MANAGEMENT DEVELOPMENT
FOR COMMUNITY CARE

REPORT OF A SEARCH CONFERENCE ON MANAGEMENT COMPETENCES AND COMMUNITY CARE IN LONDON

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Kings Fund College
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CONTENTS

FOREWORD

The idea of a Search Conference on Management Development for Community Care arose from an assertion that managing high quality Community services was very different from managing high quality acute services. This assertion assumed a different mind set about the nature of the managers role - images of leadership, relationships with clients, staff, and other community organisations would all be fundamentally different -if managers were to successfully guide services toward enabling people using services to retain or build valued lifestyles.

Most text books and our practices in management development are based on large episodic style businesses where managing "bottom lines" not managing relationships are the key criteria for promotion and success. Indeed the investment in management development in recent years has been directed at General Management with a business management ethos, management by objectives, competency assessment and performance related pay. We have not thought that managers had specific responsibilities for reducing the barriers between agencies and professions, nor were they responsible for helping change the way that citizens thought about the service system and indeed their own roles in supporting a caring community.

The principles of collaboration can not just be added to the existing framework and expect real change to occur. We need to move away from 'good fences make good neighbours' - toward working together to build stronger communities. In our discussions with David Wright and his team from the Management Executive Developing Managers for Community Care (DMCC), we often spoke of "paradigm shifts" in Management Development. It was this paradigm shift that we wished to explore.

We decided to focus on London to see if there were real differences that Londoner's felt worthy of investment. We also wanted to support a London network as a way of breaking down fences and supporting managers against the coming backlash of the Tomlinson Report.

We assumed that managers working in community services would need a great deal of support if the resources were genuinely going to be reallocated to primary and community care. Thus we wanted to ensure that any effort made would have positive spin offs for the people attending.

The coming together of these ideas led us to organise a Search Conference designed to assist with seeking better community services through more appropriate means of developing managers. The search process offered a way of working which recognised and valued differences - we were not striving for consensus. The purpose of the Search Conference was to reach mutual understanding rather than agreement. In this way the participants would be better equipped to find ways forward that were based on a more complete understanding of the real areas of agreement and disagreement across the system.

This project was funded by the DMCC as part of their promotion of new practices in management development. We greatly appreciate their support and involvement in the proceedings. The report that follows contains a wealth of ideas for creating better futures for people using and depending on services for much of their health and well being. Better services require better management which requires better development. We hope we have made a positive contribution to better futures.

INTRODUCTION

Community care has been described as "That network of care which will maintain people or, where necessary, restore people to independent living". (Centre for policy on ageing, 1990).

Historically the term community care has been applied to that set of services and help which constitutes continuing support wherever possible in the person's own home. The groups to whom this apply include people with mental illnesses, people with learning disabilities, elderly people and people with physical and sensory disabilities. These used to be referred to as the "priority" groups. The community care changes heralded in the white paper "Caring for People" came in to being on 1st April 1993.

The White Paper "Caring for People" established the framework for the community care changes which came into effect on 1 April 1993. The six key objectives specified in the paper were:

1. To provide domiciliary day and respite care.
2. To make support for carers an important feature of community care.
3. To make needs assessment case management the cornerstone of an effective community care service
4. To maximise the involvement of the private and voluntary sector.
5. To achieve value for money for taxpayers' investment.
6 (MISSING)

These objectives established the framework for the community care changes which took place on 1st April 1993.

Most significant of these changes was to the financing of community care. Enhanced income support, which paid for residential nursing home care, came to an end, and local authorities were given additional money in a "transitional grant" to enable them to purchase services to meet the needs of people requiring continuing community care. The other important change was in placing key responsibility on local authorities to assess the needs of any person requiring continuing community care, to devise a package of care to meet those needs, and to "purchase" that care from a range of appropriate service providers.

