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## **When does a tidal wave become a soaking for some and a drought for others? New Labour's "Choice Agenda" and the case of social care**

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## **When does a tidal wave become a soaking for some and a drought for others? New Labour's "Choice Agenda" and the case of social care**

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### **Abstract**

In its historic third term in government, "New" Labour is championing the choice agenda in the provision of public services including health and social care. This has been reflected in recent policy shifts such as the 2005 social care Green Paper, "Independence, Well-Being and Choice", and the White Paper, "Our health, our care, our say: a new direction for community services" the following year, in which the promotion of choice for users, for example through the expansion of direct payment, is promoted. However, as the work of Clarke, Jordan and Schwartz amongst others have indicated, "choice" is not the straightforward vehicle by which to modernise public services. The paper therefore explores and critiques aspects of Labour's choice agenda with specific reference to research into the views of service users and other stakeholders in the provision of social care for older people.

### **Introduction**

As part of its attempts to challenge welfare professionals' supplier dominance and promotes user involvement and empowerment, New Labour has increasingly emphasises user choice in welfare and public service provision. This paper sets out some of the various "choice discourses" employed by New Labour of late. Having done this, the paper then proceeds to examine this discourse in its recent proposals for changes to the provision of social care. It does this in part by setting the proposals for choice and voice in social care against previous research on such provision. This discussion concentrates in the main on the micro and stated aspirations of New Labour's social care proposals rather than on a more macro or meta analysis, such as that provided by Clarke *et al.* (2006), though reference is made to that level of analysis.

### **New Labour's Choice Discourse – personalisation and democratisation**

New Labour has increasingly used the discourse of choice to fashion its policy reforms (Clarke *et al.*, 2005 and 2006; Greener, 2003; Glendinning and Means, 2006; Lent and Arend, 2004; McDonald, 2006; Newman and Vidler, 2006; Vidler and Clarke, 2005). In so doing, choice is used by New Labour in a variety of different ways, including as a means to challenge supplier dominance and to provide personalised services:

In simple terms, we are completing the recasting of the 1945 welfare state to end entirely the era of “one size fits all” services... We are proposing to put an entirely different dynamic in place to drive our public services: one where the service will be driven not by the managers but by the user – the patient, the parent, the public and the law-abiding citizen.... I believe that the vast majority ... now believe in the new personalised concept of public services.... In reality I believe people do want choice, in public services as in other services... The next vital stage of public [services] reform [is] to design and provide truly personalised services (Blair, 2004, p. 11)

In a modern health service, responsiveness to patients and the ability to offer them real choices goes hand in hand with the better use of capacity. These policies are a beginning of that development. Over the next few years the pace of this will quicken until it becomes the norm throughout the NHS. We must meet the aspirations of the public. The overall aim of all our reforms is to turn the NHS from a top down monolith into a responsive service that gives the patient the best possible experience. We need to develop an NHS that is both fair to all of us, and personal to each of us. (Reid, Forward, in DH, 2003, p. 5)

as well as a way to “democratise” and “equalise” society:

there is no contradiction between the increase in choice and the development of greater equity in the NHS. In fact we argue that, at the moment, the choice that exists within the NHS serves only relatively few people who can find their way through a difficult system. If we make these choices open to everyone, the ability to find their way through the system will belong not just to a few, but to the many. (Reid, Forward, DH, 2003, p.5)

To those who have misgivings about [choice], I say ... I will never apologise for the extending to the mass of working people the privileges that have been monopolised only by the well-heeled and well-connected

since time immemorial. Why on earth would we not be proud of extending that degree of information and power? (Reid in Hinsliff G, 2005)

Accordingly, we have witnessed a number of social policy initiatives under New Labour with the stated aim of increasing service user choice. For example, in health care we have seen the promotion of “choose and book” for hospital admissions (McDonald, 2006; Talbot-Smith and Pollock, 2006), council housing has seen the introduction of “choice based lettings” (Lund, 2006), education has seen the establishment of city academies and foundation schools and faith-based schools with the intention of widening parental choice (Dyson *et al.*, 2006), and in social care the expansion of direct payments and the promotion of both individual budgets and the third sector in providing social care (Bornat and Leece, 2006; Glendinning and Means, 2006) are stated aims of recent policy pronouncements.

