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**Altruism and Commercialism: On Being a Charity in the World of Personalised  
Health and Social Care**

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**Introduction/Background**

Government policy has continued to promote choice and personalisation, both in the provision of health and social care as well as more generally. Within social care, this can be seen for example with the development of individual budgets. This has arguably brought both benefits and challenges to service providers and service users alike. The desire to increase choice and facilitate personalisation may alter the nature of the relationships between service users and providers, as well as affecting the mechanisms by which services are delivered (Clarke et al, 2005). As we have explored elsewhere (Daly and Roebuck, 2008a&b), whilst some service users may welcome the increased autonomy that personalised care should bring, others may not wish to take up such 'opportunities', or may be more concerned with service quality and responsiveness (Schwartz, 2004, Beresford, 2008). However, in this paper we explore another phenomenon, that is the effect of the personalisation agenda on the relationship between third sector providers and purchasers and third sector providers and service users.

Our observations draw particularly on a participatory action research study with a charity is endeavouring to deliver more personalised care and support for its service users. The paper suggests that the development of personalised care and, in particular, individual budgets appear to be influencing how charities may perceive their role in the provision of social care. We examine three 'dynamics'. Firstly, the charity that is the site of the research that this paper draws on, is grappling with such issues as to whether charities should be charging for their specialised services now that services users are thought to have increased choice. Secondly, an equally important issue that has emerged is the discussion of what the role of volunteers is and should be as part of charitable organisations' development of services. A third theme that comes out of the research is the further blurring of the boundaries between statutory and voluntary providers.

The paper therefore aims to explore the tensions between what can be regarded as traditional altruistic drivers for service provision set against the more consumerist and commercial concerns that appear to be facing charities delivering services within the developing social care marketplace. Findings from the research highlight the changing nature of the context within which social care charities increasingly operate. The discourse of the market, exemplified by reference to 'competition', 'cost benefits'

and 'unique selling points', have been seen to be increasingly significant, competing for dominance with the more traditional altruistic values that have arguably underpinned third sector organisations including charities.

## **Policy Context**

The socio political context within which social care is constructed and provided continues to be influenced by the discourses of markets, choice and personalisation. It has not just been in the UK that the promotion of choice and control has taken place. Both government and social movements in the North America, Europe and Australasia have promoted the move away from 'monolithic state provision' to more user centered care, at least rhetorically.

There are a number of aspects to these shifts in emphasis and approach to personalisation, choice and control. These include: shifts in the nature of the economic models and delivery mechanisms from state or mixed economy models to increasingly market and quasi market ones, with an associated increasingly consumerist emphasis; the desire to promote the development of social care markets in order to stimulate supply and cost efficiencies; cost containment of social care generally, particularly with an ageing population; shifts in the site of the delivery of care from the state to the individual and family and from institutions to homes and communities; the promotion of consumerism and choice: with the promotion of empowerment through choice, and the promotion of users as direct purchasers and employers (Carr and Dittrich, 2009).

### ***Choice and personalisation***

The UK Government has continued to use the discourse of choice to fashion its policy reforms (Clarke et al, 2005 and 2006; Glendinning and Means, 2006; Greener, 2003; Lent and Arend, 2004; McDonald, 2006; Newman and Vidler, 2006; Vidler and Clarke, 2005). In so doing, choice is used in a variety of different ways, including as a means to challenge supplier dominance and to provide personalised services. Accordingly, we have witnessed a number of social policy initiatives over the last ten years with the stated aim of increasing user choice, not least in social care. In social care, the expansion of direct payments and the promotion of both individual budgets and the third sector in providing social care (Bornat and Leece, 2006; Glendinning and Means, 2006) are stated aims of policy development. As Government has restated this year, personal budgets in both health and social care:

“should be seen in the context of the wider movement to empower people to have more say and control in all aspects of public life” (Department of Health, 2009a)

We have stated elsewhere that personalisation, choice and in relation to social care and social policy more generally is not straightforward (see Daly, 2009) and do not propose to rehearse these debates at any length in this paper. Suffice to say, personalisation, choice and control are not necessarily or axiomatically democratic or emancipator policy developments and may actually promote inequalities (see Clarke et al, 2005). In addition, citizens, including welfare users, may be less concerned

about choice and, instead, more likely to be occupied by issues to do with quality, access and responsiveness (Schwartz, 2004). Indeed, the evaluation of the individual budgets national pilot has suggested that this form of personalisation may not be effective for all service users, particularly older people and those with mental health problems who, whilst they experienced potentially significant benefits, they still faced major barriers to greater take up (IBSEN, 2008).

