

An uncertain practice - social work support for disabled people and carers moving across local authority boundaries in England.

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Abstract:

This paper reports a study of social work practice with care recipients choosing to relocate between English local administrative units. Data were collected from interviews with 20 social work practitioners from three areas, seeking their views through the use of vignettes..

Participants reported that supporting relocation requires time and planning; is conceptualised as a key transition for those moving; exposes practitioners (and care recipients) to local variations and the potential for risk, and therefore to uncertainty. New legal rights for care recipients may decrease the problems, but local variations will remain.

Key words: Geographic relocation; social work practice; adult social care

Word count: 6398

This is a post-peer-review, pre-copy edited version of an article published in International Journal of Care and Caring and not to be cited. The definitive publisher-authenticated version White, Caroline; Marsland, Dave; Manthorpe, Jill (2019) An uncertain practice: social work support for disabled people and carers moving across local authority boundaries in England, International Journal of Care and Caring, Volume 3, Number 3, August 2019, pp. 375-391 is available online at: <https://doi.org/10.1332/239788219X15538567227956>

Introduction

An estimated 2.85 million people moved between local authorities in England and Wales between July 2014 and June 2015 (Office for National Statistics, 2015). Such moves are also part of the experiences of many people with care needs. However, research on the moves of people receiving care services that help them with activities of daily living has generally focussed on their moves into or between long-term care settings; such as older people's moves to care homes (for example, Lee et al, 2013; Johnson and Bibbo, 2014; Sussman and Dupuis, 2014) and people with learning disabilities moving from long-stay hospitals to smaller community-based provision (Owen et al, 2008; Chowdhury and Benson, 2011). Only a small number of studies have included consideration of the needs of community dwelling disabled people during relocation (for example, Arksey and Baxter, 2012, Davis and Finkle, 2015, Aronson et al, 2016).

In England local authorities are the administrative units with responsibilities for most publicly funded social care (termed also Councils with Social Services Responsibilities). There are 152 in number. Moves across local authority boundaries may be undertaken in response to 'pull' factors (such as better work opportunities, education, moving closer to family or friends, or wish for a change) or 'push' factors (such as lack of housing, redundancy) (Reed et al, 2003, Marsland et al, 2018). Although little studied, there is some evidence that people in receipt of publicly funded social care who move to a new local authority area may find this more difficult than others without such needs. Concerns have been raised about the limited 'portability' of social care, leading to lack of continuity of care (Law Commission, 2011). A scoping review carried out as part of the present study found no studies had addressed relocation with social care support as a primary research question; although some research identified problems associated with relocation in the context of other life changes (White et al, 2016). Such problems included losing (and fear of losing) care; delays and disruption; 'last minute' decision making (National Union of Student (NUS) n.d., Dilnot, 2011; Sayce, 2011; Arksey and Baxter, 2012). Research with people in receipt of social care who had relocated (Marsland et al, 2018) reported that they had needed to address several potential problems such as; gaps and interruptions to care delivery on moving; changes in allocated provision or funding following relocation (increased care packages as well as partial or full loss of care and support); and encounters with inflexible systems. Some had experienced the move as harmful to their physical or emotional wellbeing. The transition to a new local authority was often experienced as complex, disjointed and lacking in continuity (White et al, 2016; Marsland et al, 2018).

Geographic mobility may enable people in receipt of social care to access new opportunities; conversely restricted mobility may reduce choices and prevent social and economic inclusion. For example, Sayce (2011) has highlighted the multiple disadvantages for disabled people in what she termed 'getting in, staying in and getting on' in employment, noting the importance of labour market mobility in enabling people (especially those in areas of high unemployment) to access work. The ease with which social care support can be moved across areas may impact on geographic freedom, economic and social participation, and disabled people's opportunities to access employment, education and training and career progression, as well as other benefits.

