

Caring Labor Conference
May 20th and 21st 2005

Harry Bridges Center for Labor Studies
University of Washington
Seattle

Making ‘Choices’ in Home Care.
What will an increased ‘choice’ mean for
employment and service provision?

Claire Frew
Department of Geography
Queen Mary, University of London
Mile End Road
London
UK
E1 4NS
c.frew@qmul.ac.uk

Abstract

Issues of consumerism and choice are at the centre of the UK government's public sector reform agenda. It is argued that we live in a consumer society and services should be organised accordingly. Public services in the UK have been under increasing pressure to develop and expand their response to the 'customer' and their need for 'choice', and this looks set to continue into the future.

The promotion of Direct Payments has altered the relationship(s) between social care providers and their users. Under this system, clients are given money, in proportion to their assessed needs, to purchase the care they need. The government proposes to introduce this system for home care in the very near future. This paper seeks to examine the impact of 'choice' and Direct Payments on workers and service users in the home care sector in East London.

Since the 1980s there has been a dramatic growth in the outsourcing of jobs in both the public and private sectors. Such outsourcing continues to have major implications for employment. Driven, in part at least, by cost-considerations, the terms and conditions of employment have generally deteriorated as work has moved from the public to the private sectors, and from in-house to out-house contract (Toynbee, 2003; Wills, 2001). More than 60% of home care services in London are now provided by private contractors and yet very little is known about the major companies involved, the staff who work for them, their experiences of work and the implications of outsourcing for the quality of the service provided. Reformed public services through the rhetoric of choice will increase the amount of contracted labour required to deliver social care.

Local Authorities, currently the main purchasers of care, and other supervising bodies will be required to regulate and control the quality of provision for service

users, while users will buy their own care. However, it is not yet clear what this will mean for front-line workers and receivers of care. Where Direct Payments are already in use, for the provision of care to the disabled, employer and employee relationships have altered dramatically (Ungerson, 1999). The user becomes the direct employer of the care/personal assistant and through this control, they are argued to have increased rights and independence, which will ultimately empower the individual (Ungerson, 1997). In such instances users also have to ‘manage’ their own risk, for example by employing people they already know or have been recommended by a friend, agency or regulatory organisation.

But while much research has examined the importance of user influence on the determination of public service provision (Clarke, 2005 forthcoming), workers’ perspectives are often neglected. This paper aims to highlight the importance of caring labour and workers’ experiences as an integral part of social care. Moreover, as increasing numbers of people come to receive care in their homes, these issues are likely to increase in importance in future (Laing, 2005 forthcoming).

The paper will conclude by outlining the bones of a research project to explore the changing landscape of home care in East London.

Introduction

During the last twenty years welfare states have been a major political target for campaigns of reformation, modernisation, transformation and even abolition. Governments and others have sought to change their core features and persuade taxpayers, citizens and consumers of the urgent need for change. State involvement in welfare has been a significant, if not defining, feature of modern (or late twentieth century) industrialised and/or capitalist societies. Welfare states mark a distinctive site of connection between people, politics and policies, and as such, they are a pivotal part of modern citizenship in countries like the UK. Clarke (2004: 12) argues that in the last three decades the state's involvement in welfare has been one of the most fiercely contested focal points of national and international politics, particularly associated with the rise of neo-liberal views about the proper relationships between economy, society and government. Changing forms of national and international economies, shifting domestic pressures and demands, and new forms of governance, have all been identified as key elements of welfare state reform. Alongside this there has been an increasing awareness of the 'consumer society' and its added pressures to deliver what the customer wants. More traditional ideas about cooperation and joint responsibility in the welfare state have increasingly been replaced by demands and 'rights', that we would often associate with the private consumer oriented market.

Clarke (2004: 130) argues it is the 'freely-choosing' consumer with expectations of choice from the marketplace, who is the central figure in the remaking of public services around ideas of 'performance'. Improving provision through increased choice is appealing to both the 'consumer' and the government, which relates to notions of market-driven politics, and what such an approach to reform will

mean for the future of public services and their relationship with society. While emphasising the increased levels of spending it has committed to public services, the current UK government is also taking the debate into what might normally be seen as familiar Conservative territory by focusing on efficiency savings and the issue of choice in public services. However, meeting modern needs and addressing the quality of services cannot simply be solved through an emphasis on individual choice, a wide range of variables including resources, staff development and community engagement are areas which also need greater focus.

This paper seeks to address the relationship between choice policy in the UK's public services reform agenda and the changing nature of the welfare state. This involves addressing the concept of choice alongside wider societal and political shifts, including those associated with risk and individualism. Market-driven politics and the decline of the public are explored as both contributory factors and aspects of public service reform. The paper goes on to discuss the case study of this research, the home care sector. An assessment of the most pressing issues regarding choice, and what it will mean for home care users and workers is made, followed by a brief description of the project which will build on research already conducted about home care in East London.

