# The fragmentation of social work and social care: some ramifications and a critique

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## Abstract

This paper critically appraises the impact of the fragmentation of social care and social work. In particular it examines the impact of splintered services and roles upon employees, service users and carers. The article concentrates upon three inter-related areas as part of a more general critique: first, reliability of services; second, relations with stakeholders; and finally, the identity of employees. Despite differences across sectors and some largely collateral benefits it is proposed that fragmentation has promoted inconsistent and unreliable services, the development of superficial relations with users and carers and the loss of belonging and fractured identities of social care employees. Fragmentation regularly spoils professional identities and generates uncertainty amidst attempts to provide effective or reliable services. Indeed fragmented, disorganised or reductive provisions often generate new risks for the recipients of services.

**Keywords**: care management; flexibility; privatisation; fractured identities; risk.

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## Introduction

According to *Skills for Care* in 2004 there were more than 31,000 social care organisations providing support services to over 2 million vulnerable adults and children in the UK (Eborall, 2005: 6). These figures were in sharp contrast to two decades earlier when 150 Local Authorities regulated, managed and supplied the majority of social care services. In relation associated priorities such as an increasing emphasis placed upon inter-agency collaboration and cross disciplinary education and practice, the promotion of 'flexible' and fluid labour forces and the intense outsourcing of services to non-state agencies; and the sharing or supplanting of once core social work roles such as assessment or care co-ordination to associate welfare professionals in health care or amidst unqualified staff have infused powerful transformations in the (dis)organisation and delivery of social care. Clarke (1996: 59) has maintained that the related 'dismemberment of social work generates a problem of identity, values and loyalty' for social work staff.

This paper considers some of the ramifications of the many changes that have occurred within social work and social care in Britain over the past twenty five years or more. It focuses upon the fragmentation of social care and a number of associated

risks. It will be argued that fragmentation undermines welfare provision on different levels, including with regard the fracturing of professional roles and identity and the amplification of risks for users and carers. The paper is in three key parts. First, the paper outlines evidence of past and on-going fragmentation in social work and social care. Second, the hub of the paper looks at three consequences of fragmentation: including, some of the ramifications of disparate and inconsistent support services provided to people living in community settings. Also superficial relations generated between professionals and users or carers and the intensifying problem of belonging and stable identities for social care employees are also discussed. The final section summarises some of the many practical problems that are generated with fragmented provision, and notes that some users may continue to be at further risk due to inconsistent or inadequate provisions.

**Fragmentation in social work and social care**

Fragmentation within social work is not new, in many respects it is an inevitable consequence of a multifarious community-based role which invariably houses diverse social groups, service providers and needs through an 'ensemble of functions' (Pierson, 2011). Indeed the initial Social Service Departments established in England and Wales during the early 1970s as part of the recommendation of the Seebohm Report (1968) were intended to overcome service fragmentation. This report brought under one roof social workers and social care employees who had previously being scattered around a variety of statutory, independent and voluntary sector organisations, hospitals and other state institutions.

Fragmentation has also been embodied within disparate roles, beliefs and identities for social work as a profession. Timms (1968: 27), for example, reflects how the generic social worker will move 'from problem to problem like an eighteenth century noble'; whilst Stanley Cohen (1975: 185) recognised the uncertainty of a role whereby practitioners may 'devote a great deal of tortuous self-reflection in deciding whether what they are doing is authority, influence, persuasion, advice, exhortation, intervention, enforcement, regulation, sanctioning' or 'alas, after all, just "plain control"'. Earlier still Wooton (1958) highlighted the tendency for social workers to be distracted by a range of concerns, personal interests or fashionable theories which could sometimes distract from the urgent practical needs of clients. What some of these perspectives fail to recognise, however, is that social work is invariably a 'messy' activity that is reliant upon and embodied within numerous unpredictable contingencies in uncontrolled community settings, very different to the hegemonic control more possible in the confined spaces of the hospital, school or clinic. Inevitably amidst a multiplicity of complex needs and disparate unregulated social spaces a wider range of theories and approaches are necessary to understand, accommodate and intervene appropriately regards complex issues relating to poverty, poor housing, health concerns, domestic violence, and much else.

Lewis and Glennerster (1996: 44) identify the impact of the Seebohm Report (1968) on policy-led attempts to manage fragmentation in social work, as they 'represented the culmination of the social administrators' determination to use the concept of generic social work to overcome fragmentation of the personal social services, together with their more general faith in the power of an administrative reorganisation to achieve a change in principle and purpose'. Following increased marketization

since the 1980s, however, Clarke *et al* (2000: 1) analyse the complexity of change as much in welfare as social services since 1979: from enduring redesigns of 'systems of provisions' to altered organisational controls, financial arrangements, directions and relations between 'leaders, staff and 'customers''.

