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Commissioning groupwork for carers

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ABSTRACT

This small-scale qualitative study, involving commissioners of carers' services, contextualized in academic and other literature, adds to an understanding of groupwork for carers within the context of an English legal framework. Five commissioners, from different parts of England, participated in an online focus group. The dataset was analyzed thematically using a reflexive Thematic Analysis approach. Three themes were developed from the data. One theme indicated that differing understandings of the purpose of group activities for carers co-existed in each area and another that system-wide blocks meant that the choice of provider depends on factors like ability to risk-manage the contract value rather than skills needed to serve whole populations. This led to a third theme of commissioners attempting to “engineer” the development of successful groupwork. The findings suggest that Community Social Work is likely to be successful in working with carers but may face challenges within a quasi-market approach.

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Introduction

The Care Act 2014 (CA14) is the main source of support for informal carers in England and gives all carers, under a broad definition, universal rights to advice and information that aims to promote wellbeing and prevent the need for more individualized support (Braye and Preston-Shoot, 2020). This article focuses on how this legislation provides help for all carers through groupwork. Services are overseen by dedicated commissioners, usually employed by Local Authorities (LAs), who monitor service delivery contracts (Hudson, 2019). In England, Local Authorities are governmental bodies with legal and financial responsibilities to local populations. One way of meeting their legal duties is to commission services from not-for-profit and private sectors. Some LAs choose to meet their legal duties toward carers under the CA14 this way. Those overseeing the process are called “commissioners.” The lens of those carrying out the role of commissioner produces new insights about groupwork skills needed to successfully support carers.

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Background

There are an estimated 13.6 million carers (Carers UK, 2021), known as “informal” or “unpaid” carers, in the UK (Braye & Preston-Shoot, 2020). These are people who provide unpaid care for someone they know because they cannot do essential daily tasks for themselves. In the US, they are commonly known as “caregivers.” In England, adult social work focuses disproportionately on individualism, whereas the CA14 also offers opportunities to support whole populations of carers. This is seldom explored. In part, this is because the CA14 cemented a marketized approach (Ledwith, 2020; Rogowski, 2020). Known as a “quasi-market” when applied to Social Care (SC) (Bach-Mortensen & Barlow, 2021), the state maintains financial control through eligibility thresholds and applying private industry principles of consumerism and choice (Hudson, 2021). Commissioners of carers’ services oversee the competition for resources and monitor the work of the successful competitor known as “providers” (Fernandez et al., 2020).

Study design

Methodology

This small-scale qualitative interpretive study is situated within a social constructivist paradigm. A nominalist ontology can lead to the interpretation and synthesizing of multiple realities to discover new meanings (Acocella & Cataldi, 2021) and the method of doing so was through a focus group (Morgan, 2019).

Methods

A synchronous focus group of five participants from different areas in England was conducted online in April 2022. The participants all held similar positions within different Local Authorities (LAs) where they specialized in overseeing how groupwork and other services are delivered to carers. Despite its relatively small size, the focus group was deemed sufficient to identify trends about commissioning universal services to carers (Acocella & Cataldi, 2021; Morgan, 2019). The use of this method aimed to increase participant diversity, with attendees from different locations (Acocella & Cataldi, 2021; Morgan, 2019). There is limited information available on the role of UK commissioners, making this a relatively understudied area (Hudson, 2021). Therefore, while care has been taken to avoid overgeneralizing the findings, the perspectives shared in this research still raise key themes relating to social work with groups of carers.

Recruitment

Purposive sampling was used to target individuals with experience in commissioning carers' services (Morgan, 2019). Participants were selected from a network of commissioners between March 17 and April 14,th 2022, and recruited through the network administrator. Although seven commissioners showed interest and consented to participate, only five were available on the research day. Despite the small pool of commissioners, the five participants provided a spread of useful insights making the dataset rich and informed.

Data collection

Limited demographic information was collected including how long the participants had carried out the role and whether they had received training in the role. For 1.5 hours, commissioners were invited to speak about their experiences of commissioning activities for carers during an online Teams call. The dataset was immediately anonymized and transcribed.

Ethics

In January 2022, Ethical Approval was received from the University of Derby, England: reference number [ETH2122–2308]. Participants gave informed consent and have been given pseudonyms.

Analysis

Braun and Clarke's (2022, pp. 35–36) reflexive Thematic Analysis' (TA) six phases were used to analyze the dataset. The first step in the process was a transcript of the focus group dialogue. An inductive approach allowed the researcher to code; create coding labels using NVivo software; and determine themes from the data. Latent and semantic coding enabled exploration of participant-identified problems, emerging assumptions, and sub-texts found within the transcript. Reflexive TA recognizes analytic decisions take place when the data, themes, and the researcher's subjectivity come together during the research process (Braun & Clarke, 2022). This combination demonstrates that, in reflexive TA, concepts such as "bias" is obsolete and, instead, the researcher's analytic skills, situated in the dataset, is key to the research (Braun & Clarke, 2022).

