

**FOLLOWING AND LOSING THE PHENOMENON:
AN ETHNOGRAPHIC STUDY OF SELF-DIRECTED
SUPPORT IN CHILDREN'S SOCIAL WORK**

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Abstract

This doctoral thesis explores how personalisation gets done in one children's social work team. It is concerned with the everyday *work* of social work. Arising from an interest in the stories told about personalisation, its slipperiness and its stickiness, the study explores how amorphous and multiple claims for user choice and control play out on the professional frontline. It does this through the prism of an agent-focused institutional ethnography of social work practice. The study is inspired by a concern with naturally-occurring talk, interaction and discourse, exploring the sense-making and disciplining activities of social workers as they are tasked with making personalisation real. I explore how performances of personalisation are made visible and justifiable within the context of social work with children and families.

Through the immersive nature of the case the study encounters paradigmatic themes of contemporary social work with children and families - needs talk, the realities of market-based choice and the moral warrant of child-centred talk. These paradigmatic features impede upon and emerge within the local production of personalisation, uncovering incongruities as workers are caught between burgeoning facilitative cultures for practice and the entrapment of instrumental forms of system rationality at a time of risk anxiety.

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be found buried in the thesis as a quiet nod to the importance of my own genealogy for the study.

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Abbreviations

BHLP: Budget Holding Lead Professional

CDMG: Children's Disability Monitoring Group

CiN: Child in Need

DP: Direct Payment

SDS: Self-Directed Support

Chapter 1: Introduction

This study explores how personalisation gets done within one children's social work team. It is concerned with how personalisation is talked of and enacted. It explores how personalisation is organised within the context of a team of social workers who find themselves interwoven within broader discursive, political and economic webs each subtly forcing interpellation with practice. Thus, it is a study concerned with personalisation but which places great emphasis on the processes of organising undertaken by social workers in an attempt to temporarily stabilise and habituate the work. Following White (1997) it is concerned with the *work* of social work explored through an institutional ethnography of personalisation. I am concerned with how personalisation gets done from the perspective of the professionals responsible for enacting it, maintaining it, invoking it. Its focus is on the performances of personalisation which unfold at the intersection of people, systems and practices in the everyday work of one children's social work team, SDS West. It is a study of personalisation-in-the-making.

This research offers an account of what is done by one team day-to-day, to keep the work flowing within the context and experience of the implementation of personalisation. It is a study concerned with talk, interaction and discourse, exploring the sense-making and disciplining activities of social workers as they are tasked with making personalisation real. This study consciously rejects an evaluative stance upon the team or subject matter, preferring instead to capture simultaneity and paradox through the talk and activities of social workers as they organise and manage their daily work. This is important for it locates the heart of the study and its premise within the action, talk and discourse of social workers as purposeful agents. Their talk, activity and organising is taken to be of interest and crucial for

understanding how personalisation gets done in children's services. The accounts provided here by social workers in SDS West and their managers are given *a priori* status as sense-makers, organisers and creators of social work under personalisation. As such and suggested by the thesis title, this study is inspired by ethnomethodology and the work of Garfinkel (1956, 1964, 1967).

For ethnomethodologically informed inquiry, the mere fact that people engage in processes of sensemaking and disciplining make the study of everyday work a necessity. False starts, accidents, interruptions, digressions, the carnivalesque and the ironic are all aspects of the work of social work deserving of attention as I explore changing conditions of work and meaning-making activity wrought by personalisation. Garfinkel (1967: unnumbered) put the aim of ethnomethodology and everyday life succinctly,

“We are concerned with how society gets put together; how it is getting done; how to do it; the social structures of everyday activities. I would say that we are doing studies of how persons, as parties to ordinary arrangements, use the features of the arrangement to make for members the visible organized activities that happen.”

Moreover, social workers perform social work not only because it is their vocation and profession, but because doing social work is a demonstration of a particular form of accountability. To do social work is to perform an address, to peers, to families, to managers, to communities and to neighbourhoods. Thus, exploring personalisation is to explore how this performance, this address, this accountability is changed, challenged and stabilised. This is heightened by the grand claims made for personalisation which situate it less as a policy and more as a politicised

narrative; invoking person-centred knowing, performative system interactions explicating new forms of equity, individualised stories of transformation and justification, budgets, plans and costing. Yet despite the significant implications of such altered modes, social work is an everyday, ordinary activity. When asking how does personalisation get done, I am asking how is the working of social work enacted, what indigenous modes of sense-making serve to discipline the activity, make it manageable.

The team and this study are anomalies, outliers or vanguards dependent upon one's standpoint. The study operates with a degree of liminality because personalisation in children's services is itself rare; to date less than thirty local authorities nationally are embarking on personalised work in children's social work. This study is the first of its kind in England to explore in ethnographic detail the experiences of a children's social work team charged with bringing personalisation to life. Given the oddity of personalisation in children's services and the authorial tenor that imbues this study, it is useful to contextualise the study within its own natural history.

Coming to the Problem

I held a policy role in the children's voluntary sector prior to undertaking doctoral study and it was this role that placed me on the path to the submission of this thesis. In the summer of 2008, I was tasked by trustees with finding out what 'personalisation' was all about, and trying to prepare the sector for the imminent changes it may bring. This was at a time when adult social care was beginning to transform in line with calls for greater choice and control for social care users. Conferences and workshops on the topic proliferated. Optimism was the fine thread

linking the somewhat unlikely coalition of parties that had grouped together in response to the clarion call - “something must be done.”

I immersed myself in learning about personal budgets, framework contracts, support planning and the ethos behind these calls for a reform of social care policy and practice. I met with the leading advocates for what was to become the “Putting People First” coalition and spent time with those who were beginning to explore the institutional and professional implications of a move to user choice and control. By the end of 2008 I was travelling up and down the country speaking to children’s charities large and small about what the implications of personalisation could be for their business models, workforce and service delivery. I spoke to CEOs, social workers and HR managers who were split between utter horror at the presumed individualisation and marketisation of social care, and those who had a sense that social work could be ‘reclaimed’ through personalisation. In many respects six years down the line the chasm in views about personalisation has remained and in some places further entrenched.

I had seen the intellectual and political schisms inherent in the personalisation narrative first hand. I arranged a conference in the North East of England to discuss personalisation in 2008. After keynotes on “moving from wholesale to bespoke retail”, HR functions and zero hours contracts, the event turned. A chief executive of a family charity was worried about what individualising support for the child meant for families in the round. An operating officer wondered how direct payments would work in a small market dominated by a few household names. Some policy leaders in the larger charities were real champions, heralding personalisation as bringing forth a new day of participatory and inclusive support, others feared atomisation and

the responsabilisation of parenting. No one spoke for social work as frankly, social work was never really invited to the personalisation party here or nationally.