Despite such problems, choice was a key component of the Green (DH, 2005) and White Papers (DH, 2006) and most recently the Minister of Health, Lord Darzi, announced that the personalisation agenda will be rolled out into the NHS:

There is clearly real enthusiasm and energy across health and social care for [personal health budgets].... During the consultation for the Next Stage Review, people said clearly and consistently that they want a greater degree of control and influence over their health and healthcare. (DH, 2009b)

Government, therefore, continues to assert a desire to continue with its personalisation and choice agenda and, in order for this to happen, supply needs to change. This includes the further development of the third sector in the provision of social care. For government, there are a number of compelling reasons why the third sector might be encouraged to take on a greater provide role. These are now explored.

### ***Choice of provider and the Third Sector***

Perhaps not surprisingly, New Labour has wanted to promote the development of social care markets, with a plurality of social care providers-not least from the third sector:

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

This, in part, has led to third sector organisations both playing a greater part in the provision of social care and, arguably, having increasingly to review their underlying values which have, rhetorically at least, included altruistic and philanthropic as well as emancipator or egalitarian ones (Chater, 2008). This section of the paper explores these developments prior to presenting and analysing data from a particular

evaluation study of a third sector organisation that was seeking to pilot new schemes to support service users to stay at home.

### ***Definition, Size and Scope***

There has been a long debate as to the nature of the third or voluntary sector, not least in terms of: definition, values and purpose (Kendall and Knapp, 1995). In this section we will provide a brief résumé of this and endeavour to place it within a socio-political frame.

The terms third sector, voluntary sector and independent sector continue to be used almost interchangeably to describe those organisations that are neither directly within the state's apparatus nor private sector organisations. Other terms that are used include the non-profit sector, the social economy, the solidarity sector, the associative sector or, more broadly still, civil society (Addarii et al, 2008). For Addarii et al (2008, p. 5), the broadest definition is the third sector:

refers to the sector that is neither for the distribution of profit nor owned by government, and which has a public good at its core.

For the purposes of this paper, we will tend to use the term third sector in the main.

When trying to comprehend the size and scope of the third sector, it is useful to be reminded that the third sector is certainly not monolithic. As Haugh and Kitson (2007, p. 974) have said:

Irrespective of the terminology used to refer to those organisations falling between the market and the state, the sector is characterised by a huge diversity of goals, structures and motivations.

As such, the third sector has been described as a 'loose and baggy monster' (Kendall and Knapp, 1995) with a complex structure and fuzzy boundaries" (Brandsen et al., 2005).

Even so, the third sector has grown during New Labour's government, in terms of the number of organisations, the finances involved and the numbers of people working in the sector (Stride and Lee, 2007).

Notwithstanding the definitional complexity of the third sector, the number of charities in the UK has grown from 98,000 in 1991 to 169,000 in 2004, of which 75% are located in England. (Haugh and Kitson, 2007:976)

There are a number of explanations for both the promotion and the growth of the third sector, including: perceived inadequacies of both public sector supply and the market; the fact that particular individuals and groups are excluded from private or public sector provision; along with government's direct support for the third sector. Indeed, according to Gordon Brown, when he was still Chancellor of the Exchequer:

The truth is that much of the best work in communities takes place through third sector organizations. (Haugh and Kitson, 2007)

Such government support has contributed to significant growth in the third sector and its activities, not least in relation to social care. According to Chater (2008, p. 6):

... within social care, ... voluntary organisations deliver some two-thirds of services under the £1.7 billion Supporting People programme (DCLG, 2007) and an estimated 80 per cent of the £350 million spent on homelessness. It is estimated that local authorities now spend around 11 per cent of their social care budgets through the third sector (IFF Research, 2007). [As a result, some] 62% of third sector income is now derived from statutory sources (IFF Research, 2007).

### ***Changing values and purpose***

As third sector organisations have increasingly become involved in social care and welfare more generally, some have suggested that this is changing their purpose and value base. Elson (2006) has very helpfully provided a 'voluntary sector values profile' as set out in the literature. From this it is possible to see that the values of the third, or voluntary, sector include notions of: social justice and fairness, altruism, social responsibility, transparency and accountability, non hierarchical, democratic relationships, partnership working, non-profit making, public benefit.

