

# **BLAMING THE VICTIM?: LOCAL GOVERNMENT REFORM AND SCOTTISH SOCIAL WORK**

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## **INTRODUCTION**

The origins, objectives and process of Scottish local government reorganisation have been widely discussed (Midwinter 1993; Lang 1994; Black 1995; Boyne et al 1995; Fairley 1995). The Scottish reform process (directed by the Secretary of State) and its outcomes (comprehensive unitary coverage) were far closer to those in Wales than in England, reorganisation in the latter (concluded in April 1998) being shaped by the work of an arms-length Local Government Commission, and leading to a 'patchwork quilt' of English authorities of widely differing sizes and functions. However, reform in all three nations, to summarise the views of commentators, was characterised (to differing degrees) by policy confusion, shifts in emphasis, political horse-trading, local government division and, latterly, central government attempts at damage limitation (Craig and Manthorpe 1996).

Critically, and despite major changes in the powers and functions of local government, at no point during the reviews did central government identify a clear role for local government, merely seeking - explicitly, at least - outcomes reflecting general criteria such as 'costs' and 'community identity' or, specifically in Scotland, decentralisation of services (Martin 1995). The achievement of even these vague criteria (whose precise meanings were never widely agreed) was displaced as reform progressed. In Scotland, nine regional and 53 district councils were replaced by 29 new single tier 'unitary'

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authorities (plus the three islands councils which continued on their existing boundaries), some of the unitaries apparently owing more to party political advantage than to considerations of size or natural boundaries. As in England and Wales, some authorities were significantly smaller than the optimum minimum population (between 100,000 and 150,000) for unitary authorities, the smallest mainland Scottish unitary (Clackmannan) having a population below 50,000. Perhaps especially in the Scottish case, the most apposite epitaph for reform was provided by former Conservative Chancellor Nigel Lawson, who described it as 'an oversized cloak' to hide the government's retreat from the Poll Tax (Stewart et al 1997).

Ironically, there is no agreement on the costs of reorganisation. In Scotland alone, these were estimated by the Scottish Office to be £146M, and by the Convention of Scottish Local Authorities (CoSLA) at between £375M and £720M (CoSLA 1994). The ongoing costs/savings in the new local government structure is the area where estimates are most disputed. The additional service delivery savings for the period 1996-2000 were judged by Scottish Office consultants to be approximately £38M per annum, a figure endorsed by neither Scottish local government nor the Labour government elected in 1997. These estimates were clouded in any case by assumptions about service patterns and policy priorities, and by some local authorities bidding down likely costs as part of 'beauty competitions' for unitary status, and have been further complicated by the increasing financial crisis facing local government. A more obvious cost has been in terms of job losses. In one estimate, almost 7,000 local government posts were lost in the 1996 round of reorganisation (mainly in Scotland and Wales) and recent evidence (including from the study reported here) suggests that several thousand further jobs were lost in 1997 both in newly-reorganising authorities and those, including the Scottish unitaries, which reorganised in 1996 but which are now grappling with their long-term financial legacy.

### **THE SIGNIFICANCE OF SOCIAL WORK**

Social work is now the single largest remaining direct service responsibility of local government throughout Great Britain (although it is second to education in Scotland in terms of revenue spend and numbers of employees), and it was for this reason that we chose to examine the process and outcome of reform through looking at its impact on social services work. In practice, one feature common to reform in all three nations was the limited prominence given to debates about its impact on the work of social work/services departments (Davidson and Bransbury 1995; Craig and Manthorpe 1996). Our review of submissions made by local authorities prior to reform suggests

that it was marginal to debates leading up to reorganisation, underlining the view that reorganisation was not about the strategic role of local government in general or of its key services in particular.

This is not to say that there was no concern within social work departments. Research undertaken by Craig (1993) before reorganisation took shape revealed that Scottish and English social work directors were already concerned about the potential impact of reorganisation, highlighting, for example, planning blight, insecurity for staff, fragmentation of care markets, disruption to the work of local voluntary organisations, the complexity of joint arrangements and the loss of specialist expertise. McGarvey and Midwinter (1996, p.219), arguing that the case for reorganisation was 'based on shady assumptions and superficial analysis', echoed our predictions. Their study of social services spending per head of population indicated that a move to smaller local authorities could result in increased costs and also increased variance in spending. They foresaw the increased costs translating into downward pressure on service levels in Scottish authorities, despite high levels of need in many areas. These views appear to be becoming reality (see below).