Inherent in these changes are a number of technical and management challenges. Developing needs-led services requires effective inter-professional assessment and the effective involvement of the user and carer in that process. Devising packages of care requires information on services available an an ability to translate need into appropriate service descriptions. This is turn requires an understanding of the supports available to users within the community and a re-invigoration of community development strategies to ensure that both informal and formal supports can be marshalled.

The challenge thus presented by the developments of community care are not new but are brought into sharp focus. Professional staff have for many years assessed clients for care. Usually this has been against the backdrop of specific services available and has thus been output rather than outcome driven. Basing services on user need with recognition of the role of informal and community support requires a "user centred" perspective to the development of community services. In London these challenges are set against a backdrop of recession, unemployment, local government changes and the "Tomlinson" review of acute and community health care. All of the changes referred to here require a fundamental shift in management practice in order to bring about the scale of changes required. Staff of all agencies involved in the development of community services - especially social service departments and housing departments of local authorities and NHS purchasers and providers - need new or at least sharper competences to tackle the challenges ahead.

This report is based on the conference discussions. Although the report is true to the conference debate, it builds on the output of the groups in order to make ordered suggestions for community care management.

The report structure follows the order of the questions during the conference and uses the answers as the basis for a discussion of the key issues raised. As might be expected in this type of event some ideas raised early in the process were relevant to later questions and vice versa. Some reordering was thus essential to create a coherent and consistent report. Additional material and ideas have been added so that a rounded set of conclusions and recommendations might be achieved.

THE SEARCH CONFERENCE

WHAT IS A SEARCH CONFERENCE?

The search conference method was pioneered during the 1960s as a structured way of developing mutual understanding and co-ordinated action amongst different interests in an increasingly pluralistic society. It provides a forum for people who share a common concern about a particular issue eg. community care, but who approach that issue from different perspectives (eg. a user of a service, a manager or an interested member of the public). The participants in this course were from a wide range of backgrounds relevant to community care - service users, social workers, nurses, social service and housing managements, housing association staff, representatives of voluntary organisations and so on. They worked together to achieve a collective understanding of the issue and then to work toward a shared view of the possible future. (A list of participants is given in Appendix 1).

The search conference is very different from the sort of conferences and meetings which most people usually attend. Participants are not seeking to convince others of the correctness of their views (indeed, there are no 'right' answers to search conferences); the process is not about the majority defeating the minority in coming to a decision.

At a search conference no single person, or sub-group is defined as an expert or key resource. The resource of the search conference is the contribution of all those present. There is recognition that everybody participating has ideas and experiences which are relevant and valuable. The search process lays great stress on participants valuing each other and accepting the contributions each person brings to the discussion.

THE SEARCH CONFERENCE PROCESS

In this conference, participants worked in groups and planning sessions. Each group of seven or eight was facilitated by either a member of the King's Fund College faculty or an invited facilitator. The groups were guided through a series of questions relating to the history and future of community care and the improvement of management support. The search conference process is carefully structured in five main stages, as shown in Table 1.

TABLE 1

THE SEARCH PROCESS

SEARCH
PHASE

STAGE ONE

SCANNING THE ENVIRONMENT

STAGE TWO

THE PROBABLE FUTURE

STAGE THREE

DEFINING THE DESIRABLE FUTURE

ACTION
PHASE

STAGE FOUR

ANALYSIS OF OPPORTUNITIES CONSTRAINTS

STAGE FIVE

IDENTIFICATION OF ISSUES, TASKS,
AND WAYS FORWARD

The group-work was stimulating and discussion animated; the process allowed conflicting views to be expressed; there was no pressure for everyone to agree with each other. The group leaders using their own individual styles, steered the participants through the set questions in each session. Some group leaders captured the discussions in elaborate graphic presentations and these have been reproduced at places in the report.

The participants brought a rich diversity of experience, interests and background to the process. The representatives from the independent sector provided a wider dimension, generally reflecting a view that they had already confronted the challenges the public/statutory sector is now facing. This includes a focus on the people using their services (user-centred care), the need for improved inter-agency collaboration skills and a requirement to develop 'commercial' skills.