However, some commentators have suggested that these values are being challenged by a shift of internal and external purpose for the third sector. With virtually two thirds of the third sector's income coming from the state and the vast majority of the third sector's activities being related to state programmes, it has been argued that the third sector is being 'devoluntarianised' or 'vendorised' (see Elson, 2006). As such, third sector organisations are having to operate increasingly within the contract culture, managerialist context promoted by New Labour during its time in office.

### ***Third Sector Responses to New Labour's Managerialism***

As we have seen earlier, New Labour has very much promoted choice and personalisation in social care and the bringing in of managerialist approaches. This has arguably created tensions for the third sector. As Haugh and Kitson (2007, p. 991) have said,

The main challenge facing New Labour is to ensure that the sector maintains its distinctive capabilities and does not simply absorb and replicate the business objectives and strategies of the private sector. They must not let it become a cut-price source of welfare provision to those unable, for whatever reason, to acquire the goods and services they require and indeed are entitled to.

One can argue, as Chatter (2008) has, that the new managerialist contract culture is resulting in third sector organisations changing from Le Grand's *knights* to *knaves*

(Le Grand, 1997 and 2003). In the next but one section, we will explore the extent to which we found this to be the case within one particular third sector organization.

### **The Research Project**

The research project was commissioned by a third sector organisation that was seeking to pilot new schemes to support service users in order that they could remain at home. The project aims to evaluate the impact of the schemes upon service users, staff, volunteers and stakeholders associated with the third sector organisation and to identify areas of good practice and areas for service development. Specific objectives include:

- Implications (particularly of volunteering) for other service provision
- Implications for partnership working with other local organisations and the locality generally
- Impact on other local service provision including a range of local stakeholders not least the local authority
- Implications and impact on effective involvement of service users in service development, delivery and evaluation
- Indications of current and future external funding opportunities

The qualitative element of this study seeks to capture the lived experience of participants as they engage with support services within the third sector organisation (Cresswell, 1998; Patton, 2002). Since the project is specifically interested in change processes, an action research cycle of planning, action, evaluation and reflection is being utilised (Roth and Esdaile, 2001). Ethical approval was gained from the University's Ethics Committee.

The participants that took part in the focus groups that are explored within this paper consisted of a range of stake holders who had been invited to two round table discussions to explore the issues related to the provision of new services. In total, 30 participants were included and these consisted of service users, managers from the funding third sector organisation, managers from other similar charities within the locality, and managers from other charities that may be affected by the service provision. Volunteers were not included in discussions at this stage as they had not been recruited.

Information was transcribed and analysed using constant comparative analysis (Miles and Huberman, 1994; Huberman and Miles, 2002) to identify underlying themes, and a reflective diary was kept throughout. Analysis was undertaken by a multi disciplinary team for triangulation of researcher perspective, and researchers had occupational therapy, nursing and social work backgrounds. Transcripts and a report relating to themes were sent back to the third sector organisation for distribution to participants for member checking, with comments being considered and acted upon. Emergent themes are being explored further in the next cycle of data collection and analysis.

## Findings and Discussion

As discussed earlier in this paper and elsewhere (Daly, 2009), the personalisation and choice agenda attempts to shift the service user to being a more active agent determining their own future as opposed to a more passive recipient of care. Such a move requires changes in the markets that support care as well as in the way that individuals take responsibility for their care provision (Taylor Gooby, 2008b). Government has hoped that 'opening markets' to alternative service providers has given and will continue to give opportunities for the development of non traditional care provision structures to be developed.

Historically, charities and the third sector generally can be seen as having played an important role in effecting political and social change, providing both practical support and political pressure (NVCO, 2004; Dunn, 2008). The current reform climate has seen many charities and other third sector organisations taking an increasing role in the provision of services traditionally provided by the state (NCVO, 2004). However, as we discussed earlier, such changes in focus have the potential to alter fundamentally not only the nature of service provision, but also potentially the underlying value base of third sector provision. In the research that is the focus of this paper, the tensions associated with these changes were evident. Emergent themes that reflect both the practical and ethical dilemmas facing a group of charities in one sector are explored below. Key themes include:

- how the third sector organisation and its staff are changing their focus in order to maximise the opportunities afforded by the shift to diversified social care providers,
- and the extent to which this may affect the underpinning value base of the organisation and third sector provision more generally.

