PSSRU

Social Care Services at the Beginning of the 21st Century— Executive Summary

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EXECUTIVE SUMMARY

The purpose of the study was to provide a 'pre-modernisation' picture of service commissioning and delivery structures for the four principal adult user groups: older people, adults with a mental health problem, people with a learning disability and disabled adults. The aim of this work was to provide a clear and systematic portrayal of the arrangements for service delivery and commissioning prior to the modernisation process so as to establish a baseline for understanding the forthcoming changes. The study employed a systematic review of peer reviewed UK literature from 1990 to 2001 and a national survey of English local authority social services departments in respect of the four user groups with an overall response rate of 79 per cent.

The final report is in two parts. Part one (Findings DPM098) provides an exploration of the key themes of modernisation as they apply in social care; a description of the methodology used and the findings of the study reported by user group. In part two (Summary and Conclusions DPM105) we provide a review of the policy context; a summary of the findings from the national survey of care management arrangements and the empirical literature review; a cross user group comparison of the survey data; implications for research in adult social care; and a discussion of the state of service development. This Executive Summary draws upon both of these reports. For further information please contact pssru@manchester.ac.uk.

MODERNISING SOCIAL CARE

The concept of public sector modernisation is common to most of the developed world. Its ideals are intertwined with theories of governance including the importance of networks, decentralisation of government and accountability. In the UK, modernisation of the public sector has been a key priority of the Labour administration since 1997. It has spanned many areas of policy and administration such as education, employment and healthcare. Within the wider modernisation process there are specific areas salient to the social care of adults. It is necessary to identify these in order to provide a framework by which to evaluate the state of development of social care services prior to the impact of modernisation.

Six main themes of modernisation were identified as relevant to social care:

- Integrated health and social care
- Independence
- Consistency
- Carers
- Making sure services fit individuals' needs
- Workforce

Each theme had a number of subdivisions, each representing an area of enquiry in the modernisation of services.

THE LITERATURE: IMPLICATIONS FOR RESEARCH IN SOCIAL CARE

The study team conducted extensive searches of the research literature covering social care in the UK for the four user groups. Over 30 separate searches, together with handsearching, generated just over 20,000 citations (including published and unpublished literature, reports and book chapters) for the researchers to review. This report focuses upon peer-reviewed articles only of which 793 met the inclusion criteria for the systematic review.

Percentages of references informing the modernisation themes

Themes	Percentages of references			
	LD n=216	MH n=294	OP n=234	PD n=49
Integrated health and social care	4	37	25	6
Independence	44	39	23	55
Consistency	17	10	16	29
Support to carers	8	3	10	8
Making sure services fit individuals' needs	40	53	67	53
Workforce	20	15	11	2

There was a relative dearth of peer-reviewed publications relating to services for disabled adults. A paucity of studies investigated the effectiveness or impact of services or service configurations; the proportion of randomised controlled trials identified was almost negligible, with most relating to mental health services. Wide variations in the quality of the social care research literature existed. Sometimes this related to a particular style of reporting; on many occasions, however, the scientific rigour of the research wasof a poor standard.

Frequencies (%) of attainment of aspects of methodological quality

Aspect of quality	LD	MH	OP	PD
Clear research question	93	99.6	98	84
Appropriate design	85	74	86	86
Generalisable	33	33	29	47
Sufficient detail on context/setting/intervention	53	52	71	47
Rigorous data collection/analysis demonstrated	55	45	55	35
Presentation of results	77	67	68	51
Conclusion justified	85	62	69	78

Key messages (1)

- *Action is required to improve both the quality of social care research and the standard of reporting.*

- *Rigorous evaluative research should be encouraged within social care, skills should be developed and funding opportunities directed towards this.*

THE LITERATURE: GAPS IN KNOWLEDGE

Research into **integrated health and social care** is more commonly concerned with joined up services than partnership working at agency level. What little evidence there is concerning partnership working does not provide strong support for the efficacy of integrated structures either for promoting integrated modes of working nor for the benefits of users.

Independence is another of the key modernisation themes. However, the evidence base underpinning it was not well developed prior to the publication of the government's modernisation policies. For example, little evidence is available concerning the efficacy of arrangements for discharge from acute hospital care for adults with mental health problems or, in the guise of intermediate care, for older people. Another deficit area relates to the impact of direct payments in mental health and old age services.