Supply-centred and other ideology-infused fluctuations have included a hasty transfer from public to private and some third sector agencies of the control and delivery of social care services (Drakeford, 2000). Kerrison and Pollock (2001) note how between 1979 and 2000, the number of people placed within private sector residential and nursing homes increased from 23,000 to 193,000 in England alone. During the same period, placements within local authority owned care homes reduced from 480,000 to 189,000. More recent figures indicate that the proportion of older adults placed in independent (private and voluntary) sector care homes has increased from 61% to 91% between 1990 and 2010, and that residents in 2010 tended to be scattered across a bewildering variety of private (363,300 residents) and voluntary (64,000 residents) sector providers, or NHS (15,500 residents) and Local Authority (30,700 residents) owned providers (Forder and Allen, 2011: 5; Laing and Buisson, 2010). Similar trends have occurred regards domiciliary care provided to users in their homes. For example in 1992 only 2 per cent of 'home care' was supplied by private sector providers, yet by 2000 that figure had risen sharply to 56 per cent (Scourfield, 2006: 9). By 2012 an astonishing 89 per cent of home care was provided by the independent sector (UKHCA, 2013: 7).

Parton (1996: 15) argues that a crucial thread for social work (and other welfare sectors) regarding governance amidst a multiplicity of service providers, conflating

roles and market-centred reforms has remained a new role for ‘strategic management’. According to neo-liberal reason, this offers a key ideological thread which holds together ‘markets, partnerships, an emphasis on customers and the recomposition of the labour force’. Such new public management also helps to transform ‘relations of power, culture, control and accountability’. Clarke (1996: 58-60) nevertheless warns of the risks to equity generated by a much greater role for freer markets which may also dislodge clear functions and responsibilities for social work whilst generating numerous problems due to subsequent service and role fragmentation. These include that transaction costs increase substantially with an upsurge in commissioning whilst public sector spending restraints encourage services and roles to become ‘residualised and focused on narrowing definitions of ‘danger’ and ‘need’’. These all remain powerful interpolating forces which are likely to stigmatise users of social services as dependent and inferior. Also the expansion of ever more independent providers reconstitutes a myriad of services as ‘business units’ which may concentrate introspectively upon core business interests whilst neglecting wider public service objectives. More boundaries also flourish between different and competing service providers with each vying against one another for finite resources and contracts. This generates tension and conflict between providers or professionals fighting over scarce resources. Davies (2009) adds that any risks of corruption in the relatively financially opulent public sector tend to proliferate with greater outsourcing, commissioning, procurement and contracting.

There is also the tendency for an uncertain or paradoxical ‘hybrid’ role to emerge for social workers, torn between professional or business ethics, cultures and political roles. Countervailing managerial priorities may focus more around managing budgets,

promoting efficiency, utilising technologies and protecting staff or ever fluid organisations from criticism or litigation. Corporate and wider business identities and commitments within welfare are unlikely to enhance a sense of empathy, social justice or tolerance for the vulnerable, disadvantaged or disenfranchised. Harris (2003) highlights the implications of an increased role for new technologies with increased privatisation, including to monitor resources, save costs and increase efficiencies, whilst the role and status held between professional and unskilled social care labour becomes blurred. As has been witnessed within social work, the replacement of qualified staff by unqualified employees has remained an on-going component of the care management labour process and wider personalisation remit. Importantly such organisational uncertainty or ideological related instability can significantly impinge upon role, personalities, identities and reliability.

**Fragmented service, inconsistent provision and their management**

The fragmentation of services has been especially pronounced within core sectors of social care: domiciliary, nursing and residential care all provide good examples of this process. Important differences have emerged however across these sectors. For example whilst home-based domiciliary care has witnessed extensive growth among multiple providers, residential and nursing care has instead experienced both increases in the number and proportion of independent providers alongside the domination of larger monopoly or Cartel-owned provisions (Drakeford, 2000; Scourfield 2012). Profit and loss has inevitably played a key role in emerging trends.

Home care provides essential low cost practical support directly to people based in their own homes, and alongside informal care provided almost exclusively by families and women, delivers the principal alternative to institutional support. This sector has expanded significantly in the UK over the past twenty five years, most notably among small and medium sized providers from the private sector. As the Institute of Public Care (IPC, 2012) recently highlighted, most Local Authorities have now surrendered their past dominance of the home care market due to government reform, in particular attempts made to promote flexibility and competition within this sector. Despite this, extensive variation and discrepancies have occurred within home care provision: including significant changes in the types and increased number of providers, commissioners and professionals undertaking assessments.

Ramifications of inconsistent support service for people in community settings

The IPC (2012: 4-5) notes how older people aged 65 and over make up the hub of users who receive home care (77.3%), with the rest either disabled (19%) or having mental health needs (3.7%). There is also an important difference between short-term home care (e.g. following hospital discharge) and longer term support (e.g. regarding users with a learning disability or meeting Dementia care needs). Support tends to be provided to people with high needs or who remain at risk and overall enduring and stable support remain an essential requirement for most users and families. Despite this in 2012 there were 4,515 different providers operating in the home care sector in England alone, with only around 10% of total support now provided by Local Authorities. The IPC (2012: 46) highlight that extensive fragmentation among service providers mean that systems of social care remain under considerable strain:

> If we continue to have a fragmented set of services, provided by a wide range of organisations, who sometimes not only fail to work together but can work in opposition to each other, where there is constant referral on from one body or individual to another, to the bewilderment of the end user and at considerable cost, then, in the face of demographic growth of the older people's population, at some point the system is likely to collapse.