### The Third Sector comes to Market

#### ***Taking advantage of opportunities***

Underlying many of the discussions from our research was an awareness of the changing nature of the context within which the third sector, including charities, operate. The discourse of the marketplace predominated, with terms such as competition, cost benefits and unique selling points being espoused. The introduction of personalised care and individual budgets in particular appeared to be influencing how this third sector organisation and others perceived their role, with discussion focusing around how some of the funding from individual budgets may fund services provision:

*"A: some of the services we offer could fall under individual budget schemes, that's something we could incorporate in these areas.*

*B: there is scope for it to get bigger as it goes on*

The choice and personalisation reform agenda has been seen as a positive move by many in the third sector who welcomed the opportunity to both shape and deliver social care provision.

Related to expansion is the need to maintain standards, and also for charities and third sector organisations more generally to consider carefully their rationale for becoming and being involved. Traditionally, voluntary and other third sector organisations have not been envisaged as a replacement for public service delivery, but as a means of enabling specialist organisations to provide added value (Etherington, 2001). Such requirements highlight some of the practical difficulties faced by organisations wishing to undertake a more public role such as:

- the effects on the focus of the organisation
- whether such work should be done as full cost
- how issues of accountability are to be addressed (NVCO, 2004).

### ***Demonstrating Added Value***

In order for the third sector to 'compete' in social care markets, the notion of added value often arises (Bolton, 2003). However, one of the problems faced by charities in the research project was that of providing evidence of what added value their organisations actually gave:

*“We need to understand if [and/or] why a specialist service can do the job better. There is a perception that specialist services can do it better and it will be interesting to test that out.”*

*“ it would be useful to see what the unique selling point is – why do we need specialist services for the visually impaired”*

Whilst the charities were able to give examples of how their services could be perceived to be specialised, there was a lack of both extensive demographic and research data to back up claims. This was seen to be a disadvantage when it came to bidding for funding.

*“Commissioners are going to be asking these sorts of questions, other than just saying it worked over time and that people are using it.”*

As was discussed earlier in this paper, we have witnessed a significant growth in the number and size of third sector organisations (Haugh and Kitson, 2007; Stride and Lee, 2007). Regarding services for visually impaired people, the varying size of the organizations involved in the research and the number of different charities providing services to those with visual impairment made it difficult to get an overview of service provision within this sector. In addition, the underlying structures for data collection and analysis that are a feature of public sector service provision were often poorly developed.

'Coming to the market place' requires third sector organisations to adapt their provision to market demands. Increasing competition requires demonstration of cost efficiencies. A lack of empirical evidence as to the efficacy of service provision may

prove to be problematic for long term growth and development for those third sector providers that do not adjust their systems to meet marked demands.

### ***Partnership working as means of overcoming problems***

One potential scenario for future developments in the sector is a growing differentiation between large, service based organizations and small, local organizations with medium sized organizations facing a squeeze (OPM, 2005). Larger service based organizations with infra structures that support business development may have capacity for collation of empirical data and the adoption of sophisticated marketing techniques, whilst small organizations that are well established within the local culture may rely on their reputation. Both have the advantage of using a well known name to raise awareness amongst both donor groups and potential commissioners of services (Stride, 2003). One of the ways in which the charities in the research (a mixture of local and national charities, differing in size) had addressed this issue was by engaging in research to help provide an evidence base, and also by co-operating with other service providers in this sector to exchange ideas and potentially present joint bids for future funding:

*“when commissioners are developing specialist services,(they may prefer one lead agency. We can go and say this is why we can work in partnership, together we are strong”.*

Provider respondents also had positive experiences of partnership working with other third sector organisations outside of their specialty to enable generalist services to offer a more specialist slant and to provide another potential avenue for funding:

*“X group have similar issues but one of the attractions was having another body there providing similar services, i.e. working in partnership. They weren't working with people with visual impairment very well so they welcomed our support.”*

### ***Becoming more 'professional'***

Whilst increased 'professionalism' is regarded as an associated development of non profit making organisations increasingly providing mainstream provision (Parsons, 2004), the changing demands on the third sector places additional administrative burdens them and creates associated tensions (Haugh and Kitson, 2007). From our research, it would seem that there was evidence of managerial strategies that recognised the increased demand for professionalism in the new marketplace. Whilst the charities themselves had potentially altered the ways of working to meet the new demands, it was felt that commissioners of services did not always take into account the costs of these aspects of development were evident:

*“There is a cost of volunteers; we need to convince commissioners that volunteers are not free. There are training costs, supervision but they don't understand where these costs lie”*

Effective training of volunteers, planning for both pilot services and also exit strategies following the pilot period were elements that were raised during discussion and that were being addressed as part of the pilot study provision.