The zealotry and pace of this newly christened 'transformation agenda' meant many were sensitised to its creeping potential. Delegates at my event argued it was nothing more than an extension of the choice agendas that had proliferated since the 1980s - from the right to buy, to school places and into choose and book services in health. Others pointed to the importance of 'invest to save' initiatives and saw personalisation as a route into better community and early help. Either way, at a national level the potency of agreement over the failing welfare state coupled with the seductive story of citizenship driven by relational and responsive services was leading to an unlikely yet powerful coalescing of aims and interests.

This coalescing could be seen quite clearly in the personalisation conferences held in Westminster at the time. I was already interested in the stories told about personalisation and these events fuelled that still further. I was struck by how at any one conference you could identify wildly different political and theoretical positions - libertarian, communitarian, moral right, liberal - all speaking in support of this policy meta-narrative. Disability rights campaigners were sharing panels with trendy think-tank gurus, stiffened senior civil servants were comparing notes with independent living activists. I was interested to find out how commonly polarised positions were able to be temporarily stabilised at the level of government and what this meant for the frontline. I was impressed by the almost unfathomable array of claims that had been spoken in the name of personalisation or more colloquially, self-directed support. I was witnessing what Needham had written about - the narrative flexibility of personalisation (2011a, 2011b).

Yet, I felt a nagging unease. For all the calls and claims made in the name of personalisation, there was a near silence on two central pillars - the ambiguous yet palpable reconfiguring of state and citizen relationship, and the position of social work, which would be charged with making these grand claims a reality. How would these calls for the entrepreneurial state, for choice and control, for personal budgets, for community inclusion, for relational welfare professionals play out? How would this work? Who would be responsible? Is it possible to deliver choice and control through the market yet retain the communitarian zeal of the broader disability rights movement? Who is accountable? Crucially, what happens to social work practice?

So, given my tales of immersion in the world of personalisation as it moved from the hands of the independent living movement into the Department of Health and beyond, I had much to consider. Social work was the shadow in the room, this was my sense at the time and it was quickly borne out through its absence in policy documents of that time. I knew from colleagues in the social enterprise 'In Control', an early proponent of self-directed support models for disabled people, that activity in social work departments was slight. Through them I also knew that there were a few local authorities who were trialling self-directed support, the frontline term for many of the innovations and aspirations associated with personalisation. This piqued my interest. So by the time I had taken up my place at the University of Birmingham, I had an orientation to this study and first-hand experience of some of its more obvious challenges. I knew from the outset that the research I was to undertake would not seek examples of frontline faithfulness to the myriad and paradoxical discourses of personalisation. Rather I wanted to explore how social work with children and families and personalisation got along. How is personalisation enacted, ordered and understood within the context of social work with children and families?

Given the pervasive risk anxiety in children's services, how do these workers make sense of their role and position and give life to their own conceptualisations of practice? I needed to explore what became the heart of this study:

How does personalisation get done?

Structure of the thesis

The thesis falls into three parts - A, B and C. Part A lays the philosophical, methodological and political foundations for the study in chapters one, two and three. Chapter two continues to explore the narrative permeability and story-telling power of personalisation through charting its rise as a policy agenda and discourse. Importantly, this chapter addresses the distinctive conditions for practice in children's social care and documents how social work has been constructed dichotomously as a problem and a solution in the personalisation narrative. It also explores the particular challenges for practice in an era of muscular child protection. Chapter three explains in detail the rationales for an ethnographic study of this kind. Here I address not only the practical steps taken to realise this study, but the ways in which I have adopted the stance of 'Negative Capability' as part of a conscious development of the ethical researcher self.

Part B covers chapters four through to nine. These are the substantive findings chapters. Chapter four introduces Anyshire and the team that provides the heart of this study - SDS West. The chapter outlines the distinctive history of the site as set within changing contours for practice wrought by self-directed support and a broader restructure. I explain simply but importantly the procedural aspects of personalisation

in Anyshire and document its core features. Notably, chapter four shifts key away from talking about personalisation and towards invoking the language of self-directed support as I adopt the linguistic turns of participants rather than the reified discourse of policy. Chapter five explores the rise of accounting brought about by the introduction of costing work and resource allocation. I begin to delve into the cultures of Anyshire as participants experience a tightening of lines of accountability and talk of 'ownership' comes to the fore. Chapter 6 considers the fate of professional identity in an era of choice and control and does this through close analysis of the talk of social workers as they grapple with additional roles and fears of professional precarity. Here, we turn to the place of child protection and its impact upon the enacting of self-directed support in Anyshire. Chapter seven provides insight into the performances and realities of choice in children's services at a time of risk anxiety. Chapter eight explores in intricate detail the moral warrant of child-centred talk. It looks at the work child-centred talk does to stabilise identity and epistemological authority in an era where the power to name and tell is being troubled. Chapter nine pulls together these threads to posit some conclusions about the manner, mode and impact of self-directed support on practice.

Part C provides the artefacts of the study through two appendices. The first encompasses the paraphernalia of a study like this; the second is more unusual as I explore the theoretical and philosophical bearings upon my ethical practice in the field. Finally, a full list of references concludes the thesis.

Chapter 2: Unpicking Personalisation: Problems and Policy

Trying to write about personalisation is not an easy task. Since the term appeared upon the policy stage in 2004 with Leadbeater's influential pamphlet *Personalisation through participation* personalisation has become rife with shifting cultural, political and practical meaning. Its slipperiness perhaps explains why despite being called an 'agenda' by government, suggestive of a programme amenable to exploration and evaluation, the majority of ink spilt on the topic have been critiques rather than empirical studies. Personalisation calls out for interrogation and analysis yet seems to evade and escape definitional certitude. Leadbeater (2004) inferred this 'stretchy' quality from the beginning, preferring to see personalisation as a suite of 'continuums' and manifestations over neat definition. In the decade since that pamphlet hit the desks of New Labourites, personalisation's fuzziness has simultaneously troubled researchers and emboldened politicians alike.

The literature surrounding personalisation is diffuse, disparate and unwieldy. It would take an entire thesis to cover all that has been written and commented upon about it. I have had to become comfortable with the idea that there will never be one definition for what personalisation 'is' and nor is it my role to provide one. The array of contextual rationalities, the myriad initiatives, the innumerable voices growing daily adding comment and critique make the quest for a sole definition impossible.