### **Choice and Social Care**

The paper now moves on to consider in greater detail New Labour’s choice discourse in relation to adult social care. In so doing, it will review the rhetoric of choice in both the Adult Social Care Green Paper (DH, 2005) and the more recent pronouncements around social care articulated in the White Paper “Our health, our care, our say: a new direction for community services” (DH, 2006).

In the Green Paper, the then Secretary of State, John Reid, set out the New Labour Government’s ambitions for adults in receipt of social care:

We want to give individuals and their families and friends greater control over the way in which social care supports their needs. We want to support...individuals to live as independently as possible for as long as possible.” (Green Paper - John Reid, Forward, DH, 2005:6)

The espousal of choice was seen, for example, in the statements to expand the use of Direct Payments:

We want to give people greater choice and control over how their needs should be met. In talking to people who use services and to carers, it is clear that direct payments give people that choice and control, and we think that this is a mechanism that should be extended and encouraged where possible. (DH, 2005)

The White Paper (DH, 2006) has further espoused the rhetoric of choice, along with voice, in social care provision:

This White Paper confirms the vision in the Green Paper of high-quality support meeting people's aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs. We will [put] people more in control... We will move towards fitting services round people not people round services.... We will give people a stronger voice so that they are the major drivers of service improvement. (DH, 2006, Executive summary Sections 5-12)

Social Care markets are to be developed to provide greater choice, along with the encouragement of direct payments and individual budgets, and the promotion of opportunities for user and citizen voice. The paper will shortly explore the problematic nature of "choice" and "voice" in social care. However, prior to that, the next section will briefly present possible explanations for New Labour's voice discourse.

### **Choice is New Labour's New Brand**

Rather than accepting as a matter of fact New Labour's reasons for promoting choice – for example the personalisation and democratisation of public services – the paper will now briefly draw on but three of the various critiques of the New Labour choice discourse. Various critiques have been provided, including those from Clarke *et al.* (2005 and 2006) and Schwartz (2004) which are briefly mentioned here.

As we have seen earlier in the paper, for proponents within New Labour, choice is democratic and egalitarian (Milburn in White and Wintour, 2005; Reid in Hinsliff G, 2005) since everyone, rather than the minority, will be offered choice in, for example, the provision of health care and schooling. However, Clarke *et al.* (2005) have suggested that rather than reducing such inequalities, choice may exacerbate them – not least because access to welfare services is shaped by economic and social capital and social inequalities more generally. Indeed, for Clarke *et al.* (2005), there are a number of questions that arise from the promotion of choice including: how do we institutionalise choice, can or should choice be the main coordinating mechanism for the provision of welfare services, what does choice mean in terms of the relationship between citizens, users, welfare professionals, managers, and politicians, what is the relationship between choice and inequality?

Further to this, Schwartz has suggested that citizens, including welfare users, may not be concerned about choice but, instead, may be more likely to be occupied by issues to do with quality, access and responsiveness

British citizens...care a good deal less about choice than they do about being treated with dignity, being treated by competent and compassionate

physicians rather than indifferent bureaucrats, being treated in a timely fashion, being informed of their condition, and being involved in medical decisions. In my opinion, British citizens care about the right things, and they are appropriately dubious that greater choice will make any of these things happen. (Schwartz, 2004)