A wealth of information was produced by the six groups and presented in varying ways. The key themes and issues from each question have been captured in a variety of diagrammatic styles ranging from mind-maps to lists.

SEARCH CONFERENCE QUESTIONS

STAGE 1 - SCANNING THE ENVIRONMENT

Q.1 IN THE PAST, WHAT FACTORS HAVE SHAPED HUMAN SERVICES AND WHAT WAS THEIR IMPACT ON THE INDIVIDUAL

In this session participants were encouraged to look back in history to identify the factors which influenced the development of human services in Britain generally and in London in particular. The following table incapsulates the themes through the decades of this century.

TABLE 2:

THE DEVELOPMENT OF COMMUNITY CARE THROUGH THE NINETIES

1930s 1970s 1980s 1990

War Poverty Religious background Middle class philanthropy Emphasis on 'asylums' Paternalism Development of expertise Professionalism Medical dominance Demographic changes New consumer rights Greater mobility Breakdown of family	Increased Life expectancy More consumer rights Changes in social values Further demographic change Refugees/HIV/Drug Abuse Group advocacy Increased management skills Conservative agenda in the Western World Sharper focus on public funds. Equal opportunities Funding based on historical needs Loss of beds from acute sector Reduction in London's population.	Unemployment Homelessness Increase in media power Investment in high technology 'Thatcher' years Market forces Emphasis on self-help Legislation-NHS and Community Care-Act Conservative social agenda Commercialism Cost-efficiency culture Increased reliance on voluntary organisations Investment in GP's Development of budgets User Focus Inter-agency collaboration Charterism

1930s 1970s 1980s 1990

Community Care has a long and somewhat chequered history. It might be argued that prior to Victorian times any person with a disability was looked after at home or in the village by the local community. Institutional care for people with mental health problems and learning disabilities only really took off in the late eighteenth century and accelerated during the mid nineteenth century. By about 1900 most large county asylums had been built for people with mental illnesses though a number of hospitals remained to be opened throughout the twentieth century, one as late as the early 197Os. Some changes occurred on establishment of the National Health Service in 1948 though many workhouses and other institutions were simply transferred from local authorities to Regional Health Boards. Services for people with physical and sensory disabilities were similarly based on institutional models.

Things began to change in the 1950s and early 1960s. Attitudes started to change amongst clinical and administrative staff accompanied by good availability of open employment and a revolution in drug therapies. The heyday of the mental hospitals was the mid 1950s and the numbers of residents have been declining ever since. This is parallelled in the history of institutions for people with learning disabilities and to a lesser extent those of physical and sensory disabilities. Only services for elderly people remained, by and large, provided in and of the community largely by informal carers (usually women) looking after elderly relatives at home. The change here was one of demography; an increasingly asset rich, albeit cash poor, elderly population was emerging. The combination of these pressures encouraged the development of a private and voluntary residential and nursing home sector. Recognising the rapidly increasing number of people over 75 in the last quarter of the century, and the likely doubling of the number of over 85s during the 1980s and 1990s, the Government changed the rules on the funding of residential and nursing home provision allowing it to be more or less demand led.

One of the major reasons for the community care reforms has been the rapid increase in the enhanced income support budget payable for residential and nursing home care. Although expenditure on residential care was rapidly increasing, the continued decline in the number of places available in mental hospitals and institutions for people with learning disabilities meant that local government expenditure did not keep pace with the diminishing expenditure by health authorities on health care for the disability groups. "Community Care" came to be seen as less of a "humanitarian impulse to treat people with dignity and respect" and became in the words of one television commentator a "heartless farce". The best efforts of staff and advocates in statutory and voluntary agencies seemed undermined by the sheer enormity of the problems, especially the lack of resources for adequate community provision.

In parallel with these developments was the emergence of a general management culture within the NHS coupled with a Government keen to establish market ideologies in health and welfare provision. A cluster of imperatives therefore developed - needs led but market driven solutions to individual disability, driven by a managerial and systems approach, designed to maximise value for money and achieve the greatest efficiencies in the services provided.

