

Mark Given in 1995. You'll see
it

'PEOPLE FIRST IN HEALTH & WELFARE REFORMS' !

↑ ↑ CAIS. Put as sub-file. ↑

[The importance of retaining the principles of public service in reforms].

I did not choose the title of this paper! Let me, therefore, voice a qualification at the outset. The word 'reform' implies change for the better. It is a word which has been constantly reiterated by politicians as part of the campaign to gain public acceptance. In this paper I shall try to keep that agenda open; that is, not to presume that the dramatic changes we are seeing are necessarily for the better or for the worse. This is particularly important because the principles of public service cannot be considered in a vacuum. Public servants operate in a context which can support or undermine the values which they seek to uphold. A second introductory remark concerns the focus of the paper. Although I shall refer to health services (and, indeed, in passing, to other services) my main focus will be upon the personal social services, because this is the area of which I can claim most knowledge, both historically and in the present. Most of the people who should 'come first' (to use the title of the paper), and whom I shall consider, will be users/clients/customers of the personal social services. (The uncertain terminology is in itself indicative of some problems).

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However, in the attack launched on these forms of organisationa, there is a grave layer that food and essential values may be lost. This paper seeks to pupoint these values. As we move towards more pluralist models of provision, in which the independent sector, voluntary or private, plays a fuller part, I see no justification for staff employed by those agencies to depart from some essential values of public service with which this paper is concerned.

This, then, leads me into the first part of my papers - a discussion of some of the characteristics of the users whom the personal social services is there to serve. For all the complex debates about structures and organisation and management which we will have at this seminar have to have as their reference point their impact upon the users.

In preparing this paper, the first task has been to articulate what the values of public service in the personal social services might be. I have chosen six using some of Nicholas Deakins work but modifying and adding, based on my work for the Rowntree Foundation on Community Care. (Stevenson & Parsloe 1993).

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services is vague. I use it to refer to those who work within this framework who have been described, rather inelegantly, as 'bureau professions'.

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Nonetheless, ~~Nonetheless~~ - see bottom of P24 attached.

In the 1970s, it became apparent that there was public unease (though how much this was generated by political manipulation is unclear) about the allegedly cumbersome exercise of power by bureaucrats and arbitrary control by professions. Clarke and Newman (1993) suggest that 'this complex of bureaucratic, professional (~~local~~) and ^{local} political power was identified by the new right in the 1970s as a major stumbling block to the radical restructuring of the state' (p.50).

The ensuing, relentless ^k attack ^g on these forms of organisation may, in the course of time, be seen to have created conditions for more flexible and responsive welfare organisations, including, of course, increased use of the independent sector. However, there is a grave danger that in all the 'busyness' of the past decade, in all the management talk, good and essential values in public service may be lost or eroded. It is particularly important that their relevance is accepted ^{for comparable work} in the public sector.

Nonetheless, the phrase captures well an essential dilemma of social and care workers in the personal social services who seek uneasily to combine administrative and professional functions in areas of great human difficulty for comparable work in the independent sector.

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dimensions of public service. My 'users first' list of five values takes Deakins' (1994) work with modifications and additions based on my work on community care for the Rowntree Foundation. (Stevenson & Parsloe, 1993).

Public Servants should have regard to:-

- i)* Preserving & enhancing the autonomy of users.
- ii)* Protecting vulnerable people.
- iii)* Ensuring effective democratic process.
- iv)* Ensuring equitable treatment.
- v)* Ensuring efficient and sensitive delivery of good quality service.

It will be at once apparent that these values have the potentiality for conflict with each other and that they interact. The public servant has to work within this tension, understanding that to operationalise these principles is usually a matter of compromise. But in the delivery of these services, unlike (say) services offered by super markets or environmental health, the unique characteristics of the individual in need are a crucial defining consideration.

i) **Preserving & enhancing the autonomy of users.**

The word autonomy connects with the overworked word "empowerment", which has acquired a rhetorical acceptance, which often masks or trivialises the difficulties in making it a reality. Similarly, 'autonomy' connects with the idea of 'choice' derived from

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the jargon of the market. 'Empowerment' describes both an ideal and a process by which people may become more autonomous or self directing. 'Choice' describes a possible element in the process of empowerment. Behind this notion of autonomy is the emphasis on increasing the capacity for self direction in those who need services.