In relation to the financial benefits claimed for reorganisation, the Association of Directors of Social Work and CoSLA both argued that, in general, 'savings would not come from local government reorganisation itself but from cuts in services' (ADSW 1996, p.8), and, specifically, that 'the discontinuity in the baseline for community care budgets would lead to serious difficulties for unitary councils in identifying the level of new money transferred into their social work budgets ... and resource transfers from health' (ibid.). Additionally, there were concerns about a diminution in the role of social work departments themselves: 'private sector providers of social work services are going to press ... the new councils to expose more and more services to competition and the rigours of the market place' (Bates 1995, p.43).

Social work in Scotland has had a distinctive place within local government compared to its counterpart in England. There is not space here to review its role as a whole, and its key responsibilities are summarised by Bates (1995). However, not only was it responsible for community care (with a much more limited involvement of the private sector than in England), and child protection (with both distinctive arrangements, such as Children's Hearings and the Reporter's Service [Davidson et al 1997], and a marked emphasis on preventive work around poverty and stress), but it was also directly responsible for working collaboratively with the police, the judiciary and the prison service in relation to criminal justice. The potential weakening of the

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role of social work was therefore seen as particularly significant in Scotland where, as Cheetham put it, a broader view of social work had traditionally been encouraged by enabling legislation such as the Social Work (Scotland) Act 1968 and 'flourished in a culture in which welfare has not been marginalised and stigmatised' (1995, p.53). Ballantyne (1995, p.107) for example, argued that the Act was 'one of the most thoroughly welfarist models of juvenile justice in the world'.

## **THE STUDY**

With these concerns in mind, we surveyed all 29 newly-created Scottish local authority Social Work Departments in Spring 1997, i.e. slightly more than a year after their establishment. The timing of the survey was determined by a recognition that, because of the pressure of the pace of change, and the desire to manage a 'seamless transition', many authorities had effectively made 'holding' decisions for their first year of operation which were revisited as they planned for their second year of existence (1997/8). This survey was part of a broader study, funded by the Joseph Rowntree Foundation with support from a consortium of local government interests and national voluntary agencies, examining the impact of reorganisation on social services/work in Great Britain. The study as a whole thus offered opportunities for cross-national comparison.

A final return of 79% was achieved to our survey, a good response rate given the pressure under which many respondents appeared to be working. The 23 responding authorities included at least one new authority from each of the former regional council areas and examples of urban, mixed urban/rural, and rural areas. Authorities were asked to forward supporting documentation and a considerable volume of committee reports and other documentation was received. The key findings from the survey are discussed below.

## **STRUCTURAL CHANGE**

Reorganisation offered both the prospect of enormously disruptive change, but also the potential for innovation. Given the growing recognition at local level of the need for inter-agency responses to a range of social problems, we examined the way in which local authorities had responded structurally to change, both internally and in relation to key external partners.

In terms of internal structural change, most responding authorities had re-established a discrete social work department (SWD) with responsibility for adult services, including community care, and children's services. One-quarter

of all Scottish authorities, however, had developed joint departments, typically called community/social services departments, including housing functions: these have therefore been established in Scotland considerably more frequently than elsewhere (of 24 new authorities surveyed by us in Wales and England in 1996, only 3 had formed joint departments). Those authorities merging social work and housing functions into one department advanced corporate working, integrated services and 'synergy i.e. the desire to have a small number of departments for cost-efficient and effectiveness purposes' as the policy and practice reasons for doing so. This approach is also in line with the tendency in many local authorities to move towards flatter corporate management structures with fewer directorates, many taking the opportunity provided by reorganisation to do so both for reasons of more effective corporate working but also for reasons of cost-effectiveness. The particular significance for social work in departmental mergers lies in part in the opportunity offered for better inter-departmental work between social work and housing, the latter hitherto being regarded inappropriately as marginal to community care planning (Arnold et al 1995).