Despite such concerns Leonard (1997: 113) notes how Western governments 'urge us to come to terms' with a new reality in which we 'are immersed in a life or death struggle for economic survival'. Subsequently consistent and universal welfare remains but a deeply sentimental hindrance to survival - and within global capitalist economies - investment, production, labour power, consumption and provisions should instead be characterised by 'flexibility, transience and uncertainty'. Walker (1997: 206) notes how the fragmentation of service provision within social care was a deliberate policy pursued by Government in the 1980s and 1990s, premised on attempts to 'curtail the monopoly role of Local Authorities in the delivery of formal care'. Yet this was also encouraged by the possibility of promoting 'the growth of cheaper sources of informal and quasi-formal care'.

Clarke (1996: 58) highlights the financial cost of coordinating and regulating different support services and providers. There is also the time and emotional energy expended by care managers and relatives or users alike, and the cumulative impact of other forms of 'alternative' provision which may further intensify fragmentation and social stress. For example, the growth in the number of short-term agency employees or an

increased reliance upon social work 'call centres' which promote brief encounters from afar (Coleman and Harris, 2008; TUC, 2009). Rubery (2005) details how many firms and organisations from the 1980s onwards have endeavoured to 'harness the skills and loyalty' of employees whilst moving beyond the traditional Fordist model of permanent, secure and loyal employment to expand their use of casual employees in sectors such as social care. Employees are expected to be more malleable, and continuously update their skills and knowledge to accommodate changing demand or needs. Ebert (2012) adds that fragmentation and relentless reform at different levels mean that increasingly atomised and strained employees remain more vulnerable to blame and pathology from supervisors, customers or colleagues. Social care markets are of particular interest because they now rely so heavily upon low paid and transient staff who move across different fields and user groups with distinct needs. Such staff also often receive limited training, job security or employment rights, factors which are more likely to pose increased risks of reliability and safety to users (Drakeford, 2000; Baines and Cunningham, 2011).

Drakeford (2000: 104-107) has critically appraised a number of empirical studies to detail the development of often chaotic and unfair quasi-markets of social care formed through the promotion of privatisation and resultant fragmentation in social work since the 1980s. Bureaucratic systems have flourished designed to accommodate and regulate ever disparate services whilst high 'transaction costs' and limited available resources remain for more direct support. Jones and Novak (1999) argue that the abandonment of most vulnerable groups has ensued, whilst Ferguson (2007: 387) adds that risk is being exported 'from the state to the individual', especially with regard to new technologies of care such as personalised support.

Scourfield (2007: 162; 2012) has examined the 'cartelization' of residential care, and emphasises that this sector is now insecure and volatile whilst providing limited choice for many residents, relatives and carers. A particular problem remains the frequent mergers, acquisitions and take-overs which have continued since private firms began to dictate this market from the 1980s onwards. Increasingly, residential and nursing home care are monopolised by a small group of Cartel-orientated providers - including private equity or merchant banker firms and venture capital companies - all keen to benefit from the swift and relatively easy profits to be made from an ageing population. Scourfield proposes that residential care is now in effect 'a commodity and, in the restless spirit of capitalism, is there to be traded and exploited for its surplus value like any other commodity'. He also highlights how business principles such as profit maximisation and cost savings on furnishing, food, accommodation, staff and other overheads, have emerged as key drivers rather than the support or care of residents (Scourfield, 2007: 170). By 2004 Local Authorities were spending £3 billion a year on residential care provision, the majority of which went to the private sector. It is difficult for example to accept that choice has increased within this sector when some large firms such as *Four Seasons* own 400 care homes comprising 18,000 beds in the UK. It also remains difficult to make so many powerful large firms and corporations more accountable when their residents (or care managers) have limited choice regarding available long-term or stable provision.

**Mechanical and superficial relations with users and carers**

Findings from empirical research over the past two decades suggest that care management related tasks leave former social workers with brief and largely superficial contact with users or carers (Lewis and Glennerster, 1996; Irving and Gertig, 1999; Jones, 2001; Dustin, 2007). This indicates that deskilled employees act largely as administrators repeatedly undertaking extensive assessments, building care plans, writing reports for eligibility funding panels, amid other forms of instrumentalism. The protected professional term 'social work' fits uneasily with such bureaucratic processes which help hold together, administrate and, crucially, gate-keep and ration access to finite services within ever more fragmented systems of social care. Indeed much of the activities of care managers include refusing access to formal support services.

For care mangers attempting to evaluate, facilitate and regulate numerous and disparate packages of support at once, a number of persistent problems have been recognised. Gorman and Postle (2003: 53-58), for example, stress a lack of autonomy and choice for overwhelmed staff. This includes with regard attempts to manage their spoilt identities amidst the imposing constraints of managerialism, stifling bureaucracy and rigid resource restraints. It has long been recognised that social workers stand in a paradoxical position serving the interests of the state, their managers and, in contrast, users or carers. Such structural induced tensions may quickly become more strained when numerous additional service providers are then added to the mix.