People in receipt of social care support have reported inconsistent support among practitioners for their plans to move, limited practitioner experience and minimal knowledge of relocation and how to set up care packages in new local authorities (National Union of Students, n.d.; Arksey and Baxter; 2012, Trailblazers, 2013). However, there appears to be no evidence about social work practice in respect of relocation, from the perspective of social workers. The aim of this paper is to address this gap in knowledge. It draws on research conducted prior to the implementation of the Care Act 2014 in England. This Act and its associated Guidance

(Department of Health and Social Care, 2018) provide clarity about the actions to be taken by both local authorities concerned (the 'home' and 'new' authority) once they are aware of an individual's intention to move. Overall the new legislation and Guidance seek to ensure continuity as individuals move, although the Act provides for short term continuity, rather than the full portability of social care which some campaigners had sought (Law Commission, 2011).

The study

The present study sought to address the paucity of research evidence in respect of geographic mobility and the portability of social care through two concurrent data collections, which explored the following research questions:

- What are the experiences of adults who receive social care support or funding, and their carers (family or friends), when moving between local authorities? (See Marsland et al, 2018)
- How do social workers facilitate the portability of social care support or funding, and support adults who receive social care and their carers, to relocate between local authorities?

The present paper reports the findings of this latter data set. Fieldwork was informed by a scoping review of the research and grey literature (White et al, 2016).

Methods

Participant recruitment

Social work practitioners, including qualified and unqualified practitioners, were recruited from a sample of three English local authorities: one London Borough, one Metropolitan Borough and one rural authority, chosen to reflect the range of local authority types. Information about the research was sent to all social workers working with adults in each authority. This invited them to participate in the research, whether or not they had prior experience of care users planning to move. We decided to include practitioners with no prior experience of this area of practice because it is infrequently encountered; moreover, we were interested in how practitioners would approach this task if required, the skills, practice and resources they would apply, and their knowledge and confidence on the subject, in addition to the perspectives of experienced practitioners.

Participant interviews

Participants were interviewed using a semi-structured interview schedule. This included two vignettes or case studies to prompt discussion and reflection about social work roles and actions in supporting relocation. Vignettes have been used within social work research exploring the development of professional expertise, student learning, assessment practice and decision making (Fook et al, 2000; Charles and Manthorpe, 2007; McIntyre et al, 2011; Killick and Taylor, 2012; Toros et al, 2016); specifically they have also been used in studies of relocation to long-term care facilities (Soderburg et al, 2015; Caro et al, 2016). For the purposes of this study vignettes were judged to be a potentially valuable research tool, as they would enable the inclusion of participants with little or no prior experience in this area of practice. Further, given that relatively few people in receipt of social care appear to move across local authority boundaries (White et al, 2016), discussion of fictional characters and situations helped to preserve the anonymity of members of a small and potentially readily identifiable population. However, limitations associated with this methodology are also acknowledged. These include the potential for participants' responses to be based on how they perceive they will act in given circumstances, rather than how they actually respond in practice, such that

responses may be divorced from 'real world constraints and conditions' experienced in practice (Hughes and Huby, 2004; Wilks, 2004; O'Dell et al, 2012; Killick and Taylor, 2012, p.824; McFadden et al, 2018). Two fictional vignettes were developed by the research team on the basis of their research and practice experience; input was also sought from practitioners and the study advisory group which included disabled people who had moved.

Vignette 1 concerned Abraham, a 32 year old man with cerebral palsy, leaving the family home to study at a university in another local authority. Prior to the move, he had received support from his family, and from a care worker or personal assistant (PA) paid for by local authority funds but received by him in the form of Direct Payments (money paid to Abraham to meet his care needs).

Vignette 2 concerned Sheila, a 52 year old woman with Multiple Sclerosis, moving to a new area with her husband, James, for work. Prior to moving Sheila received support from James, alongside care services funded and organised by the local authority. James received support from the local authority in his own right as a carer.

