

The Rise & Fall (?) of Care Management: some critical reflections

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Aims

- **Brief history of Care Management: its key tenets and policy location**
- **The impact of care management on social work with older people: what was lost**
- **The resurrection(ish) of social work with older people:**
 - **New models or old wine in new bottles?**
- **Some legacies of care management**

Care Management: the history stuff

- The *Kent Community Care Project* (original) study was 'carried out in East Kent in the mid 80's: early results suggested that (mainly older) people could, at reasonable cost, avoid moving into residential and nursing homes, to the benefit of themselves and their families'
- Work in other LA sites followed providing evidence that 'a high quality case management service *targeted correctly* achieved improvements to older people's wellbeing, a lower level of carer stress and was cost effective' <https://www.pssru40.org.uk/case-management>
- *The PSSRU work had a demonstrable impact on policy* - cited in the *1989 Caring for People White Paper*: case (later care) management was viewed by policy makers as 'the panacea'
- *BUT...* the national roll-out was done without being 'faithful to the model and the evidence'; different local authorities did different things, few acted on devolved budgets
- *'It's about enabling care managers to carry out proper assessments of people's needs and to use flexible budgets to do things that are outside a narrow range of prescribed activities. At the same time the organisation has to accept the viability and legitimacy of risk and to be more supportive of their staff taking a non-traditional approach'* (Challis, <https://www.pssru40.org.uk/case-management>)

Care Management: more history stuff

- Care management was formally implemented in the UK in 1993 following the *1990 NHS and Community Care Act*: welcomed as an ‘innovation in community care policy’
- *Community care policy was influenced by a number of factors*: a downturn in the economy; the growth of a neoliberal commitment to the marketisation of welfare services; growing criticism of public services as monolithic, fragmented & slow to respond to calls for de-institutionalisation (Griffiths, 1988)
 - The rhetoric around community care policy was underpinned by a focus on the economic burden of an ageing society & the importance of ‘family care’
 - Superficial policy rubric of choice, independence & rights heralded in a seismic shift away from access to publicly funded care & support
- This *‘set the scene for the allocation of personal social services resources to move from a consensual position - of shared social risk & collective responsibility for ‘need’ - towards the control and distribution of finite resources and the adoption of an administrative model of welfare’* (Ray, 2014, p141)
- Also, in parallel, emphasis on self-directed care & direct payments (Humphries, 2011)

Care Management: the role stuff

- Social workers were largely redefined as care managers & were required, *'as the operational arm of community care, to identify people via assessment who were eligible to receive services ... and broker those services in a cost-effective and efficient manner'* (Ray, 2014, p142)
- Labour Govt of the late 90's/early 2000s reinforced market model under the rubric of 'modernising services': accompanied by adoption of the language of *'greater efficiency & accountability', 'rationing', & focusing 'scarce resources on those in greatest need'*
- Processes such as assessments became increasingly focused on what older people *could not* do in order to be *eligible* for support:
- *...it soon became evident that assessments were being used as a mechanism for prioritising needs & restricting access to services for all but those deemed most at risk of harm'* (Hudson, 2021, p21)
- Sleight of policy hand: As Lloyd (2012) observes, *'whilst the language of policies is positive and ambitious in tone, policies in practice become subsumed into the political arena where the management of resources is the primary consideration'*
- Social workers were replaced by other professional groups such as nurses or, more concerningly, by cheaper (mainly unqualified) staff

So... what happened to social work with older people?

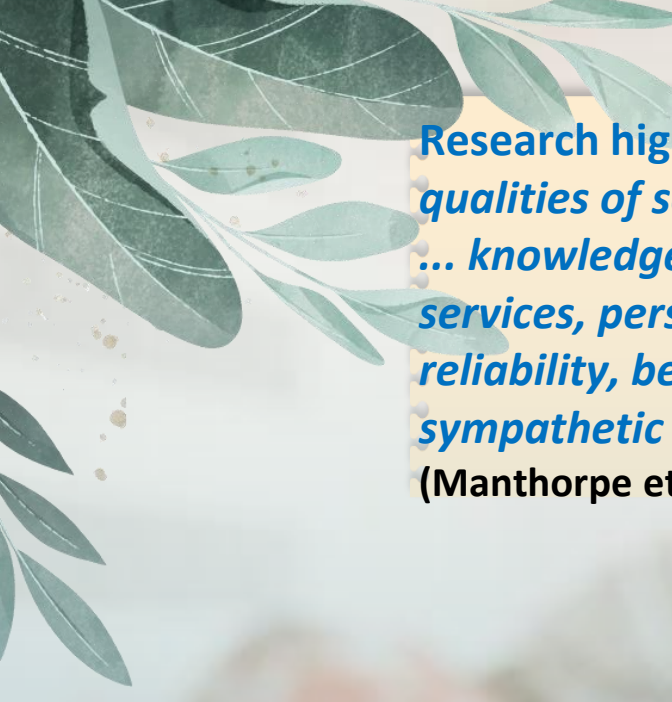
- Community care policy did not engage with social work: the Griffiths Report (1988) made *no mention of it at all*
- The fragile & uncertain basis for social work with older people in the UK was eroded (further) by the consequences of neoliberal policies in welfare services over the 1990s & 2000s
- *'Practice with older people has become suffocated by the straightjacket of care management & therefore offers even less occupational potential than before'* (Lymbery, 2005, p131)
- Rational-technical priorities - policies, procedures, guidelines - marginalised relationships and the expertise, knowledge & skills of social workers (Ingram, 2015)
- *Social work* became eclipsed by the wider umbrella of *adult social care*: more & more 'traditional' social work roles started to be done by social care staff: social work was 'reserved' for the very complex cases & safeguarding issues

What social work stuff was lost?

