

Editorial

Welcome to this, the final issue of *Research, Policy and Planning* (RPP).

We decided to mark this occasion by inviting as many of our previous contributors who could be contacted to send us their further thoughts on topics they had previously written about, providing a historical perspective.

We invited them to reflect on their previous thoughts and, also, to look forward. It didn't escape our notice that 2020 marks 50 years since the Local Authority Social Services Act. This created the local authority Social Services Departments, within which research and planning activity was placed at least partly on a statutory basis. The Social Services Research Group (SSRG) was formed a few years later, with a national membership typically in the low hundreds, but with individuals from all social services sectors and many academics playing prominent roles. RPP was started in 1983 as a journal publishing substantive papers and other contributions. These were sought especially from people working in social services departments and the voluntary sector, alongside papers from those in academic positions or active as researchers. The RPP Editorial Board plans to try to ensure that the archive of these 33 volumes remains available, as at present, albeit not in a readily searchable form.

This trawl was productive, as we hope readers will agree. It also shed some light on the reasons why we can no longer publish RPP. Very few earlier contributors who were then based in local authorities could be contacted at their previous addresses, and evidently many had ceased to work for local authorities. A larger proportion of earlier contributors were from academia, and many have since retired or moved to other universities. Retirement as such does not denote a lack of engagement, as a glance at this issue's contributions shows. However, several of those who responded told us they had made a clean break, taken up new interests or were very engaged in caring activity! The general background is also the erosion of the membership base of SSRG by a change in the role of research and information within local authorities, who have had to make job cuts during the best part of a decade of austerity in local authority expenditure. As a result, SSRG merged with the Local Area Research and Intelligence Association (LARIA) in 2017. The aim is to maintain a stream of social care activity within LARIA, within which there was already a strong interest in social care.

It's pleasing that a wide range of contributors and historically informed contributions is reflected in the present issue, with a variety of topics and approaches.

Mabel Lie reports on her desk-based research on responses to migrants and health issues from the third sector in Newcastle-upon-Tyne, over a period of 20 years. She had limited sources of data ('grey literature') to draw on, despite her efforts to broaden these. Nevertheless, it is possible to see how responsive and adaptive the local organisations were in representing the interests of specific migrant and minority groups and in responding to government, local authority and NHS funding initiatives. Facilitators identified for health improvement for migrant groups were a culture of partnership working, built through local authority funded community workers. Barriers included cultural and organisational reluctance to address health issues, the economic downturn, immigration from Central and East European Countries (2004-2007), and the arrival of refugees and asylum seekers, which challenged the sustainability of services and existing knowledge about migrant communities.

As with all historical research, a segment of the available records tells only part of the story. Findings are indicative, not conclusive. Research on the recent past actions of statutory agencies in Newcastle or elsewhere would be equally difficult, but equally important to be undertaken for purposes of accountability, policy evaluation and an examination of human rights support in practice.

A related aspect of human rights appreciation and use in practice is proposed in the book on working with asylum seekers and refugees reviewed by **Heidi Holenweg**. In the background, and with information published since the review was prepared, in the year ending December 2019 Home Office statistics show that the UK 'offered protection in the form of grants of asylum, humanitarian protection, alternative forms of leave and resettlement to 20,703 people, up 30% compared with the previous year, to levels last seen in 2003'. Also, according to ONS, non-EU net migration has gradually increased since 2013 and is now at the highest level since 2004.¹ These figures indicate the wide and continuing impact on policies and frontline workers within UK health and human services, as these respond to international political turbulence.

Guiding practical assistance to help work with refugees, within the real-life world of sometimes reluctant organisations, is one of the core aims of the book. Citing the author, our reviewer points out there is not only a statutory duty to support refugees, but also it is important that every service user should get the appropriate help. This is argued as obligatory, regardless of immigration status, nationality etc., by focusing on a client-based service (responding to the acuteness of need). In some ways this seems a traditional social work approach, using statutes creatively and forcefully, and acknowledging limits to expertise – but in a very contested area with growing demand. Social work has been noted² as relatively absent, and social work research poorly resourced in this area. Holenberg asks a pertinent question therefore about the competence profiles of frontline workers in this field.

Domestic political turbulence, at least in England, is at the core of a book reviewed by **Andy Pithouse**. The author, Ray Jones, does not pull punches in his critique of policies of privatisation in children's social care and child protection. He assembles evidence of the expensive failures of marketised initiatives, associated with under-evidenced promotional activities of some childcare consultants, such failures being coupled with austerity in local authorities, and with business malpractice. (Such was the inhibited culture in children's services that RPP was unable, a few years ago, to find a reviewer to examine the questionable claims of success made in a book about and by practitioners in the London Borough of Hackney.³)

Children's social care became separate in 2006 from Social Services, at least legally; and from the Social Services Research Group perspective, this had a negative impact on the coherence, quality and visibility of research and planning activities in local authorities. Perhaps this consequence was an illustration of a broader cultural failure to critically appraise the consequences of policy. As Pithouse points out, regulations currently allow for the commercialisation of child protection and social work; as it were, nothing succeeds like failure.