The second part of the question focused on the impact of these factors on people using the services and people providing their services. These factors have been captured in *Diagram 1*. These themes describe the context that managers of the time operated in and created the environment that people using the services experienced. The users became disempowered and stigmatised and the managers often became distanced from the people using their services and also experienced a loss of influence in the system.

Q.2 CURRENTLY WHAT ARE THE MAJOR TRENDS AND PATTERNS AFFECTING THE WAY CARE SERVICES ARE NOW?

It is not always easy to relate specific changes to large scale trends. With hindsight it is now more or less clear that the welfare state concensus peaked in the 1940s, plateaued in the 1950s and has been steadily eroding ever since. Conversely anti-collective attitudes and competitive market ideologies have been on the increase since the Second World War and began to become dominant in the early 1970s. The current trends and patterns join the effects of the past in influencing how services are delivered today. Table 3 highlights those trends and resultant effects on the service.

The 1980s are often called the "Thatcher" decade and it is certainly true that any government faced with burdening cost, an ageing society and a declining economy would have been faced with similar problems albeit they might have adopted different solutions. What is apparent and agreed by most commentators is that the power of professionals has diminished in parallel with an increasing demand by users for a greater say in the management and organisation of care. User empowerment is now firmly on the agenda compared to a generation ago. Paternalistic state intervention is waning and needs led solutions are emerging instead. A new partnership between professionals and users is developing to which managers must pay careful attention.

INSERT TABLE 3 - FROM POWER POINT

STAGE 2 - THE PROBABLE FUTURE

Q.3 IF CURRENT TRENDS AND PATTERNS CONTINUE WHAT WILL COMMUNITY SERVICES LOOK LIKE IN THE FUTURE?

The Search Conference discussion on the probable future contained a degree of despondency and depicted a rather bleak future. Participants expressed serious concern that without clear and co-ordinated intervention community care would remain in a state of disorganisation and chaos. This in turn would continue the disempowerment of service users and managers alike. Although there are a number of pathways to this probable future all of them appear to lead to an untenable and undesirable situation. This is shown in diagram 2 which depicts four inter-related paths all leading to uncoordinated, inequitable care. Achieving a positive outcome from these pathways requires a significant input of managerial competence, political action and appropriate resources.

It is of course always easy to see the negative side of changes and current problems. It is also true that there are opportunities within the current position which could be exploited on behalf of and with service users. It is possible that from the complex picture painted in *diagram 2,* positive ideas can emerge. If current trends are likely to leave service users with a grim experience of community care, and if managing this service brings little joy, then it behoves all involved to try to create changes. As one participant put it the "**cost of no change is greater than the cost of change**".

Indeed this was the the unanimous prediction of search conference participants and highlighted by the story teller in the evening who reinstated a sense of hope that we could work together to make a better future.

STAGE 3 : DEFINING THE DESIRABLE FUTURE

Q.4 IN LIGHT OF OUR EXPERIENCE WHAT WOULD A MORE DESIRABLE FUTURE LOOK LIKE FOR COMMUNITY SERVICES?

This stage was the beginning of the process of developing a creative vision of what good community care would look like, how to get there and how to stay there.

DIAGRAM 3 HERE

Some of the questions that need addressing are:

- Is community care really about a needs led service, or is it concerned with finding a mechanism for controlling cost?
- Is responsibility really delegated to frontline assessors and care managers or is the power to be held in the centre in such a way that it undermines effective delegated responsibility?
- Will the development of innovative new services provide choice to service users, or will services simply become fragmented and planning a nightmare?

What does appear to be indicated and this is echoed in the following section is the need for managers to become flexible, innovative and entrepreneurial. Management skills for the 1990s and beyond will emphasise the ability to develop information systems in order to chart the needs of users, to monitor service, quality and cost, to

budget effectively and to sustain "virtual" or "holographic" organisations which support individuals in the community through the efforts of a range of collaborating organisations.