Choice

When people have no choice, life is almost unbearable. As the number of available choices increases, as it has in our consumer culture, the autonomy, control and liberation that this variety brings is powerful and can be positive. However, as the number of choices keeps growing, negative aspects begin to appear. As the number of choices grows further we become overloaded, and at this point, choice no longer

liberates, but debilitates (Schwartz, 2004). With too much choice, there is the possibility that people will be unable to choose: that it will be too hard a decision to make. If people do not know what to choose and are overwhelmed, they are less likely to participate, and therefore do not end up making a choice. This is comparable to the construction of the 'responsible citizen' and a declining interest in politics in the UK.

The current UK government is developing a form of state practice centred on a particular method of media management and on 'culture', oriented towards the production of consuming and self-capitalising subjects, who are able reflexively to integrate themselves into a modernised economy and society. However, the rejection of, or hostility to politics, depoliticises democracy and stands in contradiction of any commitment to increase active citizenship. According to Finlayson (2003: 204) people participate in political parties because they believe it gives them some input into the political process, if they do not feel this they are less likely to participate. In the UK, the rhetoric of the New Labour government and its presentation of the inevitability of very specific kinds of change, contributes to the declining interest in politics at all levels in society.

There is no denying that choice improves the quality of our lives, and it allows greater control over our destinies. Choice is essential to autonomy, which is absolutely fundamental to well-being. Healthy people want and need to direct their own lives. However, in some spheres of life, particularly public life, increasing choice alters the relationship between the customer and the product (such as social care), and can also alter the dynamic between members of the 'consumer public'. It is not clear that choice will benefit service users, workers and providers. Encouraging choice in the public sphere could increase the aspects of individualisation and risk in society. It is the case that currently services are not responsive enough to users, and the

promotion of be-spoke care for clients is welcomed, but the costs of taking this on board through choice needs more research and discussion.

Beck (1992) argues that the individualisation of society through the likes of consumerism and choice are integral elements to conditions in new modernity, typified by reflexivity. The destandardisation of labour and society in general has increased the individual's requirement to take control over all aspects of their life and this has increased levels of risk and insecurity. People have had to become 'decision-makers', as he explains:

"In the individualised society the individual must therefore learn, on pain of permanent disadvantage, to conceive of himself or herself as the centre of action, as the planning office with respect to his/her own biography, abilities, orientations, relationships and so on. Under those conditions of a reflexive biography, 'society' must be individually manipulated as a 'variable'" (Beck, 1992: 135).

With regards to the public sphere and welfare states, Beck (1992: 135) argues that areas where commonly organised action can affect personal life steadily diminish, and the constraints increase to shape one's own life, and it is precisely those areas where this is once again the product of new institutional conditions. It could be argued that this is being witnessed with regards to processes of reform in welfare, and in this particular context of increasing choice and rights over care.

The concept of risk is integral to choice, particularly the management of personal risk. Changes are taking place across the UK's public services that are not only changing conditions, provision and management of services, but they are altering the way people view themselves and the decisions they make. In this respect it could be argued that people are becoming increasingly privatised in their lives, both socially and economically. Beck (1992: 136) argues that in order to survive these new

conditions, people must become self-centred and have an 'ego-centred world view'.

As a consequence:

"...the floodgates are opened wide for the subjectivisation and individualisation of risks and contradictions produced by institutions and society. The institutional conditions that determine individuals are no longer just events and conditions that happen to them, but are also consequences of the decisions they themselves have made, which they must view and treat as such".

In the individualised society, risks do not just increase quantitatively, but qualitatively new personal risks also arise, central to which are aspects of choice. Beck states:

"Sooner or later, these constraints to a personal and reflexive handling, planning and production of biography will produce new demands on education, care-giving, therapy and politics" (Beck, 1992: 136).

When considering the increasing levels of consumerism, personal decision-making and risk, the concept of being a 'responsible' self or citizen requires discussion. Giddens (1991) argues that processes of the 'self' through being reflexive increase anxiety in society. An example of this is the increase in consumerism and the number of choices to organise and make as an individual. Giddens (1991: 81) argues that in conditions of high modernity we all, not only follow lifestyles but in an important sense are forced to do so, in other words that we have no choice but to choose, which also relates to Schwartz's (2004) argument regarding choice more generally. It is consumption, through choice, which claims to address the alienated qualities of modern social life and also claims to be their solution as it promises to meet the needs we desire. Choice and the language of consumerism go hand in hand. And as Giddens (1991: 200) argues, the market system almost by definition generates a variety of available choices in the consumption of goods and services. Plurality of

choice is in some substantial part the very outcome of commodified processes.

However, what this means for choice in welfare and the control of peoples' options is another point for consideration.

Risk and responsibility are vital in the context of increasing choice, particularly in those spheres of life that are highly personal and take place in the home setting. Introducing choice into the provision of public services which requires people to take more 'control' over this aspect of their lives can be viewed as part of the wider process of the promotion of the 'responsible' citizen in the neo-liberal context.