This study is concerned with personalisation as enacted within social work with disabled children and their families. Mapping this terrain requires a degree of intellectual and practical flexibility as currently there are only two independent studies of personalisation/self-directed support in children's social work. There is an ongoing study of self-directed support in transitions in Scotland, focusing on the

experiences of disabled children and their families (Mitchell, 2012a, 2012b). The second study is the one presented here, which explores an English social work team, SDS West, as they grapple with the work of social work in the name of personalisation. Thus this study is to date, the only in-depth and independent exploration of the work of social work as personalisation is enacted on the frontline in children's services in England. This in itself indicates the significant gap in existing literature about personalisation in children's services, despite the continuing governmental push for personal budgets and tailor-made integrated plans for disabled children (Department for Education, 2011; HM Government, 2014). It means that the policy, critique and literature presented here as a compass for orienting the study is necessarily wide and in parts prosaic. After all, an awful lot has happened in social work with children and families over the past decade since personalisation emerged on the scene.

This study is not attempting to flush out, finalise and freeze one definition of 'personalisation'; rather it explores the interactions, talk and practices taken in its name. Nonetheless, in order to explore these frontline encounters an orientation to the promises of the personalisation story is necessary, so I pull out the salient parts of the narrative as they apply to disabled children, families and social work. It is important to state upfront that following Needham (2011a, 2011b) I take personalisation to be a narrative told about public services, the people that use them and those that provide them. That is, I do not approach personalisation as a coherent 'agenda' or group of interrelated policies. To provide a route in to this labyrinthine world of personalisation, claim and counter-claim, I will explore commentary and policy, the core ingredients, perspectives and concepts that those utilising the term personalisation adopt. This provides a window into the promises

and aims of personalisation, the construction of the service user, and the rationale for 'transformation.' It necessarily takes its starting point from adult social care and New Labour as this is where personalisation was first devised and instigated as an idea and suite of associated professional practices.

Situating personalisation

The power of personalisation as a guiding narrative for welfare reform can be seen in how quickly policymakers and politicians in England have sought to enact its rhetoric. Implementation of personalisation has been at breakneck speed, beginning first with reforms in adult social care before quickly spreading into services as diverse as health, children's social care and education. Its rapid rise as a narrative for welfare reform has led some to call it a new "valence issue" (Needham, 2011a) whilst others have stated, "there is now no serious alternative to the principle that services should be tailored to individual needs, circumstances and wants." (Mansell and Beadle-Brown, 2005:21).

In England there is a "cross-government push towards personalization" (Department of Health, 2008) beginning under New Labour and continuing under the Coalition government. This push rejects the idea that public services should serve the 'average citizen' instead services should be innovating, pushing boundaries to reflect diversity and respond to increasing demand (Department of Health, 2008: 3).

Following the heady days of the dying boom years where personalisation was a buzz word on the lips of think-tank policy gurus, an array of initiatives have been badged under this umbrella. To date the range of reforms include individual budgets in social care; expert patient panels in the NHS; personal budgets in children's services;

personal health budgets for chronic conditions; budget holding lead professionals in family services; personalized learning for school children; early forms of family intervention projects; personal development plans for students with Special Educational Needs; and (at a stretch), 'personalized conditionality' on back-to-work programmes. There are also plans to develop personalized approaches in working with young offenders. This demonstrates personalisation's rhetorical utility and political grip.

The drive to personalise services is a transnational experience, there is global evidence of a shift away from collectivised welfare approaches to bespoke support plans underpinned by individualised funding mechanisms like direct payments and personal budgets. Countries as diverse as Italy (Bracci, 2014), North American (Feinberg and Ellano, 2000) and the Netherlands (Kremer, 2006) are exploring mechanisms which purport to provide service users with choice and control over their support. Many are utilising forms of individualised finance to enable individuals to purchase from the private and voluntary sectors. Almost all of these countries have experienced some kind of gradual shift away from state-provided welfare systems of the mid twentieth century. Many if not all of these countries are facing profound demographic challenges at a time of economic insecurity wrought by the global economic crisis. These macro-economic and political challenges have led governments of many developed nations to consider an array of so-called 'cash for care' schemes (Ungerson and Yeandle, 2006). These are premised upon the individualisation of care and the devolution of responsibility, a process that is fiercely contested, incomplete and ongoing (Fine, 2013; Yeatman *et al*, 2009). Profound changes in welfarism from expansive state provision to its decline, corresponding with a stimulus of 'markets' in providing 'public' services, irretrievably link cash for

care schemes to deeper trends in political thought. Add to the mix that such developments have emerged from almost thirty years of nebulous neo-liberalism, a heady brew emerges that deeply troubles many.

Cash for care schemes are a global or at least Anglo/Euro phenomenon yet policy narratives and delivery approaches vary, even within the UK. The Welsh government is exploring collectivised approaches including time-banking and sponsoring the creation of mutualised services between professionals and service users (Welsh Government, 2011). In Scotland, the government is committed to self-directed support, but appears to emphasise different components to that seen in the English 'personalisation agenda'. In Scotland the importance is given to collaboration and coproduction between professionals and families underpinned by forms of person-centred planning and an expansion of personal budgets (Scottish Government, 2010; Rummery *et al* 2012; Duffy *et al*, 2004). Indeed, the principle of collaboration is enshrined in statute through the Social Care (Self-directed Support) (Scotland) Act 2013. In policy documentation the Scottish government aligns its version of self-directed support with the independent living movement which seeks to better supporting individuals in their homes and communities (Scottish Government, 2010; Audit Scotland, 2014). The language adopted by the Scottish government reflects this source of origin, "SDS will be part of the mainstream of social care delivery, targeted at empowering people and putting the principles of independent living into practice." (Scottish Government, 2010:12). Whilst the term 'self-directed support' has been co-opted into the English lexicon as a transactional delivery mechanism, the Scottish example suggests it has its own distinctive, perhaps subaltern history. The Scottish policy discourse also suggests a narrative difference between those in Westminster and those in devolved Holyrood.

The English case of personalisation, the frontline encounter of which is the heart of this study, draws upon multiple narratives for its strength. In fact it is its ideological and linguistic flexibility that many have pointed to as offering personalisation such political potency and providing such frontline ambiguity. Whilst cash for care is a large and perhaps growing part of 'personalisation', other programmes and approaches draw more heavily upon theories of inclusion and empowerment, choice and control devised by the independent living movement. Needham (2011b) has argued that the definitional imprecision that has characterised personalisation has enabled different interest groups to claim that the policy is a reflection of their specific concerns. Indeed, Lymbery (2013) has further developed this line of thought, suggesting that personalisation can be interpreted from the opposing principles of citizenship and rights against neoliberalism and consumerism, with each leading to radically different outcomes. So how did personalisation come to occupy this space?