Postle (2001: 14-15) stresses the 'plethora of procedures and contractual arrangements with care providers' which can entangle practitioners, as well as concerns with regard

to varying yet often depreciating new service provider standards. Indeed as one practitioner notes: 'Now you've got this throughput of changing clients and you've got this constant stream of change of admin, care management, all that stuff, all the recording. You're right in the middle and there's nothing, nothing stable in all this really.' Irving and Gertig (1999: 8) add that 'practicalities and time restraints' tend to work against meaningful involvement with service users, as well as undermining greater forms of user participation in decision making. Indeed as one practitioner states during interviews, 'you don't have the time [for meaningful relations], you hatch and dispatch people'. Powell (2006) drew from interviews with older people to suggest that service users resent being viewed as 'cases' to be managed, assessed and evaluated by professionals. Baldwin (2009: 99) has criticised 'fragmentation by specialisation' in social work, in which possible recipients of care regularly slip through the net or are bypassed because they fail to be granted 'the correct label' from within narrow and increasingly medically defined discursive categories and teams. Beresford (2009: 89) adds that aggressive specialisation has also created largely superficial labels and categories through which a spate of different departments and local authority directorates has emerged. This is despite needs largely being understood and experienced within and between families and wider communities. Wrennall (2013: 184) argues that fragmented service provision conflates social work roles and loyalties and there is the added possibility that business priorities may override a comprehensive commitment to ethical practice. Indeed in some 'for profit' organisations, there will be 'a strong financial incentive to not reveal mistreatment of clients because such disclosures may discourage future clients from using the service, causing profits to fall and this could result in the service being closed'.

Webb (2006: 141) contends that within modern social work the management of human risk now takes priority and has been enhanced with a variety of 'technologies of care' such as risk assessments, evidence-based practices and new information technologies that offer a 'rational response to the changing nature of social work intervention'. Social work knowledge or skills are subsequently reduced into 'technical calculative forms' that 'objectively reframe clients' experiences'. Indeed in Beck's (2002: 230) earlier interpretation, welfare systems now act more as 'control centres' that distribute 'scientific authoritarianism' to self-managing citizens, which includes the privatisation of ever more self-managed risks. Saltman and Buse (2002) warn that the greater use of independent welfare services purchased by Governments is accompanied by increased responsibilities generated for users and professionals alike: for the latter this includes a need for the more intense regulation of the quality and cost of any outsourced services.

Kemshall (2002: 129-130) has questioned seemingly exaggerated claims regarding retrenched welfare yet agrees that providing for universal need is no longer a concern for Governments. Instead residualism, targeting and risk management now take priority. Whilst participation, citizenship or inclusion has increased they are each encased with much greater responsibilities. This includes expectations that dependent citizens and users enter (or re-enter) the labour market, increase personal responsibility for their families and wider communities; and are prudent, morally astute and civically proactive in exchange for modest welfare services. Crucially this includes an increased expectation that citizens cultivate their capacities to self-manage risks.

**Belonging and spoilt identity**

A notable concern with the promotion of multiple service providers is that more 'flexible' employees may feel that their sense of belonging, trust and loyalty towards more diverse and changing social care organisations becomes more strained. Such change for social workers at different levels may further muddle roles within a role that already accommodates multiple tasks: that rare community-based profession which is scattered around disparate organisations and community settings whilst inevitably accommodating diverse user groups and unpredictable social needs which are uneasy to treat or resolve. With employees now working across and moving between different settings and sectors – an increasing proportion of whom are part-time, temporary or employed through numerous independent employment agencies – it is difficult to see how employees maintain a stable identity and clear focus in relation to their roles and purpose.

Cappelli *et al* (1997) argue that the fragmentation of professional labour processes exposes knowledge workers to a number of risks. These can include the shifting of responsibilities around agencies and the intensification of gender and race segmentation. Nippert-Eng (1996: 34) argues that 'territories of the self' are often held between social spaces such as the home and the work-place and here individuals carve out distinct identities that are tied to their roles and established norms:

> The self becomes separated, parcelled out so that certain aspects of identity are emphasised in one realm, others in its opposite. The ways we spatially and temporally divide up objects, people and activities reflect and promote the

> mental boundaries we place around these certain ways of being, of thinking, and of acting.

Such different identities are more prone to destabilise and fragment across dissimilar and ever changing arenas. Ebert (2012: 35) draws from interviews to note that individualism has become a defining yet ambiguous feature of modern organisations. Although 'hyper-differentiation' and fluidity amidst organisations and promoted within cultures of management may generate autonomy or even a sense of liberation for some employees, it also fosters uncertainty and increased stress and responsibility among workers who are expected to negotiate and accommodate organisational change and different roles through their own tasks, as fragmented work arenas and cultures become more individualised.