Giddens (1991) and Beck (1992) both argue that the development of the reflexive-self and the individualisation of society both contribute to the concept of self-development. Finlayson (2003) and Lister (2002) argue that New Labour is encouraging its citizens to 'invest' in themselves, and that increasing choice in public services is an extension of such investment. 'Tailor-made' packages of help, along with personal advisors will enable people to seize the opportunities available to them and to lead ever increasingly independent lives, particularly with the introduction of Direct Payments. While this is welcomed so as to improve vital services, the question of responsibility still remains unanswered. Lister (2002: 119) argues that responsibility continues to be central to government thinking in the UK. In place of the former Labour commitments to greater equality on the collective scale, New Labour talks the language of equality of opportunity and social inclusion and exclusion of individuals. As discussed earlier, the concept of modernisation and positive change is married with an apolitical notion of inevitability that is significant for market-driven politics and the future of the welfare state.

Beck's (1992) concept of the risk society and the individualisation of risk relates to experiences of personal 'risk management' in the social care sector. Welfare

states are developing forms of payment for care such that the boundary between 'work' and 'care' is breaking down. In the UK various types of payment are being introduced, with one of the most widespread developments being the Direct Payments scheme whereby disabled people are given cash instead of services, with the expectation that this funding is used to purchase directly the services of personal assistants. Direct Payments are currently available throughout social care, although to date the take-up of them has been low and spurious. However, they will be introduced on a wide scale, so that all those users requiring care and assistance will directly choose and pay for their own service.

In Ungerson's 1997 paper, the Direct Payments for disabled people legislation is unpacked whilst exploring how empowering this system may be for the future of community care and its service users. Through the legislation, disabled people can choose the service they would like, its frequency and who should provide it. The user is in this way the employer. However, it is argued that both employers and employees in these care relationships are likely to be on low incomes, that the work is likely to be insecure and possibly unregulated, that there might be a problem of labour supply, and that in the long run this form of employment might generate hardship for the workers so employed. This relates to the very recent debate surrounding the issues of Direct Payments for wider social services provision, including that of domiciliary care for elderly people. It is argued that giving disabled the cash to pay for services, so that they are able to 'choose' their carer, helper or provider; ultimately empowers the user and enables them to actively participate in determining an important part of their daily life and hence giving them greater independence as an individual. On the other hand, some fear that Direct Payments are a guise through which the welfare state is to be dramatically reduced and undermined by exporting all service provision to the private

sector. Such worries associated with increased marketisation are that of deregulation, competition and that some users may be extremely overwhelmed with what choices to make, who to trust and how to manage their own risk. Not to mention the concerns regarding worker organisation and representation that may become even more fragmented and contribute to their work and existence becoming increasingly 'hidden'.

The question of control and power within the care relationship relates to broader considerations concerning risk management and the 'self'. In a small qualitative study, Ungerson (1999) investigates the employment of personal assistants and the issue of boundary setting between the employer and employee. The British Direct Payments scheme does not allow the employment of close relatives or family, however, no suggestions are made as to who such employees might be or how they might be recruited. In this respect, there is no formal system of vetting or qualification. Ungerson (1999: 585) states:

"The aim is to replace professionalism with consumerism, and ensure that each PA [Personal Assistant] speaks directly to the needs of their individual employer rather than to the wider principles of a trained, examined and certificated occupational grouping of personal assistance".

The issue of risk management is central to the recruitment and management of personal assistants. The structure of the relationship through the employer's ability to hire and fire, does not totally underwrite personal security. Therefore, trust is absolutely essential if these intense and intimate relationships located within the invisibility of the private home are to work. For those disabled people receiving Direct Payments, three methods of managing risk are available: recruitment through an agency which vets and monitors personal assistants; recruitment through personal

recommendation of another user; and recruitment from a pool of people already known to the user (Ungerson, 1999: 588). In many cases, 'word of mouth' is used to recruit strangers who have established reputations of trustworthiness in the local community. There is no doubt that employing a good carer or personal assistant is ultimately empowering for the user, but nevertheless, a confusion remains about the concept of 'independence' and whether employing a carer with the personal risks attached (that the user has to manage themselves), is actually part of that independence, or on the other hand is a hindrance to the user's empowerment.

This would go against ideas of 'be-spoke' care and positive choice. If the decisions to be made are too 'risky' and overwhelming, then there is the possibility that levels of personal anxiety and disempowerment will increase. This also demonstrates that what changes are taking place in the UK's public services, are similar to the wider societal shifts regarding risk and insecurity. It raises questions as to whether some of the most vulnerable groups of people in society are no longer being protected through the welfare state.

The combination of choice and its risks are demonstrated through current legislation to protect social workers from the risk of being sued or blamed if things go wrong under the government's plans to give elderly people responsibility for their own care services. Currently, social workers and care managers are responsible for users receiving care. They determine 'care-packages' for users and through the Local Authority they are employed by, are the gate-keepers and regulators of care. However, the government believes that mechanisms will be needed to protect care assessors and care workers from blame when potential accidents occur through Direct Payments. It is estimated that up to £14 billion a year in social care spending will be

passed on to eligible individuals to purchase services of their preference. Stephen Ladyman, minister for community at the Department of Health states:

“So long as you make the individual aware of the risks, if they decide to take those risks then there will be no comeback on the social worker or the person who gives the money” (The Guardian, 22nd March 2005).