Participants were asked to consider each vignette from the perspectives of a practitioner in the local authority that Abraham, Sheila and James were leaving, and one in the authority to which they were moving. For each vignette participants were asked what should be in place to support a successful move; which agencies should be involved; the actions they would take to ensure support was in place; and any difficulties or challenges anticipated.

Ethical approval for the study was granted by the Health Research Authority's Social Care Research Ethics Committee, in addition to Research Governance approvals from each participating local authority. Interviews were conducted between December 2012 – August 2013 and lasted approximately one hour. All participants gave written consent. Interviews were audio recorded and transcribed in full.

Data analysis

Analysis of the interview data was undertaken using Framework Analysis (Ritchie and Spencer, 1994). This systematic and transparent method of analysis provides 'a pragmatic approach for real world investigations' (Ritchie and Spencer, 1994; Ward et al, 2013, p. 2425). It follows a clearly defined approach including familiarisation and immersion in the data, enabling the identification of key issues and themes; developing a thematic framework; indexing and charting the data; interpretation of the data (Ritchie and Spencer, 1994). A sample of the transcripts was reviewed by two members of the research team, so that key issues and themes could be identified, working inductively, rather than drawing on predetermined themes. Subsequently a thematic framework was created, which included main and subthemes. Thematic charts were then developed for each theme, in which a summary of the relevant data for each participant was included, enabling each theme to be explored in depth.

Participants

A total of 20 social work practitioners from the three participating local authorities took part in the research; 17 discussed both vignettes; three discussed the first vignette (Abraham) only, due to time constraints. Participants were employed in a range of social work teams; these included teams providing generic care management or undertaking initial intake work, in addition to specialist teams supporting people with learning disabilities, physical disabilities or mental health needs. Where participants worked in specialist teams the vignettes were

modified to reflect the nature of their work and the needs of those supported. The majority of practitioners who provided information were qualified registered social workers; two participants reported that they were not qualified, acting as care coordinators. Of those qualified, one had qualified within the previous year, and the remainder had been qualified for four or more years, including five who had been qualified for over 20 years. Overall therefore the participants were experienced and knowledgeable social work practitioners. Table 1 summarises participants' details.

Findings

The work required to support relocation

Practitioners considered that when individuals move between local authorities multiple needs must be addressed. These include needs in respect of social care, such as personal assistance; healthcare; work or education; housing; equipment and adaptations; carers' support; finances; and social needs. Accordingly, they also identified the importance of liaison with other agencies to ensure that needs are addressed when moving. Practitioners considered that they or the person moving would need to contact the other local authority, as well as health practitioners; third sector agencies; care agencies; housing; welfare rights; and equipment services. They highlighted the importance of joint working with other practitioners: Gina (Rural Authority) observed that 'we can't work in isolation'.

Participants highlighted the importance of coordination, ensuring that all parties understand their roles, everything is in place, and actions required have been undertaken. Esther (London Borough) noted the importance of:

Making sure people are following through and doing what they say they're going to do, because we don't want him [Abraham] to be kind of left with nothing on the other end.

Practitioners also identified roles regarding information. This included sharing information with other agencies, including the other local authority involved, and information gathering (including assessing care needs, identifying processes, investigating service availability and eligibility thresholds in the new local authority). Further, they highlighted the importance of sharing information with the person moving, and their carer where relevant, ensuring they had contact information for practitioners and agencies, and were kept updated and informed. Nick (London Borough) emphasised the importance of information for people moving:

Information is everything. If people know what's happening they can anticipate what's happening, you're far less anxious: I know I'm going to jump out of a plane, but I've got a parachute, I'm going to feel a little less anxious about jumping out without one. People need to know that if they're going to move somewhere, somebody at the other end is going to meet them when they arrive.

Implicit in this was also a recognition of the potential emotional demands and uncertainties for those moving.