Within the theme of **consistency,** eligibility criteria were poorly researched in all user groups.

In respect of **support to carers** there were few peer-reviewed publications reporting studies from this period in the UK. The material which was available was generally descriptive and suggested that services were not always attuned to carers' and users' needs.

Although a large proportion of publications informed the theme of **making sure services fit individuals' needs**, there are several gaps in the knowledge base. First, there is a lack of evaluative research assessing the effectiveness and cost effectiveness of different models of care management. Second, few studies of service commissioning examined the processes involved. Third, there is a dearth of research in respect of either the value of preventative services or the process of targeting assistance.

Workforce issues are given relatively poor coverage in the literature identified for this review. This may reflect the user-specific criteria used in the original search strategies; the inclusion of only peer-reviewed journal articles; and the time frame of the review.

Key messages (2)

- *In social care, research is important to both inform the policy making process and evaluate its implementation.*

- *Gaps in research knowledge have been identified in each of the six modernisation themes.*

THE STATE OF SERVICE DEVELOPMENT

Key: ●●● = advanced, ●● = intermediate, ● = embryonic, nil = insufficient evidence on which to make a judgement, - = not applicable

Service development: Integrated health and social care

Areas of enquiry	User group			
	LD	MH	OP	PD
Developing partnership working	●●	●●	●●	●
Joined up services	●●	●●●	●●	●

The development of **partnership working** was as advanced in mental health services in 1997/8 as in learning disability services in 2003/4. This may relate to the relatively higher balance of NHS resources in these services compared with the others. In older peoples' services, the influence of primary care trusts on the development of partnerships between primary health care and social services has been reported in the literature, suggesting slow progress. In respect of services for disabled adults, the 2003/4 national survey indicated least development of partnership working.

Joined up services appeared most advanced in mental health provision, reflecting a long tradition of multidisciplinary working. In old age psychiatry links between health and social care appeared stronger than for other areas of older people's services. Despite services for disabled adults showing least evidence of advancement along the integration agenda, research into direct payments has demonstrated their potential to enable disabled users to purchase an integrated health and social care package, albeit inexplicitly.

Service development: Independence

Areas of enquiry	User group			
	LD	MH	OP	PD
Hospital discharge: long stay and acute care	●●●	●●	●●	nil
Work opportunities	●●●	●	-	●●
Rehabilitation	●●●	●●	●	●●
Direct payments	●●	nil	nil	●●
Care at home or in homelike environments	●●●	●●●	●●	●

Much was documented about **hospital discharge** from long stay provision in services for adults with mental health problems and those with learning disabilities. However, there was a dearth of knowledge relating to discharge from acute hospital care for adults with mental health problems. Conversely, in older people's services the focus of interest was on discharge from acute hospital care. Although there was evidence of developments from the national survey, this was not replicated in the systematic literature review which highlighted ongoing problems.

In relation to **work opportunities**, learning disability services were more advanced than mental health or physical disability services. Evidence from the national survey reported a wide range of work-based initiatives for all pertinent user groups but nothing is known about their scope or scale from either the survey or the literature.

In both learning disability and mental health services, a wide range of **rehabilitation** services and intervention activities were reported by local authorities in the survey. Within services for disabled adults, the literature highlights even more limited social care input to what is predominantly NHS provision. In older people's services, rehabilitation remains very much an NHS-driven activity, although its provision by local authorities may have been subsumed by the intermediate care agenda.

There was an unsurprising and marked difference between the user groups with regard to **direct payments**. For both physical disability services and learning disability services, whilst the service is highly valued the implementation process has been slow. Supporting research evidence of the benefits of the scheme for older people and those with mental health problems and reasons for poor take up across all user groups is lacking.

In terms of **care at home or in a homelike environment,** services for adults with learning disabilities and those with mental health problems were at an advanced stage of development both in terms of the range of accommodation available and the practical support available to help these users maintain their community tenure. In older people's services, it is clear that day care services are in transition and intermediate care involving social services is developing, albeit without a sound evidence base. Despite the potential of intensive care management to provide a cost effective alternative to institutional care, only a small minority of authorities provided such a service.

