

THE FUNDING GAME:
A CASE STUDY OF VOLUNTARY STATUTORY
RELATIONSHIPS

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Ph.D

Doctor of Philosophy for the
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University of Edinburgh
January 1992



Declaration

Except where specific reference is made to other sources, the work in this thesis is the original work of the author. It has not been submitted in whole or in part for any other degree.

Acknowledgements

An enormous number of people have suffered this thesis along with me. My grateful thanks go to my supervisors Richard Parry, Nancy Drucker and latterly Ian Dey and to other university staff who have assisted and encouraged me in various ways, particularly Tom McGlew, who introduced me to inter-organisational theory. Nor could this have been produced without the help of fellow students, Roy, Diane, Carl and Jenny who encouraged me at difficult times. The people who gave so unstintingly of their time to explain the events in this thesis must remain nameless, but they know who they are and my thanks go to them. The financial assistance of the Thyne Trust in helping towards my fees is gratefully acknowledged. My employment with the Open University gave me the flexibility I needed to study and I have learnt so much from both staff and students. I am particularly grateful to Greg McLennan and Katla Helgason for their encouragement to finish this thesis. Thanks also to Toby and Linda Morris whose involvement in the final production of this document has gone far beyond the call of duty. Finally, but most importantly my thanks must go to my husband, Francis, for his support and to my children for tolerating the household chaos which has gone with the completion of this exercise.

Jill Mordaunt

December 1991

Abstract

This thesis is a study of the process of negotiating funding by a voluntary organisation from statutory sources. It is a case study which focuses on one organisation's attempts to obtain resources for a supported accommodation project for people with a mental handicap. This is approached from a focus on the inter-organisational network as a political economy. This view observes that in such networks, organisations are competing to gain two scarce resources, authority to operate in a domain and money to fund those operations. Thus the funding relationships have to be viewed in a broader policy context. The methodological approach is qualitative and relies mainly on unstructured interviews and documentary evidence in offering an account of the process of negotiation.

In the case study, four stages in the process of securing funding are examined: firstly, the establishment of the organisation and the way it gained legitimacy; secondly, the development of the idea of the project through attempts to achieve the organisation's objective through other agencies; thirdly, the attempt to secure funding from central government through Urban Aid, where the fit between the objectives of the funding programme and those of the project was tenuous. Finally, the successful application for Support Finance from a health board is examined. This highlights the complexity of the environment with which a voluntary organisation has to negotiate. It seems that ultimately success was more dependent on the alliance between a number of agencies to obtain the commitment of both the health authority and central government to the principle of community care, than on the efforts of any one organisation alone.

Abbreviations

AEG	Area Executive Group (of the Health Board)
AG	Action Group
ATC	Adult Training Centre
CAMO	Chief Administrative Medical Officer
CANO	Chief Area Nursing Officer
CCWP	Care in the Community Working Party
CDP	Community Development Project
CMS	Community Medicine Specialist
COSLA	Convention of Scottish Local Authorities
CSV	Community Service Volunteer
CVS	Council of Voluntary Service
DHSS	Department of Health and Social Security
Div 3	Division 3
HA	Housing Association
HASSASSAB	Health and Social Security and Social Services Amendment Bill
HB	Health Board
HS	Health Services
JCP	Job Creation Programme
JHLC	Joint Health Liaison Committee
LA	Local Authority
MSC	Manpower Service Commission

NFHA	National Federation of Housing Associations
NCVO	National Council for Voluntary Organisations
NHS	National Health Service
P & R	Planning and Resource (committee of Health Board)
RCG	Regional Co-ordination Group (for mental handicap projects)
SAMH	Scottish Association for Mental Health
SCSH	Scottish Council for the Single Homeless
SDD	Scottish Development Department
SED	Scottish Education Department
SHAPE	Scottish Health Priorities for the Eighties
SHARE	Scottish Health Authorities Revenue Equalisation Report
SHHD	Scottish Home and Health Department
STEP	Special Temporary Employment Project
SWD	Social Work Department
SWSG	Social Work Services Group
URU	Urban Renewal Unit (of SDD)
UVAF	Unemployed Voluntary Action Fund
VO	Voluntary Organisation

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'no sooner is a preliminary skirmish won [in an intellectual field] - critics and opponents convinced of the validity of some position, than before the grass has grown green on the battlefield, one has to be off a-pace to start a skirmish against those who have accepted the new idea too thoroughly and too well ... The battle often has to be fought long before most people have become familiar with the last victory.'

M. Mead in Dexter (1970) p. 13

CHAPTER ONE

Statutory/Voluntary Relationships: A Partnership?

This thesis seeks to examine some of the issues raised by the espousal of inter-agency work in the provision of social welfare, for both voluntary and statutory agencies. My concerns are not simply academic. They arose from the experience of attempting to establish mechanisms to facilitate statutory/ voluntary co-operation. In that process it emerged that there were problems in doing so which generally did not seem to be recognised by policy-makers.

The original question posed was 'Why are some voluntary agencies more successful than others in obtaining funding from statutory agencies?' In order to explore that question, after investigating the possibility of a comparative study, it was decided to undertake a case study of one voluntary organisation, which by repute, had been relatively successful in obtaining funds at a time when there had been a great deal of competition for funding from statutory agencies. (Chapter Three gives details of how the agency and the case study as an appropriate methodology was settled upon.) The study is of the West City Action Group. This had been established in 1976 as a self-help group for parents of mentally handicapped people. By 1985 they had successfully obtained funding from the Plains Health Board and the Scottish Office for a community-based supported accommodation project which would enable people with a mental handicap to live in the community rather than in the large mental handicap hospital which served the area.

Chapters Four to Seven trace the history of that project from the establishment of the Action Group (Chapter Four) through the development of the idea of community-based accommodation (Chapter Five). The attempts to secure funding for the proposal through the Urban Programme unsuccessfully (Chapter Six) and through Support Funding successfully (Chapter Seven) are examined to identify the significant features. Over the period of the research, the initial question was redefined as it became obvious that the process of seeking funding was inextricably linked with policy formulation. It became clear that successful application for money lay at the **end** rather than at the beginning of, what was in this case, a long and complex set of negotiations which were to have

ramifications for the entire community care policy in Plains. This process of redefinition was assisted by the development of an inter-organisational theoretical framework and this is examined in Chapter Two.

The dominant strand in this thesis, therefore, is that of inter-agency work and the debates which emerged in the 1970's and 1980's about how to go about that. But like any policy issue, that debate also has a more specific context. In this case there are a number of sub-themes which also underpin the debate and need to be teased out for analytical clarity. The debates about how services should be provided to address the concerns of the 'community' and how to make services more responsive to need were important strands. In the field of mental handicap the major debate was that of normalisation. There was a reaction to the segregated institutional policies and a growth of demand for community based provision. This linked into broader debates about the nature of community care. How it should be provided? By whom? These debates are underpinned by a deeper concern with the processes of change in large bureaucracies. How does this come about? Is the significance of the successful voluntary agencies that they facilitate this process? The remainder of this chapter provides the background against which the events detailed in the case study are enacted.

1.1 The Interconnection of Social Problems

Before the major questioning of the role of the state in relationship to welfare provision, which arose as a result of the economic crises of the 1970's and 1980's, there had been little contention about the respective roles of statutory and voluntary organisations. GDH Cole (in Bourdillon ed 1944 p.119) identifies four possible responses to the problem of which sphere should have the major role in providing services: firstly that services should be provided by charitable agencies; secondly that provision should be made through mutual aid such as Friendly Societies; thirdly that the main provision should be a state responsibility and fourthly that there should be a mixture of provision by both state and charities: what is now termed welfare pluralism. The 1945 consensus seemed to have settled the question. It was the third option.

Throughout the 1940's and 1950's, these views prevailed. It was taken for granted that the state had the prime role in the provision of welfare and that the role of voluntary agencies was essentially complementary. It was assumed that Britain

had resolved the problem of **how** to make welfare provision for the population and the major debate to be resolved was the **extent** of that provision: should it be universal or selective? The big debates over welfare seemed to have fallen off the agenda and the Wolfenden Committee (1978) noted that in this period voluntary agencies seemed 'to have been marking time' (p.20).

By the mid 1960's it was beginning to be acknowledged that poverty and related social problems had not been beaten as decisively as had been imagined. There was a decisive shift in perceptions of the problems. If the approach of the 1945 Labour government is encapsulated thus:

'The state and its apparatus of administration was to be the instrument of change. Experts would devise and apply a national programme of reform. The public was cast in the role of spectator and consumer, not co-partner.'

p.15 Hadley and Hatch (1981)

then the crucial realisation of the 60's was that this alone was not good enough. It began to be observed that

'the welfare state had not met all the expectations it had generated for universal high quality and comprehensive provisions. It had not significantly redistributed resources or made much impact on the differential life-chances of the poor, the homeless or other marginal groups.'

p.37 Brenton (1985)

1.2 Bigger is Better

In line with its commitment to managerialism, the Labour government, in the mid-1960's, set about initiating the reform of the various institutions delivering services. In the main this meant creating bigger bureaucracies which would be able to command more resources and marshal them effectively. The income maintenance system was reformed and a range of Royal Commissions and other bodies established to formulate proposals for local government, health and social welfare. In Scotland, the Wheatley Commission was to examine local government and a 1966 White Paper, "Social Work and the Community", took on the proposal originally made to the Kilbrandon Committee in 1961 that some kind of comprehensive welfare and social service agency should be established. A White Paper in 1969 also proposed the reform of the Scottish health authorities. These reforms were to create an organisational lobby for the expansion of voluntary and community groups.

One of the lessons emerging from the observed failings of state services was that citizens were not simply passive recipients. It was noted that not all the changes in housing and welfare in the past, had necessarily been for the better. Whilst the main aim of the reforms which the government instituted in health, social security and welfare agencies was to establish more cost effective units which would both command more resources and use them more efficiently, the ways in which services were to be reformed was coloured by the analysis made of the nature of current problems. In particular, the loss of community was lamented (e.g. Young and Wilmott 1962) and, in reforming social services, this theme emerged in the official reports which preceded the new acts. Policy makers set about devising ways of creating services which would foster the re-creation of community and prevent social disorder arising in future.

The White Paper on Social Work and the Community (1966) was of this kind and stressed the role of large housing schemes and the de-population of city centres in creating social problems. It suggested therefore that the concerns of the new Social Work Departments advocated, should be not simply to react to problems when they arise, but to play an active role in prevention through co-operation across departmental boundaries in the local authority

‘to enable communities and individuals more readily to surmount problems and resolve tensions.’

Para 13

This was echoed more clearly by the Seebohm Report on Local Authority and Allied Personal Social Services in the context of England and Wales

‘conventional resources alone are not enough... The goodwill and direct assistance of the community are also needed. We still know comparatively little about how these might be enlisted and encouraged: of what can or cannot be expected of mutual aid, ‘community development’, voluntary services or neighbourliness, particularly in urban areas undergoing rapid change.’

Para 257

The Social Work (Scotland) Act 1968 enacted the recommendations of the 1966 White Paper and gave the new Social Work Departments unprecedentedly wide powers both to ‘promote social welfare by making available advice, guidance and assistance on such a scale as may be appropriate to their area’ (Section 12(1)) and to fund voluntary agencies as well as statutory services to make this provision. By amalgamating a number of small departments the government hoped to

achieve a more effective use of resources and provide the consumer with one door to services and in particular

‘simplify the local authorities’ communications with the Ministry of Social Security and with the many voluntary organisations which do so much of the exploratory work in social service.’

HMSO (1966) Para 12

The switch in emphasis away from an individualistic casework model in social work to one relating to community needs and emphasising service development in that context was marked. However as English and Martin (1979) note whilst there was an emphasis on these issues and on the importance of inter-agency co-operation, the discussions were ‘sensible but superficial’ (p.108) and indeed there seemed to have been little thought given to **how** these developments might take place. They observe:

‘We find a complete lack of statistical information, an absence of even the simplest research, and no sign of any analysis either of the social and economic context or the possible lines of future development.’

ibid

However, by 1970, the new Social Work Departments were established in Scotland with a remit to marshal resources more effectively, and these included those provided by voluntary organisations and focused on:

‘the building in Scotland of communities which are primarily self-reliant, but are well backed by public services and voluntary organisations.’

Working Party (1969)

It is noteworthy that as the Social Work (Scotland) Act evolved, the emphasis on the contribution of voluntary agencies increased.

1.3 The New Voluntary Sector

The result of the changed climate of ideas and the organisational reforms was to create an environment in which fundamental changes could take place in the nature of voluntary activity. New voluntary organisations arose at both a national and a local level and in the main they were critical of existing provision and emphasized the need for change.

At a national level the new organisations included those with a pressure group role such as Shelter (1966), Child Poverty Action Group (1965), Disablement Income Group (1965) and those with a mutual aid or self-help focus such as Spina Bifida Association (1966), Coeliac Society (1968) Claimant Union (1968). Although mutual aid had been identified as a voluntary organisation role by Beveridge (1948), Cole (op.cit) pointed out that pre-war this had been in the main an economic rather a social concern and that

'They (voluntary bodies) were much keener on urging the poor to help themselves rather than one another.'

p.118 in Bourdillon (ed) (1944)

The new type of mutual aid had more in common with Kropotkin (1972) who advocated a co-operative approach than with the individualistic 'pull yourself up by your bootstraps' style which was more familiar in Britain, since it had been propounded by Samuel Smiles (1958)

The expansion which took place nationally was mirrored at a local level. Whilst there is no comprehensive survey of voluntary agencies in Scotland in this period, the study undertaken by Stephen Hatch as part of the Wolfenden Committee's study provides some indication of the likely trends. A comparative study of voluntary activity in three English towns showed that

'Although the history of a few existing voluntary organisations goes back to the last century, a majority have come into being since 1960.'

p.77 Hatch (1980)

Indeed, the expansion became even more marked in the early 1970's, for by the time of his study (1978) Hatch noted that 40% of the organisations had come into being in the preceding eight years, evidence of

'substantial and sustained growth in the voluntary sector.'

p.80 op.cit

Nor was this simply an expansion of activity. There was also evidence of substantial growth in the resources available to such agencies, particularly from public funds. There was a documented increase in central government grants to voluntary agencies of 92% between 1970 and 1975 (Falush 1977). He estimated that additionally, as a result of the expansion of local authority services in this period, it was likely that

'during the fifteen years since 1960, central and local government funds for voluntary organisations, increased over tenfold, which greatly outpaces the rate of growth of public services.'

p.37 op.cit

These figures are unreliable, but do indicate that there was a substantial increase in resources as well as activity.

Nor was this merely an increase in numbers; it was also a qualitative change. As the concern with the decline of community imbued the social work legislation, it was mirrored in the growth of voluntary and community groups. Saul Alinsky, a radical American community worker, had much influence on the growth of community work in Britain and was in particular critical of the notion of neutral professionalism ^{which} had until then formed the basis of both social and community work in Britain. In Alinsky's view the role of professionals was to align themselves with the poor and disadvantaged and employ their skills to 'empower' people.

'Liberals charge radicals with passionate partisanship. To this accusation, the radical's jaw tightens as he snaps 'Guilty!' - we are partisan for the people. Furthermore we know that all people are partisan. The only non-partisan people are those who are dead. You too are partisan - if not for the people then for whom?'

Alinsky (1969) cited in Jones and Mayo (1974) p.69

The rhetoric espousing the need to re-construct a sense of community emanating from official sources meshed with this strand of thought and led many professionals in community and social work to conclude that assisting the development of locally based community groups would lead to a realisation on the part of the disadvantaged of their ability to change their circumstances. This approach is epitomised in the work of Bob Holman.

'Mothers anxious to start more playgroups. Joint action has led to a more militant, almost political attitude expressed in a readiness to assert their rights and to stand up to officials. Some have mooted the need for a tenants' association and hopefully future developments will concentrate on housing'

Cited in Jones and Mayo (1974) p.69

It is likely that this kind of professional led development was going on all over Britain, perhaps concentrated in the urban areas, although there is no wide-ranging survey to back this up. However Hatch (1980) notes in his study of the three towns that

'The type of trigger to which the creation of the largest number of organisations can be attributed are the staff of statutory agencies acting in an official or semi-official capacity.'

Hatch (1980) p.92

The new voluntary and community groups created tended to be more radical than the more traditional philanthropic organisations. Instead of being composed of members of the local elite concerned to care for the less fortunate, they tended to ^{be} formed from the ranks of the consumers of social services of one kind or another. As the East London Claimants Union put it, perhaps representing the most extreme end of the spectrum, they were of the new generation who

'Unlike their parents who had been brought up in the 'depression', seen mass unemployment and survived through one or two world wars, they were not 'grateful' for 'state handouts'. In fact a new generation had emerged which was only too eager to point out the contradictions of the welfare state and ^{to} challenge and criticise its false illusion of grandeur.'

Cited in Jones and Mayo (1974) p.79

1.4 The Problem of Partnership

It was in these circumstances that the new local authority social work departments found themselves charged to co-ordinate statutory and voluntary agencies in order to attain the 'ideal of community self-help.' p.4 Working Party on SW (Scotland) Act (1969).

The implementation of the Social Work (Scotland) Act is a classic example of willing the ends, but paying scant attention to the means. Many of the underlying ^{assumptions,} assumptions about how actually to achieve the desired ends were just that; as English and Martin noted above. The effect of urging voluntary and statutory agencies to work together was to blur the boundaries between agencies and make task definition much more difficult.

Although certain areas of work (eg experimentation and innovation, boundary-spanning and advocacy) were seen as more appropriately the territory of voluntary agencies, new initiatives like the Urban Programme and the Community Development Projects, both announced in 1969, had the effect of allowing statutory agencies to undertake such projects. Kramer (1981) in his

study of organisations for the handicapped in England, Netherlands and USA, suggests that

‘while no organisation has a monopoly on innovation, in the future it is more likely to occur within the governmental sector. Government organisations have a broader scope, greater complexity and more resources than voluntary agencies.... There is considerable evidence of the ability of local authorities in England to initiate new programs.’

p.188

There were also organisational problems to be addressed. As McKeganey and Hunter note in their study of inter-agency work with the elderly, calls for service co-ordination are

‘ill-defined and yet ... appealing in (their) ability to exude feelings of warmth and human kindness’

(1986) p.336.

They identify this call arising from four sets of concerns; firstly the frontier problem: the need to work across organisational boundaries in order to deliver services that the clients need; secondly the problem of overlap and duplication; thirdly the lack of common purpose between agencies ostensibly aimed at meeting their same needs; fourthly the problem of gaps between agencies in service provision.

The solution to these problems is usually seen as better co-ordination, in particular

‘improved co-ordination is no substitute for a certain clarity and agreement over aims.’

ibid.

Thus the exhortation in the Social Work Act for the new departments to work across departmental boundaries **within** the local authority was likely to prove rather difficult unless there was some clear thinking about task definition. As already noted by English and Martin (1979) above, this did not happen

‘there was nothing in the tradition of local government to facilitate such trans-departmental alliances.’

op.cit p.110

If this was difficult then the exhortation to work with the community raised even more difficulties for the new Social Work Departments. Who and what

was the community? How did they identify it? Moreover this problem of relating to the community is made more difficult by the decline of traditional forms of association. Taub, et al (1975) identify a change in the formation of associations which they ascribe to the decline of traditional ties such as kinship and religion. Thus they argue that external agencies have to intervene to form community based, voluntary associations because they

‘need them as channels of communication, sources of legitimation, vehicles of social control and a means to organise and direct resources.’

Moreover

‘This need has grown as the ideology emphasising the importance of local participation and control has become more widespread at government policy-making levels.’

p.426 Taub et al (1975)

Hatch and Mocroft (1983) identified this commitment to participation as a strand in the London Borough of Islington’s policy towards voluntary organisations in the 1970’s. But as they observe Social Work Departments are large hierarchically organised systems:

‘where rules and policies can only be changed by taking issues to the top of an organisation and the divisions of responsibility within the system do not always correspond to the issues and problems that arise outside.’

p.47 op.cit

This leads to a tension for workers as a community orientation

‘requires a wide definition of the role of the social service department to respond flexibly, unfettered by numbers of hierarchically imposed constraints; and it requires an emphasis on social workers knowing and being known in the communities they serve.’

p.48 op.cit

Small wonder that writing in 1978 Wolfenden found that whilst the rhetoric of partnership with voluntary agencies was growing at central government level ‘it is different in local government’ (p.85). Whilst local government might be willing to accept and purchase a substantial element of their service provision from voluntary organisations, allowing them to participate in formulating policies for these services was low on the agenda.

There was in other words, an enormous gap between rhetoric and reality. Whilst fine words were articulated about the important contribution voluntary organisations make to social welfare provision and an enormous increase in funding, local authorities remained suspicious of any formalised role for voluntary organisations.

Murray (1969), in his impressionistic study of the role of voluntary organisations in Scotland observed that most voluntary statutory relations worked

‘well enough together but attitudes vary widely... the attitude of a key (vol. org) secretary is said to be "we like their money but we hate their guts"’

p.78

Whereas some local authorities felt that

‘statutory services can undertake most of the services undertaken by voluntary organisations. Organisations of a local character are somewhat unstable and lack discipline.’

p.79

At the same time as the new departments were asked to adopt new styles of working with the voluntary sector they had to contend with the difficulties of melding a professionally disparate group into one coherent department. The very act of forming these departments ‘brought to light areas of need not previously recognised’ as English and Martin (1979) point out (p.109). At the same time, there was, initially, a severe lack of resources owing to the naivety of the authors of the legislation who had anticipated that the act could be implemented with few additional resource requirements. In reality local authorities and government realised that budgets had to be increased and departments doubled their staffing between 1971 and 1981 (SWSG Statistical Bulletin 1982). As if that were insufficiently difficult, the new departments were to be further amalgamated in 1975, by local government reform reducing the fifty originally established to twelve. It is not surprising in these circumstances that the development of relationships with voluntary organisations and community groups proved problematic.

Whilst the emphasis on the importance of statutory/voluntary co-operation increased throughout the 1970’s these difficulties did not go away. The Barclay Report (1982) observed that

The voluntary sector is potentially an equal partner with the statutory in the planning and provision of services, but, in our view, the relationship to date could seldom be described as a genuine partnership. It sometimes resembles that between statutory master and voluntary servant.'

p.85

Similarly the joint report between NCVO and the Local Authority Associations noted

There needs to be machinery for ensuring that services can be looked at as a whole, whether across the personal social services field, or client group by client group or both. Through this joint activity the best use may be made of existing resources and mutual agreement may be reached about priorities for future activities. Consultation arrangements which facilitate an effective form of joint planning are still relatively rare.'

Cited in Barclay (1982) p.87

Experience working in the field indicated that this planning process did not seem entirely rational. Some voluntary organisations seemed to enjoy favoured status vis-a-vis statutory agencies, whereas others despite offering very professional services were supported rather grudgingly and distrusted by local authority officials.

1.5 New Styles of Service

The debates of this period were not simply about who should provide services and how, but also about the nature of the service which should be provided. In the context of this study there are two other important strands: the shift away from institutional care and the shift towards policies of 'normalisation' for people with mental handicap.

A major influence on this was the scandal which erupted in 1967 at Ely Hospital in Cardiff when allegations of gross mistreatment of people with a mental handicap were made by a Sunday newspaper. The decision in 1969, by Richard Crossman (then Secretary of State for Social Services) to publish the results of the enquiry brought the conclusions into public debate. The report concluded that:

'The present tripartite administrative structure of the NHS has failed, so far as Ely is concerned, to produce a sufficiently integrated

service and pattern of care for the mentally subnormal. The concept of community care is insufficiently developed.'

Cmnd 3957 p.128 cited in Townsend (1973)

The scandal had a number of effects. Firstly it was yet another revelation about the short-comings of institutional care which as Boswell (1982) noted led to a loss of faith in such solutions. Secondly, professionals were angry and ashamed that such events could happen, and there were renewed calls for better community provision. Books and papers were published (Boswell and Wingrove 1974) and conferences held including Action for the Retarded called by the World Federation for Mental Health in 1971, which questioned the policy of isolating mentally handicapped people in large long-stay hospitals. Kushlick spoke at this and demonstrated by outlining his Wessex Hospital experiment, that not only was it arguable that such people should be housed in the community, it was possible. (National Society for Mentally Handicapped Children 1972)

The Campaign for the Mentally Handicapped took this debate further, arguing that, yes, location in the community was more 'normal', but the quality and nature of such provision was also important. Consideration needed to be given to individual needs, as many community-based homes being developed resembled the hospitals they replaced in all but size.

'What is really the difference between sitting in front of a television in one of these homes and sitting in front of a television in a large old institution? The chairs may be more comfortable, perhaps the television may be newer, there may be fewer people to jostle for a view of the screen. But is this really what all the enthusiasm and talk of reform boils down to?

p.2 Campaign for the Mentally Handicapped (1975)

Better Services for the Mentally Handicapped (Cmnd 4683) was published in 1971 for England and Wales and a similar paper, known as the 'Blue Book' followed for Scotland in 1972 (SHHD). Both urged a number of reforms including more provision in the community by local authorities.

However, Townsend (1973) identified that the policy of developing community-based care, was riven with contradictions which were not addressed. The government was following inconsistent policies in, on the one hand advocating less use of long-stay hospitals, whilst at the same time trying to increase resources for them. This was further complicated by the fact that, in Scotland at

least, responsibility for different aspects of implementation, lay with different departments within the Scottish Office. The contradictions this leads to, will be displayed in the story which follows. The structural weaknesses Townsend identified in 1971 still bedevilled policy in this area in 1985. Firstly, he saw that weak authority structures in the NHS make new policies difficult to implement. Secondly, it is very difficult for government to determine how local authorities implement general policy guide-lines. Thirdly, threats to the status quo tend to lead to resistance by affected professional groups and finally a powerless client group finds it difficult to articulate their needs. Thus besides the debates about partnership, there were other equally heated debates in the early 1970's about the nature of the provision.

It is in this context that the voluntary agency studied in this thesis arose. The participants interviewed were seeking to resolve these issues and try to implement these policies, within all the constraints noted above. What was the nature of the relationship between statutory organisations and the new-style of voluntary agencies with an emphasis on rights for the disadvantaged? From the voluntary organisation's perspective what implications did these policies have? Is the notion of co-ordination and co-operation which later came to known as 'partnership' workable in practice?

CHAPTER TWO

An Inter-Organisational Context?

2.1 Summary

This chapter explores some potential approaches to the study of inter-organisational networks. It explains why these approaches are deemed more appropriate to the study of an application for grant aid by a voluntary organisation than the more usual approach by scholars in this field, who have tended to concentrate their studies on voluntary organisations themselves. It is argued that an inter-organisational focus on the network of relationships as espoused by JK Benson (1975) is more appropriate. This stresses the inseparability of funding and policy and the importance of focusing on the perspectives of all participants to understand the workings of networks.

The view of inter-organisational networks as structures of relationships between organisations can, however, ignore the relationships between individuals and groups which transcend organisational boundaries. It is also important to disaggregate organisations; to recognise that a declaration of policy is often an indication of which faction within the organisation is currently dominant. The ideas of Crozier (1964, 1976, 1990) and Zeitz (1980a & b) are utilised which see policy development as arising out of power struggles over areas of uncertainty and in the latter case as a clearly dialectical process.

This approach implies that conflict and change are involved. Thus it is also helpful to examine some of the literature relating to the management of change within organisations. Innovation is clearly another source of uncertainty. Additionally, change can be legitimated by decisions to allocate money. Thus the strategies to prevent and facilitate new initiatives, adopted by those negotiating budgets can also be illuminating. Is the ability to get money simply a result of how well the game is played? Or is there more to success than that?

This chapter seeks to show that both innovation and the allocation of finance are 'areas of uncertainty' and that success in controlling these is likely to be influential in determining whether or not a voluntary agency is successful in obtaining funding. It is argued that organisational theory can facilitate

understanding of the processes involved in negotiating for funding by voluntary agencies and in this context shed light on the nature of the relationships between voluntary and statutory bodies.

2.2 The Need for a New Paradigm

The preceding chapter has identified the many contradictions and conflicts present in the milieu within which statutory/voluntary relationships were supposed to be developed. This study seeks to describe the development of a supported accommodation project by a voluntary organisation and the subsequent negotiations to secure funding for the project. In the course of doing this, issues about the relationship between voluntary and statutory agencies arise and require to be addressed.

Developing a theoretical framework which would shed light on the nature of these relationships proved initially a frustrating experience. There seemed to be very little relevant literature. There was not much written on voluntary organisations other than at a rather descriptive empirical level. Although offering a rich insight into the variety and complexity of voluntary organisation activity, these accounts rested on many untested and unexplored assumptions made about the nature of relationships, the role of voluntary organisations, the nature of social welfare interventions and the ways in which both central and local government worked. At least this merited questioning. Overwhelmingly, much of the literature lacked a theoretical analysis. The assumptions were pluralistic and conflict ignored. (Wolfenden 1978, Hatch and Mocroft 1983, Mellor 1985)

A linked factor which made the relevance of the existing literature less helpful, was its focus. The direction from which research was approached, usually from an interest in voluntary organisations per se and often funded or sponsored from within that area (much work has been done under the auspices of the National Council for Voluntary Organisations), has meant that the focus of most research has been on voluntary organisations; their internal workings and the effects on **them** of working with, or being funded by statutory bodies. (Kramer 1981, Wilson and Butler 1985, 1986, Leat et al 1981) There has been little concern with the issues arising for statutory bodies in this relationship or with why statutory agencies perceive voluntary bodies as they do.

Following Kramer, some authors sought to develop typologies of voluntary organisations or to identify the features which distinguished them from other types of organisation (Billis 1984, Knoke and Prensky 1984). These attempts ran into difficulties because the notion of a 'voluntary sector' is another comfortable fiction which merits much deeper exploration. Unfortunately many of those who undertake research in this area have a vested interest in maintaining that fiction. Reality is much less coherent and messier. As Zeitz (1980b) notes it is important to address

'The tremendous variety, pervasive change and conflict, the presence of a great number of confounding variables and especially the propensity of organisations to construct their own environment.'
p.72 op.cit

John Lansley (1976) pointed out that voluntary organisations can choose to adopt different political styles in different contexts. Kramer's comparative study of voluntary agencies in England, Israel and the Netherlands (1981) also embodies a similar observation. The notion that environment affected organisational style was not a new one (Burns and Stalker 1966) but strangely, in this particular context, seemed to have been little explored. Wilson and Butler (op.cit) note that there has been relatively little attempt to apply organisational theory to voluntary organisations. There has been even less attempt to apply inter-organisational theory, although there is some American work (e.g. Taub et al op.cit)

Rationalist assumptions also pervade the literature. These perspectives explain decision-making as a result of officials reviewing submissions and selecting those projects which seemed likely to further the development of services in meeting the needs of the client group. There is a discourse, notably within the Civil Service which maintains that:

'Procedures and requirements for obtaining money from funding agencies tend to be impersonally codified, institutionalised and published. The effect of communication between a funding agency and a requesting agency is to determine how well the latter meets the formal requirements and criteria that are necessary to obtain funds.'

Indeed say the authors:

'Inter-personal contacts and informal agreements between representatives of funding and requesting agencies are less

important (than those of client referral) ... they are often sanctioned because a particularistic relationship may impair the objective and impartial criteria that funding agencies use in resource allocation decisions and in subsequently monitoring the use of those funds.'

p.601-2 Van der Ven and Walker (1984)

The problem with this approach is that there are always more applications than funding available, so that selection ultimately has to be made on other criteria than 'fit'. It also belied my experience which suggested that what was known about the people promoting voluntary organisation projects could be crucial in funding decisions. This type of explanation also takes a very passive view of voluntary organisations, submitting applications and awaiting outcomes, and ignores the advocacy and lobbying undertaken to forward a project.

Clearly, the process is not rational, but political. This was noted as long ago as 1973, by Newton in his study of local decision-making in Birmingham, where he concluded that inequalities of power were significant in determining which organisations were successful in a local government setting and which were not. Yet because his focus was on pressure groups rather than organisational issues there are perhaps aspects on which this study will place rather greater emphasis. Lukes (1974) points out that a focus on decision-making only examines the most obvious dimension of power. It is, he argues, important to uncover the structural dimensions which help shape perceptions of what a problem is, for example and therefore why some decisions rather than others are taken or not taken.

In posing the question - Why do statutory agencies fund voluntary organisations for particular pieces of work? it did seem therefore that inter-organisational theory might prove a useful framework in which to examine these issues. This meant it was not enough to examine a voluntary organisation and ask what were the features of it which made it attractive for statutory bodies to fund. The study required a deeper level of analysis and the question could be posed another way. What is it about the nature and operation of some statutory bodies which makes the use of voluntary organisations for some tasks more attractive? I could find little in the existing literature which shed light on that question at anything other than a platitudinous level.

2.3 An Inter-Organisational Focus

Voluntary organisations are creatures of their environment. They are usually established by a group of people because of some dissatisfaction with an existing state of affairs. This then implies seeking change either in individuals or in the current delivery of a service. My focus is on an organisation which is seeking to improve the service provision for mentally handicapped people. This implies that, in order to achieve its objectives, the voluntary organisation must interact with other organisations currently involved in the provision of this service. Thus the thesis has an inter-organisational focus.

Inter-organisational theory has its roots in organisational sociology and in particular derives from those theorists such as Burns and Stalker (op. cit.) who argued that an organisation's structure could only be understood in the context of its environment. Prior to their work the focus of analysis had tended to be much narrower, examining intra-organisational structures and processes in isolation from the wider societal context. Burns and Stalker's great contribution to the theory was to recognise that organisational management structure and style varied according to whether the environment was stable or changing.

The centrality of inter-organisational theory to an understanding of modern society is indicated by Herman Turk who suggests that society is in the main composed of inter-organisational networks and that in large urban societies "power positions appear to rest heavily upon organisational membership." p.1 Turk (1970)

Every author of a treatise on inter-organisational theory bemoans its inadequacy. However, it is important to realise that this is a relatively new area of theoretical endeavour and a major problem is that relatively little empirical research which adopts this framework has been undertaken. Moreover the foci of those most interested in the outcomes of such research has not encouraged deep analysis.

Two traditions have shaped inter-organisational theory and to some extent have limited its development. Firstly a sociological tradition which has its origins primarily in government agencies funding "research projects trying to discover how best to achieve 'co-ordination' between a fragmented set of health or social service agencies." p.41 (G.Zeitz 1980a) Thus there is a tendency to focus on what

Benson calls the 'superstructure of sentiments and interactions', the factors which encourage or inhibit co-operation. eg Booth (1981)

This orientation limited both the type of research undertaken and the view of the interplay between the inter-organisational network and the wider society. The main aim of research was

'to try to discover various mechanisms which could help induce, persuade, cajole or trick agencies into some measure of increased integration.'

p.41 Zeitz (1980a)

Thus problems presented by the environment in which the organisations operate tend to be ignored.

The second tradition has its roots in management studies and is concerned with the practical problems confronting managers of business. The concern was to predict and control for organisational advantage rather than to understand events. Thus the positivistic concerns of both these traditions lead to the environment of the inter-organisational network being treated as non-problematic.

It is not the aim of this chapter to construct a theory of inter-organisational networks involving voluntary organisations. This is probably not possible. Rather the aim is to examine the field of inter-organisational theory to ascertain whether there are any strands which will help shed light on my particular study and shed some light on the underlying processes. Most of the work examined stems from non-British culture and there must therefore remain a question about the extent to which this is transferable to the British context.

2.4 The Inter-Organisational Network as a Political Economy

When establishing any project a voluntary organisation has to negotiate two things:

- i) the **AUTHORITY** (legitimacy) to undertake the work proposed
and
- ii) the **RESOURCES** (money) to fund this work.

The way these two variables interact in inter-organisational networks is postulated by J.K. Benson (1975) who argues that these are the key factors in a

political economy. The political economy approach takes analogy with the nation and

'focuses on the intersection of the political structure and political life with the economy'and economic life within organisations.'

p.221 M. Zald (1970).

This view argues then, for inseparability of policy issues from the capacity to finance such activities. Each sphere influences and constrains the other.

Voluntary organisations negotiating the establishment of a project are typically in an inter-organisational **network**. They have to secure the concurrence of other competing organisations in the same field that they have the legitimacy to undertake the proposed task. They have to negotiate with statutory bodies to ensure that the project fits with their policy goals and that therefore, resources are likely to be made available. That negotiation is, in itself, complex enough. The reality today, is for even more complex sets of negotiation with multiple funding sources. This leads to funding being dependent on either:

- a) different funding sources reaching the conclusion that any project fits with their policy goals in isolation from each other or
- b) different funding sources agreeing together that any proposed project fits with their policy goals.

Either of these scenarios is fraught with difficulty for a voluntary organisation and requires considerable political and economic sophistication on the part of the negotiators to have any likelihood of a satisfactory outcome.

Benson provides a framework within which such negotiations may be analysed in a way which helps to illuminate the processes at work. Firstly, he suggests that to understand the inter-relationships within a network, the focus must be on the **network** and not simply on the perspective of one of the participants in that network. This sheds light on possible reasons for dissatisfaction with earlier studies: they are one sided. Secondly, funding negotiations are becoming more complex and now often involve a number of participants. A common scenario is that government announces a programme and voluntary agencies bid for a share of those monies. Benson argues that in this context organisations compete to acquire control of the two scarce resources, money and authority, which must be obtained from sources external to the individual organisation. Benson saw power as the key to obtaining these resources.

Organisations need to be powerful in order to obtain a domain (i.e. legitimate area of operation). A number of different strategies may be adopted to pursue these ends - for example maintaining an effective programme, a record by which the organisation may be judged or ensuring an adequate flow of resources. In other circumstances it may be necessary to seek to change the definition of tasks in order to gain the right to control them.

Power in the network stems from two sources:

- a) a strategic position in the network - in this context, it may be seen that Social Work Departments have power vis-a-vis voluntary organisations, insofar as they have power to define what constitutes a domain in which they are prepared to pay a voluntary organisation to provide services. However this power is subject to negotiation as definitions of what constitutes a legitimate social work task change.
- b) the 'linkage of organisations to a larger pattern of social organisation.' (Benson 1975 p.233) It is for this reason that voluntary organisations seek eminent persons as patrons or president, that they assiduously foster links with other prestigious groups such as the Round Table and with local politicians and M.P.'s. This enables the organisation to 'mobilise forces external to the network as a means of controlling resource flow within it' *ibid.*

Some networks become blocked with none of the organisations powerful enough to achieve dominance and this situation is, Benson says, possibly typical of those networks composed of voluntary organisations. However it is important to remember that organisations may participate in more than one network at any one time. A voluntary organisation in a network of other voluntary organisations, may obtain power through their position in a network composed of statutory organisations e.g. as the voluntary sector representative. He also notes that 'power permits one organisation to reach across agency boundaries and determine policies and practices in weaker organisations.' p.234 *op.cit.*

In inter-organisational networks, notions of co-operation and co-ordination are promoted. There are, however, a number of factors which militate against this occurring - this Benson sees, as the 'superstructure of ideas and sentiments' which are underlaid by the pursuit of money and authority. In times when resources were more freely available, there was little competition between organisations, but as public spending cut backs have intensified, so has the struggle for resources. These struggles have taken place on a number of planes which affect the ability of organisations in a co-ordinated network to reach agreement on who does what and in what manner. It is argued that ideally there must be agreement on:

- a) the **RIGHT** of a particular organisation to a particular domain.
- b) the **IDEOLOGY** about the nature of the task and the remedies.
- c) the **VALUE** that the workers in one organisation ascribe to the work of those in the other.
- d) **HOW** the service may be delivered in a co-ordinated manner.

In practice, such agreement is very unlikely and therefore power struggles take place over areas of uncertainty in which organisations adopt various strategies to change the behaviour of recalcitrant members of the network. It is in this context that the attempts of a voluntary organisation to develop a project and to obtain funding for it must be viewed.

2.5 The Problem of Power

Michel Crozier argues that the subjective elements of behaviour within organisational settings must be addressed in addition to formal roles (Crozier 1964). He likens organisations to games where the kind of structure which emerges, is to some extent dependent on the values held by those with power to affect those structures. He contends that organisational sociology's focus on structure needs to be replaced by a focus on process - on the recurring games played by individuals and groups (Pugh 1990). This analysis treats power not as a commodity but a bargaining relationship. Power becomes something which may be negotiated. These negotiations take place within a 'framework of constraints' which the participants cannot easily change (op.cit). In particular, he addresses the role of informal structures and relationships, which he sees as, as potentially

influential on power relationships within and between organisations as the formal structures more usually addressed.

'If one accepts the concept that human behaviour cannot be directed by simple financial stimuli alone, that SENTIMENTS have an impact on ACTIVITIES, one must soon also admit that the allocation of power and the system of power arrangements have a decisive influence over the kind of adjustment people are able to make within an organisation and over the practical results and the efficiency of that organisation.'

Crozier (1964) p.147

The ways in which individuals and groups of individuals struggle to gain control of areas of uncertainty and in this way become powerful both within organisations and inter-organisational networks are examined.

Crozier's analysis of organisations in the Bureaucratic Phenomenon (1964) views organisations as a series of power struggles between groups and organisational behaviour as the result of a strategy each individual has adopted in the one or several games in which he participates. However

'Were it to take place without any check, the power struggle would bring paralysing conflicts and unbearable situations. It is thus necessary that a hierarchical order and an institutional structure impose discipline on the different individuals and groups and arbitrate between their claims.'

p.163 op.cit.

Power in this sense must achieve the co-operation of all those able to affect the power struggle through bargain and compromise. The major means of achieving this co-operation says Crozier

'can only be the manipulation of information, or at least the strict regulation of access to information.'

p.163 op.cit.

Moreover, Crozier sees 'uncertainty' as the key in these power relationships. By uncertainty he means occurrences whose outcomes cannot be predicted. In the example he gives from the tobacco factory, machine breakdowns have consequences for production workers in terms of lost wages and dispersal around the factory. In these circumstances the behaviour of the maintenance man assumes enormous importance - the production workers seek to please him and he to influence them. Thus a power relationship develops.

Crozier's contention, then, is that people negotiate around areas of uncertainty. Moreover

'public administration, being less under pressure for survival, stands a much better chance of eliminating the overall source of uncertainty, and thus more difficulties, to maintain the managerial power. It will give, therefore, undue importance to the remaining areas of uncertainty, protect the experts who are in charge of them and allow them to stabilise the power struggle and develop stationary equilibria that favour them.'

p.172 op.cit.

Areas of uncertainty are rife in public service provision in Britain. Any state bureaucracy is allotted tasks by statute and statutory instrument. Problems in the community and as experienced by individuals do not 'fit' easily within bureaucratic boundaries. Typically, a mentally handicapped person may well be in receipt of services from education, health, social work and housing services at any one time. This gives the workers in those services the problem, as outlined in Benson's article, of defining who does what.

Frequently this task definition leads to inter-organisational tensions as power struggles develop about the legitimacy of one organisation rather than another to carry out a particular function (in Benson's terms to have a domain). An example of this kind of problem is found in the field of supported accommodation where there is an argument between the housing and social work departments over the nature of the tasks constituting "support" and whether these may be adequately fulfilled by a housing visitor or whether they constitute a social work task. If consensus is not achieved then the client receives a fragmented service. One of the claims frequently made by voluntary organisations, is that they can cross boundaries between organisations, that their territory is this area of uncertainty.

A second source of uncertainty in any organisation is "innovation". This refers back to Benson's second area of agreement - debates about the ideology underpinning services. If it becomes possible to change the ideology then innovation with all the insecurities and upheaval it involves for workers will ensue. In a situation of power negotiation some workers will by definition, stand to gain in a concrete or symbolic way, and others to lose. Thus different workers, perhaps in the same organisation, may adopt different strategies, and depending on their viewpoint, may collude with supporters or opponents of

innovation in other organisations, including voluntary organisations. As another of the claimed roles of voluntary organisations is innovation, it may be seen that much of the philosophy under-writing the work of the voluntary sector may bring it into the power struggles of the inter-organisational networks, whether they are aware of it or not.

In an intra-organisational setting such as Crozier is describing above, it is possible for management to create rules and procedures in an attempt to control the power struggle. In an inter-organisational setting this is not as easily achieved: relationships are as Van Gels in Drenth (1984) points out

'more organic and determined by the need for interaction of individual organisations and their position of power'.

p.1076

Crozier has in the light of Benson's work attempted to apply his analysis to an inter-organisational network in French local government. He attempts to show through interviews with 500 French local government officials and mayors that inter-organisational relationships

'are managed by a complex but stable and organised system of institutions and groups.'

p.548 Crozier (1976)

The French local government system prior to reform was typified by lack of co-ordination and communication yet, as Crozier observes, all the organisations involved are inter-dependent. Thus whilst the system requires co-operation to operate, the very structure of government in France makes this difficult to achieve:

'a compromise cannot be negotiated directly by the parties immediately involved. It is brought about through the intervention of a third party, an external actor, an individual who does not belong to any of the groups to which the parties belong.' (*ibid*)

It is probably unlikely that this thesis of third-party intervention would hold, as Crozier maintains it is, as a general rule of negotiation. Nonetheless this approach does perhaps hold good in some circumstances - where in Benson's terms networks are 'blocked' - none of the main participants able to obtain dominance, that voluntary organisations and their projects may assume significance. Perhaps when statutory organisations negotiate over boundaries, and are unable to reach agreement, one party may seek to overcome the impasse

by recruiting a voluntary organisation to press the case. Given Benson's hypothesis of each organisation seeking legitimacy and money, the voluntary organisation is not a 'dupe' in this process but a willing partner, pursuing its own advantage. The game can be played for high stakes.

The particular value that Crozier's ideas bring to this analysis, is the recognition that within organisational contexts, there is not monolithic agreement by organisations of their purposes: that individuals and groups may play games to attain ends which may or may not coincide directly with those of the organisation of which they are members. Moreover organisational literature has tended to view informal relationships and subjectivity as pathological. Crozier's approach suggests the contrary; that this may be the very means of enabling structures to function, whose formal methods militate against them so doing.

This point is also emphasised in the work of Gerald Zeitz who views the inter-organisational network as part of a dialectical process. Where Zeitz differs from Crozier is that the former recognises that it is precisely Crozier's search for stable structures which has held back the development of the paradigm. Zeitz believes that it is possible to analyse a political economy theory in this context - the primary focus of his article is the

'productive action of subjects giving forth external resources which become exchanged and which lead to systems of unequal control.'
p.75 Zeitz (1980b)

The contradictions and conflicts this produces lead to a dialectical process and thus this explains why there is a constant negotiation over power and resources taking place in an inter-organisational network. J. Benson has also developed his own ideas on similar lines:

'The organisation is seen as a concrete, multi-levelled phenomenon beset by contradictions which continuously undermine its existing features. Its directions depend upon the interests and ideas of people and upon their power to produce and maintain a social formation.'
p.1 Benson (1977) pp.1-22

Thus voluntary organisations seeking to negotiate the resources of money and authority from statutory bodies are confronted not by a rational structure in which all they have to do is state their case better than anyone else to receive funding; instead they find themselves caught up in power struggles about innovation, securing both money for each organisation's work and legitimacy to

undertake the areas of work, seeking to change the networks environment in order to facilitate the acquisition of money and authority. Given that voluntary organisations are concerned with social change per se, it would be likely that successful organisations in this process are aware, at least intuitively, of its political nature.

2.6 The Areas of Uncertainty

Innovation implies uncertainty. It involves change with all the organisational upheaval that generates and laying claim to a new domain in order to allow the organisation to move into new areas of work. Secondly it is obvious that every innovatory change implies that there will be winners and losers both within and outwith the organisation. Changed perceptions of the nature of the care task for mentally handicapped people have meant that those advocating a community based supported accommodation stand to gain a 'domain'. However workers in residential homes and in long-stay hospital setting may have much to lose by the implementation of change. This means that innovation is likely to be resisted and may therefore become the focus of a power struggle.

Wilson (1963) argues that there are structural factors which need to be identified to assess whether an organisation is more likely to favour change. He defines innovation as 'a "fundamental" change in a "significant" number of tasks'. (p.197 op.cit.) Any organisation considering innovation has to weigh up the 'costs' and 'benefits'. These are not simply economic but include the sentimental aspects of change; for example 'smoothing ruffled fur'; reducing uncertainty-induced anxiety; compensating demoted members for loss of prestige and power on the 'cost' side and gains in personal or organisational prestige on the 'benefit' side.

Wilson hypothesises the circumstances under which innovation takes place. There are three stages in the process of innovation:

- a) the conception of change
- b) the proposing of change
- c) the adoption and implementation of change

The probability of innovation occurring at any of these stages is, in his view, principally a result of the diversity of the organisation.

Diversity is crucial because of a number of factors. It makes close supervision of each employee difficult and

‘in the absence of clear performance criteria and in the presence of a variety of conceptions of nominally identical tasks, each member will try to define his own job for himself’.

p.201 op.cit

It will emerge in this study that those who sought to introduce new ideas and ways of working, indeed, had considerable scope to define their own jobs.

Secondly diversity leads to greater incentives for employees in the shape of increased opportunities for promotion as well as satisfying other less tangible needs such as that for prestige and power. These increased opportunities arise from the creation of sub-units, but this has consequences for the way in which the organisation is perceived by the employee.

‘The creation of sub-units, particularly ones which are geographically dispersed or organisationally decentralised normally results in the generation of sub-unit loyalties among members of the organisation. If the sub-unit is sufficiently autonomous more than simple loyalty may be at stake: the sub-unit may play as great or greater part than the organisation as a whole in determining salary promotions and assignments.’

p.199 op.cit

These factors seem to apply in both the Social Work Department and the Health Board. The nature of the social work task is very diffuse, as is clearly illustrated by s.12.1 of the Social Work (Scotland) Act 1968 which states that

‘It shall be the duty of every local authority to promote social welfare by making available advice, guidance and assistance on such a scale as may be appropriate to their area...’

and whilst the establishment of Social Work Departments themselves, does formulate more clearly the nature of these tasks, there is also little doubt that the boundaries are blurred.

Both Social Work Departments and Health Boards consist of sub-units; in the case of social work either residential and day-care units or area teams (although

the task definition is much more specific in the former); in the case of health, hospitals which are further sub-divided into wards and other specialised departments. In the context of this piece of research, sub-units do seem important; for example: the West City social work team and their role in the establishment of the Action Group or the Task Force on Supported Accommodation established for the precise purpose of introducing new methods of working into the Social Work Department.

There is however a catch in this process, which Wilson identifies, and that is that the organisational structure most likely to lead to the conception and proposal of innovatory ideas is the least conducive to their implementation. Organisations with clearly defined command structures are most likely to implement change, but this kind of organisation does not give employees space to formulate new ideas. Thus there is a problem for innovators in large diffuse organisations in securing the implementations of new methods of working once devised. Many innovatory proposals are rejected not on their merits but for essentially political reasons:

‘it is too costly to concert the wills of the organisation members sufficient to implement the proposal’.

p.202 op.cit.

In these circumstances perhaps the determined innovator ‘mobilises forces external to the (organisation) as a means of controlling resource flow within it’. p.233 Benson op.cit. - in this case, activating voluntary organisations as a means of securing policy change **within** the bureaucracy, because voluntary organisations can use means such as political lobbying and the mass media to apply pressure which local authority officials cannot.

Key to any strategy of implementation is the securing of resources for the proposed changes. At its most basic, resources means money since, as Benson observed, this may be used to purchase other resources such as staff and buildings. Thus, the process by which money is allocated to innovatory projects becomes crucial. Aaron Wildavsky’s ‘The Politics of the Budgetary Process’ (1964) is a classic study of this area and whilst it specifically refers to the U.S. Congress, there seem to be factors common to other budgetary strategies.

The task Wildavsky sets himself is, primarily to challenge the presumption of rationality in the budgetary process - the kind of mythology spelt out by Van der

Ven and Walker (above p.17) It is not, says Wildavsky, a question of ranking objectives, comparing alternatives and choosing the highest. Basically the budgetary process is one of bargaining, with various strategies to reach agreement. In this sense Wildavsky's thesis fits with Zeitz's view of the inter-organisational network as a dialectical process. The budget is in a "constant state of becoming" with adaptations and variations to accommodate the demands of differing interest groups.

The shape and size of the budget is a matter of serious contention in political life and lies at the heart of the political process. The fundamental problem for any innovatory project in obtaining funds lies, Wildavsky recognises, in that at its core, budgeting is an incremental process. Thus the largest determining factor in any budget is 'what did we do last year?' Therefore the hardest task for any new project is to get on the pay-roll. Once that is achieved then there are strategies for increasing the monies allocated which may be pursued.