Sennett (1998) outlines the breakdown of enduring relationships that mirror the disintegration of more stable Fordist work environments, whilst Bauman (2000: 37) postulates that 'individualization is here to stay' whilst 'risks and contradictions go on being socially produced'. Trust between colleagues may be eroded along with collective ties, respect and meaning as identities become more strained and unstable for mobile and insecure employees in search of recognition. Tension with 'customers' may also increase as workloads, responsibilities and stress intensify. These themes magnify in social care arenas where conflict, neglect, poverty, risk management and the control of scarce resources entwine as core 'business'. Goffman (1967: 45) has stressed the importance of a clearer sense of ritual and stability to people regards the construction and maintenance of their identities, personal, professional or otherwise. As Ebert (2012: 33) also suggests in relation to Erikson's notion of 'identity crisis',

continuous and unpredictable change, reform and instability invariably generate uncertainty and can lead 'to a breakdown or an overload of an individual's ability to 'stitch together' a coherent self-image as discontinuities get out of hand'. Nevertheless Halford and Leonard (1999: 117-118) contest that human identities are 'constructed from a range of subject positions' yet propose there is more resilience to identify formation and maintenance as well as different responses from social actors. Some people may cope with change better than others and identities are unlikely to be successfully imposed and colonised from above by management in ideological arenas such as the workplace. Surely resistance remains inevitable and this at times may spread to quasi-groups, groups and wider collectives.

Alongside related structural and organisational changes there has also emerged on-going reform in other key supporting sectors of social care such as social work education. Jones (1996: 190), for example, highlights 'the mish-mash of methods, skills and values teaching' that comprise so much of the employer and competency-led training which have persevered in the UK over the past two decades or more. In addition, anti-intellectual, standardised and over bureaucratic curriculums that de-stabilise curricula and undermine tutors and students with relentless reform sit with insecurities that persist from 'the short-term decisions of agencies with regard to the provision of [lengthy] placements'. Together these contribute to the 'precariousness of professional social work education'. Again, as in other sectors, it is the management of fragmented and ever changing systems and provisions that takes up so much time rather than the delivery or quality of services provided. The movement of social work from its traditional base in social policy and sociology to health care and nursing has again caused further disruption, uncertainty and confusion. Many social

work academics are now faced with intense pressures to enter and engage with a health and social care discourse that privileges' medical and health care related methods and evidence-based treatment models. Indeed within a business model of higher education that prioritises income generation, the bulk of legitimate and funded research unfairly neglects or may stigmatise social care or social science related priorities - and small scale qualitative or theory driven methods - as illegitimate or unethical (Hammersley, 2010; Ward and Campbell, 2013).

Social work practitioners are now increasingly integrated within multi-agency health and social care settings which mean that ownership of their casework may be lost in favour of sharing with health care, education, unqualified or other welfare staff, at times drawn from very different discursive terrains. Whilst such multi-disciplinary practices may provide new insights or the possibility of effective collaboration it is also as likely to muddle interpretations – or generate conflict or cultural and paradigm related confusion - or lead perhaps to ideological colonisation of seemingly more legitimate bio-medical paradigms and models of practice. Haberman (1970) argues that scientific knowledge and associate new technology legitimise decisions based on dominant interests, depoliticise issues that affect health care and other policy mandates and exclude lay identities which lack esoteric knowledge. Again the identity of social workers is placed under further strain by conflating agendas and discursive practices.

**Discussion: fragmented and risky social work and social care?**

Fragmentation is nothing new within social work, as a community-based profession it has always drawn upon disparate methods, theories, practices or beliefs. It also serves different user groups and needs, and has in the past tended to be scattered around different sectors, from organisations within the voluntary sector to charities, private and state sector providers alongside acts of individual or small group philanthropy (Pierson, 2011). Also, as Lash (2007) notes, societies themselves have become much more fragmented and complex, due not least to pressures such as globalisation and the development of more intricate social relationships, changing cultural norms, increased migrations and the growth of many different forms of production and communication. Such convoluted processes and rituals *in themselves* generate new risks for a growing proportion of vulnerable groups, yet they have also been further exacerbated by extensive marketization and continued policy-led reform, which appear to run amok. Sociologists such as Berger (1965) and Lasch (1979) have also stressed social fragmentation due to the erosion of communal and social networks and norms, alongside scepticism felt towards traditional authority figures who are linked to the Church or traditional professions. Such complex intricate social processes *in themselves* generate new risks for vulnerable groups, yet they have been further exacerbated by extensive marketization and continued policy-led reform, which at times appear to run amok with regard the extent and speed of change.

One reason for developing discrete social work departments in the 1970s in the UK was due to recognition of the many problems attached to service fragmentation and social change. In a similar vein to Fraser's (1973: 140) acknowledgement of the limits to Victorian philanthropy and charities that led to the inception of the British Welfare

State, a multiplicity of service providers, beliefs and roles tends to cause significant practical problems and often confusion for those who receive support. In particular philanthropy and more recent service fragmentation lack the consistency, reliability, coherence and focus of centrally coordinated and disseminated statutory support services. Alternative forms of philanthropic and market driven governance tend to promote uncertainty alongside disparity, gaps of support and inconsistent provision and variable quality across regions and cities. More generally such disparities also encourage administrative inefficiencies and conflict between competing providers and the wider system remains extremely difficult to regulate and control. Fractured roles such as those embedded within care management again discourages a clear focus or navigation from one single agent, promotes repetition in core roles such as assessment and limits the possibilities for consistent and regular advice or support from one team or agent (assuming any services are commissioned following an assessment).

