

Western Governments are setting an important new agenda for regulators. Emphases on delivery, economy and modernisation have combined to present big challenges to regulatory culture and methodologies.

The Commission for Social Care Inspection (CSCI) is concurrently navigating shifts in the regulatory agenda alongside changes in power relationships across the social and political economy of care. Co-production, user empowerment and modern regulation mean that CSCI has to conceptualise and manage risk in new ways.

'Self-regulation', co-operation and partnership have become common mantras as regulators seek to develop a positive synergy between internal quality management and external regulation. Regulators need effective tools able accurately to detect compliance and change in self-reporting mechanisms, but in a market and culture that has generally under-developed skills in critical reflection, self-assessment and quality management.

Social care is on a journey from universalist, expert-led state welfare to empowered, individualised co-production. But people who use social care services continue to experience discrimination, stereotyping and disempowerment. Social care is adapting itself towards a more empowered, choice-based market model, but it needs to develop its skills in helping people to deal with changes and problems flowing from ageing and disability. Longer lives bring new choices and risks. People need skilful help to anticipate future needs and make choices for a time when capacity and chronic disease may become a significant issue. CSCI is helping the market improve its skills in tackling these dilemmas, through better leadership, better tools, and more effective enforcement.

Organisations and individuals working in social care have an important trick to pull off in giving appropriate space for risk-taking, while at the same time making sure that safety nets are neither over-sensitive traps or full of dangerous holes. CSCI is shifting its focus from easily measurable inputs towards weighing up the quality of outcomes through evaluating the experiences of people using services. Regulatory safety nets have been redesigned to put risk management firmly in the context of independence, well-being and control.

But the history of enquiries after tragedies in social care does not inspire confidence that society is tolerant of even well intentioned misjudgement. CSCI has developed an impressive new range of tools but knows that there is a degree of stakeholder debate about how well they are calibrated. Government is aware of the subtleties and complexities of calculating risk, but practitioners are more than aware of the risks involved in an onslaught of cynical, blame-seeking media attention.

There is a strong new emphasis on proportionate practice informed by assessments of quality and risk, but significant research in the United States questions the outcomes of a simplistic approach to risk based health and social care regulation. Ultimately the jury can only be out on the long-term compliance effects of shifting regulatory resources away from currently well performing providers, and on the effectiveness of CSCI's associated tools. But the jury is most certainly in on what happens when you do not target resources properly, and fail to tackle poor or ritualistically compliant services.

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