

Understanding state-voluntary sector relations in public service delivery in the UK: the case of social care for older people

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The changing role of the voluntary sector in public service provision

- Increasing use of voluntary sector in public services provision, especially social care, due to its distinctive features (Ascoli and Ranci, 2002)
- Changing historical role of voluntary sector in public service provision:
 - Compliment to state provision in post-war welfare state (Brenton, 1985)
 - Alternative provider in (formalised) mixed economy of care; emergence of 'contract culture' in 1990s (Lewis, 1995)
 - 'Partner' in public services planning and delivery 1997-2010 (Taylor, 2004)
 - 2010 onwards generating 'diversity' and 'contestability' in public service delivery (HM Government, 2011)
- Voluntary sector as *mainstream* provider providing both generic and distinctive services (Carmel and Harlock, 2008)

The changing nature of adult social care in England

- New models of adult social care (Newman et al, 2008) to meet increasing demand for services in a time of austerity
- Key characteristics of change in adult social care in England:
 - Personalisation of adult social care (Dickinson and Glasby, 2010)
 - Integration of health and social care
 - Context of constrained public finances
- Q: How does the voluntary sector experience its changing role in public service provision, and in adult social care in particular?

Methods

- Qualitative approach
- Analysis of national policy and discourse on the voluntary sector's role in public service delivery, especially adult social care, over 12 year period
- Qualitative in-depth interviews with policy makers in the state and voluntary sectors
- 17 in-depth interviews with social care commissioners and local voluntary organisations providing social care services to older people (aged 65+) across two local authorities in the South East and South West of England in 2009-2010
- Focus on voluntary sector interviews about their experiences of the practice of providing care to older people

	Services	Staffing	Statutory funding
<i>Bright Futures (SE)</i>	Transport , Befriending, Shopping, Home help e.g. gardening, cleaning , Exercise classes, Signposting, information and advice	1 full time paid staff 3 part time paid staff 30 volunteers	POPPS grant £115,000
<i>Eldercare (SE)</i>	Day care, inc. hairdressing, reflexology, bathing, meals, activities and classes, Signposting, info and advice , Shopping, Transport, Home help, Social Integration & independent living support services	16 paid staff 12 volunteers	LA service agency agreement £250,000/year
<i>Older People's Association (SE)</i>	Advocacy, Befriending and home visits, Signposting, information and advice	2 part time paid staff 18 volunteers	LA grant £86,000 3 year
<i>CARE (SE)</i>	Domiciliary care and some minor health care e.g. eye drops, Information service	30 paid staff 2 volunteers	LA contract £180,000/year
<i>Age Aware (SW)</i>	Drop-in and resource centre, Aids and equipment, Signposting, information and advice, Befriending, Home help, Transport , Counselling and peer support service, 23 social activity clubs	5 full time paid staff 6 part time paid staff 300 volunteers (approx)	POPPS grant £3000 Strategic Partnership Grant £5000 for counselling service, additional £8000
<i>Supporting Older People (SW)</i>	Day care , Shopping, Advocacy, Information, advice and signposting, Transport	2 full time paid staff 10 part time paid staff 120 volunteers (approx)	LA contract £190,000/year LA service level agreement £36,000 for shopping service POPPS funding
<i>Age Action (SW)</i>	Reablement and rehabilitation, Health promotion, awareness and training, Signposting, information, and advice, Befriending , Transport , Support for carers and relatives	121 paid staff 300 volunteers (approx)	LA service level agreement £985,000 3 year PCT funding (not disclosed)

The findings: Dimensions of complex care provision

Diversity and range of provision

- Commissioned to provide “acute care”, “complicated social care interventions” and “specialist services”, as well as “preventative”, “low-level”, “community support” and “bit of a helping hand” (LA interviews)

Intensity of care

- Older people with multiple and complex needs
- Unpredictable care needs and fluctuating “state[s]” (CARE)
- Referral of “really difficult cases” (Eldercare) by local authorities

Coordinating support with other statutory agencies, cross-sector boundary working, and “care managing” (Supporting Older People)

“increasingly we’re getting referrals from social services where they have a problem with a particular client but they can’t really go any further with them...they take quite a lot of time really to sort out...in reality we’re not funded for doing that type of work...I joke sometimes...it feels like the tail wagging the dog sometimes, it is a little bit sort of, you know, you think you guys are the social workers and, you know, we’re being called in”

(Eldercare)

The findings: Managing the workforce

Implications for assignment and regulation of activities between paid staff and volunteers

- Paid employees as *care coordinators, care assistants, support workers*
- Volunteers utilised in “*tea making*” (Supporting Older People), befriending, transport etc

Managing volunteers

- Unpredictability of volunteers creates tensions in meeting demands of services
- Difficulties in recruiting volunteers to provide complex care and resistance to formalisation of volunteer role
- Ambiguous status of volunteers as “precarious” asset (Eldercare)

“...we have volunteers in the day care centre who do things like for instance the tea bar, or help out in kitchen, but where its actual kind of personal care they are all employed staff, it’s incredibly difficult to recruit volunteers we find, especially at the time we need them cause obviously we need them during the day at particular times, who are willing and able really to get involved in the kind of things we do with folk, you know, it’s not particularly glamorous to come in and have to take somebody to the toilet...”

(Supporting Older People)

***The findings:* resource scarcity and “stretching” provision**

Resource scarcity compounds tensions produced by complex care provision

Role elasticity as coping strategy in order to meet demands of service

- “*mucking in*” (CARE) and “*pitching in*” (Bright Futures)
- “*stretching the service*” (Eldercare) and “*bending our grant*” (Age Action)
- “*do whatever it takes for that person*” (Older People’s Association)

Role elasticity undermines assumptions about assignment and regulation of activities

Discussion: emerging implications

- Implications for the role of volunteers; understanding the (added) value, and challenges, they bring for service provision
- Implications for regulation of services and activities
- Personalisation and integration of health and adult social care: increasing complexity of care?
- Context of austerity: transfer of financial burden of provision to voluntary sector?
- How can we conceptualise the care provided by voluntary organisations, and the sector's 'distinctiveness'?