More recently, Clarke *et al.* (2006) have argued that choice is complicated and that New Labour's new branding of its social policy with the discourse of choice contains two different but related elements: First, choice is used to condense a set of aspirations and anxieties and, second, choice is used as a proxy, for example for significant welfare reform via competition and privatisation. First, in terms of choice as a condensate, Clarke *et al.* (2006) suggest that New Labour's choice discourse is used as a means to suggest and respond to an individual's:

desire for greater control, an aspiration to define one's own needs and a wish to shape outcomes, processes and relationships and patterns of interaction. It clearly includes pressures for being heard, being respected and feeling part of processes and institutions. It might even express the wish to be "satisfied". (Clarke *et al.*, 2006, p. 333)

Also, as part of this condensing of a variety of feelings and emotions related to choice, it acts as

a focus for a range of doubts and anxieties...anxieties about standards in public services, about trust and interdependency, ... power and powerlessness [and] anxieties about ... individuation, fragmentation, and disconnectedness" (Clarke *et al.*, 2006, p. 333).

In addition, Clarke *et al.* argue that New Labour's choice discourse is by way of a proxy for:

electoral ambition...for [solving] the political problem of the middle classes, ... for competition, ... for privatisation or ... quasi-privatisation, ... for [effecting change through using] instability as a dynamic of system reform. (Clarke *et al.*, 2006, 334)

### **Choice and Voice in Social Care - reflections from previous research**

Notwithstanding the problematic nature of New Labour's choice (and voice) discourse, if choice is in any sense to be realised in social care, there are a number of areas that need to be addressed, in relation both to "choice" and to "voice". From previous research into community care provision for older people (Daly and

Cowen, 2000; Daly, 2001) it is possible to suggest that the following aspects of social care “consumption” need examining: choice of provision, choice over which needs users will have met, and choice over how and when these needs will be met. Related to these, issues also pertain in relation to users’ and citizens’ voice, in terms of individual voice, citizen engagement and complaints. The paper now moves to examine these matters as they relate to the Green Paper (DH, 2005) and White Paper (2006) and by reflecting on some of the findings of this previous research (Daly and Cowen, 2000; Daly, 2001).

### *Choice of provider*

Choice is a key component of the Green (DH, 2005) and White Papers (DH, 2006). New Labour wants to create a situation in which users are empowered and purchasers/commissioners and suppliers no longer dominate. As such, New Labour wants to see social care markets develop, with a plurality of social care providers-not least from the third sector:

If individuals using services are to have real empowerment and choice, the market will need to be developed and supported to offer a wider range of services, tailored to meet ... rising expectations and needs.... To do this, services must be secured for the whole community, including for those people who will fund their own care. It means developing commissioning that stimulates and supports the local market. It means strengthening local community capacity through using the voluntary, community and independent sectors. And it means working closely with providers to develop strategic workforce plans as part of the support for local markets...One way of introducing high quality provision will be to promote better use of health and social care “third-sector” providers. They include organisations from the voluntary and community sector, as well as other forms of values-driven organisations such as co-operatives. (White Paper, DH, 2006, Paras. 7.28-7.93)

When examining the likelihood of this aspiration being realised, one can consider the views of users and citizens as well as purchasers and providers of social care. Firstly, what are the views of users, carers and citizens more generally of the rhetoric for choice? Second, and key in terms of actual provision on the ground, what is the view of the local authorities, including local politicians, to a mixed economy of social care providers?

If one starts with users, carers and citizens more generally, it is arguable as to whether there is a great desire for provider choice – it may well be that users and citizens remain suspicious of private providers and continue to trust (however misguided) direct state provision.

Private companies are only out for the profit, aren't they? Obviously, they're a private company so they're out for as much profit they can get. I know this for a fact (User)

Local authority staff did recognise the need to develop the market:

The Authority has a responsibility to manage the market and to stimulate development within the market arena..., where that is worked at there is the capacity to extend that spectrum of provision that I referred to.... Where you are going to coax providers into the market, reputable providers, is where there is serious intent to purchase...substantial ... services and when those intentions are made clear, where reputable providers are encouraged into that market place, then it's my view that it can work well. Now I think what [this local authority] has done is see the independent sector at best at plugging the gaps that it can't meet and you're never going to get independent providers to come into the market place on that basis (Manager).