It is perhaps surprising that so few new unitaries took the opportunity to innovate in this area: this may in part have reflected concerns that the status of social work might otherwise be downgraded, particularly as there was now no requirement for local authorities to appoint a Director of Social Work at chief officer level. Intensive lobbying prior to reorganisation had, as Tisdall (1996, p.31) points out, led to local authorities being required merely to retain a chief social work officer post. However, regardless of whether there had been a formal departmental merger, about one-half of the authorities had begun to reflect on the potential for closer working with housing in particular. Experience in relation to other departments was more mixed: education was otherwise mentioned most frequently (in relation to children's services) - in one case it had also been incorporated into an authority's community services department. At this relatively early stage following reorganisation, there was, however, little evidence of the actual gains which had been made through inter-departmental working. The mere existence of two functional departments within one authority is of course no guarantee that working relationships will improve, to which the experience of many English metropolitan districts, unitaries since 1974, will testify.

The notion of partnership between local government and other local agencies engaged in service delivery is now a commonplace: it is central to the idea of local governance, with 'enabling' local authorities at the centre of a network of agencies engaged in mapping and responding to local needs collaboratively (Stewart and Stoker 1989). Local partnerships, involving a range of agencies from voluntary, private and statutory sectors, have, for

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example, been increasingly a feature of strategic responses to local poverty (in which Scottish social work departments have traditionally played a leading role [Craig 1994; Alcock et al 1995]) or approaches to social and economic regeneration (Central Research Unit 1996). Community care legislation also specifically obliged local authorities to involve other partners in care planning and responding to care needs, notably through the general financial requirement to spend most of the special transitional funding for community care in the private and independent sectors. We therefore also examined whether there had been any major structural changes in the authority's external relationships with other social services providers/commissioners as a result of reorganisation (more than two-thirds said there had been); and whether there had been significant changes in the scope and nature of joint planning/partnership arrangements with other providers/agencies (three-quarters responding yes). It is hardly surprising that reorganisation was recognised as being disruptive to the development of these local partnerships, the most frequent comments being made in relation to joint work with Health Boards. Although new relationships, including joint planning structures, had been developed with Health Boards and Trusts in many instances, most authorities reported difficulties arising from the fact that the areas covered by Health Boards and individual local authorities were no longer coterminous (as was also the case with the police over child protection and criminal justice issues). In one area, twelve local authorities related to one Health Board; at the other extreme one local authority was dealing with two Health Boards. Similarly, police boards often covered more than one local authority area.

This issue had been an even greater cause for concern in the England/Wales 1996 authorities where two-thirds of the authorities experienced the same boundary problems. Local authority respondents across the whole of Great Britain pointed to the increased complexity of working alongside other local authorities to common health agencies, which 'creates more layers of decision-making and resourcing', the difficulties of co-ordinating work with other local authorities, and the extra human resources required to do so. These difficulties were again perhaps even more significant in Scotland both because of the potential for redistribution of resources to more deprived areas which larger regional authorities had offered, alongside the particular importance attached to the role of local authorities as lead agencies in joint planning. By the time of reorganisation, most authorities had completed their second joint planning exercises with key partners such as health and housing, and the gains made in this process were felt likely to be considerably undermined by reorganisation, particularly where arguments ensued as to the appropriate geographical focus for future joint planning work (Scottish Office

1995; Walker 1996), or indeed as to policy priorities amongst a range of new partners. In relation to joint work with health authorities, about half the local authorities had also been obliged to build new structures. Many other authorities had modified existing structures, taking the opportunity of a 'fresh start' to do so. Typically, structures and procedures were adapted to fit more geographically localised circumstances, and to facilitate the inclusion of a greater number of groups into the planning process - for example, housing, education, user and carer groups.

