UNVEILING THE TRUTH ABOUT SOCIAL CARE IN ENGLAND

PART FOUR

The historic and continuing failure to intervene early and prevent further care needs

Campaign For Real Care
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CONTEXT

Part Three of Unveiling the Truth showed how the system's focus on crises and high dependency generates crises and high dependency. A vicious circle exists that squeezes out the win-win of early intervention and prevention of increased needs.

This is a problem that has been known about for over half a century. There have been numerous attempts to address it. Reviewing the history, and the proposed solutions along the way, is a necessary part of informing the resolution.

OVERVIEW OF THE HISTORY OF EARLY INTERVENTION AND PREVENTION

1970s – Social Services Departments

The Labour Government of the 1960s commissioned a report into why the system set up within the 1948 settlement to support older and disabled people was failing. It was led by Lord Seebohm and concluded a new service was required that would:

> ***'...reach far beyond the discovery and rescue of social casualties; it will enable the greatest number of individuals to act reciprocally, giving and receiving service for the well-being of the whole community'***

He believed the problem stemmed from the division of services between children, adults and mental health. Generic Social Services Departments would be the answer. They were set up, but made no difference. While the symptoms may have been correctly identified, the remedy was not.

1980s – The 'Community Care Model'

With concern growing about a service that was rigid, service led and failing to secure best value, a highly influential project between the University of Kent and Kent Council created the *Community Care Model*.

They worked with a small group of older people seen to be at risk of residential care. The social worker and service user were freed up to identify the unique needs of each individual and use cash to buy whatever would work in their case. It was seen as *'needs led'* working in contrast to the prevailing *'resource led'* practices. They would no longer be tied to the menu of existing services. They were allowed to spend up to two thirds of the cost of residential care.

It was very successful. After twelve months, while **44%** of a control group who received the standard, 'service led' approach were in residential care, only **15%** of those who were supported through the new 'needs led' were. Thus people receiving the service led approach were ***three times*** more likely to end up in residential care.

It was an unequivocal triumph for the win-win preventive approach. The experiment was quickly replicated at other sites around the country with similar results.

The focus on the person's wellbeing from the outset, without regard to resources, was key to being able to get the right supports – both social care and health.

1990s - The failure of the Community Care model

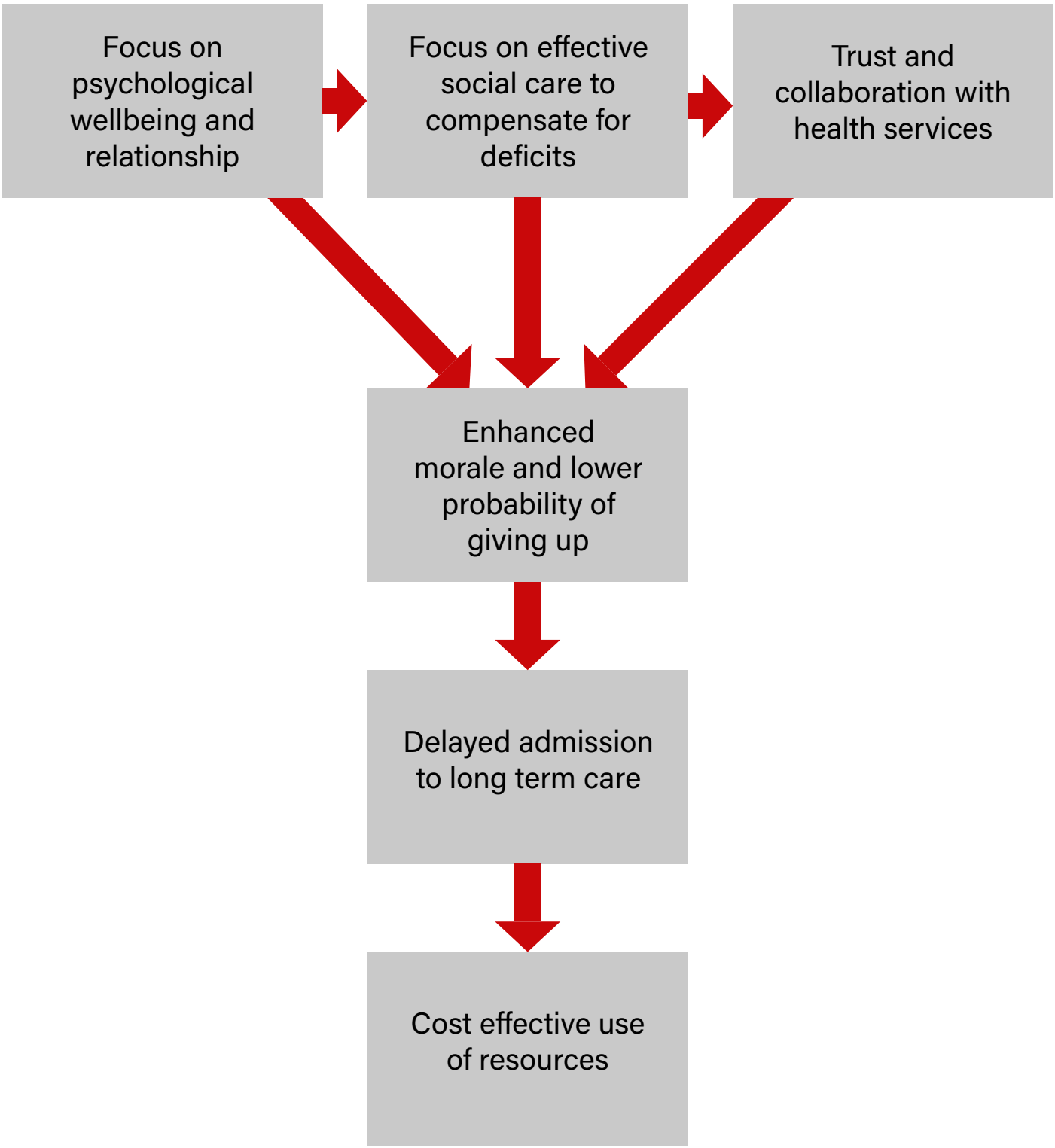
The model formed the basic delivery mechanism of the Community Care reforms of the 1990s – *Assessment and Care Management*.