Wildavsky examines the process of expanding the base budget (or innovating) and identifies a number of arguments consistently put forward to justify this. The main approach which seems relevant to this research is the 'wedge' or 'camel's nose'. By this strategy a large programme is begun, initially with an insignificant sum which becomes part of the base budget. Then the proponents of the scheme seek to expand it by arguing that the original sum allocated will be wasted unless more money is put into the project.

'An agency may engage in wedging by requesting a small sum for research and using it to justify the feasibility of a big new project. The agency may borrow some personnel and equipment, use a few people part-time in order to develop a programme and then tease Congress and the Budget Bureau with an established operation that has generated support for its continuance'.

p.112 Wildavsky (1964)

He puts great emphasis on the role of interest groups in generating support for budgetary proposals and one may infer that voluntary organisations may be so classified. However, Wildavsky's work is on a national rather than a local scale and hence the process is possibly more formal than that at a local level. Unfortunately, he seems to fall into the trap of superficiality described by Lukes (op.cit), for whilst Wildavsky recognises the non-rational elements in budgeting, he seems to imply that the political processes are ultimately rational - that the system is even-handed because of the processes at work.

'When an agency shouts more loudly than usual, when an interest group mounts a campaign, when other Congressmen begin to complain, sub-committee members have a pretty good idea that something is wrong.'

p.154 op.cit.

and

'To the extent therefore that all significant interests tend to be represented in a fragmented political system, decision makers may reduce their information costs by neglecting many alternatives in the confidence that they will be picked up by others or by themselves at another time.'

p.156 op.cit.

The argument then is, that if a significant programme is neglected interest groups will lobby to ensure that it is covered. Wildavsky says that some departments will become protectors of the unorganized -

'by joining with private citizens who have some altruistic interest in this underprivileged group'

Wildavsky op.cit

- a classic description of many voluntary organisations. Although this analysis ignores the inequalities of power observed by Newton (op. cit) Wildavsky does note that change is likely to be resisted.

'Yet the required action might carry with it disadvantages for others, who would fight to protect themselves. The task would then be one of mobilising the political support required to overcome their resistance and part of this task would rest on the demonstration that important values had been neglected.'

p.158 op.cit.

The power struggle stems from the fact that:

'All participants believe their view of the public interest is correct. It is their differing institutional positions, professional training and group values that lead to perspectives producing somewhat different interpretations of the public interest.'

p.167 op.cit

This bears resemblance to Benson's superstructure of ideas and sentiments (above p.23) - that inter-organisational co-operation can be effective only when there is agreement on the boundaries of the domain, the ideology about the task, the value of the work each set of workers undertakes and how the service may

be delivered. A voluntary organisation negotiating a grant from several funding sources has to attempt to resolve these dilemmas. The following chapters seek to tell the story of one such attempt.

In conclusion some theoretical strands have been identified. It is hypothesised that, whilst organisations compete to gain control of areas of work which are not clearly defined as the territory of others and to gain the resources to undertake these tasks, this competition is rendered more complex by disagreements within and between large bureaucracies about the nature of the task and the ways of achieving it. In order to resolve these conflicts individuals and groups pursue a wide range of strategies with varying degrees of success. This can lead to the formation of inter-agency alliances in order to achieve change within some of the members of that network. This will tend to work to the advantage of all members of that partnership. This must be analysed by a focus on the network and not simply from the perspective of merely one participant therein.

The emphasis is on a multi-levelled analysis, for it would seem that in adopting a broad structuralist analysis, it is likely that some of the important effects of individual and group activity will be overlooked. Clearly no one of the above theories has the monopoly of the truth, but it anticipated that by examining the deep processes which constrain the relationships between statutory and voluntary agencies, as well as the ways groups act to try to reduce those constraints, the study which follows will get nearer to a realistic account and shed some light why relationships are as they are.

CHAPTER THREE

Research Methods

This chapter outlines the approaches adopted in this study, by explaining the methodology selected and examining the strengths and weaknesses of these strategies. The reasons for adopting a case study as the research method are explained. The main research instrument was 51 interviews conducted between December 1985 and June 1987. These were underpinned as far as possible by the analysis of documentary evidence. A number of issues specific to this particular case are also addressed.

3.1 A Case Study

As indicated in Chapter One, this research is based on a case study of the process by which a voluntary organisation gained funding for a specific project: the establishment of community based supported accommodation for people with a mental handicap. The focus of the research is on partnership - the inter-relationship in this case between a voluntary organisation and a range of statutory services spanning local and central government and the health service. At an early stage in the formulation of the research proposal it was realised that a study which was likely to be complex could only be approached in a meaningful way by means of a case study. Much of the material was of a delicate nature and surveys of local authority/voluntary sector relationships did not seem to uncover the richness and complexity that experience indicated underlay them. Hall et al (1975) p.13 and Hecllo (1972) both urged that policy studies should move beyond the most easily examined phenomena and attempt to look inside the 'black box'. This is what this study seeks to do.

This, then, is the story of one voluntary organisation which attempted to secure funding for a particular project and seeks to illuminate the processes involved in securing that funding. However there are criticisms levelled at a case study approach which must be answered. Hall et al identify two main problem areas. Firstly, it is argued that case studies fail to advance theory because the approach is insufficiently scientific. Secondly, that however careful the approach generalisation is impossible.

At the heart of these criticisms lies the dispute between positivism and naturalism. The former arose in the 1930's and sought to establish the credibility of the new social science by adopting the methodology of the natural sciences; seeking by experimentation and the adoption of a stance of neutral observation, to establish universal laws. The latter, in protest against the limitations of positivism, went to the opposite extreme and urged the study of the social world in its natural state undisturbed by the researcher, a stance associated with ethnomethodology.

Essentially the criticisms made of case studies are positivistic ones and it is important to tease out the assumptions about the nature of the social scientific task in refuting these. In emulating the natural sciences, positivism seeks to produce general laws which apply in all circumstances and from which predictions can be made. These general laws will be formulated according to procedures which are systematic and incremental. In his critique of this approach Ryan (1981) argues that to take this objective approach ignores the special problems of social scientific study: intentionality and reflexivity. The dilemma for the social scientist is that posed by John Rex (1961) in *Key Problems in Sociological Theory*, namely, how to make social scientific observations which are both meaningful and true. Whilst positivism can sacrifice the former for the latter, naturalism can risk surrender to the culture under study and render the researcher incapable of observing anything of significance.

Hammersley and Atkinson (1983) argue that both these approaches are obsessed with a view of the researcher as separate from that which she researches 'which is unrealistic'. The issue of reflexivity has to be addressed. They urge the adoption of an ethnographic approach which recognises that the researcher is part of the social world and that all research involves selection and interpretation of phenomena, as does life. This approach generally involves focusing on understanding the perspectives of the groups under study and observing their activities rather than relying on accounts. The importance of understanding the process of partnership, how it began, how it developed between agencies and why some agencies were promoted rather than others meant that I could not make initial assumptions about what was happening other than at the most general level. These hypotheses would have to be reformulated in the light of accounts and explanations of events given by participants. Thus the approach in a case study using ethnographic criteria is

itself a reflexive process involving the formulation and reformulation of hypotheses rather than the hypothesis testing implied by the positivist critique.

The criteria suggested by Hammersley and Atkinson seemed particularly appropriate to my study since Benson too urges an approach which focuses on understanding the perspective of all participants in a network rather than the more usual approach which examines the relationship from a more one-sided perspective. However it was more difficult to approach the case study as a participant observer which is the other facet of the ethnographic methodology recommended, as the event to be studied had already taken place. Thus it was not possible to be present at negotiations and observe events. I had to rely on the accounts of participants.

Two issues seem important here. Firstly, had an attempt ^{been} made to observe these events, it would not have ⁿ a practicable exercise. The negotiations took place over a substantial period of time and in ^a wide variety of locations. Because of the opportunistic nature of project development work, it would not have been possible to have arranged to be present at all locations. Secondly, it would not have been desirable to be present, for a researcher observing what were at times felt by participants to be illicit actions would probably have had an inhibiting effect on events, thereby perhaps leading to another outcome. In order to uncover events therefore, the approach adopted can best be described by Glennerster et al's (1983) notion of 'administrative anthropology' which they underpin with Ellmore (1982) making a powerful case for 'backward mapping'. These principles are those adopted in this study. Ellmore argues that 'street-level bureaucrats' are much more aware of the difficulties of implementing central government policy. Thus rather than taking the assumptions of how policy is implemented which pervade public administration namely that,

'policy makers control the organisational, political and technological processes that affect implementation'

Cited in Glennerster et al (1983) p.19

my study starts from the perspective of those required to operate and implement that policy and seeks to understand both the ways in which they perceived themselves to be constrained by the structures within which they operated, the extent to which they were able to effect change and the ways in which they were able

'to use their knowledge to adapt the intentions into workable forms through local bargaining.'

p.6 Glennerster et al (1983)

This was explored through unstructured interviews with the major participants in the decision making process (identified by the participants themselves) plus the analysis of documentation including official reports and minutes of meetings. The detail yielded by this approach was enormous and enabled the study to show the problems of implementing policy in ways which no more general study of partnership could.

The second criticism which Hall suggests must be addressed is that of generalisability. Heclo (op.cit) observes that if case studies are to be of any use, then they must move beyond description to explanation. It is suggested that in the approach adopted here the issue is not hypothesis testing but hypothesis generation. One of the major problems encountered in designing this study was the lack of previous studies of this kind. There were a number of studies of voluntary organisations and a few of issues of partnership, but almost invariably these were from the perspective of one of the parties. As noted earlier, the focus also tended to be on the 'super-structure of ideas and sentiments' rather than on the battles for resources. Thus this study rather than attempting to offer a definitive analysis of partnership, is attempting to do no more than suggest lines of enquiry to be pursued by other researchers.

Mitchell (1983) argues that the logic of case studies is theoretically rather than statistically defined. Thus the claim in this case is not for typicality but rather that in its uniqueness one can logically deduce some general principles about the processes of inter-agency co-operation.

3.2 Selecting the Research Setting

Experience in the voluntary sector led me to the observation that there seemed to exist a group of voluntary organisations which enjoyed favoured status vis-a-vis statutory authorities. One or two agencies had been approached in an attempt to identify the funding relationship with the local authority and the likelihood of there being suitable material for a study. The agency which was to be the focus of this had been approached and was on the verge of rejection as

having too little statutory funding when the material which was to form the basis of this study literally fell into my lap.

Shortly after my initial conversations at the Action Group, I was party to a conversation in a pub between a Health Service worker and one of the group's workers discussing momentous events at the Health Board. It was said that something really unusual had happened. Never before had a decision of the Planning and Resources Committee been overturned at the full Board Meeting. Further investigation indicated that I had indeed found a fruitful research setting: a case study which illustrated some key aspects of the processes of inter-agency co-operation. It must be observed however that much of that realisation came post hoc. At the time the initial account of events seemed likely to be interesting and worthy of further investigation. The reader may judge from the account which follows whether my judgment was valid.

3.3 Research Strategy

The approach adopted in the research seemed in many ways akin to journalism. Having been given an account of events which outlined the history and context of the decision from the Co-ordinator of the Action Group, I set about tracing the history of that decision. The study could be divided into stages. Firstly there was the establishment of the organisation itself in 1976. How had it become so quickly recognised by statutory authorities? These issues are addressed in Chapter Four. Secondly, the development of its interest in housing is outlined (Chapter Five) and accounts of the unsuccessful application for Urban Programme funding (Chapter Six) and the successful application for Support Funding (Chapter Seven) are given.

There is, therefore, a sense in which events structured this thesis. Reality, however, was more complex. The events in different chapters frequently overlapped and it was a major analytical task in places to give separate yet coherent accounts which would enable the reader to appreciate the complexity of the domain whilst maintaining an understanding of the different stages of seeking funding for the project.

My strategy was to identify informants who had played a role in these developments and to hold unstructured interviews with them in roughly chronological order of their participation. A small group of informants had an

involvement over most of the period of the study. Some of these people were interviewed several times. Most informants however had only participated in one small aspect of the decision.

The informants were identified by asking key participants who else had been involved. They fell into two categories. There were those formally assigned a decision-making role by their organisational position. There was also a second, possibly more significant group, who had rather loosely defined roles and therefore had a capacity to define their own roles rather ^{having} than their activities decided for them. The latter group existed in both statutory and voluntary organisations. By triangulating responses from several informants it was possible to identify the central figures. Altogether I conducted 51 interviews with 43 individuals broken down as follows:

Action Group		Social Work Department	
Staff	3	Officials	8
Committee Members	5		
Planning Dept		Housing Department	
Officials	2	Officials	2
Regional Secretary's Department		Councillors	3
Officials	1		
Scottish Office		Health Board	
Civil Servants	3	Professionals	5
Voluntary Organisations		Officials	6
Employees	4	Board Members	5

It will be noted that these figures total more than the number of individuals interviewed. This arises because a few individuals had overlapping roles. For example one of the voluntary organisation employees was also a Health Board member as were two of the councillors. Their comments are ascribed, according to which role they seemed to be referring at different points in the interview. This avoids confusion on the part of the reader and lessens the chance of identification of respondents.

The interviews were conducted over a period from January 1986 to June 1987. The research was interrupted between September 1986 and March 1987 as I became seriously ill. Most of the local authority interviews were conducted prior to my illness and those in the Health Service afterwards. Obviously this too may have affected the quality of the information received and the sense that informants might make of events, but there is little that can be done to rectify this other than being aware of the disruption.

Although there had been a considerable time-lag since the Action Group was established, tracing informants proved less difficult than I imagined. Three had left the area, but in all cases were traced and agreed to be interviewed. The most fortuitous was the person involved in establishing the group. She had become a social worker in London. One of my supervisors noticed her name on a letter to the Guardian about an issue concerning her authority and she was contacted through them. It transpired that she was coming to Plains the following week and was available for interview. In only one case was an interview refused outright and that person was in the category of desirable rather than essential. Whilst he might have given me a slightly different angle, it is unlikely that he would have told me anything to substantially alter the story. Another person was too busy to meet me but agreed to talk on the telephone. Overall the coverage of participants to the decision making process was thorough. Where there are shortcomings in the story they stem from failures of memory, recording or inability to ask the right questions. A major regret in retrospect is that an interview was not sought with policy makers in the Scottish Home and Health Department although in part that is compensated for by reference to Hunter and Wistow (1987).

3.4 Entry to Setting

Gaining access to the field of enquiry was not difficult as I had worked in both voluntary agencies and local authority settings for 10 years prior to beginning the research. I had also been active in the Labour Party. Thus I was known by many respondents as a colleague and, in some cases, a friend. In one or two cases the relationship was that of a political opponent.

This history caused disquiet prior to commencing the research. Would these prior relationships be an advantage or a disadvantage? On the one hand,

obviously personal interest and experience in the field would enable understanding and at times exploration in some areas of the study where a researcher new to the area might have been fobbed off with conventional wisdom. On the other hand participation in the setting prior to commencing the research meant that respondents may have formulated views and opinions about the researcher which would structure their responses in ways unhelpful to the research. The other issue was whether it would be possible to be sufficiently objective to understand the viewpoint of those with whom I had personally disagreed over policy matters in the past.

A further issue to be addressed was that most of the people I wished to interview were highly qualified professionals, many very senior in their organisation. Would such busy, important people be willing to spend time being interviewed by a relatively marginal researcher?

What Dexter (1970) calls 'elite interviewing' raises matters which ought to be addressed in any interview situation, but which in reality can often be avoided when the respondent is relatively powerless vis-a-vis the researcher. When dealing with powerful people, it is clear that they are less likely to be inhibited in refusing co-operation and that they are more likely to raise questions about the purpose and usefulness of the researcher's project. They are also more likely to challenge the line of enquiry and to suggest alternatives.

In these circumstances I found that being a known researcher of powerful people was a useful combination and probably facilitated access. The research in the voluntary sector and local authority setting in the main involved contact with people I knew quite well. Generally, therefore my approach to them was fairly informal and consisted of a telephone call in which the nature of the research was explained briefly and an arrangement to meet was made. In the context of the Health Board this was not so easy as I was not known by officials or professionals and the subject matter was potentially more sensitive for them.

Involvement in the voluntary sector in the area again proved an asset, as a fellow member of a voluntary organisation committee was a senior and well-respected consultant in the Health Board. She suggested an appropriate person to start with for background purposes and offered to vouch for me to him. This enabled me to write to him as the person Dr. X had mentioned to him and was I

believe, invaluable in smoothing my entry to that setting. Most respondents in the Health Service were initially approached by letter.

Hammersley and Atkinson (op.cit) cite Barbera-Stein who noted that

‘the access negotiation can be construed as involving multiple views of what is profane and open to investigation versus what is sacred or taboo and closed to investigation unless the appropriate stance or distance is assumed.’

p.55

Here the apparent focus of my study was particularly useful. By approaching statutory bodies to talk about how a voluntary organisation negotiated funding, the topic of inter-agency co-operation was broached in a way that seemed relatively safe. It seemed preferable to keep my background briefing relatively simple as this did not raise unnecessary anxieties nor raise issues which I would prefer the respondents to raise independently. Thus they were told that the research was an account of one voluntary organisation's attempt to gain funding for a community care project. The interviewing involved following a trail, trying to talk to everyone who played a role in the decision. It was necessary to ask questions about the role of statutory agencies for context and background. All this was true. If my research involved dishonesty it was by omission. It was plain in some interviews that the conception of what a piece of research like this might entail was rather limited and raises interesting questions about the perception by the respondent of the nature of the relationship between statutory and voluntary agencies. Some people clearly thought that all the focus lay on what the voluntary organisation did and saw decision-making within their agency as a non-problematic process.

Generally there were less problems gaining access to interviewees than I anticipated. Although these people were doing me a favour I was struck by their willingness to give me time for interviews. On some occasions, I was given very substantial amounts of time by some very busy people, up to eight hours in one case. Some went to substantial trouble to be interviewed, in two cases travelling to Edinburgh to meet me. Dexter (1970) also noted how easy it seemed to obtain interviews with 'elite' respondents. On the whole people seemed flattered to be asked and it appeared that one of the rewards which accrued to them was an opportunity to reflect on their work. The impression was formed that most did not have much opportunity to discuss their work with someone who was not concerned to make judgments on them which could affect their career prospects.

Dexter (op.cit) notes

'A good many people in a specialised position do have some taste for self-analysis or for discussing the nature of what they do in general terms or for simply telling people in detail what they have done. Most strangers simply do not know enough.... so the interviewer who has bothered to understand, who knows what the interviewee is talking about, whose comments are relevant but who will not make any future claims, who will not regard himself as having received a commitment no matter what is said, can indeed provide a pleasurable experience for the interviewee.'

p.38

One respondent commented after an interview that he had really enjoyed it as it made him realise that he had achieved something in the years he had been doing his job. So for some the rewards were tangible. Others were simply curious and in some cases clearly felt that the research addressed issues which puzzled them too. Some envied my opportunity to stand back and reflect about these events and observed that they too would like to understand some of the issues being explored.

Whilst in some cases, it seemed that I might have been perceived as a partisan interviewer, particularly in the Health Board and by the Conservative politician, on the whole I was impressed by the honesty with which people spoke about the dilemmas they faced in making decisions and recommendations about policy changes. For example, although one interview with a politician is peppered with sniping and asides about 'your lot' (to none of which I responded) it seemed that a shared understanding of the realities of the political world still resulted in an interview which gave me insights into the issues which could not have been gained from other sources.

3.5 The Interviews

A number of practical decisions had to be taken about the interviewing process. Some of these seemed to be determined for me by the nature of both the research project and of those to be interviewed. The order of interview was to a large extent determined by chronology, although initially one or two mistakes were made because I was unsure of the extent of the involvement of some people. As I became more familiar with the story that problem disappeared. It

also taught me to check with the interviewee at the beginning of an interview exactly how they had been involved.

The place of interview was generally determined by the respondent. This meant that most were conducted in the interviewee's office but some chose to be interviewed in my office at the university and some at my home. This was most obviously the case with those who no longer lived in Plains. Occasionally this gave problems about when the interview began and ended as some informants began talking whilst the coffee was being made, not an easy time to make notes.

A decision to tape-record all interviews was made and all respondents ^{but} one agreed to this. The effects of this were considered before embarking on the interview process. Whilst there can be disadvantages, it was thought and proved correct that these were outweighed by the advantages.

It would not have been possible taking notes to record the detail and nuances that the tape-recorder caught. Often it was possible to check dates and other details which are easily mistaken in speedy note-taking. On one or two occasions I emerged from an interview feeling dissatisfied that I had not got out of the interview what had been hoped for, only to discover that something more valuable had emerged although I had not thought to look for it. For example, an interview with the Chairman of the Action Group produced little knowledge about the actual negotiations for the project, but on listening to the tape it became apparent that she had given me a very coherent statement about relationships between staff and parents and of the beliefs which underpinned and motivated parent involvement. These indeed shed light on the process of negotiation.

Some respondents however were bothered by the recorder, although it was very small and I learnt to place it out of line of sight. I explained that the tapes were for my own use only and not to be played to other people. It transpired early on that one respondent who was particularly concerned about the machine, thought that the tapes might be played to an audience and once he was reassured that this was not the case he relaxed visibly. There were several instances where respondents insisted the recorder be switched off prior to giving me information which in many cases had already been given by someone else on tape.

The major problem was transcription. Suggestions that notes be taken and counter numbers of relevant sections be noted for reference purposes proved unhelpful. It was more time-consuming to search back and forwards on the tape than it was to make the transcription in the first place. Dexter estimates nine hours are required to transcribe one hour of tape, and that reflects my experience. It was an immensely time-consuming task. Sometimes the sound quality was poor. Some conducted in high summer in offices with windows open onto busy streets produced interviews which resembled Peter Sellers' recording of 'The Folksinger' where the performer is gradually drowned out by traffic noise. One or two respondents had speech impediments or spoke very softly. These factors added to the difficulty of transcription. Some sections of tape had to be reviewed several times before the respondent's meaning could be deciphered. However it was possible to omit passages where the respondent had gone off on a hobby horse or a line of enquiry had been pursued which on reflection was not useful.

On balance, although the method of recording was time-consuming, the use of the tape-recorder allowed the interview to be more relaxed and enable me to sit and listen to what was being said in ways which proved impossible when taking notes. The maintenance of a research diary in which I recorded my impressions and concerns about the interview as well as issues which surprised me or merited further investigation, was a useful adjunct.

There were also problems about honesty. Whilst in gaining access the purpose of my research was explained relatively simply, there was a sense in which I felt at times uncomfortable and that I was deceiving people I liked by not being completely open about what I was doing. The dilemma faced was that if I had been quite open about some of my areas of interest, the respondents would have adapted their account to render ~~it~~ acceptable in terms of the culture of their organisation. One issue proved particularly difficult. The processes of change were perceived to be conflictual and raised issues about power and control in networks.

As the interviewing progressed, it became apparent that the conception that some officials might indeed be in disagreement with their political masters and be 'subverting' the system (in their own interpretation) were likely to produce strong elements of denial. This was particularly apparent in organisations which

had a strong adherence to the notion of rational bureaucracy, for example the Scottish Office and the Health Board.

In these cases the focus on voluntary organisations was particularly useful as the topic seemed sufficiently removed from respondent's own concerns to appear safe and unthreatening. By the time more dangerous topics were raised in the interview, confidence had been gained and it seemed safe to discuss issues of concern within their own agency.

There are ethical dilemmas in not being completely honest, but it is doubtful whether complete honesty about the areas of interest would have assisted the process of discovering the participant's perceptions of reality. A revealed interest in power struggles to achieve change, would certainly have increased the reticence of some informants.

Dalton (1959) observes of this issue

'I have watched ... other researchers (who had told top management what they were doing unlike Dalton) ... the smiles and delighted manipulation of (them) by guided personnel.... the frequently trivial areas to which alerted and fearful officers guided the enquiry.'

p.275

The Social Work Department asked me to register with them as a researcher and the questions I wished to pursue were included in the proposal put to them but in a way which emphasised the interest (genuine) in the voluntary sector. There was also a moment when it seemed that perhaps the officials in the Health Board were colluding over what they told me, as each successive one informed me with whom I had previously spoken. Eventually however it emerged that the file on the Action Group was held centrally and the filing clerk bemused at the sudden rush of requests for this from officers was commenting to borrowers about this sudden eruption of interest. I tried to be as honest as I could with respondents but without planting ideas and suspicions about my motives.

The interviews were unstructured and my approach was to go to the interview with a schedule of issues that it seemed appropriate to explore with that respondent. The first few interviews were used to identify the main areas of the case study and subsequent interviews attempted to explore these fairly systematically. The whole strategy required enormous flexibility on my part and quick thinking when the line of enquiry seemed about to go off in either an

unanticipated or undesired direction. It also required enormous concentration on what the interviewee was saying in order to ensure that appropriate questions were asked. Sometimes I emerged from an interview cursing myself for not following up a point whose significance struck me too late.

Dexter argues that in interviewing 'elite' respondents it is important to let the interviewee define the situation, to encourage them to structure their own account and to allow them to define which information is relevant. The good interviewer needs to be able to hear what the respondent is saying, 'listening with the Third Ear', to give concentrated attention and to display empathy. These were all strategies I sought to adopt. In particular, the emphasis placed on understanding the respondent's perspective and contribution to the development of the project usually relaxed them quite quickly. A comment like 'that must have been very difficult for you', often gave the respondent scope to explain in great detail exactly what those difficulties had been.

Most interviews resembled a fairly relaxed discussion between two people who understood the area and were seeking to make sense of it. One problem area against which it was important to guard, was of taking too much understanding for granted. In particular, those people who knew me very well, tended to emphasize our shared understandings in interviews and make comments like 'I don't need to tell you what I think of X'... In reality he did, because my own extrapolation of his meaning might be awry. It was important therefore to learn to ask questions prefaced by remarks like, 'I know this seems stupid, but I need to ask you to explain what you mean by... because of the nature of the research.' This seemed acceptable to most respondents, as long as I remembered to ask.

One tactic adopted which proved very useful was to outline to respondents the kind of information given by previous respondents and to indicate areas they suggested were problematic. The new respondent would then be invited to confirm or deny the correctness of that impression. This enabled them to agree or disagree with that impression which was useful for checking veracity, while at the same time indicating some of my areas of knowledge, which could avoid repetitious information giving.

A major problem in research of this nature is assessing the extent to which a respondent tells the truth. Sometimes different interviewees would offer

varying accounts of events. Which one was I to believe? Dean and Whyte (1958) stress the importance of starting from a recognition of informants' subjectivity:

'We are merely getting the informant's picture of the world as he sees it. And... only as he is willing to pass it on to us in this particular interview.'

in Denzin (1970) p.120

They argue that a number of factors must be considered in assessing the veracity of informants. In particular, when they are expressing opinions it is important to consider any ulterior motives, bias to spontaneity, desire to please, and idiosyncratic factors. One particular factor to be addressed in this study was the desire by informants to present their contribution in the most positive way possible. An amusing example was when I asked respondents where the idea that the Action Group might apply for Urban Programme funding came from. At least four respondents claimed credit for suggesting that avenue. Experience of development work perhaps makes this not as far-fetched as it seems, for often an idea is suggested by several different people before it is acted upon.

However, the more serious problems of veracity arose over the issues where there was conflict over policy which one side had 'lost'. It is one thing to offer an interviewer an account of successes, but quite another to discuss aspects of past performance which one might prefer to forget. In these circumstances the interviewer must be alert to signs of discomfiture.

It is also important to note that there are different types of untruth. Firstly the respondent may not have paid much attention or simply cannot remember. Secondly the perception of the situation might be selective. Thirdly the facts may be shaped to the respondent's perspective because he is uncomfortable with reality and finally they may simply lie.

Whilst obviously implausible or unreliable accounts can be detected, the most important check open to me was against other accounts. Because multiple interviews with key participants were conducted, it was possible to take back contradictory statements and check them out. Facts could also be checked against contemporaneous minutes and correspondence. Being a known researcher also meant that I had formed some assessment about some people based on previous knowledge of their performance.

On the whole the story which has emerged has a consistency about it which I think indicates that an account of actual events and behaviour was obtained. My respondents on the whole did tell the truth as they saw it, although sometimes inadvertently. Three respondents came to the interview with 'minders', which initially made me quite nervous that I would simply hear the account they wanted to give. However in all cases this had the opposite effect, for either the minder volunteered information that the main informant had been trying not to give or the minder seemed to give the respondent confidence to be more honest than they might have been in a one-to-one situation.

Most usually the issue which raised its head was the centrality of the issue to the informant. Whilst the issue of developing supported accommodation was central to those seeking change, the same cannot always be said of those who were perceived as unenthusiastic about the issue. Thus sometimes memory failed. At times one had the suspicion that memory lapses were fortuitous for example to avoid losing face by admitting to having opposed something which was now 'flavour of the month'. One or two respondents, I suspect, simply lied (see eg Ch7 HB Official below p.240). More usually memory failures stemmed from the events being one small facet of the daily round rather than representing a significant milestone in achieving a much desired project. There is little doubt, therefore, that the degree of commitment to the project of the informants affected the quality of information received.

It did seem that there were greater problems over veracity in the Health Board. Indeed one forgot such a central feature of the case that it was difficult to believe it was accidental. Other respondents in the Health Board however said that his account was untrue and in particular, it was fortunate that one respondent had shifted jobs into the Health Board after these events and gave me accounts of similar behaviour which seemed to confirm a standard pattern of going through the forms of co-operation with the local authority rather than whole-hearted commitment to the idea of joint planning.

3.6 Documentary Evidence

The second strand of the research strategy was the use of documentary evidence. Clearly the activities of the Action Group had generated a large amount of written material over the years. Being well informed was very important in

interviewing powerful people. I was fortunate that both the Action Group and a member of the Health Board gave me free access to their files from which I was able to extract key documents such as the minutes of meetings and correspondence. Some officials in the local authority also gave me copies of all official reports and minutes and copies of the relevant government circulars were obtained. All these enabled me to check the truth of the accounts I was offered.

The written record was, as might be expected, incomplete. For example, the minutes of the first year of operation of the Action Group could not be found. However, documentary evidence proved invaluable in a number of ways. Initially, I used documentary evidence to familiarise myself with the Action Group activities and ethos and to identify key concerns. One interesting researcher effect was that the Project Co-ordinator reorganised the filing system, so embarrassed was he by the disorder of the files.

As the interviews progressed, I was able to use contemporaneous minutes, correspondence and reports to check the veracity of respondents. Sometimes it was useful to be able to refer to the written record, rather than an alternative account. Equally having read these documents enhanced the impression I could give as an informed interviewer.

Finally, in analysing the interview material, the existence of a written record was useful in structuring the chronology of events as respondents frequently confused the order in which different decisions were taken. Nonetheless valuable as these documents were, they only gave half the story, for many of the negotiations were never written down, for the simple reason that the informal side of organisations is rarely acknowledged. This is one of the major concerns of this thesis.

3.7 Confidentiality

Confidentiality has been an issue I have found quite difficult to resolve. At the time the research was undertaken some people felt quite vulnerable, should it become common knowledge that they had acted in certain ways. They therefore gave me information on condition they were not revealed as the source. In order to try to protect them, pseudonyms for people and places have been adopted throughout this thesis. However it is clear that anyone involved in this

area may well speculate as to informants' identities. There is little I can do to prevent that. The time which has elapsed since the study was made may, however, have lessened some of these sensitivities.

3.8 Analysis

The analysis of the material was on-going. The method adopted resembled that described by Burns (1977) of the BBC. As in this study he tested hypotheses in interviews and

'interjected attempts at articulating half-formed impressions or interpretations that had already occurred to me.'

p.xii

Thus the interpretation of data was on-going throughout the interview process and analysis consisted in his case of reading and re-reading notes

'reconciling and arranging the relevant contents and composing all I wanted to say in a reasonably coherent and comprehensible way without losing anything of consequence and without misrepresenting it.'

p.xii

The process of analysis in this study was very similar. At first I tried to identify themes and place them on card indexes with quotes that exemplified them. However it was quickly realised that the data did not lend itself to that kind of analysis and any system devised quickly broke down under the complexity of the material. It was also very time-consuming. The most powerful analytical framework for this kind of data was chronology. Telling the story and examining different facets of it in a theoretical context now seems the most likely format to prove illuminating to a reader. Therefore, highlighter pens proved to be a most useful tool, marking passages in each interview of relevance to different parts of the story. Because, as noted above, there were relatively few overlapping accounts of different facets of the story, the task was not unmanageable. No informant was involved from the foundation of the Action Group to the successful negotiation of the project. However two informants were involved for all of the project negotiations and it was possible therefore to take their accounts as the organising framework and check other accounts against these. Despite the differing perspectives, it was remarkable the extent to which the accounts did corroborate each other. There is always a sense in which, having reached a certain understanding of processes, the account of how it was



done seems simple and obvious. However, a true reflection of the process of analysing of this material would have to acknowledge, at the very least, both the size of the task and the complexity of the material to be analysed. There were many days and weeks of frustration as I struggled to give an account which was both clear and true to the reality. I hope I have succeeded.

3.9 Conclusion

On balance it seemed that being a known researcher did not impede my progress in this research. Indeed the knowledge of the field I brought to the interviews was invaluable in enabling me to ask the pertinent questions and in creating confidence in my informants that this was not a time-wasting project. There is little doubt in my mind that a different research strategy could have been more appropriate. The case study approach and the research tools used seem to enable some interesting questions to be asked. More problematic is the question of whether the research would be replicable by another researcher. Hammersley and Atkinson (1983) and Platt (1981) both point to the different kinds of data obtained by known researchers. Certainly the material is richer.. but is it more valid? Platt also observes shared community membership and a continuing relationship made interviewing one's peers more like participant observation. So perhaps in the end this does fulfil the second criterion for an ethnographic study.

Ultimately the aspect which proved most difficult to assess was the one which had started me on the trail, the overthrow of the Planning and Resources Committee recommendations by the Health Board. There was no record of the vote. Those who would tell could not remember accurately and others perhaps chose to forget.

CHAPTER FOUR

Just a few parents?

4.1 Summary

This chapter offers an account of the establishment of the West City Action Group in 1976 (originally called the Division 3 Action Group), and its subsequent struggle to gain acceptance as a legitimate voluntary organisation with the right to speak on behalf of the parents and families of people with a mental handicap. The chapter focuses, therefore, on the early life of the group.

Firstly, it explains the context in which the group was established and the decisions taken about how the group was to operate. These were crucial to its establishment as an organisation which was to challenge existing thinking about the provision of services to mentally handicapped people. How did the group become so quickly established? What were the factors which enabled it to avoid the pitfalls experienced by so many self-help groups?

Secondly the chapter gives an example of the way the group related to the Social Work department to highlight the complexities of the relationships which had to be addressed. This section shows that whatever the present rhetoric the formal relationship between the organisation and statutory authority has not always been smooth.

4.2 Introduction

The Division 3 Action Group was established in May 1976 following an initiative by the local area social work team. By 1991 the group had a staff of over 60 people and a turnover in excess of £700,000. A major concern of this thesis is how a small locally based group achieves the legitimacy to secure this level of funding over a relatively short span of years. Wievel and Hunter (1985), following Benson's (1975) analysis, suggest in examining the genesis of voluntary organisations, that legitimacy flows from three sources:

- i) effectiveness
- ii) representational legitimacy

iii) legitimacy flowing from nested power

The first criterion implies having the ability to 'deliver the goods'. Obviously the ability to do this will affect an organisations credibility. The second criterion indicates the extent to which the organisation's authority stems from the need of outside agencies

'to deal with local communities, but are often at a loss as to how to approach them or even symbolically to define them.'

p.490 Wievel and Hunter (1985)

Nested power stems from the ability of the group to 'mobilise resources external to the network', in Benson's terminology and means that legitimacy is seen

'as a direct function of the degree to which one can call upon the sources of back-up power to make one's own power effective, in case of need.'

ibid.

The case which follows will be explored with this analysis in mind and the factors which gave the group legitimacy to obtain funding will be examined.

The Division 3 Action Group was established as a self-help group for parents and families of mentally handicapped people. The histories of similar groups indicate a key role for outside agencies such as statutory bodies in the formation of voluntary groups. (Hatch 1980). The actions of the local area team were crucial to the establishment of the group. It is also likely that without support of some kind the group would have run out of steam (as many such groups do) and disbanded within a couple of years. (Richardson and Goodwin 1983) That this did not happen does not stem from chance, but from a combination of factors including the context in which the group was formed, the increased resource flow in the early 1970's and the personnel involved.

4.3 Why establish an Action Group?

In order to identify the factors which led to the establishment of a group for parents and families of mentally handicapped people, it is important first of all to examine the context of these events. The 1970's in particular, were a time of organisational change in statutory services, as outlined in Chapter 1. By 1975 the major re-organisations of social work, local government and health were complete. The initial under-funding of social work was beginning to be rectified

and a result workers were more optimistic about their work. There were debates about the nature of provision. Was the emphasis on institutional care correct? Should there be more community based services? What kind of services did people need? How did these relate to current provision?

The importance of the context in which the group developed needs to be recognised. Plains is located in the Central Belt of Scotland. The Region covers a large city and its hinterland, part rural, part mining communities. With the exception of the period 1982 - 1986, it had been a Labour dominated authority since regionalisation in 1975. Bigtown Corporation had Labour as the largest party 1972-1975. Prior to that spending had been very restricted by a ratepayers' controlled council. At this time the effects of the change of emphasis which Labour control brought were just beginning to be felt. Additional resources were available. Within Plains Social Work Department in 1975 a number of policy changes were in the process of implementation. Area teams were being decentralised to locally based offices and the number of qualified social workers increased. The effects of these additional resources varied. In a number of area teams in areas of extreme social deprivation, this meant simply that they were able to respond more adequately to existing demand. But in others, including Division 3 which covered part of the tenemental inner-city, an area of respectable council housing and a residential seaside resort, things were less stressed.

'But things were changing and changing quite dramatically - regionalisation, Labour control, there was a big expansion going on... at the time of joining (Division 3 in City Hall), my recollection was of a couple of seniors, two and a half social workers, some admin and a student. It built up to 50 staff overall - a dramatic increase.'

LA Official 2

The team had established itself in its area by 1973 and because it was in no way a natural community, the then Area Officer had organised the team to operate in three geographical areas; what would now be called patch social work. The team developed a reputation for innovation and the area officer promoted a pro-active role.

'There was a growth in resources. "Promoting social welfare"- I thought we were **supposed to do** that and I saw community work as a way of building up (more) resources.'

LA Official 1

The establishment of the Action Group was not the only new work undertaken by the team.

'It was a time of change remember and the (local) team had already done things like taking CSV's, had created four resource work posts with young people and the elderly - there was a lot of innovation going on and there was a lot of pushing for different stuff.'

LA Official 2

They seemed to have the space to innovate:

'There was a lot of talk in the area team about it. They felt 'this team really does have the capacity to tackle this, we're not overstretched' - there wasn't a high call rate at the office. We felt it was criminal if we did not consider our area, to look at all its needs and consider what way to deploy ourselves.'

LA Official 2

However, whatever the motivation for establishing the group, the initial impetus was not demand from clients. The main pressure on the team was said to be from the elderly and according to the prime mover in establishing the Action Group

'mental handicap was a non-issue with all the area teams.'

LA Official 2

There were two problems in instigating work with this client group. Firstly field social workers simply had no locus in issues relating to mentally handicapped people. When social work departments were established in 1970 the scanty field services which had been provided to mentally handicapped people went by the board:

'It was easy to understand because resources were stretched and had tended to go to children and families and offenders. There wasn't much left over in terms of time and energy to get to grips with the mentally handicapped.'

LA Official 2

At that time the main involvement of the Social Work Department lay in the provision of Adult Training Centre places. These services had recently been transferred from being the responsibility of the former local authority public health department. Field social workers, however, were not involved in the assessment of potential trainees for placement. That responsibility lay with the

Residential and Day Care Services division of the Social Work Department and there was little interchange between the two sections.

'There was no proper assessing done at all at social worker level - you'd think using a social work resource there'd be a proper assessment of social background etc like is done with elderly people or children. You wouldn't just provide a resource without any investigations into circumstances. This wasn't done at that time. There was a body known as the School Leavers Panel. It did have some social work personnel on it, but at divisional manager level.'

LA Official 2

Secondly, the new Social Work Act emphasised that field social work provision should be generic and provide 'one-door' to clients. In the early days of social work this was often interpreted as meaning that each social worker had to be able to provide a generic service. Thus there was often considerable discussion about whether it was right to specialise. This is clearly reflected in the report which preceded the establishment of the Action Group.

It seems, then, that the crucial factor in placing the issue of mental handicap on the policy agenda within the area team, was the ability of individual several key workers to influence initiatives. The new Area Officer took an innovative stance:

'he works from principle rather than management - he was constantly asking questions - What are we trying to do here? What's the best way of doing it?'

LA Official 2¹

Moreover he was said to have experience of self-help parents' groups in England.

'He was interested in a project with the mentally handicapped, to see if it could result in the development of a specialism that, after initial full-time groundwork could be assimilated back into the team without distorting social work's generic approach.'

p.1 Student Report (1976)

¹For a variety of reasons the interviewing strategy in this early part of the thesis was not as good as it might have been. This means that the significance of exploring this aspect of the Group's application was underestimated and therefore, this Area Officer who replaced LA Official 1, was not interviewed.

The Senior Social worker was also new to the department and had previously been a registered mental welfare officer in London:

"We'd never got to grips with the problem there either. I carried that concern forward."

LA Official 2

Thus two of the key workers in the team had ideas about ways of providing services different to the then orthodoxy in the department. Both were interested in a more participative approach to clients by the department and because resources were not greatly under pressure, they set about finding ways of making this kind of provision.

'(LA Official 2) was interested in consumer groups. He felt that rather than just social work being a crisis response type of affair, it should be involved in co-operating with what people conceive as their social need, it should be much more of a co-operative type of exercise and matching expertise with what people actually want.'

Student

And the Area Officer advocated a similar approach. It was necessary because:

'we knew nothing about mental handicap issues so it made sense to look at it from the consumer's point of view, which meant bringing them in.'

LA Official 2

Equally, the perception of existing services was negative: they were seen to be fragmented, being delivered at different stages in the life cycle by health, education and social work, and moreover inadequate. In particular the unfavourable views of institutional provision noted in Chapter One prevailed:

'In terms of the way people were thinking about mental handicap at the professional level, this was the message coming through subnormality hospitals there was the beginning of a recognition that it's not the place to put the mentally handicapped.'

Student

Thus these two workers had good reasons to want to move forward and develop provision for this client group. They were interested in these people, they saw existing services as inadequate and they perceived solutions which could be applied.

The final ingredient to this mix was of crucial importance: the team was asked to take on placement for nine months a theological student - a nun studying for a diploma in pastoral studies. 'She was brilliant - highly intelligent' with a religious perspective

'a very political lady, extremely astute, who didn't need to be taught the politics of social work.'

LA Official 2

This was the person who was to do the "leg-work" for the establishment of the Action Group. Instead of being given the usual kind of tasks allocated to students and being treated as an extra pair of hands she was given the remit to explore the situation for mentally handicapped people in the area including the number, their situation, their degree of contact with social services and the feasibility of establishing a parents' group:

'that was always envisaged as a possible outcome.'

Student

'We anticipated the possibility of identifying persons who could be encouraged to initiate activities or form pressure groups around issues after a while and once this was done, work on a pressure group or activity group.'

p.1 Student Report (1976)

The student was, in addition, to familiarise herself with existing provision, and make an evaluation of its suitability. Secondly, she was to acquaint herself with all cases of mental handicap in Division 3 and to try to establish an information base from which referrals to other agencies could also be made.

This apparently rather straightforward project encountered a number of barriers. Whilst some cases were identified by searching through the files of the former Welfare Department which had had responsibility for adult mentally handicapped people prior to re-organisation, others had to be obtained by asking other statutory agencies like health for under-fives and education for those of school-age. Co-operation was not automatically forthcoming.

'There was a reticence on the part of other agencies to tell her anything about their information on mental handicap... there was a confidentiality barrier and I think also a query: Why was somebody asking? ..A feeling that it was their ball and nobody else's.'

LA Official 2

Indeed so cagey were other agencies about revealing information about these people, that another social worker who was also seeking to develop services for this client group was said to have to travel on the Education Department's buses taking children to special schools and collect names and addresses, as he could not obtain this information through official channels.

4.3.1 The findings

Despite these difficulties, the survey was completed.² It uncovered about 260 families with problems as predictable as they were depressing. The re-organisation of social work had removed what little service there had been from the local authority. Some people under guardianship orders had not been visited for 10 years.

Responsibility for mentally handicapped people was fragmented:

'No-one in authority has overall responsibility and this creates a likelihood of lags in service delivery due to vagueness about who should be involved.'

p.1 op.cit

Overwhelmingly the condition was conceived of and treated within a medical and institutional model:

'The handicapped child becomes the focus of specialised attention and this underlines the pattern of their entire future relationship with the rest of society.... It is foreseen that they will require a number of definite facilities and institutions that succeed each other to cover the years of their future i.e. the special school, the senior occupation centre, the subnormality hospital.'

p.2 op.cit.

The practice, then general among professionals particularly doctors, was to stress the abnormal nature of handicap which had the effect of discouraging parents from expecting much of their mentally handicapped infant. This had the effect, the report argued, of creating self-fulfilling prophecies.

²It is difficult to date these events exactly, as the report contains no dates whatsoever. However initial letters were being sent out to parents in January 1976, so it is likely that these events occurred between October 1975 and April 1976 when the first meeting of parents was called.

Parents were often helpless bystanders while the system provided for their children:

'The experts have much more control over the future of a handicapped child in ratio to parental control than would be considered desirable elsewhere. Generally parents must count on a lifelong dependency on authorities of one sort or another, some more or less ready to hear their opinions, others not so responsive.'

p.2 op.cit.

The report identified common concerns amongst parents, these being:

- a) A desire for a higher quality of specialised educational provision.
- b) Anxiety about accommodation problems foreseen in the future.
- c) Lack of advice about employment prospects and sheltered work.
- d) A feeling for a local clinic and more adequate counselling.
- e) A number of practical difficulties that are individual. (from letter dated 11.4.76 subsequently sent out by SWD inviting parents to an initial meeting to establish the group).

The case studies appended to the report create a picture of elderly parents locked into isolated relationships with mainly middle-aged mentally handicapped people. There were low expectations leading to very low educational attainment and the most pressing problem confronting all families was:

"what was going to happen after (the parents') death?

p.7 op.cit.

The families lacked any choice in provision

'(One family) was left to their own devices and (the father) feels Jean suffered from inadequate stimulation. They were not even given help about financial matters.'

p.8 op.cit.

The stigma attached to this handicap was enormous:

'Mr. S has never mentioned that his son is handicapped at his work and Mrs. S said that a few years ago she would not have seen me. She felt completely demoralised and lonely in her burden.... they don't have much social life. They feel constrained to keep themselves to themselves.'

p.11 op.cit.

Given the scale of the problems the report concluded that there was a need for continuing social work support across the lifetime of the handicapped person but the overwhelming need was for a parents' self help group:

'self help is an obvious avenue of real socialising progress because families can articulate their view and combine to direct their frustrations into actions. It is for them to challenge the ignorance of society that it leaves the families of the handicapped to a burden it consigns as personal to them.'

p.14 op.cit.

A separate voluntary organisation³ was seen as necessary because, although opinion was changing towards community provision, there were no resources for this kind of provision:

'One of the problems was that the Social Work Department was picking up these ideas but they didn't have the wherewithal to respond. There was interest that there should be something around on the voluntary side to start building up the resources and pressing for the resources.'

LA Official 2

And there was a need to create something new because the existing voluntary provision, the Bigtown branch of the Scottish Society for the Mentally Handicapped was perceived as hidebound. It was enmeshed in service provision and probably most importantly had a negative perception of the possibilities of achieving change:

'It didn't have much imagination, was very pessimistic. They said it wasn't possible to change things and they certainly weren't into politicising mental handicap issues.'

LA Official 2

It emerges that besides a value commitment to the issue, the area of mental handicap was perceived by the social workers, and confirmed by the survey as an area with potential for development. The assessment was that a voluntary agency would have the best means of securing resources and a parents' group would be able to provide mutual support and break down isolation. However

³It would seem that the idea of an organisation with staff was formulated very early on in the life of the Action Group. It is clearly stated in the report (above p.59) that the aim was to bring a group together to put pressure on statutory agencies to improve services.

the group that was to emerge had a larger vision. Where, then, did this alternative ^{both} parents' group come from? How was it that they perceived the possibility of changing attitudes to mental handicap and achieving community based provision?

4.3.2 Establishing the group

The next step was to begin the process of forming a group. In fact this had already begun for as the student had progressed with her project, she also had laid the groundwork with the parents, preparing them for the establishment of a group. It would seem that like all good development personnel, she had identified seven or eight who were most likely to respond to this initiative. These people seem to have been identified through conversations in the course of the study. This group formed a core, who were to go on to form the basis of the first Executive committee of the Action Group.

It was hoped that the very act of bringing these parents together would stimulate some action. The initial problem was to achieve that mobilisation. The team tackled this in two stages. The small group of seven or eight people were invited to a meeting at the area office on 20 April 1976. It is clear that these people were enthusiastic and that they wanted to participate in the group.

But it was quickly realised that a wider endorsement by parents than the initial seven or eight members was needed. The key factor was seen as overcoming the sense of hopelessness felt by many parents.

'People had battled on, on their own for so long they might feel too depressed to believe that there might be another way of tackling the difficulty.'

Student

Parents were persuaded to attend a meeting at St. Fillan's School hall on 19 May 1976 by letter but more importantly the original steering group visited a number of parents identified by the survey in their own homes, seeking to persuade them to attend for

'nobody's going to convince a parent of the mentally handicapped better than a person who knows their position.'

Student

Some 45 parents attended the meeting and:

'The amazing thing about that meeting was (because we'd no idea what was going to happen) the level of feeling about the need, about no services - was like a dam bursting. It was quite dramatic.'

LA Official 2

The rhetoric of the group is that it arose from parental indignation once they were called together to discuss common problems. However to take that at face value would be rather naive. Obviously the ground had been well prepared by the social work staff. Indeed one might observe that, given the participative model advocated, the approach was, perhaps, rather autocratic, but possibly also more conducive to success.

It is important at this stage to try to tease out factors which influenced the formation of the group at this particular period of time in Bigtown. The picture outlined in the report was common to parents of mentally handicapped people across Britain in 1976. What was different about this particular part of the town that engendered the levels of activity to be seen subsequently?

Obviously, the social work personnel were instrumental in the establishment of the organisation. But there were significant factors about the parents, too. Firstly the fact that these parents were brought together and secondly the **range** of skills and abilities the parents possessed. The idea of bringing the group together for pressure group activities rather than the more usual mutual aid activities like running playgroups was also unusual.

Mental handicap isolated both families and the handicapped individual in a number of distinctive ways: there was a large stigma; special educational facilities were centralised rather than neighbourhood based; the lack of local provision of hostels, adult training centres or employment; the large asylum was outside the town. All these factors meant that opportunities for chance encounters within the same locality between families with handicapped people in them were extremely limited.

'At the time before the group started we didn't know any other parents in this area who had a mentally handicapped child. We didn't know any of them and probably never would if it hadn't been for (the student).'

Parent 1

Bringing the parents together broke down their isolation. Moreover, they shared a deep concern about their children and all wanted to see something better for

them. The frustrations which spurred the parents to activity were various: one family of a young child had been unable to secure him a school place despite the promise of education for all in the 1974 Education Act. But overwhelmingly it was concern for the future which motivated the majority.

'I think we were hoping to find something for Gordon (her child).... The prospect of mental handicap hospital for the rest of their lives is not a very pleasant thought. A lot of the parents involved were older than us They were all getting to an age when they were beginning to think about - how much longer am I going to be here? What is going to happen to my child when I'm not?'

Parent 1

One of the striking things about mental handicap is that it is not limited to economically deprived sections of the community - this raises the second factor which was important to the Action Group. The fact that mental handicap knows no class barriers meant that the parents possessed a wide range of skills, abilities and contacts and included the managing director of a small company and a journalist.