Q.5 WHAT CONSEQUENCES WOULD THIS DESIRABLE FUTURE HAVE ON THE SERVICE MANAGEMENT?

From these beginnings a desirable future began to emerge. By and large this would have the key features as shown in Table 4. A number of key words can be used to describe the desirable future for:

- **the service user**
- **the service itself**
- **managers and staff**
- **the wider community**

Essentially the desirable future is one which empowers the service user within his or her usual community. Community care services, whether provided by local authorities, the health service or the independent sector, should support and enhance the ability of the community to provide services, without abdicating responsibility for meeting specific needs in a professional manner.

TABLE 4: THE KEY FEATURES OF A DESIRABLE FUTURE

THE SERVICE USER

- empowered
- increased real choices
- local access
- informed
- equity
- person advocacy
- valued, not victims
- considered to be deserving
- have personal connections
- have a voice

THE SERVICE

- quality/value for money
- creative
- enabling
- accountable
- responsive
- flexible
- honest
- individual
- user friendly
- relevant/co-ordinated
- Responsive early
- multiple doors but single entry point
- local control

THE MANAGERS AND STAFF

- empowered to make decisions
- moving in the same direction
- monitoring quality.
- listening
- service brokers
- champions of the people
- committed to service development
- creative/innovative
- enablers
- resilient
- informed

THE COMMUNITY

- inclusive of all its citizens.
- betters able to resolve conflicts.
- informed people about their rights to services
- fights stereotypes and labels.
- interdependence is valued
- use of all its people resources.

Generating these lists highlighted a number of differences among the managers' vision of a desirable future. Those differences centred mainly around service provision, the key issues being:

- the size of the locality
- the scope of the assessment
- the cost of the assessment
- single agency versus multi-agency
- resource allocation
- professionalised versus non-expert
- roles of GPs
- how managers influence the community's ability to care
- London versus Ambridge sense of the community

Involving service users demands action at three levels as shown in Table 5. The desirable future has to involve the service users, clients or patients at three levels:

* strategic
* collaborative
* individual

Strategic is the level of purchaser and purchase provider interface with alliances between authorities and agencies developing a shared vision of the future services.

Collaborative is the level of provider interaction requiring a wide sharing of information between providers and extensive collaboration on the provision of support services to people within their own community.

Individual relates to the specific services provided to specific service users.

TABLE 5: INVOLVING SERVICES USERS

LEVEL	FORMS OF INVOLVEMENT	POSITIVE AGENCY RESPONSES
STRATEGIC	* Collective advocacy - encouraging public support - political lobbying - building coalitions - representation in planning. - promoting mutual aid. - using the law	* Developing partnership * Participation in policy making and planning. * Funding voluntary organisations for mutual aid and advocacy. * Actively seeking consumer views * Providing information and public education.
COLLABORATIVE	* Local collective advocacy. - encouraging access to community resources. - representation in service management. - reviewing quality - promoting mutual aid - fostering friendship networks.	* Developing partnership * Participation in advisory committees and quality review procedures. * Support for informed choice by users * Services sensitive to gender, ethnic and other differences.
INDIVIDUAL	* Individual gaining more control over community living. - self advocacy - citizen advocacy - circles of support	* Commitment to enabling and empowering among delivery staff * Person-centred assessment and individual planning * Individual contract specifications * Case management.

Consequently the desirable future will be one in which the individual service user is paramount and in which the various agencies involved act both strategically and collaboratively maximising the power of the purchaser-provider divide (and the "enabling" responsibility of local government) to achieve a service which supports individuals in the community and place of their choice.

The next section discusses how the opportunities and constrainsts can be turned to advantage and what a desirable future might look like for people using community care services.

STAGE 4 - ANALYSIS OF OPPORTUNITIES AND CONSTRAINTS

Q.6 WHAT OPPORTUNITIES PRESENTLY EXIST TO HELP MANAGERS MOVE FROM PROBABLE FUTURES TO DESIRABLE FUTURES and

Q.7 WHAT CONSTRAINTS PRESENTLY EXIST WHICH MUST BE OVERCOME TO MOVE TOWARD DESIRABLE FUTURES FOR THE WAY MANAGERS BEHAVE?