The research sought to explore relocation in the context of moves undertaken for education and employment reasons. Much of the discussion concerned practice or actions required to support relocation in any context. However, practitioners highlighted the potential to liaise with universities, especially with regard to the accessibility of accommodation, and to establish what,

if any, support would be provided by the university. Practitioners appeared more reluctant to make contact with employers, stating the view 'I wouldn't think it was any of our business really' (Gail, Rural Authority), while acknowledging that they would make such contact if requested. This may reflect a relative lack of confidence in respect of supporting individuals' employment needs, or, on the other hand, respect for individuals' autonomy and independence.

Time and timing

Practitioners recognised the importance of ensuring that individuals' care and support are in place on arrival in their new local authority. However, they noted that this requires time and planning, for example, to conduct assessments, recruit care workers and find care agencies in the new location. As such, they preferred to know in advance that an individual was moving or thinking of doing so:

To get this months before he was due to move would be bliss (Gail, Rural Authority).

Moving could happen more suddenly; practitioners identified a need to work quickly and with a sense of urgency, once they were aware that an individual was moving.

Two social workers (from two of the participating local authorities) reported that referrals were sometimes slow to reach the relevant team or practitioner, instead first being processed by an initial contact team. In such circumstances, even if the initial referral is made in good time, it may not be prioritised as urgent on receipt, leading to limited social work engagement prior to the move. For example:

Even though [the previous authority] had contacted us well in advance to give us time to do the assessment, by the time I'd actually gotten the case this lady was kind of moving, I think in a couple of weeks or something like that (Esther, London Borough).

Alongside their awareness of the need for sufficient time, practitioners were aware of the potential for gaps and delays to the provision of care as individuals move. Reasons suggested for such interruptions included difficulties in finding care workers or care agencies in the new authority, delays in arranging personal budgets (specific sums agreed for care provision), and the difficulties of recruiting care workers from a distance.

Differences between local authorities

Variations between English local authorities are long-standing (Dilnot, 2011; Henwood, 2012). As noted by practitioners in this study, these variations may impact upon relocation. Practitioners observed that local authorities are differently organised with 'different ways of doing things'. Such differences included different structures (for example, generic or specialist teams) and different systems and processes around funding and decision-making.

Further, practitioners highlighted differences in respect of the availability of services in different local authorities, influenced by local characteristics and demography. Consistent with Newbronner et al (2011), practitioners in the rural locality highlighted the challenges of finding care workers and care agencies:

I wouldn't envisage the funding to be a massive issue at all, it's physically finding the care that would be the challenge (Neil, Rural Authority).

At the time the research was undertaken, eligibility for services was determined with reference to an eligibility framework (DH, 2010a) (currently superseded by National Eligibility Criteria,

Department of Health and Social Care, 2018) in which local authorities were empowered to set local thresholds for eligibility. Practitioners were therefore aware of the potential for anyone moving to be assessed as ineligible for care and support within a new local authority, with a consequent loss of services (although the potential for increased care packages was also acknowledged).

Recognising local authority variations, several practitioners noted the importance of ensuring that individuals were aware of and prepared for the potential differences which might be encountered following a move, noting the need to be 'honest', 'clear' and 'realistic':

There's different fee levels in different authorities ... it would be important to be upfront with the family about what you might get here, you might not get in another authority, I think that's important (Louise, Rural Authority).

They stressed the importance of not raising individuals' expectations prior to moving, for example Lucy (Rural Authority) stated that:

I wouldn't want to raise his (Abraham's) expectations, nor would I want to raise his anxieties, so it's about trying to kind of manage that.

This highlights a challenge for practitioners in trying to balance awareness of potential differences, whilst minimising anxiety for care recipients,, in situations in which practitioners themselves are uncertain of the outcomes of relocation.

In addition to differences underpinned by local variation, practitioners were also aware that due to changes in individuals' circumstances (such as moving away from family support, or the availability of adapted housing), their needs following relocation could also differ. Further, moving could be an opportunity for individuals to effect change in their lives, impacting on the level of support required or desired. Louise (Rural Authority) described her experience of working to support someone moving away from the family home:

He wanted less help than he had at home, it was a new start for him, it was about being independent, I think he felt overwhelmed with all these people offering support and he wanted to try it on his own, that was part of the plan.