The area team was quite selective about which parents it involved - those living alone, those whose children were in open employment, those not visited by the date of the meeting⁴, and those with very particular difficulties were not invited - the group that came together was in the word of one parent

'like a good football team.'

Parent 2

and it was

'clear from the beginning that that particular group of people would stick with it.'

Student

They were well connected to local networks.

'They all had a finger in a pie somewhere' and 'they had a tremendous amount of drive and energy when it came to the whole effort and the funding not least of all. Part of that drive... people had skills and talents that social workers had never possessed.'

LA Official 2

⁴The word used by the student in a letter to a parent is 'vetted'.

Thus it seems that there was a vital conjunction of interest between social workers in the team and parents. The former wanted to establish a group because they saw that pressure was required to place the issue of mental handicap on the policy agenda and gain resources for it. It was also significant that the necessity for more resources was perceived and that it was not simply a matter of using the parents as resources in the conventional self-help model.

The groundwork was well done: the group of activists identified, provided the support necessary to the achievement of the social workers' objectives. The provision of a meeting point between a number of dissatisfied parents of mentally handicapped people was a key ingredient. However, the positive attitude of the parents was also an important factor: they believed it was possible to achieve change. Moreover, they also had the skills to achieve that change and a freedom of manoeuvre in using pressure group tactics which were not available generally to those in the employment of local authorities. And the parents had their own objectives.

4.4 What kind of organisation?

The main aim of the group, as far as the parents were concerned, was to keep their handicapped people within the local community.

'It was to avoid having to send handicapped children, whose parents were elderly and possibly had died, out of the community.'

Parent 1

In order to do this the group needed to seek more and better **locally** based services.

Social work staff wanted to establish some locus to provide services themselves and to begin to overcome the fragmentation of service within and between statutory departments. An article by LA Official 2 in the second issue of the Action Group's newsletter highlights this concern. In it he expresses concern that the needs of families of mentally handicapped people have been ignored despite the claims for a **generic** social work service; that although there has been legislation it has not been backed up by resources and urges the social work department to assume responsibility for families from the birth of a handicapped child. Moreover the ultimate aim has to be integration of service provision by the statutory agencies involved:

'A joint development of the services between Social Work Departments and Health Authorities is an absolute must in dealing with this problem, and pressure must be brought to bear to ensure that this development takes place as quickly as possible.'

LA Official 2 in Div 3 News no.2 (March 1977)

Without doubt this was the long-term aim of the key staff in the area team and a first step towards it was the establishment of the Action Group.

In their early days (until February 1978) the Action Group was based in the area office, (indeed such was the team's commitment to the group that the Area Officer vacated his own office to allow the Action Group to move in!). It was seen as vitally important that the group have its own separate identity because:

'They were ultimately likely to have more power and influence on the situation than if there was some over-identification and overdependency on the area team.'

LA Official 2

It was seen that the chances of the group's success would be greater if the demand was seen to come from the consumers of services - therefore the community action model was to be the method of working adopted by the staff:

'Independence, perhaps was also to do with our [referring to the Action Group **not** the area team!] own integrity, our own developing sense of worth. They were the ones with the skills and knowledge of the mental handicap issue. I think it was only reasonable that some person lacking in knowledge from the social services shouldn't come along and tell them what to do.'

LA Official 2

If it was to be an independent organisation, decisions then had to be taken about its name, its tasks and the method of achieving these.

4.4.1 What's in a name?

The name Division 3 Action Group seems a curious choice. Division 3 only had meaning within the context of the Social Work Department - the number allotted to the geographical area covered by the three localities in the division. So why was this name chosen by the parents at the first meeting? The team member initially saw it as inappropriate and tried to dissuade them:

'we were saying being associated with our area team, it could be a bad thing for them, even in the view of our own department and also externally.'

LA Official 2

But the parents saw the name as a way of making an area identification contiguous with the area team boundaries.

'This was Division 3 on the Bigtown map (referring to the team boundary map in the Area Office) and so we thought, how can we make them realise this is a completely local thing? We were looking to local people to help.'

Parent 2

The local element was seen by parents as very important. One respondent put great emphasis on the fact that they were raising money for mentally handicapped people in their local area not in some other part of the town. However the team boundaries were arbitrarily set and covered at least three distinct communities. The team recognised this explicitly in their pattern of working as they worked in three sub-teams on an area basis. To have included all three communities in the title would perhaps have forfeited a certain snappiness in the title - hence the choice of Division 3 Action Group.

In a sense it was quite good - they could have called themselves the Royal Society for Hearts and Flowers and everyone would have loved them immediately. Whereas they called themselves Division 3 Action Group. Nobody could understand it ... people got it round the wrong way, but everybody thought about it ... in some ways it was the right ingredient.'

LA Official 2

The interesting thing about this name is that rather than identifying the group with the local community, it identified them with one specific part of the Social Work Department - the local Area team. This identification makes more sense if it is viewed as taking up a position within the context of a power struggle within the Social Work Department than in terms of any specifically local identity.⁵

⁵At a later stage in its development, urged by the Director of Social Work, the Group widened its boundaries and changed its name to West City Action Group. This it was argued would enable it to encompass an area of deprivation and thus allow it to qualify for urban aid. However it also reflected the boundaries of the West City division of the Social Work Department and allowed the department to second to

4.4.2 How were the tasks of the group conceived?

The overall aims of the group were those outlined above, namely: to seek to provide **locally** based services for mentally handicapped people and their families and to tackle the broader issue of **fragmentation** of provision between statutory departments.

In order to achieve its aims the Action Group defined three tasks:

- a) **Publicity** - 'to establish a public identity for the group and to communicate the work of the group to those in the area who had a particular interest and to the public in general.'
- b) **Family contact** - 'to continue the assessment of the needs of the mentally handicapped and their families within the area who may not be members of the group.'
- c) **Fund-raising** - 'to put the group on a sound financial basis with the longer term aim of employing full-time staff and providing premises to act as a multi-purpose centre.'

AG report (undated) c. December 1976 - April 1977

The reason for this startling initial clarity was two-fold. Firstly, the careful planning and groundwork which had gone into the establishment of the group by the area team. Secondly, in the very early days, another social worker, a friend of LA Official 2, was introduced to the group. On a least three occasions, over the first two years of the life of the organisation, this person ran workshop sessions for the committee and members to assist in the identification of goals and priorities.

'He was trying to stir it up he was trying to break through on the issues and I think he was finding the same problems everyone else was and that was there was this block in our department.'

LA Official 2

This person ran a two hour session and

the Action Group the divisional co-ordinator of services to mentally handicapped people. (See Chapter 7, p.182)

'It set the scene beautifully for the tasks. It actually set the reasons why they had to get some money together... A lot of other organisations do it the other way around (first they collect money) and then they fall apart - they start arguing about how they are going to spend it.'

LA Official 2

This is in contrast to the Action Group which had a clear focus on what it wanted to achieve almost from the beginning. The main problems to be tackled were accommodation, club-type activities and education -

'all the same problems that there are now!'

Parent 3

However, if these problems were to receive additional resources then mental handicap had to become an issue. The group very quickly realised that there was very little public knowledge about the nature and extent of mental handicap. It was not uncommon for there to be confusion between mental handicap and mental illness. If the group were going to be successful in directing more resources to this particular client group then those with the power to allocate those resources had to observe a greater level of public concern than was then the case.

'In the course of debate, we were saying, "Now look, this is a non-issue, we're sitting here and you're all concerned, you're the consumers, but we were all talking about a non-issue. Nobody knows about mental handicap - no-one in Scotland, beyond the formal entrenched institutions and services, really knows anything about it.'

LA Official 2

It became the remit of the Action Group to publicise it in

'a very dramatic sort of way.'

LA Official 2

The second task, that of family contact was very important in Benson's terms to the establishment of authority to operate within a domain. If publicity was to be used to create an issue of mental handicap, then those seeking that publicity had to be seen to have a legitimate grievance. Thus it was that the Action Group placed its emphasis on involving families of handicapped people.

This emphasis - both on identifying families and involving them with the group had several purposes:

- a) it ensured that the group and also the Area Team had a picture of the needs of mentally handicapped people.
- b) it enabled consumer participation in the debate.
- c) it served as a source of new members for the group.
- d) by stimulating demand, it legitimated the call for higher levels of service provision from both the action group and the Area Team.

The constitution, which was drawn up very soon after the group was formed in 1976, specified two things very clearly: that only parents of mentally handicapped people could be office-bearers of the group and that parents **must** be in the majority on the committee. However, the group was open to non-parents and LA Official 2 seems to have attended meetings right from the start as a full member. At that point he was the only non-parent member, but there have been others since then, usually either social workers or politicians.

The level of membership was also important and often cited in reports and grant applications, presumably because it was thought to lend some force to their arguments. The membership grew from 17 in December 1976 to 56 by c. April 1978.

The received wisdom in the group was that latterly it had become more difficult to involve parents, but the chairman in the early period observed that:

'In fact the group has always found it difficult to get a large number of parents involved - although (the student's) survey showed a large number of mentally handicapped people in the area, at the first meeting we had about 7 parents involved and it's never went up above about a dozen parents involved. There's reasons for it. Mentally handicapped people are born of older parents, therefore the parents are older. Because they're older there's a greater percentage of single parents If you've a badly mentally handicapped child or young adult, you can't leave them if you're a single parent, you can't put in any effort.'

Parent 3

and that

'Membership figures were always funny and false because you had an awful lot of social workers who joined, who were interested in getting information - the Newsletter.'

Parent 3

So there was a blurring of parent/professional boundaries on the issue of membership. This respondent estimated that there were possibly c.40 parents involved with the Action Group in 1986.

The way the tasks were conceived also benefited the Area Team. It legitimised their involvement in the provision of locally based services. Within two years of the formation of the Action Group, they had appointed their own part-time specialist worker for the mentally handicapped and had established a mother and toddler group for young children.

Secondly, it enabled field social workers to raise concerns about the provision of Adult Training Centre places by the Residential and Day-care division of the Social Work Department which was organisationally quite separate from area teams who formed a sub-division of Field Services. Moreover:

'There tends to be a history in the department of Fieldwork and R&DC not working very well together - not closely enough on identifying goals. They tend to be separate goals.'

Me: Why?

No idea ... I think they're just bodies with different titles and they line themselves up and people then - It's power, people worry about their positions, whether their bit's shrinking or whether its growing ... I haven't a clue. Human nature!'

LA Official 2⁶

In order to further tasks one and two the Action Group gave a high priority to resource acquisition because:

'If we weren't seen to be making an effort then nobody else was going to give us any money.'

Parent 1

⁶Often when respondents were asked about conflictual situations, they answered in this way, firstly saying that they did not know why matters were like that and meanwhile offering a perfectly valid explanation.

In many ways the publicity consciousness of the group was to be an asset here as the task of publicising the issue of mental handicap led to money being raised for example from the local Round Table. All the parents on the committee were keyed into different aspects of local networks and they used this extensively to raise funds. The committee minutes in the very early days contain very few items other than various fund-raising activities. Although minutes for the first eight months are missing, by 10 March 1977 the following items were under consideration:

- County Court Concert
- Grant application to Scottish Office
- Grant application to SWD
- Jumble Sale
- Round Table application
- Trust Fund
- Carnegie Trust
- Sponsorship (Ed Stewart & Heinz)
- Summer Fete

There are only two other items (re membership and affiliation to Scottish Society for the Mentally Handicapped) not directly related to fund-raising.

This emphasis on fund-raising was to be important in gaining them legitimacy from and acceptance by statutory authorities.

'What I think it really was - what impressed a lot of people was the fact that - still is the fact that they can raise £60,000 a year ... if they were raising it and doing something God awful I think that would be noted - but it was in conjunction with the sort of services and their willingness to grab a hold of the experts and get their knowledge from them and put it to the benefit of their children.'

LA Official 3

Indeed the group sought funds from any potential source - no stone was left unturned. It is hard to convey the vibrancy of the group at this point.

It may be inferred then, that in its early days the main purpose of the Action Group was to change ideas about service provision in order to help the Social Work Department, and in particular the area team to gain a DOMAIN, as at least initially in terms of service provision:

'it wasn't doing a hell of a lot, I don't think. It raised money - that was our basic function as a committee - was fund-raising.'

Parent 1

This was the first step to legitimacy. Publicity and a modicum of service provision were also necessary, but mainly, throughout the first two years until the Action Group obtained its present base it was a

'a furniture store

a media person

a committee

There was a lot of activity going on but not a lot of substance, whereas if you read the press cuttings at that time you'd have thought there was a substantive organisation moving forcefully on government It was really a carefully orchestrated piece of noise. It created the feeling that this was an issue that was about to explode.'

LA Official 2

To get a sense of the extent of these activities, by January 1977, the group had been regularly featured in the Bigtown evening paper and the local weekly paper and had been included in a BBC Scotland current affairs programme. Within another year they were to feature in a BBC2 programme on voluntary action. The importance of this should not be underestimated. The local paper was one of the ways politicians in particular gauged local feeling.

The tasks identified for the group and its initial relationship with the Social Work Department fit closely with Benson's analysis that in any interorganisational network each organisation is seeking two main resources:

'Two basic types of resources are central to the political economy of inter-organisational networks. These are money and authority.

....Authority refers to the legitimation of activities and the right and responsibility to carry out programs of a certain kind.... Legitimated claims of this kind are termed domains. The possession of a domain permits the organisation to operate in a certain sphere, claim support for its activities and define proper practices within its realm. Money is of obvious importance in the mounting of programs, the recruitment and retention of personnel and the purchase of buildings and equipment.... Authority to conduct activities is generally assumed to imply a claim upon money adequate to performance in the prescribed sphere.'

p.232 Benson (1975)

4.4.3 Significant factors in the achievement of legitimacy by the group

Three issues seem to be important to the success of the Action Group in its early days and I shall discuss them in turn:

- a) the symbiotic relationship between the parents and the professionals - which gave the parents access to information about available resources and the professionals authority in their struggle to gain some locus in the provision of services for mentally handicapped people.
- b) the speedy establishment of a separate identity in the form of paid staff and locally based premises. This established the group as a separate persona from the area team.
- c) the decision to emphasise pressure group activities rather than club activities for mentally handicapped people. This was the difference in philosophy which ensured that the Action Group did not become a part of the Scottish Society for the Mentally Handicapped.

The most important factor was the combination of the parents' demand for improved services, with the professional skills and knowledge of bureaucracies of a community oriented social work team. All respondents stressed the key role played by LA Official 2 in this process.

'He was the brains behind the whole thing. He ... had the professional knowledge about how to go about starting these things.'
Parent 2

Without him there was little chance that the parents would have found their way through the various statutory funding mechanisms to achieve the levels of funding that the group in fact achieved relatively quickly. He understood the lines of communication within statutory bodies.

'For a voluntary organisation, it is difficult to know where you land (in the Social Work Department).'

LA Official 2

For example, the relationship between the Principal Officer (Vol. Orgs) who recommended suitability for grant aid and the service giving parts of the department might be opaque to outsiders. In order to ensure that these

difficulties did not hold back the Action Group, LA Official 2 saw his role as feeding

'them information, as much as I could get my hands on and maybe make suggestions. Not necessarily directive. Rather there could be an issue coming up about such and such, why don't you consider a letter to so and so or whoever.'

LA Official 2

Indeed this official found the Action Group more relevant at that time to his own professional development than his official employer. The group provided him with support in the growth of his own ideas in ways which were simply not possible within the Social Work Department because these issues relating to mental handicap were simply not on the agenda. At times he said he found it was hard to maintain a professional detachment regarding the group because he was as committed as they were to achieving their objectives.

'I felt very much part... sometimes I felt more part of the Action Group than I did of the area team. It felt I didn't feel any sort of barriers or that it was an us and them situation. There were times when I'm talking that I'm almost talking about being part of the team.'

LA Official 2

There was a tremendous level of commitment apparent from both the professionals and the parents. Throughout 1977 there was a committee meeting almost every week and the chairman and LA Official 2 would spend another one or two evenings a week collecting furniture for the charity shop (see below p.80) in the van belonging to the Chairman's company.

This combination of committed parents and professionals was seen to be particularly important in arguing with statutory authorities - the professional gaining authority in argument with potential gaining access to sources of finance and services that they would not otherwise have done.⁷

⁷This combination is one still used by the Action Group, now employing its own professional staff to argue with statutory authorities for resources and services. Their role was to put the message across in ways which could be heard by bureaucrats.

'You tended to look to the professionals for making sure things were put over in the right presentation - they put things over on our behalf to the Social Work Department or the Scottish Office or whoever.'

Parent 4

and when they go to meetings

'It gave him a great deal more power, not by saying anything, but by the fact that its very difficult for a senior civil servant to say - they could say to LA Official 2, you don't know what you're talking about, but to say to the parents of mentally handicapped children that, you don't know what you're talking about - senior civil servants wouldn't do that.'

Parent 2

From the beginning a significant contribution to the success of the Action Group stemmed from the way it powerfully combined parents and professionals in arguing for an expansion of services to mentally handicapped people and their families.

The group determined early in its life, that its objectives could only be achieved by the appointment of paid staff and the establishment of a local base. The knowledge of funding mechanisms seems to have come from LA Official 2 and he believes that he may have written the application too. Certainly the speed with which paid staff were appointed was fortuitous. The Action Group were lucky to be asking for the right thing at the right time.

The group's decision to seek two professional workers and clerical support coincided with the inception of the Manpower Services Commission's Job Creation Programme (JCP). This was the Labour Government's first attempt at alleviating unemployment and turned out to be ideal for the Action Group's purposes. It was implemented rapidly and had relatively few restrictions compared to later schemes.

Firstly, the prime goal was to create jobs rather than services, and thus Action Group did not have to prove the quality of what it wanted to do. It was in this way, able to avoid entering protracted discussions about the kind of services which ought to be provided for mentally handicapped people. In this period they would certainly have had to prove their case if they had sought funding

AG Worker 1 can give the facts and figures side of things and present that really well and I can come up with this is how the cuts will affect the parents.... So we balance it that way, he gives the facts and figures and I give the emotional bit. They may argue with the facts and figures but they can't argue with emotion.'

Parent 4

from the local authority or the Scottish Office. If nothing else the negotiations would have taken much longer.

Secondly, it is unlikely that either Plains Region or Social Work Services Group would have funded to this extent, what was at that time primarily a pressure group. The Regional Council's criteria for grant aid clearly specify that priority should be given to those providing a service to a vulnerable client group.

Whilst the advent of paid staff enabled the group to organise more effectively, to acquire premises and then to envisage service provision, it would have been very difficult for the group to demonstrate that potential in 1976. There were other factors which initially made service provision undesirable (see below p.95) However when the group had established themselves both the Social Work Department and the Scottish Office conceded higher levels of funding.

'Credibility came through providing services rather than just talking about them - just being a pressure group which criticises but doesn't actually do anything.'

LA Official 1

The Manpower Services Commission did not have to wrestle with these difficulties.

Thirdly the JCP was relatively flexible in ways which later schemes ceased to be. This enabled the Action Group to negotiate a six month extension for its first employees - so that in all they received 18 months funding from November 1976 for two full-time workers with clerical support. This time span was vital to the negotiation of alternative funding mechanisms.

Funding from the JCP for two workers as joint co-ordinators, was allocated in November 1976, barely six months after the Action Group's inception. Two workers, one male and one female came into post on 6 December 1976, the day of the group's first Annual General Meeting. Both were recruited from the unemployment register. The woman was a qualified social worker with experience of working with mentally handicapped people. The man had a less conventional background: he was a history graduate with experience in publication production and media work. This was because

'we didn't want 'social worky' people necessarily and we felt that one of the problems with mental handicap was its lack of profile, so it was a PR job basically.'

LA Official 2

The remit of the workers was

'to build up a full information bank of services available, in terms of national and local facilities; to publicise this information through a newsheet; to compile a register of the mentally handicapped within the area and to establish local self-help schemes such as activity groups for the mentally handicapped and generally to keep abreast of current thinking and new developments in the field of social provision for the mentally handicapped.'

Chairman's Report April 1977

The group placed a heavy emphasis on the dissemination of information particularly that concerning new approaches to mental handicap. This underlines the perception that the initial task was to change thinking about mental handicap and thus increase the value accorded to mentally handicapped individuals. This was a part of the process of innovation which is described by a number of writers e.g. Schon (in Lockett and Spear eds 1980).

With the acquisition of workers the group were able to establish a newsletter in February 1977. This was a fascinating mixture of news about services in other parts of the country, exhortations about what ought to be happening not just locally but in Scotland as a whole, and invariably in the first year stories about money. The main headlines in that year were:

- Grant Outlook Improves Issue no 1
- Grant Setback Issue no 2
- Round Table Give £1700 Issue no 3
- Scottish Office grant! Issue no 4

Funding bodies found themselves negotiating in what must have felt like the full glare of publicity for the Action Group's newsletter was circulated widely, not just to parents, but to professionals and politicians including MPs. The group had gained the support of the local MP, a Labour member, as some of the group were also part of the local political network. They lobbied him regularly and he wrote letters and spoke to funders on their behalf.

The establishment of a local base was the other vital ingredient. The initial funding through the JCP gave the group time to consolidate their position. Right from the start, the aim was to put the group on a solid footing and secure permanent staff and premises. By February 1977 they were negotiating with both the Region and the Scottish Office for finance to rent a church, which the Church of Scotland had recently closed. The first issue of the Newsletter carries the following item:

'Hunt for premises

At the last meeting of the Action Group it was decided that members should begin a serious search for property within Division Three that could serve as a multi-purpose base for the group. The idea of a fund-raising nearly-new shop combined with an information centre was put forward and members of the group have already been looking at likely property. It is felt that such a base would help in creating a public identity for the group.'

Div 3 AG News no. 1 (February 1977)

The negotiations were very public and are described in their Newsletter as follows:

'Parent 1 and Parent 3 met with LA Official 3, the Voluntary Organisations Officer. (This person) was not in a position to authorise a grant immediately (sic) but asked for details of the group's plans. A full application with emphasis on a toy library (my emphasis) was made....'

Div 3 AG News no. (1 February 1977)

Thus in applying for money, the group stressed the aspect most likely to appeal to funders. In this case it was the service provision aspects, although it is debatable whether this was their main purpose at that time. At the same time a delegation including the Area Officer and the Senior Social Worker, discussed the need for a multi-purpose centre for mentally handicapped people with the Scottish Office.

'After an hour and half of discussion, the deputation left without any firm commitment on spending being given.'

Div 3 AG News no. (2 March 1977)

By 2 May 1977, the Scottish Office offered a capital grant of £1000 to renovate the church and £1700 to cover running costs on the grounds of the Action Group's proposals being of a path-finding nature. The Social Work Department gave

them a mere £250 but in Wildavskian budgetary strategy, the 'wedge' was in both doors and this was not the kind of group now to go away satisfied. Whilst the church was to prove a 'disaster area' (AG Worker 2) as a base for service provision; it was quite unsuitable, it was a good site for a nearly new shop and with their by now customary zest, the parents set about raising more money by selling furniture and second-hand clothing.

'Money rapidly built up and money is power - if you've got money, if you've got a bit of space to use it (you can) really hit the issues.'

LA Official 2

Thus the acquisition of staff and premises were part an overall strategy of consolidating the power base of the organisation in order that it might promote issues relating to mental handicap more effectively and develop some provision of their own, although they always had reservations about the latter.

The Action Group did not have limited horizons. This is amply demonstrated by the internal debate which took place in the early days about the nature of the organisation. The Action Group billed itself as a self-help group for parents of mentally handicapped children. If it were truly to be that kind of organisation that would imply the provision of services by the group. But whilst there were some club activities provided the main emphasis of the Action Group in its early days was the campaign to improve the provision of **statutory** services.

There were good reasons for this. What many parents wanted was not to work with their own children, but to have respite from them. The charity shop was seen as useful work experience for mentally handicapped people, but the parents who ran the shop found this a great strain:

'that was always very difficult ... because (the older parents) found working with mental handicap a strain. I find it a strain and I have never really worked with mental handicap within the group. I've worked in the background in the office but I never got involved with mentally handicapped people themselves.'

Parent 3

Secondly there was conflict within the group over the issue of service provision. This seemed to stem from differing views of the potential of the group. The

division was said to be between older and younger parents with the professionals allied with the latter, urging pressure group activity.⁸

'If there was any conflict, it was the conflict of age - we were younger and prepared to go ahead.'

Parent 2

'They were a bit petty some of them the older ones were a bit petty. I don't think they were quite on our wavelength.'

Parent 1

The main source of this conflict was over the vision about what the group could become. The older parents were viewed as having very limited objectives confined to improving the situation of their own children. There were those on the committee who wanted the Action Group to simply run clubs for handicapped people (as the Scottish Society for the Mentally Handicapped did) and

'to provide record-players and Coca-cola.'

LA Official 2

The other group saw that this emphasis would deflect them from a focus on improving statutory services. There was a measure of altruism in the activity of the younger group, a recognition that what they were seeking might benefit others than themselves. There were also jealousies around as the younger group seems to have constituted a powerful inner circle.

'After the meetings we all (about 4 or 5 committee members) used to go over to the pub and have a couple of pints with LA Official 2 and the older ones didn't quite approve. I remember at one point one of them saying that there's more discussion in the pub afterwards than there is in the committee meetings - which was a load of hooey really. I think personally they were past it and they were hanging on. They were treating it as if it were their little baby and their money.'

Parent 1

The most telling example of this conflict came in the very early days when first chairman appointed at the initial meeting of the group, was sacked within weeks of its establishment. It was said that he felt very strongly that if he were

⁸Because I interviewed office bearers of the Group, I find that I have no interview material relating to the other side of this conflict.

involved in something like the Action Group then it should deliver tangible benefits to him. The immediate issue was over whether his daughter should get preference for a vacancy at a local employment centre for disabled people.

'It was brutal stuff. They just said - Sorry Jim, you're a nice chap and we like you, but you're a pain in the neck at the same time. This is far too important everybody's got a stake in this, it's not for you and your child - and they booted him out.'

LA Official 2

'We were all interested in our own children but not **that** interested!'

Parent 1

It was success in this battle which was to ensure that the Action Group was to have a significance which was to extend far beyond the boundaries of Division Three. If it had kept its vision confined to the immediate demands of those on the committee, then it would probably have become simply a locally based service provider which would probably not have been heard of outside the area.

Thus by the end of 1977 the following decisions had been taken

- the professional/parent alliance was established
- the group had workers albeit temporary ones
- the group had a local visibility in the form of premises
- the group had a measure of independent finance
- campaigning rather than service provision was the main purpose
- the campaign was for better co-ordinated statutory services, locally based.

These directions indicate a desire to change services rather than more of the same services. The issue was not simply that the services were in short supply but that they were inappropriate in the view of the Action Group members.

That it had reached this point so quickly seems to have been influenced by a combination of some fortuitous circumstances and the happy combination of some relatively middle class parents with a lot of drive and

'The gospel according to (Social Work HQ) is that it was a triumphant bit of community work because it was actually set up by staff from social work who recognised that need.'

LA Official 4

The group has retained much of the identity it established in its early days. It remains committed to an open and democratic approach. It still holds its policy

consultations with members, but it is now big business and has a much greater emphasis on providing services itself. The reasons for that stem from the policy shifts which have been made by government since 1979 and will be addressed in subsequent chapters.

Over the next two years the Action Group secured its funding. By April 1978, less than two years since its inception, besides £2700 from the Scottish Office mentioned above, they also received in January 1978 £7000 from Plains Region towards the cost of buying the church. This was now to be sold by the Church of Scotland. This money

‘was made available by the Social Work Committee from the unexpected bonanza in local authority budgets caused by the fall in interest rates last year.’

Div 3 AG News no 7 (April 1978)

At this point they were also in the process of negotiating a Section 10 (of Social Work (Scotland) Act 1968) grant to fund their two workers for two years to run

- a) an information bank and resource centre
- b) a counselling service
- c) training in domestic and social skills
- d) areas of practical help
- e) community care programmes
- f) a creative centre

The last item was defined as

‘a place where the mixing of ideas and opinions will aid the establishment of a firm programme to be pressed for from the local authority and government.’

Div 3 AG News no 10 undated (c. Nov 1978)

It would seem that the Scottish Office were being asked to create a rod to beat their own back. Nonetheless they were offered funding, but not at a level which matched their aspirations. They were offered £14,000 towards the purchase of their present premises and £5000 towards running costs. This however, only met the cost of one worker. The Action Group were furious. All concerned, workers and committee members wrote to the local MP, who raised it with Frank McElhone, the Minister of State for Social Work in the Scottish Office.

'There was a great deal of bitterness felt by many people involved in putting forward the application. Though we have been offered a substantial sum of money, we have not been given the security to go ahead and run the project.'

ibid.

The Minister replied to the MP in the following terms:

'In assessing its offer of revenue grant to the group for 1978/79, account was taken of the amount which on the basis of past performance, it seemed reasonable to expect the group themselves to raise towards running costs. The group, however appear to consider that they should be able to set aside proceeds from fund-raising activities for other purposes. This difference in approach results, of course, in a different view of the likely net revenue deficit.'

Letter from Scottish Office dated 14.12.78

It was however a minor setback. In two and a half years, they had emerged from nothing to a point where they had premises and some funding for a worker. They also had a charity shop which raised some £8300 in 1978. A condition of the Scottish Office grant was that Plains Region agreed to continue the funding at the end of the three year grant period. The Action Group were on the 'grave train.'

4.5 Not everyone loved them!

Although the speed with which the Action Group obtained resources is remarkable (even by their own later standards) this should not lead to the conclusion that their route to success was easy. A group as abrasive as this one was, at least in its early days, was bound to ruffle some feathers.

In this final section, therefore, I wish to illustrate some of the difficulties that the Action Group encountered in their relationship with the higher echelons of the Social Work Department and in particular with their local councillor, who also happened to chair the Social Work Committee. There were sensitivities about some of their activities at both senior official and councillor level.

The story, epitomises the way the group challenged existing practice and in particular throws into sharp relief the contrast between their consumerist approach and the paternalism they perceived in mainstream provision. They seemed to irritate their local councillor and this had its origins in a campaign

they ran to prevent places in Adult Training Centres (ATC's) being reduced from full-time to part-time, ostensibly to increase provision.

This proposal by the department was raised in the Action Group committee meeting on 30.6.77 by a parent now deceased. The minutes record the following:

'Eddie has received notification from the SWD that placements at ATC's are likely to become part-time in future due to "cut-backs". This scheme has been put forward as a solution to an increasing waiting list. Apparently 45 school-leavers from last year are still unplaced and many of this year's school leavers will be obliged to join the queue.

The proposed scheme would mean that everyone would be placed but only on a part-time basis, most likely 2 or 3 days a week. This would undoubtedly cause hardship to many families of those handicapped presently attending ATC's full time. Many parents would be obliged to give up jobs on which they are financially dependent and others would certainly suffer from the strain of having to spend longer periods caring for their children with little relief from the situation.

The committee felt strongly that such a scheme was totally unacceptable. It was decided that they should seek further details and information and possibly hold a public meeting to sound out parent reaction to this proposal.'

Committee Minutes - 30.6.77

This might be interpreted as the Social Work Department's attempt to respond to parental pressure for more places - however doing so by reducing existing places to part-time, was not what the Action Group had in mind at all.

The following week's minutes (7.7.77) record that the Committee felt, there seemed to be an attempt to misuse the self help aims of the Action Group to encourage parents to organise a back-up service for those mentally handicapped affected by the part-time scheme. This was not what the group envisaged self help to be. To them this involved parents working together to persuade statutory services to make better provision.

The Action Group members decided to attend all the consultation meetings across the city organised by the Residential and Day Care section of the Department to explain the proposals to parents. They acted as a ginger group which ensured that all parents in Bigtown were aware of the issues this raised and encouraged them to resist the proposals.

There was a fracas at the first Adult Training Centre meeting.

'The then chairman went to the front, turned his back on the platform and addressed the meeting - he just cut them straight out and explained what a nonsense the whole thing was and it was high time it was not half a service that was needed but double the service.'

LA Official 2

After that the Residential and Daycare Section took the extreme step of banning known Action Group members from the next meeting. Some of those banned were employed by the Social Work Department.

'(An official I knew) was put on the door to stop people getting in. I'd arrived and the (AG) staff met me halfway down the drive saying we're not getting in!'

LA Official 2

The proposal was dropped, probably as a result of the Action Group's activity, but it led to them being pushed out in the cold. Those in high places viewed them with a high degree of suspicion. One senior official told me ~~that~~ the reception the Newsletter received among the social work directorate in the early days was -

'Look what they've said now and half of them are our own staff!'

LA Official 5

Interestingly however, although there was initial hostility to the group, it was probably the arguments over the cutback in places that led to the Social Work Department senior management trying to make an ally of them, or at least using some funding to try to exert some authority over them.⁹

⁹This perception of voluntary organisations as potential allies of the department in the inter-organisational network was reiterated later in the research in interviews about the role of voluntary organisations in the joint planning process, when one voluntary sector worker observed:

Some of the organisations particularly in the landward area have not grasped what the Regional Strategy (for the Mentally Handicapped) is all about ... who come, when they come to meetings in order to attack the Social Work Department.'

Vol. Org. Worker 1

'It was perceived by, I suppose managers who were around at that time - Here was this bunch of amateurs who set themselves up stating the obvious. They knew already and had been trying for years to do something about it, felt that they were beginning to get some improvement.... I think that there was a feeling of these folk are telling us what to do rather than coming alongside us.'

LA Official 1

By the beginning of October 1977 the Chairman of the SW committee and the Assistant Director (Residential and Daycare) had met with the Action Group to discuss their differences:

'After the recent disagreement between parents and the Social Work Department over the future of Adult Training Centres a meeting was arranged between the Division 3 Action Group committee and Social Work Department officials in an attempt to ensure that a dangerous rift did not develop between the two parties.'

Div 3 AG News no (6 December 1977)

Again following their strategy of conducting all their negotiations as publicly as possible, this was the lead item. The meeting seems to have consisted of the Chairman of the Social Work¹⁰ committee, who was also the local councillor, explaining the constraints within which the department operated. She felt obliged to take cognisance of the group, but she did it with a bad grace. Every respondent, but one told me of this person's hostility towards the group in its early days.

whereas in his perception their role was to co-operate with the Department in achieving common objectives.

¹⁰It is regretted that an interview with this person was not sought. The main focus of the research was on a later period, by which point this person was no longer actively involved in the Council and the significance of her omission was not fully appreciated. However, at this time, I was working in a voluntary agency and the Action Group's experience reflects my own. It was clear at this time that there were tensions in the Labour Group of the Region, between those who took a traditional Labourist position which was rather paternalistic and those who favoured a more participative community work approach to service provision.

'She took it very personally - she saw herself as a champion of the mentally handicapped and trying to do her best to improve services for the mentally handicapped. Here's this group they had a newsletter coming out criticising, she found that very difficult to understand and live with. (She'd say) - I thought we were all running in the same race!'

LA Official 1

She was perceived to subscribe to the style of Labour politics which was epitomised as

'voluntary organisations were a pain in the neck. Everything should be done by the local authority and the state and the state should run all the services.'

LA Official 2

The real issue was seen as control

'Its a power game basically in the end of the day if you're not in charge it isn't your baby. You don't necessarily encourage it because it may turn around and bite you.'

LA Official 2

The Chair of the Social Work Committee was to demonstrate to the Action Group her ability to make things difficult for them over the next few years. She could control the SW committee agenda and thus stall items being tabled. The then Chairman of the Action Group, who was a business man, found it infuriating to take a morning off work and then to find that the committee did not seem to have the matter on the agenda, despite having been led by officials to believe that it would be. For a long time she also prevented the expansion of the Area team's respite care scheme in the same way.

She was perceived to dislike the critical stance of the group, particularly the suggestion that the services provided by her department were not perfect and was said to be of the opinion that recipients of services should be grateful. This, as was demonstrated above (p.84), was not the normal first response of the Action Group.

Fortunately for the group, others within the Labour Group, who tended to be the rising stars were more sympathetic to their concerns. The group survived by lobbying these councillors, some of whom were community work trained, over particular issues. However whilst the group did receive grant aid from the Social

Work Department, it remained at a relatively low level until 1985, by which time their local councillor had resigned from the council.

It would be easy, however, to over-emphasize the significance of the Action Group in these early days in the minds of both councillors and officials. Because of the range of demands on the regional council's resources, any voluntary agency is a relatively small part of their concerns. It is the distinction between the single issue focus of most voluntary agencies and the multiple concerns and responsibilities of local authorities. It seems that what money the group did receive initially, may have had more to do with attempting to placate their anger and bring them into the ambit of headquarters, thus exerting some control over them, than whole-hearted endorsement of their aims and objectives. It is clear that there were divisions within the department at that time over the direction which policy in this area should take, with some officials more sympathetic to the Action Group than others. This also assisted their case.

4.6 Conclusion

By the end of 1978, the Action Group had secured a commitment to three-year funding from the Scottish Office and had a fund-raising capacity to maintain a degree of independence from statutory funders. It is clear that the Action Group emerged as a result of a fortuitous conjunction of circumstances and personnel. It was the right time for such an initiative. The ideological climate was changing: the primacy of institutional care as a way of dealing with mental handicap was waning and scandals in England had hastened that. Paternalism was under challenge and a more participative style of community social work was coming into fashion. Social Work services had overcome some of the traumas of re-organisation and local government was also being revamped. Resources were beginning to flow into field services. Political control had shifted too and Labour councillors were more inclined to spend money on services.

The Division 3 Area Team which sponsored the project, was relatively unpressured and had space to innovate. The staff actively sought more work. In addition, the two most senior workers were particularly interested in mental handicap. The leaven was the advent of the student, who was able, because of her grasp of the processes involved, to set the wheels in motion to bring the ideas of the two social workers to fruition.

The selection of parents to form the first executive was not very democratic and did not match the rhetoric of spontaneity with which workers suggested the group was formed. It does however, point to some useful lessons. It is important firstly to establish that there is a problem to be addressed and secondly, to demonstrate that there exist those who are both concerned and able to do so. The groundwork in this case was well done and the foundations well laid.

The parents were motivated by their anger at the treatment they had received at the hands of professionals in the past and the paltry services available to their children. Nor did the services offered match their perceptions of what was required. Clearly the involvement of a number of middle-class parents was important here in bringing in people with a sense of personal power.

Contrary to the rhetoric of self-help, the professionals remained involved. The close inter-relationship with the area team in the early days was quite remarkable and it is clear that LA Official 2, at least, experienced considerable difficulty in drawing boundaries between his role as a local authority social worker and his role within the Action Group. The perception within the group of working alongside Division 3 in the fight for services was equally strong.

In terms of Wievel and Hunter's (op cit) criteria outlined in the introduction to this chapter, the Action Group achieved legitimacy on all three dimensions described. Firstly, they proved themselves effective, if not in the provision of services, at least in raising money for their objectives. The relationship between professionals and parents was important here, in that it enabled those with a cause to go to the most likely sources of funding quickly, rather than waste time as many organisations do, pursuing monies which are unlikely to materialise. Their use of the media was also significant, as even with very little substance, at least initially, they were able to create an illusion of power.

Secondly, the group achieved representative legitimacy as they provided a basis of validation for area team's claims to the domain of service provision for mentally handicapped people. Moreover, by their vocal campaigning, the group assisted the flow of resources, not only to their own coffers, but also to the team. The team applied the tactics, often adopted in then more conventional community work with tenants groups, to a community of interest.

Thirdly, the group achieved legitimacy by using nested power. In seeking support for their application to the Scottish Office they co-opted the local MP, who went to great lengths to assist their application. By the time this application was granted in 1978, the group were beginning to examine how they could go about achieving better services for mentally handicapped people. The main concern was to make some provision for locally based accommodation, so that mentally handicapped people were not forced to enter a hospital when their parents could no longer care for them. It was out of this that the funding application which is the focus of this study grew and the background to that proposal is described in the next chapter.

Chronology: Chapter Four

1970

1 April Re-organisation of social work in Scotland

1973

Division 3 Area team decentralised
Better Services for the Mentally Handicapped published

1974

1 April Re-organisation of Scottish local government begun

1975

1 April Local government re-organisation effected

October (?) Student placed with Division 3 Area team

1976

26 January Student writing to potential management committee members, seeking to involve them in a parents' group

20 April Core Group (of 7 or 8 people) which formed management committee meet at Division 3 Office

19 May Meeting of larger group of parents (c. 45) meet in local school and endorse proposals to form a parents group

November Successful application to Job Creation Programme for two workers plus clerical support

6 December Workers start and first Annual General Meeting of Group held

1977

24 January Application made to Plains Social Work Department for capital funding to acquire premises. Similar negotiations begin with Scottish Office

February Newsletter publication commences

10 March Grant of £250 from Social Work Department

2 May Scottish Office allocates £2700 to rent and refurbish premises.

9 September	JCP extended for further year
6 October	Meeting between Action Group, Councillor and officials of Social Work Department re Adult Training Centres
December 1977- April 1978	moved from Social Work Department offices to own premises in local redundant church.
1978	
28 January	£7000 received from Plains Region towards purchase of property
7 February	Negotiating with Scottish Office for three year funding
11 February	Nearly New Shop opened in church
3 April	Present co-ordinator replaces male worker
7 September	Public meeting re proposals to build 10-bedded community-based accommodation for mentally handicapped people in conjunction with Refuge Housing Association
15 November	Grant offer from Scottish Office of £14,000 capital and £5000 revenue. Local MP lobbied by phone and letter sent to him outlining inadequacies of the grant
19 November	MP writes to Minister of State for Social Work
23 November	Meeting with Scottish Office to discuss grant offer
14 December	Minister replies to MP re-affirming position
18 December	MP forwards number of letters supporting Action Group's case to Minister
1979	
18 January	Minister intimates to MP that AG have accepted grant
8 February	First instalment of grant paid

CHAPTER FIVE

What will happen to our children when we die?

5.1 Summary

This chapter examines the development of the Action Group's housing project. It traces the history of the concern with accommodation from the development of the Shield Housing Association provision in Division 3 area through involvement with the Doorway Project to the point when the Action Group began to formulate its own proposals. This history demonstrates the way experience shaped the Group's perception of the provision required and of the best means of provision.

This shows that innovation is an interactive process and highlights the importance of the relationship which developed between Action Group staff and local authority staff in the Task Force on Supported Accommodation. Innovation involves conflict between proponents of new methods and powerful vested interests in social work and health. The importance of sub-groups and alliances between individuals seeking change across organisational boundaries is also central to the analysis.

5.2 Accommodation is a Priority

From its inception, the Action Group had identified the development of local accommodation for mentally handicapped people as one of its main priorities.

'In any discussion with parents of mentally handicapped people (if you say to them what is your one big concern - its "what's going to happen my son or daughter when I've gone?'

AG Worker 2

These issues had been raised in the survey prior to the establishment of the group and were the reasons articulated by Parent 1 for becoming involved with the organisation. Having secured its financial base, it was able to turn attention to exploring ways of initiating such development.

This was facilitated by the approach of the staff. By April 1978 the present co-ordinator was in post. In line with their view that they did not want 'social

worky people' (see above p.79), they recruited people with no direct experience of social work. The co-ordinator of the Action Group came with no preconceived ideas (at least from a social work perspective) - he had a degree in philosophy and literature and prior to his job with the Action Group had worked on a farm on Islay. He 'got the job by brass neck', but he thought his background a good thing as

'I had to learn the whole thing. I went and talked to people who were parents which gave me some understanding of what the service must look like to the people who use them, rather than a view as a service provider.'

AG worker 1

This clearly reflected the consumerist approach emphasised by those establishing the group. Similarly Action Group Worker 2, who was originally employed under the Manpower Services Commission (MSC) Special Temporary Employment Project (STEP) as an information and advice worker in September 1979, shared these views.

'For somebody like myself, who was keen to get on with things, who had a few ideas (but they weren't preconceived ideas) which were sparked off by information and requests... led to the building up of a ... structure which was responsive, not a pre-programmed set-up.

AG Worker 2

The co-ordinator now sought to develop some locally based housing. As the Group held regular policy consultations with parents to decide priorities and they were able to proceed with a high degree of legitimacy, since it was clear that what they were seeking was what parents wanted. However, the Action Group's initial position was that it did not want to provide these services itself, because that would detract from pressure group activities:

'It assembled expertise in subjects rather than provide direct services, because if you start providing things like youth clubs, your workers' time is absorbed in them and it's a bottomless pit. You could have three workers running youth clubs five nights a week and that's all you would do....'

AG Worker 2

Although the Action Group at that stage did provide clubs and activities these were run by parents and/or volunteers. The latter were co-ordinated by a Community Service Volunteer (CSV). The other two staff members - the Co-ordinator and the Welfare Rights Officer were thereby freed to concentrate on

the promotional aspects of the Group. The decision in 1976, to avoid the 'Coke and record-players' trap was adhered to.

The Action Group's interest in community based supported accommodation reflected a growing desire in social work to move away from institutional care, particularly that provided in large remote hospitals. There were, in 1978/9, however, a number of constraints on developing such activities. The bureaucratic structure within which services were provided did not facilitate this change. There was a political separation of the three bureaucracies whose co-operation was essential to enable change to take place: these were Plains Health Board, Plains Region Social Work Department and Bigtown District Housing Department. These agencies were not simply separate sections of government, but operated within different political and organisational contexts. The first was a government appointed body and the other two were differing tiers of local government, administratively separate.

There was disagreement about which organisation had the authority to provide and fund special needs housing. The Wheatley Report on the Reform of Local Government in Scotland (Cmnd 4150 1969) had proposed that housing and social work should both become regional level functions, recognising the common concerns of the two agencies. However the 1970-74 Conservative government, when implementing the report, had responded to a lobby which argued that no-one would be willing to become a district councillor, unless that tier was given some more substantial responsibilities. Thus, housing became a district level activity, whilst social work remained a regional council service.

This problem was general across Scotland. In Bigtown, however, there were additional special factors. The major problem that faced the Action Group and any one else seeking to provide for special housing needs was the unwillingness of the local authority housing department to act on this issue. The organisational obstacles noted above could probably have been transcended, had there not also been political differences between Bigtown District Council and Plains Region in the period 1974-1982. For the whole of this period, the former was controlled by the Conservatives and the latter by Labour. The difference between the Bigtown experience and that in Glasgow is informative here. In Glasgow the Housing Department had the major role in the provision of special needs housing. Bigtown District Council decided not to do this. Instead the

major provision was by voluntary organisations: social welfare bodies in co-operation with housing associations.

The major reason for this difference was the attitude of the Conservative group on the district council and, in particular of the chairman of the Housing Committee, who refused to recognise special needs housing as a responsibility of his department. He took the view that if an individual, for any reason, could not sustain an ordinary local authority tenancy without a measure of support, that individual was a social work responsibility. The Conservatives were also inclined to favour lower rates over increased service provision. These attitudes led to hostility, between the politicians on the district and regional council over housing for groups with special needs. There was also personal animosity between the Chairman of the Housing Committee and the Chairman of Social Work in the Region.

The other major constraint on the development of special needs housing by local authorities was the oil crisis of 1974 which had provoked by 1977, a major economic crisis in Britain. This led to a substantial change in local authority funding, as central government sought to restrain their spending. The optimism of 1976 had been short-lived. By 1980, there was developing a major political struggle between Plains Region (Labour controlled) and central Government (Conservative). The importance of this for my study, was the consequent decline in resources available to fund new services.

5.3 The Shield House

It was logical, given the emphasis on encouraging others to provide services, that the Action Group's first approach was to a housing association to provide locally based accommodation for mentally handicapped people. Shield Housing Association (HA) was formed in 1978 under the provisions of the 1974 Housing (Scotland) Act. It had its origins in Mansionhouse Baptist Church

'who had in their congregation, a mentally handicapped woman. Through investigating her plight, they realised the enormous lack of resources in the community for the mentally handicapped.'

AG News no. 10 (undated but c. January 1979)

Their response had been to establish a Housing Association. Shield had produced and circulated a leaflet which indicated that they were seeking local groups with whom to work. It was to this that the Action Group responded.

'Sometimes I think it was the biggest mistake we ever made. At the time it seemed to be what we wanted.'

AG Worker 1

The project was to be pursued in partnership between the two agencies. Shield HA had access to funds from the Housing Corporation and could therefore supply a building, whereas the Action Group had local knowledge. The latter were to be responsible for local publicity, obtaining the site from the Roman Catholic Church, discussions about the building, selecting both the residents and the staff and raising money for furnishings and equipment. Subsequently the Action Group also became the main support for the staff.

Once a site had been identified, Shield negotiated its development and a ten-person house was built in the area which was opened on 11 December 1981. It had six single and two double bedrooms and a communal lounge and dining room. There was also a warden's flat and office.

To fulfil their side of the agreement the Action Group established a project committee to handle the running of the scheme chaired by a local GP and composed of some Action Group members and other important professional and local people - a lawyer, a representative of St. Fillan's Church and a community representative.

However, it quickly became apparent to those involved that there were serious disagreements between the two organisations:

'The seeds of dissatisfaction with Shield - disillusion - were sown early on, as the bricks were put down. There were criticisms of the plans Shield wanted, criticisms of Shield's model of the accommodation and so that disillusion set in early on.'

AG Worker 2

The problems lay in two issues - firstly, the lack of a formal management agreement between the two agencies. Although this was recommended by the Housing Corporation and by the National Federation of Housing Associations (NFHA), it proved impossible for the Action Group to negotiate a clear set of guidelines stating which agency had responsibility for which tasks. Despite the Action Group's role in their selection, the residents were tenants of Shield HA and had no formal connection with the Action Group.

This would not have been an insuperable problem but for the second one - a fundamental philosophical disagreement between the two organisations. Whereas the Action Group had a philosophy of listening to parents' wishes and incorporating them into any plans and proposals, that is the consumerist model discussed in Chapter 4 -

'The Shield model is a dictative benevolence where their idea of what is benevolent holds sway, rather than listening to consumers.

Me: The "we know what's best for you approach"?

Exactly, and very reluctant and compounded with a patronising - yes, we're quite willing to listen to you - when in fact they're not.'

AG Worker 2

'It was an incredibly closed organisation. It was like dealing with the Silent Brotherhood.'

AG Worker 1

Moreover the Action Group believed that there was a lack of flexibility' in Shield's approach. This was confirmed by the experience of workers in the local authority:

'They (the two organisations) have very different philosophies really. Whereas the AG.... they would work with us (LA SWD) There'd be a dialogue between us, ideas or support or whatever. Shield, it was just to discuss what (they were) going to do over the next ten years - it wasn't negotiable. You couldn't say 'what about this?' because it was a fixed programme that they had in mind. It came from a particular point of view and a particular way of working.'

LA Official 6

So although the Action Group had achieved its initial aim of more locally based provision, it had also learned the important lesson that working with another voluntary agency requires agreement on the method of providing the service as well as the need for it.

This is specified very clearly in Benson (1975) op. cit. when he discusses the criteria for inter-organisational equilibrium (p.235). Briefly these are

- a) Domain consensus
- b) Ideological consensus
- c) Positive evaluation (of each others' work)

d) Work Co-ordination

It is clear that in this case, the relationship between the Action Group and Shield displayed little ideological consensus or positive evaluation and because of the lack of a management agreement, poor task co-ordination and a lack of agreement over who had the right to operate in this domain.

As a result of their disillusionment, the project committee (the Housing Subcommittee) became highly critical of Shield HA and began to explore alternative ways of providing community based housing.

'In the subcommittee that was involved with the Shield House, they'd begun..... to learn more about housing associations and what might be possible outside of Shield... We began to get NFHA guides and started reading up about management agreements and working together with voluntary organisations and housing associations in partnership. There was something around there as well, maybe we can get involved in that in ways other than Shield.'

AG Worker 1

5.4 The task force on supported accommodation

Whilst the Action Group was involved in negotiation with Shield HA over the housing project, an important development, with implications for special needs housing had taken place within the Regional Council's Social Work Department (SWD) - the establishment of a special development unit - a task force on supported accommodation.

The task force had its roots in an Urban Aid project, established by the SWD in the early 1970's to develop new ways of working with the population of single homeless people in a run-down central area of Bigtown. Like the Action Group, the project workers were obliged to revise their objectives and methods of working constantly in the light of new knowledge. As work developed in this area they moved from a relatively simple model of the causation of single homelessness (ie that the single homeless were alcoholics) to a recognition of the more complex nature of the problem.

'When I came to Bigtown, to that job in the Urban Aid Project, I came as the social worker to the hostel (for recovering alcoholics) and I was going to sort out all the housing problems of single homeless people in Bigtown..... They would come out reformed people who would have houses in Mansionhouse.