In respect of joint work around children's services, virtually all responding local authorities had developed entirely new structures to facilitate joint planning. It is clear that new legislation (the Children [Scotland]

Act 1995) had had a significant impact on planning arrangements: more than a half of responses here specifically identified this legislation as an important catalyst for change, and it is therefore less easy to disentangle the effects of reorganisation itself from other concurrent processes. Again, however, locality planning was being developed to take account of the new smaller areas of unitary council responsibility. Children's service planning in Scotland has a narrower focus but was arguably more sophisticated, rooted and effective than in England (Davidson et al 1997). However, joint planning for children's services was less well-advanced, given that reorganisation followed closely on the heels of the 1995 Act, than was the case for community care, which had had several years more to 'bed in'. This may help to explain why many more unitary authorities appeared to be starting to build joint planning arrangements from scratch. New structures typically appeared to involve several other council departments, including housing and education, and key external partners including, again, the voluntary sector and health agencies.

The other major partnership issues identified concerned local government's relationship with the voluntary sector. In England, Scotland and Wales, Commissions of Inquiry have recently investigated the parameters of this relationship and concluded that it needed to be set within a more defined set of principles (see e.g. Kemp 1997). In particular, concerns were expressed by all the Commissions that the 'contract culture', notably in the arena of community care provision, was drawing the voluntary sector into an unhealthily dependent relationship with local government. The nature of the strategic relationship between local government and the voluntary sector is currently the subject of discussions between CoSLA and the Scottish Council for Voluntary Organisations (CoSLA/SCVO 1997).

Our early research (Craig and Manthorpe 1996) demonstrated that the voluntary sector as a whole felt marginalised by the process of reorganisation,

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with many voluntary groups' concerns about financial and organisational security dealt with late in the day, if at all (see below). The Local Government Commission that oversaw the process of reorganisation in England had argued that transitional arrangements should be planned carefully in consultation with the voluntary sector. In practice, however, the consultative process and the process of change itself both located local authorities as the gatekeepers of information flows to the voluntary sector and it is clear that, as in England and Wales (Craig and Manthorpe 1998), reorganisation drove many local authorities into a highly introspective stance, with other partners' needs often overlooked. From our Scottish study, it appears that some local authorities were belatedly beginning to address the issue of better communication with and involvement of the voluntary sector. For a few, reorganisation offered the prospect of a more strategic and closer involvement of the voluntary sector, and indeed of users' and carers' groups, in partnership working on both community care and children's service issues.

However, although the voluntary sector clearly felt itself to be an unequal partner during the process of reorganisation, local government itself also felt at a disadvantage. The continuing operation of health and police authorities on a relatively stable basis effectively left social work as the weaker partner in joint planning systems. Some authorities felt that health authorities, in particular, had continued to pursue their own agendas, leaving social services partners to catch up after the immediate effects of reorganisation had been dealt with. Nevertheless, almost all authorities could point to the development of initiatives aimed at closer relationships between social work staff and primary health care services staff at operational and delivery levels, covering joint planning, training, practice and research.

### **POLICY EMPHASES**

One of the difficulties in computing the financial savings arising from reorganisation has been that new authorities might have differing policy emphases from their predecessors: like could not therefore be compared with like. Our study sought, in part, to assess the extent to which new authorities were moving towards differing policy priorities. Just over half those replying (a slightly smaller proportion than of the 1996 England/Wales authorities) indicated that there had been major policy changes. The most common of these were, first, the further development of a needs-led approach, sometimes mentioned in conjunction with locality planning. Against this, several authorities reflected growing financial pressures through having to pursue more budget-led approaches, including shifting costs onto users (see below). Tisdall (1996, p.34) pointed to the potential for increased variation in service

provision as being one result of local government reorganisation, combined with the discretionary powers of the Children (Scotland) Act 1995 in many respects. She considered 'Scotland's children and their families may face a patchwork of services, where their needs might well be met if living in one area but ignored in another' in relation, for example, to after-care support to post-19 year olds, aspects of day care and accommodation for all children.