The risk of being seen as a cut price source of service provision by commissioners may in part be due to underlying societal assumptions as to the nature of charity provision in the sight loss sector and within the third sector as a whole.

It appeared that whilst many of the charities themselves were moving onto a more commercial footing, tensions as to how charities perceived their role, and how they were perceived in society existed. There was significant debate within the group about underpinning values that the organizations held, and some unease as to the compatibility of the two agendas of traditional third sector values and those of the market including customer responsiveness.

### **Being a Third sector organisation – Retaining Traditional Values**

The Victorian era could be argued to be the golden age of charities, with charities established both to alleviate suffering at the individual level and also to promote social change (Dunn, 2008). Common to many of the charities were underpinning core beliefs and values, and whilst the Victorian preoccupation with moral worthiness (the deserving and undeserving poor) may or may not be a residual influence, the concepts of supporting independence and dignity (Whelan, 2000), and of altruism, transparency and social justice (Elson, 2006), continue to be values that are held by charities and other third sector organisations. Even so, whilst the stated values of charitable organisations may not have ostensibly altered, the context within which they operate arguably has, for example the development of social care quasi markets may have the potential to undermine the very foundations upon which such charities were established.

#### ***Eroding traditional values***

It is argued that values are the key currency that charities offer and that legitimise their very existence (Hudson, 1995) and as such they can be regarded as 'non-negotiable' (Stride, 2003). However, the increasing commercialisation of the third sector may result in a gradual erosion of the unique status of charities (Sternberg 1998; Whelan 2000) and such erosion has practical implications for the continued growth and development of this sector. Value systems are complex and the way in which they are viewed varies according to different disciplines (Taylor Gooby, 2008a; Taylor Gooby, 2008b). It is generally thought, however, that values are linked to choices and to the ways in which people commit themselves to action (Kielhofner, 2008; Taylor Gooby, 2008a). Within the third sector, public perceptions of third sector organisation are linked to the values that they represent. From the perspectives of sociology, political science, psychology (Taylor Gooby, 2008b) and occupational science (Kielhofner, 2008) such values have a strong cultural as well as individual dimension, and cultural images of charities still have strong links to Victorian values. By means of contrast, liberal economic models of choice and values tend to favour a more individualistic view of agency with less emphasis on the cultural drivers that may impact upon decision making. It is recognised that poor fit

between objectives and mechanisms designed to achieve them may result in undesired outcomes (Taylor Gooby, 2008b). Research into brand images of charities suggests that a strong value base strengthens an organisation both from a volunteer and a donor perspective (Naddaff, 2004). When charities are responding to economic or market-based drivers, as in the examples outlined above, therefore, careful consideration may be needed to ensure that mechanisms designed to take advantage of market opportunities do not have a negative impact upon the value base upon which charities have traditionally depended.

### ***Offering something different to the statutory sector***

The charities involved in the research from which this paper draws were keen to maintain distinctions between third sector and statutory service provision within the locality. One third sector organisation saw statutory services as being responsible for providing care that covered basic needs, with third sector provision being responsible for more social needs:

*“Social visits include things such as reading, light housework, gardening and taking service users to the hairdressers. It is important to remember that volunteers do these tasks with service users and not for.....the service doesn’t do things that could be classed as statutory led”*

Occupations and human activity can be classified in numerous different ways and the same activity may be perceived and classified very differently by different people (Christiansen and Townsend, 2004). Within the third sector organisation, a large range of different activities were undertaken and in reviewing the taxonomies into which they could be fitted, whilst individual providers could articulate what they perceived to be distinctions, there appeared to be no clear consensus as to where boundaries to service provision lay. Government policy drivers for encouraging service delivery may not be fully congruent with a charity’s decision for involvement, and differences in expectations may lead to tensions if not explicitly explored in the planning stages (NVCO, 2004). Such blurring of roles may also contribute to confusion in the public mind as to how charities and statutory providers differ.