The potential for changes in circumstances and needs on moving highlights the importance of proactive and prompt monitoring and reassessment following relocation, to ensure care provision meets individuals' needs in their new circumstances, and that there is an effective response to any changed needs.

The need for interim or contingency arrangements

Practitioners noted interim or contingency arrangements might be needed as individuals move between local authorities. This may reflect their previously noted awareness of the potential for delays in conducting assessments as people move, delays in recruiting new care workers and for needs to change within a new context. Practitioners reported that the new local authority may initially provide care and support in line with the previous care plan, prior to conducting an assessment or reassessment following their move:

We would rely heavily initially on the information of the other local authority and if need be put in services based on that, and then review and reassess as we went down the line, as Sheila got settled in (Neil, Rural Authority).

Alternatively, others reported that the previous authority may continue to fund care and support for an interim period, while a new assessment is conducted. In such cases the local authority may:

Look at having a transition period where we would continue to fund his care package until the new authority have been able to carry out their assessment appropriately and put support in place for him (Kate, London Borough).

This suggests that local authorities, in the past, have taken different approaches to the funding and provision of social care support as people move between local authorities, and that the availability of interim support arrangements has been subject to local variation and discretion. The Care Act 2014 (implemented after the completion of this research) has clarified the arrangements and funding responsibilities for interim measures, if assessments have not been completed prior to the person moving (Department of Health and Social Care, 2018) seeking to ensure that interim arrangements are consistently delivered and are not subject to the goodwill or discretion of individual local authorities.

Practitioners also identified the need for a potential transition between directly employed care workers (in England often referred to as Personal Assistants) and care workers employed by an agency. It was suggested that people might need to have agency-employed care workers as a short term measure if there were delays in recruiting their own staff.

The potential need for interim or contingency arrangements identified by practitioners highlights that they acknowledge the value of care continuity. However, they appreciated that initial care plans may change, to accommodate different types or levels of care. The need for sufficient time to support relocation, completing assessments and hiring of care providers/PAs was emphasised by several participants.

Unknowns and uncertainties

Our research with individuals with experience of relocation (people in receipt of care and support and family carers) identified that relocation is an uncertain process in which individuals often do not know what (if any) support will be available, prior to moving, when assessments will be conducted, and any delays addressed (Marsland et al, 2018). Similarly, this present paper confirms that practitioners may also encounter a range of 'unknowns' and uncertainties. These reflect the extent of their previous experience of supporting relocation, and the need to engage with a potentially unknown local authority.

We did not seek quantified information about the extent of practitioners' experience of supporting relocation. The majority indicated they had some experience of supporting relocation (although two appeared to have no such experience). However, such work did not appear to represent a significant element of social work practice, and appeared to be encountered infrequently: 'in terms of volume they're not that huge' (Helen, Metropolitan Authority). Supporting relocation could be impactful for practitioners, with the infrequency further contributing to a sense of uncertainty and unfamiliarity, but further exposing practitioners to the challenge of new work:

I've only had kind of two experiences of it, but from the two experiences I have had, I've learned so much (Esther, London Borough).

In supporting relocation practitioners often undertook familiar social work tasks (such as assessment, care and support planning, providing information, multi-agency working), however, the context in which they used these core social work skills and tasks was less familiar and described as one in which 'we have no influence over the way another local authority

manages their resources' (Helen, Metropolitan Borough). The data suggests that in supporting relocation practitioners may find themselves in uncertain and precarious situations, reflecting those of the individuals they are supporting. As such they may be able to offer little certainty to those moving;

You kind of feel like you'd be able to offer him little reassurance at that stage, which isn't ideal because obviously it's quite a big transition (Lucy, Rural Authority).