Personalisation and New Labour

Personalisation in Britain began in earnest with challenges to adult social care. The Department of Health drew upon the ideas and language developed by the disability movement to reform adult social care. Decades of campaigning by service users whose voices had traditionally been marginalised, had already led to the successful adoption of direct payments in the 1990s and now their calls for inclusion, to be recognised as 'experts by experience' and for greater choice and control appeared to be heard (Glasby and Littlechild, 2009). In addition, as Duffy rightly points out (2012), disabled people and their supporters had already devised many of the 'technologies' of personalisation to support themselves in their communities.

Alongside direct payments were early forms of personal budgets, person-centred planning and independent living models. These were commonly referred to as part of a system of 'self-directed support' devised within the disabled community and expanded through the social enterprise In Control which is the foremost proponent of self-directed support today (Duffy *et al*, 2004). In the meetings and events I attended, many campaigners were seeking to legitimate and prioritise these grassroots tools and subjective knowledge to ensure services reformed for everyone using social services.

It was not as though users of services had only just emerged onto the policy scene. After years of campaigning and direct action, in 1996 the then Conservative government introduced new legislation for direct payments (Community Care and Direct Payments Act, 1996). This enabled councils to make cash payments to disabled people in lieu of services. Service user organisations increased their activity as Centres for Independent Living and others were established by and for disabled people to support people to manage and use direct payments (Glasby and Littlechild, 2009; Evans and Hasler, 1996). However, the adoption of the technologies of personalisation by government was a major new step. Duffy (2010c: 257) explicitly conjoins self-directed support, a bottom-up initiative with social justice and makes the case for personalisation on these terms:

“The drive to self-directed support comes from the recognition that society has often failed those who need support by providing it in ways that limit and constrain the individual. Too often the price of receiving support is exclusion from the life of citizenship.”

Disabled activists were asserting at every stage the need to change the balance of power in the social care relationship away from professional decision-making and in favour of disabled adults, personalisation was conceived as one way of achieving this (Barnes, 2004). It is important to note however, that not everyone would agree with this presentation of events, Beresford (2014) in particular refutes the association of disability campaigners with the development of self-directed support and personal budgets, seeing it instead as an external phenomenon led by bodies like In Control that he does not recognise as user-led.

Already in train during this period was New Labour's 'modernising agenda,' which involved growing emphasis on choice models in public service. The modernising agenda harnessed the rhetorical power of the 'Third Way' to reconceive of the market. This was not a new paradigm for policy as during the earlier 1990s talk of customers and customer service imbued a series of 'culture change' programmes across the public sector (Newman and Vidler, 2006). What was new was the ways in which New Labour reconceptualised the market to become a partner with the state for delivering social improvement. Thus, with these developments alongside broader shifts in thinking about welfare which premise concepts of citizenship, consumerism and the introduction of markets to social care, personalisation formally entered the government lexicon under New Labour.

There was more than the borrowing and interweaving of ideas and agendas that gave personalisation such power. The way in which personalisation began to be told was itself part of its potency. Langan (2000) has argued that the New Labour era was characterised by the mobilisation of a 'discourse of failure' which provided the justification for an array of reforms in areas as diverse as schools, local government and social care. The earliest invocation of the narrative of social services failure was

articulated in the White Paper *Modernising Social Services: Promoting Independence, Improving Protection, Raising Standards* (Department of Health, 1998). New Labour argued there were too many examples of systemic failure in social services. The perceived problems included inflexibility of services, lack of co-ordination between agencies, lack of consistency between social services departments and the inability in places to protect vulnerable children and adults. This narrative is now so entrenched as to be immutable from public policy discourse; it also provided the clarion call for an array of interests to coalesce around personalisation (Needham, 2011b). The adoption of hitherto new words such as 'personalisation' in social care can be seen as a discursive strategy that, suggests a new and better future (Scourfield, 2010; Garrett, 2012). As Needham (2011a) identified, this projective 'transformative' language enables politicians to remain indefinite on detail and supple on specifics. The vagueness and malleability of the term personalisation, like 'modernisation' and 'citizenship' provided New Labour with scope to apply an array of measures on a wide range of service areas but to badge them in affective registers concerned with 'progress' and 'transformation.' Thus, when those in the disability movement told their own personal stories of stigma and resistance and began to be listened to by Government, policymakers were able to capitalise on an alternative failure narrative, one that smacked less of system failure and more of social justice.

Policymaking: Adult social care

The intermeshing of ideas and tools borrowed from the independent living movement captured within the New Labour frame of transformation was evident in its

policymaking language for personalisation. Beginning with *Independence, Well Being and Choice* in 2005 the New Labour government introduced the key tropes of choice and control and personalisation was born in adult social care,

“Social care should be about helping people maintain their independence, leaving them with control over their lives, and giving them real choice over those lives.” (Department of Health, 2005:5).

This outlined for the first time ideas about bespoke support to meet health and care needs, offering service users greater choice about how they are supported and the introduction of a pared down form of ‘cash for care.’ A short time later, New Labour published the cross-sector concordat *Putting People First: A shared vision and commitment to the transformation of adult social care* (HM Government, 2007: 3). In it they state,

“The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services. In the future, we want people to have maximum choice, control and power over the support services they receive.”

This document details new ‘personalised approaches’ to social care including personal budgets, person-led support planning and reduced assessment processes. It recognises the call for service users to identify their own needs and make choices about how and when they are supported to live their lives. Government argued that capitalising on the desires of service users by devolving choice to them and away from professionals was supposed to lead to a more efficient use of limited resources. This has been a consistent theme in subsequent documents (Department of Health,

2008; HM Government, 2007); some outside government had also supported this view including the then chief executive Simon Duffy and a small number of sympathetic academics (Duffy, Waters, & Glasby, 2010). The explanation for such claims is that where people have choice, wastage and duplication is reduced in the system. People only spend when they intend to use services and they only stay when quality is high and meets their needs. So a second order premise of choice and competition is quality improvement. Choice and control were central to New Labour's thinking about the delivery of services across the welfare landscape. Heeding the advice of Julian Le Grand, choice models in health, education and social care proliferated.

To realise these ideals of independence, choice and control the New Labour government committed itself to trialling individualised forms of funding which when taken as direct payments could support people to purchase from a broader 'marketplace' than local authority services. The idea was that personal budgets would deliver increased choice when taken as direct payments; would cut costs as service wastage was reduced; and would reduce bureaucracy on the frontline as service users undertook self-assessment and planning functions themselves. On this Leadbeater *et al* (2008:6) wrote,

“A large share of the social care budget goes on devising and administering care plans, but self-directed services cut out much of this bureaucracy, and savings mean that more money can be spent on people with less critical needs.”

In Leadbeater's terms self-directed support is thus the delivery mechanism for the more nebulous promises of personalisation - choice, control, inclusion, participation.