Secondly, about 60% of local authorities indicated they would be making a greater use of either voluntary sector or independent sector or both, a considerably larger proportion than in the 1996 England/Wales authorities. This may reflect the historically much smaller use made hitherto of both voluntary and private sectors within Scotland and may now presage an important shift in the pattern of provision as between public, private and voluntary sectors. In relation to the voluntary sector, several respondents alluded to their authority's new policy on partnership with the sector, citing some of its perceived strengths such as its independence, sensitivity to local conditions, and ability to respond quickly and flexibly to identified need. However, although several authorities pointed to new developments initiated within the voluntary sector, it is evident that the increased use of the voluntary sector (despite, in some cases, concerns about quality control) derived as much from pressures of limited resources within local government. This perspective, however, has to be seen against the backdrop of trends within the voluntary sector itself: in Scotland, the impact on the sector was so profound that the government made additional transitional funding available to agencies worst affected by cuts in funding from local government following reorganisation.

Areas where the independent sector was likely to be used more appeared to be in relation to residential care, nursing home and domiciliary care provision, again perhaps reflecting the historically different way in which the Scottish care market had developed compared to that in England for example, where private provision was already more prominent. This balance was not uniform however: in several authorities, low levels of local authority provision were in part a consequence of the uneven disaggregation of resources following the break-up of Regions into smaller authorities.

## **FUNDING CONTEXT**

Three-quarters of Scottish local authorities (half as many again as in England and Wales) reported dissatisfaction with the outcomes of the first year's funding negotiations with government for community care provision. The reasons for this were fourfold. First, and most marked, the overall funding

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allocations were regarded as too small and not related to needs identified both at general and specific levels, especially as those needs (and expectations) were constantly increasing. Needs became more apparent as services became more localised, or because responsibilities had increased, such as those arising from implementation of new legislation. The ADSW children's services' spokesperson estimated that spending on children's services fell by 11% in the past 5 years despite 'an estimated £25M to implement the Act' (Community Care, 22 May 1997, p.5), although some of this decline may have been due to the 'nationalisation' of the Reporter's Service under the 1994 Local Government (Scotland) Act. Secondly, funding arrangements didn't, in some authorities' view, meet the real costs of the actual reorganisation itself.

Thirdly, the disaggregation of the financial resources of the Regions was felt to be inequitable by some new authorities, particularly in relation to the distribution of needs (and indeed the kinds of needs which were used as indices, such as population size, or not used, such as poverty, or poverty amongst older people); and resources (such as the pattern of provision or, conversely, the cost of providing services in deeply rural areas). One strongly-expressed view was that funding disaggregation simply reflected long-standing territorial inequities; one Region had spent 40% of its overall budget on social work (and hence on social work staff) because of local levels of poverty, but the population-based disaggregation of resources led to the new authority gaining only 27% of the Region's allocation. Fourthly, a few authorities identified organisational inequities arising from disaggregation such as the unequal sharing out of central and infrastructure costs. Following on from this, two-thirds of the authorities indicated they had experienced a real cut in their budget: in only two instances had the budget increased. The level of cuts specified were between 4% and 10% (or, in money terms, from £2M to £5M). The shortfall between disaggregated budget and 'requirements' (i.e. inherited spending patterns for the area) was of the order of 10% in some authorities.

These financial pressures resulted in considerable difficulty for Social Work Departments; virtually every authority had difficulties in keeping within their budget, although different strategies were adopted for coping. Budget cuts were commonly imposed, ranging from 5-8% (£2M-£3M) in cases cited. Some authorities reported overspends, in some cases even after cuts had been made in budgets. Other strategies for managing declining real resources included tightening eligibility criteria, introducing or revising charging systems, reductions in service provision and 'dragging' vacancies for key posts. Looking at the next year's budgets, few authorities reported increases in spending (and in one authority, a council-wide cut of 9% had excluded social work from budget reductions), and the dominant response was that further

cuts of the order of 6-10% would be made. The impact of these more general budgetary cuts was expected to be felt in terms of staff underfunding, cuts in support to the voluntary sector, increased charges, increased use of the private sector, rationing of services and, ironically, a much greater proportion of time being spent in managing a declining budget through tighter monitoring and seeking budget reductions as part of the normal financial planning cycle.