This is in contrast to the earlier participant observation about the importance of information in providing a 'parachute' for individuals; when practitioners themselves are uncertain, they cannot provide such information and support.

Although anxiety was seldom mentioned among participants, the potential for anxiety when working in unknown and uncertain contexts was evident as Gina (Rural Authority) acknowledged:

It's always a bit anxiety making in those situations, because have you managed to engage [the new local authority] to the level that there's a confident relationship that's going to be formed with them?

Relocation as a significant transition

Almost unanimously practitioners appeared to conceptualise relocation to a new local authority as a significant transition for those moving. During relocation, individuals move from a familiar to unfamiliar context. As such they encountered many changes, for example, needing to adjust to new staff, a new location, or different support networks. The transition was perceived to have a potential emotional impact for the person moving, and in Abraham's vignette, practitioners spoke about the potential impact on his family who were anticipated to feel anxious and a sense of loss as their son moved away, as well as a potential impact on the family finances/benefits. They mentioned approaches they would employ; these included providing reassurance, discussing anxieties, meeting regularly and maintaining contact, recognising the need for individuals to 'have a thread throughout' (Anne, Rural Authority).

Awareness of risk

A high proportion of practitioners highlighted the risk for things to 'go wrong' during relocation; 'it's all there to go well, but it's all there to go wrong' (Andrew, Metropolitan Borough). For some, this awareness of risk was based on prior experience of supporting people moving to a new area. Practitioners noted the potential for support not to be in place as the person moves; for people to be found ineligible for care and support; for people not to get the levels of support they need; for accommodation to be unsuitable; for individuals to be socially isolated in a new area.

The impact of distance

When individuals relocate to a new local authority, they may move considerable distances (in terms of English distances). This is distinct from much social work practice which takes place within the confines of the existing, known local authority or even neighbourhood; so this may present particular challenges to social workers. The potential to meet with the person prior to their move or practitioners in the other local authority involved may be constrained by distance cost, and local policies:

If he lives in (town 200 miles away) or somewhere we might get the assessment officer to visit, but we would have to get special permission for that (Gail, Rural Authority).

If somebody was going to ... [nearby city] I might say to ... a good experienced social worker, I might say, 'try and have a meeting, get a named worker and perhaps meet with Abraham and the named worker and see if you can co-ordinate it more successfully', but obviously if it is on the other side of [distant city] that's not going to happen (Helen, Metropolitan Borough)

Discussion

While social workers may have limited experience of supporting people in receipt of publicly funded social care to relocate to new local authorities, participants were able to apply their experience and knowledge to anticipate a range of challenges related to relocation, and to identify potential responses. Across the three local authorities, participants appeared to have a good understanding of the complexity of relocation, the time required to support such work, and the potential impact of local variations. Further, although Tanner et al (2015) have been critical of health and social care practice in which transition appears to be perceived as a physical process of movement between services, rather than as a key life event, practitioners in this study appeared to recognise the significance and potential emotional impact of the transition for those relocating and their families. This suggests that social workers are knowledgeable, resourceful, insightful and well placed to support relocation.

However, accounts from care users who had themselves relocated between local authorities, and from carers, painted a contrasting picture (Marsland et al, 2018). While examples of social workers who had offered effective support were identified, those who had relocated also reported significant challenges, such as:

- A reduction in or loss (short or long-term) of social care services on moving
- Delays, interruptions and gaps to social care services as they moved, with interim arrangements not universally in place
- Inflexible systems, and a need to prompt, chase things up and work to 'make things happen'
- Experiencing stress, fear and anxiety, with negative impacts on emotional and physical wellbeing.

Therefore, while the social workers interviewed appeared aware of the risks and difficulties facing those moving, and of potential responses to those difficulties, in practice care users moving to new local authorities reported experiencing difficulties in navigating the complexity of relocation. In their view these were not always effectively addressed by the individual practitioners, agencies and authorities involved.