In achieving effective community care, there are both opportunities and constraints. Table 6 sets out the opportunities which exist in the new environment to achieve the desirable future and the constraints, many of which are the mirror images of the opportunities. For example, there is an increasing concern to genuinely empower users of services, but increasing poverty and hopelessness, perceived loss of power amongst some professional groups and lack of resources hampers the best efforts of those who would wish to develop user centred services, and are used as an excuse by others for inaction. Managers must be aware of these contradictory features of the present position so that they can focus constantly on the opportunities for change, minimising the effect of the constraints.

TABLE 6: THE OPPORTUNITIES AND CONSTRAINTS

OPPORTUNITIES	CONSTRAINTS
. increase in power of users and carers . dialogue with users and carers to promote joint planning . de-label users . increase in user dignity . educate users about their rights . better needs assessment . influence decision making Eg. NHS, Dolmens . form strategic alliances . form a single authority - "one-stop shopping" . form a flexible organisation structure . develop a new vision . ownership of vision . real local acceptability and responsibility . redesign services . more networking . freedom for entrepreneurs . cost efficiency.	. lack of London-wide strategy . increase in poverty and hopelessness especially London . commissioners lack knowledge . increased funding by charities . tribalism of agencies and professional groups . public services stigma . lack of appropriate skills . perceived loss of power of some providers . political rather than service agenda . lack of support for managers . Macao management . media power . increased risk of litigation . inter-agency competition . users unaware of rights . lack of job security.

STAGE 5: THE WAY FORWARD

Q.8 WHAT STRATEGIES CAN BE EMPLOYED TO SUPPORT MANAGERS CAPACITY TO BETTER MANAGE COMMUNITY CARE?

At this stage, discussions focused on the diversity of skills and degree of support managers would require to implement the community care reforms and to develop the courage to continosly move forward towards a desirable future of better services for people.

Despite the commitment and enthusiasm for making community care responsive and empowering of service users a number of concerns were articulated during the Search Conference about the speed of implementation and the practical implications which result. Many managers are unprepared for the changes. Managerial competences need to be built to enable managers in all responsible organisations to effect changes and to achieve the opportunities which exist.

Essentially the systems must change to develop genuinely enabling authorities. (Table 7).

TABLE 7: SYSTEM CHANGES

Work to develop genuinely enabling authorities

. collaborating across existing organisational boundaries.

. incorporating inter-agency lobbying and advocacy.

. mobilising the widest range of relevant resources.

. combining strategic planning with effective decentralisation.

. investing in high quality service design and explicit specification.

. promoting service delivery through providers who 'think small' and 'think community'

. actively managing transition from traditional congregate services.

. strongly valuing delivery staff and their opportunities for development.

. building in mutually reinforcing quality safeguards.

. providing value for money

. accountable to service users, the community, local and central government.

. initiating and managing change.

In addition to the points set out in Table 7, it will be necessary to generate a culture which places an emphasis on user centred services and increases user expectations. Although this is possibly dangerous in that some of those expectations cannot be met, the alternative is equally dangerous - users with very low expectations will not demand the type of care which should be offered. Services must be user focussed and responsive. There is thus need to built alliances between users and staff and to manage that relationship effectively. This will require good communication including good links with local media.

In order to respond to these changes, service managers will need to acquire new skills and competences. Any management development programme will have to help managers to handle change in new and innovative ways, especially in changing the culture of the whole system towards one of service user empowerment and collaboration at all levels.