Le Grand *et al* (1992) identifies other problems regards the implementation of quasi-markets in social care. These include that services may not prevail in less profitable sectors and users who require less challenging support or who generate more profits may be prioritised by service providers. Empirical evidence has also recognised problems of staff recruitment and retention in low wage social care sectors, the formation of Cartel-like monopoly providers in residential and nursing care and a preponderance of too many providers in sectors such as home care. There has also occurred the rapid development of new technologies of care – from assessments of needs to the call centre and personalisation – and the formation of multi-layered and complex bureaucratic systems, convoluted communication networks and multi-professional yet often deskilled systems of care. Such a messy and at times chaotic

system of health and social care now poses extensive risks to users, in particular due to a lack of any consistent and reliable provision for those few lucky enough to receive any formal care.

Whilst new technologies of care such as personal budgets may offer more potential to extend choice and autonomy to some users or carers, significant restrictions and inequities continue to persist. Evidence suggests that recipients are often abandoned once a personal care budget is set up, and limited resources mean that vulnerable adults often living alone are regularly left with not enough support to cope (Dunning, 2012). Gilbert and Powell (2012: 267-268) note the anxiety and stress brought on 'by the burden of organising their own care' for many older people, whilst Jenny Morris (2014: 14) - in evaluating disability and the 'rhetoric of personalisation' - notes how getting a personal budget or direct payment is 'usually dominated by complicated procedures devised by the local authority because they fear risk, mistakes and fraud'. Significantly reduced and decreasing budgets following austerity measures again further reduce eligibility and choice whilst increasing reliance upon 'block' contracts. The role of social work within personalisation has tended also to remain unclear yet largely limited (Lymbery, 2012)

When private monopolies have replaced prior public sector providers, as in residential care, there is also typically uncertainty and instability created for residents and relatives or friends alike. This is because takeovers, mergers or bankruptcy may take place at any given point, whilst other trends such as the movement of low paid staff to more rewarding jobs elsewhere can occur. Such contingencies can significantly undermine any possibility of providing consistent support, and indeed such general

instability may not merely be upsetting for residents but again may generate new risks, especially for people with poor health or higher level care needs. Inevitably the lack of meaningful access to a qualified social worker as potential advocate or confidant again increases potential risks.

In a different sector that of foster care, Sellick (2011: 42) notes that in the UK a 'small number of very large IFPs [Independent Foster Providers] have competed so successfully for local authority commissioning tenders that it is estimated that as many as 75 per cent of all children fostered by IFP carers are placed with those registered by the six largest IFPs". Despite such massive effort and investment in privatized services, Sellick (2011:42) nevertheless concludes in relation to Foster Care that, 'apart from better foster carer support, a change of ownership has not thus far guaranteed increased value, improved planning or more effective matching nor, most importantly, better care for children'. Again the promotion of business interests would appear to be prioritised rather than the wishes or substantive needs of children.

There is perhaps, however, a danger of falling into a trap of ignoring significant deficits regards the past. For example, the growth of State or Local Authority run residential care for adults previously received intense criticism for its narrow focus upon physical care, and the limited choices that were often made available for residents. Residents were also often neglected, stigmatised or segregated (Barclay, 1982). More generally State welfare professionals including social workers have been criticised for being unaccountable in the past, as well as perceived by many users as 'controlling, distant, privileged, self-interested, domineering and the gatekeepers of scarce resources' (Swain et al, 2003: 133). There have also emerged some smaller

services that are innovative, effective and popular within social care since quasi-markets first developed. Specialist social work and multi-disciplinary teams has meant that older, disabled or users with mental health related needs are less likely to become lost or relegated within the system, as they often were within former generic social service departments (Phillipson, 1982).

Despite some largely fortuitous and atypical benefits however the evidence would appear to strongly suggest that on-going market-based reforms have actually intensified many of the problems of the past and indeed generated many more. At heart the practical, cultural and political fragmentation of social work – in some respects at least reflecting the nature of a role embedded within disparate communities and *social* problems – has been magnified significantly by neo-liberal market reforms rather than be resolved. Managing the consequences of fragmentation now remains a job in itself for many social workers, along with the high numbers of risks that an ever more messy, and at times, shambolic system of health and social care generate.

**References**

Archer, M. (1996) 'Social integration and system integration: Developing the distinction' *Sociology* 30 (4): 679-99

Baldwin, M. (2009) 'Authoritarianism and the Attack on Social Work' in Ferguson, I., and Lavalette, M. (eds) *Social Work after Baby P: Issues Debates and Alternative Perspectives* Liverpool, Liverpool Hope University Press

Baines, D., and Cunningham, I. (2011) ‘’White Knuckle Care Work’: Violence, Gender and New Public Management in the Voluntary Sector’ *Work, Employment and Society* 25 (4): 760-776

Barclay, P. (1982) *Social Workers: Their Roles and Tasks* London, Bedford Square Press.

