

DH Conference 'Excellence in [collaborative] Policy Making'
PLENARY

“The importance and benefits of good policy *to!!* Users” –

Altogether now!

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When I was asked to talk with you today about “The Importance and Benefits of Good Policy to Users”, I was immediately struck by the implication of this title - that policy is made by others for users. You can imagine, that such assumptions do not resonate with users like me!

The importance and benefits of good policy made for and with users of social care cannot be over-stated. This is not a trivial point and has been echoed recently by David Miliband MP at the Guardian’s annual public services summit: “Only by engaging ordinary citizens in the design and delivery of public services...can they be helped to improve their own lives and end gross inequalities.”

How do we engage service users in the battle to improve Britain's social care services? Firstly there must be recognition that there is still a considerable gulf between policy and practice as defined by

those who use social care services, and by those who make social care policy. If policy making is to embrace service users at its core – as most suggest it should – then a great deal of work needs to be done to change the way that policy evolves and is mainstreamed.

Equally, we must understand that a social care policy that fails to engage service users throughout, can have onerous effects on both sides. Not only will users fail to gain the support and access to resources relevant to their needs, but policy makers will see their policies failing to make the grade.

In their 1999 ‘Modernising Government’ statement to Parliament, the Prime Minister and the Minister for the Cabinet Office defined policymaking as: ‘the process by which governments translate their political vision into programmes and actions to deliver ‘outcomes’ [for] desired changes in the real world’. **I would like to take this opportunity to emphasise the fact that service users are the real world!!**

The Cabinet Office Strategy Unit has identified nine features of good policy making: get these right and the policy should go a long way to satisfying the needs of users. I’d like to draw attention to three features of particular relevance to our discussion today; that **policy making**:

- must be inclusive – which means consulting those responsible for implementation and those affected by the policy – the users.

- Secondly, that policy making must be evidence based - and based upon the best evidence from a wide range of sources.
- And lastly, that good policy must be properly evaluated - and constantly reviewed - to ensure it is really dealing with problems it was designed to solve.

Those of you who are familiar with the work of SCIE will realise that these key features of good policy making are reflected in the way we operate. Our work is forward thinking and outward looking. It is evidence based and we take great care to involve people who use, and those who provide and commission services, in a collaborative manner. We evaluate our guidance and we keep it under constant review in the light of new evidence. To paraphrase the Prime Minister, 'We believe that what works works.'

Clearly there is growing recognition in Government that service users have to be at the heart of policy making. But what does this really mean? One thing it doesn't mean is inviting a group of users to a focus group to find out their views on a policy as conceived by the professional policy maker.

The process is better captured in the words partnership collaboration – which is best conceived, not as an event, but as a process, a process which requires human and material resources across the board. Even more importantly the involvement of users in policy and service development should not be a one-way process, a *fait accompli* offered merely for comment and discussion. This comes back to my opening comment about the one-way process implied in good policy to users. The consultation process should be a two-way exercise, with policy makers

prepared to listen to the agenda of users, in a manner, or methodology, convenient to them.

User involvement is a meaningless and wasteful exercise without the ongoing commitment by policy makers to look upon users as equals – equals with a valid and knowledgeable viewpoint, who share the same commitment to best value and high standards of service.

The notion of ‘an exchange of equals’ has been championed by the think tank “Demos”, who propose the idea of ‘trading zones’ as places:

“...where people come together bringing with them something of value, be that resources, skills, experience or ideas, and after exchange and interaction leave with something of benefit.” (Miller, Parker and Gilinson, 2004)

In other words, fully inclusive policy making must go beyond notions about the trade of ideas and know-how, to considerations of joint ownership and collaboration.

Some of you have heard me speak before on the importance of the ‘**Social Model**’. This philosophy, developed in the 1970s by Finkelstein, Oliver and others, has guided those who use social care services in the struggle for an inclusive approach to social care policy making. The premise of the model is to relocate the problem of disability from the individual to the way society is organised, a perspective with profound consequences for millions of people who could not change themselves but, by changing society, could at last participate in, and influence their communities.

While the Social Model was conceived with Disabled People in mind, one can easily use the same model to describe the position experienced by most people who use social care services. Let's take a closer look at the social model and then explain the implication it has on one of our most recent social policy changes - **direct payments**.