The individual budget was an expansion of direct payments, drawing upon an array of funding streams, and capable of being spent on goods and services from the private, state and third sectors. The ambition of the individual budget was scaled back following the significant individual budget pilots (Glendinning *et al*, 2008) which found that merging funding streams from health, social care and housing was almost impossible to be a nightmare. The large scale and nuanced evaluation of the individual budget pilots concluded that more evidence was needed before pursuing a large scale adoption (Glendinning *et al*, 2008). Cost savings were disputed in the evaluation. Culturally, the evaluation found that practitioners were confused about the extent of their discretion over the use of public funding for wide-ranging, non-traditional activities and support services. The research team were also concerned about the lack of guidance to individuals and the frontline about how budgets can legitimately be spent. These are themes that are found repeatedly in the critical literature and this study is keen to ascertain if these concerns about cultures and ambiguity bear out in practice. Needless to say, the general note of caution sounded by Glendinning *et al* (2008) to develop a better evidence base before rolling out personal budgets went unheeded and £500 million was committed to mainstreaming the use of personal budgets across adult social care.

More recently, the Coalition Government elected in 2010 asserted its own belief in the power of personalisation with their document, the *Vision for Adult Social Care: Capable Communities, Active Citizens* (Department of Health, 2010). The vision document states:

“Personalisation: individuals not institutions take control of their care.

Personal budgets, preferably as direct payments, are provided to all eligible

people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.”

In this document the coalition government focused on individual self-determination, connecting personalisation to visions of freedom, stating that the purpose of policy was to “allow people to have the freedom to choose the services that are right for them.” The commitment to personalisation has been re-stated by the Coalition as they seek to extend personal budgets into children’s services and health.

The advance of personal budgets has caused a schism in the literature around personalisation. Lord and Hutchinson (2003:72) confidently asserted that, “individualised funding is consistent with the world-wide trend toward increased democracy, self-determination, and community development.” Similarly Browning (2007: 3) has described the broader development of self-directed support as “potentially the biggest change to the provision of social care in England in 60 years.” Yet many others have argued that if personal budgets do promise a form of emancipation, it is based on consumerism and the marketization of care. In this view personal budgets at best provide a workaround to the problems of quality provision and accessibility rather than tackling at root sources of stigma and oppression through collective struggle (Harris, 2004). At worst, they represent a conscious withering of the state’s ability to care and support its citizens, undermining the philosophical commitment to collectivism (Ferguson, 2007; Ferguson, 2012; Houston, 2010).

Its congruence with two powerful discourse of our time has established personalisation as the zeitgeist for welfare service reform. On the one hand it draws on thirty years of neo-liberal thought in offering service user choice through market-

based mechanisms. The personal budget has, for good or ill, become the defining symbol of the personalisation agenda. It is through the personal budget that of choice and control is achieved. This devolution of finance can easily fit within a consumerist approach to care. On the other hand, personalisation reflects a desire to 'empower' service users, to enable individual self-determination, and more broadly to ensure that welfare professionals provide a relational and responsive service. Here, personalisation is much broader and deeper than personal budgets, or markets to exercise choice. It is about the reassertion of social rights and social justice. The personal budget is important, but not defining. As I experienced in those personalisation conferences, alternate, often competing readings of personalisation are rife in the literature. What is less certain from these documents is how the frontline encounter under personalisation will change. Whilst a new form of empowered service-user citizen subjectivity is being articulated, significant questions remain about the role and place of the social worker in the age of user choice and control. It is to the place of social work in personalisation that I now turn.

The construction of social work

The consideration of the impact of personalisation upon social workers and the social care workforce more widely has come around relatively recently. In part this is because social work was for a long time absent in debates about personalisation, with governments making only vague references to social care professionals (Lymbery, 2013). Most policy documents make little to no specific reference to social work at all (Lymbery & Postle, 2010). There is much prescription for generic professionals in social care, many descriptions of new roles and tasks, but little

analysis of what actually happens at street level and why. Commentators across the field have recognised this ambiguity with regard to social work. Many identify its lack of clear definition and its absence of a guide for action on the frontline (Needham, 2009, 2011a, 2011b; Beresford, 2008; Duffy, 2010a). Cutler, Waine and Brehony (2007: 854) identify personalisation as an “epochal idea”, which is better suited to “setting a political agenda” than “providing a guide to policy implementation”. Ferguson (2007: 389) describes the pervasive influence of the concept as “astonishing”:

“given that many social workers and social work academics would be hard pressed to even define the term, beyond the common-sense definition of services being tailored to the needs of individuals.”

This of course has both benefits and drawbacks. In developing policy on the basis of a story, policymakers are able to ensure a high degree of buy-in from interest groups whose understanding of the problem and the solution are wildly different. What matters is that things change. Ambiguity in policy allows for conflicts to be smoothed over, differences accommodated, and crucially for conflict and confusion to be worked out on the frontline (Yanow, 1996). This is not new, politicians and interest groups regularly seek to delegate conflict as far down the line as possible (Lowi, 1979). Yet for social work, the political grip and the ideational ‘stretch’ of personalisation must be interrogated for it is likely to displace tensions and contradictions to be worked out on the frontline. To understand the experience and enacting of personalisation on the frontline of children’s services demands an exploration of the construction of social work within the narrative.

Tales that travel: Social work as complicit

It is true that very little policy documentation and comment has explicitly referred to social work, yet this does not mean that social work has not formed an important part of the narrative. To the contrary, social work is mobilised as part of the “generative mechanism” for transformation (Pawson and Tilly, 1997). I have referred already to Langan’s (2000) ‘discourse of failure’ and this emerges in discrete references to social work as part of the problem of social care pre-personalisation. Social work is mustered in support of the failure narrative, that of paternalistic, overbearing, unresponsive and stigmatising state care:

“For too long social work has been perceived as a gatekeeper or rationer of services and has been accused, sometimes unfairly, of fostering dependence rather than independence. We want to create a different environment, which reinforces the core social work values of supporting individuals to take control of their own lives, and to make the choices which matter to them.”