Groups representing elderly people generally support the government’s plans for choice through Direct Payments. However, they are concerned that under the legislation an older person could hire a care worker who was completely unchecked adding to the risk and stress for the user.

When surveys are carried out people often state that what matters to them most are their connections with other people: their relationships are critical to levels of happiness. In this regard, it is important to explore what increased choice does to relationships, and it would appear to reduce a sense of commitment and obligation to others, and therefore has the power to divide people (Schwartz, 2005). Of course, for many, choice is still too limited, and particularly for some of the most marginalized groups such as the elderly, who would like to remain living in their own homes but do not have access to the right social care packages. But it is not clear that increasing choice will make things better for them. Choice does have the power to expand and better services, but this needs to be exercised in consultation with users and workers, and discussing the responsibility of choosing a carer and simply receiving Direct Payments in order to do this, for example, needs to be debated in an open and public discussion.

Schwartz (2004: 30) argues that in the United States responsibility for medical care has landed on the shoulders of patients with a resounding thud. As he explains:

“The tenor of medical practice has shifted from one in which the all-knowing, paternalistic doctor tells the patient what must be done-or just does it-to one in which the doctor arrays the possibilities before the patient, along with the likely plusses and minuses of each, and the patient makes a choice” (Schwartz, 2004: 30).

There is no doubt that giving patients more responsibility for what their doctors do has greatly improved the quality of medical care that people receive. But there is the possibility that the shift in responsibility has gone too far, and with increasing choice spreading throughout the public sphere in the UK, people could find themselves having to negotiate every day services in a way they find too demanding.

The Changing Nature of Welfare in the UK

Although neo-liberal politicians have been the dominant force in challenging the form of welfare states, other tendencies have also been significant. Struggles have centred on the subordinations, marginalisations and exclusions produced by the normative universalism of welfare citizenship. There is a long history of conflict over welfare citizenship, around discrimination of age, gender, race and ethnicity, sexuality and dis/ability. Clarke (2004: 129) argues, these struggles have raised political-cultural challenges about the relationships between universalism and difference, about the forms of entitlement, and about the discriminatory exercise of power in state bureaucratic-professionalism. However, in recent political discourses such as those shaped by New Labour, these struggles have disappeared. Such differentiated social identities are increasingly accounted for in the language and imagery of consumerism and consumer choice. For example, a recent government document on public service reform sets out the difference between previous ‘rationing culture’ with today’s ‘consumer culture’:

“The challenges and demands on today’s public services are very different from those of the post-war years. The rationing culture which survived after the war, in treating everyone the same, often overlooked individuals’ different needs and aspirations. Rising standards, a more diverse society and a steadily stronger consumer culture have increased the demand for good quality schools, hospitals and other public services, and at the same time brought expectations of greater choice, responsiveness, accessibility and flexibility” (Office of Public Services Reform, 2002: 8).

In the early 1990s, the changes towards care management, with its combination of needs-led assessment and targeted resources, was claimed to offer greater flexibility as well as transferring power to ‘customers’. The idea of the social service user as ‘customer’, at the time was problematic for a number of reasons. One being that unlike the marketplace, the customers in this context cannot go elsewhere for their goods, neither do they have real purchasing power because it is the care manager who purchases on their behalf. However, with the introduction of Direct Payments this is what will change: users will have the power as consumers, both positive and negative in nature. Throughout the 1980s neo-liberal philosophies were emphasising private responsibilities for care, and it was easy for a rejection of the damaging impact of institutional forms of care to lead to a belief that collective provision was inherently destructive of individual responsiveness. The potential advantages (both material and emotional) to be gained from collective solutions were obscured, and the family was to become key in the provision of community care.

The distinction between different types of need is important in determining whether the care to be provided is a social right of citizenship to be met from publicly funded services (as in the case of health care in the UK), or whether it is to be met from private resources (family care), or social care subjected to means testing (such as

the current system for home care provided by most local authorities). This distinction has been spotlighted as the NHS seeks to withdraw from the provision of long-term care for older people (Barnes, 1998: 97). Throughout the 1980s and 1990s, increasing debate over what are defined as health and social care needs, has resulted in domiciliary care workers being put under increasing pressure to carry out 'health' related tasks, that would previously have been carried out by a health care professional such as a chiropodist or district nurse. Increasingly, new forms of regulation are introduced to deal with the abuse of vulnerable people, whilst at the same time many core services continue to be subcontracted to the private sector, with less and less knowledge available about the companies who provide such care. Pollock (2004: 158) argues that by the year 2000 the Treasury and the Department of Health were wedded to market solutions and the long-term care industry had become too powerful to challenge.