Despite the limited amount of academic literature about commissioned groupwork for carers under the CA14, the primary research presented here helps explore the topic. The approach taken in this article combines the primary research with other available evidence, as per the suggestion by

Braun and Clarke (2022) that generalizability in qualitative research can be achieved through this method.

Findings

Three themes were identified from the data. Specifically, these were: 1. A lack of purpose, 2. Blocks within the commissioning process, and 3. A helping hand: community engineering. The origin of each theme, including their sub-themes, is now explored alongside extracts of relevant data, and contextualized within a wider evidence base, where that is available.

Commissioner background

All participants within the focus group specialized in procuring carers' services with varying lengths of experience from less than one year to over five years. All worked in different parts of England and so broad patterns of practice could be discerned across the dataset. All but one had training on the commissioner role. All participants were white, with one male, and the age range was from 26 to 55.

A lack of purpose

A complicated mix of individual and collective activities, with varied meanings, made it difficult for participants to categorize and define current commissioned group activities for carers. Shevellar and Barringham (2016) say that activities in the community are ambiguous without clear boundaries so this could help explain why precision was not possible. The entanglement is identified within the data through two main activities which are presented here as two sub-themes. The sub-themes are as follows: peer support and groups and networks.

Peer support

The term "peer support" was used unquestioningly even though the dataset demonstrated that its meaning had different interpretations which were not always entirely clear. The phrase itself was used 35 times within the data without an apparent consistent understanding of what it means. A lack of clarity makes understanding what skills are needed to ensure peer support is successful more difficult. One model explored by participants was a formal, structured, individualized approach, as in Jane's description: "Carer volunteers do telephone befriending to isolated carers" compared to Mary's informal illustration in the extract below:

They do not actively pair carers up, but, by nature of the way that they run the sessions, the carers tend to go away with somebody who they have clicked with or, you know, they will arrange to go to those meetings together, or they may even contact each other outside of the group meetings as well.

Mary's understanding of local peer support was of a one-to-one, casual, informal, by-product of a group activity compared to the more formalized notion described by Jane.

Regardless of whether peer support was formally structured, all examples provided by participants focused on how peer support is offered by one carer to another. Other studies found that peer support group activities were rich with benefits such as empathy, mutual support, advocacy, and new ways to try something if stuck (Cowie & Wallace, 2000; Shevellar & Barringham, 2016; Wynter, 2015). The dataset appears to show that a narrow understanding of peer support leads to lost opportunities to appreciate the benefits of a group approach. This, in turn, may result in an under-estimation of the skills and resources needed when commissioners are making decisions about contracts.

Groups and networks

Lorna explained how her LA has both carers' groups and a carers' network. Her intention, as a commissioner, is for these to be separate types of activities:

It is possibly quite hard to differentiate between what them two things are. [...] if we're not really careful they'll kind of inter-merge with each other.

Mary clarified her understanding of the difference between the two: carers' groups are open-ended whereas networks are for carers with a commonality, e.g., looking after someone with dementia.

You might attract a different cohort of people because they have got something in common with whoever they are networking with rather than being dumped in a room for a couple of hours.

This extract reflected a general lack of enthusiasm among participants for carers' groups with her use of the phrase "dumped in a room." This could be explained by a clash of ideas about their purpose. If carers predominantly use groups for social events but commissioners wish them to have a purpose beyond that, the tension becomes clear. Participants felt that carers' groups with an open membership within their areas are unimaginative and rooted in traditional approaches attracting the same carer demographic (older, white carers). Mary expanded:

I'm trying to not be disparaging of it. It's a bit of a cup of tea and a biscuit kind of get together, [...] There tends to be a standard program of funeral directors, life plans, you know.

This characterization seemed to be based on concerns that local carers' groups have not worked in ways commissioners felt they should. A clarity of purpose will shape the difference between networks and groups, avoid unintended overlap between them and help to identify appropriate effective skills for each.

Blocks within the commissioning process

Despite participants having an in-depth grasp of what should be available to carers locally, they encountered blocks outside their control (Hudson, 2021), preventing their ideas from being translated into practice. Procurement is a key element to the market approach (Hudson, 2021) and is central to the commissioner role. The commissioning cycle is multifarious and a priority task for participants, usually taking the form of competitive tendering (Hudson, 2021). Most participants were at active stages in the tendering process. They described how they would use it to try and make a difference for carers. However, lengthy processes often blocked or delayed their plans, as illustrated by Mary when she described the delay of a new pilot project due to bureaucratic committee holdups.

