The Social Construction of Community Care

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THE SOCIAL MEANING OF MIDWIFERY

THE MIDWIFE AND SOCIETY: Perspectives, Policies and Practice

The Social Construction of Community Care

Edited by
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and
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To all those who are living in and for the community

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Foreword

I am pleased to write the Foreword to what is an important contribution to a much used, much discussed, much debated term, community care.

Since at least 1601, when the Elizabethan Poor Law came onto the statute book, the state has formally accepted some responsibility for the poorest, most needy members of the community, when they or their families cannot support them. Yet who deserves help, how it should be provided, how it should be paid for, organised and distributed, and the balance between public and private responsibilities have been questions which have had different answers at different periods of history. Community care has been one way of answering these questions. But historical and sociological research shows that community care is at one and the same time a description of people's everyday experience of life, 'a euphemism for women's labour in the home' and a distinctive range of professional practice (Bornat *et al.* 1993: xi). Whilst carrying the 'rosy glow' of the caring community, it has also been used as a cheaper means of control than institutional care, but equally coercive and excluding in its practice (Thomson 1992). Community care is also shorthand for the legislative framework within which health and social care services have been delivered since 1990. But what it is and what it should be, remains opaque. It has been used by governments of different political persuasions to convey what are often opposite meanings (Baldwin and Hattersley 1991), it is a concept which is overladen with myths, preconceptions and assumptions, and has become in popular discourse a code word for chaos and danger on the streets (Wilkinson, this volume Chapter 15).

Hence the timeliness and significance of this book, a volume which will assist academics, students and practitioners in making sense of great changes in the location of care provision, in the values and practices of care providers and users, and in the whole culture of health and social care which contemporary community care reforms signify. The book's contribution to unravelling the mysteries of community care is not to do the impossible – provide a once and for all definition. Rather, its approach is to examine how, through the building and interweaving of sets of ideas, present community care policy and practice have been constructed.

In the four chapters which constitute Section One of the book Anthea Symonds sheds light on a much neglected area, the history of community care. Showing a rare mastery of developments in both health and social care she demonstrates that the apparently inexorable march towards the present community care framework has in fact been comprised of a patchwork of contradictory

impulses and motives. The present reality, she demonstrates, is full of promise and full of problems: the promise of 'empowerment' for 'citizen consumers'; the problems of containing aspirations in a system already under administrative and financial strain.

The community care policies of the 1990s were not a fresh start, but imposed on long established and apparently powerful groups of professions, semi-professions and voluntary organisations. Hence some of the struggles over competing definitions of community care, what it should mean, what it does mean, and how it should be managed and organised. The impact of community care on these groups, and their responses to it are the subject of Section 2 of the book. Alongside rather depressing analyses of the constraints imposed by public sector management strategies and financial stringency, the reality behind the rhetoric of empowerment, come some grounds for optimism. Professionals, on the whole, recognise it as their duty to provide care, despite the constraints. Some are finding ways of combatting the often divisive individualism implicit in the community care reforms through developing working alliances with communities they are trying to serve. There remains a place for the positive ideals of professionalism, altruism, an ethic of care and a sense of justice within the changed and changing culture.

Community care is not just about policies, or about paid workers, it is also about people in need. A watch word of the third section of the book is diversity. The community care reforms were about creating diversity – of providers, of provision, of practice. A diverse population, it was argued, needed, not monolithic unresponsive and hidebound services, but choice, consumer power, autonomy. The metaphor for this cultural shift in the terminology of the New Right, was the market. A market could deliver where the welfare state had failed – efficiency, economy and effectiveness. But, like community care itself, the market is a metaphor. Completely free and untrammelled markets are no less a figment of the imagination than true equality. More than most, the market in community care is constrained. The aim is not to stimulate demand, but to contain it. The customers are not the end users, but the purchasers. Many of the intended beneficiaries of the market are amongst the most powerless and least informed members of society. They are also, overwhelmingly poor. It is against this background that the contributors to the third Section of the book write. They raise important questions about the viability of community care when communities are themselves impoverished, the conceptual language available to conceptualise their situations is limited, and the services which are intended to support them are under-resourced.

Sadly, it seems probable that the higher ideals of community care, the aspiration to give people who need care dignity, autonomy and choice, are unlikely to be realised for many in the immediate future. But this book will be an inspiration and an illumination to those involved in the struggle to realise those ideals in the testing times ahead.

Preface

The 1990s have seen a revolution in the provision of health and social care in Britain; a system of beliefs, practices and expectations which has been in existence for over fifty years has been turned upside down. The basic premise of this book is that the concept of placing care for certain groups of people within the location of a 'community' is one which is loaded with contradictions and complexities for both professional health and social care providers and for people in receipt of such care.

The book is in three parts; Part I sets out the social construction of the provision of care delivery social policies; Part II focuses upon the professional, managerial and informal and voluntary sector responses to changing policy direction; Part III concentrates on the underlying demands of a truly needs-led service.

The idea of community care is far more than merely a change in the site and location of care provision; it signals a change in values, occupational practices and assumptions. Whole traditions of professional beliefs and practices must be altered, and so must the expectations and realities of users of services. It is above all a *cultural* change.

Running through all three parts in the recurring theme of the all-embracing nature of this change. Part I looks at the historical development of health and social care provision via social policies and also attempts to pose a sociological understanding of the structures and processes of British society within which these policies were enacted. Part II looks specifically at the present and future roles of health and social care professionals and the voluntary sector in the delivery of community services within a mixed economy of care. Part III addresses the underlying needs of vulnerable groups of users in the 'community' and the necessity for professionals to develop new ways of working with those living in poverty and need.

Overall this book seeks to 'push' practitioners and students into questioning their preconceptions and into constructing new and effective means of practising real care for the community.

ANTHEA SYMONDS

ANNE KELLY

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Bill Bytheway is Lecturer in Sociology at the University of Wales Swansea. He edits the journal *Ageing and Society* and is a research fellow at the School of Health and Social Welfare at the Open University.

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Matthew Colton is Senior Lecturer in Applied Social Studies at the University of Wales Swansea. He has published widely and is a member of the Executive Committee of the European Scientific Association on Residential and Foster Community Alternatives: *International Journal of Family Care and the International Journal of Child Welfare*.

Pat Davies works as a research nurse in mid-Wales. She is qualified as a psychiatric nurse and has worked as a lecturer in nursing. Currently she is studying for a PhD, and is specifically interested in the effect of prescribed courses on nurse education.

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Nancy Harding teaches health management at the Nuffield Institute for Health at the University of Leeds. She is the co-author of the forthcoming book, *Confused Professionals: The Social Construction of Dementia*, and is currently working on another, *The Social Construction of Management*.

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