There is no doubt that there is justice in the criticism, both of bureaucracies, such as social services departments, and of professionals, that they have operated in some ways to oppress rather than empower, thus damaging the autonomous capacity of the individual. The size and rigidity of monopolist organisations, the power games of professionals, all have been exhaustively described and analysed in sociological and social policy literature and will not be rehearsed here. However, such problems were highlighted and exaggerated by a Conservative government whose political agenda included the weakening of local government and whose economic philosophy included the marketisation of welfare. Furthermore, the discrediting of some child protection work, especially latterly when unwarrantable intrusion into family life has been alleged, played into the hands of a government committed to rolling back the frontiers of the state and increased the vulnerability of social services departments to the search for alternative models. Whilst the word 'autonomy' cannot be safely applied to the role of parents in an era when children are no longer regarded as property, another word 'partnership' (between officials and parents) is now part of the rhetorical currency.

Yet there have been some areas of significant achievement, little recognised and valued, which predate this government and the 1989 Community Care Act. One such concerns people with learning disabilities. The progress made in the last two decades or more in helping such people reach their potential has been truly remarkable. Patient work at

which predate this government and the 1989 Community Care Act. One such concerns

field level facilitated by managers has transformed the lives of some people doomed to rigid (usually uninstitutional) control and denial of their capacities.

Another example has been the acceptance of carers' right to have their voice heard. The recognition of that by government followed more than ten years of developing work, epitomised by work with carer's groups.

These illustrations are simply to indicate that I do not accept without reservation the critique of the past. Furthermore, the very uncertainty about social work status and a deep fear of 'elitism' within the profession meant that the unattractive power hungry aspects of some professions were much less marked in social work, (though ~~it~~^{this} had disadvantages).

It has not been difficult, then, for many bureau professionals within social services to welcome the concepts of empowerment and autonomy as giving a direction to their work, to which they had, to an extent, previously subscribed.

In practice, however, there are 3 factors which make meaningful application of the principle of autonomy very difficult to put into operation.

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laughable at present when in some places it is good news to get any service at all.

- Organisational & Structures

It is unclear and some would say doubtful whether the principle of a market in welfare provision will result in more self directed choice, in short, whether the analogy with the economic market place is actually valid. There are a number of reasons for such reservations, some of which concern the operation of local supply and demand. (If we move from monopolies to cartels will we be much better off?.)

- The Capacity of Individuals

However significant those two factors may be, it is apparent that the service recipients we are here considering pose very particular difficulties in the application of the autonomy principle. A crucial point is that the public servant, has a duty to facilitate a process, not just to deliver a menu of choices or alternatives. It is, in fact, rather unusual for users of the personal social services to grasp, unaided, an opportunity to exercise complete autonomy in the management of their care. In this connexion, it is worth remembering what a small proportion of Community Care users are in the group of what might be described as 'fit physically disabled' - i.e. those whose disability, tho³ severe, is static and leaves them with plenty of energy to cope with life, and whose intellectual functioning is unimpaired. As we all know, the majority of users are

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However significant those two factors may be, it is apparent that the service

direct their lives or, as is the case with many old people, to preserve that capacity for as long and in whatever ways as possible. I see little evidence that the politicians or the general public have grasped that the translation of an ideal of autonomy into practice requires skilled, systematic, and detailed work. The old maxim of social work 'go at the clients pace' takes on a new significance when the objective is to help that person towards a greater degree of independent self direction or to sustain them at a particular level.

When we turn to child care, similar difficulties in relation to the application of the principle of autonomy are also apparent. One of the more disappointing aspects of the nearly 50 years since 1948 is the failure to equip children in care effectively for independent adult life. The immense difficulties which face us in bureaucracies (whether public or independent) of being 'in loco parentis' and, of 'behaving as a good parent would' are all too obvious. For families with children who are in the community, the very fact of their involvement with personal social services is an indication that in some aspect of parenting, they or we do not think that they can exercise ordinary parental autonomy.

I do not want the above to be understood as a yearning for old paternalistic or ~~materialistic~~ ^{maternalistic} attitudes. On the contrary, one of the most powerful and valuable aspects of contemporary discussion is its emphasis on redressing the balance of power between

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who are by definition vulnerable, and often limited in their capacities for autonomous living. It is part of the duty of the organisation, specifically its managers, to allow its public servants space to do this.