Nuances in the application of research findings to day-to-day practice of occupational therapists appear strong in the paper by **Joy McLaggan**. She responded to our call for further thoughts on the topic she had previously written about, reviewing recent publications on equipment and adaptations for self-care. The apparently simple policy aim of maximising uptake and minimising abandonment throws up a constellation of issues where evidence is needed to inform judgement. For occupational therapists there are challenges, especially from austerity policies shifting assessment to simplistic check-box administration, and away from (ideally) co-produced and well-informed professional activity. Self-assessment might be feasible but is not always well informed – with even an absence of standardised measurement definitions. This has manifest practical consequences for the provision of suitable aids, not least in measuring bath height when this is self-assessed! Abandonment of aids itself has been defined differently in the different studies reviewed. In passing, McLaggan cites one piece of research which suggests, at least in the USA, there can be a time lag of at least a decade before research filters into routine practice. Assistive technology can promise an apparently quick fix, and it is

¹ ONS Migration Statistics Quarterly Report (February 2020)

² By Debra Hayes in '*Social Work with Refugees, Asylum Seekers and Migrants*', edited by Lauren Wroe, Rachel Larkin & Reima Ana Maglajlic (Jessica Kingsley, 2019)

³ *Social Work Reclaimed: Innovative Frameworks for Child and Family Social Work Practice*, edited by Steve Goodman & Isabelle Trowler (JKP, 2012)

becoming more commonly used as a result of commercial and demographic pressures. Virtual reality techniques can also be of use but, as with outcome measures, day-to-day pressures on time and energy impose restrictions on professionals, even on the best-intentioned.

There is no shortage of good intentions and declarations in relation to adult social care policy, it seems, but little in the way of progress towards achieving specified aspirations. Three sets of contributors examine facets of national policy over the past two decades or so.

Martin Powell and Patrick Hall identify the key policy points, as indicated by official policy publications, Commissions, and Green and White Papers, including proposals to respond to acknowledged and rising pressures of demography. They detail why some necessary components for achieving wider change, derived from a theoretical 'Multiple Streams Approach', were absent or nullified by events. There is little evidence in the official publications over this period of any learning from recent experience, and minimal citation of earlier documents produced under different governments, but possibly written by the same civil servants. Specifically, proposals for serious change stumbled when faced with perceptions, Treasury traditions and political manoeuvring about costs – in one case, manoeuvring just by two members of an 11 member Royal Commission. There were windows of opportunity, but these were closed primarily on grounds of apparent cost and sometimes mendacious publicity about taxation. Ideas were 'on the agenda, but not seriously so'. Ringing declarations by politicians have not been followed up seriously when they or their successors have subsequently been faced with controversial policy recommendations.

In RPP Vol 25 (2-3) **Andrew Kerslake**, responding to the aspirations of a 2006 White Paper, published a cogent proposal for a rational approach, conceiving older people as consumers purchasing care services through an individual budget. Returning to his 2006 theme, he discerns disempowerment of consumers, with increased demand for care due to demographic pressures. This has been responded to by large scale purchasing of private care services, and a two-tier market. With financial austerity restricting local authorities, the prices paid for care are held down for local authority supported service users, while those funding their own care pay a premium for a similar service, and thereby keep traditional residential care afloat. In a way the latter are like late Soviet consumers, buying what there is rather than what they want. Economic austerity on a long-term basis is the background. A known imperative, simply from population and morbidity trends, is the continuing rising level of demand for health and social care services, and Kerslake suggests ways in which this can be reduced. These ways include undertaking serious analysis of, and commitment to the prevention of much demand, by making alternative interventions, and not concentrating on the supply of care. Such care is largely provided through the private sector, and through individuals, and in his view anyway needs to be incentivised.

He continues advocating an economically rational approach, involving a careful balance of public sector management of and engagement with independent sector organisations. The approach advocated is wide-ranging in aspiration but specific in detail, though one anchored within current and historically recent market-oriented thinking.

Colin Slasberg and Peter Beresford are similarly unsparing in their critique of a failure of personalisation policy, even on its own terms, and are sceptical about the evidence for claims of success with localised variants, as in Wigan's 'strengths-based practice'. In their view, the government, local government and the private sector's own actions have failed the test of delivering better outcomes for service users, and policy is in a vacuum; instead they call for the views of the users of services to be followed. Specifically, this is envisaged by means of independent living, achieved through a ('real') direct payment, to enable the person in need to meet their specific need through managing their own support. They argue that this is not possible in the present legal arrangement, where the possibility of meeting needs is circumvented by cost imperatives. Slasberg and Beresford argue instead for the assessment of needs for independent living to be a specific legal right, with the extent to which the resources

are available to meet them becoming a transparent political responsibility. A new independent living service, managed by central government but delivered locally, would be the vehicle for services.

Whether these turn out to be good ideas, or just further aspirations in a policy area not short of aspirations, will be for future commentators to assess on the basis of responses to the critique and suggestions offered.

In the meantime there is a duty, well justified by the evidence of past editions, to thank the current Editorial Board of RPP for their many and varied contributions: to Martin Stevens who has been the strongest possible link to SSRG over the years and a valuable contributor in his own right; and to thank our publishing editor Shelley Nix for her unassumingly diligent and professional work. The greatest thanks are to our two editors John Woolham and Guy Daly. They seem to have survived their years of editorial tenure with vigour, starting the period with papers on personal budgets by Peter Beresford and on historical amnesia by John Clarke. No chance of amnesia while the former contributor is still going strong!

There could also be a window of opportunity, looking beyond the depths of the COVID-19 pandemic. Social care has received public acknowledgement and support alongside the NHS. This is despite, or perhaps because of, political limitations in translating crisis policy advice into decisive and speedy action to protect lives in England at local level. So far so familiar to our specialist contributors in this issue of RPP. However, there can be an enforced opportunity in the next few months for serious research and analysis to contribute to a long-lasting resolution of a long-lasting failure of movement in adult social care policy. Alas, RPP will not be there to evaluate the possibilities and promises that emerge.

Paul Dolan

Reviews Editor, and Editor of RPP Vol 33 (3)