Cost-effectiveness principles found within quasi-markets (Bach-Mortensen & Barlow, 2021; Hudson, 2021) can, within this context, ironically, result in no competition. Difficulties can be caused because so few can compete for the price offered by LAs to provide carers services, as illustrated by Mary:

Our budget is so tight, last round of tendering, we only got three tenders and it was because a lot of (organizations) cannot bid for it because they cannot get off the ground and get running on the money that we're offering. So, my theory is that we're just going to end up with the same thing again.

Mary's narrative resonated with the other participants who indicated agreement. The point is echoed within UK reports about commissioning involving not-for-profit organizations. For example, the House of Lords (2017) report stated that smaller not-for-profits refuse to bid for contracts if they cannot deliver good-quality services for the contract price. These are the very organizations which may have the skillset required to meet the needs of local populations. If the number of tender bids is so low, then a commissioner priority becomes, not on which organization has the right skillset for groupwork, but on which organization is willing to deliver the contract within the price offered. This could be an example of what Ledwith (2020, p. 16) describes as "the market controlling society, rather than society controlling the market."

A “helping hand:” community “engineering”

The third theme explores how commissioners, unable to realize their visions for improving carers’ collective support, attempted to manipulate providers. This was either through consideration of new specifications or by encouraging providers to do things differently. The different methods used are fitted into three subthemes: controlling delivery; provider limitations; and an orchestration approach.

Controlling delivery

Within a marketization model there is an expectation that commissioners have power over the behavior of providers through robust contracts (Hudson, 2021). However, the dataset suggests that participants struggled to maintain control over what was delivered and how. The obvious vehicle to do this was through contract management which was used for several purposes. The most important reason was to reflect innovative, carers-centered activities commissioners would like to develop, as described by Lorna: “we put in a new specification [...] a range of activities which will include online forums, wellbeing support groups, befriending, and volunteering.” Mary was determined to address wrongs with a new specification: “we’re missing out on those, and we’ve set that in the specification this time.”

If a new specification was not on the immediate horizon or the specification had not had the desired effect, an alternative way of influencing delivery was through pressuring, or persuading, the providers. Jane describes gentle persuasion here: “We’ve tried to encourage our service to make all those connections with you know, the public health activities.”

Whereas Alan illustrates a more directive style within the two extracts below:

So, [...] this is something [...] we’ve really been pushing them to establish. Those close working links and relationships.

One of the things that I did say to our carers’ hub service was ... [...] if a group wants to start up, [...], it doesn’t mean you have to facilitate it. [...] you just might have to support it just to say, “are you OK?”

The implicit tension here is the incompatibility of a rigid service delivery model with the need for Community Social Work practitioner skills (Teater, 2020) which can be responsive to, and meet, identified collective needs. Alan’s use of the phrase “pushing them” within the first quote above suggests this is a flawed approach but remains among a limited number of options available to commissioners.

Provider limitations

Commissioners explored the challenges of identifying carers' emerging collective needs and the inability of providers to meet them. These tensions, when asking providers to facilitate new forms of groupwork, are described by Alan:

Because they were saying “well we don’t specialize.” And I said ‘well, I know you don’t, and we haven’t asked you to do that. But [...] just give it an oversight. It doesn’t mean that you have to have a support worker there at every session. They can just discuss things themselves.

Alan’s extract, supported by other participants, demonstrates that commissioning groupwork was important. However, implicit in this passage is a lack of ability or skills on the part of the provider to carry out this work successfully (Beck & Purcell, 2020). An alternative explanation could be that providers think work outside the specification would not be paid for (Rogowski, 2020).

An orchestration approach

Alan articulated what happens when groups of carers feel that they are being “done to:”

We did try a learning disability group, and which unfortunately didn’t take off because there were a number of carers that attended that were very . . . quite vocal and quite annoyed that this hadn’t happened before. But it then put others off, and [...] . . . Yeah. So, it’s like, ‘Well, we don’t wanna do this if people are gonna go on the offensive, you know.’

If carers themselves set up groups they want, utilizing skilled support and resources, frustration may be less likely (Itzhaki-Braun et al., 2022). A service delivery model raises expectations that someone else should be providing a “service” to carers. A more skilled groupwork approach enables group members to set the pace and purpose of meeting. Alan’s example illustrates carers’ frustration when “services” take too long to arrive and unskilled providers struggle to facilitate groupwork, despite this being a commissioner-identified need.