Bauman, Z. (2000) *Liquid Modernity* Cambridge, Polity

Berger, P. (1965) ‘Towards a sociological understanding of psychoanalysis’ *Social Research* 32(1): 165-182.

Beck, U. (2002) *Risk Society: Towards a New Modernity,* London, Sage.

Beresford, P. (2006) ‘Social Work after Baby P: The Importance of a United and Inclusive Future’ in Ferguson, I., and Lavalette, M. (eds) *Social Work after Baby P: Issues Debates and Alternative Perspectives* Liverpool, Liverpool Hope University Press

Cappelli, L., Bassi, H., Katz, D., Knoke, P., Osterman, P., and Useem, M. (1997) *Change at Work* New York, Oxford University Press

Clarke, J. (1996) ‘After Social Work?’ in Parton, N. (ed) *Social Theory, Social Change and Social Work* Routledge, London.

Clarke, J., Gewirtz, S. and McLaughlin, E. (2000) 'Reinventing the Welfare State' in Clarke, J., Gewirtz, S. and McLaughlin, E. (eds) *New Managerialism, New Welfare?* London, Sage.

Cohen, S. (1975) 'It's alright for you to talk: Political and Sociological Perspectives for Social Work' in Bailey, R., and Blake, M. Radical Social Work London, Edward Arnold

Coleman, N. and Harris, J. (2008) 'Calling Social Work,' *British Journal of Social Work,* 38 (3): 580-599.

Davies, H. (2009) 'Ethics and Standards of Behaviour' in Loffler, E., and Bovair, T. (eds) *Public Management and Governance* Abringdon, Taylor and Francis

Drakeford, M. (2000) *Privatisation and Social Policy*, Harlow, Pearson.

Dunning, J. (2012) 'The State of Personalisation in 2012' *Community Care* http://www.communitycare.co.uk/static-pages/articles/The-state-of-personalisation-in-adult-social-care/ accessed November 14th

Dustin, D. (2007*) The McDonaldisation of Social Work* Farnham, Ashgate.

Ebert, N. (2012) *Individualisation at Work: The Self between Freedom and Social Pathologies* Farnham, Ashgate

Eborall, C. (2005) *The State of the Social Care Workforce 2004*, The Second Skills Research & Intelligence annual report, April.

Ferguson, I. (2007) 'Increasing User Choice or Privitizing Risk? The Antimonies of Personalisation' *British Journal of Social Work* 37 (3): 387-403.

Forder, J. and Allen, S. (2011) *Competition in the Care Homes Market* London, Office of Health Economics

Fraser, D. (1973) *The Evolution of the British Welfare State* Basingstoke, Macmillan

Gilbert, T and Powell, J.L. (2012) 'The Place that Social Policy Plays in Shaping the Social Context of Older People' in Davies, M. (ed) *Social Work with Adults* Basingstoke, Palgrave Macmillan

Goffman, E. (1967) *Interaction Ritual: Essays in Face to Face* Behaviour New York, Doubleman

Gorman, H., and Postle, K. (2003) *Transforming Community Care: A Distorted Vision?* Birmingham: Venture Press

Habermas, J. (1970) 'Technology and Science as Ideology' in Haberman, J. (ed) *Toward a Rational Society* Boston: Beacon Press

Halford, S., and Leonard, P. (1999) 'New identities? Professionalism, Managerialism and Construction of the Self' in Exworthy, M.and Halford, S. (eds) *Professionals and the New Managerialism*, Buckingham, Open University Press.

Hammersley, M. (2010) 'Creeping Ethical Regulation and the Strangling of Research' Sociological Review Online 15 4 16

Harris, J. (2003) *The Social Work Business*, London, Routledge.

Institute of Public Care (2012) *Where the heart is…A review of the Older Peoples Home Care Market in the UK*, Oxford, Oxford Brookes University.

Irving, J. and Gertig, P. (1999) 'Brave New World: Social Workers Perceptions of Care Management' *Practice,* 10: 5-14.

Jones, C (1996) 'Anti-intellectualism and the peculiarities of British Social Work Education' in Parton, N., (ed) *Social Theory, Social Change and Social Work*, London, Routlege.

Jones, C. (2001) `Voices from the Front-Line: State Social Workers and New Labour' *British Journal of Social Work*, 31: 547-562

Jones, C. and Novak, T. (1999) *Poverty, Welfare and the Disciplinary State* London, Routledge.

Kemshall, H. (2002) *Risk, Social Policy and Welfare*, Buckingham, Open University Press

Kerrison, S. and A.M. Pollock (2001) 'Caring for Older People in the Private Sector in England', *British Medical Journal*, 323: 566-9.

Laing, J. and Buisson, B. (1999) *Domiciliary Care Markets 1999*, London: Laing and Buisson Publications Ltd.

Laing, J. and Buisson, B. (2010) *Care of Elderly People UK Market Survey 2010-11 23rd Edition*, London: Laing and Buisson Publications Ltd.