The development of social care markets has, as yet, been only partially successful (Glendinning and Means, 2006; Netten *et al.*, 2005). Therefore, perhaps what should be remembered is that choice of provider does not necessarily occupy users' minds (see Wistow and Hardy, 1999) though an emphasis on it has more recently come to the fore but this is as much in terms of reliability and quality.

I don't care who owns it as long as it's very well run (User).

#### *Choice of needs to be met*

The Green and White Papers (DH, 2005, 2006) have emphasised users having choice over what services will be provided to them, fitting such services around their needs:

This White Paper confirms the vision...of high-quality support meeting people's aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs.... We will move towards fitting services round people not people round services. ... [O]ur health and social care systems need to be able to improve to offer ... services designed to fit with people's changing lives, their new expectations, ambitions and opportunities. There will be a radical and sustained shift in the way in which services are delivered – ensuring that

they are more personalised and that they fit into people's busy lives (White Paper, DH, 2006, Executive Summary, sections 5-11).

Whether this will mean that users will be able to have choice over which of their needs will be met, so that services are fitted round them rather than into existing services, will be interesting to observe. Typically, social care provision, such as domiciliary care, has provided little choice over which of their needs were met. What other research, such as Vernon and Qureshi's (2000), has found is that users' and purchasers' / commissioners' priorities did not necessarily coincide. First, drawing directly from my research, it was only the most needy who received support. Second, those who did receive care had little or no discretion, i.e. "choice", over which of their needs were to be met.

of course, the old question of choice of home care tasks. OK, you've four hours home care, do we allow the user to say what they want to do with it, as opposed to getting what the service says? (Senior Social Services Manager)

However, New Labour believes that greater use of Direct Payments and Individual Budgets is one way of providing users with greater choice over what they are provided.

#### *Choice over how needs will be met*

Direct Payments and Individual Budgets are seen to be a key part of the White Paper's promotion of individual choice and how individual needs will be met, recognising that the take up of Direct Payments had not been over great – 24,500 adults amongst the 1.7 million adults in receipt of social care.

Although the take-up of direct payments, for those who are currently eligible, was initially slow, there have been increases in recent years (from 9,000 adults receiving a direct payment in 2002/03 to 24,500 in 2004/05). We expect to see the take-up of direct payments grow much further and faster, as the number of people who currently benefit is only a fraction of the number who could (DH, 2006, Section 4.24).

In social care, we will increase the take-up of direct payments by introducing new legislation to extend their availability to currently excluded groups and will pilot the introduction of individual budgets, bringing together several income streams from social care, community equipment, Access to Work, Independent Living Funds, Disability Facilities Grants and Supporting People. We will develop a risk

management framework to enable people using services to take greater control over decisions about the way they want to live their lives (DH, 2006, Executive Summary, Para. 17).

It has been argued that a block on the uptake of direct payments has been the antipathy of local authorities (Henwood, 2001; Pearson, 2000). In my research, the local authority's politicians and officers were reluctant to give power over to users through the Direct Payments initiative. Politicians, for example, were concerned that users would misuse the service, whilst officers were concerned that users did not have the knowledge to use the market to their advantage.

So under Direct Payments, users will be allowed to make choices about which needs are met?"] Oh no, no, no. I think that there are certain criteria in that. So, I do not think they could just go off and spend it at the pub or whatever.... They are quite clear on that, otherwise they would be open to terrible misuse (Elected Member of Local Authority).

Direct Payments terrifies me to hell. As soon as you devolve money out, you get random small scale purchasing. No one can check the quality there. It's down to the individual to order.... If you devolve everything out; users are not a powerful people. They will not get good services (Social Services Department Officer).