There is a sense that the government is losing control over the care providers on whom it now depends, both in the case of residential and domiciliary care. In residential care, Pollock (2004: 188) argues that privatisation has adversely affected the ability of residents to seek redress against poor treatment, since their welfare is now no longer in the hands of the state but of private individuals and companies which have a right to put their own financial interests first. It would appear that the changing nature of welfare, both with the retreat of state involvement and the encouragement of privatisation, encourages individualism, rights and choice. For those who do not experience responsive services and autonomy in what they require from the state, choice through Direct Payments offers the personal management and self-determination they are seeking for their independence.

Barnes (1998: 107) argues that simply introducing a policy that encourages user participation is not enough. Many of those subject to assessment have not been satisfied that new procedures enable users' interests to be influential in determining the services to be provided. Many disabled people argued that the role of assessing need and determining the services necessary to meet those needs was one that they could undertake themselves. This argument has been persuasive and has led to a number of schemes, such as Direct Payments, intended to support disabled people to take on this role, and employ their own assistants. However, this does not detract from the importance of users and carers to be involved in the discussion about needs and rights at a collective level, as well as during individual assessments. This highlights the importance of the user, informal carer and paid carer to be involved in the delivery of care. Involving paid carers in the discussion is paramount as they are the people who deliver services 'on the ground', (not to dismiss the vital role informal carers play). It is users and all front-line carers (paid and unpaid) who need to work together to set the agenda for positive change, debating the issues surrounding delivery and expectations in an open environment.

Some have argued that it is not choice that is the issue in the public services, instead what matters are voice and values. The Public Administration Select Committee has also raised this in their sessions titled 'Choice, Voice and Public Services'. The extent to which the views and experiences of those who use services, and those who provide them, shapes the understanding of the quality of service provision is very important. In the debate surrounding the future of the public sphere, choice is not the only factor that needs to be acknowledged. The Public Administration Select Committee (PASC) began an enquiry into choice and voice in

2004 as part of its wider scrutiny of the government's programme of reform. They state:

“It was after the election of the Labour government in 1997 that the idea of citizens also being consumers of public services (and that those services should therefore become increasingly customer focused) gained greater currency” (PASC, 2004: 2).

In 2003 the Prime Minister, at a conference, stated that standards are to be driven up in public services by the knowledge that consumers can go elsewhere. This choice and contestability of services is based not on individuals' wealth, but on the equal status of each citizen. However, in continuing dialogues between the PASC and various contributors, the concerns regarding choice and its effect on public services are highlighted.

For example, the Democratic Health Network in April 2004 (PASC: 14), stated:

“We do not believe that choice in public services especially in health and social services, should primarily be seen as a mechanism for improving quality on a crude market model of competition between service providers... We believe that the kind of contestability that might contribute to increased quality can be provided on a different model. A diversity of providers is neither necessary nor sufficient to offer the sort of choice that would make most difference to the quality of services and to the lives of service users”.

They argue that instead, the emphasis in considerations of choice in public services should be on those factors that can be subsumed under the term, voice. Choice in this sense should be seen as a good in itself: not only personal choice which enables people to affirm their autonomy and assert their individuality; but also collective choice which enables people to see themselves as part of a wider whole and to

contribute to the well-being of others, as well as mediating between different groups in the interests of equity. In this respect the welfare state would remain for the benefit of all, and not just the individual.

The PASC believes that some of the problems with choice would be eased if there were more acknowledgements of its limitations. The rhetoric does not match the reality of the situation (PASC, 2004/5: 66-7). The PASC also makes the important point that the government plans to prevent private providers taking too much control in public services, appear to be sketchy and inadequate. Therefore, ministers need to make an urgent effort to ensure that private providers do not exploit choice schemes to the detriment of public interest.

Decline of the Public

The ‘consumer’ conjured up by political discourse about public services is a neo-liberal appropriation of the past struggles around citizenship and difference. Difference has been rearticulated as an issue of diverse individuals and their needs while at the same time, suggesting that such individuals are necessarily in conflict with the ‘producers’. The image of the consumer of public services now involves citizens with different identities and interests: the taxpayer, the scrounger and the consumer (Clarke, 2004: 129-30). According to Clarke, this splitting of consumer identities represents different pressures on public services:

- The taxpayer, obsessed by cost and the pursuit of ‘value for money’, necessitates and legitimates ‘fiscalization’;
- The consumer, seeking ever-higher standards of service, necessitates and legitimates the drive for continuous improvement in performance;

- The scrounger, seeking to exploit public generosity, necessitates and legitimates scrutiny and investigation of claimants.

This conception of citizens produces a complex and dislocated notion of the public and the public interest, which raises questions regarding what it means to be a consumer and how being such may impinge on, or even pollute the public.

Markets are liberating but they are also disciplinary. They free us to make our own choices about what we want to do and what we want to achieve, but they demand that we make those choices within the parameters set by the market. Most of us, and for most of our lives, are only consumers with a passive choice of to buy or not to buy from what is made available to us. And the decision about what is available is made by sellers. Being a consumer is not all about autonomy. Finlayson (2003: 212) argues that if we are forced to be only producer-consumers (and never anything else) we will suffer further from the erosion of other kinds of social relationship. He states:

“In the commodity-led society our ‘job’ is to buy and there is never any free time from work”.