MANAGERIAL COMPETENCES

If this desirable future is to be achieved managers must have the capacity to achieve the changes required. Management development must focus on a diversity of skills in three broad areas:

1. The internal, or organisational, environment (Table 8)

2. The external environment (Table 9)

3. Personal skills and abilities (Table 10)

Those staff responsible for community care - known variously as care or case managers and community care assessors - will be required to negotiate with a range of providers on the cost quality and volume of services. Quality control and quality assurance will be key parts of the monitoring and regulation of care. Local needs assessment and decisions on meeting need will require delegated financial control, with appropriate financial mechanisms to support the local decision takers. Brokerage skills may be required and an ability to arrange sensitively the best possible care to a client within budgetary constraints.

In addition to the points set out in Table 7, it will [illegible] which places an emphasis on user centred services [illegible] Although this is possibly dangerous in that [illegible] met, the alternative is equally dangerous [illegible] demand the type of care which should be [illegible] and responsive. There is thus need to [illegible] manage that relationship effectively. [illegible] including good links with local media.

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MANAGERIAL COMPETENCES

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TABLE 8: THE INTERNAL ENVIRONMENT

- understanding organisational boundaries and constraints

  - managing workload
  - managing policy
  - manning information
  - managing resources

- Implementing changes in policy and action to empower users (user centred services).

  - implementing changes in policy and action to empower users .
  - users and careers participating in planning
  - education of users
  - dealing with complaints
  - information for users .

- Encouraging risks and creative

  - understanding how to create cohesion from fragmentation.
  - creating a supporting environment for staff
  - promoting innovation

TABLE 9: THE EXTERNAL ENVIRONMENT

* Understanding the political environment

- influencing governmental groups and commitment
- lobbying and campaigning for resources
- press for changes in legislation
- promoting equal opportunities

* Networking and inter-agency collaboration

- local commitment
- advocacy movements
- build coalitions
- using media to influence
- sharing information with 'like minded group'
- learning from 'business' environment
- principles of partnership.
- social entrepreneurnalism
- understanding that service can be generated from plural provider/user centred services.
- understanding organisational boundaries.

* Joint training strategies

- training
- training of users.
- training of other staff.

TABLE 10: PERSONAL SKILLS FOR MANAGERS

- * Human resource issues:
  - arbitration
  - leadership
  - listening
  - counselling
  - communications
  - motivation and staff development

- * Planning and organisation issues
  - budgetary and financial management
  - manning change
  - negotiating and brokerage
  - arbitrate adverted
  - arbitrate - advocate

- * Personal Support
  - stress management
  - developing creativity
  - handling diversity
  - developing resilience

SUMMARY

The search process offers a way of working which recognises the differences existing amongst participants - the task is to find ways forward which acknowledge and link with that reality. The purpose of the search conference was to reach mutual understanding rather than agreement. Participants sought to understand what they agreed about, what their disagreements were and the implications for moving forward.

The conference naturally elicited a range of responses. Some found the process stimulating, others frustrating. All agreed the results were informative and provided a good basis for developing proposals for management skills and competences. Some of the specific comments of group leaders are summarised in Table 11.

TABLE 11: REFLECTIONS OF GROUP LEADERS

- The search conference was a challenging and valuable experience
- It was entirely understandable that the vision was not unanimously shared as there were clear differences in participants' understanding of, for example, the concepts of 'user' involvement and thentoes of professionals.
- Empowerment of the service user in the planning and organisation of the service was a common theme throughout the conference.
- The lack of clear answers reflects the complexity of the operating environment, and the confusing expectations of the people using and providing services.
- It was somewhat depressing that there was a total acceptance of the market philosophy without consideration of other possibilities.
- Management development issues require further sophisticated detailed consderation.

In considering these issues the conference identified a number of paradoxes - several contradictory issues operating simultaneously in the development of public policy. For example, empowerment of service users with the resulting potential loss of power of the professional was parallelled by the increasing centralisation of power alongside decentralisation of responsibility. Majory Parker (1990) captured the essence of the paradox in her description of public policy, which could have been designed especially for community care. She wrote that what has occurred is "decentralised unity, decentralised community, decentralised connectiveness".