'I discovered in a fairly short time that many of the people staying in hostels and night shelters, they possibly had a drink problem or were getting a drink problem but the main problem was a housing problem.'

VO Worker 2

This project was very prolific in the generation of new ideas and strategies.

Direct spin offs from its work were

- the Bigtown Council for the Single Homeless
- Scottish Council for the Single Homeless
- the Central Area CDP and the development of a Housing Association
- and the Task Force on Supported Accommodation

When the project ended in 1978, all the workers bar one, had moved on to other jobs. The remaining member had no obvious task. He was made Social Work Consultant within the Headquarters of the SWD responsible for a number of areas of development.

'It was slightly a misnomer, it was just a convenient title that was lying around empty as a vacant post within the department.'

LA Official 7

He had a permanent post within the department but had no clear task when the project ended. Yet this person was an innovator who had a strong value commitment to improving services for the homeless. He seized the opportunity therefore to create a job in which he could further the development of services for this client group. He was involved over and above the requirements of his work, and besides being a LA Official, was also a committee member of the Scottish Council for the Single Homeless - the Director of that being a former colleague in the project.

His situation reflects that described by Wilson (op.cit); namely that diversity is a crucial factor for innovation in bureaucracies and that

'in the absence of clear performance criteria and in the presence of a variety of conceptions of nominally identical tasks, each member will try to define his own job for himself.'

p.201 op.cit.

Social work is in its nature a diffuse task, but this individual's role was exceptionally so and he was to use it to advantage. He both initiated and was subsequently responsible for the development of the task force.

Even in the early days of the Urban Aid Project there had been a recognition of the need for an inter-relationship between housing, social work and health to tackle homelessness. There were those whose experience of hospitalisation rendered them homeless and therefore more likely to require SW services such as ex-psychiatric patients; and those like the mentally handicapped who were in hospital *faute de mieux*. Yet another common factor contributing to homelessness was experience of residential care in childhood - young people who lacked the resources of family support. Moreover these problems were exacerbated by the limited availability of council housing to single people.

In the inter-organisational nexus, however, there was a failure of leadership or in Benson's terms the network was blocked, with no organisation powerful enough to obtain resources. The obvious candidate to do the unblocking - the Bigtown District Housing Department was unwilling to do so because of the political and financial factors discussed earlier. The establishment of the task force was an attempt by those in the Social Work Department to try to make some progress.

When Task Force was established its objectives were

'to promote co-operation and liaison between statutory agencies (Social Work, Health, Housing and Social Security) voluntary agencies and housing associations.'

It hoped to

'rationalise, co-ordinate and encourage new and existing developments by providing a focus within the Social Work Department for exploration, discussion and practical action'

*Introductory pamphlet, Task Force on Supported Accommodation,
April 1980*

The job of Task Force was not to establish its own supported accommodation provision but rather to act as a facilitator:

'Task Force was not seen as a direct service provider, more a stimulator. We had expected it to stimulate inside the department as well as the voluntary sector. In the event the voluntary sector took off most at that stage.'

LA Official 5

There were two quite unusual features of the team which merit comment

- the character of the staff recruited
- their control of a small budget (this is dealt with on p.111 as its significance emerges later)

All three professional staff recruited had worked in voluntary organisations - although one had substantial local authority experience as well. Both managers responsible for the team - the SW consultant and the Assistant Director of Social Work (ADSW) - were clear that it was not so much voluntary sector experience which was sought as a particular type of personality:

'people with an attitude to work who could be lateral thinkers, but adventurous; not too constrained by bureaucracy, who would be able to look at the situation. They were going into a completely new area so we wanted no preconceived ideas. We were looking for people who were fairly independent with a lot of ideas - imaginative.'

LA Official 5

'In some ways it was co-incidental, but clearly the view we'd got of supported accommodation being an all-embracing concept and the promotion of it requiring promotion within the department **and** within the voluntary sector **and** tied in with the Housing Association movement.... I mean, we'd certainly got a broad view of the work that was needed and therefore people with a broad background did stand a better chance to be honest.'

LA Official 7¹

Whatever the reason for their selection, this team of people with voluntary organisation experience, operated in ways which were not usual within the bureaucratic model.

'We saw ourselves in that role as a development team, as part of the Social Work Department, but actually separate to it as well.'

LA Official 6

Whilst there was a physical separation, in that the Task Force office was not part of any other social work facility

'we cultivated a separate image as well.'

LA Official 6

The emphasis was on expanding supported accommodation services by whatever means possible, rather than seeing it as necessarily a social work department task.

'We were loyal to the department, we saw a very important role for the Social Work Department, but we weren't departmental people in that sense. We didn't see that everything had to be done by the department - we weren't absolutely blinkered in that way as some people are. Some politicians see, for political reasons, everything's got to be done by the local authority or everything's got to be privatised because it's profitable and there's a polarisation.... We deliberately recruited staff who were happy with a mixed economy. We set about sowing seeds on a fifty fifty basis, I think.

LA Official 7

Wilson (op.cit) stresses the importance of sub-units, like Task Force, in the process of innovation. He identifies three stages in the process:

¹This aspect of "outsiders" being recruited to innovate reflects the experience of the Action Group who 'didn't want social worky people' see p.79 above.

- A The conception of change
- B The proposing of change
- C The adoption and implementation of change

Sub-units, particularly geographically dispersed ones, such as Task Force (and Area Teams) lead to the 'generation of sub-unit loyalties' (op.cit p.199) which may transcend any wider loyalty to the parent organisation. This facilitates the conception and proposition of innovation because the sub-unit members come to see costs and benefits from their perspective rather than that of the wider organisation.

In this context of a large bureaucracy with a diversity of sub-units - Wilson argues that stages A and B are more likely to occur - because of increased opportunities to define work situations. Paradoxically, it will be harder to adopt change

'essentially for political reasons, it is too costly to concert the wills of organisation members, sufficient to implement the proposals'
op. cit p.202

In other words, success or lack thereof in innovation depends on the power structure of the organisation. Whilst a tightly knit, hierarchical bureaucracy is less likely to generate new ideas, implementation is easier than in a diverse organisation with many sub-units and hence multiple centres of power. Thus, any agency like, the Social Work Department, has serious problem - how to generate new ideas **and** secure their implementation.

Task force was no exception to Wilsons' hypothesis. They were to have considerable difficulties with the wider department, and not just because of the threat that innovation posed to some other parts of the department. Plains Region SWD was a typical local authority bureaucracy - hierarchically organised with (in 1980) four distinct divisions - Fieldwork, Residential and Day-Care, Development and Administration - each headed by an Assistant Director of Social Work. The focus in each division was not on client groups but on method of service delivery. This meant that the department lacked expertise about the needs of specific client groups. The focus was on 'how?' rather than 'for whom?' This meant that in-house expertise tended to have a strong interest in

maintaining the status quo, as staff's expertise lay in the provision and maintenance of residential care establishments.

The first concern of the Task Force team was to try to define 'Supported Accommodation'. Secondly they surveyed existing provision across client groups. Their conclusions were presented to the Region in August 1980. Supported Accommodation proved difficult to define. It proved easier to say what it was not.

'Any form of accommodation for a special needs group, which is intermediate between conventional residential or institutional care and fully independent living." This definition accepts that there is a grey area at either end of this intermediate range of accommodation provision.'

p.1 Task Force Report (1980)

Thus special needs housing was in Crozier's (1964) terms an area of uncertainty; the domain was not clearly defined. There was also little clarity about who should provide the service or how.

'There is little evidence of a regional perspective on the development of supported accommodation. Provision has tended to established in an ad hoc, patchy, manner that may at times bear little relationship to the needs of the region as a whole.'

p.15 op.cit

There was also a contrast between the approach of the SWD and the voluntary sector.

'The Social Work Department has had an increasing involvement in the development of supported accommodation over the past several years. However, there is an overall lack of variety in this provision, and a tendency to stay with what is familiar. The keyword is caution, with a resulting emphasis on hostels or small group homes supported by visiting professionals.'

p.15 op.cit

This may be explained in Wilson's terms as a compromise, in order to avoid a serious challenge to the existing power structure of the department, innovation involved no more than incremental change. Voluntary organisations, lacking these constraints, had

'played a significant role in extending the range of provision by setting up new schemes for different groups. Some of the most creative projects have resulted from co-operation between specialist voluntary organisations and housing associations. There is a

growing body of expertise among these organisations which clearly represents an important resource for the future.'

p.15 op. cit

In Crozier's discussion in the Bureaucratic Phenomenon - power stems from control over areas of uncertainty. If 'authority' is substituted for 'power', then it is possible to interpret the establishment of Task Force in 1979, as a bid by Plains Region SWD, or at least by those seeking to innovate, for this particular area of operation (domain), thereby enabling the Region to demand resources for the service too.

Task Force set about surveying the ground. They did this in two ways. Firstly they looked at what was being provided within Plains for a range of client groups: people with mental handicap, people with physical disability, people with mental illness, offenders, people with addictions, young people, elderly, single parents, battered women, single homeless people. It was this exercise that established contact between the team and the Action Group. The latter were at this point well into their own development of locally based housing with Shield.

Secondly, the task force team spent a week visiting projects in other parts of Britain. This had two important effects: it created the possibility of the 'diffusion of innovation' (Schon op. cit) and it generated group cohesion between the three workers as they toured the country together.

Having completed their survey, the team set about clarifying their role for the next three years (which was the life-span of the project). With only three project workers it would not be possible to stimulate development for all client groups. It was decided to concentrate on mental handicap, physical handicap and young people. This seems to have been because of the interests of the workers and because there were already others active in some of the other areas. In the end

'we focused on the three things to start with, simply because we had to start somewhere.'

LA Official 7

The team had considerable freedom to define their task. Team members were able to follow their preferences, not just on the area of work but also the style of working. The one team member who had substantial local authority experience chose to work within the department in the child-care field as well as with

voluntary organisations whereas the other two concentrated more on work with voluntary organisations.

'I suppose, we had less of a kind of interest in the way the department was structured and the whole re-organisation issue which was going on when we were there. We all used to get frustrated with the bureaucratic decision-making. The team leader and I tended to find ways of by-passing it rather than challenging it.'

LA Official 6

This attitude was also reinforced by the staff's subsequent experiences. The choice of the voluntary sector as the prime area of development of supported accommodation services for mentally handicapped people stemmed from difficulties, particularly in negotiating with the residential and day-care section of the department. Whilst the staff member who worked within the department was perceived as 'bi-lingual' (LA Official 1) by those working in mainstream service provision, there was generally a view of Task Force taking away the exciting bits of other people's jobs.

'Instead of their job getting enlarged and becoming more exciting, that exciting bit was chopped off and (they were) told "you just keep on doing the mundane, day to day, bread and butter things" and somebody over there who ... the staff feel, knows nothing about it, will suddenly.... go round all the voluntaries or who they can talk to, who've never practised in this field, are coming up with ideas that need tested out in practice.'

LA Official 1

Task Force were conscious of this negative appraisal of their role.

'They didn't see us as useful at first. They didn't understand what we were doing. They also thought we were arrogant and you know, saw ourselves as something apart and not doing "real work".'

LA Official 6

Indeed it was this negative perception of innovation as not "real work" which had led to Task Force being established, rather than extra posts being put into either Area teams or Residential and Day Care division, to undertake this work. It was also a way of maximising the potential of a small resource. Task Force, which was in total five people, would have had a minimal impact spread around 17 area teams. Even its successor, a supported accommodation team, with 35 staff remained a separate centralised unit.

It is paradoxical that there was resentment amongst mainstream workers at losing the 'interesting bits of their jobs', but as the Director of Social Work observed, if such posts had been in an area team, they would have been seen as 'luxuries the department could ill afford' especially once financial stringency became the order of the day after 1981.

'But as long as we're reducing the area offices, when selecting which posts to freeze, they'd have picked that post every time, because of their need to keep a duty rota going, and because of their need for clients coming through the door to be received. We found that with the mental handicap specialists - we put one into each area team and the moment we freeze recruitment (and we wanted local autonomy) the first post they froze was the mental handicap worker and the second was the community worker.'

LA Official 4

Thus centralised teams are a way of protecting a small resource, but they are also a way of securing a more public position. This is particularly important, when, as in this instance, there is a need to change both professional ideologies and the power structures, because there is resistance to change.

Task Force was faced with the difficult task of changing the perception of the kind of service it was possible for the department to deliver. Team members perceived the hostility of some sections of the SWD to their ideas and yet their task was to persuade the Regional Council and other bodies that the innovation of supported accommodation should be adopted. For example, bureaucratic criteria were applied to any new development, so that there were arguments that supported flats should have two staff sleeping-in.

'At times it was hellish, very, very hard. The level of aggro was quite high at times. Different sections were trying to protect themselves, trying to fight a rearguard action. At that time, in 1980, there'd not even been any question of this "Time of Change"² exercise - but Residential section were fighting a rearguard action to protect itself from new ideas - you can hardly believe it now - talking about training flats!'

LA Official 7

²A review undertaken by Plains Region in 1982 of services for children, particularly residential. The recommendations included the closure of several children's homes and the wholesale transfer of staff into community based ventures including the Supported Accommodation team.

The major battles were fought in financial terms. In Wildavsky's (op.cit) terms policy issues were disguised as financial ones:

'Some of the biggest issues were really terribly bureaucratic issues about finance - about whether the department would take on houses 'There was all kinds of things to do with the internal auditors about the use of money and the promotion of independent living which was what Task Force was primarily about - caused all kinds of difficulties with auditors, finance officials and administrators within the department - control over this, that and the other. The setting up of some of the places was incredibly difficult to start with. We had to start with the finance people, setting up budgets from nowhere - "Where was the money to come from?"

LA Official 3

Initially the arguments were over sums as small as £500. Wildavsky (op.cit) would describe this as a case of 'wedging'. Where budgets are incremental, the hardest thing is to innovate, to secure a new budget heading. Once the wedge is inserted, however, it can be built on and in Plains Supported Accommodation had acquired a budget of £35,000 by 1986.

Task force found itself in a situation where it was going to be very difficult to bring about change. They had to prove their case and they looked to voluntary organisations to demonstrate that these new ideas were viable. Voluntary organisation involvement came relatively easily because the team were already in contact with them through their survey. Their use of information is interesting in that the team acted as brokers: having collected examples of new ways of working from all over Britain, they presented these examples to interested parties - 'sowing seeds all over the place' (LA Official 7) and carefully tended those which showed signs of taking root. The fact that they had managed to obtain a small sum of money to underwrite the start-up costs and vacancy levels in projects, gave them a way of attracting voluntary organisations, too.

Because of their high publicity profile Task Force managed to generate a 'buzz' about Supported Accommodation

'You only need a few articles in the Bulletin³ and Link Up⁴ and other places and everybody begins to talk about Supported Accommodation as the new generic term.'

LA Official 7

But initially, it was voluntary organisations which were more receptive to these new ideas perhaps because of their ability to be more flexible. They did not have to overcome some of the bureaucratic and institutional obstacles to change, which confronted the social work department officials. They also often had resources available to them (eg buildings and alternative sources of funding), which were not available to statutory bodies:

'I'm afraid we were developing a new area and trying to sell it to people on the one hand and trying to think it through on the other...'

Me: 'Who did you have to sell it to?'

'Well to everybody really Some of these more imaginative projects we sold to the voluntary sector and housing associations because they were providing the buildings, the ideas and quite often they were going to run them at the end of the day. We certainly had to sell things inside the department as well!'

LA Official 7

In the case of mental handicap the team member responsible, impatient with bureaucratic methods, and anxious to prove her case, turned to voluntary organisations to help bring about the change in perception of what was possible.

5.5 The Doorway Project

Task Force had proposed four models of care in their initial document 'Choice and Challenge'(1980):

³SWD Newsletter

⁴Bigtown Council of Voluntary Service Newsletter

'chosen because they offer an opportunity to complement imaginative schemes already in operation and to meet needs which are not being met within existing facilities. They have been chosen for their symbolic value. By illustrating what is possible, the attitudes and expectations of public professionals and residents alike may be radically altered.'

p.20 op. cit.

The model proposed for mentally handicapped people was that of a project the team had visited in Cardiff and had its roots in what was known as the Welsh Strategy.⁵

This model involved three mentally handicapped people sharing a house with four or five non-handicapped flatmates who would provide support. The latter would be committed for one year. In Cardiff this support was provided by university students and Community Service Volunteers, with backup services from social services. A similar project was proposed for Bigtown.

'to do that kind of work, we reckoned we ... had to work with the voluntary sector, because it would be difficult to establish that kind of project through the Social Work Department ... because:

a) they just wouldn't take it, it was too risky, too different, too under-controlled, - the control they could have over the type of people coming into it, in terms of supporters

b) partly my own preference to work with the voluntary sector, if I'm honest - I felt I would get much more support I felt they would understand what I was trying to do a lot of it around changing the way of thinking about providing services for mentally handicapped people.'

LA Official 6

It was through this project that the Action Group came to have a close involvement with Task Force. In January 1981 the Action Group co-ordinator was invited to join a planning group to establish the Doorway Project. The prime movers were the Task Force worker and a staff member of the University Settlement. Other members of the management committee included staff from the mental handicap hospital, both medical and social work, SWD staff and a university lecturer in social policy.

⁵This will be discussed in detail in Chapter 7 below.

'It was a long running disaster There was a question of whether the Action Group should host a development like that I felt uneasy about that and thinking that it was an awful lot of work and it wasn't something we were willing to take on at that stage.... (Probe) By a lot of work I meant, it was going to be difficult, (some people thought it was going to be easier than I reckoned it would be) so I went along with the idea of there being another organisation set up to this. This became Doorway.'

AG Worker 1

This project provided an object lesson for all concerned about the problems which can arise, if development work like this is not done in a planned and careful way. The fundamental problem stemmed from trying to move too quickly. Whilst LA Official 6 was clear that the project would not have got off the ground without a certain 'naive enthusiasm'

'We didn't define and work out enough in advance how the whole thing was going to work - what the responsibilities were going to be - how we were going to handle the finances; all the nitty-gritty that keeps the project going ... We worked that out as we went along.'

LA Official 6

The major source of pressure was that a suitable house for the project was found with surprising ease. However, once the lease was settled, there was a financial pressure to occupy it. It was this factor which denied the group time to sort out the important management details.

There were other pressures and problems, too. The selection of tenants was poor, in one case, particularly so.

'We weren't big enough as an organisation to accept that until it was too late. It's a whole big issue, taking people out of hospital into a new environment and if it goes wrong, just moving them back. You're dealing with people's lives and it's terribly hard.'

LA Official 6

There was also some perceived hostility to the project on the part of staff in the hospital. The Action Group and Task Force staff felt that whilst those Health Service people on the management committee were sympathetic to supported accommodation, there was

'a whole expectation of failure in the hospital which undermined their confidence.'

AG Worker 1

One Health Service professional interpreted the 'naive enthusiasm' of the Doorway management committee as more akin to missionary zeal - coming into the hospital to 'save' patients.

'There was nothing wrong with that. I think patients should be saved - it was 'them' and 'us' and what health said - the people coming in, they said they believed the opposite. (For example) "This patient's only got one leg," a nurse would say. (I'm being facetious) The people coming in would say "Oh, no, no, no - he's got two."

HS Professional 1⁶

It was clear to all involved that

'it threw up so many other prejudices, difficulties about different professionals working together. All the things about the different perspectives people in a hospital have about an individual compared to how they are seen by people outside.'

AG Worker 1

In Benson's terms co-operation would fail because there was no ideological consensus and no positive evaluation of each other's work (Benson p.235 op. cit)

The other major significant factor was the failure of support. There were two problems. The first was the failure of the Social Work Department to provide Adult Training Centre places despite promises to do so. This put increased pressure on the student residents, as it left tenants with little to do during the day.

The second problem was

'that the support (in terms of visiting) that should have been there wasn't I don't think we'd worked out what was going to be needed. It was a real lesson to me about how much harder you have to work out what you mean by support in terms of hours, tasks, and who does it, and how the sort of assessments are done that used to be done by the hospital, about what people can and cannot do. It just gives you a useless picture.'

AG Worker 1

⁶The relationship between the Health Service and other agencies will be discussed more fully in Ch. 7.

In part as a result of these pressures, the students who had volunteered to live in the house left and the management committee had to find new support people

'who didn't have anything like the same commitment and didn't feel that they'd chosen these people.'

AG Worker 1

Things lurched from one crisis to another. The chairman resigned and the Co-ordinator of the Action Group took over. He determined that the project had to end

'It lingered for more than a year. The people went back to (the hospital). Some people on the committee wanted to keep it going. Other people - I was one - argued that we should fold the whole thing up. That eventually happened - financially it wasn't viable either.'

AG Worker 1

5.6 Conclusion

This experience did not however lessen the Action Group's enthusiasm for developing this kind of housing provision. Their approach was to seek ways of doing so successfully, rather than giving up at the first failures. Clearly they learnt a number of lessons from their involvement in these two ventures. From their involvement with Shield they discovered the difficulty of two agencies pursuing ostensibly the same ends, working co-operatively. The four criteria specified by Benson (1975) prove useful in analysing what was wrong in that relationship. The two organisations, although working with the same client group, had quite different value systems. The consumerist approach of the Action Group clashed with the more paternalist approach of Shield. The failure to agree about how the domain was to be shared between them was fundamental and led to negative evaluations of the work of Shield by the Action Group as well as lack of clarity about the tasks. Perhaps there was a case, the Action Group began to realise for becoming more directly involved in service provision.

From the Doorway experience they began to realise the kinds of issues which had to be clarified and agreed in order to make a project work and in particular, the problems of working across different professional groups and agency

boundaries. What was particularly significant was the relationship of trust and mutual respect which built up between the Task Force worker and the Action Group Co-ordinator. The Action Group began to move to a more co-operative way of working with the higher echelons of the SWD.

'the contact I'd had with LA Official 6 - I used to see her at a lot of meetings. There was quite a buzz around about Supported Accommodation and different ways of doing things, I got the feeling there was something here we could maybe get into.'

AG Worker 1

'I felt it was a mutual relationship - supportive and productive.'

LA Official 6

'There was a reciprocal build up of interest in the need to provide accommodation. The Social Work Department learnt from Division Three Action Group. There was a lot of to-ing and fro-ing.'

LA Official 3

This kind of relationship also highlights the point which both Benson (1977) and Zeitz (1980b) namely that it is process rather than structure which is the vital focus of inter-organisational study. There are continual adjustments to be made in the light of new possibilities or constraints:

'The social world is in a continuous state of becoming.'

p.3 Benson op.cit

Between Task Force and a number of voluntary organisations, there was created a group of people whose commitment to the principle of community care, transcended organisational boundaries. Zeitz makes the important point that organisations are open rather than closed systems and therefore they need to take account of external factors. They are also not coherent wholes but a mass of contradictions which necessitate constant change and adaptation. More importantly, this community of interest between the Action Group and Task Force led to co-ordinated action to achieve mutually desired ends. Van der Ven and Walker (1984) focus on this 'ad hoc' form of inter-organisational relations. They argue that organisational agents act as entrepreneurs when an organisation has a particular objective which it can only attain by gaining co-operation, support and resources from other organisations. This entrepreneur

'gathers together the resources and forges the ad hoc relationships needed to enable his or her organisation to pursue its own objective.'

p 598 Van der Ven and Walker op.cit.

The authors fail to give a credible account of this process because they focus on the individual agency, ignoring Benson's strictures to focus on the network. The Action Group/Task Force relationship emphasises the importance of this - it was not an exploitative relationship but a symbiotic one. Voluntary agencies alone lacked the power to implement changes, but they offered to Task Force, the expertise lacking in the SWD to propose and implement change. This study encompasses therefore, not one organisational entrepreneur, but a group of them, each crossing organisational boundaries and each having their specific objectives, but with sufficient common purpose to be able to take co-ordinated action.

Thus, by 1983, when the Doorway Project had come to an end, the Action Group was ready to make its own proposals. By now it had achieved legitimacy as an organisation and had learnt a great deal about the pitfalls of running accommodation projects. Its relationship with the headquarters of the Social Work Department was moving onto a more co-operative level as innovators within the department perceived their potential in helping to achieve change. They now had friends who would be able to assist with their proposals. They had already learnt a little about negotiating for funding. In obtaining support for their own project they were about to learn a great deal more.

Chronology Chapter Five

1978

3 April Present Co-ordinator employed

7 September Local meeting to discuss the development of a site for community-based housing by Shield HA

1979

17 September Information and Advice Worker employed through STEP

Autumn Plains SWD establish Task Force on Supported Accommodation

1980

January Planning Group to develop Doorway Project convened

April Doorway volunteers begin weekly visits to local mental handicap hospital to identify suitable residents

November 1979-

July 1980 Task Force survey of provision

August Task Force report published

1981

September House offered to Doorway project

November Shield HA complete community housing project

December Support Workers move into Doorway House

1982

March 2 people with a mental handicap move into Doorway

1983

Early Closure of Doorway Project (unable to date this exactly)

CHAPTER SIX

Urban aid is funny money anyway!

6.1 Summary

This chapter outlines the proposal for a supported accommodation project developed by the Action Group and relates the history of the application to fund this through Urban Programme funding the Urban Renewal Unit (URU) of the Scottish Development Department (SDD). This history illustrates the difficulties faced by any agency in fitting its policy objectives to the requirements and objectives of the funding mechanism and highlights the problems caused by an attenuated negotiating structure. It illustrates the factors which can render a funding application unsuccessful.

The chapter focuses on three strands:

- a) the proposed project
- b) The interpretation of the Urban Programme guidelines
- c) Efforts to make the Action Group's application 'fit' whatever these guidelines were thought to be.

It also highlights the role of 'insider advocates'; officials who promote the interests of other agencies within their bureaucracy because of inter-agency alliances discussed above (p.117). These alliances demonstrate the complexity and inter-meshing of the different motives of participants in various organisations agreeing to pursue 'common ends'. In pursuing this analysis, the chapter also argues, following Wildavsky, that, within a framework of rules, (in this case a specific programme rather than a budget) negotiations and decisions have a political rather than a rational basis. Rationality was the justification rather than the reason for decisions.

It was also notable that there were differences between officials in different bureaucracies in the perception of their role. This has consequences for voluntary agencies. This perception seems to be directly related both to the degree of openness of an organisation and the extent to which it subscribes to neutral, rational decision-making.

6.2 Introduction

By 1983 the Action Group had moved a long way from its position in 1979, both in its own terms and in the eyes of the local authority:

- from wishing to stimulate other organisations to provide housing, it was now seeking to make its own provision
- from being seen as a 'bit irritating,'(LA Official 2) to a valued service provider.

'The history of (the Action Group) is very interesting - it moved from being a thorn in the flesh to an organisation that was very much supported and thought well of by the department as a whole.'

LA Official 5

The decision to move more firmly into the service provision arena was purely pragmatic. Prior to 1979, there was an expectation that service provision came from statutory sources. The election of a Conservative government that year, brought a gradual realisation that that expectation had to be revised - perhaps permanently. Opportunities for new initiatives laid much greater emphasis on voluntary and private sector provision.

The attempt to work with Shield HA had taught the Action Group a lesson - that the choice of partner was fundamental to the success of the venture. One of the major issues between the two agencies was the lack of control the Action Group had over the management and direction of the project. Therefore, if the resources could be obtained to fund extra staff, it made more sense for the Action Group to run its own project.¹

From the Doorway project, the Group had learnt the importance of doing the ground-work thoroughly and of developing clarity about how the service was to

¹The Action Group had also been down the avenue of setting up an independent (but linked) voluntary organisation: the Sitting Service, an organisation which provided sitters to allow adults carers to have some relief. Whilst this organisation was nominally separate from the Action Group, there was considerable overlap on the management committee. The co-ordinator was of the opinion that this arrangement wasted time and that its affairs would have been more conveniently managed within the Action Group structure.

be delivered. The difficulty in managing a project with input from a range of different professional and organisational backgrounds was also noted.

The other factor influencing the decision to give more emphasis to service provision was credibility. The stated priority of the SWD in funding voluntary organisations, was to maximise service provision (above p.78). Thus if the Action Group was to be regarded as a key organisation in the field of mental handicap then it needed a greater emphasis on services. If those services were to be funded from statutory sources then there had to be some degree of congruence between what the Group wanted and the aims of the funding body.

There was a body of opinion within the management committee that the Action Group would be more effective if it sought to maintain its independence of statutory funding by giving more emphasis to the charity shop. The co-ordinator felt this position to be unrealistic and was unwilling to pursue this. The major problem he foresaw was the unreliability of shop income. There were

'too many imponderables and too many ups and downs about when you'll have money in.'

AG Worker 1

Although Social Work Department officials were aware of the uses of pressure group activities, generally the emphasis in talking about their relationship with the Group and about decisions to fund it, emphasized its service giving, 'self help', community based aspects.

'It provides a service as well as being a pressure group. It's an oversimplification, but almost the greatest voluntary organisation there's ever been is CPAG (Child Poverty Action Group), in terms of what it's achieved through pressure without providing a service at all. But I suppose we would err on the side of those that provide a service.'

LA Official 4

At the same time as the Action Group was moving in the direction of greater levels of service provision, the SWD was reviewing its criteria for grant aid, culminating in a report to the SW Committee 'Criteria for Grant-Aiding Voluntary Organisations' in 1984. This stated as one of the fundamental criteria that

'the organisation provides a service which is consistent with the agreed priorities of the SWD.'

p.2 op.cit.

The discussions which culminated in this report would have been beginning when the Action Group formulated its proposal and the Group would have been aware of these views because they were closely linked into local networks.

There were costs as well as benefits attached to this decision to develop its own housing services - some of which were alluded to by Action Group Worker 2 (above p.96). Running services was much more time consuming than pressure group activities. It entailed some sacrifice of freedom of manoeuvre too. This particular application, if successful would mean that for the first time the majority of the Action Group's funding would come from statutory rather than non-statutory sources.

Funding a voluntary organisation is not simply a beneficent gesture on the part of statutory agencies. There are elements of control too: over the kind of services, the client group, the area of operation, management and financial probity. The Action Group in seeking a large amount of statutory funding would be expected to accept these constraints on its operation or risk having its funding withdrawn.

In these circumstances pressure group activities might be expected to become more muted, at least as far as funding bodies were concerned. However, as noted earlier alliances sometimes form between groups of officials in statutory and voluntary agencies which transcend organisational boundaries. These alliances seem important for innovation, in bringing about policy changes within statutory bodies. The relative freedom which a voluntary organisation has to campaign as well as provide services is a key factor in bringing about this change, particularly if that campaigning is well informed by 'inside' information. Thus the increased participation of the Action Group in local authority discussions to develop its service provision, also enabled the Group to influence local authority policy in ways which would not be possible simply by outside pressure. Through their contacts with sympathetic officials, they had a conduit through which their ideas might flow into the SWD.

6.3 The Action Group's Supported Accommodation Project

By 1983, the Action Group had obtained a good deal of experience of special needs housing; they had worked with Shield and Task Force and through the

latter with Doorway. They had also begun to provide a small resource themselves.

This had come about in a fortuitous way. Plains Region had been in contention with central Government over finance for some two years and as a result had been heavily penalised. In 1982, a minority Conservative administration had taken control with Alliance support. There had begun to be substantial cut-backs in services and new provisions suffered most heavily. This had serious consequences for an innovatory project like Task Force. LA Official 6 had been in negotiation with a social worker in the Division 4 Area team, who was interested in establishing an experimental resource for mentally handicapped people. Task Force had approached housing associations and had been offered some accommodation by Hands HA. The SWD had planned to provide some 'core and cluster' flats themselves, with a resource worker supporting residents living relatively independently.

'That report basically got lost because of the cuts. It was the whole problem of timing - we couldn't raise the money to take it on within the time limits.'

LA Official 6

Rather than lose the houses, LA Official 6 asked the Action Group Co-ordinator if his organisation was interested in using these flats. They were. They decided in December 1982 to see if lessons could be learnt from their experience of Doorway and to use one of these flats to house two mentally handicapped people supported by volunteers. Task Force now had resources to cover voids and to pay expenses to the volunteers. The Action Group's Volunteer Organiser recruited support. In comparison with their previous experience with Shield

'The whole thing was so smooth.'

AG Worker 1

with a properly negotiated lease and management agreement.

In line with their now long-held belief in consulting parents, the Group renewed its commitment to obtaining more community-based housing through a policy-making workshop. This was held on 12 May 1983 and conducted by the same person who ran the initial workshop in 1976, which established the parameters of the group. The aim of this workshop was to evaluate the directions taken by the group and to make recommendations for future action.

As part of this some of the opportunities presented by recent policy changes were discussed.

The advent of housing benefit and changes in DHSS board and lodging regulations meant that for the first time there was some prospect of reliable sources of income to fund supported accommodation projects. 'Extra Care Costs' could be recouped for those on Supplementary Benefit from central government. This route was, however, only available to voluntary organisations and other non-statutorily provided accommodation. This was in line with government antipathy to statutory provision of services and a preference for voluntary sector and private market provision. This emphasis had also recently been inserted into Urban Aid regulations, (see below p.148)

However these factors encouraged Action Group staff to consider an attempt to provide a larger scale provision.

'There were lots of things around in 1983. Everybody who'd been involved with Doorway was talking about a new potential ... for things that would be staffed.'

AG Worker 1

The Group had also become aware of Urban Aid as a potential funding mechanism, as Action Group Worker 2 was a councillor in a deprived area where this funding had been used extensively by the Regional Council. They knew that in other parts of Scotland Urban Aid had been used to fund services for mentally handicapped people.

'It was a really hot summer. It was really warm and we'd been talking about this ... It looks as though we can really design something, a proposal and put it in ... We packed up the office and went down to a pub (by the sea) and sat on the promenade with big sheets of paper and started working it out in a very rough form, what the application would look like.'

AG Worker 1

The proposal was written with a specific type of funding in mind - Urban Aid. It sought workers to develop and support community- based housing for mentally handicapped people. The Action Group workers calculated that once facilities for community care were established, they could become self-financing. The major problem was the money to develop services - it was this that they were to seek through Urban Aid.

The staff did not simply sit down and write a proposal which was then submitted for funding. It was an inter-active process. There was a good deal of informal comment obtained from staff in both the Regional Council and the District Council.

'By that time I'd had quite a lot of contact with (AG Worker 1) through Task Force and he showed me the draft document - - how it should be couched and what additional information was needed. It was the same with a number of people, particularly in the voluntary sector, who sounded me out at that point. I tried to make sure they sounded out one or two other people as well.'

LA Official 7

Before proceeding with detailed work on the project the Action Group staff needed to know whether or not it was a feasible proposition. It was this feedback they sought from the LA officials, because as Action Group Worker 2 observed, whilst there might be

'gold in them thar grant applications ... one of the problems with an organisation like ours is that good ideas abound but time to act on them doesn't ...'

The statutory advice was helpful

'in advising you how to maximise your application. We were very lucky in getting advice about what not to waste our time on!'

AG Worker 2

The proposal sought £130,000 from Urban Aid, the costs split 75%/12½%/12½% between the Urban Renewal Unit (Scottish Development Department), Plains and Bigtown District Council, to fund three workers:

- a) a development worker
- b) a support worker
- c) a voluntary services officer

It was envisaged that the project would be time limited over approximately four years and that it would take place in two phases. The tasks for the team would be

- 1 **Assessment** of the degree of support needed and how to provide this.

- 2 The **negotiation** of public and private sector housing, the development of a management system within the group and the negotiation of long-term funding.
- 3 The **development** of community support systems to facilitate integration.

The proposal emphasised the consumer oriented approach of the Action Group:

'We firmly believe that the needs of mentally handicapped people should be answered from a knowledge of individuals rather than the imposition of a system.'

p.6 Project Proposal Div 3 AG (September 1983)

In the short term the team would seek to develop lightly supported accommodation through the use of local authority and housing association properties. This should enable some throughput in the one existing staffed resource - the Shield house. In the longer term medium and intensively supported accommodation with staff was to be developed in co-operation with housing associations. Long-term funding would be sought from Health and Social Work through Support Finance. (see below Ch.7)

It was this application which was submitted to the District and Regional Councils for Urban Aid funding in September 1983.

6.4 The Urban Programme

The Urban Programme was a child of its time. It arose in 1969 from the rediscovery of poverty earlier in the decade and attempts in the USA to construct an anti-poverty programme - the War on Poverty. The immediate stimulus however, was Enoch Powell's 'Rivers of Blood' speech in 1968. This provoked fears of urban conflict among politicians (already evident in the USA) and a perception that it was necessary to offer some additional resources in order to prevent this. There seems to have been little thought given to what the programme would actually do. Indeed Richard Crossman noted (1977 p.129) that the difficulty had been 'to make any practical sense of this idea'. What emerged subsequently was the attempt of a civil service committee to do so.

The programme focused primarily on 'areas of multiple deprivation' stemming from the idea that poverty results from clusters of problems which mutually reinforce each other, creating a culture of poverty. It aimed to break this cycle of

deprivation. It is particularly important to note that the programme focused on fairly tightly defined geographical areas. In Scotland, these were the worst 10% Census enumeration districts, measured on indices such as unemployment, lack of basic amenities, infant mortality. Within these, priority was given to the worst 5%.

The amount of money available for the programme was relatively small in public expenditure terms and was circa £8 million for Scotland in 1986. This leads to a small-scale and highly selective approach, definitely out of the 'we're doing something' school of policy-making; infinitely cheaper and politically more acceptable than the major structural changes that some analysts (eg Brown and Madge 1982) suggest would be more likely to achieve results.

However, despite its small scale, the funding mechanism had some attractive features for local authorities, in particular, the large proportion of the funding contributed by Central Government. Once a project was agreed by the URU, the government agreed to pay 75% grants for 4 years and this could be extended for voluntary sector projects up to 7 years.²

In 1984 the ceiling for an individual project was £500,000 on capital costs and £300,000 recurrent costs. So it can be seen that this kind of funding can represent a very good 'buy' for a local authority, particularly as they were permitted to share their 25% contribution with another authority (eg District/Region).

This funding was particularly attractive to financially straitened authorities like Plains because expenditure was 'ex guidelines.' This meant that spending on this programme was not included in the calculations by central government of a local authority's guidelines on spending. It was these guidelines, which when measured against proposed expenditure, determined whether the Secretary of State would impose a 'claw-back' on the Rate Support Grant. So, although it was but a tiny fraction of an authority's total budget, Urban Aid represented potential for growth, when all other avenues were blocked.

²This was easily the longest time scale of any of the then available funding arrangements. The usual maximum for special projects funded through Social Work Services Group (see above p.84) was three years. Both MSC monies and the Unemployed Voluntary Action Fund (UVAF) lasted usually for only one year.

In 1981, the first government circular since 1970 on 'The Urban Programme in Scotland' (SDD circular 7/1981) was issued. This re-affirmed the area based principle stressing

'The programme is not intended simply for experimenting with new ways of providing services irrespective of location.'

p.1 SDD 7/1981

The circular adjusted the time-scales over which funding was available and made a shift in emphasis away from local authority projects to those sponsored by voluntary and community groups. This was underpinned by an assertion that

'involvement ... in devising, sponsoring and running a project is in itself a valuable element of community development additional to the benefits of a particular project.'

p.2 op.cit.

The 1981 circular also emphasised the potential to involve the private sector and gave priority to wealth-creating rather than wealth-consuming projects.

It defined a set of eligibility criteria and a set of priorities. Projects had to

- be for (and normally in) areas of multiple deprivation
- be a new project offering 'practical tangible results'
- not increase the overall numbers of local authority staff
- be within cost limits

In Scotland the Urban Programme is administered by a small Urban Renewal Unit (URU), located in one of three Housing Divisions in the Scottish Development Department of the Scottish Office. However that location is

'Purely a matter of happenstance you could make an argument for it being practically anywhere except the Agriculture Department.'

Civil Servant 1

The unit appraised applications, evaluated projects and formulated policy. The staff received submissions from Regional Councils for approval.

At Regional Council level, in Plains, before 1984, the Planning Department, whose main task was management co-ordination, had an information role in respect of the Urban Programme and dealt with the assessment of the eligibility of projects and their formal submission to the URU, but the bulk of the pre-

submission negotiation with the Scottish Office was undertaken within the service department.

There was little consistent practice. I found it impossible to obtain a clear account of how projects were dealt with within the Social Work Department. However the responsibility for the formulation and submission of the overall 'Urban Aid' package rested with the Planning Department. Each service department compiled a list of applications which were evaluated for professional content and ranked according to compatibility with that department's priorities. The Planning Department then checked the applications for eligibility according to the priorities spelt out by the URU. Officers from social work, education and planning then met to agree a package which was presented to the politicians for approval and this would then be submitted to the Scottish Office.

6.5 Why choose Urban Aid?

In September 1983, the Action Group submitted their application for Urban Aid to fund a Supported Accommodation project costing £33,337 p.a. over three years to start on 1 April 1984. The main components of the project were outlined (above p.126). Why did they choose Urban Aid rather than some other avenue of funding? Was this the appropriate mechanism?

A number of factors seem to have suggested this avenue to the Action Group which I will deal with below, but it is first important to recognise the context of the application. By 1983 growth in social service provision (as in almost all other aspects of the Regional Council's work) was at a standstill. The main reasons for this were the penalties imposed on the Region under new government powers in 1981/2 and the subsequent election of a Tory/Alliance Council intent on saving money. Although it was still possible to establish new areas of work (viz. the discussion in Chapter 5 of the development of Supported Accommodation) most of the major advances could only take place if something else went. Thus the Supported Accommodation team was established using savings from the decline in both demand for and popularity of residential child care. At a later stage this kind of money was quite simply 'saved'.

At the same time as local authority sources of voluntary sector funding dried up, agencies seeking money to develop new services embarked on a search for alternative funding sources - what Kramer (1981) describes as 'Grantsmanship'.

More and more agencies were competing for increasingly limited but more diverse sources of finances - all with different kinds of strings attached. This led agencies in many cases to pursue several funding avenues at the same time in the hope that one 'came good'. Quite simply money was becoming scarce and organisations would try anything.

'I think people were keen to get money and applying everywhere.'
LA Official 8

'I wouldn't necessarily describe it as a gravy train - but we actually see money passing before our eyes and there's a knee jerk reaction that one has to reach out and get it.'

VO Worker 1

'It was a feature then that a number of organisations at that time were very keen to get funding and began to go for whatever there was.'

LA Official 5

It was in this context that the Action Group decided to try for Urban Aid.

There is not any one clear precipitating factor in the Group's decision. In interviews, the question 'Whose idea was it and why?' provoked as many answers as there were respondents. It seems reasonable to infer then that the decision to go for Urban Aid was the result of a combination of what seemed to be favourable auguries which reinforced each other. The factors seem to be

- a) they were aware of its potential through Action Group Worker 2's experience
- b) they knew it had been used to fund projects for mentally handicapped people in other parts of Scotland
- c) they were encouraged to apply by LA Official 7.

A key factor here is overlapping roles. The official in charge of Task Force was also responsible for Urban Aid evaluation within the SWD. This person vouched for the project. He allowed it into the system of evaluation and suggested ways of forwarding it. The knowledge that he had acquired of the Action Group and its work in the preceding years was an important factor. This highlights the political nature of decision-making:

'The work that we've done in supported accommodation over the preceding years meant that perhaps I was a bit biased, I don't know. I wasn't the final arbiter in Urban Aid. I was faced with 10 or a dozen

Urban Aid projects. I was certainly pretty confident that the background work had been done on this particular one, but other people had to be convinced and think about it and it had to get into the lists and get argued about...'

LA Official 7

So he pointed the Action Group towards a number of key people as well as the Region's Planning Department who dealt with the technical criteria of Urban Aid. One of these key people was the District Council's Depute Director of Housing.

'I was one of the people who pushed that. I suggested the joint project to him, partly because by that time the Regional Council was more and more strapped for money and it might reduce the amount we'd have to pay even although we'd only have to pay 12 1/2%. Secondly it did seem there was scope for getting up the priority lists in the URU in the SDD because they were beginning to talk more and more about comprehensive packages for projects and things that were jointly agreed with the District and region It did seem that if we could actually get joint agreement from the Region and the District - it would give it added weight.'

LA Official 7

This official was keen to promote the Action Group's project because:

Firstly the feasibility of Task Force's ideas had to be proved in order to establish supported accommodation as a legitimate operation (or domain) for the SWD. Whilst Task Force staff were committed to these ideas, there was, as was noted in Ch.5, considerable opposition from other SWD staff, including those with power to block development. The more projects of this nature that were put forward, the greater the likelihood that this kind of care would become a mainstream task.³

Secondly the Region had severe financial difficulties. There was a preference among some Labour councillors for the Region to run projects itself. This view was probably shared by some key departmental staff. But whenever the Region sought funding from government sources the answer was no. In 1983 Plains could not have satisfied the criterion emphasized in the Urban Aid guidelines 'not to increase the overall numbers of local authority staff.' (7/1981) So the

³It has to be emphasized that this was by no means the only project of this kind that was being promoted at that time. There were others for physically disabled people and homeless young women.

region had to promote voluntary sector projects if it was to stand any chance of Urban Aid money. The prospect of a joint project with the District Council would make it a very cheap option indeed for both councils (£3000 each for the first year). That Urban Aid was 'ex guidelines', offered decided financial advantages from officials' viewpoints in pursuing this funding mechanism.

The **third** issue is more complex. Regional councillors were reluctant to assume new functions (because of the financial situation) and especially those which might be the responsibility of another agency. The District Council was perceived as attempting to shirk its responsibilities in relation to housing for special needs and some councillors therefore strongly objected to assuming functions such as supported accommodation. The problem was where to draw boundaries between social work counselling and support and the duties of housing visitors. Although the idea of supported accommodation was gradually gaining acceptance, the arguments were enormously time-consuming for officials and it was simply easier to promote voluntary sector projects where these boundary disputes had less significance.

The **deciding factor** for this official was the growth within the department of a Working Group on Services to Mentally Handicapped People promoting a Mental Handicap Strategy. This will be discussed in detail in the next chapter, but it should be noted that this was an idea which was being promoted by Task Force staff. Although it was still early days in this group's thinking and the major developments were to take place in 1984

'(LA Official 7)'s got the vision to see 10 years ahead - in order to get the kind of thing happening like they're doing in Wales.' (reference to the Welsh Mental Handicap Strategy)

and he was

'good at understanding that development work takes a long time and he's got the staying capacity to set up processes and establish structures which I got very intolerant about because I want to see things happen quickly.'

LA Official 6

This official took the long view. Although the Action Group project was a relatively small part of the structure which needed to be established if community care was to become a significant part of the provision for mentally handicapped people - it was clearly a step in that direction and for this reason it

was supported. The Group was now an agency whose track record was known and trusted by local authority officials, and this increased their chances of support.

LA Official 7, like a number of others in this study was a 'product champion'. This

'must be a man (sic!) willing to put himself on the line for an idea of doubtful success. He is willing to fail but he is capable of using any and every means of informal sales and pressure to succeed. No ordinary involvement provides the energy required to cope with the indifference and resistance that major technical change provides. It is characteristic of champions of new developments that they identify with the idea as their own and its promotion as a cause to a degree that goes far beyond the requirements of their job.'

Schon (1973) quoted in Martin (1984) p.170

LA Official 7 demonstrated this kind of commitment. He would work late into the night to produce important reports on time and was involved in the Care in the Community Working Party⁴ in a voluntary capacity. The importance of these ideas meant he wanted to see the Action Group project funded. He therefore encouraged them to apply for Urban Aid and although he suspected that it might be difficult for the Action Group to satisfy the criteria, he thought they could make a case.

'(AG Worker 1) was desperate for money and it did seem quite legitimate as far as I was concerned.'

LA Official 7

The Action Group gained the support of the District Council in a rather similar manner. The Depute Director of Housing also had reasons for supporting this project which went beyond the merits of the proposals. He wanted to widen the scope of his department's activities and he saw the potential of supported accommodation for development. However these ambitions had been frustrated over the years by the antipathy of the Tory-controlled council and a 'very old-fashioned Housing Director.'

⁴ An inter-agency pressure group to promote community care serviced by the Scottish Council for the Single Homeless. LA Official 7 chaired this. The Working Party is discussed in greater detail in Chapter 7.

'In the early days, I have a very vivid recollection of a meeting ... with the Central Urban Aid Project (between 1973-79) with VO Worker 1 arguing very forcibly in relation to supported accommodation - "Why not use housing visitors to support people in supported accommodation?" and I thought wistfully at the time - "Wouldn't it be nice if we could do that?" But obviously there was no question of the Tories ever getting involved in anything that smacked of social work.'

LA Official 9

As far as this official was concerned, supporting voluntary sector projects like this, was making the best of a bad job. His preference was to make provision 'in house', but in 1983 when the Action Group approached him that was politically not possible.

'As a matter of principle, I think its a "cop-out" that the voluntary sector should do all the supported accommodation If we can do sheltered housing then I don't see why we can't do supported accommodation.'

LA Official 9

In Benson's terms he was anxious to establish a claim to this 'domain' of supported accommodation, to establish the legitimacy of the Housing Department to act in this area, although he recognised that the terms for acquiring resources set by the Government favoured voluntary organisations. It was easier for housing associations to obtain capital for projects through the Housing Corporation than it was for local authorities to do so.

The Tory Councillors who controlled the Housing Committee thought it was the job of the voluntary sector to provide specialist accommodation:

'Basically because they didn't want to know - if it wasn't mainstream housing, it wasn't anything to do with them.'

LA Official 9

The other aspect which favoured voluntary sector projects was the difficulty which local authorities had in promoting projects jointly. Whereas it is relatively easy for two or more authorities to put resources into a voluntary organisation, the scope for competition to claim the domain is enormous when the project is local authority run. The process of drawing boundaries of responsibility has to be much clearer in the latter case.

'I still don't think we've sorted out boundaries between housing and social work. Vol. Org. Worker 2's paper on hostel funding made a

bold statement: housing should pay for the accommodation element and social work for support. But it fudges the issue about where the hell you draw the boundaries. If you run a hostel of single people, you have to provide 24-hour cover. At what stage do staff become care staff?

LA Official 9

Ultimately the decision becomes arbitrary. In the case of Urban Aid projects, the District Council paid 50% of the 25% contribution - otherwise past experience had demonstrated (over another project) that

'You can argue endlessly about the right proportions.'

LA Official 9

This issue clearly demonstrated Benson's thesis that in the inter-organisational network organisations compete for two scarce resources: money and authority.

'I can't see a situation where a social work authority is going to fund a housing authority, whereas they obviously do fund housing associations.'

LA Official 9

'The Social Work Department agreed. 'Yes - we might not give them (the Housing Department) money.'

LA Official 5

The reluctance to pass money to another statutory body seemed to stem from the implication that the local authority was also conceding control of a domain. If a voluntary organisation was the recipient then it seemed only a temporary concession of control. The area could be retrieved by the statutory body in better times financially. Boundaries were blurred and no concession of authority seemed to have been made.

The development of the Housing Department's interest in supported accommodation was very much this official's 'baby'.

Me: 'Was there a decision in the Housing Department that it wanted supported accommodation developed?'

'No until the last nine months, I'm probably the only person in the Housing Department at my level who cared one jot or tittle about supported accommodation.'

and

Me: 'You had a remit?'

'I gave myself a remit.'

LA Official 9

Other staff in the department, particularly those in housing welfare (who made up a large part of LA Official 9's area of responsibility) did want to see supported accommodation developed, but unlike the Depute Director, they lacked the power to put items on the political agenda. The Chief Welfare Services Officer, when asked why there was so much voluntary sector activity in Bigtown in this field said:

'That is historical and also political.'

Me: 'You think the political will wasn't there?'

'Yes, that's right it's certainly something we'd been wanting to get involved in and hadn't had the resources ... There was no-one to push forward and look at what areas we should be getting involved in - there was no comprehensive policy.'

LA Official 10

In promoting the Action Group's application, LA Official 9 was engaged in 'wedging' one of the budgetary strategies observed by Wildavsky (op.cit).

'If it had been Urban Aid, then we'd have been involved on the management committee.'

LA Official 9

This participation would have given the department a 'toe in the door' of the domain.

The Action Group formally submitted their project to the Housing Department on 15 November 1983 and by 29 November the Housing Committee had approved participation in funding this project 'in principle.'

The political climate was becoming somewhat more amenable: there had been a change of Housing Committee Chairman and one Tory Councillor in particular was perceived as much more likely to advocate the idea of special needs housing to her colleagues. It was also less than six months to the District Council elections and therefore time to appear to be a little more magnanimous.