For users to be facilitated to take up direct payments, purchasers and commissioners will therefore need to be "encouraged". However, this is recognised in the White Paper since it states that the uptake of Direct Payments will be part of the performance review framework of social care provision in the future (DH, 2006). Research elsewhere has shown that when users are supported, direct payments (and, by implication, individual budgets) can be developed effectively (Bornat and Leece, 2006; Clark *et al.*, 2004)

#### *Choice over when needs will be met*

Part of the purpose of the White Paper is to provide social care that puts "people more in control [through] fitting services round people not people round services". (DH, 2006, Executive Summary, Paras 5-6). In order to achieve this, commissioners and providers will need to recognize that provision needs to be more responsive. Traditionally, users have not necessarily received care when they wanted it. Various authors (including Bamford and Bruce, 2000; Henwood, 2001; Nocon and Qureshi, 1996; Vernon and Qureshi, 2000; Wistow *et al.*, 1996) have found that the issue of "time" was significant, including in three respects: the

time of day that services were provided, services being provided punctually, and services being provided with continuity and high quality.

My research echoed this. First, care was still being provided at times inconvenient to users.

[W]e fall down when we do not offer evening care and early-morning care in the way that we should (Member of Senior Management Team, Social Services Department).

Second, users, similarly to research findings more generally (Glendinning and Means, 2006), were concerned about continuity and quality. They wanted the same carer rather than a different one each day.

When you have a different home carer come in every day, it's awkward for you and it's awkward for them. When you've got a regular carer, you're happy. I am anyway. I have a regular carer now so everything's fine (User).

All of this suggests that in ensuring choice in the provision of social care, purchasers / commissioners and providers of care have work to do to ensure that "services fit round people rather than people round services".

### *Choice and empowerment*

Another aspect of ensuring that services are fitted round users is to ensure that users feel in control. My research suggested that users believed that, irrespective of who provides, they were not empowered. Providers were not responsive and they were not therefore in control:

they don't put themselves out to do what they're supposed to do. And I don't like asking "will you do this, will you do that?" I feel like, you know, I'd rather try and do it myself but I'm getting that I can't do (User).

Another user reflected on the experiences he had had when caring for his wife. He had been unhappy with the care that his wife had received but had not really been in a position to do anything about it:

So it was arranged [that] she went into care.... The carers are only young girls there and I'm sure they weren't particularly bothered because once or twice I went and found my wife, who suffered from incontinence, was wet and, of course, I wasn't very pleased about this. And I said to the one, "she needs changing". They said "oh well, we will after dinner". I said "you

mean to tell me that you're going to sit her down to dinner like this?". So I thought I'm going to move her [But] would I have moved her? Well I don't know...I was going to get in touch with somebody [but] where could I move her to because ...I didn't know one [home] from another. I didn't know anything about them (User).

Empowerment is key to users' satisfaction, impacting as it does on users' sense of well being and independence (Vernon and Qureshi, 2000).

## **Voice**

The White Paper re-emphasises the need to provide users, and citizens more widely, with opportunities for voice to shape service provision:

At the same time as giving people greater choice and control over the services they use, we also need to ensure that everyone in society has a voice that is heard. When people get involved and use their voice they can shape improvements in provision and contribute to greater fairness in service use. Systematically and rigorously finding out what people want and need from their services is a fundamental duty of both the commissioners and the providers of services....People's voices – their opinions, preferences and views – need to be heard at a local level as that is where the vast majority of spending decisions are taken and where key priorities are set. They need to be heard in a variety of different ways. And they have to count (DH, 2006, sections 7.4-7.6)

Even so, with regard to social care provision at least, there are different layers of user and citizen involvement, such as users' involvement in their own care and wider involvement (with their fellow citizens) in the shaping of services, as well as the impact of complaints on service provision. This section examines the extent of user and citizen involvement in social care provision through exploring the degree of control or empowerment at the individual level and at the collective or strategic level. It then looks at the impact of complaints on shaping provision.