### **PATTERNS OF SERVICE PROVISION**

Many local authorities had emerged from the break-up of the Regions with distinctive political manifestos, promising both enhanced corporate working but also improvements in practice and service delivery as a result both of their unitary status and tighter locality focus. Half of the authorities surveyed (a larger proportion than south of the border) pointed to new forms of service delivery consequent on reorganisation, including new forms of partnership working, and better inter-departmental working. However, the consequences of tightening financial pressures were again manifested in relation to these responses. We identified three key areas of policy (charging, residential and nursing care, and domiciliary care) as markers for the way in which reorganisation had impacted on local care service provision. In all three policy areas, and most markedly of all in relation to charging (where service users were to bear an increased share of costs), policy innovation reflected an attempt by the local authorities to cut costs. Charges had most widely been introduced for the first time in domiciliary care, although one authority had decided, with political leadership, to abolish homecare charges. Charging regimes elsewhere had been extended to include services previously exempt. In the areas of residential, nursing and domiciliary care, the number of places available or service levels appeared increasingly to be budget-led, with growing use of independent providers and tightened eligibility for the authority's own services. It is too early to tell how these changes will impact on service quality but the prognosis is mixed. Several authorities suggested that a clearer locality focus, such as stronger involvement of users and carers or 'local people' more generally in planning procedures, and better local targeting of resources, would follow. Others pointed to a deterioration in service quality arising from other aspects of both the reorganisation process and its outcomes, pointing to 'a loss of economies of scale, loss of specialisms, increased workloads' and the 'failure of inter-authority working around specific, inherited, children's services'.

## **POLITICAL AND PROFESSIONAL LEADERSHIP**

The process of a disruptive reorganisation, which was generally unsought and felt to be driven by party political considerations rather than rational policy planning, was bound also to have had a significant effect on both the professional and political management of service provision. This proved strongly to be the case with social work. Our study sought to examine this effect in a number of ways. In relation simply to staffing levels, almost half the authorities responding reported decreases in staff, a somewhat smaller proportion than in the 1996 England/Wales authorities although it is likely, because of the size of some of the former Scottish Social Work Departments, that the Scottish job losses were numerically relatively greater. In about a quarter of the authorities, staffing levels for key central support functions including planning, policy-making and administration had declined, again, it was suggested, because of the loss of economies of scale. However, front-line staff had also been lost including, in two authorities, substantial numbers of homecare and residential staff. One authority had lost 100 staff, another 375, a third (smaller) authority 40, for example. Three authorities reported increases in staff, specifically mentioned in two cases as being to meet localised provision; one indicated that staffing levels still failed to match increased service demands.

A large majority of authorities reported a negative effect on staff morale, in some cases significantly so: 'dreadful', and 'knocked it for six' were typical comments. The consequences of change and uncertainty about future work prospects echoed evidence accumulated in our English study (Craig and Manthorpe 1996) which found that the period during which staff had to apply for a succession of jobs (often of declining status) had been extremely traumatic.

The turmoil and demoralisation clearly affected the ability of some authorities to retain key staff: nine authorities reported a significant loss of such staff, some of whom had gone to other authorities but most of whom had left the service for good, generally taking early retirement. Clearly, the replacement of 12 social work authorities by 32 would mean, at best, and even allowing for imports from beyond the confines of Scotland, that experienced staff would be spread much more thinly even if all had been retained within the service nation-wide. Senior staff were not evenly spread, however. Some authorities, for historic or other reasons (such as the ability to offer more attractive conditions of employment), were more able to retain or attract such staff. One authority, for example, lost many staff from its central office, which was located in a relatively isolated town.

The retention or loss of elected members with significant social work experience was also uneven, but again generally a cause for considerable concern. Political experience was also bound to be much more thinly spread, even if councillors with previous social work experience had all stood for re-election (which they didn't), and, having been newly elected to the new authorities, had been evenly distributed across the new authorities (which they weren't). Even on this best-case basis, each new authority (leaving aside those two responding authorities which had remained on their previous boundaries) would have had no more than about one-third of new members with significant social work experience. In the event, more than two-thirds of authorities (comparable to the 1996 England/Wales reorganising authorities) reported a substantial loss of political experience. Typically, across the whole of Great Britain, a new authority had about three councillors with significant previous experience of social work services; in some authorities it was only one, and in two cases none. One concomitant difficulty that emerged was that the majority of members on some councils had formerly been district council members. This presented senior officers in most authorities with an important training objective, to provide members new to strategic management responsibilities (in this case, of social work) with the skills and knowledge relevant to the increasingly complex and politicized worlds of community care and child protection.