The depute director employed another strategy observed by Wildavsky - 'Spend to save.'

'I argued that by giving support services we could prevent failures in tenancies - which very selfishly has an impact on housing management - if you prevent rent arrears.'

Me: 'You appealed to their financial motives?'

'That's right.'

LA Official 9

What is remarkable about the decision of the Housing Department to support the Action Group's application, is how little negotiation there was. Unlike the Social Work Department where there had been vested interests to whom supported accommodation presented a threat, the opposition here was likely to come from politicians and with the right strategy they could be managed. Also an agreement in principle did not cost them anything -

'Cash took longer. The agreement in principle wasn't worth much because there was no money for it in the budget.'

LA Official 9⁵

But this agreement did allow the project to enter the next phase of negotiation. Once the Council had given their agreement in principle then all negotiations for Urban Aid would be undertaken on their behalf by the Region's Planning Department.

At this stage the Action Group was very encouraged by their progress; so far it had all seemed so easy. The Social Work Department had welcomed the project. Agreement in principle had come quickly from the Housing Department. This seemed like money they could get.

'We stuck with Urban Aid and didn't think of any other ways of trying to pursue it (the project) then.'

AG Worker 1

LA Official 7 wanted the Social Work Department to support the project and allowed it over the first hurdle into the Region's selection process, because he

⁵Agreement in principle put the Action Group project into the District Council's estimates. The final budget would then be compiled by councillors at a later stage.

thought it a good project which meshed with two areas of work (supported accommodation and the Mental Handicap Strategy) to which he was wholeheartedly committed. Moreover it was easier to get political support for voluntary sector projects and it had financial advantages when the Region had resource problems.

LA Official 9 supported the project because he and the Welfare Section of the Housing Department were seeking a locus in this area of work.⁶

From officials' points of view it was the first step towards being able to do that kind of work themselves. By the time this research was conducted, a change of political control had taken place and a Homeless Persons' Team had been established within the Department.

The important point to note is that none of those initially promoting the project, including the Action Group itself, chose Urban Programme Funding because of a focus on urban deprivation. Other motives and policy objectives were more important.

6.6 Did it fit the Guidelines?

Once projects entered the Region's or the URU's appraisal system, they were in a competitive environment. Firstly the Region had a limited budget to fund their contribution. It had been their practice to over-bid slightly to allow for projects rejected by the URU, but even so not all eligible projects could go forward.

Secondly the Scottish Office also had a limited budget for Urban Aid and this had been under increasing pressure.

'Competition for the available resources has got vastly more intense. When the Urban Programme was running in the Seventies - it was almost a case of going out onto the streets scouring around for projects.'

Civil Servant 1

⁶At the same time as agreement in principle was given to the AG project, the District Council also gave the same commitment to a hostel for homeless young people and the Bigtown Council for the Single Homeless' Homemaker Scheme.

By 1985 the URU were turning down four out of every five applications. The Scottish Office encouraged intense competition because

'if we're not getting all the possible applications then we can't conceivably be funding the best possible selection of them.'

Civil Servant 1

In this atmosphere the potential to negotiate on behalf of projects, like the Action Group's, which did not 'fit' the criteria became more limited.

'It's not just a question of being eligible. It's a matter of being eligible **and** being high on the priorities.'

LA Official 8

Because the promoters of this project had their own policy objectives, the assessment of the project had not been done on the basis of Urban Aid guidelines. Rather the approach had been: "This is a desirable project. What do we need to do to fit it to Urban Aid?" And some dressing would be added which would give it the right sort of aura, sufficient they hoped to satisfy the URU.

Before the project was submitted, it was apparent that there were two difficult issues for the Action Group's project:

- a) the fact that the geographical area of Division 3 was not classed as deprived.
- b) the extent to which it was legitimate to focus on a client group within an area of deprivation rather than the area itself.

In order to counter the first and most fundamental problem (because if the area did not meet this criterion, then the project was not eligible, never mind a priority) LA Official 7 had suggested

'it didn't need much suggesting, that (AG Worker 1) make sure it covered Division 4 as well, which was an Urban Aid area and already the Action Group had begun to extend into that area as well. So we made sure that was stressed in the application.'

LA Official 7

The other aspect was less clear-cut. This centred on the extent to which a client-group could be served under an area-based programme.

'The Urban Programme is an area-based programme and that's on page one of everything they (URU) send out. But you and I know

that everything isn't area-based, so there's quite a lot of negotiation has got to be done on that. So for something to be eligible that is really client- based, you've got to do a bit of tucking it in.'

LA Official 8

The issue was the interpretation of the first eligibility criterion

'1. Projects should be for and normally in, multiply deprived areas or areas at risk; their effect should be focused on such areas rather than diffused more widely.'

Annex to Circular SDD 7/1981

Although there were two distinct arguments, the way the 1981 circular was written implied that there was only one. There was an argument about whether projects for deprived areas had to be *in* such areas and there was another about the extent to which a project could be client-oriented and therefore serve those from non-priority areas. In interviews with officials I found that this kind of blurring took place too. For example the quotation from LA Official 6 above, continues:

'and extra encouragement to write pieces to explain that a larger percentage of the people you are dealing with probably come from deprived areas than from other areas.'

LA Official 8

thus confusing the geographical argument with the client focused argument.

In the Action Group's initial proposal put to the SWD, these issues are dealt with rather superficially. The only positive mention of Urban Aid is in para 1.3 of the summary:

'The Urban Aid proposal will build on the Group's knowledge of mentally handicapped people in West Bigtown ... '

p.1 Action Group Proposal (Sept. 1983)

and above this was a map of Division 3 with boundaries drawn around it which excluded Division 4, the area of deprivation. However this was not the final version of the application.

There were no arguments in the original proposal which attempted to demonstrate that mental handicap was linked with urban deprivation. The broad social class spread which had been advantageous in forming the group was not so useful in seeking this funding.

6.7 The Social Work Department Appraisal

Once the project was submitted, from the Action Group's point of view it disappeared. They did not know what happened to it or understand the processes it had to go through.

'I don't think at any point LA Official 7 had actually explained to us the process - it went to them (the SWD) and then it went to planning. I don't think it had sunk in with us that there was this next stage. We thought it was the Social Work Department who were pushing this. It seemed to take a very long time.'

AG Worker 1

When the project was submitted to the SWD in September 1983 - it embarked on an obstacle race. At this point however it is important to make a change of focus. The perspective of any official in a large bureaucracy is quite different from that of a voluntary organisation focused on a single issue.

'Their application as far as they are concerned is very important, key, top priority. If it comes in here to us (SWD), you're looking at the allocation of grants to voluntary organisations. It's one of an endless stream of stuff that's being processed. Its priority changes instantly, the minute it gets into somebody's workload here... It's immediately subject to an analysis which isn't about it in its own right.'

LA Official 5

This analysis involves something other than simply checking eligibility and funding those that fit the criteria as has often been implied by some writers in the field (eg Van der Ven and Walker 1983 above p.18).

'You might do that, but you still won't have enough money to fund them ... It's nice to be able to say we'll fund all the good, well thought-out projects that come to us. To do that we need to have a fairly elastic budget and we don't have that.'

LA Official 5

Ultimately criteria tend to be based on subjective judgments, on previous experience of the organisation and their relationships with the authority. The project the Action Group put forward was a good one and by this stage in its career they were known and trusted by a number of key people within the department. (Indeed it may be that this was more important than fitting the URU criteria.) A major contribution to this improved standing was the relationship which had built up through Task Force.

'What began to happen, I think was that we realised that there were ideas to be got from them, not just criticism and I think the Action Group probably realised that they had something to offer that was positive and that they could influence the shape of services by other than noisy campaigning.'

LA Official 5

A major factor which opened the department to a number of voluntary organisations, not just the Action Group, was the existence of policy gaps. As was noted (above p.106) - the SWD was structured to provide services rather than for client groups. Although there was considerable expertise within the department in a number of fields it tended to be fragmented and uncoordinated. Moreover loyalty tended to be to the division which provided services, rather than to the client-group. Thus it was very difficult for the department itself to deal with policies in a way that focussed on the needs of a particular group of clients like the mentally handicapped. In Wilson's (1963) terms 'it is too costly to concert the wills of the organisation members' (p.202) or as Benson (1975) suggested the network was blocked and no-one within the department was powerful enough to obtain movement. Invitations by innovators to involve voluntary organisations in departmental and inter-departmental policy-making have to be understood in this context and will be discussed more fully in the next chapter.

Because the department provided relatively few services for mentally handicapped people- mainly Adult Training Centres and some fieldwork support (the latter rather precarious in a climate of cuts) - what expertise there was in assessing the Action Group project consisted of Task Force staff who already whole-heartedly supported it. The assessment of urban aid applications lay within the same ambit.

The SWD applied two criteria to projects in their assessment:

- a) projects should satisfy the URU guidelines
- b) projects should complement the department's own services.

In the former case the Dept. needed to be satisfied

'that the project was going to make a significant contribution to a designated multiply deprived area or to a particular group who were seen to come from one of those areas. It's a bit difficult in mental handicap - you have to struggle a bit in the Action Group's case. You

couldn't say that mental handicap is a particular feature of (deprived) area(s).'

LA Official 5

Whilst with the benefit of hindsight, it seems obvious that the project might founder at URU level, the the local authority perception then was that it could be negotiable because

'We had had urban aid applications approved in the past with a similar sort of problem and we'd got round it by demonstrating that the client group were people who'd come from deprived areas.'

LA Official 5⁷

Moreover the criteria the URU applied were perceived to shift both in terms of how to tackle urban deprivation and political expediency.

'The criteria varied from one year to the next in my opinion - it wouldn't always be accepted in the URU but in actual practice it seemed to me it varied a bit.'

LA Official 5

The form these negotiations would take tended to be attempts on the part of officials to pick up the right 'vibes' in response to questions rather than anything overt. I have heard the process compared to the Roman custom of 'reading the entrails.'

'They were very reluctant to say directly but you'd usually get some kind of indication of what was not going to make it ... (They'd say) if you could say it was doing a, b, and c it might stand a chance. We tended to do that quite a lot.'

LA Official 5

This process was interpreted as both subjective and political, whatever claims to rationality the URU might make.

⁷However in the particular case cited as a precedent - a hostel for female offenders - the client group were more clearly in the URU categories - and in that case the argument was about whether this facility should be located in a deprived area rather than about whether it would serve a deprived area. But the way the criteria were written in 1981 assisted this kind of confusion, as noted above (p.141).

'Urban Aid is funny money anyway, isn't it? We've got a lot of Urban Aid money this year (1987). I don't know if it's got anything to do with the General Election or whether there were underspends the year before. Its a bit like the Rate Support Grant - its all dressed up to look frightfully scientific: it's not really like that.'

LA Official 4

'We will probably have £6 - 700,000 worth of projects through this year (1987). Now I know we are in election year and three of the projects happen to be in the Secretary of State's constituency - nonetheless, we're going to claim some credit for that.'

Councillor 1

This perception led to a consensus amongst those making recommendations to the Directorate that it was worth trying to get money for this project under Urban Aid funding. Once that assessment had been made, it was unlikely to be questioned at the directorate meeting because this would be but a very small part of an enormously pressured workload. This would be reinforced by the clear way in which the project satisfied the second of the criteria used by the SWD in assessing such projects - that it complemented the department's own services. Not only did the Directorate meeting support the project, but they agreed that it should be ranked the department's top priority project in negotiations with the Planning Department because:

'Mental handicap at that time was very high on Social Work's priorities. They had a working party on Mental Handicap. They had a whole series of things they'd been working about 'Care in the Community' ... and as their policy priority, that was a client group that they felt was reasonably well organised, they felt they could get to grips with it and they were pushing it very hard through all sorts of other places in social work arrangements.'

LA Official 8

At this time there was also no other obvious source of funding for these services. (Support Finance, which emerged later, will be discussed in the next chapter). It was for these reasons, I believe, that the project surmounted the next hurdle and was passed to the Planning Department for assessment.

6.8 The Project Disappears

At this stage the project disappeared from view: the Action Group heard nothing. In December 1983 the Co-ordinator sought a deputation to the Social Work Committee which was refused because the item was not on the agenda.

The amount of money the Region could spend on seed money was under review, although no-one told the Action Group. Originally the Planning Department had anticipated a budget of £100,000 for Urban Aid seed money (the contribution of 25% by local authorities). However, the Regional Council was now controlled by Conservatives with Liberal support and a hard scrutiny of all spending was underway. On 12.12.83 the Director of Social Work noted in a memorandum to the Director of Planning:

'The Chief executive recently told me that I was acting outwith the approved regional council procedures if I submitted requests for new Urban Aid projects to the Social Work Committee.'

Instead all new spending proposals were scrutinised by the Conservative Centre Group, a political policy forum through which reports to the Policy and Resources committee (which made recommendations on Urban Aid) had to be routed. Papers on all the priorities for Urban Aid, including the Action Group's project, were submitted to this group. On 21 February 1984, the Regional Council cut the Urban Aid seed monies to £50,000 and officials reviewed their priorities. The Action group survived this process. They were among the three projects given top priority by social work on 16.3.84.

However, at the same time central government was also tightening the belt. On 19 March 1984, Mr Michael Ancrum, Scottish Home Affairs Minister announced a freeze on all new spending on Urban Aid, except those to which local authorities were already committed. Spending was cut from £30.6 million in 1983-84 to £26.5 million in 1984-85.

The Action Group did not know what was happening. In July 1984, Action Group Worker 1 wrote to the Conservative chair of the SW Committee enquiring what had happened to the project. This provoked the following reply from the Director of Social Work:

'You wrote to the Chairman of the Social Work Committee in July about Urban Aid.

I have sat on the letter for a while in order to give me the opportunity to cool down. I cannot tell you how greatly I resent the implication that my department has allowed an Urban Aid application to remain ignored.

All Urban Aid applications have been handled expeditiously in my department and lie with the Director of Planning.'

Letter from SWD. 3 Sept. 1984

In fact the problem by this time did not lie with the Planning Department but with the URU. Until the embargo imposed by the minister funding had been relatively freely available and in the past the programme had been undersubscribed. By 1983 it was becoming clear that one of the Government's priorities for the Civil Service was to increase its efficiency and this tended to be seen in terms of saving money. A Financial Management Initiative (FMI) was introduced which attempted to make civil service thinking more business-like. In the URU its outcome was a review of Urban policy generally and the Urban Programme in particular. This took place between March and August 1984. It is possible that the Scottish Office simply decided to hold this review as part of a more general programme, but there was a suspicion that the URU had been chosen because of questions about how their money had been spent in the past. It seems that the URU felt a need to defend its budget. However what ever the reasons for the embargo - it had serious consequences for the Action Group's project.

Besides the delay, the review of policy meant that a new circular was issued. The Minister announced the lifting of the embargo on 24 August 1984 and that

'while there was no scope for the approval of any more new projects to start during 1984 -85, resources would be provided to enable new projects to start in 1985 - 86.'

The new circular was issued on 9 November 1984 (SDD 35/1984) and there was a shift of emphasis which bore all the hallmarks of FMI:

'it certainly relies much more than before on buzz words like 'viable targets' and 'evaluation of results' and 'need to have measurable benefit' etc. etc.'

Civil Servant 1

and the two criteria emphasized in the circular were:

‘that the Secretary of State will increasingly be looking to authorities to submit urban programme applications for projects which are part of a co-ordinated local strategy for tackling deprivation.’

and

‘that there will also be greater emphasis on the identification of quantifiable objectives.’

p.1 SDD 35/1984

The circular set as eligibility criteria that a project should:

- be of direct benefit to a deprived urban area whether for all residents ~~or~~ particular groups within them;
- create a new asset which a local authority would otherwise be unlikely to provide;
- be within the cost limits
- not be part of the authority's mainstream provision

and amongst those projects which met the criteria, priority would be given to those which were:

- in the most deprived areas
- part of comprehensive strategies
- not directly run by local authorities
- most effective in mobilising other resources (volunteers, private sector money, local community development)
- innovative
- likely to reduce long-term demands on local authority budgets
- short-term and unlikely to increase local authority staffing
- assist crime prevention

These changes were perceived in the local authority as placing a greater emphasis on geography. Compared with the 1981 criteria (above p 129) there is an insertion of emphasis on area in the first priority. However, given the observation that Urban Aid decision making had political overtones, the SWD was not certain whether this meant that the Action Group's project was therefore not eligible or whether it would still be possible to argue a case.

At the same time another political shift towards economic regeneration was perceived.

'On the basis of statistics, it's obvious that more of the areas (of deprivation) are areas of high unemployment and the indicators relating to unemployment have been given more weight in the analysis.'

*LA Official 11*⁸

This shift in emphasis reduced substantially the area of Division 4 which qualified for Urban Aid (on which the Action Group's application relied). An increased emphasis on the worst 5% of deprived areas (which did not include Division 4) would be likely to reduce the priority of the Action Group's proposal.

6.9 And Re-appears

On 13 November 1984, four days after the new circular was issued, the Planning Department intimated to the Action Group their intention to 'recommence its consideration of potential new Urban Aid projects'. The Action Group was advised to contact either LA Official 7 or LA Official 11 for information or clarification.

Firstly, the Housing Department's interest in sharing the cost of the project was re-activated. By this time there had been substantial changes in the District Council. To everyone's surprise (including theirs) the Labour Party had gained control of the Council at the May 1984 elections. There had been radical changes in policy and housing was at the forefront.

In August 1984 a major report on housing for single homeless people had been approved in principle. This contained policy proposals on hostels, supported accommodation and allocations policy. The projects which the previous Tory administration had approved were included. As a consequence the District Council had also agreed in principle to fund the total cost of the Action Group's project up to 50%

⁸Referring to 'Areas of Special Need in Scotland' (1984) an analysis to identify the main areas of deprivation in Scotland undertaken for the URU by the Central Research Unit of the Scottish Office.

'since Urban Aid is now unavailable at a cost to the District Council of approximately £19,000 in 1985 - 86.'

It would however have been extremely difficult to secure the agreement of the SWD to match that sum:

'It was easy to get the commitment from the District. The Region on the other hand with every social work pressure group knocking on their door and a budget being cut absolutely drastically, were actually not looking to fund voluntary organisations because they were running out of money and being cut back on their own statutory responsibilities.'

AG Worker 2

On 20 November 1984 the Management Sub-Committee of the Housing Committee agreed that the project be funded with or without Urban Aid. This was ratified by the full Housing Committee on 27 November 1984.

The welfare rights officer (AG Worker 2) in 1984 was a Labour Councillor and Chair of the Housing Management Sub-Committee. Accordingly he declared an interest in terms of ss.38 - 42 and 60 of the Local Government (Scotland) Act 1973. Whilst he did not canvass support for the group's project he recognised clearly the problems he faced:

'the big problem is integrity.'

and

'It was difficult not to be part of saying to people - this is a wonderful idea.'

AG Worker 2

However he recognised that advantages did accrue to the Action Group because he was a councillor because:

- a) It gave knowledge of the system and procedures which he was able to share with the group. (He had also been assistant to an MP for a year when he gained a similar knowledge of Parliamentary procedure).⁹

⁹This resembles the way LA Official 2 used knowledge to assist the AG discussed (above Ch.4).

- b) Recognition of his status improved the group's access to senior officials.

As Westergaard and Resler (1975) note, he did not have to do anything because:

'individuals and groups may have the effective benefits of power, without needing to exercise it in positive action.'

p.142

Lukes (1974 p.11) observes that the analysis of power in our society has tended to use a simplistic 'one-dimensional' model. This is reflected in the legislation which prohibits **positive** action to forward their interests by Councillors. Whereas Lukes posits a much more complex analysis, which would include the role of structural factors in addition to the simple focus on action. In this case the recognition of the networks to which this councillor was connected would constrain officials' choices. This is not to imply that this councillor did anything wrong or that this was a unique event. A similar approach was used by regional officials in assessing which projects to include in the Region's package. (see below p.152)

Having secured the agreement of the District Council to share the costs of the project, the Planning Department could begin its assessment of the project within the Region's package of proposals to submit to the URU.

When the Planning Department assessed the eligibility of the Action Group's project is unclear. No one can remember. However it seems likely that officials would re-examine all projects in the light of changed circumstances. My informants are clear that this assessment would be done prior to entering the co-ordinated inter-departmental prioritising mechanism. So the question must be asked: why did the Planning Department not rule the Action Group project out as ineligible?

Whilst I am not sure that there is a clear answer to this, significant factors seem to have been the complex political pressures with which the Planning Department had to deal and their consequent style of operation. The department was piggy-in-the-middle, subject to pressures from all sides

- from service departments
- from voluntary agencies
- from politicians

- from the URU

On the one hand they had to satisfy the URU criteria and on the other produce a package which was acceptable to the other three groupings:

'We weren't in control of it. It was like driving something that was about 100 yards down the road with two strings really. They weren't our applications; they were voluntary organisations applications. We weren't going to be able to make the final decision on who got what. So you were acting one removed all the time.'

LA Official 8

In these circumstances the strategy was to minimise damage, to compromise rather than confront:

'I would say that the Planning Department - it never took a strong lead and still doesn't and it is more on the basis of accommodation, although I don't remember any desperate differences of opinion.'

LA Official 11

If the SWD officials and the Action Group were strongly in support of this project and thought there was a chance it could be argued through with the URU (as LA Official 7 did) then the Planning Department officials were unlikely to challenge this. They thought that whether the mentally handicapped constituted a deprived social group could be argued, given the previous inconsistencies in URU decision making. The fit with the Region's priorities seems to have taken precedence with them too, as with the SWD. It may be that the significance of the increased emphasis on geography only became apparent with hindsight, as the Scottish Office had presented the circular as a clarification rather than an amendment. The only alteration in the proposal submitted to the URU by the Action Group was to remove the Division 3 boundaries from the map of Bigtown in the proposal and show the location of the one existing supported accommodation project in Division 4.

However agreeing that the Action Group project seemed to be eligible, the Planning Department set in motion the procedures to assemble what was generally known as the Region's Urban Aid package. There were three stages in this final process

1. Assessment by the Principal Officers' Group consisting of officials from Planning, SWD and Education.
2. Assessment by the Assistant Directors' Group with the same range of officials represented.

- 3 Agreement by the councillors on the Urban Aid Sub-Committee of the Policy and Resources Committee.

The formulation of the package was undertaken by the Principal Officers' Group. Projects were evaluated on a number of criteria which included:

- its aims
- the fit between objectives and proposed staffing
- the budgets
- co-operation with other agencies

'We look at our respective priorities and the priorities of the areas and the amount of seed money available that year and what we have picked up from the Scottish Office about their particular inclinations and we come up with a list of top priority projects.'

LA Official 11

But this was a bargaining procedure between the three main departments involved. It was a political process:

'There was also a bit of give and take: education would say "Now come on - you got two the last time - we want two this time."'

LA Official 8

There was also a recognition in the Region that whatever the Scottish Office might argue about objectivity, rationality or measurability that

'Some of them are subjective judgments. I mean whether something's innovative or not is a bit subjective. "Minimises local government expenditure" How do we ever know that!'

LA Official 8

The 'package' of Urban Aid proposals having been agreed by the Principal Officers' Group, was then passed to the second stage, the Assistant Directors' Group, whose job was

'more into strategic arrangements than the council had than the (PO's) group.'

LA Official 8

The group examined the way projects fitted into long-term plans that the council had and other funding opportunities to which they could be linked e.g. EEC money.

'Just to make sure that we weren't wasting our opportunities and to prioritise and to do a little bit of the political piece.'

LA Official 8

The political piece essentially involved two things: an appraisal of what would 'go' with the local politicians and with the URU. In the case of their committee they tried

'to make sure that all the projects weren't in the area of one particular colour. They were usually in Labour areas because that just happened to be the kind of areas we were in, but not always. Sometimes there was a bit of discussion about the acceptability to the committee.'

LA Official 8

The officials tried to take cognisance of political sensitivities to avoid any major upsets at the committee stage. Politicians recognised too, that it was more difficult to change priorities at committee and lobbying for an application tended to take place when the project was first submitted. The proposals presented to the committee for agreement were the result of negotiations and compromises from the moment projects were submitted through until the successful few reached the stage of being included in the 'package'.

With the URU, the officials felt there was a greater difficulty in assessing what was likely to be supported. All officials interviewed commented on the secrecy of the civil service in respect of decision-making. There was much speculation and perplexity about this process and a great deal of effort went into discovering the URU's actual criteria and fostering good relations. The process of negotiation was perceived to have changed over the preceding seven or eight years however. In the late 1970's

'I and somebody else would go down to the Scottish Office and say that looks like what we would like to do next year and it comes to about that much. How do you think that's going to be?... That was in the days when they'd look at it and say "Oh, I wouldn't bother doing one of these - we've done one already in Greenock and it didn't work very well. Or, we're only going to do two in the country and we've done them already...." They would also give you indications that the Minister would like X,Y, or Z (not necessarily from us but somewhere in the country).'

LA Official 8

This willingness to give indications of acceptability was perceived to have declined over the years and by 1985 (when the Action Group's project was submitted), when the Assistant Director (Planning) asked

'Is there anything on that, that you think is absolutely not going to get any support, because we'll take it down the line a bit and put in something that would be better ... Recently they very seldom gave you any indication of that ... They were likely to say just send it in and we'll see what we can make of it.'

LA Official 8

Social Work Department officials had also observed this change in the willingness of the URU to 'tip the wink'. However they blamed changes in the Region's mechanisms for dealing with Urban Aid, which were to be implemented finally in February 1985. This was the outcome of a report by the Performance Review Committee the main effect of which was to centralise negotiations in the Planning Department. This the SWD saw as reducing their scope for informal checking on projects before they were finally submitted.

'We had contacts, not just at senior level, but with case officers. We could ring up and say "How's it going? Do you think we should amend it or you'd get some kind of indication..... That doesn't happen any more. It's now in the hands of the Planning Department. It's become more formalised and dealt with by higher level persons.'

LA Official 5

Like the SWD, the Planning Department placed great emphasis on friendly relationships with civil servants

'We've taken advantage of being in Bigtown to have them visit the projects and they've often popped out for an hour to have a look at something, which has been helpful to them. Also we've been helpful to them in that when they've had people up from London to look at the Urban Programme in Scotland and they are only here from one Shuttle to the next, you can put them into a Bigtown project whereas you can't go to Strathclyde or Tayside.'

LA Official 8

Officials would try to build up relationships of trust too, create confidence that if given the money, the Region would be able to deliver the project quickly, and not cause underspending which was perceived as a problem for the URU.

However, although

'We thought we'd built up quite a good rapport, .. then they started moving all the people. Then they get in someone new, who was just another voice on the telephone. You'd have to rush down and make contact with them.'

LA Official 8

The most plausible explanation for this change of attitude does seem to me to be a change of personnel in the Scottish Office. Certainly the civil servant in charge of the URU when the Action Group's application was considered did not subscribe to the idea of hinting what might be acceptable.

'I can't envisage anybody here doing that. It just isn't part of the culture, if you like. Its not a question of whether its said formally or informally - it wouldn't be said informally either. What we might say would be, if a local authority was bringing forward a lot of projects relating to local authority sponsored projects, that they'd have a better chance if they brought forward more sponsored by the local community.'

Civil Servant 1

Having done their best with all the compromises they had to make and tried to achieve a "package" which satisfied all parties

'We were juggling all of these things and part of my job was the chief juggler.'

LA Official 8

a report on the package was compiled and submitted to the Urban Aid Sub-Committee. This included the Action Group's proposal which was submitted to this committee on 26 February 1985. The committee report contained the priorities recommended by the three departments involved and if the Planning Department had assessed the situation correctly then

'actually at committee, they very, very rarely messed things about.'

LA Official 8

The list of projects agreed along with the Action Group's included a project for the unemployed in a mining area, a tenants project, an adventure playground, a day centre for elderly people, bedsits for homeless young people, two community development projects and a flexible fund. These had been selected from 36 submissions on the waiting list in 1984. By the time the Action Group's proposal reached this stage, all pretence at any area base seems to have been abandoned; the committee report states:

'The project focuses on a client-group - the mentally handicapped rather than a geographical area.'

UA Sub- Committee Report 26 Feb. 1985

However the Council were to discover that this was not the correct interpretation of the new circular. The package was now submitted to the URU for their adjudication. The Action Group's proposal had reached the final hurdle.

6.10 Inside the Black Box

Once submitted to the URU, the project would again have to go through a competitive process, but this time competing against projects from all other eligible regions of Scotland. Projects were appraised by case officers against Urban Aid criteria under three main headings:

- a) **Basic Eligibility** (see above p.148)
- b) **Project Presentation** (including quantifiable objectives)
- c) **Priority** (ibid)

The appraisal form is designed to function as a flow chart and the guidelines to case officers under eligibility say

- i) resolve any doubts with local authority
- ii) if the answer to any of the items at 'A' is NO reject application
- iii) if the answers are all YES continue appraisal.'

Extract from Scottish Office form UP10

The question mark over the Action Group's project was on the first criterion - eligible area. The URU interpretation of the possible relationship between a client group and a deprived area was crucial. Plains Region had also submitted another application, which was similar to the Action Group's, from a housing association, seeking to develop a facility for young single homeless people. The main differences were seen to be the client group and that the latter was able to be more flexible about its geographic base. When the housing association's proposal was accepted and the Action Group's rejected, LA Official 7 interpreted this as being because:

'The main difference was that the (housing association) one was peripatetic. They were prepared to locate in an Urban Aid designated area. The Action Group was more fixed geographically.'

LA Official 7

However a civil servant in SWSG, who had worked in the URU explained the distinction rather differently. The Urban Programme was area based and projects would have to be seen to benefit a deprived area rather simply deprived people. The question he would see the URU asking would be - 'How does helping mentally handicapped people assist the area?':

'It would be benefiting families not the area, and therefore a low priority. However if a project was for teenagers; they are equated with glue-sniffing, vandalism, petty theft. Thus a project to benefit teenagers will have a spin-off for the area. Less graffiti, less glue-sniffing, that's the rationale.'

Civil Servant 2

An SWSG advisor agreed. He saw a hierarchy of client groups in relationship to Urban Aid criteria.

'With teenagers, its easy; with the unemployed its fairly easy; but with the elderly and the handicapped its not so easy.'

Civil Servant 3

When the URU raised the question of the area base of the Action Group proposal with the Region, the Action Group was asked to respond. On 29 March 1985, a letter was sent from the Action Group to the URU making the following points:

- a) That the Action Group's current work extended beyond the Division 3 boundary.
- b) 'In the past year we have become increasingly involved in the Plain Strategy for Mentally Handicapped People. This is being progressed through six sectors (of the SWD) - Division 3 falls into Bigtown West along with Division 4 and Division 5. It is within this context that our accommodation proposals will develop ...'
- c) Therefore the Action Group's AGM was to consider a proposal to change its name to become West City Action Group.

Letter to URU (29 March 1985)

It must be observed that whatever other purposes the name change might serve, in the context of Urban Aid, at this late stage, it looked opportunistic. Certainly the reply seemed not to satisfy the URU and on 22 May 1985, the Action Group were notified by letter from the Region's Planning Department, that the SDD had rejected their application.

'The main reason despite the recent extension of the project to Bigtown West, was insufficient targeting on areas of deprivation.'

Letter from Planning Dept 22 May 1985

However as far as the Action Group was concerned all was not lost - handwritten on the bottom of the letter in the co-ordinator's hand was

'No further meetings. LA Official 7 proposes we concentrate on Support Finance.'

Other means of funding were now available with the issue of SHHD's circular "Community Care: Joint Planning and Support Finance." There was even some money available from SWSG too and it was to these areas that the Action Group now turned their attention.

6.11 Why did the Application fail?

Superficially, the answer to this question is simple: the project failed because it was not eligible under the basic guidelines of the Urban Programme. But then a further question emerges how did something that was not eligible come to progress through a competitive process and survive until the last hurdle?

As was observed at the beginning of this chapter, one of the things which encouraged the Action Group to apply had been precedent: a project for the mentally handicapped had been funded in another part of Scotland. Plains Region suspected that they had favoured status. What seems more likely however, is that the other region were good at writing applications which appeared eligible and then amending them once they had the money. Also, this particular application had qualified under the 1981 rather than the 1984 circular.

This shift of emphasis in the URU is probably more apparent with hindsight rather than at the time; now that decisions have been taken in new circumstances, it is possible to see a change of direction more clearly than would be possible in 1984. The URU became more precise in the application of Urban Aid guidelines because

- i) they had an increased number of applications. This increase stemmed from two sources: the decrease in local authority funding and its knock-on effects on voluntary organisations; and the URU's own encouragement to organisations to apply.

Whereas in the past projects which were marginal could squeeze in because the URU had few applications -

'Talking to the URU, the more they got a lot of bids ... they got into this situation with lots of bids for a limited amount of money - the more they were going to go for ones that were 100% rock solid on every one of the criteria and the fewer of these marginally argued ones that they were going to be willing to take.'

LA Official 8

- ii) At the same time, if as suspected the URU had suffered a budget cut in 1983, then they would have less money to disburse and would also have an incentive to ensure that they did not make the mistake of being undersubscribed again.

In Crozier's terms the URU could be seen as creating a climate of uncertainty in order to gain power in negotiations, as surely as Crozier's example of the mechanic cited in Chapter 3 who can decide at his leisure when he will mend the machine and how. As long as they commit themselves to nothing no blame can attach to decisions thus reducing political repercussions, whilst at the same time conferring the advantage that there will always be plenty of applications because people are unsure of what exactly would qualify.

The SWD saw some of the blame attaching to the new centralised co-ordination process. Certainly there were greater communication difficulties and as one official put it:

'All I can say is, if you are negotiating projects that relate to your own area (of work), it's much easier to argue a case you are familiar with. I would be able to ring up the URU and say this fits in with what we're doing much more directly. Now any project we're negotiating has to be put in the context of the Region's other applications. I think it's slower, more complicated and more difficult.'

LA Official 5

A further factor however may simply have been the length of time the Action Group's project had been around. That officials at this stage simply found it

difficult to say "no, we are not going to put this forward." They knew well the amount of time and energy that voluntary agencies put into preparing and formulating proposals and were highly critical of the kind of advice that they saw civil servants in the URU giving to organisations which approached them about a project.

'They (vol. orgs.) would say things like "Do you think we'll be able to get the money?" and get answers like ... you know, trying not to discourage them, but a typical civil servant sort of answer - "Oh, it's an extremely worthwhile case or area. We know you've been working very hard and we're very pleased with the application you've put in and you know there are £Xmillion to be distributed and we do hope you manage to get it." And people would take that as being "Yes" because they didn't understand that that was just a nothingsy answer.'

LA Official 8

The Action Group were by now very useful to the SWD and by 1985 contributing to a number of areas of departmental work mainly involving the Mental Handicap Strategy. The SWD would have been very reluctant to offend them.

Similarly, the Planning Department, acutely aware of the political nature of their work, would be equally careful to avoid repercussions if at all possible. The Action Group did have a reputation for noisy campaigning. In cases where blatant political pressure had been applied, the Planning Department acknowledged that

'When there is great political pressure - you have to go to the URU to get **them** to tell them.' (no)

LA Official 11

[In the particular case cited the RC Archbishop had sought a meeting with the Secretary of State for Scotland to press for the project for the elderly.]

The URU recognised that they were sometimes used in this way

'I think it is certainly a factor, not just for political reasons with a big 'P', that a council will not wish its staff to tell a group that its application is ineligible or unlikely to be successful - they prefer us to be the bad guys.'

Civil Servant 1

Whilst no one indicated to me that this applied in the Action Group's case, it must be considered as a possibility.

But the reason the Action Group was encouraged to apply for Urban Aid in the first place must be considered as the basic reason for failure: that the Region in 1985 had the wrong focus on this funding area. Instead of seeing Urban Aid as something to assist urban deprivation and taking this as the starting point - it was seen as a pot of money into which any project could be squeezed, if correctly tailored. Their approach could be likened to that of the ugly sisters to Cinderella's glass slipper and for some of the same reasons. The dire financial situation was producing desperate measures. The lack of a clear system for dealing with projects submitted to the functional departments exacerbated this approach. Projects could be well advanced and therefore more costly to stop in political terms before anyone realised that basic eligibility criteria were not met. It also seems likely that the Region did not in 1985 understand how the URU were likely to interpret the new criteria. Fundamentally their approach was 'ad hoc'.

'One of the reasons why (Plains) are less successful (is) because if they just pick up ad hoc projects that happen to be around, they're less likely to come up with a whole programme of projects that are likely to be approved.'

and

'It would be my judgment that within Plains there is this gap between what they think they want to achieve at the centre and the functional departments, what they want to achieve, which is basically very ad hoc and I don't think the two have yet married up properly.'

Civil Servant 1

The Chairman of the SW Committee agreed with this analysis:

'I think there was a pathetic, lamentable failure on the part of the council to put forward serious projects. There were clearly projects which went forward for Urban Aid that weren't in the definition.'

And, having discussed the Action Group's name change

'You see, these sort of tricks dinnae fool the Scottish Office and what they consistently were telling us was that you put forward Urban Aid projects for geographical areas that don't qualify, put forward other projects that have already been rejected and dressed up, they put forward projects that used to be run by the MSC and now that's come to an end, they changed their name and rejigged them and shoved them in as something else and you cannae really do that. Its

not surprising you get a poor performance when you put in all these projects that aren't going to qualify.'

Councillor 1

He could be so frank because these criticisms applied to the previous Tory/Alliance administration. The Council had changed hands again in 1986.

There is little doubt that the proposals the Action Group put forward were good and the problem was that attempts to force them into an Urban Aid mould, that might have succeeded in better times, were overtaken by events. It is easy to be wise with hindsight:

'Although you now know they got money from elsewhere and we've moved on in the Care in the Community a bit - at the time all this started, that was just pieces of paper. So I think Social Work did the right thing in saying this was a high priority area It was its day for something - maybe Urban Aid wasn't the right thing for it - the right way to put it forward.'

LA Official 6

6.12 Conclusion

From its inception, one of the major policy objectives of the Action Group had been to establish more locally-based accommodation for mentally handicapped people. The project proposed in 1983 arose from that objective. What was new for the Action Group was the decision to become major service providers themselves. Originally they had wanted to see such provision made by the local authority, but national political changes rendered that objective increasingly unrealistic. Their experience in trying to make such provision through or with other voluntary agencies had been unsatisfying. The realisation had gradually dawned that if they wanted greater housing provision which satisfied their criteria, then they would have to make it themselves.

Although there were now monies available from the Department of Health and Social Security to cover the running costs of supported accommodation projects, initial development funds were also required. It was for this purpose that the Action Group sought funding. Unfortunately, in 1983/84, there was no clear mechanism for funding projects such as this. The attempts to secure Urban Aid funding have to be seen in this light. The Action Group and their friends in statutory organisations were trying to fit the proposal to a funding mechanism

which sought to achieve objectives which were not central to those of the project.

It is clear that the project was supported because it was central to other purposes which the SWD in particular wanted to see achieved: the development of a major initiative in supported accommodation for mentally handicapped people (see Chapter 7). Because officials had overlapping roles, they were at times able to help projects into the system, which served the policy ends that they wanted to see achieved. Officials in both Social Work and Housing were also trying to establish the legitimacy to operate in this new area of work which had been identified and which was not yet clearly 'owned' by either department.

There are a number of interesting features of this process. Firstly, it is clear, that once the project was submitted the Action Group played very little part in forwarding it. They seem to have relied on officials to look after their interests. Secondly, the way in which local authority officials adopt strategies to manage the political environment is marked and it is clear that officials put much energy into editing conflict out of the system by attempting to assess what will 'go'.

The negotiations with the Scottish Office highlight the difficulties of an attenuated system. By the time the project was submitted to the URU, those advocating it were possibly four steps removed from the Action Group. Unfortunately, the change of rules and the harsher financial climate meant that the URU had to defend their budget. This led to much closer scrutiny being applied to the project than some earlier ones had received.

With hindsight, it is obvious that the chance of gaining Urban Funding for this project was slight. What is remarkable is how far that project progressed before that became obvious. The main reason for this seems to have been that in the local authorities the assessment was on political rather than rational grounds. The question asked was whether the project was desirable, rather than whether it fitted the Urban Aid guidelines. This arises from the motives of those scrutinising the applications.

The focus in this chapter has been on the interpretation of rules. However, in the subsequent application for Support Finance, the focus lay on trying to create

in the Health Board the will to work co-operatively with other agencies in this field and to shape the rules.

Chronology : Chapter Six

1981

February *SDD Circular 7/1981 - The Urban Programme in Scotland* issued, emphasising an enhanced role for 'voluntary effort' in the Urban Programme and priority to projects undertaken by volunteers or by voluntary bodies using grant aid from the Local Authority.

1983

21 September Action Group formally submit their Supported Accommodation Project to the SWD for consideration for the Urban Programme

15 November Project submitted to Bigtown District Housing Department on the same basis

29 November Bigtown District Housing Committee approve the project in principle

12 December Director of Social Work instructed to have all new projects scrutinised by the Conservative Centre Group.

1984

21 February Region cuts seed money for Urban Aid Projects from £100,000 to £50,000.

16 March Action Group proposals remain a priority for inclusion in the submission to the URU

19 March Minister for Home Affairs announces the suspension of all new approvals for Urban Aid

May District Council Elections: Labour gain control in Bigtown

5 July Action Group writes to Chairman of SW Committee enquiring what has happened to their project

24 August	Minister lifts suspension of Urban Aid approvals and announces that a new circular is to be issued
31 August	District Housing Committee approve report on housing for single homeless people in principle, including a recommendation that the AG project be funded up to 50%
3 September	Action Group receive letter from Director of Social Work, blaming the Region's Planning Department for delays.
9 November	<i>SDD Circular 35/1984 - The Urban Programme in Scotland</i> issued, shifting the emphasis more clearly to co-ordinated development and comprehensive strategies.
13 November	Action Group receive letter from Planning Department indicating that projects have to be submitted to the URU by mid-January 1985.
27 November	District Housing Committee approve funding for the Action Group project either out of revenue up to 50% or under Urban Aid 12.5% 1985
February	New structure for co-ordinating Urban Aid submissions implemented
26 February	Region's Urban Aid Sub-Committee approve the package of Urban Aid proposals including the Action Group's as a priority
12 March	Package submitted to URU for consideration
29 March	Letter from AG to URU stressing wider geographical area
24 April	<i>SHHD Circular NHS (GEN 18) - Community Care: Joint Planning and Support Finance</i> issued
22 May	AG receive letter from Planning Department advising them that the URU has rejected their proposal on the basis of 'insufficient targeting on areas of deprivation.'

CHAPTER SEVEN

The Health Board is giving Money to a Foreign Power

7.1 Summary

This chapter gives an account of the Action Group's application for Support Finance and shows the role of voluntary organisations in the power struggles focussed on policy innovation, suggesting that not only do statutory bodies lack the power to resolve successfully some *intra-organisational* conflicts without their intervention, but also voluntary organisations can be crucial to policy change in the wider *inter-organisational* network.

Whilst the Urban Aid application had focused on the interpretation of rules, in this chapter the struggle sought to induce the Health Board to participate in the new mechanism of Support Finance. This assumed great importance because the Health Board were reluctant to co-operate with other agencies in providing community care and unwilling to concede domains through the Joint Planning process.

This highlights Benson's (1975) concern with strategies of change in networks and seeks to show that relatively minor partners in the network (voluntary organisations) can play key roles in helping to bring about such changes. In particular this chapter examines Benson's contention that:

'Despite the frequency of (the adoption of) co-operative strategies, the conditions for their success are restrictive. Such strategies are limited to situations in which each party must hold something of value for the other party to be capable of resisting the other's demands. Only then can co-operative strategies be effective. If a party cannot withhold something of value from another, there is no basis for the latter to make concessions.'

p.241 op.cit.

Thus this chapter initially examines three issues:

- Community care for mentally handicapped people
- The role of joint planning in achieving policy change
- support financing as a mechanism to fund projects.

It highlights the way in which the different political structures of local authority departments and of Health Boards led to different patterns of decision-making and different roles for officials, politicians and health board members, thus posing problems for voluntary organisations trying to influence the system. The unwillingness of central government to accede to demands to change the rules and to display leadership underlines the ambivalence of the Scottish Office about this issue.

Although the Action Group's application was not the central focus of this debate, its role along with other voluntary agencies, in pushing for the implementation of the support funding package which was developed, was important. Seeking funding of this kind cannot be a simple one to one activity. Rather, it is a complex political process which requires the creation of alliances between personnel in both statutory and voluntary agencies, often pursuing the same end for different motives.

7.2 Introduction

The Action Group had always favoured community based provision for mentally handicapped people. As previous chapters show, this, above all, had been the motivation for parental involvement - a desire to achieve something better for their children than the hospital places then almost the only option on offer at the parents' death. The Action Group's policies had been oriented to this end, with the provision of local housing and support services given a high priority. It was to achieve this end that they had become involved with the Task Force on Supported Accommodation and by 1984 community care seemed to be arriving firmly on the policy agenda. Certainly there were a number of initiatives south of the Border, which gave cause for optimism that Scotland would soon have similar policy priorities.

The Group had a project which they wished to pursue, and having failed to secure Urban Programme funding, felt they had a realistic chance of obtaining Support Funding, under the terms of the circular issued in May 1985. However in order to understand the complex issues, of which this application was part, it is necessary to go back in time a little and set both an historical and a policy context. It is also necessary at times to maintain conceptual distinctions which were not always apparent in reality. It is important that the reader understand

that the events described separately below, were contemporaneous. However without making these distinctions there is a danger of being overwhelmed by the complexity of the situation.

It is proposed therefore to examine:

- i) the development of **community care** policies in Plains, and in particular what became known as the Mental Handicap Strategy.
- ii) the pressure which grew, partly as a result of i), for **joint planning** between the Regional Council and the Health Board.
- iii) the demand to develop **support finance** as a mechanism to fund these developments

The Action Group had decided to concentrate on support finance as the best means of funding their project but their chances of success depended more on the willingness of Plains Health Board to implement the new support finance scheme introduced in 1985, than on the merits of their application. There were bigger issues at stake than one small community care project.

When the Action Group applied for Urban Aid (discussed in Ch 6), they had acquired credibility in the eyes of the Social Work Department. They had also been engaged in a similar exercise with staff at Riversdale Hospital, the local mental handicap hospital. Thus the chapter that follows attempts to recognise that

‘most of the groundwork was done in advance of the period before the applications went in.’

AG Worker 1

Moreover, because the Action Group’s application became part of a much more ambitious and wide-ranging strategy, it is very difficult to tell the story simply from their perspective. Indeed it would not do justice to the story. Therefore this chapter seeks to do what Benson (1975) urges: to focus on inter-organisational relationships per se, rather than on ‘focal organisations and their environment.’ (p.230). Thus, it seeks to understand the perspectives that each organisational participant brings to the inter-organisational network.

7.3 A Mental Handicap Strategy for Plains

7.3.1 The Germ of an Idea

The development of a mental handicap strategy for Plains was a logical consequence of the previous work undertaken by Task Force. They had begun to develop supported accommodation for mentally handicapped people, but were experiencing frustrations. As a result of the Doorway experience (see CH 5), they realised that problems arose because of the lack of a co-ordinated strategy. Day care places had not been readily available, and there had been a lack of preparation for independence before residents left the hospital for the community.

As a special project they had the scope to be innovative. When at a loose end in 1982

'We drafted some proposals for closing Riversdale down one afternoon in the office... What would happen if..? If we had infinite resources what would we like to see? That's really how it all started because LA Official 7 took away this silly piece of paper we'd devised. It wasn't silly, but what we'd like to see happening.'

LA Official 6

Shephard (1976) noted that in innovation resisting organisations

'The most effective general formula for effective innovation is "an idea, initiative and a few friends"'

p.520 op. cit.

LA Official 7 now had the idea. The problem was how to turn this from a piece of paper into something that would result in the closure of Riversdale, or at least substantially reduce the number of patients. The initial reaction in the department was not favourable. On approaching his superior with these ideas

'What are we going to do with this? How are we going to get this implemented? (He) sort of said, "Go away. I don't want to know.'

LA Official 6

Because LA Official 7 was a product champion, however he was not so easily discouraged. He never missed an opportunity to further his causes and there were more ways of tackling a brick wall than driving straight through it.

Colleagues observed his willingness to work beyond the call of duty and the result was that he found favour with the Director of Social Work.

'Because of... being (who he was), he somehow got himself in with the Director and although they've had lots of ups and downs, the Director began to see (him) as a right-hand man.'¹

LA Official 6

Shephard (op.cit) noted that in order to achieve change it was preferable (and certainly desirable) to have the support of top-level executives. In this case it was probably not difficult to achieve, at least for the principle of community care. The Director saw the possibility of acquiring a new area of operation (domain) and potentially some resources. Prior to his post in Plains, he had worked in an English authority, where he had gained some experience of joint working with Health Authorities. This he had already used to good effect in the Support Finance field. In the straitened circumstances of Plains Region, following the government cuts imposed in 1981/82, an avenue to develop services funded by sources other than the Rate Support Grant was attractive. Some observers were certainly cynical, with hindsight, about the extent to which this initiative was motivated solely by a desire to improve services for the mentally handicapped.

'I've an anxious feeling about the way the SWD plays it. It's all right to criticise health services, but they're not prepared to turn quite the same scrutiny on their own department. They've got vested interests. You are talking about principles, which I think inevitably mean, for instance, that you (also) get rid of Adult Training Centres.'

AG Worker 1

But it was not the approach of the SWD in this instance, to set its own house in order first. Rather the focus was on how to obtain legitimacy to operate in the broader field of community care and thus obtain resources to fund this activity.

Because they actively sought out models of good practice for supported accommodation projects, Task Force staff had visited a number of developments in England and Wales (see above p.108). Moreover this was not a one-off process. The team were constantly engaged in 'watching the horizon' for new developments and opportunities. In particular they began to observe the growth

¹In terms of the SWD's rejigged organisational plan, by 1984, the development section which this official headed, reported directly to the Director of Social Work.

of community care initiatives in England and Wales. In 1981, the DHSS in England had issued a Green Paper on Care in the Community and by 1983 a guidance circular had been issued. More significantly, the All Wales Working Party on Services for Mentally Handicapped People was established in December 1981.

'The starting point for the All Wales Strategy was the question "Why is it that successive governments have failed to do what they said they wanted to do for the Cinderella services?'

Tony Pengelly Former Under-Secretary for Wales and Chair of the All Wales Strategy (speaking at a conference - paper undated)

This working party reported in July 1982 and led to the swift adoption of its recommendations and more significantly the allocation of relatively substantial resources. A ten-year development programme was envisaged which would adopt the main recommendations of the group. These included:

- a) Mentally handicapped people's right to normal patterns of living whilst receiving help to enable them to develop their maximum potential for independent living - what became known as 'normalisation'.
- b) similar access to services as other people.
- c) no hospitalisation unless continuous medical care was needed.
- d) ordinary housing rather than purpose built hostels
- e) the development of day-care and recreational and social facilities.
- f) a lead role for social service departments in developing joint plans for the development of comprehensive services with grant aid available from the Welsh Office.

The public consultation period on the recommendations ended in October 1982. By December that year LA Official 7 had arranged to visit Glamorgan County Council SSD.

'Just me on my own. (The Director) allowed me a two-day visit round there and I began to meet people and suss out what was happening down there. And that in turn helped me inform ourselves collectively about what was going on in Wales. It gave me a feeling that it was worth pressing ahead.'

LA Official 7

Task Force had begun to experience a growing sense of frustration that moving people out of hospital seemed so difficult to achieve. What the All Wales

Strategy did was to give impetus to ideas about inter-agency co-operation and its role in achieving improved services for mentally handicapped people. Clearly its instigators understood the nature of the problem:

'If you want to understand what is wrong with Joint Planning - why it isn't there when it should be and why it doesn't work properly when you have it, you have to look into the social and political context of the services and not at the services themselves. You have to understand why we fail to start from what the client needs instead of, as we do, start from what the services have to offer.'

Tony Pengelly (ibid)

The problem was that what people need does not always fit neatly within bureaucratic boundaries; and it was this that the All-Wales Strategy sought to address. This fitted with Task Force's vision.