The dataset has shown that a specification may soon become outdated because collective needs change. If participants worked alongside skilled practitioners to identify and meet the ongoing needs of carer communities, then challenges could be resolved (Beck & Purcell, 2020). However, procurement requires technical precision where ambiguity or flexibility is eradicated; based, as it is, on a more traditional product/service delivery model found in industry (House of Lords, 2017).

Whilst frustrated about observing one-dimensional local peer support and carer groups, commissioners had fresh ideas about what works and were keen to pilot new group approaches, as shown by Jane.

Walking [...] getting naturally emerging relationships rather than sitting around because, actually, people talk much better if they're out, moving as well.

Discussion

The commissioner lens, contextualized within other evidence, identifies the importance of groupwork support for carers yet shows it is thwart with difficulties in practice. Within a procurement context, providers were not able to demonstrate the flexibility and responsiveness needed for successful groupwork (Ledwith, 2020). A quasi-market approach is incompatible with the need for responsiveness to a changing population of informal carers (Ledwith, 2020). An articulation of what kind of skillset is compatible with meeting collective needs was absent from the discussion. This absence was best illustrated by the “orchestration approach” sub-theme where commissioners felt obliged to use cajolement and other methods of persuasion when groupwork skills were lacking.

Alternative approaches

Despite the domination of individualistic neoliberal approaches to SC “where the penetration of the market model has been quickest and deepest” (Hudson, 2021, p. 16), social work models and theories that address collective needs continue to circulate. Using resources to strengthen whole communities or populations continues to be discussed in UK textbooks about social work (for example, Rogowski, 2020). An emphasis on individualism within the CA14 inevitably influences UK social work with adults (Rogowski, 2020). Yet the Act also creates legal duties that should lead to effective groupwork (Braye & Preston-Shoot, 2020). In such a context, specifications become rapidly obsolete. Therefore, an alternative approach to traditional service delivery models is required if practice is to deliver services for whole carer populations, as set out in the CA14.

Community Social Work

Social work literature opens possibilities for Community Social Work (CSW) practice where social workers use community work skills such as group facilitation and community participation (Itzhaki-Braun et al., 2022; Teater, 2020) in the context of Social Care. There is recognition in UK social work literature that carers value being with other carers (see, for example, Braye & Preston-Shoot, 2020; Snowden & Jinks, 2022). All participants saw value in group activities (Itzhaki-Braun et al., 2022), whilst articulating that, in many respects, such activities were not working in practice. CSW uses resources and

skills to support people to work together to meet needs. This approach is at odds with a procurement-constructed service/consumer dichotomy.

Group activities can be an effective way of using resources allocated from carers' budgets to serve all carers. Yet participants stated the providers they commissioned struggled to successfully facilitate groupwork. Research identifies a range of benefits arising for carers from groupwork (O'Rourke et al., 2021). Participants valued groupwork despite the challenges they identified. Benefits include skilled facilitation addressing competing needs, conflict, and the creation of new groups. Commissioned organizations were unable to negotiate such complexities, despite commissioners pressurizing them to do so.

Implication for policy/practice

The evidence presented here suggest solutions rest not with additional resources but using existing resources better through funding CSW approaches to groupwork. Procurement creates barriers for carer-led /user-led collective initiatives that could be facilitated by CSW approaches because it requires, for example, the provider to shoulder the financial risks of the contract which few local projects could do (House of Lords, 2017). This imbalance, borrowed from private industry, is not evident with more flexible funding mechanisms such as grants (House of Lords, 2017). In addition, a pragmatic approach to addressing procurement barriers could be to: provide training to commissioners about what CSW is and how it is helpful when funding carer-led/user led initiatives; include groupwork in specifications as a unique and valued skillset; and ensure that groupwork skills are embedded on social work education programs.

Limitations

The small sample of commissioners available to explore themes within the focus group was a limitation for primary data collection. This was compounded by the limitations of academic literature about the commissioning of carers' services. Nonetheless, the insight gained through this focus group offers a useful exploration about the importance of effective skills when facilitating groupwork for carers. This insight leads to the need for future explorations about carers' perspectives on state-funded groupwork and the relationship between commissioning and social work with groups.

Conclusion

The results of the commissioners' focus group have provided valuable perspectives about the requirement for effective groupwork skills so appropriate

support can be delivered to carers. A flexible and collaborative approach is necessary to truly meet the needs of carers. A traditional service/customer framework will not suffice in this context, and instead, a Community Social Work (CSW) model may better address the challenges identified by commissioners. By incorporating effective groupwork, CSW approaches have the potential to ensure that universal support for carers is provided in a meaningful way.

Disclosure statement

No potential conflict of interest was reported by the author.

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