(Department of Health, 2005: 10)

The implication of many policy documents is that social workers have been unnecessarily concerned with rationing resources and gatekeeping and that these have led to poor face-to-face practice with service users (Department of Health, 2005; Department of Health, 2008). The presumption is that fault lies with social workers for spending too long rationing people and not enough time on the relational aspects of social work. There is little recognition that the organisational conditions created by the National Health Service and Community Care Act 1990 negatively impacted frontline practice, but rather social workers themselves misunderstood their

responsibilities within this policy context (Lymbery and Postle, 2010). This is illustrated by a quote from the *Putting People First* document,

“The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focused on prevention, early intervention, enablement and high quality personally tailored services.” (HM Government, 2007:2)

The recalcitrant and paternalistic social worker has been identified in some academic work as negating the impact of existing choice and control mechanisms. Ellis (2007) found that some social workers demonstrated resistance to personalisation by being reluctant to inform service users about direct payments. This behaviour was explained as being a consequence of a fear that choice models lead to a loss in professional standing (Ellis, 2007). The Commission for Social Care Inspection (2004) argued that social workers who demonstrated restrictive attitudes about the capabilities of service users commonly led them to not offer information or advice to about direct payments. Similarly, an Office for Public Management paper (2010) argued that professionals hold a lot of sway over who receives the information and advice about personal budgets in order to make an informed decision. Duffy (2007) has spoken of this resistance as part of a cultural challenge, arguing that social work has operated from a deficit-model for supporting people. In a personalised system, with its focus on ‘putting people first’, professionally led deficit-based assessments are obstacles to individual choice and control and must be tackled by self-assessment and person-centred planning (Foster *et al.*, 2006; Duffy *et al.*, 2004; Leece and Leece, 2011). Richards (2000) has noted the power of the organisation to undermine social work’s ability to work for individuals, as professional decision making is constrained by agency agendas and organisational

frameworks. Recalcitrance, cultures and systems combine to thwart choice and control. Social workers are operating within a 'bureaucratic-rationing paradigm', which has a poor fit with the requirements of the emerging personalisation paradigm (Henwood and Hudson, 2009). Historic social work practice is marshalled as part of the failure narrative and used as evidence for the need for transformation.

Tales that travel: The rebirth of social work

Despite this characterisation of oppressive paternalism, social work can be told differently. Personalisation can also be told as a story of rebirth for the social work profession, trodden down by years of Community Care legislation and case management. It is in this telling that claims to a 'return to social work' are founded (Hudson, 2009; Henwood and Hudson, 2007; ACEVO, 2009; Tyson and Williams, 2010; SCIE, 2010). Social workers are conceived as citizen-agents (Maynard-Moody and Musheno, 2000) practising a therapeutic, relational form of social work which has been associated with an era of traditional practice prior to the introduction of community care. In Dustin's (2006) analysis this traditional social work incorporated interpersonal communication, negotiation and mediation. During this time it is argued that social workers worked alongside service users to help them change, understand and acknowledge aspects of themselves or their environment (Barclay Report, 1982; Adams *et al.*, 2002). Social workers were able to build on their close relationship with users to develop roles of advocacy, group work and counselling (Kirkpatrick *et al.*, 1998). This is contrasted with the advent of the NHS and Community Care Act 1990 which authors have damned as being evidence of policy "being done to people" (Duffy, 2010b).

Duffy (2007:11) links the founding principles of the social work profession with personalisation; he cites the General Social Care Council (2002) as evidence for an inherent congruence:

“As a social care worker, you must protect the rights and promote the interests of service user and carers. This includes (1.1) treating each person as an individual, (1.2) respecting and where appropriate, promoting the individual views and wishes of both service users and carers, (1.3) supporting service users’ rights to control their lives and make informed choices about the services they receive.”

The GSCC later itself aligned the profession with personalisation in *Social Care at its Best* (2008), “social work will apply and extend the principles of personalisation, which have always been at the heart of social work at its best.” It is fair to say that sector bodies only latterly aligned themselves with personalisation when it became obvious there was no going back.

There are recurrent clues in government documents from as early as 2005 about how policymakers discursively situate social work vis-à-vis personalisation. One recurrent theme is freedom, *The Independence, Well Being and Choice White Paper* (Department of Health, 2005:30) states,

“personalisation frees social workers to use their skills to achieve better outcomes for those who need greatest support.”

The White Paper then went onto suggest that social workers become “care navigators and brokers” as part of personalisation. Whilst this has been suggested by government, the user disability movement has rejected brokerage as a social

work function arguing it is politically impossible given the imperative of tackling the professional gift model (Dowson and Greig, 2009).

Nonetheless the idea of 'reclaiming' social work has become pervasive, Duffy argues (2010b:14), "Increasingly care managers are reclaiming their old professional identities. In particular social workers are increasingly seeking to shed the burden of care management as an all embracing role definition." An early evaluation by In Control of a personalisation pilot stated,

"Generally speaking, the introduction of IBs has been met with considerable enthusiasm and commitment by practitioners, principally because of the focus on user empowerment and creativity in support planning. Many practitioners and Team Managers feel that this is 'what real social work is about... it's what I trained for...'" (Goldingham, 2007).

This plot line has also received support from the Department of Health (2009:12), "Staff are positive about the changes over all. For many, giving customers a choice was their main reason for entering social work in the first place." The language of customer is telling as it merges the ideals of consumerism with social justice under the personalisation umbrella.

There is considerable talk of professional social workers having the opportunity to 'return to their roots' though there is uncertainty as to what this entails and whether or not such an opportunity would be relished. This part of the personalisation story seeks to persuade us that social workers were also constrained, suffocated and controlled by the system alongside service users. It is a story of rebirth for the profession. Social workers too can overcome the bureaucratic monster and work in co-productive ways with service users who have been differently but equally

restricted by the 'old ways' of doing things. Personalisation enables professionals to throw off the shackles of care management and get back to 'real social work.'

Theorising the trend: Individualisation in Social Work

Where social workers are mentioned in the literature they are constructed dichotomously. On the one hand they are cast as part of the problem, propping up a paternalistic and failing welfare state, trapping people in dependency. On the other, they too are victims of poor policymaking, most notably care management of the 1990s which is cast as the all-purpose villain, instrumentalising service users and professionals alike. Either way, the mainstream personalisation narrative is written through the language and ideals of the 'post bureaucratic state' (Cameron, 2009). Here freedom is conjoined with the demystification of the welfare state and of professional power and expertise in particular. Social work is to be freed from the confines of rote and impersonal assessment to embrace more relational and facilitative forms (Department of Health, 2005; Department of Health, 2007; Duffy, 2003; 2005). Service users are characterised as "experts by experience" keen to grasp the nettle and take on more responsibility for their support. Social workers adopt the behaviours of the 'citizen-agent' devising bespoke support packages, bending rules and focusing on the micro-encounters of people's lives.

These themes at a theoretical level chime with detraditionalisation theses that have emerged over the past two decades. These theories explore the often strange ways in which seemingly dichotomous issues manifest similar social dynamics through a focus on the processes of individualisation. Beck (1992), Giddens (1992) and Castells (2000), refer to individualisation as the opening up of once closeted

domestic realms, the decline of rigid normative expectations and the demise of affiliations of geography, class and clan. There is much to be critiqued here (see Jamieson 1999; Smart and Shipman 2004; Gross 2005). However, at face value the argument goes that we are freed from our suffocating structured pasts, to create and rewrite our own biographies through the exercising of choice. Beck and Beck-Gernsheim (2002) identify that the deconstruction of our collective bonds for good or ill has led to the individual becoming the social unit de rigour and this can be seen in policymaking across the Western world. Fine (2013:425) sums up these positions when he writes,

“Individualisation is a process that involves liberation through the disembedding of people from traditional roles and social constraints as a first step, and which holds open the promise of the recognition of new forms of reembedding through social recognition of individualised identity and personal commitments as a second.”