Given the nod from the top, LA Official 7 started to develop a strategy. He saw that two things had to happen. The ideas themselves had to be developed from their rudimentary form and the Health Board had to become engaged with the issue of transfer of resources. He realised, because much of the initiative for service development was coming from voluntary organisations that they needed some locus in these discussions. Indeed obtaining their initial co-operation was quite easy. He was able to capitalise on the relationships Task Force had already established in the course of developing supported accommodation. In this process, the opportunities to discuss wider initiatives presented themselves and were taken. Voluntary organisations with an interest in mental handicap, provided a sounding board for LA Officials 6 and 7 to develop their ideas.

'The voluntary sector was most useful as far as discussions were concerned because the mental handicap strategy required to be thought through further.'

LA Official 7

Innovators in the SWD needed some voluntary organisation input for one very basic reason: the department lacked expertise with a clear focus on client groups rather than service delivery. (as noted above p.106, p.143) Thus it was almost impossible for it to overcome the sectional interests between residential services division and field services. There was no one in the department with the authority to be recognised as an expert in certain client group areas. These were particularly the newer, less prestigious areas of work, of which mental handicap

was one. It was this failing which enabled the development officer to move into this area - there was a policy vacuum.

Voluntary organisations, however, had developed very specific areas of expertise. The Action Group was now recognised, not just locally, but nationally as an authority on innovative work with mentally handicapped people. Similarly City Housing Association, who featured later in this negotiations had particular expertise in developing housing provision for people with special needs (see below p.213). But perhaps more important was their ability to publicise their efforts. Both these organisations provided a crucial sounding board in developing and establishing the general principles of the mental handicap strategy. It emerged later (below p.182) that a very specific role, as a base for a divisional co-ordinator came to be envisaged for the Action Group.

And the voluntary organisations responded enthusiastically

'To be talking to somebody like that (LA Official 7) about notions of trying to bring large numbers of people out of hospital, that was very much the kind of ideas we wanted to talk about.'

AG Worker 1

Plainly, the attraction for the voluntary organisations was to acquire the scarce resources of authority and money to operate in the areas they were seeking to develop. Moreover being an insider group gave the Action Group some distinct advantages:

'We were working with people in the (SW) department around particular things .. the Doorway thing, discussing with them some kind of supported accommodation thing that we could take on, at the same time being consulted about aspects of a strategy they were putting together - which must come about because they think we're worth talking to, knowledgeable. We were getting pretty tuned into what was happening in relation to the strategy and that's the kind of thing you benefit from.'

AG Worker 1

As AG Worker 2 explicitly acknowledged

'Knowledge is power.'

7.3.2 Negotiations at Cross Purposes

However, involving the Health Board was to prove more challenging. Although the Social Work Department had had minor involvements with the

Health Board over Support Finance since 1979 and there had been mutual consultation at a political level between the Region and the Health Board through the Joint Health Liaison Committee (JHLC) - the Mental Handicap Strategy was to intensify and change the nature of that involvement.

As one Social Work Department official observed - one of the major problems was that in 1983 the issue was not on the Health Board's agenda.

'The initiative from here was probably strategically unwise in that we had a fairly overt bash at, putting it very crudely: "Let's shut Riversdale!" Curiously that didn't get received with a lot of enthusiasm. (Laughs)'

LA Official 5

The initial focus was on transferring resources from the Health Board to Social Work with SWD officials arguing that if Riversdale was to reduce its capacity then the transfer to them of the costs 'saved' would accelerate the development of community resources. This proved to be a very difficult set of negotiations.

The starting point was difficult for the Health Board officials. The SWD officials acknowledged, with hindsight, that the aim of reducing the number of beds at Riversdale created anxiety by implying that they thought:

'it's a duff place and all the staff here are terrible people who are nasty to the mentally handicapped.'

LA Official 5

although this was never said openly. This official thought some of the problem stemmed from the fact that the SWD were too far ahead.

'(We) had gone to the Health Service people and said "Hello, we've had some ideas. How about joining us?" I've been on the receiving end of that process and it doesn't feel all that comfortable. You feel a bit caught. People don't really want to know what you think anyway. They've made up their own minds. They just want you to co-operate.'

LA Official 5

Certainly the HB Administrators could see no good reason why they should give money to the SWD.

'f the Health Service saves money in mental handicap there are other SHAPE² priorities where the pressure is on the Health Board rather than the local authority.'

HB Official 1

There was a suspicion that the SWD were pursuing this avenue to make provisions which they should have made anyway.

'Even under the out-of-date criteria of the Peters Report, local government didn't meet their targets of places in the community and there is an argument that - all right for the bit that goes beyond that - the patients who in the old days would have been in hospital, so they need a transfer. But it's not for that other category who have only been in hospital because of the lack of local authority provision.'

HB Official 1

Health Board staff saw NHS resources being used inappropriately in all the SHAPE areas because of the failure of the Region to make community provision.

'We have a lot of acute beds that are filled inappropriately with elderly people. But the problem with elderly people in the Plains area is that there is a very gross deficit in Part IV accommodation (old people's homes) which is the responsibility of the local authority and if they provided the recommended number of places ... there would be no problem about the elderly in Plains. Now one could argue - why on earth should the local authority want support finance from the NHS when they have never, ever provided the funds they should have done to house the elderly?'

HB Official 2

Thus the HB staff were suspicious of the SWD's motives in seeking to develop the mental handicap strategy. It was not unreasonable to think that shortage of money might be a motivating factor in this initiative. LA Official 7 realised that it was going to take a lot of careful planning to secure the HB's co-operation - or at least acquiescence to the plan.

'It has been a case of softly, softly catchee the monkey.'

LA Official 7

²SHAPE (Scottish Health Authorities Priorities for the Eighties) was the SHHD's strategic plan published in 1980 for shifting resources from acute medicine to the so-called Cinderella services for the chronic sick: the elderly, the mentally ill, mentally and physically handicapped people.

7.3.3 Joint Planning is Needed

The obvious forum for debating this issue was the Joint Health Liaison Committee (JHLC) which had been established in 1976 after the re-organisation of both health authorities and local government. Like the housing links committee mentioned in CH 6, it was supposed to provide a forum whereby the authorities could debate matters of mutual concern. Until October 1983, this had been a fairly benign body. It met on an infrequent basis, usually at the Regional Chambers and it was preceded by a sherry reception.

'They all sat around and slapped one another on the back. There was nobody there except local authority reps and it was not even a quarterly but sometimes a six-monthly occasion when one meeting was chaired by (the Chair of the SW Committee) and the other by (the Chair of the Health Board). No substantive business was conducted because there was more or less a recognition that by and large they didn't do much planning together.'

HB Member 1

The prospects for policy innovation in a body such as this were slim. However in October 1983, what can only be described as a 'coup' took place. The 'Buggin's Turn' method of chairing the meeting was challenged by the Labour Party who had supporters there as Councillors and as appointed members of the Health Board. When the SW Committee Chair and the HB Chair were nominated for their usual positions they were challenged by a Labour District Councillor (who was also a HB member) and another Labour member of the HB and defeated by a margin of 15 votes to 2.

The motive seems to have been political. In 1982 Labour had lost control of the regional council and had gone into opposition against a Tory/Alliance administration. In June 1983 there had been a disastrous General Election defeat.

'It was seen as one of the few places in which Labour politicians could strike back at the Tory administration of the region and at that time of the Bigtown District.'

HB Member 1

'It was a recognised committee of the council that the Labour Party had a majority on. There weren't too many of them.'

Politician 1

This predominance arose because the JHLC had devised a new constitution in order to involve the district councils more fully. The dominance of Labour in

the landward areas of Plains gave them a majority and unlike the Tories on the Region, District Labour groups took all the seats for themselves, instead of dividing them according to the composition of each council.

'When I was Chair, it was 2, 2 and 1 and I would not change that. But whenever Labour got in, out the door went all the agreements and we got nothing.'

Politician 2

Secondly, Labour Health Board members wanted to pressurise the HB officers. The latter were perceived to be reluctant to promote community care which had begun to be raised as an issue in the JHLC.

'In my experience of being a Health Board member (until) two or three years ago, (1987) the Health Board was anti any sort of shift which involved using Health Board money to fund developments in the community.'

HB Member 2

'It was possible to use (the Regional Strategy for the Mentally Handicapped) in a way, as saying that the Health Board had to be seen to be involved in the process of the development of services for the mentally handicapped and the only way of doing that was through some joint mechanism.'

HB Member 1

'It changed) because of the need to identify a body that was going to put pressure in the Health Board in part. The Health Board was not very good at speaking to people and to other bodies and tended to go its own sweet way. A lot of its policies were

- a) not in keeping with some of the thinking at the time but
- b) conflicted sometimes with local authority policies.'

LA Official 12

And the third factor was, that with the lack of government initiative in Scotland in the field of community care:

'There was huge political capital to be made of it. The Government was not allocating money Potential to embarrass John Mackay (Minister for Health and Social Work) and nobody was going to let go of that.'

HB Member 1

Thus there was now a potential mechanism with a political approach to forward the Mental Handicap Strategy which Social Work sought to develop, albeit one riddled with pitfalls. However, it was likely to meet more frequently and be more business-like.

7.3.4 The Bones of a Strategy

LA Official 7 had the capacity, it will be recalled, to take a long-term perspective on development, and whilst there was suspicion, the HB officials at least agreed to enter into discussions about formulating a strategy. The Director of SW's support was crucial. He briefed councillors and thus enabled the issues to be raised in the JHLC. From October 1982 onwards a series of reports were tabled under the title of 'Transfer of Care and Associated Costs.' It was through these that the Mental Handicap strategy was defined.

The negotiations were to prove difficult and protracted. The development officer sought to focus on a modest target:

'The transfer of people from hospital and in parallel with that 200 places in the community by 1987 and another 200 by 1990.'

LA Official 7

and agreement was sought on a set of objectives that bear the hallmark of the Welsh Strategy:

'that further developments in service provision be planned according to the **normalisation** principle.

a commitment to **co-operative planning and action** on the part of the statutory agencies **in conjunction with the voluntary sector.**

the secondment of staff to undertake the planning and implementation exercise.'

[Joint Report no 279/1983/84 p.1]

[my emphasis]

The strategy consisted of these broad objectives and the definition of the organisational and financial means of achieving them. The organisational means sought were:

- a) the establishment of a Joint Co-ordination Group on mental handicap services composed of senior HB and SWD officers but with participation by voluntary organisations.
- b) mental handicap policy co-ordinator posts in the HB and SWD at senior level.
- c) co-ordinators of mental handicap in six divisions (one of which was West Bigtown) alongside

- d) the establishment of community mental handicap teams on the area basis.
- e) the drawing up of local plans
- f) the setting of priorities within these.

The financial package was vague but expressed hopes of various sources of funding - including DHSS board and lodging payments for staffed residential facilities which could cover cost if the project was run by a voluntary agency. Thus one key role for voluntary agencies was that they had access to resources denied to the local authority. However LA Official 7 observed in particular that

‘these organisations are not constrained by political masters. They can go outside and campaign and lobby in the most ruthless kind of way, if they want and they can get away with it, whereas officials in here can’t.’

LA Official 7

Also, as another official noted, it gave a greater degree of freedom within the planning mechanism. He observed that the composition of a committee affected the kind of report which could be written.

‘There’s a lot of good professional people working in voluntary organisations... They don’t have the political or policy shackles and I think that gives them the ability to make statements and move about a wee bit that people in the statutory sector don’t have..... (he goes on at great length)’

me: ‘Let me get this clear - what you’re saying. If you’ve got a group which say, consists of HB, SWD and voluntary sector, then that composition frees them up a bit in terms of the statements they can make?’

‘Yes.’

LA Official 12

Moreover, as an enthusiastic partner in this endeavour, there was a specific contribution envisaged for the Action Group. By now LA Official 7 knew them well enough to know that their views on the direction in which policy should develop were congruent. A key criterion in improving community based provision was locally-based action. The Region was to be divided up into six areas (basically compilations of area teams) and a divisional co-ordinator would convene groups of interested people locally who would feed their views into the Regional Co-ordination Group. Just as in its initial stages the Action Group was tied into the Area Team, this aspect envisaged

'tying the group in more closely with divisional activity.'

LA Official 7

The development officer was keen to give consumers of service a voice and saw this as an opportunity to allow this to happen.

'Local planning and consultation and co-ordination are things that many of our staff and certainly many HB senior managers prefer to ignore. Taking note of consumer views ... is not something that we normally do in social work to my great regret.'

LA Official 7

Moreover the Action Group, from its previous history, seemed to offer a model for achieving this if it would expand its boundaries by taking in Divisions 4 and 5.

'Again the influence of the Action Group was considerable, because it had started from the bottom-up, but it was quite a useful local group, a focal point for action in different ways, covering quite a chunk of (the town), that fairly well coincided with one of our divisions.'

LA Official 7

By suggesting the AG expanded their boundaries (see previous chapter), and the group so doing, they gained legitimacy to be the location and the operator of the West City divisional mental handicap group. Because they had been involved in the initial discussions, the AG was well aware what was on offer:

'In the thinking behind the strategy was for some of the divisions, it may be a voluntary organisation with the lead role and certainly that is what he (LA Official 7) hoped the Action Group would do. There was also this thing about the post, the divisional co-ordinator, and there was an expectation in this division that I would do that, which at the time I thought that sounds interesting.'

AG Worker 1

In late 1983, the Action Group had already taken steps towards assisting the fulfilment of another objective - the expansion of community-based provision, in that its application for Urban Aid lay with the Region's Planning Department (see CH 6). Thus the Action Group's objectives in this area matched substantially with those of the SW Development Officer and the Task Force team. The AG had considerable incentives to assist in forwarding the strategy, besides the achievement of their main objective - community-based care for mentally handicapped people.

However negotiating acceptance of these aims proved difficult, both within the SWD and with HB officials. The latter had not really considered these issues before and

'(We were talking about) things like normalisation, like care in the community and its feasibility, like saying that a lot of mentally handicapped people in Riversdale don't actually need to be in hospital care and non-medical people could look after them and we can show you where its being done. That was certainly a threatening sort of thing to be faced with.'

LA Official 5

In particular strong objections to the participation of the voluntary sector were raised by both HB and LA Officers.

'They said "its not the normal way of doing things" and "How will we cope if the voluntary sector... they're not under our control?" "They'll be bloody minded and difficult.'

LA Official 7

Some local authority officials wanted to compromise and drop the idea of voluntary sector involvement, at least until the system was up and running, but somehow enough support was garnered to ensure that this remained in the strategy. The growing political muscle in the JHLC of Labour supporters was probably an important influence on this. There were, however, other objections too; the targets were too ambitious, and there was resistance to the idea of transfer of resources being automatic.

But gradually there came to be acceptance of at least going through the forms of co-operation with the local authority on the part of HB officers. LA officials however observed great ambivalence about these issues on the part of both officers and professionals.

'Those) at the top in (HB HQ) ... are all saying "its organisationally complicated - we're struggling to keep our heads above water. WE don't want to get involved in new initiatives and anyway they probably won't work. It's all getting very political and look what's happening in England. Anyway the government in Scotland aren't forcing us to do anything like they are in England, so we don't have to do it.'

LA Official 7

Some of the officials who were party to the negotiations then, were plainly still not convinced when interviewed for this research:

'But another thing, they're going to find out in due course is the public's opposition to having hostels here, there and everywhere. That's never been mentioned yet and in theory it's fine, but in practice you're going to get people saying "I'm not wanting a hostel for the mentally handicapped round the corner" ... so that's never been examined yet.'³

HB Official 3

There was also some ambivalence on the part of some consultants in mental handicap, feeling that sitting in meetings discussing objectives distracted them from the 'real' task of caring for their patients.

'The politicians have become more important than the clinicians. My example is, there's someone bleeding to death, no-one to look after them. My example is the mentally handicapped person is bleeding to death - let's have a discussion about why his bleeding time is ... why he fell down in the street, why the street has got no parking, why there isn't a pedestrian crossing and all the rest of it. Let's have a discussion, not today, but in a week's time.'

HS Professional 1

Whilst consultants in mental handicap had doubts about the capacity of joint planning to deliver the goods, community medicine specialists were seen by a number of respondents to be outright hostile. This medical speciality (CMS) was established under the NHS Act in 1974 and amalgamated the former public health service doctors and the hospital based administrative doctors. Their task was to gather and interpret medical advice which was fed into the Health Board by the Chief Administrative Medical Officer (CAMO). Thus these doctors were

³It was difficult to get officials who had 'lost' the policy struggle to admit that they were initially opposed to what became the new policy. (See CH3) However an example which was the more common response in the HB was

'I think we are all fairly committed in the HB to joint planning and moving people into the community at all levels.'

HB Official 2

Although one doctor who participated in the joint planning process observed

'When the new faction had finally won the day and the HB itself had finally overthrown the officer faction and come down on our side, (HB Official 2) actually sounded genuinely upset that money was being made available for mental handicap .. it was a sort of mock tearful quiver.'

HS Professional 2

part of the medical strand of consensus management (to be discussed below p.188) and played a key role in influencing the medical advice given.

There were however a number of problems in their role. Whilst it had been the government's intention that these people be the Health Service's planners and epidemiologists; looking at needs and the optimum ways of meeting them and being medically qualified, able to discuss projects with other medics; in reality this role became re-interpreted as administrative.

'The CAMO was (seen as) responsible for all the medical services ... (Thus) the CAMO in Plains (began) to assume enormous importance and the more power the CAMO had, the less power the Board had to actually make decisions.'

HB Member 1

Secondly this speciality was perceived negatively by some respondents.

'There was a ghettoisation coming across. It became something you went into if you were male and you were no good at your job. Seriously, if Bloggins is getting past it - he's a bit senile or he's a bit fond of the bottle or you don't want him on the ward - but he's a nice chap and we look after our own - then we nudge him sideways so he can do admin. work.'

HS Professional 2

Although at the time of this study a new breed of younger more committed CMS were beginning to emerge, it was the older generation who at this point had the 'ear' of the CAMO and the key ones in the field of mental handicap believed:

'that (mentally handicapped) people had to be in institutions.'

Vol. Org Worker 2

Because

'it is too often a cruel world: therefore it's always a cruel world. Therefore it's cruel to raise people's hopes and then dash them. That's quite simply how [HS Professional 4's] operated. People were better off living as battery hens than having their hopes dashed or thrown out in a cruel uncaring world. It's a whole belief in a sanctuary.'

HS Professional 2

Others were less kind:

'(They are) the dead hand of the NHS. They are in many ways the instruments of inertia. [All this is prejudiced opinion on my part - I

find them a pain in the ass.] Their immediate reaction to anything is "How can we stop it happening?" And their cast of mind is really very different. There's no excitement, no enthusiasm, no wish to develop new ways of providing services - only to maintain the way in which they've always been provided.'

HB Member 1

These doctors tended to give priority to acute medicine and to see their concerns as hospital based services:

'The Health Board as such is not really in the business of **community** care. The Health Board's in the business of **hospital** care.'

HS Professional 4

7.4 Why was the Health Board reluctant to co-operate?

As the previous section makes plain, Health Board officials were observed to be antipathetic to the idea of jointly planning mental handicap services. In order to understand why this was so, it is necessary to go beyond individual motives and to spend a little time examining the nature of the the Health Board as an organisation.

Superficially it was a similar type of organisation to the local authority. It was bureaucratically organised and responsible to a committee - in this case of Health Board members. However a number of factors combined to make health authorities different from local authorities.

Hunter (1986) observed the undue emphasis in the post 1974 NHS on a 'so-called mechanistic industrial model' of management. He saw Health Boards adhering to a traditional Weberian model of 'naive bureaucracy' which ignored conflict and paid little attention to power. Overall there was a commitment to rationality which saw the political as a failing. This Hunter perceived as naive and pointed to the need for theoretical pluralism.

Therefore, whereas the local authority officials recognised the political nature of the process they were involved in, Health Board officials did not. Or they saw it as an aberration from 'proper' decision-making. The adherence to this rational bureaucratic model, Hunter argued, is important not so much for its ability to account for the Health Service policy process, as the fact that such assumptions underlie officials' approach to decision making. He says

'Managers are not very comfortable with the possibility that most of what happens in the implementation process cannot be explained by the intentions and directions of policy makers, which is why they adhere to the top-down rational approach.'

p.21 Hunter op.cit.

Many respondents in this study commented on the discomfiture of HB officials and members in the 'political' environment of the JHLC.

'The Health Board people were particularly taken aback at politics entering the arena. Officials of the Health Board couldn't cope with it particularly well. They clammed up in meetings from then on for a while because they felt under attack from the politicians. They were under attack from the politicians. It's just that they weren't used to it, not in a more open forum like that.'

LA Official 7

Generally, throughout this period, HB officials handled the political aspects of the JHLC as an ostrich would. They tried to pretend it was not there.

Me: 'I went to a meeting (of JHLC) about a year ago and I noticed that the Health Board didn't vote...'

Resp: 'We quite often didn't because it was obviously political and we just said right we're having nothing to do with this.'

HB Member 3

They could afford to do this because JHLC decisions were only advisory to participating authorities. By taking no part in this process, this left the HB free to continue going 'its own sweet way.'

The reason that HB officials (and most members) had this apolitical perspective stemmed from the relationship between members and their employees. When asked what difference they observed between LA officials and HB officials, those interviewees who had experience of both systems contrasted the political accountability of the former with the lack thereof of the latter. They felt that whatever HB officials' rhetoric to the contrary, the latter tended to see HB approval as a formality and the members were frequently referred to as a 'rubber stamp.'

'I think there is a tradition of accountability in local government that doesn't exist in health services amongst officials, because officers in local government **do** understand that there is a political force controlling their council and they must carry out the policy whether they like it or not.'

'In the Health Service there is no such tradition and officers by and large are accountable to no one. I suppose they're accountable to Health Board members but they're not elected in any way and they don't understand accountability.'

HB Member 2

The reality was that the way Health Boards were structured would make it extremely difficult for members to exercise authority even if they wanted to. Hunter refers to this as 'the curious confused role of board members'. (p.10 op.cit.) Unlike councillors who were elected as political representatives of an area, with a clear responsibility to that electorate, HB members were appointed by the Secretary of State as individuals. They had little scope to enforce decisions as they did not represent anybody and their role was unclear. They lacked authority. Although HB officials claimed that Plains HB was unlike others in Scotland, in that members took the decisions the reality was probably nearer Hunter's conclusions from his study:

'board members experience considerable role uncertainty and have difficulty holding officers to account.'

p.202 Hunter (1980)

Central to understanding this HB member/official relationship was the notion of consensus management. This was introduced in the 1974 Health Service Act as a compromise, because the government was unable to obtain agreement on the appointment of a Chief Executive for each Health Authority. The disagreement centred on what constituted required qualifications for such posts: would medical skills suffice or were management skills more important? This stemmed from another tension in the health service, between professionals and administrators (discussed below p.191).

Whilst it is impossible to explain the operation of consensus management in full here (it merits a thesis on its own) the features important to this argument will be highlighted. An analysis is to found in Hunter (1980) and his unpublished Ph.d thesis. (1979)

Consensus management was vested in an Area Executive Group (AEG) which had collective authority to make decisions. This AEG consisted of the Chief Administrative Medical Officer (CAMO), the Chief Area Nursing Officer (CANO), the Board Secretary and the Board Treasurer as the senior officials in each sector of the Health Board. Based on the bureaucratic rationalism whose inadequacy Hunter noted (above) the theory of consensus management sought to distinguish between policy and administration. Thus it was supposed that Health Board members would set the broad parameters of policy, for example to move towards care in the community, and then the officers would implement that through a range of detailed decisions. If the officers making up the AEG were able to reach a consensus on policy, then they had authority to make decisions without reference to the board. Rational theory predicted that this would lead to only the really thorny issues being referred to the HB members for decision. The reality was different and Hunter argued that there was an enormous pressure on officers to reach agreement and it was the minor issues that tended to be referred to the board.

'In the case of our Health Board,... the AEG almost always came to a decision. I never heard of a case where it didn't come to a decision - but very often that decision, because it had to be a consensus decision, tended to be the lowest common denominator - or the avoidance of making a decision.... Instead of forcing the decision upwards to the Policy and Resources Committee, I think there were certain cases where decisions were avoided.'

HB Official 2

Thus consensus management left Health Boards with the worst of all possible worlds. Hunter observes:

'Consensus management has been at the root of what many observers, as well as those inside the Health Service regard as a fundamental flaw in the 1974 model, namely the absence of responsibility: there is nowhere for the buck to stop.'

p.12 Hunter (1986)

The Chairman of Plains Health Board confirmed this dead-hand effect:

'Consensus management is OK in its way. Very democratic - democracy in its way too, never really achieves any great forward movement, any impetus. OK, it gets there eventually but I found that there were far too many good ideas being watered down to ensure that the Executive Group agreed them unanimously.'

HB Member 3

The other significant way in which the Health Board differed from the Local Authority stemmed from the anarchic nature of the relationship of the professional employees, in particular doctors, with the administrative arm. Although the Health Board had a superficial veneer of bureaucratic authority, the officials in reality had little real power and their relationship with the medical profession was a fraught one. It is for this reason that Hunter calls the Health Board a 'hybrid' organisation:

'The NHS is a most curious organisational creature comprising two elements: a professional element and a bureaucratic element. Both entail quite different management styles: the former displaying horizontal collegial relationships and the latter displaying vertical hierarchical relationships. That such a hybrid ever came into existence owes more to political considerations than to sound management.'

p.20 Hunter (1986)

The power of the medical profession in the decision making process was noted by many respondents. Because the management structure was weak, being administrative in approach rather than managerial, there was potential for a professional free -for-all where

'those who shout the loudest (get) the most - or those who are most prestigious (get) the most.'

HB Member 1

Certainly the notion of 'clinical freedom' - that doctors must be free to give their patients the treatment they deem the best, posed enormous problems for resource management and constrained the Health Service. Since 1979, when cash limits had been imposed on their budgets, health boards were having to exercise greater financial stringency.

'When they were cut-back, they (HB Officials) became very depressed and miserable and nothing was going to happen - "it was dreadful" and (they) gave us a bit of information about (them). We said "Oh good heavens! You don't need to worry about that. We've survived! Call those cuts? You'll get through it!"'

LA Official 5

This respondent was comparing the Health Board reaction to cuts of about 2% compared with much higher cuts in the local authority budget. But the reason that these cuts were so disastrous for the Health Service was that they intensified the power struggle for resources. It was almost impossible for Health Service

administrators to exercise budgetary control, because they had so little control over the consultants.

'You cannot issue a directive to consultants because they are not, in the sense that you and I would understand an employee of the Health Board. They **consult** with the Health Board and you can advise consultants and suggest they might care to do so and so, but you can't direct them to do so and so, because he will say, "That infringes my clinical freedom. I will do what is best for my patients" and you cannot impel them to do it.'

HB Official 2

Yet as Hunter observes:

'doctors' decisions to treat patients, commit resources such as nurses, technicians, equipment and materials.'

p.195 Hunter (1980)

This created an inertia with vested interests in maintaining the 'status quo', that is, with a strong focus on acute medicine, which seemed insuperable. Moreover the emotional appeal of certain specialties (often of the high-tech variety and therefore expensive) which deal with life-threatening diseases, is much greater than those dealing with the 'Cinderella' services of the SHAPE (op.cit) priorities.

"You get very few people jumping up and down, thumping the table saying, we want more money for this particular part of the mental handicap sector. Whereas you get people jumping up and down all the time saying we want more money spent on treatment for infertile people, on treatments for cancer, intensive care for neonates.'

HB Official 2

Because there were so many specialities within Plains Health Board, which also had one the most prestigious medical schools in Britain - a 'centre of excellence' - these competitive pressures were intensified. Besides making the Health Service as then organised extremely difficult, if not impossible, to manage, these pressures also made it very difficult for the Health Service to negotiate with outside agencies on broad policy changes in any coherent way, as this account shows. In Benson's (1975) terms the Health Service, although ostensibly a single organisation, because of its structural complexity, resembled a 'blocked network' or in Crozier's (1963) terms, one in which the power struggle had become so overwhelming that the organisation simply could not function effectively. It would certainly find it extremely difficult to shift resources to less 'prestigious' areas of work.

7.5 The dead hand of the Scottish Office

By negotiating a community care strategy for mentally handicapped people, Plains Region Social Work Department and the voluntary agencies supporting them were seeking to gain control of a domain currently mainly in the possession of the Health Board. Moreover they were also asking the Health Board to hand over the resources thus 'saved'. It was therefore not altogether surprising that resistance was encountered, even without the organisational factors inhibiting co-operation.

Benson observed that in situations where two agencies claim the 'same or similar spheres of activity' as the mental handicap strategy typified, reaching amicable agreement over task allocation was likely to be conflict ridden. Indeed

forceful intervention by third parties or insistent environmental pressures are generally necessary to sustain relations of the duration and intensity required.'

p.237 Benson (1975)

One of the most effective ways to bring about such change is intervention by central government who can

- a) introduce new programmes and agencies
- b) formalise relations by 'precisely specifying linkages which have previously been left informal or variable.'

p.245 op. cit

- c) comprehensively re-organise the relations by re-arranging 'an entire system of inter-agency boundaries and linkages'.

Ibid.

It was therefore not surprising that those seeking change hoped that the Scottish Office would redefine and thus clarify the relationships between Health Board and Local Authorities in developing community care provision. In short provide the kind of leadership that had been so apparent in Wales (and to a lesser extent in England). However the Scottish Office approach was to prove disappointing to them, as Hunter and Wistow (1987) explained:

'At the most general level, community care has all the appearance of a uniform policy (within the UK) as set out in numerous official reports published singly or jointly by the three central health departments (DHSS, Welsh Office and Scottish Office). Yet marked differences exist in both the meaning and degree of emphasis that

have been accorded to this goal and also in the instruments associated with its implementation.'

p.13 op. cit.

In particular the outstanding feature of the Scottish Home and Health Department (SHHD) was the extent to which it lagged behind England and Wales in both policy guidelines and provision for community care for mentally handicapped people. The frustration felt at this situation is neatly encapsulated in a campaign document produced by the Action Group in January 1984, where they protest that

- 'Compared with England and Wales, Scotland has a larger proportion of its mentally handicapped children and adults resident in mental handicap hospitals.
- It has proportionately fewer mentally handicapped people living in residential provision in the community.
- The size of the hospital population has decreased more slowly than that of England.
- Fewer political initiatives have been introduced in Scotland to alter the balance of care between hospital and community.
- Substantially less resources are available to promote community care.'

p.2 Action Group (1984)

Hunter and Wistow noted that these variations arose from different emphases within the Scottish Office in setting targets and establishing priorities. In particular when the initial proposals for a mental handicap strategy for Scotland were set out in the 'Blue Book' in (SHHD 1972), there was a much greater emphasis on accommodation in residential care, 20% higher than England and Wales, and the proportion of hospital beds was to be three-quarters of the total, compared with a fifty/fifty division down south (op. cit. p.100) At the same time whereas England had a 577% shortfall in local authority residential places in 1970/71 compared to guidelines, Scotland had a 3629% shortfall, albeit based on different criteria (but the targets were also lower). (ibid.)

This emphasis on hospital and institutional care was reinforced in the Peter s Report 'A Better Life' (SHHD and SED 1979), the Scottish Office's revised policy document. Indeed it even argued for a higher level of hospital and residential care provision and increased the target. Fundamentally Hunter and Wistow conclude

'policy in Scotland has consistently placed more weight on hospital services than in England and Wales and this remains the Scottish Office preference.'

p.102 op. cit.

Why should this be so? The explanation the authors offered meshed with and mirrored the problems this study identified as existing at a local level. Hunter and Wistow cited a Scottish Office official defending the long-stay institutional sector thus:

'We reckon it is better. This is an unfashionable view with the voluntary agencies, that there are people [the mentally handicapped and the elderly with mental disability] being looked after in hospital. It may not be the ideal place, but they are being looked after...'

p.94 op. cit

Note the similarity of this view to that of Community Medicine in the previous section. Martin (1984) observed that in the field of mental illness there had been

'an excess of complacency and a lack of self examination both in the central departments and in the relevant professions.'

p.72

Hunter and Wistow think that this applies in Community Care policy making generally and suggest a number of sources of this complacency: in particular national culture and the relatively comfortable resource position and see these as generating

'no incentive or compulsion to take stock of the limitations of institutional provision or to look afresh at the goals of services for priority care groups. SHAPE and other policy statements may have provided all the right notes but the lack of commitment and follow through is remarkable unless one appreciates that the professional and service context is so different from England and Wales and has been for over a century.'

p.94 op. cit.

This opinion was confirmed by the Director of Social Work who observed that whilst there seemed to be government commitment to community care policies in England and Wales:

'In Scotland the same government for one reason or another does not see 'Care in the Community' in the same way. Part of that is cultural: the Scots have got bigger prisons, bigger psychiatric hospitals, bigger institutions of every description than the English

and Calvin lives to the extent that one needs to be punished for these defects.'

LA Official 4

A further factor identified was the different financial allocation procedures adopted by SHHD in sharing out NHS finances. This will be discussed in relationship to Support Funding (below p.199).

There was also little doubt that the reluctance to pursue Community Care policies was not a result of the foibles of politicians, but stemmed from, at best, a lack of enthusiasm amongst civil servants and an ambivalence about the role of government.

'The official policy is disengagement; that local needs are best left to local decisions, therefore we don't interfere. But the reality is that there is considerable engagement, for example rate-capping. Thus the policy becomes hypocritical.'

Civil Servant 3

Interviews were not unfortunately conducted within the SHHD, but there was considerable evidence in Hunter and Wistow's book that this ambivalence was indeed present within that department and a speech by an Assistant Secretary on behalf of the Minister for Health and Social Work to the Association of Local Health Councils' Annual Conference in June 1986 confirms the limited policy aims in respect of community care:

'Many definitions of community care have been offered. We see it as enabling people to remain within their own homes (not necessarily the family home) rather than having to enter hospital or other forms of institutional care which take away the sense of belonging.'

Asst. Secretary (SHHD) Conference Speech

There was no mention of taking people out of hospital. Secondly there was a narrow perception of the potential for government intervention:

'Working through committees and plans can be an exhausting and exasperating experience; above all because there is no one at the top who can bang heads together. The process has to be co-operative.'

Ibid.

This approach typified the Scottish Office's policy-making and placed far too much emphasis on co-operative strategies to the exclusion of other factors. As Mc Keganey and Hunter (1986) observe:

'it would be quite wrong to regard co-ordination as the solution to every organisational and professional problem. Ambiguous legislation, organisational inertia, confused aims, and professional resistance can all influence the extent to which co-ordination can work successfully. Yet such factors are virtually ignored....'

p.337 op.cit.

Thus it is necessary to return to Benson's fourfold analysis of the factors which inhibit joint working when there is not agreement about the roles of the participating agencies, the nature of the task, professional respect and how work is to be co-ordinated. (Benson 1975 p.235). There was a convention that the Scottish Office was a unitary department but it is probably more illuminating in this context to conceive of it as an inter-organisational network. It must, however, be noted that this conception is not acknowledged by government ministers, who when questioned about inter-departmental issues, conventionally respond that the Scottish Office is one department and co-ordination is undertaken by the Secretary of State. The practice is that relationships between Scottish Office departments reflect all the competition and disparate goals so evident at a local level.

Both the SHHD and SWSG - the two key departments in relation to Community Care - are composed of administrative civil servants, who move from one department to another, and professional civil servants (SHHD - doctors and nurses, SWSG - social workers) who do not. These professional civil servants then develop a departmental ethos - or in Benson's terms an ideological commitment about the nature of their task.

Moreover, Hunter and Wistow note that the two departments have quite different relationships with their respective peripheries and

'these factors shape the respective styles of the SHHD and the SWSG. Whereas the SHHD is more directive in its relationship with Health Boards.... the SWSG's stance is essentially advisory and persuasive since local authorities cannot be cajoled and ultimately must be left to determine their own priorities.'

Hunter and Wistow p.34

Those involved in trying to persuade the Scottish Office to become more directive about the regulation and finance of Community Care observed

'the only time they seem to get together, is when we ask for a meeting with them and they don't have pre-meetings. They haven't

even sorted out their line beforehand... You get contradictory arguments (it's quite funny watching it) Arguing amongst themselves. You feel like saying: Shall we leave the meeting for a moment while you sort this out? '

Vol Org Worker 3

Plainly little had improved since Wiseman (1979) noted that

'officials experienced difficulty in handling conflicts and working across administrative boundaries.'

cited on p.34 of Hunter and Wistow

The inability of officials to 'get their act together' was compounded by political failings. Because Health and Social Work were two separate departments, with SWSG being a sub-group of the Scottish Education Department (SED), they were potentially the province of two different ministers. Practice since 1979 has been to give both briefs to one Minister. However those on the ground observed a distinct lack of intra-personal co-ordination. One respondent throughout an entire interview insisted (jokingly) that John McKay, Minister of Health, was a different person from John McKay, Minister of Social Work. What was apparent was that any failures at official level were compounded at ministerial level.

Thus there was little likelihood of official reluctance being challenged by a far-seeing politician, as seemed to have happened in Wales. The reluctance of the Scottish Office to move forward on developing community care policies, stemmed from a complex of over-lapping factors which included the following areas:

- a) **Historical:** there was a strong tradition of institutional care in Scotland and generally the buildings were in better repair (being stone- built) than their English equivalents.
- b) **Professional:** Culturally Scotland had a longer tradition of respect for higher education and the professionals it produced. Numerically, a higher proportion of doctors were trained in Scotland compared to the South, Bigtown being one of several prestigious medical schools in the country. Thus doctors, formed a more powerful lobby relative to Cardiff or London and combined with the 'small-town' nature of the capital, this gave the medical profession great authority in relation to the Scottish Office.

- c) **Administrative:** The 'hands-off' approach in the SHHD, which was larger and more prestigious than SWSG in the Scottish Office network, led to a greater willingness to 'hear' counsels of caution from medical advisors rather than those urging action from the social welfare side.
- d) **Political:** There was no likelihood of a political challenge to this attitude because it was not in the nature of the ministerial incumbent to do so. He was inclined to follow official advice. Moreover, changing the policy would increase the involvement of local authorities at a time when government was aiming to decrease their responsibilities.
- e) **Organisational:** It was organisationally complex to take action because policy change involved crossing organisational boundaries **within** the Scottish Office and working in ways not normal in the Civil Service.
- f) **Financial:** There was a clamp-down on increasing public expenditure and different allocation methods in Scotland meant it was much more difficult, than in England and Wales, to identify monies which could be moved to fund community care policies, (discussed below) even if the Scottish Office had had the motivation to do so.

All these factors combined with the fundamental problem **belief**; that those with the power to effect change did not believe that the changes being proposed in England and Wales were solutions which worked, with the result that there was little chance of resolving the hiatus between the Health Board and the Local authority by any redefinition of the rules.

7.5.1 Forceful intervention by third parties

The preceding factors were going to make community care policies much more difficult to achieve in Scotland. However, when the DHSS in England published its Green Paper on Care in the Community in 1981, the Scottish Council for the Single Homeless (SCSH) (on whose committee LA Official 7 happened to be, for this organisation, too, had grown out of the Central Area Project above p.102) contacted SWSG and asked what was to happen in Scotland. SWSG responded that it was their intention to produce a similar document. When eighteen months later, the white smoke had not risen from St. Andrews House, SCSH

decided that the time had come to start applying pressure for some action by the Scottish Office. To this end it called a meeting of representatives of national voluntary organisations and professional associations with an interest in community care.

'The Care in the Community Working Party (CCWP) was born out of a frustration with the lack of care in the community initiatives in Scotland.'

LA Official 7

The group was a loose federation of those organisations who subscribed to a set of general principles aimed at expanding community care in Scotland. It deliberately had no constitution and was serviced by SCSH. Those participating included the professional bodies for housing and social work, the Association of Local Health Councils and the Convention of Scottish Local Authorities (COSLA), as well as the major national voluntary co-ordinating bodies eg Age Concern Scotland.

Fortuitously, as the first meeting of the CCWP was called in December 1982, the government published a draft bill, the Health and Social Security and Social Services Amendment Bill (HASSASSAB) which was a rag-bag of administrative amendments, but included the proposal to extend the Support Finance mechanism to allow voluntary organisations to become applicants.

Support Finance was the main means whereby health service finance was transferred to community-based initiatives; until this point to Social Work Departments. The initial scheme had been introduced in Scotland in 1980 (some four years after similar arrangements in England). It was seen by the Scottish Office as pump-priming money: to enable local authorities to begin to develop community-based provision for priority groups by providing 60% of the finance for particular projects. This money came from the NHS budget by top-slicing, holding back a proportion of the allocation and this sum was transferred to local authority budgets in the first year and tapered to 0% over 5 years. As Hunter and Wistow observe, this kind of scheme could only work if there was policy coherence within government between community care policies and local authority finance, which there was not. Since Social Work Departments had to find 40% of project costs initially, there was great difficulty persuading them to take on schemes, particularly those run by voluntary organisations.

There is some evidence that the Scottish Office was never keen on implementing Support Finance in Scotland. The Director of Social Work in Plains observed that the original circular was published by a freak chance:

'The Scottish Office civil servants were suppressing the circular that was to mirror the English circular of six years before [actually four years]. (The minister), for all his limitations, was an ex-Gurkha officer and a man of honour. And he made the mistake of saying at his first meeting (with the Association of Directors of Social Work (ADSW)) "Good heavens, if it's like that, I'll make certain that this circular be published" and so it was. But the medics loathed it from the word "Go" because they had to have their money clawed back and re-distributed.'

LA Official 4

The Support Finance mechanism was seen as a way of obviating the problems associated with allocating funding through the Rate Support Grant. One Health Board official observed that:

'the proper way for the government to (increase community care provision) is to put more money into local authorities rather than the health board try and do it through the Support Finance scheme. But politically, they don't like to put into local authorities, because they can't direct them how to use it.'

HB Official 1

Nor did the government wish to increase the spending in this area at a time when the emphasis was on reducing local authority spending.

The amendment proposed in HASSASSAB was part and parcel of this government hostility to making provision through local authorities. As in the Urban Programme, (discussed in the previous chapter) the government preference was to lay stress on provision by voluntary organisations. However whereas in the Urban Programme any voluntary agency application had to be processed firstly by the local authority, the new proposals for Support Finance meant that

'The voluntary sector and housing (associations) could apply through the Health Board network without getting ... local authority agreement, although obviously the Health Board and the Scottish Office in administering Support Finance would want to know how they were going to carry on funding projects when the money ended.'

LA Official 7

More importantly, HASSASSAB was seized on by the Care in the Community Working Group as the 'wedge' (in Wildavsky's terms) with which to open the door to improved community care policies.

'There was a change afoot in the form of HASSASSAB in '83. You could build on that and HASSASSAB went formally to COSLA - we were just edging it along a bit further.... (and thus we prompted) other agencies to make statements and do things. We prompted the ADSW (Association of Directors of Social Work), prompted COSLA itself... We were pushing it along because of the broader concept of Care in the Community and I think some people saw the wider things. Others focussed on the **unfairness** of how Scotland was getting mistreated in this grant budget.'

LA Official 7

The Scottish Office found itself bombarded by pressure from all quarters as the CCWP built up a head of steam. Although this group was restricted to national organisations - there was also a forceful lobby building up within Plains Region, as a number of voluntary agencies were beginning to develop community care schemes.

'People took up this issue of Support Finance with great gusto - local politicians in the Plains area, the people on the JHLC got torn into it and there were applications, or they tried to have them, to the Scottish Office.'

LA Official 4

Amongst these groups was West City Action Group which produced a campaign document in January 1984. The Action Group had never had limited horizons and were frequent correspondents/embarrassers of government ministers and the Scottish Office. They certainly did not confine their interest to the local level, but felt that they should use the experience gained there to effect national changes.

'It seems to me looking back (that the Action Group recognised) that there's different levels at which we need to have an influence/effect in order to succeed. And it's not just that we've got this local group and we try and do things locally, because we recognise that we'll run up against obstacles and these can't be solved locally. They can be solved by the level above that - that's the Region and even at that level you'll run into obstacles, there'll be things stopping change and that's maybe a national thing.'

AG Worker 1

Thus when the opportunity arose, the Action Group took it.

'We'd always fancied Support Finance but that had never been possible.... (the system in Scotland) was always abysmal and based on the supposition that the Region would share some of the costs initially. They didn't have the cash. So what we were doing, again wearing a separate hat as a pressure group, was lobbying the Scottish Office to change the rules; writing newspaper articles, press releases, briefing the TV and other media - so there was a constant stream of critical comment about the government's handling of Support Finance.'

AG Worker 2

The document they published was part of this campaign. It gave a brief history of policy proposals for mentally handicapped people in Scotland and contrasted this with the situation in England and Wales. It identified the major problem in changing the balance of provision as finance and therefore made demands for an improved system of Support Finance. It was clear, easy to read and was recognised as

'a useful further bit of pressure.'

LA Official 7

and was

'quite effective as far as the government was concerned ... It was something MP's could quote. It actually had data in it and (MP s) could say "The Right Honourable Gentleman said... but this is what the position actually is.."'

Vol Org Worker 2

The document had this authority because it was a distillation of official information from Government reports and Hansard. Much of these official sources had been obtained by the local MP through Parliamentary Questions on behalf of the group.

The Action Group was also involved in briefing numbers of national voluntary organisations (particularly the Scottish Society for the Mentally Handicapped and the Scottish Association for Mental Health) on the issues involved in this campaign.

'We briefed them - they were lobbying MP's (but) there was a lot of cross-fertilisation, so I wouldn't want to claim any credit for initiating things.'

AG Worker 2

The campaign led by the Care in the Community Working Party, did, however bear some fruit. A draft circular entitled 'Community Care: Joint Planning and Support Finance Arrangements' was issued by the SHHD, SED, SDD and SWSG in July 1984 for consultation with interested parties. It was however more a capitulation to pressure than a conversion. Hunter and Wistow (op.cit) quote a civil servant in the SHHD thus:

'It's very difficult for government departments to resist that sort of pressure entirely, and sooner or later, the Minister feels he has to buy them off.'

p.142 (op.cit.)

They felt they were under 'tremendous political pressure'

'to imitate England where the original notion of (Support Finance as) pump-priming was almost immediately forgotten in the sort of trendy notion of developing community care at the expense of the health service, because the English saw mileage in transferring people from hospital to community care.'

Ibid.

7.5.2 The Minister buys them off

The draft circular which emerged reflected this lack of enthusiasm in the Scottish Office. NHS 1985 (GEN) 18, as it was to become, proposed a number of changes to the current operation of the Support Finance and Joint Planning arrangements. It re-affirmed the Secretary of State's desire to promote:

'closer collaboration between health boards, local authorities, voluntary organisations and other organisations; extend the scope of the support finance scheme to include payments in respect of housing and education; and makes various changes to the terms on which support finance may be made available.'

p.1 SHHD (1985)

and detailed two main areas, where changes should occur. Because there was a commitment to 'effective co-operation', which the circular acknowledged had not been uniformly evident to date, the Secretary of State requested that the Health Boards, the Regions and the Island and District Councils prepare joint plans for each of four priority categories - the elderly, the mentally ill, the mentally handicapped and the physically handicapped.

Secondly, the time limit and taper on the scheme was to be changed to allow Health Board funding for the first three years of Support Finance to be 100% and then to taper over four years to full local government funding. The range of appropriate recipients was extended to include projects in education and housing and

‘voluntary organisations will have access to Health Boards to negotiate for Support Finance.’

p.4 op.cit.

Significantly, the circular changed the way in which Support Finance was to be allocated, in line with the Scottish Office’s “hands off” policy. Whereas, previously, the NHS budget had been top-sliced to retain a centrally held fund, to which Health Boards and Local Authorities could apply for funding for joint projects, the new scheme meant that each Health Board would receive its full allocation of money and Support Funding was to be found within that.

‘Health Boards will, in future, be expected to meet all Support Finance payments, whether capital or revenue, towards the cost of projects from within their normal financial allocations.’

p.4 op.cit

The circular was rather vague about which projects would qualify for Support Finance, leaving it to the ‘complete discretion’ of Health Boards (p.4) but including the caveat that

‘health boards must be generally satisfied that the proposed expenditure would be more beneficial in terms of total care than an equivalent amount spent on health services in the community.’

Ibid.

LA Official 8’s observation in respect of the Urban Aid circular ‘How will we ever know that?’ could equally apply to this statement (see above p.153)

The circular was subjected to a barrage of criticism by the CCWP who, in October 1984, submitted a detailed critique of the proposals. This paper was additionally supported by some 33 locally based organisations which included the Action Group.

The major criticisms were:

- a) the lack of any **national** policy or strategy for the implementation of community care.
- b) the lack of clarity in goals and targets.

'There is no way of avoiding the conclusion that what is required, first of all, is a strong national lead from the Government on this broad and complex subject In many ways the draft circular simply proposes changes and improvements on points of detail to be applied at a local level. Useful though some of these changes may be in theory, without the national energetic push and a national framework for the vigorous development of community care, they can be characterised as minor tinkering.'

p.2 CCWP (1984)

- c) the lack of compulsion in the circular.
- d) the lack of clear guidance on the mechanisms to be employed in producing joint plans.
- e) the lack of any fundamental requirement that mainstream health budgets be adapted to joint planning and
- f) the small sums of money and the lack of incentives in the Support Finance scheme.

Thus

'It may be that various factors will combine to ensure that despite a general wish to promote community care, demand is not translated into pressure on the available allocation of Support Finance monies. These factors include:

- a) the devolving of approval of projects to Health Boards, who will be able to spend the allocations in other ways, if they think fit, thus effectively containing demand
- b) uncertainties about future revenue funding, which will make local authorities reluctant to enter into projects and
- c) continuing restriction on the level of public expenditure with competing pulls (particularly, if local authorities fail to reduce expenditure).'

p.11 op.cit

The commentary notes in passing that amongst others, under the Scottish Health Authorities Revenue Equalisation (SHARE)⁴ formula, Plains Health Board would receive 'no additional monies upon which they could act on their indicative allocations.' (p.12 op.cit) One must concur with the commentary's observation that

'The Secretary of State wishes to see the development of joint planning, but is to let go of the carrot, while failing to provide himself with a stick. There is to be no central fund for pump-priming, or pilot schemes, no resources allocated nationally to develop the mechanism of planning and no direct pressure on Health Boards to use this money for projects which will release people from NHS institutional care into specially tailored community-based care.'

p.11 op.cit

The critique notes in passing that there was virtually no discussion of community care per se in the draft circular and this failing is observed, not just in Scotland, but in most policy initiatives in this area. Walker (1982) noted that

'Underlying the precariousness of community care policies, therefore, is first, the absence of a clear and consistently applied definition of community care in public policy.... In fact the term's durability and attractiveness probably owes as much to its manipulation to encompass the widest range of institutions - it is all things to all politicians and policy-makers.

Secondly, when clear statements have been made, the objectives of policy have been poorly defined and not related to a strategic plan intended to achieve them ... Any major shift in policy requires a detailed analysis of the transfer of resources and the man-power implications of policies..... Successive planning documents on priorities in health and personal social services have not provided these plans.'

p.19-20 Walker (1982)

This confusion was also reflected in Plains:

'A lot of people are very woolly about definitions. (Community Care) means a lot of different things to different people. But some people

⁴SHARE: The Scottish Health Authorities Revenue Equalisation Report (1977) was a method of attempting to shift resources to less well-off health authorities. Plains was a net loser under this scheme.

think its this blob, other people think its that blob and other people see that the blobs overlap.'

LA Official 7⁵

Whilst the Scottish Office digested these and other criticisms Plains SWD set about the creation of mechanisms to forward the Mental Handicap Strategy.

7.6 I'll be the Leader

In April 1984, prior to the issue of the draft circular, the Social Work Department had secured agreement in the JHLC to the Mental Handicap Strategy (above p.180). The problem now faced by the protagonists was how to translate the fine sentiments expressed in the strategy into reality.

Throughout the negotiations, LA Official 7 had been keen to maintain commitment to the basic principles: normalisation, co-operative planning between agencies including the voluntary sector and staff seconded by both health and social work to plan and implement the strategy.

One of the critical factors in enabling progress to be made was the assumption of a lead role by the Social Work Department.

'(It) was slightly cheeky really. We... realised... that unless we kept a grip on things in the early days, that it would just fold. So we wrote into the report, that because it was about Care in the Community, it was probably reasonable for the local authority to take the lead in convening the thing and servicing it.'

LA Official 7

Given the lack of enthusiasm noted earlier, it seems likely that without building in this opportunity to keep pushing forward on developing the Strategy, it would simply have been allowed to slide gently into oblivion. It was becoming apparent by this stage was that agreement to the principles of the Strategy in April 1984, was not the end of the struggle.

