the growth in residential care for elderly people, a development which, whilst it accords with the government's general political stance, was partly the unintended result of changes in social security payments.

A radical shift in the balance between sectors would obviously have profound implications for the voluntary sector and it is to be hoped that voluntary organisations will be in the forefront of the debate. If social service departments were increasingly to 'contract out' service provision, as happens in some countries, the voluntary sector would face major problems. Clearly, it is not at present geared up for this. It also raises profound questions of principle - what contracts, on what terms? (You are now all too familiar with this in relation to MSC funding). It also raises sharply questions of accountability; it is public money but what degree and type of control is appropriate?

The development of forms of private care raises even more thorny problems. Take, for example, the growth of agencies providing domestic and personal care. No one would wish to prevent people, often old, from exercising choice in such matters. But there has to be protection for those vulnerable

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people, such as those who are mentally confused, against exploitation in the domestic sphere. In a pluralist system, what kind of structures do we need to protect the vulnerable?

The rhetoric about welfare pluralism emphasises the right to choose as individual clients and consumers and is sometimes linked to the idea of providing cash equivalents, (for example vouchers) to buy care. There are attractions in this approach but the rhetoric is empty unless we take account of two related factors. First, real choice means that alternative courses of action are genuinely possible. 'Choosing' to enter private residential care rather than to stay at home is only meaningful if good domiciliary supports services are available in the community. Secondly, having cash available to buy services is only useful if the services are readily available. Thus, the state must accept responsibility for ensuring that (say) a sufficient number of chiropodists or physiotherapists are available in the right part of the country. In short, no responsible society should leave substantial areas of welfare provision to market forces alone. Real choice requires social planning.

Sadly, recent events in local authorities have also shown the need for structures to protect some of those in their care. The relatively rare, but most distressing, examples of old peoples homes, in which bad practice went unchecked, sometimes, it would seem, when union power was abused, remind us yet again of the vulnerability of some of those who need social care. Voluntary organisations are potentially well placed to know what

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goes on at local level. They have a critical role in exposing, fearlessly, such abuses. However, one should not underestimate the difficulties of so doing, when grants for the very survival of the local voluntary action may flow from that same voluntary sector. These are the kinds of issue which will become more and more pertinent if services are increasingly contracted out to 'the voluntaries'.

In short, that there is interest in the concept of welfare pluralism and an increased role for the voluntary sector is not necessarily unwelcome. It is essential, however, that government, central and local, does not abdicate responsibility for social planning, for ensuring balance and appropriate provision for a range of social services needs. It is also critical that effective controls are built in to avoid exploitation or abuse of vulnerable and dependent people. In neither of these matters is the present situation satisfactory.

In conclusion, a comment about community care and how it affects local action. It may be that the 'Fowler concept' of local authorities 'as strategic planners' is gone for ever, superceded by the 'Griffiths concept' - when we know what that is. What Sir Roy will make of the Audit Commission's (1987) strictures about present planning mechanisms between health and social services remains to be seen. Rumours abound! We hear of different arrangements for different client groups; of local planning units, with devolved budgetary control; of new structures combining health and social services - and so on. The critical question for this conference, of course, is how are Voluntary Organisations going to get in and stay in on the act?

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The political climate at the centre will, of course, favour greater involvement of the voluntary sector. Yet we know that, at local levels, bureaucratic and professional interests often seek to exclude or marginalise the voluntary sector, whose own divisions and diversity make this easier. Furthermore, in some areas, there is overt hostility, derived from political ideology, to any increase in voluntary involvement. It is in such matters that CVS have a critical coordinating and initiating role.

Whatever structures emerge, it seems that very local planning for certain client groups in need of community care and support is the best way forward. I have in mind those people, often the elderly or mothers with young children, who are tied to a particular locality and depend on its resources for much of their well-being. In order to plan, one needs therefore local 'mapping' of the area, to pinpoint its strengths and weaknesses in relation to those who need help. Amongst its potential or actual resources are, of course, the informal carers, relatives, neighbours, though these in turn need support.

The local voluntary sector is extraordinarily well placed to remind the statutory services of the immense variety in the way the local community supports (or does not support) its vulnerable members. If community care is to become a reality, there will never be a blueprint for patterns of provision - the mixture will vary according to the history and culture of this area. The principles which should guide developments are not, however, too hard to formulate; first to offer vulnerable people a chance to live as 'normally' as possible and, secondly, to

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offer real choice. It is much harder to develop mechanisms which protect without being patronising or controlling. To talk about 'independence' for some of those who are the subject of community care policies can be misleading and unhelpful. Some people, for example, those who are, or have been severely mentally ill in hospitals, have been disempowered by the very experience. Others, however, such as those with dementia are disempowered in part or largely by their very disability. They need our tender, loving care. Thus, whilst we work towards empowerment wherever and to the extent which is possible, we must not deny the validity of dependence and the challenge of providing services which meet dependency needs sensitively.

In September 1987, as this conference gets underway, we face a harsh political climate in which emphasis on the virtues of self help, self reliance, together with the prospect of bitter dispute between central and local government create a very uncongenial environment for the healthy growth of community care policies. Such policies are essentially fraternal or sororial - they are about mutual care, not about autonomy and self reliance, however desirable these qualities may be in certain situations. The ethical principles of social justice, with their important formulation about treating people fairly, have to be linked with the ethic of caring, of our moral duty to look after each other and sometimes to tend each other. That cannot be done abstractly; one has to relate to people as individuals. Yet it makes a deal of difference what structures we evolve in complex societies to make proper connexions between those who need and those who care. So debates about the structures of community

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