The duty to enhance autonomy has to be balanced with the duty to offer protection, to which I shall shortly turn. Reiterated fears of 'dependency' on the state, a cry of the Right and of the New Left, are most unhelpful when they are carried over into the field of the personal social services, or, for that matter, the health services. The theme of state dependency has been developed and articulated mainly in relation to social security.

In the personal social services, there are users whom we may expect to be, quite properly, 'dependent' in a variety of ways for a substantial part of their lives. The goal of autonomy should always be before us. But we should be careful not to regard as 'failures' those who continue to be 'dependent'. Here I think particularly of some families with children but we should also reflect on the needs of some community care users. That dreadful phrase 'Nanny State' ~~and~~ distorts the reality of those who need us (and does a great disservice to Nannies!).

This discussion of dependency and its relationship to the ideal of autonomy is well exemplified by the current debate concerning the individuals capacity to make his or her own decisions about care management packages and to make his or her own
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in many cases the assistance of people recruited or trained to advise, organise, mediate etc.

Some of this is self evident in relation, for example, to people who are conspicuously intellectually disabled. But a recent study (Baldock & Ungerson 1995) shows with telling clarity how difficult it is for couples who have been suddenly traumatised by, for example, a partners stroke, to sort out their needs and accommodate to a radically changed situation, without advice and support. Dependency at such times may be normal and appropriate.

This discussion of autonomy leads into, and indeed interacts with, the duty to protect.

ii) The Protection of Vulnerable People

The public servant in this field has therefore to manage tension between autonomy and protection, society having laid on social service departments substantial legal responsibility for protection. The protection of vulnerable people has different facets; broadly, there are 2 groups. There are those who need to be themselves protected from harm; and those who need to be prevented from harming others who are vulnerable. The latter group includes domestic situations, in which (say) parents harm children or men harm women; and there are restraints on those who 'harm' the wider society, by, eg. theft or violence.

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fact, this division between children and adults is unhelpful. On the one hand, as we have seen from children leaving care and increasingly recognise in work with young people, their need for, and capacity to use, a greater degree of autonomy is manifest. In the case of adults (to take just one example) we have a very significant number of elderly people with dementia, whose capacity for autonomous life is seriously impaired.

At long last, society is beginning to take this on board. The recent publication by the Law Commission (1995), with its proposals for new legislation to protect mentally incapacitated adults marks an important step. The ~~can~~ test to be applied in such work offers a model for public servants, in the balance between autonomy and protection.

'In deciding what is in a persons best interests regard should be had to:-

- i) The ascertainable past and present wishes and feelings of the person concerned and the factors that person would consider if able to do so.
- ii) the need to permit and encourage the person to participate or to improve his or her ability to participate, as fully as possible in anything done for or any decision affecting him or her.
- iii) the views of other people whom it is appropriate and practicable to consult about the persons wishes and feelings and what would be in his/her best interests.
- iv) whether the purpose for which any action or decision is required can be

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Running parallel with of the Law Commission, we see the emergence of organised concern about elder abuse, the creation of a network in elder abuse and the development by health and social services public servants of guidelines for identification and action in such cases. A clearer indication of the 'adult protection' aspect of the work could not be given.

The task of the public servant in performing the duty of protection has been made the more difficult of late in relation to the business of 'working together'. The phrase is best known in child protection and is in fact the title of definitive government guidance on the topic. (Working Together, under the Children Act 1989, 1991). It is also clear, however, that there is also an imperative to work together in adult care in the community. A great deal of time and effort has gone into this endeavour and it is widely recognised that, in the UK, child protection has some of the most sophisticated and effective inter-agency, interprofessional working in the world.

The importance of working together is quite simple. We have constructed elaborate systems to meet different aspects of citizens' needs. But these are fragmented and such fragmentation does not put people first as whole beings, whose needs interact and overlap. Specifically, in child protection, much knowledge of child and family reposes in different places and a child may be in danger if this is not coordinated.

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emphasis on competition, with its associated secrecy, may work against a notion of cooperative endeavour in the interest of users.