This apparent disparity between 1) the envisaged approaches and actions of practitioners who took part in the research and 2) the contrasting experiences of those who had personal experiences of relocation, may in part be explained by the study methodology. The use of vignettes provided a valuable means of engaging with practitioners and promoting discussion; however their associated limitations, as highlighted above, means that practitioners' responses may have reflected ideal or aspirational practice that would be delivered in the absence of organisational and work place demands and constraints. In reality, such constraints may act as a barrier to their aims to deliver best practice and good social care support.

While individual social workers may aim to deliver positive support, they do not work in isolation from organisational demands, constraints and local circumstances which may curtail and influence their practice. In such circumstances they may experience a potential conflict between their ideals and the 'daily reality of work' (Jack and Donellan, 2010, p. 312). Such daily realities may include tensions in delivering best practice alongside meeting the competing needs and demands of their employers and other care users. Statutory social work roles in England include the rationing of services, ensuring that resources are allocated to those in greatest need (Lymbery and Postle, 2010; Jones, 2014). This research took place against the backdrop of considerable financial constraints for local authorities. This has pushed the social work rationing role to the fore, such that social workers may experience tensions 'between helping users and acting as gate-keepers of local authority budgets' (Leece and Leece, 2011, p. 219). In this context practice may be influenced by an awareness of budgetary constraints, alongside, and potentially in competition with, the needs and aspirations of individuals (Forster et al, 2006; Soderberg et al, 2015).

Further organisational factors appear to influence social work practice relevant to relocation. Social workers may experience high workloads and a practice environment which is 'target-driven and time-constrained' with pressure to complete work swiftly and expediently (Scourfield, 2015, p. 921). Within this research practitioners were aware of the time required to support care users' moves, and the need, where possible, to make plans at an early stage. However, systems that triage inquiries by immediacy or severity of need, as evidenced in this research, may not identify relocation, which is likely to be competing with many other locally based referrals, as urgent. Further, practitioners within this research were aware of the anxieties of individuals and their families during relocation, and that there may be potentially negative impacts for those moving.. However, in resource restricted, time-driven service cultures, the social work role focusses primarily on risk assessment and rationing of services; these may 'trump the human interaction which is important in discussing with people, often at a point of personal change and crisis how they might want and choose to shape their lives' (Jones, 2014, p.496). In such contexts social workers may have little opportunity to help people with the emotional and practical impact of life changes and transitions, such as relocation.

The evidence from the present study is that relocation exposes both those moving and practitioners to uncertainty, especially about what level of care will be available in the new local authority. For practitioners this uncertainty may arise from their expectations of different practices, decision making processes, and care service availability between local authorities. There is also the potential for individuals' changed circumstances to necessitate different arrangements (for example, in response to changed housing provision or the availability of family support). Indeed, the extent of these changes may not be evident prior to moving. Further, if the person is moving into their authority, practitioners may have little prior knowledge of them; if they are moving out of the authority, practitioners are often unfamiliar with the new area. In such circumstances relocation may be a time of anxiety among those relocating, and among the practitioners supporting them. Practitioners in this study sought or anticipated trying to ensure that those relocating were aware of some of the uncertainties of relocation, identifying a need to be honest and clear about the lack of certainty that their care provision could be replicated within their new local authority. However, such clarity may also have the unintended effect of raising anxiety for those moving. Recent research (Department for Work and Pensions, 2017) exploring the experiences of disabled people and practitioners during the change from Independent Living Fund (ILF) funding of care to local authority funded care found that being informed of a potential reduction to care packages increased anxiety for those making the transition to local authority funding. Changes to and moves between sources of funding and support (as is the case with relocation between local authorities, transitions

between children's and adults' services, the closure of funding bodies such as the ILF) mean that social workers are unable to provide certainty about care provision and funding. How practitioners can provide effective support to individuals at times of uncertainty may be worthy of further research.