- Opportunities to actually work *with* the older person - deliver social work *as a service* - was deleted: *'... there was little need for a relationship between a social worker & a service user other than to assess eligibility for access to support & to help to construct a care package if requested'* (Hudson, 2021, p21)
- Far less room to take account of: *rights; nuanced individualised lived experiences; & discrimination*: not consistent with neoliberal market ideology
- Care management was never intended to address structural risks:
 - *'In dislocating the older person from their lifecourse & social context, care management fails to define, & therefore meet, those needs with social, economic or historical causes e.g. childhood and/or domestic abuse, chronic poverty'* (Milne & Williams, 2000; Milne, 2020)
- All of this contributed to 'a cultural shift away from the established values of social work', corrupting its origins, eroding its identity & undermining its alignment *with* the issues that matter to older people (Carey, 2015)
- Failure to recognise *the nature of 'need'*:
 - Most older people who come to the attention of social services have complex, co-morbid health conditions (including dementia), few resources & a number of social vulnerabilities
 - Many are 'necessarily dependent' on others - family carers - to care for them (Lloyd, 2010)

What older people & carers value about social work?

- The social work process is as important as outcomes (Ray et al., 2015)
- Emphasis on a relational approach to assessment & appreciation of the lived experience of the older person, including lifecourse issues (Grenier, 2012)
- Good quality assessment & personalised packages of care are much more likely in contexts where the 'older person's - and their carer's - perspectives & priorities are taken account of & responded to' (Ray et al., 2015)
 - The adoption of a dyadic lens too (Rand et al., 2022)
- Carers value time, having access to a knowledgeable professional who will help them make decisions & listen to their concerns & fears
- A commitment to user self determination & agency; & also social justice (Willis et al., 2021)
- Social work skills of: advice & advocacy; negotiation; psychotherapeutic support; and signposting & practical guidance (Beresford, 2007)



Research highlights “...the skills and qualities of social workers including ... knowledge about specialist services, persistence, commitment, reliability, being supportive, sympathetic & prepared to listen” (Manthorpe et al., 2008)



New models or old wine in new bottles?

- Strengths based approaches offer some promise.....
- Lot of support for SBAs from practitioners: *'permission to deliver good social work'*
- Plus, some evidence of: (reported) improved outcomes for older people (increased sense of hope, wellbeing, resilience, trust in adult social care); improved outcomes for social workers (greater autonomy, ability to be creative, reduced paperwork); & (maybe) more cost effective & prevent/delay need for more costly services (Caiels et al., 2021; 2023)
- Some commentators consider SBA's to be 'old wine in new bottles': *without fundamental structural change to the status quo improvements are limited* (Slasberg & Beresford, 2017)
- Concerns that a focus on strengths eclipses addressing *actual need for support*
- For strengths based practice to be effective practitioners need time & space to reflect on the *'authentic relational impact'* of working with an older person: *... 'complexity of emotion raised by the presence of dependency might defend social workers against an unconscious fear of dependency'* (Moore, 2022, p459)

Social Work with Older People Project (SWOP)

Key Themes: What social workers do and how they do it

- Social workers have a unique combination of knowledge and skills, underpinned by a commitment to upholding older peoples' rights
- Expertise in communication and relationship skills; plus a broad and specialised knowledge of: the law, health, entitlements, systems relevant to older people
- Act as leaders and co-ordinators in multi-agency systems
- Amplify voice, respect wishes and uphold user rights
- Are creative, adaptable, flexible, persistent, practical and able to challenge and justify actions
- Work with critical reflection
- Respected, and relied on, by health & social care colleagues



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For more information, please explore <https://swopresearch.wordpress.com/>

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Social work with
Older People
research

*'A specialist over 65 team that just solely worked with those individuals and knew the resources, the services, was familiar with health conditions...**Don't they deserve that? Don't they deserve that really?'***

(Social worker)



Legacies

- The 'care management' regime of '*tighter eligibility criteria, caps on fee rates... set in train a trend that continues to this day*' (Hudson, 2021, p22)
- 'Welfare austerity' has created ever narrowing access to publicly funded social care & to social workers: inevitable system focus on deficit & dependency
- We are expecting (exploiting?) more & more to be done by family carers for people with increasingly complex levels of need with no, or very limited, support
- '*The pressures to assess at the expense of relationships will remain all the time resource precedes need...*' (Slasberg & Beresford, 2017)
- 'Safeguarding' has become separated from the wider social work role: helpful?
- Very few social workers (still) work with older people: not popular with students, role(s) eroded by non-qualified staff - 'Beware the role with the long title...'
<https://www.communitycare.co.uk/2023/03/31/more-care-act-assessments-to-be-carried-out-by-non-social-workers-under-government-plan/>
- Social work 'reserved' for the most complex & challenging situations
- A number of social work roles outsourced to third sector agencies e.g. carers assessments

Last words....

- Inverse relationship between what is needed and the investment in social work for older people & their families
- More older people with more complex co-morbid conditions living in the community being supported by – often older – family carers
- Increasing levels of inequality & disadvantage: esp pronounced amongst older women, people from minority communities & people living in deprived areas
- Increasing numbers of older people facing: uncertainty, fear, poverty, transitions, complexity, change, loss, social vulnerability (e.g. poverty, poor housing, poor diet, isolation, self-neglect), and risk
- = *squarely the terrain & skill set of social work*

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Family Carers and Caring: What It's All About

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Milne and Larkin help to make sense of the complexities of family carers and caring, carving a coherent path through the academic, policy, socio-political, and practice terrain. *Family Carers and Caring* is explicitly underpinned by principles of social justice and rights, focusing on how inequalities intersect with caring.

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