The arrival of advanced modernization is not wholly about risk; it is also about an expansion of choice. We are re-embedded by the choices we make as agents of individuality. We must choose paths for a more rewarding life, this demands planning and rationalization and deliberation; forms of active engagement with the self (Elliott, 2002). We are writing our biographies through our decisions. The governmentality arguments made by Rose speak to such constructions of the expert self when he famously stated,

“The modern liberal self is ‘obliged to be free’, to construe all aspects of its life as the outcome of choices made amongst a number of options. Each attribute

of the person is to be realized through decisions, and justified in terms of motives, needs and aspirations of the self.” (Rose, 1989: viii)

A number of academics have argued that personalisation is intimately intertwined in these processes of individualisation. They argue that this relationship is evidenced not only by the overt commitments to devolved finance, but by bolstering the position of the individual within policy discourse and practice (Ferguson, 2007; Houston, 2010; Garrett, 2009). It is a symbolic adoption as much as a practical one. They argue that the expansion of risk discourse has led matters of the family, of care and of support down a path of economistic language of preference, assessment and choice. Ferguson (2007:400) writes,

“... in its uncritical acceptance of the marketisation of social work and social care; in its neglect of issues of poverty and inequality; in its flawed conception of the people who use social work services; in its potentially stigmatising view of welfare dependency; and in its potential for promoting, rather than challenging, the deprofessionalisation of social work, the philosophy of personalisation is not one that social workers should accept uncritically.”

Scourfield (2007) identifies New Labour’s modernisation project as remaking the citizen along the lines of an autonomous, managerial and enterprising individual. The issue for Scourfield (2007) is then what happens to the status of citizens who, for one reason or another, are dependent on others? Like Anttonen *et al* (2003:2), who argue that “social care services define a central core of the relationship between state and citizen”, the concern is that personalisation is symbolic of and a driver for the dismantling of collective provision and support by the state. Elliott (2002) argued that as support becomes individualised and commodified it shares more with neo-

classical economics and rational-choice theory than the realities of family life, matters of culture and the politics of liberation. These authors are explicit in linking the move to individualised care with a further retrenchment of the state, Houston (2010:854) says,

“Under neo-liberal welfare reforms, service users are in danger of mirroring the experience of sojourners from a distant era after leaving their habitation of bondage: liberated from years of slavery under the yoke of welfare paternalism but now stranded in the desert of atomistic individualism, weighed down by their newly found responsibility.”

Houston characterises the rise of atomised, self-actualising striving service user as *Homo Economicus*. Houston (2010: 842) describes this new creature as, “rational, individualistic, utilitarian, calculative and instrumental... the self-fulfilling actor who rises above adversity and dependency through personal effort to become ‘what he or she is’.” When seen this way, personalisation denies relational forms of subjectivity and intersubjectivity in and through which support is constructed and managed (Mead, 1967). Support becomes a currency for exchange rather than a social phenomenon arising from collective relationships and cultures.

The focus on personal budgets and their direct relationship to the outsourcing of social care has led some to conclude that personalisation has shrunk away from ambitions for inclusion, participation and choice towards a narrow focus on individualisation and personal budgets. Simon Duffy, a self-directed support proponent, seems to have concluded that a transactional model for personalisation has been adopted and deepened in adults services over the past five years, leaving matters of citizenship and participation behind (Duffy, 2014). Fox (2012) has

commented that personalisation has curtailed its inclusive ambition becoming increasingly affiliated with market-logic instead. He argues that this leads to a shallow conceptualisation of the agency of the service user; they become posited as individuals with support needs rather than people enmeshed in families and communities. There is a reversion back into deficit-models of understanding.

In contrast to the concerns of Scourfield (2007), Houston (2010) and Iain Ferguson (2007), Harry Ferguson could see some value in a shift towards the micro-politics of the frontline encounter. In Ferguson's (2001) view, twenty-first century social work demands that the professional becomes a facilitative broker and a savvy navigator, embodying a form of practice he called 'life politics'. Ferguson's 'life politics' for social work borrows from Giddens (1994, 1992) who argues that the essence of social work in a post traditional world is to provide a 'life planning methodology' with service users. The aim of this methodology is to build a supportive relationship between the social work and the individual which works towards the client's self-actualisation. This self-actualisation is to be realised by picking and choosing services, goods and activities that support a particular lifestyle. It represents a move from 'emancipatory politics' to 'life politics' in social work (Ferguson, 2001). Houston (2010: 842) is pejorative about this shift,

“through the medium of personalization, service users take more responsibility for their problems, implement their own solutions and manage accruing risk. Social workers, in this modernized form of 'active welfare', are quasimarketers whose role is to broker and advocate.”

In contrast, Ferguson sees reflexive social workers, facilitating change and support on terms set by the service user. The main role for the social worker is to guide the

