King's Fund Centre
Long Term and Community Care Team

CREATING OPTIONS:

THE FUTURE OF COMMUNITY CARE FOR PEOPLE WITH DISABILITIES

Another document?

Plenty has been written about community care. The latest report ***Community care: agenda for action**** by Sir Roy Griffiths has recently been published. However the Griffiths Report, like others, is written mainly for the government and for people who plan or manage services. We thought it would be useful to look at what might happen if the report is accepted from the point of view of people who use services.

The Griffiths report has had a mixed reception. Some people have praised the new way of looking at care in the community; others see it as unworkable and yet another way of rationing services for people with long-term disabilities. So far the government has remained strangely silent. The report was issued with a minimum of publicity and made very little impact in the press, on TV or radio.

The Griffiths report raises some important possibilities for people with long-term disabilities and we draw attention to these. The report has much more to say about the way that services should be organised and the action that government should take. We have summarised this information to help you to judge how much sense it makes to you.

This is not a detailed discussion of Sir Roy's report. Instead we have taken the opportunity to look at the basic ideas behind the report and to draw out what these could mean for people with disabilities. We have deliberately taken an optimistic view, concentrating on what could be possible if the Griffiths recommendations are implemented in a positive way.

* **Community Care: Agenda for Action (1988)**
A report to the Secretary of State for Social Services by Sir Roy Griffiths, HMSO, London

What could Griffiths means to me?

At the heart of Sir Roy's proposals is a revolution in the way that help might be given to people who need care and support because they are elderly, have mental health problems, learning difficulties (also known as mental handicap), or are physically disabled. The majority of these people are already living at home and others will be returning to the community from long-stay hospitals.

The report says that:-

- the right services should be provided in good time, to the people who need them most;
- the people receiving help should have a greater say in what is done to help them, with a wider choice;
- people should be helped to stay in their own homes for as long as possible or in a place which offers the advantages of home life;

For people with a long-term disability, this would mean that:-

- you get the help you need, tailored to your own requirements, without long delays;
- the greater your need, the more likely you are to get help;
- you have a major say in the sorts of help you receive - with a choice between different alternatives;
- you will be helped to stay in your own home or, if you choose to move, will be able to live somewhere which gives you maximum independence and contact with your local community;
- the sort of help you receive will be sensitive to your own special requirements, including any arising because of your race or culture.

At the present time, many people with disabilities receive little choice. You either struggle on alone or with someone who cares for you at home, or you get 'slotted in' to whatever local services are available - perhaps a day centre, hospital, hostel, or nursing home and, if you are lucky, some additional help from a social worker, community nurse, home help, etc.

The vision painted by Sir Roy Griffiths is of services much more tailored to individual needs. For example, a paid carer may come into your home at times convenient to you to help with whatever special requirements you may have. If you become more disabled this help will increase, so that you would not necessarily have to go into residential care. You may be able to get additional support for daytime leisure or occupation or with transport, so that you do not just have to choose between staying at home or going into a day centre or hospital. You may receive help and financial support to enable you to recruit your own carers, so that you are much more in charge of what happens.

Of course this does not mean that unlimted amounts of money will be made available so that everyone with a disability will get whatever help they need. But Sir Roy does point out that many people could avoid expensive residential care if more flexible and effective care was available to them in the community.

We think that these general principles deserve support, whatever the government decides about Sir Roy's recommendations.

Making it happen

The Griffiths Report says a great deal about the sorts of changes which are required to ensure that people receive the individual help and choice they need to live in the community. Some of these changes are needed in the way that local services are planned and run, other changes are needed at government level.

Meeting People's needs

The report says that needs must be assessed on an individual basis and a 'package' of care drawn up taking account of the needs and wishes of the person being cared for.

Care manager

The individual package of care will be developed by a 'care manager' together with the person receiving services. The care manager will act on behalf of the disabled person to help decide what they need and then make sure that they get this help.

General practitioners

Many disabled people are already in touch with their family doctor, and the report suggests that the GP has an important part to play in telling the Social Services department about people's care needs and keeping informed about what action has been taken.

Ensuring services reach the people who need them

The report says that social services departments should be responsible for identifying all the people with community care needs in their area and for ensuring that their needs are regularly assessed. Social services should also make sure that information about all services (including voluntary and private) is readily available to people with disabilities and their carers.

Families and other informal carers

Sir Roy stresses the importance of those who care for disabled people at home and says that they should be given information and flexible support to enable them to continue to act in the disabled person's best interests.

Community carers

A new occupation, community carer, is proposed. These would be the people who are specially trained to provide a range of practical and personal help to disabled people in the community.

Residential care

The social services department will be responsible for assessing a person's need for residential care and for meeting the costs of people who cannot pay for themselves. A basic level of financial support will be available through social security to enable people to live in the community. Any further money needed to pay for residential care will have to be provided by social services.

Health care

The report suggests that health authorities should just be responsible for health care, not for long-term community care and support.

The report makes a distinction between health care and social care for people with disabilities. In practice these are not separate - medical services have an effect on people's social lives, and vice versa.

Training

The report has major implications for staff training, for managers and professionals as well as for community carers. These training needs will have to be looked at in detail, and there will be a need for joint training between different professions.

Government action

Sir Roy makes it clear that these proposals will need a major commitment by the government if they are to be put into practice. In particular he recommends that:-

- a government minister is made responsible for community care
- the central government transfers money to local authorities to enable them to take on these new responsibilities. This money would only be given where the government is satisfied that the social services department is fully prepared for its increased responsibility.

Some concerns

Reactions to the Griffiths report have been mixed. Some of the concerns which have already been voiced are:-

- The report directs more money and responsibility to local authorities. Some people think that the government is unlikely to want to give them extra power and resources.
- There are doubts about the ability of social services departments to take on the planning, management and checking necessary to put the proposals into practice.
- People from ethnic minority groups are disappointed that the the report has not said more about the improvements needed in all community care services to ensure that racial disadvantaged is eliminated.
- It will be expensive to provide the sort of improved individual are suggested in the Griffiths report. Unless the government recognises this and makes sure that extra money is available, the proposals will be unworkable. Indeed the report could be used to ration services so that disabled people and their carers are even less well off than at present. Sir Roy himself was not asked to look into the question of money, but recognised the need for adequate funding.
- The government may opt for a half-hearted approach and not follow through the full implications of Sir Roy's report.
- The job of social workers as care managers has not been fully thought through and could lead to difficult conflicts of interest, particularly as they may also have the job of deciding how much money someone should be given.
- There are doubts about whether GPs will be able to take on the additional responsibility which Griffiths suggests.
- The report opens up the possibility of more disabled people being asked to pay for private care. Rather than services services being available as of right, there will be more means testing and needs assessment.

Despite these concerns, we feel there are important messages in this report.

1) That people have a greater say in what help they need, and when they need it.

2) That services should be based on what disabled people need, rather than people being slotted into existing and available patterns of care.

3) That one person would be responsible for organising the help that people need, rather than disabled people having to deal with lots of different professionals.

4) That this new way of working would help all people now living in the community, as well as those returning from long-stay institutions.

We hope that these important principles will be a starting point for disabled people to negotiate the sort of deal they want in the future, whether or not the Griffiths report is implemented by the government.

There is actually little to prevent local authority social services departments from moving forward on many of Griffiths' proposals without waiting for central government to pronounce. Many SSDs are already thinking about how they can act. There is the possibility of the national debate being left behind as developments take root at local level over the coming months.

Further copies are available from the Bookshop, King's Fund Centre. 126 Albert Street, London, NW1 7NF.

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