### ***Charging for services***

A potentially even more emotive change had to do with charging for services. Whilst previously charities may have provided some services free of charge, the boundaries between statutory and voluntary service providers were seen to have blurred. Individual budgets were seen by some as a way of funding some services that had previously carried a cost to the organisation, but not the service user:

*“in the past the services [were] free of charge. It was hard to incorporate costs for us and the service users. I know that’s part of the individual budget scheme but this research might show how much it is a factor. It would be interesting to see what the optimum price that people would be prepared to pay, the cost benefit”*

During the data collection, there was little evidence of how changes to charging for services may affect those who opt not to take up an individual budget. As discussed

above, choice is closely linked to value systems and many of the older service users may have embedded expectations of a welfare state that makes the decisions and provides care for them. The role of active welfare market consumer may be confusing to many service users (Taylor Gooby, 2008a) and consideration needs to be given as to how choice incorporates the needs of both more 'active' and more 'passive' recipients of services. There was some concern of the potential negative impact on public perceptions should charities increasingly charge for service provision:

*“sometimes charities have to provide things out of their own funds, i.e. through fund raising”*

The NVCO (2004, p. 14) argued that voluntary and charitable organisations need to ensure that in delivering publicly funded services, that these should be provided on terms that add value, benefit the service user, and help deliver the organisational mission. In contrast to the public sector provider, a third sector organisation may select not to cover full costings when bidding for a contract, and thus may be able to offer services at a reduced rate. Careful consideration of the impact of any changes to service delivery on the above is required. Since charities rely upon both donations and volunteers to maintain their service provision, a shift in cultural perceptions of charities as being similar or indistinguishable to statutory service providers could affect the supply of both donations and volunteers.

### ***The role of volunteers***

Volunteers were seen as an essential lynch pin of service provision and there was wide spread recognition for the need both to attract a range of volunteers in order to meet the diverse needs of the populations serviced, and the need to recruit, support and train these workers adequately:

*“The job specification (for volunteers) should be drawn up carefully....there has to be boundaries; volunteers need visual awareness training and that's where specialist organisations come in”*

An economic climate with increasing job losses and a deteriorating domestic economy was a scenario that was explored by the NVCO (NVCO, 2005) and was seen potentially as an opportunity for increasing the number of volunteers within the population. A crucial element for success in this area was seen to be raising enthusiasm and awareness for volunteering. Whilst the concept of altruism is complex and an in depth exploration is outside the scope of this paper, it is argued that people tend to behave altruistically if they believe that others are behaving fairly (Taylor Gooby, 2008a). Volunteer occupations can be viewed as acts that are taken with an attitude of social responsibility without expectation of formal reward (Christiansen and Townsend, 2004). Accordingly, it is argued that charities would need to have a clearly articulated argument as to how service users would benefit and how the role of the third sector organisation differed from that of statutory service providers if they were to be successful in attracting and retaining volunteers to do a role that service users were being charged for and to avoid a devaluation in the public perception of third sector values.

## SUMMARY AND CONCLUSION

As can be seen from the above discussion, the data from this particular investigation of the impact of the choice and personalisation agenda in social care on third sector organisations suggests a number of things. First, there was a clear recognition of the potential opportunities being offered by the reform of public service provision and the personalisation agenda. Operational changes to respond to development of social care markets were being made by many organisations such that traditional lines between third sector and statutory service provision were being blurred. What was not so apparent at the operational level was a strategy that articulated how the traditional value base of charities was being incorporated into the new ways of working. It is recognised that changes in welfare reforms have the potential to have a negative impact on social values and undermine support for the welfare state (Taylor Gooby, 2008b) and similarly devaluation of the 'third sector brand' has the potential to negatively impact upon public trust in charitable organisations (Stride and Lee, 2007). However, the charities themselves recognised and articulated one of the core values upon which their services are built:

*“The whole project must work bottom up, be user led. There is no prescription, it's about responding to people's wishes, helping them to do things they wish to do.....there are some important principles that underpin any pilot of this nature”*

The action research project is ongoing, and future research will include an exploration as to how staff, service users and volunteers believe these core values are being met, and to what extent the value base of the charities is being articulated and protected within the changing face of social care provision.

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