### *Individual Voice*

In terms of users having a voice in shaping their care, care managers need to ensure that the needs of users are being heard rather than fitting users into the services available. Previous research (for example, Rummery and Glendinning, 1999) has shown that assessments are rushed and, consequently do not necessarily take account of users' views. My research reflected these problems.

It's huge really to do it properly.... I know one of the constraints is ... when you haven't got time to sit with a person to facilitate them and all that. But [the] constraint is that social workers are banging through assessments and don't spend time with people like when I was a social worker (Member of Senior Management Team, Social Services Department).

We are under pressure to move cases on very, very quickly, nowadays.... [So], unfortunately, we look more to providing something that will pacify people (Care Manager).

However, it is not just haste that leads to users' views not being heard. In addition, because care managers look to the available services, they tended to use these first and only when these were not available did assessors look to develop or contract for alternative provision.

The client fits the organisation's provision in that ... the assessment process was really an assessment of existing services, and the extent to which people would fit into what we've got. Not about looking at their broad needs and then looking at what needs to be [provided]. It was more "this is what we've got, do you fit it?" (Social Services Department Officer).

These responses would suggest that work still needs to be done if users' individual voices are to develop.

### *Citizen Engagement*

With regard to the involvement of users and non-users in a more collective sense, both central government and local authorities have instigated a plethora of initiatives over the last ten or more years to involve people in a more collective manner. However, the findings from my research are that such initiatives in relation to social care provision were seemingly judged to be neither particularly effective nor informed by a clearly thought-through approach to collective participation. As such, the local authority had not resolved a number of issues including: what the purpose of collective involvement was, whether or not citizens wished to have decision making devolved to them, and whether or not participants should or could be representative. Unsurprisingly, the picture that emerged therefore was one of severe cynicism and scepticism as far as carers' representatives and some officers were concerned.

Collective involvement was concerned with the participation of individuals in influencing decisions and shaping services at a more strategic or macro level. This approach was acknowledged by the local authority as being a legitimate one.

Because I think at the end of the day it is about influencing the macro picture, rather than all individual stuff (Member of Senior Management Team, Social Services Department).

Indeed, although the council might not have had a clear strategy for facilitating collective involvement, it had invested heavily in techniques and approaches designed to engage with users and non-users in a collective sense.

In overall terms, I think [the local authority] had gone some way to try to set up a framework for user and carer involvement and I think that was very much to their credit.... I think compared with a lot of authorities, [it] had taken steps to set up a framework that facilitated user and carer views to be heard (Social Services Department Officer).

This dated back at least to the late-1980s. However, none of these initiatives had evidently been that successful. Carers' representatives, for example, were generally very critical of the council's attempts at engaging with users or non-users in a more strategic or collective sense. For example, a carers' representative argued that little progress had been made in the ten years since the local authority had first attempted to involve users and carers.

Ten years down the line ... you'll find they're the same things that people are talking about now...we're still, really, looking at the same issues (Carers' Representative).

Overall, therefore, despite the belief from within the Social Services Department that everyone would support the goal of greater participation, what emerged was an absence of a clear sense of purpose regarding collective participation. The local authority had instigated a number of initiatives whose intention was to promote collective discussions but these approaches lacked a clear or coherent strategy.

And it would be very interesting if you can identify any strategy that is alive and well. [I]t would be interesting to know whether you could find anyone who has actually got a thumb and tea-stained copy of such a strategy. Or just a copy. That would surprise me. I have one ... but it's way out of date and ...I've found no Managers making any useful reference to it (Social Services Department Officer).

To summarise this section on collective voice, local authorities have often instigated a number of initiatives with the intention of promoting collective discussions, but these approaches need to have a clear and coherent strategy.