⁵More significantly, the phrasing of the title of the circular implied connections that did not necessarily follow from each other. Community care whilst an important feature of joint planning was not the only area of work requiring to be jointly planned. Moreover there are aspects of care in the community which can be tackled without joint planning. Secondly, this confusion implied that support funding was the mechanism by which such services might be financed, whereas in reality it was never likely to be more than a very small contribution. The big sums of money required to make a real shift in policy were not being made available.

'At an early stage we thought, we'll get it all agreed by the politicians and that 'll be the turning point. And it wasn't. You have to go over the next hurdle and the next hurdle.'

LA Official 7

The likelihood of the implementation of the Strategy was enhanced by the fact that the member of staff seconded by the Health Board to this task turned out to be another product champion and therefore an ally for LA Official 7. HS Professional 2 was then a Registrar in Community Medicine who was not cast in the same mould as his superiors. He was an innovator who sought out new experiences.

'I was looking ahead and thinking - six months from now there's going to be a gap in my workload and I'd like to do something that's as different as possible from what I'm doing now.'

HS Professional 2

As he also had a degree in Computing (having done a degree in this subject whilst also studying for his medical degree!), he was attracted to the idea of working in the mental handicap field, with a specific remit to introduce information systems. Just as AG Worker 1 had come to mental handicap years earlier (see Ch.5 p.96) with no prior experience and therefore few pre-conceptions

'I made a note to myself saying "Acceptance of the status quo is indefensible." Before I came into this I'd no experience of mental handicap in terms of clinical or a relative having Down's. I hadn't any experience at all, so I started with a completely empty mind....'

HS Professional 2

Moreover, he shared the aims and ideals of the other innovators including the Action Group. When he first got involved he was presented with the background papers , one of which was the Action Group's proposal for Supported Accommodation

'And I thought this is smashing because they're thinking the way I like to think and the way I'm trying to teach other people to think. They're actually looking at population levels and not just at individuals... They'd said... "Here's a district. We estimate the total, for this district to be that. So, there are so much resources, but there are lots of problems. We're asking for that bit, but if the resources become available, we could do that, that and that." And that's how the jig-saw starts to add up.. It immediately struck a chord and added to their credibility as an organisation.'

HS Professional 2

The first task that confronted these two officers was to establish some mechanism for jointly planning mental handicap services. Plainly the JHLC was too general a forum. There was however, already in existence within the Social Work Department, a Regional Co-ordination Group on Services for Mentally Handicapped People. This had had a chequered career. It had begun in about 1980 and

'attempted to do some work on mental handicap services generally, stuttered a bit and died out.'

LA Official 5

It had been revived when Task Force began to raise issues about mental handicap such as supported accommodation, care in the community and normalisation. This was the obvious place in which to site the joint planning process and representatives of the Health Board were invited to meet with representatives of Social Work to begin the process of jointly planning services. However it was a joint planning process in which the Social Work Department had given itself the upper hand. The Health Board officials probably conceded this because they did not think the issue very important:

'(They may have thought,) "It may well fold anyway. Let them silly buggers knock themselves stupid with it. Don't let's put ourselves out." ...but equally it did give us a slight edge in calling the meetings and taking it on to the next stage. Whereas if we'd been a bit more reasonable and said "Well, we'll share the convenorship" - I think it might well have fizzled out, you see. They'd still have been arguing about who did what and how to do it.'

LA Official 7

7.7 Voluntary Organisations United?

The final strand in establishing this mechanism, was to devise a means of involving the voluntary sector. The two officials responsible for implementing the Strategy called a meeting of all interested voluntary organisations in April 1984 in the Board Room of the Scottish Council for the Single Homeless to discuss the proposals and in particular, how the voluntary organisations were to select and support people to represent them in the Regional Co-ordination Group.

It was recognised by LA Officials 6 and 7 that there was a need to involve the voluntary organisations in this development in a more coherent way. Task

Force had been involved over its life-time, in a variety of rather ad hoc discussions with voluntary organisations about opportunities to develop Supported Accommodation for various client groups and as the issue rose on the political agenda a number of agencies began to climb on the band-wagon.

Whilst it was clear that Task Force wanted its allies to lobby for their agreed strategies, there was also an increasing need to control a more wayward element. A particular problem at this stage was that there were a number of agencies who had 'spare capacity' in terms of residential provision. This had arisen from the rapid decline in demand for residential child care services and thus those agencies who had traditionally met this need were seeking a new role. Mental handicap seemed to offer a much needed development opportunity.

A church organisation, particularly, was perceived by those pushing the strategy as problematical. Its approach was instrumental rather than stemming from commitment. It had empty properties and it wanted to fill them. They were in the business of designing services to fit buildings and the reasons for that were pragmatic.

'We were left with building stock .. but it had to be adapted ... We were very reluctant to lose them because ... if you let these buildings go, you then have to buy other more suitable property, but you then have to get planning permission and you have to work with the hassle.'

Vol. Org. Worker 4

Working on this basis, in 1982, the church had sought to develop a hostel for mentally handicapped people in a former home for people with epilepsy. But they had not done this through the 'proper' channels. Whilst there may or may not have been a mutual antagonism between the church's director and the Director of Social Work, there is little doubt that the way they pursued their objectives lacked political sensitivity, as far as the Region was concerned.⁶

As a well-connected organisation, they had the ear of officials in both the Health Board and the Scottish Office. There is a sense in which they were the kind of organisation the Health Board understood. (See below p.242) They therefore

⁶Being a national organisation seeking to develop a range of projects, they argued they had less time to spend on getting this right, than a locally based organisation.

pursued the most obvious route to secure their objective - which was to deal directly with a consultant at Riversdale Hospital. ~~They agreed~~ Health Board officials that the Board would fund the costs of 20 patients being moved into the community-based hostel.

However, by failing to take account of the broader policy context within which this kind of development must operate, they alienated the Social Work Department. A particular bone of contention was the failure to take account of the effect on day-care services of moving 20 people out of hospital.

'We (SWD) immediately had to go and get 20 more ATC (Adult Training Centre) places in the area so that the guys could be properly looked after.'

LA Official 4

'The Health Board said "We did tell you we were talking to the church" and I said "Yes, I know you did, but that's not consultation"... when we heard about it, it was all finished and set up and what you then wanted was 20 odd ATC places and that made us feel fed up and angry because we didn't feel consulted.'

LA Official 5

There is no doubt that the Social Work Department officials were very angry indeed about this episode and it coloured their relationships with the church for a long time.

'In a sense that was a further stimulus to the need for a strategy, because they were just doing their own thing privately with Plains Health Board. Not even with the Board, they were doing it with individual consultants and not consulting with the Board on policy and financial issues.'

LA Official 7

It was this 'degree of disarray' in the voluntary sector that the establishment of a voluntary sector group was designed to obviate. A meeting was set for the end of April 1984, just before the meeting of the JHLC to agree the final draft of the Strategy.

'And we needed in any case to say "And we have consulted with the voluntary sector and they are interested in the whole thing. They are not opposing it." Just in case councillors or Health Board officials asked that question.'

LA Official 7

Both LA Official 7 and HS Professional 2 were engaged in the task of selling the strategy to the wider voluntary sector. There were two issues for the group to decide:

- i) How were they to select one or two representatives to the Regional Co-ordination Group?
- ii) How were they going to back up those they nominated?

Into this breach stepped the Director of the local Council of Voluntary Service. It seems strange that the potential role of this co-ordinating body was not appreciated in advance by the officials, but that does not appear to have been the case. This initiative fitted with VO Worker 1's long-held view that when voluntary organisations participated in any negotiations with statutory agencies, it was preferable that they represent a pre-agreed position rather than, as he saw was frequently the case, little more than their own prejudices. Moreover, he perceived the opportunity being offered

'to ensure that if there was to be a process of planning services, that the voluntary sector was not invited to boo or cheer after the event, but would actually have to be part of that process.'

Vol. Org. Worker 1

The group that was established was ostensibly

'all of them (ie groups interested in mental handicap) .. but it turned out to be ... those that were the most vociferous.'

Vol. Org. Worker 1

which, of course, included the Action Group.

This group however, did have trouble selecting a spokesperson. They had to have two attempts at it. The first time no-one wanted to do it. The second time they turned to VO Worker 1 and asked him to be their representative:

'with a clear understanding on their part that I would be there, not because I had a particular involvement in the field of mental handicap, but really in a role similar to that of a political whip, and that the condition of being able to do that was that the voluntary sector would ... provide a reference group for me and that ^{key} would meet about once every six weeks.'

Vol. Org. Worker 1

What was apparent was that within the group of organisations called together by the Social Work Department, no one was willing to concede dominance in the network to anyone else, to the extent of allowing them to represent the group to outside agencies. There was a need for someone to hold the ring who did not have an axe to grind because

'They didn't want to push themselves forward. They didn't want to tread on toes. Equally they didn't want to push other people forward, because they thought there were vested interests.'

LA Official 7

However, insofar as the group was prepared to accord any authority to another agency, it was accorded to the Action Group, as they elected AG Worker 1 to chair their meetings.

In electing VO Worker 1 to represent the voluntary sector however, the group made an additional gain in that he was also an appointed member of the Health Board, who had a clear understanding of the opportunities such overlapping roles (see below p.222) gave him to make the bureaucracy work to the advantage of the voluntary organisations:

'It needs to be recognised that the nature of the appointment is not actually done with castrating shears - you do actually bring some equipment with you, as it were and you can't actually leave that at the door.'

and

'We can use that. It's a way of unblocking the system, actually using people in different roles in different places to try and move things further along.'

Vol. Org. Worker 1

The group proceeded to try to establish which areas of work the voluntary organisations might develop by sharing information about

'the plans people had in their filing baskets.'

Vol. Org. Worker 1

Through this process it became clear that two organisations led the field in terms of relatively sophisticated proposals which had been thoroughly worked out: the Action Group and City Housing Association. The latter were looking at ways of extending their Good Neighbour Scheme which had been originally intended

for physically disabled people into the field of mental handicap. All these two agencies needed to proceed was some money.

7.8 You can lead a Horse to Water...

From the moment the Health Board and the Social Work Department began the joint planning exercise envisaged in the Mental Handicap Strategy, the officials of the latter sought to secure the Health Board's commitment to a partnership in the development of community care policies. The reality was still more that of an arranged marriage, however with one partner keen on the match, having more to gain; the other only giving the absolute minimum commitment necessary to go through the motions of co-operating.

'It's got a long way to go before its actually joint planning... So far it's been an exercise in bullying the Health Board into accepting certain basic principles and dragging them into certain positions from which they would maybe come along...'

AG Worker 17

Booth (1981) identified four factors which inhibit joint working:

- a) differences in perspective about the client or the nature of the task
- b) differences in priorities about the weight to be given to specific developments
- c) differences in funding: how and when money is allocated to each organisation affects their capacity to plan jointly
- d) differences in structure and methods of working.

Some of these factors have been discussed already and there was little doubt that the Health Board, both officials and professionals found it difficult to engage in this joint planning exercise and that this inhibited the development of services

⁷Others sensed this capacity of the Health Board to go through forms in public which perhaps lacked any real meaning in their internal plans. Talking of their relationship with the voluntary sector, one respondent observed

'I think its like people who are beginning to speak a foreign language ... They don't understand what they (vol. orgs.) are about. You have them using the words so they can get the pronunciation right, but the actual substance: it's like listening to Linguaphone records.'

Vol. Org. Worker 1

for mentally handicapped people. In particular, because of its anarchic structure, the Health Board was unable to present a coherently agreed set of policies which all in the organisation would accept.

me: 'Was there a Health Board view in the Regional Co-ordination Group? Were there any pre-meetings where the Health Board decide, these are the things we want to see supported?'

'Absolutely not.'

HB Off 1

me: 'Why?.....'

'I know that in the Joint Working Party (successor to the RCG) those on the local authority side usually have a pre-meeting to develop a consensus view. We've never done that. I think probably because we could never produce a consensus view. We'd probably spend all our time arguing and never agree. The people at Riversdale would never agree with the people at HQ.'

HB Off 1

This exchange highlights a difficulty in the conventional approach to inter-organisation theory, which tends to treat the constituent organisations in a network as coherent entities, when the reality is more fragmented as Zeitz observes:

'A further feature of inter-organisational networks is that behind the unit actors lie unorganised and semi-organised interests consisting of individuals, groups and classes.'

Zeitz (1980a) p.74

The Social Work Department officials involved in the RCG found that they had to revise their assumption that the Health Board was a similar type of organisation to their own.

'The key to working with the Health Board is to appreciate that up to now there's been no clear accountability system. So there's no use thinking that if you talk to somebody who appears to have an overview that they are going to tell anybody else what to do, because they won't.'

LA Official 5

In particular these officials found that negotiating an agreed policy with the Health Board on admission to Riversdale involved negotiation with each consultant individually.

'We talked about admission policy, getting quite a good debate going with (the Physician-in-Charge). Then, a few months later something happened, that was quite out of line with that and we'd say "This has all went wrong." He'd say "Ah well, that's X's ward." "So?" "Well, that's X's policy.'"

LA Official 5

But the particular difficulty they had to get over was their assumption that people with seemingly similar roles had similar authority within the Health Board system.

'Although, superficially you seem to be linking with your own level, the authority and responsibility people have at that level is totally different.... We did a lot of work on the Mental Handicap Strategy with Community Medicine Specialists and other people from (HB HQ) on the naive assumption that they were the (HQ) equivalent in Social Work and actually took decisions and could get them promulgated. That wasn't the case either.'

LA Official 5

Like LA Official 7, this official found that agreement to the Mental Handicap Strategy had simply got the two authorities to an agreed starting line. One particular problem was that information simply did not flow within the Health Board and SWD officials found that they had to take on responsibility for circulating material to staff, for example nurses, something they had assumed would be done by Health Board officials.

The funding of the health service also produced problems in planning services jointly:

'Their financial system is quite different from ours and they do have a problem, in not actually being told what their budget is until well into the financial year. Whereas we know in advance before the financial year starts, because the rates have to be set.. so you begin planning for your new financial year with a very clear idea of what your budget is going to be. In the health service they don't have that and I think that's very difficult.'

LA Official 5

Health Board officials, on the other hand were most struck by the lack of fit between their priorities and those of Social Work:

'The other thing is.. 90% of Social Work interfaces with health, but 90% of health doesn't interface with Social Work. There are other people who have other priorities that don't touch Social Work at all.'

HB Official 1

'We have got an obligation to maintain our hospital services as well.'

HB Official 3

So superficially, the issues Booth raises seem to reflect adequately, the problems in co-operating perceived by both Social Work and Health Board officials. But underlying all these problems was the fact that the Health Board officials lacked the will to overcome these difficulties, for none are insuperable. To understand why this impetus was lacking it is necessary to turn to Wilson's (1963) views on innovation. There were simply not enough rewards for the Health Board in moving towards the Mental Handicap Strategy to make the pain of change worthwhile. Thus no one of any seniority was willing to force the pace.

This attitude was evidenced by the Health Board's tactic over the impending SHHD Circular. Once the draft circular was published in July 1984, the Social Work Department officers began to pressurise the Health Board to make plans to implement it, including establishing a budget heading for funding support finance schemes and devising a system for dealing with applications from both statutory and voluntary agencies.

The Health Board had never before had to deal with vetting and assessing applications from voluntary organisations on any large scale basis. Although they funded a number of voluntary organisations, the grants tended to be small. Until the advent of Support Finance, any organisation seeking funds from the Health Board simply applied and there was no acknowledgement by officials that the assessment of voluntary organisation grant applications was in any way a political process:

(Me: Commenting on the complexity of the Health Board as an organisation.)

'It shouldn't be complex for people who submit applications to us, because it's all internal. We go through a process of discussion which should not be complex for the organisations at all ... They submit applications and it goes through due process.'

HB Official 4

Insofar as there as there was a system, it operated on the collegial relationship observed as a feature of the health service by Hunter (see above p.190). The CMS's, who had responsibility for advising the Board, would seek the views of colleagues to whom the agency making application was known and if these

doctors were prepared to 'vouch' for the voluntary organisation, then that was a powerful commendation. (See below p.229)

However, the Social Work Department officials, who were anxious to press ahead developing the Mental Handicap Strategy, realised the necessity of the Health Board establishing systems in advance of the implementation of the circular, if more valuable time was not to be lost. They felt it was vital that everything be ready to start as soon as the final version of the SHHD circular was issued. In late 1984, LA Officials 5 and 7 met with the Health Board and offered the benefit of the Social Work Department's experience in these matters.

'The Health Board people, to be fair to them, hadn't had this kind of money to dish out before either and they weren't very sure about the process that was set up. "We again naively offered to help them set them up. We had endless years of experience of Urban Aid, which is a similar sort of thing. We'd worked out processes, processed applications. We are not experts but we do have a familiarity with the system. It might be useful to you if we got involved in trying to draw something up." We had a couple of meetings and then they said "It's been awfully helpful. You can go home now."

LA Official 5

This official thought that the reason for this lack of willingness to *support* a mechanism for Support Finance, stemmed from a fear of a SWD take-over. Certainly they wanted to influence the shape the mechanism took, which was probably not unreasonable given that the ultimate financial responsibility lay with the local authority. They also understood the need to lay down guidelines to avoid unnecessary hassle with voluntary agencies otherwise

'its seen as a pot of cash you might get something out of, so you have a bash. But then people on the receiving end get lots and lots and lots of stuff and they've got the problem of writing to lots of people and saying you don't meet the criteria, which they then think you've evolved after you got the applications.'

LA Official 5⁸

The fundamental problem remained the Health Board's lack of commitment to the idea of community care. Nor did the new mechanism of Support Finance

⁸Note the difference of approach from that taken by the Scottish Office with Urban Aid (above p.140), where they encouraged the maximum number of applications.

appeal to them. (See below p.230) This was compounded by the difficulties they were facing as a result of expenditure restraint. As has been observed, Health Board officials worked in a system that lacked any clear lines of responsibility and therefore officials were not in control of it. Thus issues like Support Finance were perceived as difficult and

'their reaction first of all, is to do all kinds of manoeuvres to try and avoid having to deal with this.'

LA Official 7

It was easier for the HB officials to do nothing and nothing was precisely what they sought to do.

'We went along to the top senior people saying "What are you doing about it? How are we going to handle Support Finance applications, now that they're going to be revitalised? You're going to be flooded with voluntary sector approaches...." They talked about some of the implications, they talked about sending out notifications to the voluntary sector etc., etc. But they never quite did it.'

LA Official 7

This inaction was compounded by the failure to establish a budget heading for Support Finance.

'We asked them why they hadn't budgeted something around Christmas time, before their final budget was struck and the answers were just unbelievable. "We didn't know we should have done." "We didn't think of it." "Anyway the Secretary of State hasn't told us what the indicative allocation is going to be..." At that point without being terribly ruthless, they can just walk away from it.'

LA Official 7

The power of doing nothing was recognised by the Health Board officers, for one commented that when the time did come to implement the circular

'We could have turned round and said "We're not going in that direction." It wasn't in our budget by that stage.'

HB Official 1

However the insistence of the Social Work officials together with pressure in particular from some Board members with voluntary sector connections did inch the development of the system down the next step of the way.

'They just dragged their heels and feet so much. They, in a desultory fashion, put out some kind of letter over Christmas or thereabouts to

the voluntary sector. I think they put a notice in (the CVS magazine) saying "Send in your projects."

LA Official 7

And that was precisely what the Action Group along with a large number of other agencies did.

7.9 Keeping up the Pressure

The reality was that these SWD officials, via the JHLC were attempting to push the Health Board towards implementing the Care in the Community circular. Part of this strategy was the maintenance of pressure from voluntary organisations. In line with this the Action Group submitted its Supported Accommodation project on 24 January to the JHLC via the Regional Co-ordination Group. This was passed promptly to Plains Health Board who replied on 28 January that they anticipated the formal circular on 1 April 1985.

'The objectives of your project would certainly make it eligible for consideration for financing under the joint planning and support financing arrangements as at present drafted. It would be inappropriate at this stage to give detailed consideration to your application, but we would certainly consider it along with all the other applications received. You will of course realise that there could be competing proposals which require to be considered to see which would in the Board's view be most beneficial to its own services.'

Letter from HB Official 1 to AG

Being well in touch with events, the Action Group timed their application to coincide with a JHLC meeting.

The tactic of inching the Health Board along the road to co-operation was quite simple. The two key officials in the SWD submitted reports which had been agreed at officer level with the Health Board. These were then passed by the JHLC on which the Labour Party now had a huge majority, and on which it will be remembered the Health Board officials never voted but

'the HB were absolutely forced to fall into line ... We'd embarrassed them, we froze them out, their chairman began to be embarrassed by the attitude of the officers.'

Me: Embarrassed about what?

'Because it was a public forum. The reluctance of officers to cooperate in any joint development/planning.'

HB Member 2

The reports were then submitted as recommendations to both the Region's Social Work Committee and to the Health Board's Planning and Resources (P & R) Committee for ratification. In this way slowly the SWD could push its policies into the Health Board's decision-making system.

The report submitted to the JHLC on 25 January was part of this process. This document set out estimates of the likely indicative allocation (in the hope of getting the Health Board to set a budget for it), identified the main subject areas as those specified in SHAPE: mental illness, mental handicap, physical handicap and elderly; defined who could apply for the funding and outlined a process for dealing with the applications. Thus rather than this process being developed **within** the HB, it was developed externally by another agency, albeit with input from HB officers and then presented to the HB P&R Committee for ratification.

The suggested procedure for dealing with applications was firstly, that the HB would collate them and these applications would then pass into the Joint Planning mechanism to be assessed by a 'multi-disciplinary group of officers convened by an officer of the board.' All participating bodies in the joint planning process would be represented on this assessment panel and the projects would be assessed on the following criteria:

- a) value for money
- b) their fit with SHAPE priorities
- c) their relevance to the Health Services.

After the assessment, it was recommended that there should be full consultation within the JHLC and the final decision on the allocation of monies would then be taken by the Health Board.

Vol. Org. Worker 1, the Director of the local council of voluntary service (CVS), played a key role in the implementation process. At this point he represented

the voluntary organisations on the Regional Co-ordination Group, he was a member of the Health Board and represented it on the JHLC, being the elected Vice-Chair. As a Labour Party member, he also attended the Labour Group meetings which preceded the JHLC.

He was a means of keeping the pressure up on the Health Board and trying to prevent them renegeing on agreements.

'(He) is very able, very articulate. The difference between him and a member of the SW Committee would be (he)'s much more a free agent than someone who was a member of the council, who would have to adhere to a party line and adhere to the council's line. (He) had a wee bit more independence. That made him arguably more influential.'

LA Official 13

His strength lay in his ubiquity. The Health Board officials found it more difficult to continue the game they had been playing of saying one thing in the RCG and going back to the Health Board and doing something quite different.

'He had a very nice habit of picking on the points that the officers obviously didn't want to ventilate.... It must have been awkward at times for the officers in the different sub-groups when (VO Worker 1) turned up, because he was just as liable to say what the officer had said in Committee at the Board meeting and this is just **not on.**'

HB Member 3

The value of a free agent then in these circumstances is enormous. Dalton (1959) saw formal and informal aspects of organisations as 'interdependent aspects of the same phenomenon'. The connections between these two spheres were made by a number of factors which included:

- i) **Official Meetings** which he observed are usually used for purposes other than those officially stated.
- ii) **Transitional Roles** by which he means

'Someone with an official role who carries out temporary functions that become more important than expected.'

p.230 op. cit.

Clearly LA Official 7 had made a career of this and at that point HS Professional 2 was operating in a similar capacity in the Health Board.

- iii) **Two-way Funnels** which Dalton defines thus:

'The role functions to communicate things that no-one wants to assume responsibility for knowing, doing or being associated with. The person who fills it is not chosen for loyalty or wiliness, but for almost the reverse - his aptness in "talking out of turn" and in carrying secrets to the right people which assures most predictable communication.'

p.230 op. cit.

This role was undertaken within the RCG by VO Worker 1 - who facilitated communication between a variety of participants which would not have been possible simply using formal channels. But this role, it could be argued was one played by a number of participants in the voluntary organisation network which had been created, so that the information gained by VO Worker 1 in all his capacities, was diffused to a much wider audience than ever he could manage alone. Thus 'gossip' assumes enormous importance for those seeking change.

Almost every respondent emphasised the importance of the role that this person played at this stage. However some noted the discomfiture of the HB Officials because

'he was there with a foot in two camps... there was an employee/ employer relationship there and it was a bit difficult, just observing the dynamics, difficult for some of the officers of the HB to be entirely free in the discussions because their decision-maker, a member of their decision-making board was there in another hat.'

LA Official 13

'He's been able to give a second opinion on the HB. When HB Officials have said "We can't do this" or "The Board policy is such and such", they've known that VO Worker 1 was in the room and that he would either correct them if it was wrong or he would take (issues) back to the Board and try and get it changed.'

LA Official 7

Thus VO Worker 1's role was crucial in blocking the HB officials' escape routes and gradually easing them towards the policy on Support Finance which was desired by both the SWD and the voluntary organisations. By March 1985, there were the bones of a policy for implementing the circular in place.

7.10 What Support for Projects from the Health Board?

The Action Group had now submitted their application and the next stage in stalling the implementation of the circular was now entered into. Having rather half-heartedly called for applications:

'then they didn't do anything with them and we (SWD) had a further meeting in January or February 1985 saying "Let's prioritise them now" - but they didn't.'

LA Official 7

One of the problems shared by almost all outsiders to the Health Board was their lack of understanding of how to apply pressure to the organisation's decision-making processes. It seemed not to play by the bureaucratic rules with which they were familiar.

'I am confident, that if I write a letter to a Director of Administration or a Regional Secretary and say will you bring this to the attention of your Housing or Social Work Committee, it'll be done... but I'd have no confidence in the Health Board. If you write to the Secretary of a Health Board and say will you bring this to the attention of the Board, it hardly ever happens.'

Vol. Org. Worker 2

This lack of comprehension was a problem for those in the Action Group wishing to promote their project.

'I wasn't that familiar with the way the HB worked.'

AG Worker 1

Given this gap in communications, the Action Group relied on the contacts it had developed over the years with the consultant psychiatrists at Riversdale. Just as mutually beneficial relationships had been developed with officials in the SWD at various stages in the Group's life, similar contacts had been built up over the years with some staff at the hospital.

Although the mental handicap strategy had at times seemed to threaten their future and had certainly provoked a fair degree of opposition from some staff, observers felt that this had tended to come from the nursing side.

'The doctors have actually gone along with it, because they have designs on running the show when the dust settles. The nurses are much more defensive.'

HS Professional 2

This defensiveness, he said, stemmed from two factors: firstly that it was the nurses who bore the brunt of criticisms when scandals erupted over long-stay institutions and secondly because of the failure of the HB to reassure the nurses that they would have a continuing role in any move into the community.

On the medical side however, two influential consultants supported the Action Group. Both had had contact with the organisation since its early days; both saw its usefulness in helping to shift resources towards their patients:

'They're very able people.'

HS Professional 1

'They have been a vital stimulus to improve the standards of care.'

HS Professional 3

The latter, who also had a number of overlapping roles, found the Action Group useful in a number of ways. Besides his consultancy, he had sessions as a university lecturer, was academic editor of a journal and also an advisor to the Mental Health Foundation. As a result of all these activities, he had a number of important visitors from time to time, often from abroad. He found the Action Group a useful place to take them, to show them developments in Scotland.

'One time a party of Romanian doctors asked if they could visit and there was a problem about language. As it happened we had a Romanian speaker, one of the volunteer's husbands. Little things like that impress people.'

AG Worker 1

Both consultants were keen to see more mentally handicapped people move into the community. However what emerged was they differed from officials in SWD about the criteria that such provision should meet. They gave highest priority to moving people out of hospital. That is not to say that they condoned poor quality care, but whilst they might share the idealism of LA Official 7 and the Action Group, that such provision should be as 'normal' as possible, they were both more pragmatic in reality, taking what they could get.

'I'm still sure that whenever someone comes up with a respectable community care option, the Health Board, they'll take it - whether its the church, Action for Crippled Children, Barnardo's or whoever. They won't mind the variety, they'll go for it irrespective. It's a way of shrinking and becoming a manageable institution.'

HS Professional 3

The Director of Social Work, however, thought that there may have been an ulterior motive in the HB wanting to free beds at the hospital because

'they were going to be able to put some mentally handicapped people from (a mentally handicapped hospital which closed) into (a new mentally handicapped Hospital in Plains), but they also wanted to put some of them into Riversdale, so they wanted to get some of them out.'

LA Official 4

Nonetheless it does seem that there was genuine support from these doctors for the Action Group's proposals and HS Professional 3 thought it offered something better for mentally handicapped people than the hospital could provide and supported it accordingly. By this time the group also had the support of the Community Psychiatric Nursing Officer, who had first got to know the Group through the Doorway Project. Both these people were prepared to vouch for the Action Group within the HB system.

HS Professional 3 was well aware of the difficulty in acquiring resources for mental handicap. The democratic mechanism by which doctors fed into consensus management was the Area Medical Committee. However for all the reasons discussed above (see p.190) it was difficult for low prestige areas of medicine to be heard in the fierce competition for funding. They lacked the power to obtain the resources.

'The Area Medical Committee is not generally much use to a tiny speciality like this'

Me: Because of the dominance of the (main teaching hospital)?

'Yes, not that there's anything against us, its just that we are a very tiny nation in a vast United Nations. It's like being Swaziland - who can hear you?'

HS Professional 3

The high prestige consultants seemed to have it all sewn up:

'For two or three years my husband was Chairman of the Consultants and Specialists (committee) and the little hierarchy group who were the top people, the Executive I suppose, used to come here and meet and I used to feed them coffee and goodies while they decided what they were going to push through at the ... committee ... It was like pawns on a chessboard. They knew if this person went there that would be a good thing for that (another) person.'

HB Member 4

Recognising his relative powerlessness to gain resources through this formal mechanism, HS Professional 3 saw that one way to get resources was to grab at as many promising schemes as possible and try to get them funded:

'I've got to be Machiavellian... I... have got to be aware of (all the limitations) and go for the best buy I can get quickly off the counter, because it might not be there tomorrow and if it's better than what we have at the moment, then I'm sorry about the ideology, but - it's not that one doesn't approve of it, it's the yardstick by which you measure, but it shouldn't be purist.'

HS Professional 3

Thus he promoted and spoke for a number of schemes within the Board, including the Action Group's proposal. By chance, the Group had found the one effective means of getting Board approval for their project.

'They're a bit anonymous to say the least, the Health Board people, and I was assuming that things were getting fed into them anyway, maybe from other directions because people at Riversdale knew about it and might well be talking about through their programme planning groups. But we didn't really know who the key persons were to send them copies or chase them, the way we chased other people.'

AG Worker 1

But HS Professional 3 did and he was prepared to lobby for them. This was immensely important in getting them onto the HB's agenda. To understand why this was so, it is necessary to examine the interplay between the formal HB procedures and the informal. This highlights the hybrid nature of the Health Board, as discussed above (p.190).

The tripartite nature of consensus management was reflected at the hospital level too. Each hospital was run by a triumvirate composed of a Physician-in-Charge, a Nursing Officer and an Administrator. The formal decision making process was that if an issue arose on which a hospital consultant wanted a decision from the Board:

'If he did it in the right way (my emphasis), ideally it should be submitted through the Physician-in-Charge and would then have come through the Unit Administrator, who would write to the Secretary and say "This request has been received, I'd be grateful if it could be considered." The Secretary would then, ... if it's a question of medical development, refer it to the CAMO who'd then probably refer it to HS Professional 4, the CMS, who would then submit

advice to the Area Executive Group. Obviously, if there was significant financial involvement, it would also go to the Treasurer.'

HB Official 2

Given the complexity of this route, it is not surprising that this official was interrupted by his companion at the interview, who said:

'There was another route whereby the consultants went straight to the CAMO.'

HB Official 4

In other words, there was a tendency for doctors to rely heavily on the collegial relationships of the medical profession, in order to achieve results, rather than involve other officials.

'There are formal and informal networks. HS Professional 3 would have operated very heavily on the informal network.'

HS Professional 2

Which he did.

'Its what you say in public and what you do in private. The lobbying process is slightly different from the local authority. I'd have made it known to SHHD officials and officials at the Health Board.'

HS Professional 3

In particular, besides informing colleagues at Riversdale, he spoke to one of the senior CMS' (although not the CAMO). It was something of a joke in the Health Board that these kinds of inputs tended to take place on the golf-course.

'Because of the way things work in the medical empire in Bigtown... They work in a strange and mysterious way and you have to be in the Health Board for about three or four years to even begin to understand it. But there are various pressure groups which exert influence through dim and mysterious ways - usually over the golf-course with the CAMO, or something like that, or in a bar somewhere.'

HB Official 2

The CMS who had responsibility for mental handicap confirmed the importance of these contacts:

Me: 'The Action Group ... has quite close ties with people at (the hospital), were those factors?'

'Oh, yes, very important, because you can speak to them and say "What do you think of that organisation? Are they doing a good job?" and if they say "Definitely, yes!" well great.'

Me: 'You ask people to vouch for the organisation?'

'Yes, very much so.'

HS Professional 4⁹

And from this process, not unlike the means of choosing the Pope, somehow the white smoke emerges and decisions are made.

It is clear then, that the Action Group had that support from key consultants and nurses at Riversdale. To this group, the circular was a bonus, specifying sums of money to be spent in SHAPE priority areas. The pivotal factor therefore, was the lack of compulsion in the circular and thus everything hinged on whether, in the end, the Health Board could be persuaded to implement the circular.

7.10.1 Giving Health Board Money to a Foreign Power

On 25 April 1985, the SHHD jointly with SWSG, SDD and SED, issued the long-awaited circular Community Care: Joint Planning and Support Finance, with only minor changes from the draft, despite the comprehensive critique to which it had been subjected. Hopes that the Health Board might become more enthusiastic now the circular was issued were soon dashed. There seemed to be two major obstacles.

Firstly, community care was not high on the HB's priorities, as has been discussed in earlier sections of this chapter:

⁹One HB Official pointed out that this process of relying on collegial opinion did at times put an unduly narrow medical flavour on what might be considered an appropriate thing to fund:

'I don't subscribe to that frankly because a lot of what goes on in the community is not particularly a medical model and I think mistakes can be made.'

HB Official 6

'There is a feeling within some officials that the function of the Health Service is to take care of its own and its own are those things that are defined as hospital care and community health services; and anything else is not their responsibility.'

HB Member 1

Thus the section in the circular which dealt with the choice of projects, seemed to offer some support to this view:

'Since the resources available to boards are voted for **health** purposes, they should support community projects only where these are likely to make a significant contribution to health care and the development of the strategic planning priorities of the area.'

p.4 SHHD (1985)

Indeed the following sentence, as noted above, seemed to offer a recipe for not implementing the circular if so desired:

'Moreover, health boards must be generally satisfied that the proposed expenditure would be more beneficial in terms of total care than an equivalent amount spent on health services for the community.'

Ibid.

There were two problems with this approach. The circular rested on the assumption of the possibility of clearly defining health/non-health issues. Just as social work and housing had had problems (Chapter 6) defining where housing support became social care, there were similar problems in health. Indeed some would argue that mental handicap per se is not a medical problem at all, not being amenable to cure.

Secondly, the criteria for choosing projects were so vague, that it would always be possible to make a case for retaining the money within the health service, rather than offering it to local authorities and voluntary organisations.

These problems of definition were compounded by the second serious fault in the circular. The new method of financing the scheme placed obtaining resources firmly in the political free-for-all that represented the reality of Health Board decision-making. Whilst the previous method (above p.199) had had its drawbacks, particularly the short taper and the amount of money which needed to be found by financially straitened local authorities; the new scheme, whilst improving these aspects, shot itself in the foot by abandoning the principle of top-slicing.

Top-slicing meant that annually a certain proportion of HB finance was retained ^{by} the SHHD and ear-marked for a particular purpose, in this case community care schemes. Its merit was that it could only be used for that purpose, thus removing community care from the competition for funds within the Health Board which was generally won by more powerful specialities. Moreover Plains had done quite well out of the old scheme: whilst having reservations about the principle of giving money over to social work under the old scheme, officials in the health board had taken a pragmatic view

'Our view was that this money had been taken off the top anyway, therefore we might as well use it.'

HB Official 1

Since other HB's in the main had not availed themselves of the scheme, the lion's share of the available finance had in the past gone to Plains.

Under the new scheme however, each Health Board was to receive an 'indicative level of expenditure'. This meant that in future, SHHD would make allowances for a sum of money based ^{on} a calculation of the composition of the population within each HB's area. This sum of money would then form part of each HB's global allocation from Central Government. For 1985/86 the indicative allocation for Plains Health Board was £432,000, a paltry sum in the context of a multi-million pound budget, but even this was hedged about in the circular:

'These sums should not be regarded as either maximum of minimum levels of expenditure...'

p.4 SHHD (1985)

Health Board officials had an expectation that some additional fund would be forthcoming. The circular stated that

'the uncommitted balance of funds which would previously have been retained by SHHD for support finance purposes, will be revalued and distributed to health boards in proportion to their baseline levels of revenue expenditure on hospital and community health services, prior to the distribution of growth monies under SHARE.'

Ibid.

The Treasurer of the Health Board expected to receive an additional £172,000 under this mechanism as he had been notified by letter from SHHD that this was Plains' share but

'That didn't happen in actual fact. I think the explanation that was given was that although the circular was eventually sent out on 24 April 1985, it had obviously existed in draft form for a long time and the allocation (ie the normal health board funding) that was sent out on 7 March already reflected that (amount). But you'd think if that had been the case they might have said so on 24 April.'

HB Official 5

Financial officers of the health board felt they had been 'had'. Not only did they not receive the additional allocation that the circular implied they could expect, but the indicative allocation was itself included in monies received on 7 March, which had already been allocated to other priorities. The failure to budget for Support Finance in advance of the issue of the circular, which had been a feature of the officials' resistance to implementation, now meant there was effectively no money for the scheme. Therefore any decision now to implement the scheme would involve clawing money back from other areas of HB operation.

In the subsequent battle to change this situation, it emerged that there were two schools of thought within the board. There were those opposed to community care on professional and ideological grounds, distrusting the motives of the local authority. Secondly, there were those opposed to implementing the circular on financial grounds - arguing that now the money came from within the HB's allocation, the money would be better spent **within** the HB.

The move to community care then, challenged some very basic views about how the health service ought to work. One doctor saw the divisions as lying between professionals and administrators, with the medical side essentially opportunistic:

'There was a clinical faction, who would always back, go with, the side they felt was going to get the loot.'

HS Professional 2

This was contrasted by a board member with the officer faction who were caught up in trying to define health as narrowly as possible because things that are

'based in the community and not controlled by health... (lead to) a feeling among some people that it (HB) is giving money away to a

foreign power. That's a fairly extreme way of presenting it, I know, but there is something of that about it... the business of the NHS is to hold onto the money that it's allocated and to continue what is has always run, preferably in better buildings than in has run them in.'

HB Member 1

Whilst the Treasurer's problem was basically pragmatic: how to recoup the monies allocated to other projects, his problem was a wonderful excuse for inaction by those whose objections were more fundamental. It was against this background that the JHLC sought to secure the implementation of the new circular.

7.10.2 The Last Lap

It was agreed that, in the absence of the yet-to-be established joint planning structures, applications for Support Funding from organisations in the mental handicap field would be prioritised by the Regional Co-ordination Group, which would make recommendations to the JHLC and these would then be passed to the Health Board, with whom the final decision rested.

There was a problem about what to do with the rest of the applications as the Joint Working Parties in the other client group areas were yet to be established. Although the HB lacked any real mechanism for assessing voluntary organisation applications other than the collegial consultations undertaken by the CMS (above p.229), it was decided that the non-mental handicap applications would be sent straight to the Health Board.

Within the existing joint liaison structures, this arrangement did give projects for mentally handicapped people an advantage over others in two ways. Firstly, the voluntary agencies involved in the mental handicap strategy, had been engaged in information sharing and thinking about potential projects since May 1984, through the group convened by the CVS. Most of the agencies involved with other client groupings were unprepared and the projects they had submitted at short notice were rather thin and ill- considered:

'I think the more difficult thing for us was that the (other) schemes hadn't been well thought up, hadn't been tried against the priorities of the Board and Social Work, which weren't very clear at that time - but all these things showed up the quality of the mental handicap projects that came through, because at least there was a working party.'

HB Official 1

'Those (mentally handicapped) bodies that were ready to act and had ideas to take off the shelf were those that had been thinking about the strategy. The strategy had given impetus to a variety of groups of people both in the statutory sector and the voluntary sector to start thinking about the ways in which services need to be improved and people had come forward with projects of varying sizes. These were on the stocks because people were working them up.'

LA Official 13

The RCG latched on to the wording of paragraph 11 of the circular, which stated that

'Support Funding is appropriate for projects which are the statutory responsibility of local authorities, but which have been identified in joint planning arrangements as being likely to make a significant and cost-effective contribution to the discharge of a health board's responsibilities.'

p.3 SHHD (1985)

By arguing that projects must be jointly planned, it was possible in 1985, to justify confining eligibility almost entirely to projects for mentally handicapped people.

'It's true that the circular said anything to be jointly financed had to be jointly planned. The phrase was used perhaps to suit. It's not quite the case to say our proposal was jointly planned. I mean we drew it up and plenty of people had a chance to look at it and let us know whether this was going against anything else they wanted to do. And it didn't ... whereas other people who shoved them in at the last minute, probably hadn't been around long enough for everyone to have a look at it and get their agreement or had been drawn up in an isolated fashion.'

AG Worker 1

By 21 June 1985, some 26 applications had been received, although some of these, like the Social Work Department's own application, were for multiple schemes, having 10 separate proposals. Altogether there were 24 voluntary organisation submissions and 22 statutory schemes to be considered. (see Appendix A for list)

The Regional Co-ordination Group set about establishing its priorities and immediately ran up against yet more delaying tactics from the Health Board.

'We wrote to the HB and asked for criteria we might use. We said, we've agreed the process and we would like you to do this. And we

wrote and wrote and wrote asking for criteria by which we could evaluate.'

LA Official 13

When the RCG did eventually extract a reply, it was in terms of, 'it's up to the working party to devise its own criteria'. And that was just what the RCG did. LA Official 7 and HS Professional 3 had a very clear idea what they wanted out of the meeting and set about achieving it.

The group adopted a tactic of measuring the applications against the Mental Handicap Strategy and projects were evaluated

'not just in terms of their relative priority, but in terms of their intrinsic value... you know, would you spend any money on this even if you'd got lots of it, on this particular project.'

LA Official 7

The composition of the membership of the RCG gave the priorities of the strategy a built-in advantage in this forum. Although technically the two departments were evenly matched in terms of numbers,¹⁰ the SWD had an advantage in that they were likely to be supported by both the voluntary sector representative and the Senior Registrar seconded to the Joint Planning exercise. Whilst there was not any grand design on the part of the SWD as a whole

'Given all these disparate disciplines and attitudes, I certainly never saw Social Work as a monolithic grand force. I felt it was an organisation that was seriously looking on some levels at how to do things a bit better and they were further along the line than the HB in that process.'

HS Professional 2

The method of making a decision was quite simple:

'It was a sequential voting process, everyone ranked their own priorities for all the projects and we checked out what everyone's view was and came out with some overall agreed priority ranking.'

LA Official 7

Given the schemes that were referred to the RCG, it seems likely that there was a high degree of consensus within the group.

¹⁰See Appendix B for membership.

'We were looking, I think they went through two areas. Firstly things that would help us in organising treatment for the mentally handicapped in the community - things like Mental Handicap co-ordinators, register that sort of thing. Secondly there was a strong feeling that we should get some bricks and mortar on the ground, so that we were beginning to put people out into the community.'

HB Official 2

and this official confirmed the assessment of each project on its merits. However one doctor who was later also to become involved in the Joint Planning mechanism, queried the validity of voting in this context:

'I don't think it's democracy at all. The decisions are then taken on board by people who are not elected or chosen for their knowledge of any balances... there is a pretence of democracy surrounding it which probably does not exist ... Say some facility comes up, somebody suggests a revolutionary or a new type of facility... the one that'll come up, the ones that'll be noticed are the ones that are the pet schemes or who have a supporter there.'

HS Professional 3

In these terms the Action Group project was well placed. It had the support probably, of all the SWD staff, as well as the voluntary sector vote. It was also supported by the Community Medicine staff and the Physician-in-Charge at Riversdale. The Mental Handicap Co-ordinators were seen by Social Work as essential to forward the Strategy and the Register was the pet scheme of HS Professional 2, as a graduate in computing as well as medicine. The list of priorities arrived at by the RCG reflected these interests:

1. Mental Handicap Strategy - Divisional Co-ordinators
2. West City Action Group - Supported Accommodation for mentally handicapped people in ordinary dwellings
3. Mental Handicap Register
4. Support workers in hostels for people with a mental handicap
5. City Housing Association - to provide a neighbour support scheme for the physically disabled (sic)
6. Centre - Community services for the mentally handicapped
7. Counselling services for families with mentally handicapped children

'We got the priorities we wanted - one co-ordinators, two (the Action Group), three City HA, four register. [He got the order slightly wrong] I think it panned out like that and given the list the one we

absolutely wanted was co-ordinators. We couldn't do anything else without that. We'd probably get the other two. The register would probably drop off. West City would be a show-piece (and they'd get a Co-ordinator) ... City HA was across the board and it did deserve to get funded.'

HS Professional 2

7.10.3 Meanwhile back in the Health Board

It had been agreed when the guidelines were set in March 1985 that the final recommendations to the JHLC would be made 'by a multi-disciplinary group of officers convened by an officer of the Board.'¹¹ This meeting was called on 7 August 1985, and it became abundantly plain that the battle to convince the Health Board of the merits of inter-agency co-operation and to show its commitment by backing that with money, was by no means won.

It emerged that a meeting of the Health Board's main policy-making committee, the Planning and Resources Committee, had on 25 July debated two options on Support Finance which were as follows:

'a) Agree that no funds should be made available for Support Finance in view of the over-riding need to open as many beds as possible at the (geriatric) Hospital.'

[Paragraph 18 of NHS Circ. No. 1985 (GEN) 18 Community Care: Joint Planning and Support Finance states:

"Moreover, health boards must be generally satisfied that the proposed expenditure (ie Support Finance) would be more beneficial in terms of total care than an equivalent amount spent on health services in the community."

or

'b) Defer a decision on the amount to be devoted to Support Finance until the Special Committee meeting due to be held on 29 August. At that meeting members will be presented with a list of possible Support Finance projects in order of priority.'

Minutes of Multi- Disciplinary Officer Group

¹¹Unlike the Regional Co-ordination Group, which the Social Work Department could dominate with the support of the voluntary organisation representative and those health service staff who favoured the development of services for people with a mental handicap, the Multi-disciplinary Officer Group had six health board representatives from the administrative centre, two SWD staff, three education department officials and one representative from each of the four district council housing departments.

(7 August 1985)

Whilst the P&R Committee had opted for the second option, the ambivalence of the HB officers about this issue is evident.

'It's more than ambivalence, its reluctance.'

LA Official 7

In Wildavsky's (op.cit) terms they were 'satisficing' (satisfying and sufficing), trying to get by and avoid trouble. They were using strategies 'designed to capitalise on the fragmentation of power.' Firstly they were playing both ends against the middle. By raising the spectre of the geriatric hospital, they were highlighting that the 'authorised' programme ie those priorities that lay clearly within the Health Board's own domain, were not being funded - yet here they were being asked to decrease their budget and give money to these non-health groups.

Secondly they were playing 'You choose', for by putting these recommendations to the P&R Committee that had hoped that HB members would choose the in-house project.

Thirdly, they were playing 'They made me' for the other issue they raised at the multi-disciplinary group related to the difficulties caused for the HB's funding by the Government's (political) decision to refuse to authorise the closure of a small hospital as it lay in a marginal Conservative constituency.

'the savings accrued from which would have gone to opening the geriatric wards.'

Para. 6 Multi-Disciplinary Officer Group Minutes

(There was, of course, no guarantee that the P&R Committee on 29 August meeting there would be agreement to give Support Finance. The decision was only to defer a decision until then.)

This meeting also endorsed the guidelines which had been agreed by the RCG namely:

- a) that priority be given to projects that had been jointly planned
- b) that projects eligible for joint (ie continuing) funding not be considered for Support Funding
- c) that priority should go to new schemes

- d) that projects should fit into the broad SHAPE areas with the addition of multiple deprivation

It was then at 7 August meeting, that the HB Officers produced, like a white rabbit from a hat, their own list of priorities, which was as follows:

1. Mental Handicap Strategy - Divisional Co-ordinators
2. Church project - the establishment of a hostel for the mentally handicapped
3. Scottish Association for Mental Health - the establishment of 8 community based places
4. The Action Group
5. Mental Handicap Register
6. Church project - the establishment of a (second) hostel for the mentally handicapped
7. Abbeyfield - the installation of 2 chairlifts
8. Education Department - new swimming pool hoist at School (for physically handicapped children)

There were a number of significant changes from the RCG's list. These were the dropping of the three voluntary organisation schemes (from City HA, and nos 6 and 7 on the RCG list (above p.236)) and the insertion of the two church schemes. The Social Work Department's scheme for support workers for hostels was dropped and three one-off schemes added; SAMH, Abbeyfield and the Education Department proposals.

There were immediate protests about the church schemes from the SWD officials. It was pointed out that these had not been considered by the RCG and that they were not a priority - but to no avail. The SWD officials did not have the influence or support in this group that they had in the RCG. The multi-member officer group accepted the HB officers' priority list as their submission to the Joint Liaison Committee.

The emergence of this list was surprising as there was some overlap in membership between the officer group in the HB who devised this list and the RCG. Thus the question must be posed, why this significantly different set of priorities? It was difficult to get a clear response from HB officers on this in interviews. One seemed to suffer from amnesia over this issue, although his

memory was quite clear on other aspects. When asked how the church schemes got into the priorities, he did not tell me of the existence of an internal officer group, of which at that point I was not aware, but said

'Well, the answer is somebody managed to get them in as a late entry.'

HB Official 2

Yet he was a member of that internal group. Similarly when pressed over changing decisions he said

'I've forgotten that. It's a long time ago.'

HB Official 2

Others offered the excuse that

'We as a health board, have got to have our own look at things. You've also got your RCG, but the JHLC had the voluntary input and all the rest - they looked at it with everything but the board could have legitimately declined to accept that.'

HB Official 3

and

'We have the last word.'

HB Official 1

The argument ran that they needed to have their own system of assessment because, in this the first year of joint planning, only the area of mental handicap had a co-operative mechanism in place. Their right to make their own assessment is not denied. What is significant is that they did not reveal that they were doing this.

It is also possible to argue that there was no forum except the JHLC in which this issue could be raised, but given that at the end of the process of Support Funding it was the SWD which paid for the schemes, it would seem like only common courtesy to consult them over these priorities. It is therefore surprising that the existence of this internal HB assessment procedure was not mentioned in the RCG. There are thus two questions to be addressed: why did the HB not reveal the existence of their own internal evaluation procedure? And why did they want this list rather than the RCG one?

The answer to the first question seems to lie in an antipathy to working with the local authority - seeing them as out to fleece the HB for their own purposes.

'There was certainly a feeling that SWD's shouldn't be benefiting from support finance to undertake what was in some people's views, mainstream social work activities anyway.'

HB Official 6

But there was also still a failure to accept that joint working entailed sharing information and on a basis that enabled real dialogue with the other agencies. This official went on to give other examples besides this one where HB officials had not told the local authority of plans which would have a direct effect on their ability to provide adequate services

'They sat in the Joint Working Party (part of the new joint planning mechanism established in September 1985) and didn't say anything about (closing) a clinic (for mentally ill people) either. The proposals on (a mental illness hospital) were leaked. They were sent to the Joint Working Party by someone who's now a Unit General Manager - much to the disgust and annoyance of a member of the JWP... There's still even a year or so ago, a reluctance to share information... There were people from the Board who were flying their own kites, who represented themselves and their own views, because they were strong within the board.'

HB Official 6

It was apparently also not unknown for the HB when making new proposals to offer the local authority only the minimum statutory consultation period of twenty-one days in which to respond, which was quite unreasonable given the local authority operated on a six-weekly cycle of committees.