This research was conducted prior to the introduction of the Care Act 2014 in England. This provided clear legislation in respect of relocation, for the first time, and was explicit in its recognition of the right of those with care needs to move to a new area, providing greater equity with other members of the community. The Act recognises the importance of continuity for those moving and provides clear guidance about the need for information sharing between local authorities and with the person and any carer moving; the appointment of named staff members as a point of contact; for an assessment to be conducted by the new local authority (Department of Health and Social Care, 2018). Furthermore, the Act stipulates that if the assessment has not been conducted at the time of the move, the new local authority must meet the care and support needs identified by the previous authority, while the assessment is completed (Department of Health and Social Care, 2018). The introduction of National Eligibility Criteria provides for a minimum eligibility threshold which must be met by all local authorities, reducing some sources of local variation (although the potential for some variation remains) (Marsland et al, 2018). Overall, the Care Act provides clear guidance to local authorities and social workers and could be anticipated to provide greater consistency of practice, reducing the need for arrangements to be based on good will or individual examples of good practice.

Limitations

The research used vignettes, an increasingly popular method in practice research, to elicit practitioner responses. These provided a valuable means of engaging practitioners in the research and respecting the confidentiality of individuals with social care needs who have relocated. However, the use of vignettes along with the decision to include practitioners with limited or no experience of supporting relocation means that practitioners may have focussed more on their views and perceptions of how they would aspire to facilitate such moves, and may have provided a limited focus on the factors that constrain social work practice in this area.

This study sought to focus on relocation for reasons related to education and employment; the vignettes explored the situations of young/middle aged disabled adults, in receipt of publicly funded care and support. Further research may be helpful in finding out what is effective social work practice in facilitating relocation for older people using care services, who may move closer to family members or to other social supports, and for those who self-fund their care.

The Care Act is anticipated to provide greater clarity for local authorities and practitioners in respect of relocation. Further research to explore experiences of relocation and the effectiveness of social work practice in the context of the Care Act is therefore indicated in England. Other administrative jurisdictions may also be able to further offer examples of good practice.

The vignettes and subsequent discussions with practitioners focused on primarily on social work practice, as was consistent with the aims of the study, with limited exploration of how social workers might feel when supporting relocation. Future work, especially when exploring practice in new or unfamiliar contexts, in which uncertainty may be anticipated, may benefit from an exploration of practitioners' feelings, which may highlight support needs, as well as the potential impact on practice of uncertainty and unknowns.

Conclusions

This paper contributes to the limited literature in respect of social work practice to facilitate care users' relocation across administrative boundaries. It positions relocation support as a task in which practitioners employ familiar social work skills in an unfamiliar or infrequently encountered context and concludes that social workers appear well positioned to support and facilitate relocation. Our findings offer a framework for reflection by practitioners on their own or in supervision. While this study was set in an English social work context the findings may be applicable to practitioners elsewhere since administrative boundaries of state, province, or region often affect welfare entitlements.

The research identifies that, both for individuals moving and practitioners, relocation makes additional demands related to care provision, as there are many tasks to complete and needs to be addressed in a timely manner, if care is to be co-ordinated and in place when needed. Further, it identifies relocation as a time of uncertainty, in which neither the person moving or social workers can be sure ahead of the move that support will be in place on time, whether it will meet individuals' needs in their new situation, and the level of support to be provided (if any). The Care Act aims to increase continuity and reduce some sources of uncertainty, but has, as yet, not been evaluated in this regard. Thus relocation confronts practitioners with the challenge of working to prepare individuals for uncertain outcomes, and potentially holding some of this uncertainty, whilst seeking to minimise anxiety.

Acknowledgements

The authors wish to thank the participating local authorities and practitioners for taking part in this research.

This work was supported by the National Institute for Health Research (NIHR) School for Social Care Research under Grant number T976/T11- 017/UHDM.

The Authors declare that there is no conflict of interest.

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