In the PASC’s written evidence on ‘Choice, Voice and Public Services’ (2004), Needham argues that there do remain risks to bundling up the improvement of public services in a ‘customer service’ package. For example, if all the ‘positives’ of the individual’s relationship with government are experienced as a customer, whilst all the ‘duties’, such as paying taxes and voting, are linked to being a citizen, this threatens to dislocate the experience of paying for services from the experience of using them. Needham argues that the government needs to consider the merits of delivering good quality and responsive services to users as a condition of citizenship rather than as a concession to the customer (2004: 39-40).

The Business Services Association (BSA) is an advocate of major companies providing outsourced services in the UK, across Europe and worldwide. They have worked closely with the government to move forward on the modernising agenda and strongly support the concept of choice in public services. However, they believe that the public good still needs to be taken into consideration where choice is concerned. They state:

“The risk that a wholly consumerist approach to public services could undermine the public service ethos must be recognised. Ultimately it is the responsibility of government and the public sector authorities to take the wider view which recognises that the most important factor is ‘the greatest good for the greatest number’, even if this may in some situations restrict the freedom of choice of the individual” (PASC, 2004: 76).

This demonstrates the need to conceptualise what the public is from all viewpoints and to discuss accountability and responsibility. People need to be able to articulate what they require for the future of the public in order for all of society to have a strong sense of citizenship, both as an individual and as part of a collective. Only through the recognition of collective responsibility can issues of social justice then be addressed.

Choices in Home Care

Health and social care services need to respond to the challenges of choice policy by involving users in the production of their own welfare and empowering them on the collective scale, whilst also involving those front-line workers who provide care, in order to enhance just working conditions and services for the benefit of all. It is necessary to recognise that, while the private and voluntary sectors may

extend choice in home care, they cannot fully substitute for the public sector. Only the public sector can guarantee legal rights to services. Therefore, if the market and the voluntary sector provide exit for users, then the democratic machinery of the state is the only provider that can ensure users have the right to a voice. Walker (1999: 172) argues that regardless of how large the independent sector becomes; the state must always play an important role in regulation, protecting rights and guaranteeing access. However, this will not account for workers in the private sector, and as previously discussed, if users choose their own care service and mistakes happen, social workers and care managers will no longer be responsible. These risks and questions of responsibility demonstrate how without safeguards, it will be users and workers who will be negotiating the front-line conditions of risk, insecurity and unjust conditions.

Local authorities, providing both in-house and purchasing subcontracted care, maintain the current system for the provision of home care services in the UK. Private contractors provide more than 60 per cent of home care services in London, and it is almost certain the introduction of Direct Payments will increase the amount of contracted labour required to deliver care in peoples' homes. Very little is known about the 'hidden' work that home carers do; the terms and conditions of employment they receive and the future practices they may be exposed to. One concern, of many, is that as users are encouraged to find their own care services, and thus may seek out local carers in an unregulated system, not only will the user face potential risks, but the worker will also be subject to conditions that devalue their work and caring capabilities. Cash-strapped local authorities funding Direct Payments will have little incentive to up-grade hourly rates of pay for workers. Therefore, the expectation must be that such workers will be recruited from amongst the unqualified and yet-to-be qualified, and from those who have no great expectations of levels of pay. For this

reason, Direct Payments and choice, instead of opening up more responsive services for users, will instead drive quality down and will demean workers and the value of the care and assistance they deliver.

It is often argued that when asked about the future of public services, and in particular social care, people want a good all-round service, and not to have to make complex decisions themselves. UNISON, the public services union in the UK, argues that the agenda for public service reform should be to provide good quality and popular services for the public, whilst ensuring good working conditions for those providing such vital services. Such advocates argue that choice can be collective, and as such, democratic services can work for the good of all those involved, rather than seeking purely individual fulfilment. This is not to deny that people do want to have a say in how their public services are delivered, which has not happened previously, but the challenge is to realise this on collective terms whilst ensuring the autonomy of the individual. It would appear that simply championing public services, without choice and giving the public what they want, is no longer enough. People no longer want a 'traditional' welfare state that fails to deliver. Service users and workers are the people who, together, ought to be shaping what people want and need from a service. Users are often more concerned about their relationships with their carers, in terms of value and quality, rather than choice being the central issue. The nature of care services in the UK means that being a user is a collective experience. Therefore, collective action and peoples' voices regarding choice should be organised around the development of relationships and being able to give power to users through them exercising this voice. How people are to protect themselves against 'bad' choices is a contested issue, so too is the ability to pay. One worry is that the implementation of choice policy will encourage people to 'top-up' their services with their own money,

and that this may appeal to those users who have greater wealth as they will be able to afford a better and more frequent service which may in turn result in increasing prices and inequities between users. Where Direct Payments are widespread, such as those taken up by disabled people, research has shown that risk, insecurity, responsibility, unorganised working conditions and control, are issues that need to be dealt with urgently (Ungerson, 1999).