If we accept that this balance between the two values has to be struck and it is part of the function of the public servant to manage this, there have to be safeguards built into the organisation, from top to bottom. Some of these are inherent in the operation of legislation and procedures, others are related to effective staff supervision. But, there is also a personal and individual aspect to this. We have an ethical responsibility to seek to understand something of the anxiety which complex, painful and dangerous situations which require us to balance these values generate in us and which may effect our decisions and actions. This public service is a far cry from routine issuing of pension books (but not very difficult, I think, from work in the health services). The main way of developing such awareness is through education and training, including, of course, in-service staff development.

iii) Ensuring effective democratic process.

The debate as to what constitutes 'effective democratic process' takes me far beyond my remit. What has become abundantly clear, however, is that demands for 'greater democracy' go much wider than constitutional, governmental structures, which are not believed to be sufficient. The idea of the need to 'rebalance power', linked with the rise of consumerism, has taken root.

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individual level, managers are more commonly engaged with users in the planning or delivery of services to categories or groups of people. It is hard to operationalise the ideal. Deakin refers to the excellent comment by Bertrand Russell. 'A fanatical belief in democracy makes democratic institutions impossible'. Every manager knows that, in day to day work, power sharing with staff, leave alone users, is a very difficult business. Once you move beyond a concept of representation, which implies delegation, and you involve users at various levels in the nitty gritty of decisions which have to be made, you are faced with tensions and conflicts of objectives. These are related to the following:

- * Time constraints: democracy is slow
- * ensuring real representation: it is extremely difficult to achieve genuine representation.
- * Balancing the views of users with other valid considerations.
- * Working with users who are involved in 'committee speak and whose capacities to participate may be in certain ways limited.
- * Ensuring effective feed back so that disillusionment does not set in when certain users do not achieve what they want.

Closely linked to the objective of greater democracy in the development of services is the ideal of greater openness about such processes. Again, this is part of a wider debate in British society, at present. Everyone knows that secrecy (often masking as confidentiality) can be used to retain power and that this is a well worn tactic of both

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test opinion). A further complication, already referred to, is the culture of secrecy which is generated when competition is the dominant ethics, though we have yet to work out the precise ways in which openness to users may be damaged by such a culture.

This catalogue of difficulties is not to convey a lack of enthusiasm for democracy in relation to users. But as with all the other values here discussed, the devil is in the detail; if we do not attend to the problems in carrying out such ideals, it is easy to become disillusioned and to use such disillusionment as a justification for retaining power, which is more comfortable.

iv) **Ensuring equitable treatment**

Here we are on more familiar ground: the classic requirement of the bureaucrat, using that term neutrally, has included fairness, equal dealings with clients. It should not be forgotten how quickly public service loses respect (as is the case in some countries) when ^N - ^N nepotism or corruption are perceived. (One reason why British Colonial rule was viewed with less hostility than some others is precisely because a sense of fairness, albeit within a narrow and racist framework, was acknowledged.) Without that value being upheld at local government level, services are beset by distrust and dissent.

However, in recent years, we have seen an elaboration & sophistication of this concept which has brought into the open how difficult it is to put the value into practice. The relation to users. But as with all the other values here discussed, the devil is in the detail; if we do not attend to the problems in carrying out such ideals, it is easy to become disillusioned and to use such disillusionment as a justification for retaining power, which is more comfortable.

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this produces strong feelings, as conventional power and authority are threatened and subtle forms of discrimination are exposed. Recent allegations and counter allegations of uncontrolled and dangerous 'political correctness', in the Islington personal social services, illustrate all too well how the basic value espoused can get caught up in a maelstrom of emotions, fears and malpractice. Nothing, however, can be gained by supporting the backlash, by saying in effect, let's forget about equal opportunities policies. They are a necessary and proper development of the traditional bureaucratic ideal - of fairness in treatment of people.

There is, however, a further implication of this notion for those who work in the personal social services (and, indeed, also in the health service). Many years ago, in studying aspects of social security system, I identified a tension between what has been described as two kinds of justice, the creative and proportional (Stevenson 1973). The former is concerned with meeting the needs of individuals, which are unique and vary; the latter was concerned with ensuring that people with the same needs get the same treatment. The latter is conventionally associated with the bureaucrat; but the former is more dominant in the work of professionals.