The attitude was

'it's **our** money and **we'll** do it. To hell with the Social Work Department. I suspect it was a bit of that because I can't tell you the animosity that existed between the HB officers - there was no animosity on behalf of social work and housing officials. There was nothing but co-operation and a willingness to work together. But I think the HB officials felt very threatened because they'd never had to sit round a table and open their minds to see another point of view. They always did what they knew was right and that was rubber-stamped by the HB members.'

HB Member 2

In other words, it was part of a rear-guard action to be as minimally co-operative as possible, because in Benson's terms there was not ideological congruence. These officials did not believe in the policies they were being pushed to implement.

Thus they sought to limit the projects supported to those endorsed by their 'own' people. The alternative list, then, stemmed from two sources. On the policy side, besides wishing to exclude what was perceived as what ought to be mainstream social work funding (hence the disappearance of the Support Workers proposal) the three voluntary agency schemes excluded were ones which did not at that point have members of the medical profession vouching for them, unlike the Action Group which was supported by the consultants at Riverdale.

Until the advent of support finance, the HB had had

'a) very little contact with voluntary agencies and b) the contact they did have was very medically oriented - the Red Cross, they give a grant to and hospices and what not. Actually it was just a payment they made. There was no relationship as they have in the SWD...'

HB Official 6

Thus there were here two issues. Firstly a lack of understanding of voluntary organisations, particularly the newer type of community development ones and there was therefore suspicion of those not supported by professional opinion.

Secondly as was apparent from the minute cited above

'the HB reps were actually... hooked on a bit of the circular which said they must satisfy themselves that money spent of support finance was better spent than it would be, if it was spent on mainstream NHS facilities.'

HB Member 1

By taking an unduly narrow definition of health, an issue which is contrasted in the Black Report as an 'engineering' rather than a 'life-style' approach (Townsend and Davidson 1982) it was possible to limit support finance to schemes which would have an obvious and measurable effect on HB services.

The church proposals fell into this category. This was what the HB understood a voluntary organisation to be: traditional, staid, peopled by individuals like themselves. Some staff were church officials. It was in other words an organisation the Health Board could deal with. And they were offering to take substantial numbers of patients out of hospital.

'I would be a supporter of the church ... recommendations.'

Me: 'Why?'

'Because it's a way of getting people out of here. (the hospital)
HS Professional 3

Thus this consultant had been Machiavellian in his terms and used his influence to grab what he could for his patients (above p.227). Certainly it was how other observers explained it.

'They (the church) were encouraged to put in an application by professionals in the HB who were working in the field of mental handicap.'

LA Official 12

The proposal to include an Education Department project made no sense in terms of the criteria set by the circular, but did make sense in terms of securing their support for the package.

'(The) senior officers of the Education Department, who've never been there before (were there).'

LA Official 7

'I think they'd stuck in things ... to spread them out a bit - one for physically handicapped children in the Education Department (which was a one-off payment too). Ridiculous - its not really a graded transfer of responsibility from one agency to another.'

AG Worker 1

The other motivation for this list was financial. The Treasurer's preferred option was to spend no money on Support Finance (above p.232), but given that there was already intense pressure coming from some members of the health board to implement the circular, there needed to be a contingency position. Therefore the stance adopted by the Board's financial officers was that of damage limitation.

'There was a number of both members and officers who I think, felt because the circular had come out so late, because of the shortage of time and because if we accepted a scheme for more than one year (we'd be committed to on-going funding) we would really be better, not to start recurrent schemes more than we had to in 1985/6.'

HB Official 5

Out of the eight schemes proposed by HB officers, three sought single payments: only Scottish Association for Mental Health, Abbeyfield and the Education

Department. The Mental Handicap Register and the Action Group's scheme were both limited to three years. This concern arose from another delaying tactic that the officers had thought of.

'There was an element ... that unless you can give cast-iron guarantees about where the funding will come from in the future, we shouldn't proceed. Which was a recipe for doing nothing except one-off capital payments like (the school) swimming pool.'

LA Official 13

Certainly the Treasurer's Dept at the HB thought that

'It was clearly an option to say that in view of the doubts over funding and in view of the fact that it was already far too late to get anything sensible going for 1985/6, it might be perfectly reasonable for the board to say, "We'll start planning now, but we won't give any money till next year.'

HB Official 5

The Social Work officials present at the meeting were appalled at this list and particularly at the inclusion of the church projects. This application had come in at the last minute and had not been part of the considerations of the RCG. The provision of hostel places was not high on the RCG's agreed priorities because

'There were 115 hostel places in Plains and the majority of these were silted up, because there was nowhere to move on to. So if you had to say what was the priority - the priority we saw was to unglue the hostel places by providing the next stage on, other housing options than that.'

Vol. Org. Worker 1

The minutes of the Officer Group confirm that although it was agreed that the RCG would examine these proposals at their next meeting on 13 August

'it is understood that the Joint Group accorded no priority to these schemes.'

Para. 10 Multi-disciplinary Officer Group

Moreover the real reason for not wanting to support the church in their previous track record (above p.211) where they had been perceived by the SWD officials as doing private deals with the health board.

'What the church ... had done, was to make a direct approach to the HB, got this all sewn up, people started moving out and the SWD didn't even know it was happening. They really blotted their copy-book about that upset. Terrible! Astonishing really, stupid,

ridiculous... (Now) they had these two other properties - they did the same thing again... incredible!

AG Worker 1

Certainly the SWD was angry about the church's first escapade to the extent that they had refused to top up the DHSS Board and Lodging payment because

'That's just been a rather childish way of punishing them.'

LA Official 4

and this hostility was noted by one of the CMS'.

'The church ... doesn't seem to get the favourable response that either of those [the Action Group and City HA] would get [from SWD]. I don't know why. There may be some difficulty between officers in social work and officers in the church - they just don't see eye to eye... So that while there were church ... schemes, there always seemed to be a sort of -- well-- about it.'

HS Professional 4

There were certainly those within the church who thought that personal rivalry between the Director of Social Work and the Director of the church's committee on social work was a factor but also admitted that perhaps they could have planned their approach better.

It is therefore not surprising that when the issue returned to the RCG on 13 August, the group agreed that the church proposals should not be included in the already presented list of priorities, but rather should be deferred until the 1986/7 cycle. What is surprising is that it was agreed unanimously. It would seem that the HB officials were still proceeding on the basis of not taking the joint planning process seriously.

'The officials of the HB who were members of the RCG were considerably embarrassed at having been party to that.'

Vol. Org. Member 1

Certainly, no defence of the HB's action was offered. In reality

'They were saying one thing in one place and another thing in another and the CMS was just flapping in the breeze in each place. I'd think that the traditional/financial (position) was where they really stood and in the meetings being held... in (the SWD) with a SW Chairman, in that atmosphere, they were manoeuvred round and were going along with this process.'

HS Professional 2

As one HB member observed talking of consensus management

'If you couldn't get a consensus then you just went ahead and did what you bloody well liked!'

HB Member 1

The JHLC, meeting on 23 August, exercised the judgement of Solomon in this situation. It welcomed

'the steps taken to identify priority areas for expenditure of monies under the Support Funding Programme during the current financial year. However in accord with the priorities agreed by the RCG, it proposes that the two projects of the church be referred back to the RCG and their place, the previously agreed priorities (City HA and Support Workers) be inserted.'

Extract of minute of 23 August 1985

Thus the final list of recommendations made by the JHLC to the health board was

- a) Mental handicap co-ordinators (6)
- b) Scottish Association for Mental Health
- c) City Housing Association
- d) the Action Group
- e) Mental Handicap Register
- f) Abbeyfield
- g) Hoist for school for physical handicap
- h) Support Workers for Hostels

Of the original RCG proposals only numbers 6 and 7, the two other voluntary organisation submissions were omitted. Most of the original recommendations, and certainly those that mattered most to those pursuing the Mental Handicap Strategy, had survived this assault intact. There was now however, grave anxiety about what would happen when the final decision came to be taken by the Health Board alone.

7.10.4 Everything with Knobs on

The procedure now that the fate of the JHLC's recommendations lay with the health board, was this. The main debate on the issue would take place in the Planning and Resources Committee on 29 August 1985. This meeting was not open to the public. The normal procedure was that the decision taken by the

P&R Committee would then be ratified by the full Health Board, meeting in this case on 12 September, although these two committees had the same membership.

The Area Executive Group, in its recommendations to the P&R Committee maintained its stance of antipathy to the notion of Support Funding. Despite having agreed to the RCG's recommendations and not having opposed the JHLC's recommendations, the papers stressed the

'over-riding need to achieve maximum possible savings in order to open the (geriatric hospital), Phase III.'

Papers for P&R Committee 29 August 1985

and re-iterated the clause from the circular that HB s must be satisfied that the proposed expenditure would be more beneficial in terms of total care than an equivalent amount spent on health services in the community. Therefore, the AEG concluded there were only two options open to the Health Board:

- a) to allocate no money to Support Finance and to spend the indicative sum of £170,000 on opening the (geriatric hospital) Phase III

or

- b)
 - i) To fund only 3 of 6 Mental Handicap Strategy co-ordinators (and)
 - ii) To allocate funds to cover the non-recurring capital costs requested (only).

Thus only the Scottish Association for Mental Health, Abbeyfield and the school would get any money.

Setting Support Funding against the hospital was seen to be a very effective strategy by observers:

'Whether that was a genuine way of putting it or not, I don't know, but it was probably, if not genius, pretty clever of someone on the Board to put it like that, which, I think made it hard for people to then say, "Spend it on projects in Support Finance," and not open another bit of a hospital, especially one for one of the obvious priorities.'

AG Worker 1

Moreover supporters of the JHLC position, who were on the Health Board saw that this juxtaposition was part and parcel of the officers' usual strategy for managing HB members.

'It's a scare tactic. They're quite good at scare tactics.'

Me: 'They use scare tactics?'

'Oh, they use scare tactics.'

Me: 'In order to get the decision they want out of the Board? '

'Yes, that's frequently done and unless you're a political animal you don't see through that.'

HB Member 2

'You see the reports we got in the old days (ie pre- General Management) from the HB were ghastly. They were very much steered to make you make a decision and very often the decision was made before you flaming well got to the meeting.'

HB Member 4

And the politicians on the Board (from both left and right) were united in bemoaning the increasingly apolitical nature of the Secretary of State's appointments

'They've brought in more and more business people whose allegiance to our party, I suspect we don't even know. I met up with one new one yesterday I'd never met before, whose background is the CBI. I've no doubt he probably votes Tory but I don't think he's politically motivated enough to vote on a party line for example.'

HB Member 4

Whilst this Conservative member prided herself on her independent stance, she was a supporter of the implementation of Support Finance. Labour members observed of the newer appointments to the Health Board by the Conservative Secretary of State that

'You got people who were bank managers etc., but they were never political animals who understood accountability, who had put themselves up and said this is what I stand for, elect me or not. The majority of them are just awful.'

HB Member 2

'It's a degree of naivety on their part, - you can hear the sort of ripple goes round anytime we're voting, "What's all that? What are we voting for?'"

HB Member 1

The recommendations of the JHLC, whilst attached to the agenda for information were not included in the options the officers put to the Planning and Resources Committee. The chair of the health board argued that this was quite commonplace as the final decision rested with the full board meeting. It is important here to note two things. Firstly, it seemed that the Health Board, unlike the local authority lacked consistent standing orders for debating resolutions.

'The board proceeds in terms of voting in a most idiosyncratic way. In fact anyone who's watched local government in practice, I think, finds it extremely difficult to work out the Board's voting pattern. It's not laid down in their standing orders.'

HB Member 1

This meant that the procedures were much more flexible and therefore potentially more manipulable than local authority procedures. The decision about how any particular debate was to be conducted lay with the chair and the likelihood was that he would seek to support the officers as he was party to the AEG decisions. He was a supporter of the compromise position.

'I was part and parcel of that ... I believed in it because I'd seen it right from the beginning.'

HB Member 3

Secondly, as there was disagreement, by arranging that the JHLC recommendations **only** be put to the full Board, that left the original proposals at a distinct disadvantage. For if a decision in favour of one of the other options was taken by the P&R Committee, then a very strong case had to be put up to overturn it.

The anxiety of those seeking funds that this could be a possibility was already apparent for attached to the agenda were three letters. The first was from the chair of the RCG which sought to exclude the church proposals (although in fact these never made it as far as the agenda). The second was from the local Health Council which urged particular support for the City HA proposals and commented:

'The Health Council feels that particularly in the present economic climate, the Government's decision to lump Support Finance money into the Health Board's annual budgets was wrong and it deplors the fact that only £170,000 was put into Plains Health Board's budget for this programme, whereas expected expenditure was £420,000. Nevertheless, because of the long-term importance of getting people out of long-stay institutions and into well-supported community facilities, the Health Council urges the Health Board to allocate the full £420,000 to support finance schemes.'

Letter from Health Council Secretary. 22 August 1985

The third letter was from the Action Group

- a) explaining the term 'Supported Accommodation',
- b) stressing that they would remove people from hospital, as well as making a community provision,
- c) mentioning approaches for services from Riversdale hospital,
- d) supporting the notion of Divisional Co-ordinators.

The stage was set for a battle royal.

There is little doubt that the debate which took place at the P&R Committee was acrimonious. HB Member 1 was noted for his mordant wit and it was not universally popular.

'(He) can really go over the top. One of the reasons he's not on the board (now) is because he went over the top at a personal level too much. You're really better to stick to the actual policy. I think that was a factor.'

HB Member 2

In fact, the Chairman of the Health Board saw this as a factor he could manipulate. Whilst he acknowledged this member's contribution as a hard-working board member:

'The problem with HB Member 1 was the longer he spoke, the more damage he did his case and I'll be quite honest,... If I didn't want (his proposal) to go through at all, I'd let (him) come in more than he was really entitled - knowing fine what effect it would have.'

HB Member 3

Nor was this acrimony all one way, for HB Member 1 claimed that the Chairman accused him of religious bigotry for opposing the church proposals.

It is always difficult to gain an accurate picture of debates which precede decisions. Suffice it to say that at this meeting it was minuted as a 'full' discussion, which in diplomatic terms usually means there was some rather heated argument. One HB member who supported the HB recommendations explained it thus. He said that there had been a very animated argument prior to the resolutions being put, about whether Support Finance should be set against opening the geriatric hospital. Thus when HB Member 1 proposed, seconded by HB Member 4 that the HB should implement the JHLC recommendations with the proviso that only three Divisional Co-ordinators be funded, it was perceived as the former

'as usual, wanting everything with knobs on.'

HB Member 5

It was certainly a disadvantage for the JHLC's proposals to be debated first, as at that point there had been no opportunity to test whether the P&R Committee supported the options set out by the AEG. The JHLC proposals including the Action Group's projects were defeated by ten votes to three, the three votes for being the two officers of the JHLC, (the Chair and Vice-Chair) and the conservative chair of the region's Social Work Committee.

The first option of the AEG's recommendations was then moved; namely to allocate no money to support finance and that the money should be used instead to open the geriatric hospital.

'This resolution was introduced as a tactic to be defeated, to establish that HB members did indeed want to spend money on support finance.'

HB Member 5

And this seemed to be established for the Board members voted nine to three against this proposition. The Chair then proposed the final option on offer, which was for a token gesture to support finance with no long-term commitment and this was carried by nine votes to four.¹²

¹²These were not roll-call votes, so there is now no adequate means of establishing who voted for which option. As people did not want to seem to oppose a policy which has now gained ascendancy, there was a marked reluctance on the part of those identified as being hostile to this policy to remember how they voted or to claim to

7.10.5 Mobilising the Network

The decision appalled those advocating support funding as a means of advancing joint planning. Essentially the HB decision left the Social Work department and their supporters with almost nothing that they'd wanted. Although there might have been a willingness to sacrifice three divisional co-ordinators and get the rest of the package, to get three divisional co-ordinators and nothing else was another matter. The HB, however, saw this as a decision they were entitled to take, because, as they hadn't voted in the JHLC, they were not committed to its recommendations:

'Decisions were never binding on us. We reserved the right, because it was **our** money, it hadn't been specifically identified, it was the allocation we got for running services and we just said - this is not on. We would tell them, we'll take it back to our board and we'll see what happens there. You never know, the board might go along with it.'

HB Member 3

In this case it seemed that they did not go along with it. On the other hand local authority officials felt that they could do little more. They were inhibited by their roles from taking part in any overt political lobbying of the HB although

'I was aware that it was going on.'

LA Official 4

The Chair of the RCG felt that he had done all he could in writing to the P&R Committee because

'As for looking at the aftermath, following up decisions, I was aware of having to be quite disciplined and say OK its not our responsibility, we've done our bit of it. We've made our recommendations. I'll hear in due course. I hadn't time to do it. I couldn't influence it. Having made our recommendation, there was nothing more we could do.'

LA Official 13

This officer did not have the same commitment to policy change as either the Action Group or those officials who played the role of product champions, seeking to innovate. Even so those with a local authority post were limited in the extent to which they could lobby. Whilst LA Official 7

have voted for it, when simple arithmetic demonstrates that someone is either not being truthful or has a faulty recollection.

'was involved in various discussions.'

LA Official 7

about what to do, in the 14 days before the policy would become final if it were ratified by the full Health Board meeting on 12 September, it was left to the voluntary organisations to mount a massive lobby of the political and health board networks, in an attempt to persuade board members to amend this decision and support the JHLC recommendations. The Action Group's heavy investment in word processing technology was to prove beneficial. The overlapping roles of those involved in lobbying for change, were used to advantage. What was envisaged was a mass letter-writing campaign but

'the material that was drafted, was drafted by AG Workers 1 and 2 and myself.'

Vol Org Worker 1

The Campaign was designed to make it seem like a massive upsurge from the grassroots. Letters were sent from the Action Group itself, signed by their office-bearers, whereas AG Worker 1 wrote in his capacity as Chair of the Forum of Voluntary Organisations working with Mentally Handicapped People.

There were three levels to the lobby. Firstly the instigators wrote themselves to all Health Board members in an attempt to change their mind. Secondly to try to mobilise the voluntary sector network to do the same. To this end they wrote to over 100 voluntary organisations in the area asking them to write both to HB members and to MPs. Thirdly they wrote to the three MPs in whose constituencies, the Action Group's area lay, asking them to contact the Board.

'It was very successful insofar as the majority of lobbies of the health board tend to be very standardised and at times you get printed post-cards... and that is probably counter-productive... the reaction is like buying a raffle ticket - it doesn't hit home. But what they, (HB members) got was really personalised letters from quite prestigious organisations saying "This is a heaven-sent opportunity. Why on earth are you turning your back on it?"'

HB Member 1

This health board member, who was a known supporter of the scheme received at least 10 letters supporting the JHLC proposals. All the MPs the Action Group contacted, spoke to the Board Chair and the Board Secretary.

At the same time, using their medical contacts (via marriage), City HA were also lobbying within the professional networks of the Board and through these contacts knew about four members of the board other than those who were on the usual voluntary sector networks.

When the issue came up for ratification at the full board (which met in public unlike the P&R Committee) on 12 September, an amendment to the P&R Committee minutes was moved by a Labour Councillor and seconded by HB Member 1,

'that the recommendations of the Joint Liaison Committee as detailed ... (ie the full recommendations) ... be approved.'

HB Minutes 12 September 1985

This amendment was carried by eight votes to six. After two and a half years, the Action Group had got their funding for the Supported Accommodation project: £11,866 in 1985/86 and £27725 in 1986/87 along with almost all the other recommendations of the RCG. This was an unprecedented decision. One Health Board official commented that in his experience a recommendation of the P&R committee had never before been overturned at the full board.

How, then, did this volte-face come about? The naive assumption by those who lobbied the board was that as a result of their campaign, HB members changed their minds and in fact switched votes, but the more informed seem agreed that

'I don't think there was anyone who switched their vote.'

HB Member 1

'If you asked me why that happened, I would say that there were a different set of people at the P&R Committee than were at the Board meeting.'

HB Official 2

The two committees shared the same membership. There were people absent from the full board who were at the P&R Committee and four people present who had missed the sub-committee. It does also seem that a couple of people either abstained at the P&R Committee or left before the vote was taken, given that there were 12 votes cast, but 14 people present. It is possible that some people may have moved from abstention to a for vote.

The HB Chair thought that the reason the original decision was over-turned was that

'there couldn't have been a very full Board meeting.'

HB Member 3

and in this he was possibly right. Out of 22 Board members there were only 15 present. When asked what difference the lobbying had made, he was of the opinion

'not an awful lot, honestly.'

HB Member 3

However this was an unprecedented decision. HB Member 1 thought that there were various tactical games being played by some members. Certainly that was the drift of HB Member 5's account. What is clear is that the opponents of support financing were unlikely to lobby board members in quite the same way as the proponents. It was certainly unlikely that they would have tried as hard to make sure that their supporters were present.

'(When I proposed something) I wouldn't even know if I'd get a seconder, because that's one thing.. I don't know about anyone else, but I would have never said "Would you second me"?''

HB Member 3

It also seems plain that some 'non-political' members of the Board, had been persuaded by the campaign to get the SHHD circular implemented by the Board. The consistent ways in which the issues had been raised both within the Board and within the Joint Liaison Committee had increased awareness by Board members of the issues. It seems likely therefore that the decision of the Board to overturn the P&R Committee decision, whilst seemingly fortuitous in terms of the immediate lobby, was the product of the longer-term campaign to shift the stance of the HB officials on the broader issue of inter-agency co-operation.

By the time the issue came to the full Board meeting

'it was almost not a tenable option to say "we're not going to spend any money," because they'd had the government circular and ... they'd committed themselves to mental handicap and more recently to joint planning and here was a whole package of things on mental handicap that had been prioritised and were being put forward - not a vast amount of money.'

LA Official 7

A positive decision was vital as it was seen as a mark of the Health Board's commitment to the whole project of joint planning. Without some significant injection of finance local authority officials felt that the whole fragile edifice that was being constructed was likely to falter and collapse, perhaps irretrievably. It is evident that HB officials did not attach the same significance to this decision for they continued right up to the end trying to

'sabotag(e) everything right, left and centre.'

HB Member 2

and at the time of the decision, the Director of City HA remarked that

'We may have the Health Board's money, but we don't have their hearts.'

Vol. Org. Worker 3

7.11 Conclusion

At the end of the day, the decision to fund the Action Group's Supported Accommodation proposal rested on merits

'not to do with this project, but to do with the generality of the whole issue of Support Finance.'

LA Official 7

Whatever the merits of each of the individual applications, once they had been accepted as priorities by the RCG, those merits were secondary to the debate about support finance. It is remarkable that despite pressures on the Board members from officials who did not really believe in jointly planning and financing services with local authorities; who had no commitment to the provision of services in the community, relying on a narrow medical definition of health; who lacked, if not the ability, then certainly the will to counter the professional free-for-all that passed for a budgetary process in the Health board; who failed to budget for support finance - despite all these pressures the Board ended up deciding to fund a package which was bigger than those lobbying would ultimately have settled for. For they had cut their demands, realising that there was likely to ^{be} some slippage, before projects could get started. This had all along been the argument of the Treasurer's department in the Health Board.

'In 85/86 most of the projects slipped by miles. The SWD required virtually nothing... We did make a payment for the mental handicap register but only as a payment for equipment... The SAMH, we didn't

pay them a penny... City HA didn't require anything like as much as they were allocated and the NEAG didn't start until March 1986.'

HB Official 5

But others saw this as the next stage in minimal co-operation.

'The Treasurer says "Oh no, I'm only parting with the money, almost in exchange for invoices for the work having been done... It takes forever and it is actually basically a very simple process that is needed. They've still got instruments of delay built into support finance.'

HB Member 1

It does seem that in terms of money what divided the two camps was a very small sum indeed. Thus the real argument was over principle and in the end the interpretation depends on belief. All involved thought that the real solution lay in the government putting more money into community care policies, and had this been the case there is little doubt that HB officials would have been more amenable to the local authority's case. But in a situation of diminishing resources, they did not see why they should be obliged to hand over their resources to another agency with different priorities.

From the voluntary organisations point of view, it is clear that they were now involved in a scenario where the stakes were much bigger than simply the funding of one small community care project. It is evident from this chapter that they played a fairly small role in terms of the actual negotiations for money for they knew that they were on the priorities of the local authority. It was others who fought for their schemes within the joint planning mechanism. There is a clear sense in the observation of the official responsible for servicing the joint planning machinery that

"the application (for money) should be the very end of the whole process and that projects coming through on support finance will have been worked up and discussed as part of a joint planning process.'

LA Official 12

Those who lobbed in applications opportunistically failed. The strength of the Action Group lay in the work which it had put in over the years in establishing itself as an organisation which would work with those inside the local authority and the Health Board in seeking to bring about change.

7.12 Post Script

In contrast to the labyrinthine process on which some SWD officials and some voluntary organisations had expended enormous amounts of time and energy over some two and a half years, the Action Group's application to Social Work Services Group to part-finance the Supported Accommodation scheme merits exposition.

On 18 January 1985 the Secretary of State for Scotland had announced an increase of some £2.1 million in grants to voluntary organisations under s.10 of the Social Work (Scotland) Act 1968 stating that

'the principal intention of the scheme to which this letter refers, is to stimulate the emergence of new initiatives (including provision for respite care) to enable families and others to continue to care for elderly and disabled persons in the community.'

Circular letter from SWSG (undated)

The advisor in SWSG felt strongly that very few applications for projects for mentally handicapped people had been successful in obtaining mainstream Section 10¹³ money from central government. He had encouraged the Action Group to apply (unsuccessfully) for their Supported Accommodation project (circa late 1984). When this new scheme became available, this existing application was put forward by him, despite the fact that the project was not about respite care and that the Action Group was much more interested in relieving carers of their duties than enabling them to continue. Thus the project did not readily fit the criteria.

'He did seem keen to help us and took more of an interest in the proposal than I'd expected.... (We thought) we had a pretty slim chance of getting Scottish Office money ... so I think that really explains the fact that I don't think I paid much attention to it.'

AG Worker 1

Thus it came like a bolt from the blue, when in October 1985 they received a letter from SWSG announcing their intention of funding the project to the tune

¹³Section 10 of the Social Work (Scotland) Act is the legislative means by which voluntary organisations are funded by central government.

of some £18,000 over three years. When asked how the Action Group managed to fit into this scheme, the advisor explained that they

'did so with some difficulty. Here you come to work by an individual, to wit me... It was the first time in my professional life I'd had money in my pocket. (When the scheme appeared) I approached people and said put in projects. (But) I had no projects waiting for money except the Action Group.'

Civil Servant 3

Here again the Action Group benefited from 'insider advocacy' in this case seemingly without even trying. It is clear that for this civil servant they provided an interesting project (like an oasis in the desert, he said, given the quality of many other voluntary sector proposals), a chance to discuss ideas and a place he too, could send his visitors who wanted to see something of interest. The difficulties which had been experienced over Urban Aid, in squeezing the project into criteria which did not apply, did not recur. In this instance the person seeking to bend the rules also made the recommendation about eligibility.

Chronology: Chapter Seven

1981

July Consultation by DHSS in England and Wales on Community Care

December Welsh Strategy on Mental Handicap initiated

1982

May onwards Series of reports to JHLC on joint work on mental handicap

December LA Official 7 visits Wales

Care in Community Working Group formed in Scotland
HASSASSAB proposes making support finance available to voluntary agencies

1983

March DHSS issue Care in the Community circular (not applicable in Scotland)

October Political coup on JHLC leads to Labour dominance

1984

January Politicians and HB visit Wales to see the strategy JHLC agree to a target to reduce beds in Riversdale and increase community provision Action Group publish 'Mentally Handicapped People in Scotland - A Case of Political Neglect?'

17 April Voluntary Sector Mental Handicap Forum established
JHLC agree Mental Handicap Strategy

July Draft Circular, Community Care: Joint Planning and Support Finance published

1985

24 January Action Group makes application to Health Board for Support Funding

JHLC agree broad criteria for funding projects

24 April New circular issued

21 June Regional Co-ordination Group prioritises mental handicap projects

July HB's P&R committee defer a decision on Support Finance
7 August Multi-disciplinary Officer Group supports HB priorities
13 RCG re-affirm their priorities
23 JHLC compromise, but without Church of Scotland
projects
29 Planning and Resources Committee of HB vote for
minimal package
9 September HB overturns P&R Committee recommendations and
votes for JHLC recommendations in full. Action Group
project is funded

CHAPTER EIGHT

Criteria for a successful voluntary organisation

This thesis has presented a case study of a voluntary organisation which attempted to secure funding from statutory agencies and to work in partnership with them. It is clear from the preceding story that this was a very complex relationship and therefore a difficult one to manage. It required sophisticated skills and knowledge on the part of those who for various reasons wanted it to work. The focus on the funding relationship has enabled this complexity to be explored in some depth.

The chapter therefore examines a number of issues; firstly, the factors which seem to have been important in the success of the West City Action Group in particular; secondly, other issues which emerge from this study as worthy of note; thirdly, the usefulness of the theoretical approach and the research strategy and finally it attempts to identify aspects which would merit further exploration.

8.1 Factors affecting the success of the Action Group.

When a problem is identified by a group in society, there is no guarantee that it will be dealt with by those with the power to offer resources for its solution. In order to achieve that, a number of conditions have to be satisfied. Firstly, the problem has to be recognised as such by the wider society and specifically the state. Secondly, the means to resolve it has to be available. Thirdly, it has to be placed on the policy agenda. And lastly, the means to fund the solution has to be available. The case examined highlights these stages.

It follows from this that there are a number of different stages in the development of a project by a voluntary agency and in securing funding for that project. Not only does the problem have to be perceived and considered to be the business of government to remedy, but the agency espousing any solutions has to be accorded the legitimacy to make an application. The solutions which any agency advocates also have to be seen as practical and feasible and the will to implement those solutions has to exist. Finally the proposal has to be fit with available sources of funding or new means of funding have to be identified.

The way in which the project developed by the West City Action Group fitted these criteria and illustrated them, suggests that this has been a useful case to explore. Firstly, the group had to help to place mental handicap issues on the policy agenda in Plains and nationally. Secondly, community based solutions for mentally handicapped people had to be seen as a preferred option espoused by central and local government. Thirdly, supported accommodation had to be shown to be a workable proposition which both local and central policy-makers deemed sufficiently important to both espouse and fund. It is noticeable that in this case, the espousal proved easier to achieve than the funding.

In achieving success clearly there were both factors unique to the Action Group and those which perhaps were generalisable to other agencies. It is obvious that, at least initially, the Action Group were extremely lucky. The placement of a student who had the necessary understanding to lay the foundations for the group so well and the fortunate juxtaposition of personnel who went beyond the call of duty to bring the group into existence, were clearly things which could not be pre-planned. The timing of the group's foundation was also fortuitous, as the Job Creation Programme enabled them to avoid difficult questions about what they actually did in the first year. Once they had established themselves, it became easier to argue for other sources of core funding. The establishment of a charity shop early in the group's career also gave them a measure of independence of funding bodies which might otherwise have curbed their vocal criticism.

However, there were other features which could be considered by other agencies or those seeking to establish such agencies to have intrinsic merit. The Action Group started with a clear focus on the problem. From the outset the parents wanted to see better services for their mentally handicapped young people. In this they were assisted by the alliance which emerged with the Area Team and in particular with the senior social worker. One feature which ran right through the study was the importance of alliances between workers in statutory services and the voluntary organisation in seeking to achieve changes in provision, which would enable those in need of services to have their needs met, and help workers who wanted to change and augment the services provided.

From the Action Group's perspective, it was clear that professionals could help them to identify the most fruitful means of attaining their objectives and for the

professionals, the parents' arguments legitimised their case. Their experiences were hard to refute. There were clearly a number of stages in this study where such symbiotic relationships existed. In the early days the alliance of parents with the local area team not only enabled the group quickly to identify and secure sources of statutory funding, but it also enabled the area team to make a case for resources **within** the Social Work Department for an additional worker and to make a variety of new provisions themselves, such as the playgroup.

When the group began to work with Task Force on Supported Accommodation benefits again flowed both ways. Task Force gained an enthusiastic advocate for their proposals and the Action Group gained access to a group within the statutory sector who could direct some resources towards them and provide some indication of the kinds of projects undertaken in other parts of Britain.

In seeking Urban Aid, the Group were also espousing a more general argument about how and for whom, such funds were available. Although they lost that argument, had they been successful, a wide range of other organisations would have benefited and the local authority could have put forward other projects.

Later in negotiation with the Health Board, the Group formed part of a much larger co-operative network, in which they stood to gain funding if the Health Board could be persuaded to implement support finance mechanisms, but equally the Social Work Department would gain the participation of the Health Board in a much wider range of desired projects and even the Community Medicine registrar would get his computer system.

The Group's clarity about their objectives from the outset is remarkable. They had principles; namely to work for better services for mentally handicapped people and that these services should follow the principles of normalisation. They also believed, at least in the early days, that services should be provided by the state. The parents' conception of 'self-help' did not extend to making provision themselves except on a small-scale. The development of such clear principle was not fortuitous. It stemmed from the involvement of a social worker to facilitate the group's discussion about policy objectives. (The group still uses this means of setting priorities.) Having identified these and the particular facets they wished to see developed; housing, employment and club activities; they went on to identify the means of achieving those objectives. The pronounced emphasis on pressure group activities in the early stages was very

important in assisting the establishment of the Action Group as a legitimate representative of parents of mentally handicapped people. It drew them to the attention of local voluntary funding bodies as well making both local and national politicians feel that they might be influential.

The fund-raising capacities of the Group were quite remarkable. In part this stemmed from the way the parents, who formed the first management committee were recruited. It seemed that little was left to chance. The social workers put in considerable work before the first meetings to try to ensure that the group worked successfully. One fundamental lesson seems to be the importance of planning a venture like this as thoroughly as possible. The observation that mental handicap was no respecter of class boundaries was also as important as the group contained some very articulate parents.

The recruitment of staff who had backgrounds other than social work seems also to have been important. Space to define one's job is another feature which ran through this study. Clearly the project co-ordinator started as a naive outsider, which meant perhaps that rather than conceiving the tasks of a self-help group in the ways which might be prescribed by current professional practice, he simply started from the problem as perceived by parents and sought to help them to address it. Later the scope which LA official 7 and HS Professional 2 had to define their jobs seemed equally significant.

From the outset the group sought to gather and disseminate information about issues relating to mental handicap. Because their work was perceived to be interesting and exciting they attracted to them, those who wanted to achieve changes for this client group. In so doing they built up networks of friends in useful places. These included politicians and some within the various statutory agencies including the health board and the Scottish Office, as well as their existing friends in the Social Work Department. They used these contacts to help push their concerns onto the agenda, but they were also very accommodating, always willing to show visitors the work they were doing.

Perhaps stemming from the clarity with which their goals were defined, the group were determined, but pragmatic. They always kept their ends in view and if methods of achieving them failed, they looked for other means, rather than taking the view that 'they'd tried it and it didn't work.'. They were committed to their purpose (unlike the church who mainly wanted to use their buildings) and

flexible (unlike Shield who had a seemingly non-negotiable programme), to the extent that when the political situation changed and it was no longer tenable to argue for statutorily provided services, the Group decided without too many qualms to venture down the road of staffed service provision.

These factors seem to have made them attractive partners for statutory agencies. However, equally, there were features of the statutory agencies which made the 'insider advocates' of change turn to voluntary agencies for help. These people wanted to change the ways in which their agency provided certain types of service or, having seen a new way of providing a service in a disputed boundary area, to gain control of a new domain.

The initial problem, as noted in chapter one, was the tendency of policy makers to overlook the organisational means to achieving the ends willed. There was little thought given, when establishing social work departments to **how** they were to relate to the community they were supposed to serve. Creating your own community, in this case of parents of mentally handicapped people is one way of overcoming this obstacle. It has the additional benefit of legitimising the case the statutory organisation can make to provide new services.

Secondly, as Hatch and Mocroft (1983) note, hierarchical bureaucracies with fairly specific ranges of tasks, were not best suited to matching the diffuse and wide-ranging needs of a client group such as mentally handicapped people. Moreover even if there was a desire to make new provisions, the difficulties in achieving consensus **within** bureaucracies can seem insuperable, never mind trying to achieve agreement across organisational boundaries. In these circumstances, voluntary organisations can become very valuable simply because they have a freedom of manoeuvre that those working in large bureaucracies generally lack. Although many innovators in statutory agencies themselves held fairly loosely defined jobs (as noted above), nonetheless there are quite formally defined channels of communication within and between bureaucracies and particularly with politicians, that it can be difficult to circumvent. Voluntary agencies need not be so constrained. They are able to engage in dialogue across boundaries and between levels of hierarchies without necessarily threatening either status or territory.

Additionally, in both the Health Board and the Social Work Department, there were organisational problems which made change difficult to achieve. In health

the lack of power of the administrators and the patterns of dominance within the medical profession made acquiring money for mental handicap difficult. Equally, in the Social Work Department, the vested interests and the lack of client specific foci made it difficult to create a lobby for change within the department. In these circumstances the participation of sympathetic voluntary agencies in official working groups can be invaluable. They can help to achieve movement by arguing cases which it is difficult for officials to argue without being viewed as 'political'. However, it is important that these agencies argue the 'right' case, hence the importance of being able to trust them.

A voluntary agency is likely to fight for its project. When this falls in a new area of work, this fight can become symbolic. In gaining the voluntary organisation project, the whole objective, in this case the mental handicap strategy, became validated.

Clearly there was a partnership in this case as benefits flowed to both statutory and voluntary agencies, although it did not take the form that rhetoric about such concepts would indicate. It was a dialectical process in which 'product champions' bounced ideas about the direction which development of services might take and each then proceeded to seek to achieve these ends within their own contexts, often receiving help from the others to do so. Equally, this kind of partnership is not open to every voluntary organisation in a locale.

8.2 Other issues

The picture of voluntary/statutory relationships which emerged from this study challenges the common sense view of separate spheres of operation and exposes the way in which the fate of voluntary organisations is inextricably linked with that of statutory agencies at both service and funding level. Additionally it emerges that voluntary organisations can play a significant role in helping the development of policy.

The case also shows that the achievement of these ends was not a one-sided process in which the voluntary agency pressurised and persuaded unwilling statutory agencies, but a much more complex and inter-active process. There were those within as well as outwith the statutory sector involved in advocating and testing out new solutions, some of which proved not to be viable and therefore required to be rethought and revised.

In order to achieve these ends, in each case alliances were formed between those working within statutory agencies and those in voluntary organisations. Initially the groupings were quite simple but as the solutions sought grew in complexity, so did the composition and nature of the alliances. In particular the study illustrates the usefulness of intermediary bodies, like the local Council of Voluntary Service and the Scottish Council for the Single Homeless, in holding the ring to enable organisations, voluntary and statutory, to work together.

Working together produced a number of benefits. As noted in chapter two, change can be painful and therefore may be resisted. Those espousing change in large organisations often admitted therefore to feeling isolated and vulnerable. There is little doubt that the network of innovators provided moral support for each other. Secondly it helped them to be better informed, gave them a positive sounding board for new ideas and thus made them more effective in pursuing their strategies. It is also clear that each benefited in terms of improved resource flows for their own particular area of work.

When innovators succeed, generally they do so because they have a very acute assessment of the political and organisational context within which they operate. It also seems that they are not afraid to seek change in that context where the climate is inimical to their ends. They know the rules of the game and have a sense of the rules which they must tolerate and those which they could negotiate. It is this feature which has made this such an interesting and exciting piece of research to undertake.

The role of a voluntary organisation in this context can be seen to change over time. Initially the Parents' Group was on the outside of this process as far as senior policy makers were concerned and thus it sought to influence that process in the only way it could, by lobbying politicians and through media campaigns. However, as it became drawn more closely into the policy process, it became a more muted insider as the price of 'rocking the boat' rose. Although the Group may have had more influence as insiders, the price of this seemed to be restrictions on freedom of manoeuvre.

One issue clearly raised by this study is the extent to which it is possible to 'persuade' an intransigent government department to change its policy objectives. The remedies sought by the innovators were not ones in which civil

servants believed. If seeking funding is viewed merely as a re-active process, with agencies applying for available sources of funding, then there would have been many points in this study where capitulation would have been in order. Yet one thing which stands out clearly from this case in the extent to which innovators set out to create their own environment. Pressure and persuasion was applied at all levels. However it was notable that some organisations were better able to insulate themselves from these activities than others. The Scottish Office seemed to be particularly impervious to influence and at the time of the study, participation by local representatives on the Health Board was already beginning to take second place to business management objectives.

8.3 Theoretical strands

The focus in this thesis was not on decision-making theory or pressure group politics, but set in inter-organisational theory. This was chosen because of the lack of attention given to such issues in the social policy context. It seemed important to attempt to offer some analysis of the processes underlying the glib words which so often slipped off the tongue like partnership and co-operation.

In Chapter Two, the theoretical framework sought to offer a number of levels for analysing the nature of the funding relationship between voluntary and statutory organisations. Benson (1975, 1977) offered a broad framework for the understanding of inter-organisational relationships and the suggestion that the appropriate focus is on the network, enables the analysis to avoid the one-sidedness which usually typifies studies of the funding relationship. Within this broad structure the middle range approach of Crozier (1964, 1976, 1980) focused on a more specific facet, namely the locus of power in organisations and its nature. At the micro-level the analyses of both Wilson (1963) and Wildavsky (1964) shed some light on the strategies adopted by participants within these structures in order to develop new areas of work and gain the funding to sustain them. However none of these analyses is adequate alone. It is the relationship between them that allows each to shed light on different facets of the process of negotiating funding which together point to a more complex and hopefully realistic picture of voluntary/statutory relationships.

Benson argued that inter-organisational relationships took place on two levels. The issues of co-operation and partnership were the superstructure but they were underpinned by the real issues which were about resource acquisition and

the most significant of these were money and authority. In this case study, this seemed to be a most useful focus as it immediately highlighted, for any agency seeking money, the inseparability of success in that area from some recognition of the right to operate in a domain. Thus it can be argued that policy and finance are interwoven and so it seems in this study. Moreover, by abstracting the factors which must be addressed in any co-operative venture; namely; the right to operate in a domain; beliefs about the nature of the task; the extent to which the other organisation's work is valued and how to work together, Benson shed light on issues on which such ventures might founder.

An analogy in inter-organisational relationships may be made with international politics. Whereas in the sovereign nation state powers to compel compliance with legislation exist, international relations rest on negotiation and self-interest which flow from the movements of international finance. Similarly in the organisational environment, whilst sanctions and rewards can secure compliance **within** organisational boundaries, relationships which traverse those boundaries are both freer **and** much more difficult to manage. It seems in the case examined that voluntary organisations played a role in assisting this process and at the same time helped to instigate changes within discrete bureaucracies.

Whilst Benson's initial analysis implied a rather static scenario, with organisations seeking equilibrium in their relationships, in his later writings, he recognised the interactive dialectical nature of the process as noted initially by Zeitz (1980b). However what this study shows is the complexity of the network of inter-organisational relationships. Plainly as Benson urged, it is important to examine the network in the context of its environment, especially those structures which constrain the network. In reality however, organisations do not participate in merely one network, but a multiplicity of networks. To focus on the Social Work Department as a controller of resource flows to voluntary agencies would ignore the extent to which it is itself constrained by participation in a network with the Health Board focussed on community care, where the resource flows are controlled by central government. Voluntary agencies too participate in a number of differing networks.

The picture was rendered even more complex by the realisation that large bureaucracies, like the Social Work Departments and Health Boards do not participate in networks as 'wholes' but rather the struggles which take place

within the organisation to get issues on the agenda, spill out into the inter-organisational network and it is possible, as this study reveals to find members of the same organisation on different sides in the struggle.

Crozier's analysis sheds additional light on the process by focusing on the fact that all is not 'up for grabs'. It is the emerging issues and the ones unclearly defined which feature in battles to gain resources. From the voluntary organisation's point of view, it is these areas which offer the scope for organisational expansion. However statutory agencies, finding themselves increasingly financially constrained, may focus on what they regard as core tasks, ie those clearly in their domain and seek to devolve the disputed domains to voluntary organisations whilst conceding as little funding as possible. It may also be that statutory agencies are less threatened by conceding domains to voluntary agencies, hoping to be able to retrieve their control when better times come again.

Secondly Crozier turns our attention to the role of third parties in inter-organisational disputes. Whilst it may not be always the case that third party intervention is necessary to help achieve agreement between different tiers of government in France, it does seem to be the case in Britain, that where there is difficulty in establishing to which agency certain tasks belong, voluntary agencies can hold the ring and allow at least a semblance of resolving any dispute over ownership of the task.

The focus which Wilson directs to the organisational contexts which may or may not favour innovation is meshed with Wildavsky's notion that participants in a negotiation have to develop strategies to manage those negotiations in a political context.

The research strategy adopted in this context seemed to work well. The focus on the network whilst ostensibly entering the setting as a student of one particular organisation was particularly useful. Access was surprisingly easy and the story seems to have sufficient consistency to suggest that my respondents told the truth. In the end the interpretation placed on their accounts is mine. I would certainly undertake any similar research in this way, although perhaps with greater recognition of the importance of beginnings.

8.4 Potential for Further Research

Since this is a case study, all that has been demonstrated is that this case had a number of interesting features. However, it is likely that in other contexts another group seeking to achieve similar ends might have had to adopt different strategies. Clearly then, there is a need for more studies of this type, focusing on inter-agency networks, to discover whether the issues examined in this study have more general application.

Secondly, with the shift in emphasis by government towards greater provision of service by voluntary organisations on a contractual basis, the complexity of the environment with which the voluntary organisation in this study had to deal, raises some fundamental concerns for such organisations about to embark on similar negotiations. If it is necessary to convince as many different professional groupings of the worth of their project as the Action Group had to do and it takes as long to do so, then the negotiation of contracts may prove to be more complex than the government has envisaged. For what stands out from this study is that it is not enough to be serving a priority group, the ways in which services are provided are also significant and potential funders need to be convinced that the approach is congruent on this level too. The sheer complexity of the environment with which this organisation had to cope may well presage the future for many more groups.

The personal characteristics of innovators were not a central focus of this research. However many respondents commented on the personalities of those involved and whilst personality at times was used to explain ill-understood organisational issues, there did seem to be significant personal factors which typify innovators. Most seemed to give time to their tasks way in excess of what might reasonably be demanded by any manager. They are unlikely to be deterred by initial failure, they instead look for another solution. They are opportunistic and rarely miss any possible benefit that arises. However to explain why this is so is a task for another piece of research.

8.5 And finally.....

This particular group does seem to have been more successful than many others of its kind for a number of reasons. Clearly the shift in the general climate of

ideas at the time of this study worked in its favour. There was disillusionment with institutional solutions for a number of disadvantaged groups. More important, however was the way in which the organisation was conceived and constituted. Of particular value was the way in which professional expertise was meshed with the experience of the parents. This more than anything else, made the Parents' Group a formidable combination for any other agency to have to face. Advantages also flowed from the wide range of people potentially affected by problems of mental handicap as it meant that some of the parents did have very useful skills.

Funding decisions, then, are not made in a vacuum, but have a social and political context. If an organisation is to be successful in achieving significant funding from a statutory body then there has to be agreement about a range of other issues including the credibility of the organisation, the value of its work and also a degree of fit between the organisation's conception of the task and that of the funding body. As one respondent observed, funding is the last stage in the process of negotiation of a project. and

Thus it is plain from this analysis that funding issues are inseparable from policy issues. In order to understand why a particular organisation is successful in gaining funding the policy context in which that decision is made must be understood. From this, it emerges that the task of this case study is not simply to describe the processes which might underpin decisions about funding, but to explain why such decisions might be taken.

When this thesis was conceived, there had already begun a retreat from interventionism. The present political context has until very recently, at least, argued for a diminished role for the state and a concomitant increase in the provision of welfare by both the private and voluntary sector. Yet the picture which emerges from this study presents a view of voluntary organisations which have a close interrelationship at both service and funding levels with both the local and the central state. Even in terms of policy formulation, it seems there is a substantial role for voluntary organisations. What is evident, however, is how that role has had to adapt as the political context has changed.

Ultimately, the success of the group stemmed from the way the staff and parents learnt to operate in the inter-organisational environment and the alliances they formed. It would be possible to examine their funding proposal and point to its

sound professional and viable proposals; to show how well presented it was. However to present that as the criteria for funding success would omit many vital parts of the story.

Whilst the particular policy context of this study lies in the field of the development of community-based services for people with a mental handicap, it is suggested that the analysis applied in this thesis could be used illuminatingly in a wide variety of inter-organisational contexts.

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APPENDIX A (Chapter 7)

Applications for Support Funding - June 1985

1. West City Action Group - Supported Accommodation for Mentally **H**andicapped People - £89,000 over three years
2. Crossroads (New Town) Care Attendant Scheme - £34,000
3. Scottish Centre for the Tuition of the Disabled - £5,000
4. Handicabs (Plains) Ltd - Transport for disabled people - £10,000
5. Day Centre for frail elderly - £43,791 pa
6. Scottish Association for Mental Health - 8 Community Care places - one-off payment of £34,135
7. Scottish Veterans Residences - capital to expand home - £30,000 - £50,000
8. City Housing Association - neighbour support scheme - expansion - £159,530
9. Bigtown and District Old People's Welfare Council - extend Day Centre, replace 7 minibuses, develop day centre for partially confused, establish 2 further charity shops - £582,500
10. Plains Victim Support Scheme - £40,000 over two years
11. Childrens organisation - establish a day centre for single parents - £10,000 plus 7.5% in second year.
12. Community support for mentally handicapped - £152,144
13. Crossroads (Bigtown) Care Attendant Scheme - £139,000
14. Disabled Foundation - respite care - £5,000 for one year
15. Self-help Group - pain relief - £21,012 " " "
16. Abbeyfield Bigtown Society Ltd. - installation of two chair-lifts - £10,000
17. Vol org - staff to counsel parents of mentally handicapped - £52,952 over three years
18. South Bigtown Amenities Group - establish variety of provisions for disabled elderly - no specific amount
19. Prisoners' Housing Association - range of services for people leaving psychiatric hospital - £149,100
20. Central Housing Association - two Care Housing Schemes - £560,302

21. West Plains District Council
 - a) Dispersed Alarm Schemes - no specific sum
 - b) Special Needs Housing Officer - £15,000 pa
22. Plains Region Education Dept
 - a) Assessment Unit for Handicapped Under 5's - no specific sum
 - b) Transfer Schools Audiological Service to HB - to be costed
 - c) Radio Aids for Children with Hearing Impairment - a study to be costed
 - d) School for Disabled - swimming pool hoist - £7,000
 - e) Educational Provision for Patients leaving MN hospitals - £328,180 (over 7 years)
 - f) Adult Basic Education Unit for elderly confused - £6,639
23. East Plains District Council
 - a) Community Alarm System - no specific sum
 - b) Mobile Wardens for the Elderly - " " "
 - c) Semi-sheltered housing - no specific sum
 - d) Supported accomodation for special needs - no specific sum
24. Church projects
 - a) Building a unit for elderly with senile dementia - £1.25 - £1.5millin in capital
 - b) Two hostels for mentally handicapped - £60,000pa
 - c) Counsellor, Drug misuse - £10,000pa
25. Shield Housing Association - request for building land from HB
26. Plains Region Social Work Department
 - a) Mental Handicap Strategy - 6 Divisional Co-ordinators - £78,000
 - b) Share the Care - expansion - £10,000
 - c) Joint Care Planning Officers - £22,000
 - d) Mental Handicap Register - £10,000
 - e) Support Workers for MH Hostels - £36,000
 - f) Day Care House -(New Town) - £50,000
 - g) Home Care Development - to avoid hospitalisation - £26,000
 - h) Independent Living Scheme - expand CSV scheme - £6,000
 - i) Drug Abuse - Detoxification Unit - £200,000
 - j) Occupational Therapy posts - to assist early hospital discharge - £57,000

APPENDIX B (Chapter 7)

Membership of Regional Co-ordination Group

Depute Director of Social Work (Chair)

Joint Care Planning Officer (SW based)

Assistant Secretary (HB)

Physician-Superintendent - Riversdale (HB)

Assistant Chief Area Nursing Officer (HB)

Community Medicine Specialist - Mental Handicap (HB)

Senior Registrar - Community Medicine (HB)

Principal Officer - Development (SWD)

Assistant Director - Fieldwork (SWD)

Divisional Director (SWD)

Voluntary Organisation Representative

Education Department Representative