The social model states that

“disability is a situation caused by social conditions, which requires for its elimination the following three principles:

Principal 1

No one aspect such as income, mobility or institution is treated in isolation.

Principal 2

Disabled people should, with the advice and help of others, assume control over their own lives.

Principal 3

Professionals, experts and others who seek to help must be committed to promoting control by disabled people.

These ‘Social Model Principles’ were adopted, probably quite unconsciously, by those involved in the strategic planning of the Community Care (Direct Payments) Act. Let me illustrate.

Policy makers, government officials and a range of social care statutory authorities, accepted that:

- In order to take control of their daily lives, disabled people needed control over personal care arrangements in all aspects of their lives – mirroring **Principle 1** of the Social Model, that no one aspect of a disabled person's life can be treated in isolation.

- Another shift in thinking was to move the locus of control for their personal care from providers to disabled people themselves, by employing personal assistants. Organisations of disabled people promoted this move, informing, training and supporting direct payments users. The move was encouraged and financially invested in by the Department of Health - mirroring **Principle 2** of the Social model, which states that we assume more control over our own lives by drawing on the advice and help of others.
- Finally, in a mirror of **Principle 3**, many of the key players involved with developing Direct Payments legislation agreed that the Social Services way of delivering support was at odds with the social model of disability. The Independent Living Model developed by disabled people, was accepted in part as a blueprint for the legislation on direct payments.

The success of the disabled people's Independent Living movement in developing direct payments, is based largely on the simple fact that true collaborative policymaking took place. Civil Servants, Members of Parliament, Social Service Practitioners and Service Users were all considered as experts in our own situations. Service users had a central role in planning the social care infrastructure that would fundamentally change the nature of the relationship between disabled people and their personal care providers. The collaboration brought about a balance of power, and with it, service user empowerment about which we all wax lyrical, but rarely achieve.

Good collaborative policy making with users is not limited to direct payments. Let me offer a few other examples.

I was part of the consultation group assisting the Strategy Unit to write a report on Improving the Life Chances of Disabled People. The report was published at the end of January this year, has white paper status and sets an ambitious policy framework, not least because it shifts the policy debate on disability from welfare to citizenship - a social model. The Strategy Unit Report marks a real step forward in defining a viable, long-term policy that promises to establish a social and economic framework, which promotes the independence for disabled people over the next 20 years. This shift has been welcomed by disabled people.

This policy process demonstrates effective policy making across departmental boundaries. The exercise was wholly collaborative with disabled people - through the use of disabled policy experts working alongside civil servants; a task force, the majority of whom were disabled people; and widely held consultation exercises with disability groups and individuals throughout the UK. Our feedback indicates that it has definitely rattled a few cages (perhaps even a few around here!) and challenged established thinking.

Another example is the Government White Paper 'Valuing People' which concerns people with learning difficulties. The White Paper represents a policy framework which is very much in the process of implementation. People who use services were at the heart of the creation of this policy. The policy making process led to the creation of the National Forum for People with Learning Difficulties and it also brought together a broad range of stakeholders in the

task force. However, it was not just about involvement and inclusion. It certainly crossed departmental boundaries and it incorporated implementation and monitoring mechanisms to evaluate progress and to check on what has been most effective.

From the users' perspective, the past decade has seen good progress in policy making. If we go forward this way and service users are considered to have a vital role in the development of all our futures, we will not need to plead for recognition through consultation exercises and representation on committees. We will be there at the heart of policy making, needed, wanted, and expected.

Looking back, it is hardly surprising to discover that openness and collaboration were key contributors to the success of each of the examples I've cited.

SCIE will play a pivotal part in collecting and distilling an inclusive knowledge base to support what works, and this includes excellence in social care policy making. It is my hope that we will be at the forefront of advocating the adoption of the Social Model to all aspects of the policy making community and that collaboration with service users throughout is not an aspiration but a prerequisite.

So, we have a chance with the Green Paper on Adult Social Care to be an exemplar in collaborative policy making. This will be the litmus test in our ability to really put "users at the heart" of this process.

People who use services want to contribute - not as a rung on someone's ladder to a service heaven – but in our own right, with our uniqueness recognised and our diversity celebrated.