Alternatives to Choice

Official care policy has little to say about the wider community (except that the individual as a responsible person is part of that community). Whilst activists within the disability movement have argued for the need to overcome ‘disability barriers’ within communities, (similar to those experienced by older groups of people), much of their recent action has been focused on achieving individual rights to determine and control their own services, such as Direct Payments. One alternative to a central policy of choice in social care would be to have greater local autonomy in services decisions and delivery on that local scale. In this way local people, both users, workers and others in the community could be involved in deciding what happens in their area and why.

Another alternative could be to increase the amount of consultation taking place at core meetings, for example at those meetings taking place for social services departments, the National Health Service, educational bodies and social care workforce directorates. In this way all bodies who are ultimately involved in the delivery of care: its value, quality and workers, would be able to listen and voice their opinions to each other and discuss aspects such as, how many new workers are

required and of what type, how would be best to train them and how are workers to be empowered in a system that devalues what they do.

Barnes (1998: 122) describes that in Derbyshire, the local coalition of disabled people is jointly responsible with the local authority, for the managing of a Centre for Independent Living (CILs give advice to disabled people on many issues, one of which being employing your own personal assistant). They seek to emphasise the objective of integration of disabled people within mainstream society, rather than simply an objective of independence. Such an objective implies that 'need' in this context should encompass the needs of the community itself, as well as the individual needs of the group (whether disabled or older people), for support to enable them to become effective participants within their communities. In this context, choice may be empowering for the individual, but more activism is needed in other areas for people to work effectively as a collective.

Investment in training and improved regulatory systems would improve the quality of services, whilst also building a strong and specialised social care workforce. In East London, the Strategic Health Authority has achieved successful training schemes whereby workers are assessed not only through 'paper' qualifications, but also through more practical and holistic techniques in order to really value the quality of the care they deliver. Where such training has taken place both workers, users and authorities are empowered. Workers have received recognition for their efforts and can pursue careers in care, users have received better services and have built relationships with those who care for them, and the authorities have been able to improve satisfaction levels amongst users and retain much needed home care workers.

Why the government is not pursuing such alternatives is left to debate. In some areas of practice and policy, positive change is happening with regards to social

care work and how it is valued, through training, investment and coalitions. However, caring labour still remains to hold a very disadvantaged place in society, and until this is addressed through structural changes, increases in pay and better conditions, the situation will remain. The government's drive for greater efficiency seems to be at the heart of policy regarding choice in the public services. They argue that because of the increasing consumer society we live in and the demands that are placed on services, the market is often more effective at delivering what we need. The government has made clear its plans to cut 100,000 public service jobs in the near future, to go hand in hand with its commitment to provide greater choice in delivery. However, unions and other public sector organisations are concerned that it is not possible to achieve both objectives without undermining the quality of services.

The Research

The subcontracting of labour in the home care sector in East London has had major implications for employment, and service provision has been greatly affected by such trends. Previous research has shown how workers negotiate the conditions and pressure they work under, and how they still manage to remain committed to their clients (Frew, 2004). Often the best services are those provided by workers who have managed to build relationships with users, where both parties can benefit from each other. Retaining workers so that relationships can be fostered, and enhanced training can take place will benefit the sector as a whole. This research intends to explore the nature of home care and the impacts of choice in more depth within the East London Borough of Tower Hamlets. No research has been undertaken of Direct Payments in home care, particularly of the workers who will be affected through choice policy. Even where Direct Payments are already widespread, research regarding the

employment of personal assistants and other such workers is minimal. This research intends to comprise of in-depth interviews with both receivers and potential receivers of Direct Payments, who choose their own care and personal assistance, or will have to in the near future. Central to the research will be the interviewing of workers in the sector, who give assistance to both disabled people and those in need of home care. The workers occupational life, experience of the work, their attitudes towards it and whether or not they expect to continue working in care, will be explored. This will enable a picture to form depicting the complex relationship between policy, service delivery and the workers who provide care. The qualitative analysis to follow this will be conducted through a reflexive, inductive and interpretive method.

Through a relationship with the North East London Strategic Health Authority's Workforce Development Directorate, the research will draw on local projects taking place within the Borough of Tower Hamlets, particularly one on the Ocean Estate where the Health Authority are seeking to match workers with users, whilst investing in workers' career developments. These projects are to take place in a period of dynamic policy change and will have to incorporate the aims and objectives of choice and person-centred care. What users value in their service including what they would like for the future, and what workers experience on the front-line of care every day, will be imperative to the study.