In the personal social services, as the professional (usually the social worker) moves up the hierarchy of management, they have to consider 'proportional justice' more than hitherto. Decisions on resources must be seen to be equitable especially when material goods or money are concerned, rather than workers' time. The worker on the ground rightly sees 'their' client as particular, special and to be championed. As soon as one sets up a system for the allocation of scarce resources, the field worker sets about making the case for 'their' client, and this includes emphasising those aspects of the case which may

rightly sees 'their' client as particular, special and to be championed. As soon as one sets

influence managers in their favour. Thus the necessary tension between creative and proportional justice is played out within the system, between the bureaucrat and the professional. Essential as proportional justice is, it is crucial within the personal social services to recognise that the human needs, wishes, difficulties and strengths of those requiring service do indeed vary greatly. The organisation must be constructed in such a way that the public servant can address that fact effectively.

iv) **Ensuring efficient and sensitive delivery of good quality services.**

Conventionally, all public servants operating within bureaucracies have stressed the values of efficiency and quality services, as indeed has the private sector. We are all familiar with the development of indicators and measures of success, of targets, embodied now in Citizens Charities, of systems of 'audit' and so on. There is every reason why public servants in the personal social services should set such standards, although the nature of the objectives and the complexity of the processes are a far cry from many other organisations, (similar to health). A current example with which I am concerned is the setting up of a Standards Sub-committee of an Area Child Protection Committee, whose task is to devise and agree standards of good practice in Child Protection, across all the relevant agencies, which can be used a bench mark for subsequent monitoring and evaluation. It is a daunting task. Although its ultimate purpose is beyond reproach, for it does indeed put 'people', (in this case children) 'first', there is, in all such processes, a danger that they become so elaborate and time consuming that they become an end in themselves, rather than a means to an end. The organisation must be constructed in such a way that the public servant can address that fact effectively.

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course, is a well known feature of organisations, whether they be small residential care homes or huge agencies. The goals can become displaced; protecting the organisation becomes dominant. This is a danger against which public servants have constantly to guard.

Furthermore, efficiency and sensitivity do not always sit comfortably together. Let me give an uncomfortable example. I have heard of one local authority which contracted to outside caterers all its meals services in residential homes, including those for children. The case was made on grounds of efficiency and economy. The consequence was that the caterers bought food in bulk and their costings did not allow for access by the young people to refrigerators for snacks. Yet that was grossly insensitive to their developmental needs, physical and emotional. Similarly, the delivery of frozen meals on certain days of the week to elderly people at home may be efficient and economical, but if it is insensitive (as in a case I heard of recently) to the developing dementia of the elderly person and difficulty he or she has in managing these meals, it is dangerous and often places additional burdens and anxieties upon nearby carers.

It is crucial therefore to the public service values of the personal social services (as in health) that we add this word sensitivity to the 3 'es' (efficiency, economy, and effectiveness) which have so dominated management talk.

In conclusion: First, the foregoing analysis demonstrates, not only that there are certain discrete values at the core of this kind of public service, but also that they are intertwined and sometimes in tension with each other; whether at field level, for example, in balancing autonomy and protection or at managerial level, for example, in balancing democracy with efficiency.

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Secondly, my optimism and conviction that these values can be upheld is still strong. As Glennester (1993) puts it, regretting the lack of sociological and organisational analysis and the dominance of economic analysis, 'financial gain and the size of a department's budget are not the only things that motivate people.' (p.25). As Deakin (1993) points out, quoting Oscar Wilde, "A map of the world in which Utopia does not appear is not worth having".

Thirdly, I have left as an open question how far these values can be unequivocally adopted outside the public sector. This is a crucial consideration in the changed environment of 'welfare pluralism' and the increased use of the independent sector. It is not difficult to see these values working within the voluntary sector. More difficult to judge is their viability within a sector whose *raison d'être* is profit and for whom competition is a dominant value. A specific question is whether contracts can ensure compliance with the intangible and subtle objectives which are essential in the personal social services, even when they clash with the need to make a profit.

Lastly, I return to my awareness of, and concern about, the impact of present resource constraints on the operation of these values. The constraints are not simply within one service. All are caught up in the problem and there is in consequence a tendency to 'pass the buck' which can only hurt users. I am well aware that public servants always have operated, and will always have to operate, within constraints. But there may come a point when this priority so distorts the goals of the organisation as to place public servants in intolerable role conflict. I hope that point has not been reached.

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