## **THE COSTS AND BENEFITS OF REFORM**

In order to get a feel for respondents' overall assessment of the impact of change, we asked them to identify the most difficult legacies and the most significant opportunities arising from reorganisation, for the work of social work departments. The strongest consensus emerged around the following issues.

### **HARSH LEGACIES**

The smallest (but still significant) grouping of the five major categories of response dealt with difficulties of inter-agency working resultant on disaggregation, discussed earlier. The other four major areas of difficulty - financial issues, staffing and personnel issues, professional and practice issues, and organisational and management issues - map very closely onto the four major categories identified in our 1996 Wales/England survey.

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#### ***A financial crisis in the making?***

Almost one-third of the responses focused on the issue of finance, and particularly on the impact of the loss in funding compared to identified needs and previous service levels, and the loss of economies of scale which made some provision more costly and other forms of provision impossible to maintain. Financial pressures made it necessary to reduce service levels in some areas (with the likelihood of this continuing). Several authorities commented on the political difficulty of starting new authorities with a budget-cutting approach.

#### ***Losing staff, losing expertise***

A comparable number of comments noted problems to do with a shortfall in expertise as new authorities were gearing up to provide services for the first time. At the political level, most members had little understanding of social work and some reportedly saw it simply as a department with a large budget and therefore a 'soft' target for cuts. At the officer level, on the one hand, experienced staff were lost; on the other, however committed new staff were, there were 'sharp learning curves for relatively inexperienced chief officers and senior staff in policy formulation'. Management, personnel, and operational skills were in relatively short supply; morale was low and key staff were under enormous pressure to maintain services and support new members and officers at a time of declining resources.

#### ***Refocusing service provision***

Half the authorities commented on difficulties to do with the pattern of service provision inherited from their ancestor Regions. The disaggregation process often revealed gaps in service provision which were clearly identifiable to smaller authorities, either because they were more locality-based or because the distribution of provision was (perhaps for valid reasons) uneven across the territory of the former Region. For whatever reason, this left an 'imbalance in the services inherited'. In some cases, these difficulties might be exacerbated, at least in the short term, when either the new political leadership or the chief officer team (or both) decided comprehensively to review service provision. In one authority, there was 'a totally different approach by members. In the Region, there was a strategic approach but now local members decide and at a time of major change in social work, this has made maintaining services and policies difficult.'

### ***Organisational and management issues***

A similar number of responses concerned the difficulties of creating new organisational structures and appropriate management systems, again whilst needing to maintain essential services. In the words of one respondent, there was 'no inherited management structure/location beyond local field officers, therefore a higher input [was required] to be established from base especially in relation to information systems'. A clear tension was exposed in terms of available resources between 'sustaining and developing existing functions such as planning information and research capabilities' whilst 'forging new ways of working' and new forms of structure which had to be devised and established. One authority observed that it had no administrative buildings or headquarters. A highly current political debate was echoed in one comment, that 'to manage contraction and transition at the same time will take another two years to get back to where we were 3 years ago. Social work risks being blamed for community care problems.'

### **SIGNIFICANT OPPORTUNITIES**

Here, a small number of respondents commented that opportunities for better joint working with external agencies had presented themselves as a result of reorganisation. The weight of these comments, however, was not significant compared with the difficulties, discussed above, experienced by authorities in reconstructing relationships with other agencies, and with Health Boards in particular. Most positive comments here clustered around three themes: questions of size and localness; opportunities for better inter-departmental working; and the opportunities presented simply by 'a fresh start'. Again, these categories map quite closely to three of the four major categories of comments made to our 1996 England/Wales survey. The fourth category, more strongly emphasised in the latter, was of the positive possibilities for working differently with other agencies.