TABLE 12: THE PARADOXES

Empowerment of Service Users	- Loss of Power of Professionals
Individual Freedom of Choice	- The Nanny Sate
Accountability	- Lack of Flexibility
Centralisation of Planning/ Power	- Centralisation of Responsibility
Innovation and Choice	- Fragmentation
Planning	- Market Forces
Assessment	- Lack of Services
Interagency, 'Partnership'	- Territorialism
Win/win Negotiations	- Competition-someone loses
London	- Ambridge

TABLE 7

COMMUNITY INTEGRATION

Work to construct coalitions of key people

- **united by an increasingly coherent vision of community living**
- **grounded in the experiences of known individuals**
- **directly involving users and unpaid carers**
- **always aiming to support people in becoming more part of the community.**

The dimensions of this strategic change can be summarised on eight levels as shown in Table 12.

TABLE 12

DIMENSIONS OF STRATEGIC CHANGE

TRADITIONAL PROVISION		ENABLING INTEGRATION
Inputs	*	Outcomes
Groups	*	Individuals
Segregation	*	Integration
Providing services	*	Expanding community
Projects	*	Population planning
Dividing clients	*	Multi-agency coordination
Bureaucratic provision	*	Enabling pluralism
Paternalistic culture	*	Partnership

From traditional provision focussing on inputs, groups of care users and segregation, integrated service will require a focus on outcomes for individuals integrated in the community. Rather than providing services to individuals through discreet projects, it will be necessary to expand community provision through community development activity and planning for the local population. (ie. needs-led approaches). Traditionally clients have been divided into groups provided for by discreet agencies. In future there will need to be multi-agency co-ordination at a local level. Bureaucratic provision must be replaced with plural responsive services carefully co-ordinated and the old tradition of doing to individuals must be replaced by notions of partnership.

PROGRAMME

Wednesday

2.00pm Introductory plenary sessions

3.00pm Search group get to know each other.

4.30pm Q1. In the past, what factors shaped the way community services were managed?

Q2. Currently, what are the major trends and patterns affecting the way community services are managed?

6.00pm Dinner

7.00pm Q3. If the current trends and patterns continue, what will the future management of community services look like?

8.00pm Plenary

Thursday

9.15am Q4. In the light of our experiences, what would a more desirable future look like for community services and therefore what would the management of community services look like?

Q5. What consequences would this desirable future have?

11.45am Plenary session: group report to guest 4-5

12.30pm Lunch

2.00pm Q6. What opportunities presently exist to help us move from probable futures to desirable futures.

Q7. What constraints presently exist which must be overcome to move us from probable to desirable futures for the way managers behave?

4.00pm Q8. What strategies can be employed to develop managers capacity to better manage Community Care.

5.30pm Plenary session Q6-8

7.00pm Review

Friday

9.15am Identification of wages, costs, ways forward, small group

11.15am Plenary sessions: group report back on costs and way forward

12.30pm Close of Conference Lunch available

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SUMMARY

In the final session we identified the key paradoxes or contradictions that were underpinning the development - or hinderence-of better community services. For example, empowerment of those using services meant a change and potential loss of power for professionals. This set of dynamics was paralled by the increasing centralising of power alongside decentralising responsibility. Inevitably these contradictions arose huge conflicts.

The kind of developmental support managers requested acknowledged that the paradoxes identified in Table 12 framed the basis of their everyday world.

The context for managers remains extremely complex, it requires a good deal of management training and development to retain collaborative styles of management which help them guide services in such a way that supports not supplants peoples ability to be a part of their community.

The final paradox listed was a tongue in cheek but very real conflict about what constitutes "community". There was considerable debate about whether "village life" was just a radio concept or whether elements of it were present in London. Further discussed was how managers and services providers would know a community in the first place. They would need to see their role as being connected to the community-at-large and developing opportunities for connection not disconnection.

The development of competencies in managing community services will need to help keep these contradictions alive. Any attempt to cover them up or consider them solved will not recognise the development needs managers have in guiding services which make a positive contribution to better futures - for all of us.