However, no way was found to replicate the budget ceiling for the social worker and person to work with that could be applied to all. Obviously, two-thirds the cost of residential care could apply to a handful of people. It could not possibly be used for all services users as there would be no control of spending.

The result was that Government reverted to type. Its Guidance to the NHS and Community Care Act of 1990 said councils would ***'continue to take resources into account when determining need'.***

This destroyed the *Community Care Model*. *Assessment and Care Management* went on to become one of the most reviled ever innovations in social care.

The Community Care Model (taken from Davies and Challis, Matching Resources to Needs in Community Care, 1986)



2000s – 'Inverting the Triangle'

In 2002, reflecting the failure of the Community Care reforms, ADASS published *All Our Tomorrows*

> ***'Currently we focus most resources for older people on those with the most severe needs... future services need to reverse this trend by inverting the triangle so that the community strategy and promotion of the wellbeing of older people is at the top of the triangle.'***

The report issued exhortations to change how services are planned at the strategic level. This rested on the assumption that the problem was strategic planners had simply overlooked the good sense to plan for prevention.

In 2012, a further report – the *Case for Tomorrow* was published. It simply repeated the plea. The exhortations had failed.

In 2023, in a blog for the Kings Fund, the author of *Inverting the Triangle* - ex Director Peter Hay - once again lamented the under-provision of prevention, once again exhorting that ***'people must pay serious attention to prevention, supported by evidence-creating practice and curiosity'.*** His blog showed no curiosity as to why 20 years of exhortation to do something of inarguable benefit had had no impact.

2006 - The Partnerships for Older People Project (POPPS)

The Government made £60M available for pilot projects aimed to promote independence and so reduce demand for care and support. Over a three year period, 19 sites engaged on creating a range of 'preventive' services such as befriending, lunch clubs etc. The evaluation showed these services were highly valued by those who engaged with them. However, there was no evidence of reduced demand for social care as a result.

The fundamental difference between POPPS and the Kent project was that POPPS was about *preventive services* accessed outside of the social care system's process of needs assessment. The Kent project was about identifying and meeting unique individual needs that have a preventive impact identified through the assessment process and accessing mainstream budgets.

The failure of personal budgets

The original idea of personal budgets briefly raised the prospect of addressing the reason why the *Community Care Model* failed. The core idea was a *Resource Allocation System* to create an 'up-front' budget. This would provide the key to the success of the Kent project. The up-front budget would be sufficient to enable 'full citizenship'. The concept was sold on the back of case studies of success that had echoes of the Kent project.

The idea was popular with all politicians, resonating with the prevailing consumerist ideology. But it received two blows, which between them were fatal. The first was when the concept's champions agreed with Government that the budget would not, in fact, be sufficient for 'full citizenship'. It would be just a 'fair allocation' of whatever the existing resource level happened to be.

While the liberating concept may have survived this blow, it could not survive the second. Despite massive investments of time and money by government, by all councils, policy makers and software houses, it proved arithmetically impossible to deliver a formula for the up-front allocation.

'Personal budgets' went on to feature in the Care Act in 2014. However, they had become are a mere ghost of the concept – the wording adopted to disguise the reality that the innovation had failed but no-one prepared to admit it. 'Personal budgets' are nothing more a financial costing once the council has decided what services to offer to meet the needs it has decided to meet. It is an administrative task that has no meaning or value.

THE PRESENT DAY

The Care Act sought to finally address the problem. It made it a legal requirement that councils invest in prevention.

Councils have addressed this by building a firewall to protect spending on prevention from spending on eligible needs. On the prevention side are usually found;

- ***Preventive services***, such as lunch clubs and be-friending of the type developed in POPPS, usually delivered through grants to third sector organisations.
- Teams of ***practitioners*** who provide information, advice and signposting to other services.

The 'firewall' strategy has consequently failed.

- Although preventive services can be valued by those who use them, there is no evidence that they reduce needs for care and support.
- Over the past decade, councils have made major claims for the success of teams of practitioners operating at the 'front door' to divert people from needing care and support. However, it has been shown that none their claims stand up to the evidence.[1]

Spending on the prevention side of the firewall has been minimal. In 2021/22, councils gave the voluntary sector just **£211M** in grants. This is just **1.2%** of the total spend of **£26BN**, and not all of that will have been used for 'preventive' services. They also spent **£258M** on teams to provide '*information and early intervention*'.

The combined spend is a mere **1.8%** of Councils are spending - just enough to tick the prevention box.

Instead of protecting spending on prevention from spending on eligibility, the firewall is protecting eligibility from funding for prevention.

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1 Toward a new start and a sustainable future for adult social care, Slasberg and Beresford. Research, Policy and Practice. 2020

CONCLUSION

The popular narrative is that a decade of austerity has left councils cash strapped and unable to afford to do anything other than crisis and high dependency work. The reality is quite different:

Part Three shows how eligibility expands to whatever resource happens to be available and with that, so does crisis and high dependency.

The truer narrative is that the system is institutionally incapable of delivering early intervention and prevention.