### *Complaints*

In addition, the White Paper re-emphasises the need for effective complaints mechanisms:

People also, quite rightly, want easy and effective ways of complaining when services have not been good enough. To do this, we will develop by 2009 a comprehensive single complaints system across health and social care. It will focus on resolving complaints locally with a more personal and comprehensive approach to handling complaints (DH, 2006, Para. 7.18).

Social Care provision has for some time recognised the role of complaints in providing users with a “voice” but the impact of complaints procedures has been varied (see Barnes *et al.*, 1999; Preston-Shoot, 2001; Reed and Gilleard, 1995; Sbaraini and Carpenter, 1996; Wilson, 1995). Users (and carers) have for some time had a right to complain if they were dissatisfied with their social care provision. However, my research would suggest that there remains a divergence of opinion between, on the one hand, users themselves as well as carers’ representatives who do not feel that complaints systems are effective and, on the other, commissioners and providers who generally feel that the systems are increasingly effective.

From my research, it would seem that users did not necessarily know how to complain. Nor did they feel able to complain, particularly older users, either because they did not feel they should and/or because they were worried that services might be withdrawn as a consequence of their complaint.

[“How would you go about complaining?”] I don’t know, I don’t really know, the only way is to write ... but do they take any notice of your letters? (User).

I mean, people don’t want to complain because of fear of losing a service. That comes up time and time again when you’re talking to service users and carers. You say, well, why don’t you complain? “Oh no, I couldn’t complain”, because...they are frightened of it being withdrawn from them (Carers’ Representative).

As I have said, commissioners and providers, on the other hand, believed that the complaints system was effective:

It feels to me [that] users and carers ... do know that they can complain and they do complain if they're not happy because I spend a lot of my time trying to resolve people's dissatisfactions. So a lot of my time is actually spent dealing with complaints and ... quite seriously because it's actually a very important part of my role, so I would say yes, people do (Social Services Department Manager).

Therefore, users and citizens more widely still have to find a voice or feel they have a voice in shaping individual care and provision more strategically as well as in articulating their complaints. If New Labour is to succeed in its aims for adult social care provision to provide users and carers with a voice, these will still need addressing.

## Conclusion

Overall, in reflecting on my own research findings on the provision of community care for older people, if New Labour's Green and White Paper proposals for social care are to succeed, users still need to be empowered, not least in terms of being able to choose their provider, if that is what they wish, as well as being allowed control over which needs they wish to have met. In addition, and crucially for a choice agenda in social care, social care markets have yet to be developed effectively. And, if the White Paper is to succeed, arrangements have to be designed to ensure users and citizens have an effective voice.

However, I would that there are bigger issues that emerge from these reflections on adult social care. The matter of choice and the use of choice discourse in relation to adult social care still need further examining. Users may want choice in certain respects: over which of their needs are met, when and how. For some users, direct payments and individual budgets may address some of these issues. However, as to whether there is a *tidal wave* of demand for choice of social care provider, this is more questionable in my view, as Schwartz (2004) has recognised more generally. Further, if there is such a demand, the social care market has still to be developed and it is questionable that the third sector has the capacity to meet such demands. Aspirations for providing users and citizens with effective opportunities to voice their aspirations are equally problematic. From my research, users and citizens did not feel that they had been provided with effective mechanisms, there seemed to be lack of a thought through strategy on the purpose of user and citizen voice, and users remained reluctant to complain.

If one then relates this to some of the analyses of New Labour's choice discourse referred to earlier (Clarke *et al.*, 2005 and 2006), particularly the

pronouncements that choice leads to responsive and democratised services, then further questions arise. First, as Clarke *et al.* (2005) have said, choice may exacerbate inequalities rather than reduce them – some users may get *soaked* whilst others suffer a *drought*. Second, the *tidal wave* of choice in adult social care as well as more widely might be more to do with New Labour seeking to “re-brand” its social policy and thus both be seen to be responding to citizens’ anxieties and demands (not least those of the middle class), and at the same time allow New Labour to pursue its organisational and systems reforms including the privatisation of welfare services.

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