References

- Allen, I., Hogg, D. and Peace, S. (1992) *Elderly People: Choice, Participation and Satisfaction*. Policy Studies Institute, London.
- Barnes, M. (1998) 'Whose needs, whose resources? Accessing social care', in Langan, M. (ed) *Welfare: Needs, rights and risks*. Routledge, London. pp. 81-126.
- Barnes, M. (1997) *Care, Communities and Citizens*. Longman, London.
- Barnes, M. and Walker, A. (1996) 'Consumerism versus empowerment-a principled approach to the involvement of older services users', *Policy and Politics* 24(4): 375-93.
- Beck, U. (1992) *Risk Society: Towards a New Modernity*. Sage, London.
- Brindle, D. 'Elderly may choose own care', article from The Guardian 22nd March 2005.
- Clarke, J. (2004) *Changing Welfare Changing States: New Directions in Social Policy*. Sage, London.
- Clarke, J. (2000) 'Unfinished business? Struggles over the social in social welfare', in Gilroy, P., Grossberg, L. and McRobbie, A. (eds) *Without Guarantees: In Honour of Stuart Hall*. Verso, London. pp. 83-93.
- Clarke, J. (1999) 'Whose business? Social welfare and managerial calculation', in Purdy, M. and Banks, D. (eds) *Health and Exclusion*. Routledge, London. pp. 45-61.
- Cutler, T. and Waine, B. (1997) 'The politics of quasi-markets', *Critical Social Policy* 17(2): 3-26.
- Cutler, T. and Waine, B. (1994) *Managing the Welfare State*. Berg, London.
- Dalley, G. (1988) *Ideologies of Caring*. Macmillan, Basingstoke.
- England, K. (2000) 'It's really hitting home', *Women and Environments International* 48/49 (Summer/Fall): 25.
- Finlayson, A. (2003) *Making Sense of New Labour*. Lawrence and Wishart, London.
- Frew, C. (2004) *Working for Justice: The scope for tackling subcontracted employment and service provision in the home care sector*. Unpublished Msc dissertation.
- Giddens, A. (1991) *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Polity Press, Cambridge.
- Hirschman, A. (1970) *Exit, Voice and Loyalty*. Harvard University Press, Cambridge.

Hochschild, A. R. (2001) 'Global care chains and emotional surplus value', in Hutton, W. and Giddens, A. (eds) *On the Edge: Living with Global Capitalism*. Vintage, London. pp. 130-146.

Lister, R. (2002) 'The responsible citizen: Creating a new British welfare contract', in Kingfisher, C. (ed) *Western Welfare in Decline*. University of Minnesota Press. pp. 111-127.

Needham, C. and Murray, A. (2005) *The Future of Public Services in Europe*. UNISON, London.

Needham, C. (2004) 'Customer-focused government', *Soundings* 26: 73-83.

Office of Public Services Reform (2002) *The new centre minutes of evidence*. House of Commons.

Parrenas, R. S. (2001) *Servants of Globalization: Women, Migration and Domestic Work*. Stanford University Press, Palo Alto, California.

Pinkney, S. (1998) 'The reshaping of social work and social care', in Hughes, G. and Lewis, G. (eds) *Unsettling Welfare: The Reconstruction of Social Policy*. Routledge, London. pp. 252-289.

Pollock, A. M. (2004) *NHS plc: The privatisation of our health care*. Verso, London.

Public Administration Select Committee (2004-5) *Choice, Voice and Public Services: Volume 1*. House of Commons.

Public Administration Select Committee (2004) *Choice, Voice and Public Services: Written Evidence*. House of Commons.

Public Administration Select Committee (2004-5) *Choice, Voice and Public Services: Volume 3*. House of Commons.

Saraga, E. (ed) (1998) *Embodying the Social: Constructions of Difference*. Routledge, London.

Schwartz, B. (2005) 'The paradox of choice: Why more is less', paper presented to the Compass and Catalyst seminar: The Future of Public Services. The House of Commons, London.

Schwartz, B. (2004) *The Paradox of Choice: Why More is Less*. Harpercollins, New York.

Secretaries of State for Health, Social Security, Wales and Scotland (1989) *Caring for People: Community Care in the Next Decade and Beyond*. Cm 849, HMSO, London.

Stone, D. (1999) 'Care and Trembling', *The American Prospect* 43 (March-April): 61-7.

- Thomas, C. (1993) 'Deconstructing concepts of care', *Sociology* 27(4): 649-69.
- Toynbee, P. (2003) *Hard Work: Life in Low-Pay Britain*. Bloomsbury, London.
- Twigg, J. (1997) 'Deconstructing the 'social bath': Help with bathing at home for older and disabled people', *Journal of Social Policy* 26(2): 211-32.
- Ungerson, C. (1999) 'Personal assistants and disabled people: An examination of a hybrid form of work and care', *Work, Employment and Society* 13(4): 583-600.
- Ungerson, C. (1997) 'Give them the money: Is cash a route to empowerment?', *Social Policy and Administration* 31(1): 45-53.
- Vickridge, R. (1995) 'NHS reforms and community care-means tested health care masquerading as consumer choice?', *Critical Social Policy* 43: 76-80.
- Walker, A. (1999) 'Older people and health services: The challenge of empowerment', in Purdy, M. and Banks, D. (eds) *Health and Exclusion*. Routledge, London. pp. 158-78.
- Wills, J. (2001) *Mapping Low Pay in East London*. TELCO, London.