Service development: Consistency

Areas of enquiry	User group			
	LD	MH	OP	PD
Eligibility criteria and access to services	nil	●	●	●
Range of services	●●	●	●	●●
Charges to users	nil	nil	●	nil

Whilst findings from the national survey indicate that the majority of respondents have **eligibility criteria** in place for each user group, the conclusions from the literature review indicate that very little is known about how they are applied and the implications of this for users and carers.

The literature review suggests that the policy goal of developing a **range of services** for each of the principal user groups has not been achieved. A different perspective is portrayed by the national survey with a greater range of services available in respect of learning disability and physical disability services than for the other two user groups.

Information on **charges to users** was only available in respect of services for older people. Evidence from the review suggested that older people with the means to fund their own admissions to care homes have not had equal access to a full assessment prior to admission and are less likely to be appropriately placed. The political importance of the funding of nursing care is also explored in the literature.

Service development: Support to carers

Areas of enquiry	User group			
	LD	MH	OP	PD
Knowledge of entitlement	●	nil	nil	nil
Assessment and care plan	●	nil	nil	nil
Service provision	●●	●	●	●

Overall, there was insufficient information on which to make a judgement about either **knowledge of entitlement** to services or **assessment and care plan** for carers of adults with mental health problems, disabled adults or older people. However, in learning disability services these activities were assessed as being at an embryonic stage of development. A wider range of **service provision** to support carers, including innovative services tailored to individual needs, was available in learning disability services than in services for the other three user groups.

Service development: Making sure services fit individuals' needs

Areas of enquiry	User group			
	LD	MH	OP	PD
Care management (including assessment)	●●	●●	●●	●
Service commissioning	●●	●●	nil	●●
Preventative services	-	●●	●	nil
Targeting assistance	●●	●●●	●●	●

In respect of **care management,** sources indicated an intermediate level of development in old age, mental health and learning disability services but within physical disability services there was a clear requirement for progress. Assessment was a particular area of concern, although curiously not in the mental health literature. In leaning disability services this related to the availability of appropriate assessment tools and the engagement of users in the process. In older people's services, the research focussed on the importance of user- rather than service-led assessments.

Service commissioning was at an intermediate stage of development in all but older people's services where there was insufficient evidence on which to make a judgement about the level of activity. For example, whilst there was fairly good evidence in the literature about the characteristics of an older person which predict service use and care home admission, what is not clear is how this information could be and is being used within service commissioning.

Preventative services are accorded a different priority and meaning within each user group. For example, in mental health services which were adjudged to be the most developed, the focus was upon the prevention of hospitalisation for the acutely mentally ill. On the other hand, preventative services in older people's services are accorded a lower priority and are generally conceived of as the provision of low level services to maintain overall level of functioning and sense of well-being.

In terms of **targeting,** there were concerns in the literature about the lack of effective matching of resources to needs for disabled adults. For the other user groups, mental health services showed evidence of greatest advancement. In learning

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disability services the debate was about the service response to the needs of specific sub-groups, with a particular focus on those with challenging behaviours. The literature relating to older people's services had a rather different emphasis, illustrating the difficulties inherent in targeting resources within care management arrangements.

Service development: Workforce

Areas of enquiry	User group			
	LD	MH	OP	PD
Recruitment and retention	●●	●	nil	nil
Training	●●	●	nil	nil

The scope of the literature review militated against a thorough exploration of this modernisation theme, hence there is comparatively little information relating to either **recruitment and retention** or **training.**

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Key messages (3)

- *Across the range of modernisation themes, learning disability and mental health services appear further developed than services for older people and disabled adults.*

- *In terms of the development of integrated health and social care, little progress is documented in services for disabled adults.*

- *Progress in respect of the modernisation theme of independence shows marked variation between the user groups with most progress in learning disability services and surprisingly little in older people's services.*

- *The evidence suggests that the goal of consistency in service provision was poorly developed across all user groups.*

- *Where evidence existed, support to carers was at an early stage of development with most progress noted in learning disability services.*

- *Despite the mantra of community care providing individually tailored services, there was little evidence of this in services for older people and disabled adults.*

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