Lasch, C. (1979) *The Culture of Narcissism: American Life in an Age of Diminishing Expectations* New York, Warner Brothers

Le Grand, J., R. Robinson and C. Propper (1992) *The Economics of Social Problems* 3rd edition, Houndmills: Macmillan.

Leonard, P. (1997) *Postmodern Welfare: Constructing an Emancipatory Project* London, Sage

Lewis, J. and Glennerster, H (1996) *Implementing the New Community Care*, Milton Keynes, Open University Press.

Lymbery, M. (2012) 'Social Work and Personalisation' *British Journal of Social Work* Advanced Access: April 2nd

Morris, J. (2014) 'If you don't know your history, you're like a leaf that doesn't know it's part of a tree' Community Care 29th January PP 14-16

Munroe, E. (2010) *The Munroe Review on Child Protection: Part 1: A Systems Analysis* London, Department of Education

Nippert-Eng, C.E. (1996) *Home and Work: Negotiating Boundaries through everyday life* Chicago, University of Chicago Press.

Parton, N., (ed) (1996) *Social Theory, Social Change and Social Work*, London, Routlege.

Phillipson, C. (1982) *Capitalism and the Construction of Old Age*, London, MacMillan.

Pierson, J. (2011) *Understanding Social Work: History and Context* Maidenhead, Open University Press

Postle, K. (2001) 'The Social Work Side Is Disappearing. I Guess It Started With Us Being Called Care Managers,' *Practice*, 13 (1): 3-18

Powell, J.L. (2006) *Social Theory and Aging*. New York: Rowman and Littlefield.

Rubery, J. Earnshaw, J., and Marchington, M. (2005) 'Blurring the Boundaries to the Employment Relationship: From Single to Multi-Employer Relationships' in Marchington, M., Grimshaw, D., Rubery, J., and Wilmott, H., *Fragmenting Work: Blurring Organisational Boundaries and Disordering Hierarchies*, Oxford, Oxford University Press.

Saltman, R.B., and Buse, R. (2002) 'Balancing Regulation and Entrepreneurialism in Europe's Health Sector' in Saltman, R.B., Buse, R. and Mossialos, E. (eds) *Regulating Entrepreneurial Behaviour in European Healthcare Systems* Buckingham, Open University Press.

Scourfield, P. (2006) 'What Matters is What Works'? How Discourses of Modernisation have both Silenced and Limited Debate on Domiciliary Care for Older People, *Critical Social Policy*, 26(1): 5-30.

Scourfield, P. (2007) 'Are there reasons to be worried about the 'Caretelisation' of Residential Care?' *Critical Social Policy* 27 (2): 155-180.

Scourfield, P. (2012) Caretelisation Revisited and the Lessons of Southern Cross *Critical Social Policy* 32 (1): 137-148.

Seebohm Report (1968) *Report of the Committee on Local Authority and Allied Personal Social Services*, Cmnd3703, London, HMSO.

Sellick, C. (2011) Independent Fostering Providers: Predators or Pioneers, Partners or Procured? *Adoption & Fostering*, 35: 33-43.

Sennett, R. (1998) *The Corrosion of Character: The Personal Consequences of Work in the New Capitalism*, New York Press, W.W.Norton

Swain, J, French, S., and Cameron, C. (eds) (2003) *Controversial Issues in a Disabling Society*, Maidenhead, OUP.

Timms, N. (1968) *The Language of Social Casework* London, Routledge

Trade Union Congress (2009) *Agency Workers: Counting the Cost of Flexibility*, London, Equality and Employment Rights Department.

Phillipson, C. (1982) *Capitalism and the Construction of Old Age*, London, MacMillan.

United Kingdom Home Care Association Limited (2013) *An Overview of the UK Domiciliary Care Sector* Sutton, UKHCA.

Walker, A. (1997) 'Community Care Policy: From Consensus to Conflict' in Bornat, J.; Johnston, J; Periera, C; Pilgrim, D; Williams, F. (ed.) *Community Care: a Reader* Basingstoke, Palgrave.

Ward, R., and Campbell, S. (2013) 'An Ethics Journey: Ethical Governance of Social Research with Vulnerable Adults and the Implications for Practice' in Carey, M. and

Green, L. (eds) *Practical Social Work Ethics: Complex Dilemmas Within Applied Social Care* Farnham, Ashgate

Webb, S.A. (2001) 'Some Considerations on the validity of Evidence based practice in Social Work' *British Journal of Social Work* 31(1): 57-79

Webb, S.A. (2006) *Social Work in a Risk Society* Basingstoke, Palgrave MacMillan.

Wootton, B. (1958) *Social Science and Social Pedagogy* London, Allen and Unwin

Wrennall, L. (2013) in Wrennall, L. (2013) 'Where did we go wrong? An analysis of conflicts of interest, Perverse Financial Incentives and NOMBism' in Carey, M. and Green, L. (eds) *Practical Social Work Ethics: Complex Dilemmas Within Applied Social Care* Farnham, Ashgate