#### ***Small is beautiful?***

Almost half the total comments made in relation to positive gains reflected some aspect of the importance of the small size of the new unitary authorities. This was said to bring potential benefits in several different ways. A smaller authority was closer to customers, brought a quicker and more responsive service, more closely aligned to local needs and perhaps more localised in its delivery. Secondly, it would reduce bureaucracy and improve communication between senior management, policy staff and their front-line workers. Thirdly, smaller authorities were also said to be more accountable to local

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communities, with the possibility of better consultation with and participation by local users and carers. However, there was clear divergence about the meaning of 'small' since these comments derived from some of both the largest and smallest new unitary authorities, with populations varying by a factor of eight.

#### ***Better corporate working***

The new unitary authorities were responsible for ensuring all major services were provided, even if not directly responsible for their provision. Half as many comments focused on ways in which unitary status offered opportunities for greater synergy. Most authorities underlined the possibilities inherent in having housing and social work within the same departments: certainly these comments appear to suggest, at least, a very strong level of enthusiasm to make the best of these possibilities, both for policy planning and for service delivery.

#### ***A fresh start?***

Finally, about half the authorities reflected on the importance of being able to make a fresh start in terms of policy formulation and service delivery. Partly this was seen simply as a chance to take stock (in particular, some three years after the somewhat rushed introduction of the community care reforms) of 'the appropriateness of structures/models of service' but also to do so in the light of a smaller locality focus. The introduction of new children's legislation also prompted the need for a review of service delivery and inter-agency working, although this, of course, would have been the case whatever structure of local government was in place. Though some respondents saw this in rather stark terms as having 'a totally new department with a blank sheet to set out a management structure and service delivery mechanism', others saw the break with the past as more limited, wanting 'to build on good work and do some things differently'.

### **CONCLUSION: BEYOND ENTHUSIASM**

Despite the demoralising impact of the process of change, the enthusiasm of some respondents to our survey for the opportunities offered by reorganisation was palpable, particularly as a result of the potentially more local identity of the new authorities. The overall analysis of costs and benefits obviously differs from one authority to another: a few have done relatively well from disaggregation in financial terms and in terms of political and officer expertise; most have done less well, some badly - in a few cases potentially disastrously so. Most authorities were faced immediately with a

senior management and/or political leadership deficit which they have had to work quickly to confront. In the short term, the most significant overarching context remains the severe funding difficulties faced by virtually all the new unitary authorities, which is likely to place real constraints on the extent to which many of their aspirations can be realised in the near future. This funding context has been exacerbated by the small size of most of the authorities, limiting both their ability to provide a full range of services and the support functions needed to maintain a truly effective and pro-active social work department. At the same time, it has also limited its capacity to make effective use of the voluntary sector, whose viability has itself been seriously damaged as a result of local government reorganisation.

In the immediate future, it appears that Bates's (1995) fears, that small unitary authorities would be unable to provide a full range of services, would lose specialist expertise and suffer from a weakening of key central support functions such as training, research and development work, are being realised. In the medium term, the impact of reorganisation raises some serious questions about the future of social work specifically and local government more generally. Social work as a profession in Scotland still aspires to have a broadly-based role, seeking out and responding to deprivation in its widest sense. As in Wales, a substantial number of important pro-active initiatives to combat poverty and deprivation have been undermined by reorganisation. A necessary condition for allowing social work in Scotland to maintain this role is that social work departments in particular, and local government in general, are offered a period of stability, without the threat of further major organisational change. Even if this were the case, however, the small size, complicated organisational arrangements and limited strategic capacity of most local authorities will limit its ability to continue to fulfil this role. Not only will a broader response to deprivation be hampered by the difficulties identified above, but it is likely that territorial inequities will be accentuated as a result of fragmentation.

More generally, local government needs a clear rationale, a secure financial basis, and an appropriate structure from which to operate. Present political debate suggests these may be vain hopes: indeed, it is likely not only that some of the consequences of local government reorganisation will be laid, inappropriately, at the door of social work itself, but also that this tendency to 'blame the victim' may extend to local government altogether as its ability to respond effectively to local needs and issues is hampered by both inadequate funding and ill-founded structural arrangements.

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