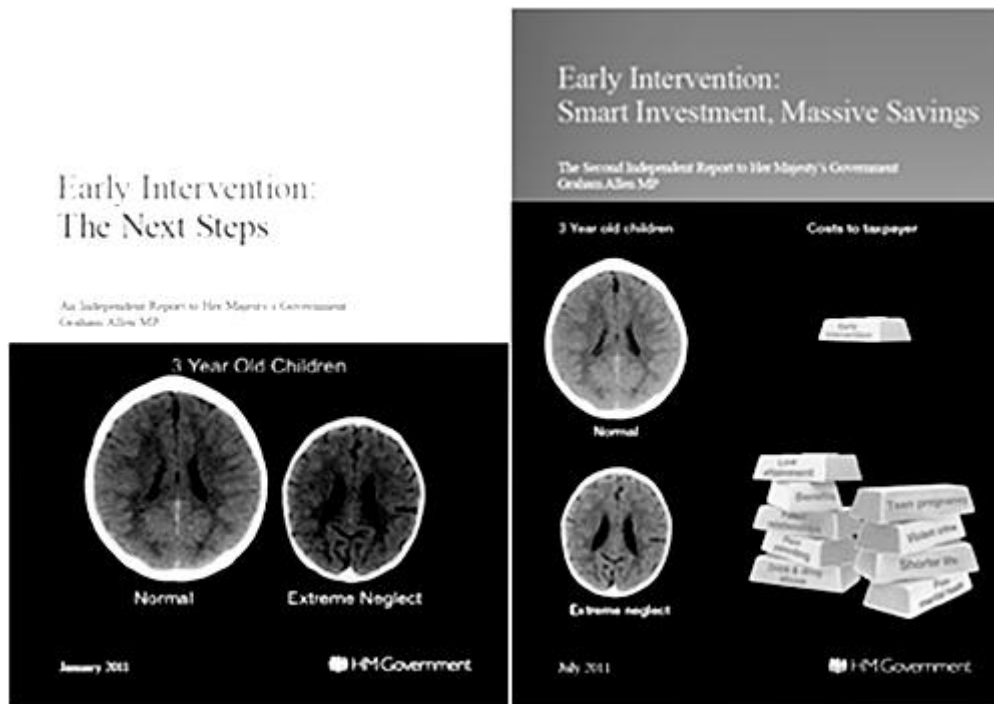
service user on their terms and when necessary. They are called upon to negotiate the raft of options open to the service user as they seek to construct their own life story. Questions of “who am I” are replaced with the concern, “who shall I be?” bound up with, “how shall I live?” Ferguson was prescient in his arguments as he was writing several years before personalisation emerged on the scene with its own take on facilitation, brokerage and navigation. This is not dissimilar from Duffy’s call to social work to reject case management and embrace a more immersive form of practice. Ferguson’s focus on the micro-politics of the social work encounter became a key point of contention. Taking up many pages of *The British Journal of Social Work* between 2001- 2003, Harry Ferguson and Michael Garrett battled it out over the professional balance between engaging in ‘life politics’ and tackling collective inequality (see Garret 2003, 2004; Houston, 2004; Ferguson, 2001). Here, we see the co-evolution of contested practice in the late modern era as social work’s communitarian roots comes face to face with the challenge of identity work.

More recently Garrett (2012) points to the seductive power of the language of ‘freedom’ and ‘choice’ and ‘entrepreneurialism’ which he identifies across social work policy. He points to the language of change and ‘transformation’ as discursively trying to infuse the profession with a ‘new spirit’ freed from the suffocating bureaucracy of the past. He argues that projective and future-oriented nature of much policy currently affecting social care is an attempt to ‘re-enchant’ the profession and to make it comfortable with ideals of neoliberalism in the lives of multiply deprived people (Garrett, 2012). Personalisation is deemed to be one such example. Whether thinkers argue that personalisation is consonant with social justice and freedom, an empty ontology, or janus-faced, multiple positions for social work can be mobilised.

Social Work with Children and Families

If social work in adult's services can be read in so many different ways, it is even more complex in children's services. The ideals of choice and control are problematised in children's services because children are children; they are enmeshed in families, schools and communities and concerned with childlike matters of play and friendships. The idea of the consumer is largely inappropriate. Moreover, the cultures and politics of children's social work are in a very different place to that of adult services. In recent years, policies about children, particularly 'vulnerable' children have increasingly focused on the child's needs as somehow decentred from the families within which they live. Concerns about risk and harm have reached fever pitch. Many have noted how policies across children and families services have taken a turn away from holistic family support towards intervention (Parton, 2008; Morris, 2011; Morris and Featherstone, 2010; Featherstone, White and Morris, 2014; Gillies, 2005). One need only look at the front cover of the report by Graham Allen MP (2011) ostensibly on early intervention, in order to capture in visual form the hardening of attitudes towards parents, the moral panic of childhood cast in pseudo-scientific terms, and the rise of intervention as a political imperative.

Figure 1: Front Cover of the Allen Report (Allen, 2011), *Early Intervention: The Next Steps*



The Allen report ostensibly makes the case for earlier intervention in children's lives where there is suspected harm. However, the report rarely confines itself to those cases of proven harm already at the acute stage in court proceedings. Rather, it makes a morally-imbued case for intervening in the general sense. In doing so it epitomises many contemporary features of policymaking with regard to children and families. It is time-driven, emphasising a need to intervene early else long-term damage be done. The report makes repeated mention to the imperative of intervention in toddlerhood which others have critiqued as "the myth of the first three years" (Bruer, 1999). On the basis of the powerful 'now or never' argument (Munro, 2011: 69) Allen calls for prompt removal of children from birth families to adopters, this is shored up by a neuroscientific arguments about permanent damage to the

child's brain. This biologisation of childhood continues the narrative of the 'cycle of deprivation' linking parental negligence to generational deprivation but updates it through the language of social exclusion (Welshman, 2007). It is reinvigorated through the reconvened language of an 'underclass', serving to individualise and stigmatise family struggles but to do so by recourse to moral parental failure rather than structural architecture (Gillies, 2005).

Most importantly it is child-centric.

Parents are conceptualised in this hurry-sickness as being vessels for risk and sources of harm and instability. Here the Allen report builds on New Labour's emphasis on active citizenship and responsibility. It does this through the construction of the self-actualising parent, whereby 'failing' parents are doubly disciplined - as damaging their vulnerable children and failing to adequately police their own ethical conduct. Such conceptualisations are possible because firstly, the policy world has become centred on individualisation - which most obviously runs through the heart of New Labour's personalisation narrative. Secondly, it is made possible because of the risk anxiety which permeates state discourse around children and families. It is the toxic embrace of the two which has led to the responsabilisation and instrumentalisation of parenthood evidenced through the significant rise of parenting programmes over the past decade (Gillies, 2005).

These grave concerns about children and childhood have led politicians in recent years to articulate an interventionist position for social work in family life. This has only increased as the media coverage of abuse cases hit fever-pitch over the past decade. The abuse perpetrated by Jimmy Savile, the 'grooming gangs' in Rotherham and Oxford and the deaths of Khyra Ishaq, Hamzah Khan, Keanu

Williams and Daniel Pelka all fuel a kind of moral panic- blame culture cycle where social work is imbued and implicated at each stage (Jones, 2014). Rather than simply deride social work for failures, which the media helpfully does for them, politicians have in recent years tended to talk of the profession as “a noble and vital calling” (Cameron, 2013) but only through the prism of intervention and rescue. The previous secretary of state for education, Michael Gove (2012), valorised the crusade of intervention in social work with children and families in a speech to the Institute of Public Policy Research (IPPR),

“In all too many cases when we decide to leave children in need with their biological parents we are leaving them to endure a life of soiled nappies and scummy baths, chaos and hunger, hopelessness and despair. These children need to be rescued, just as much as the victims of any other natural disaster.”

If his speech to the IPPR was about the imperative of rescue, his speech to the NSPCC centred on the importance of suspicion and scepticism in working with parents,

“Neither is it easy to see through the sometimes manipulative - and sometimes evasive, dishonest or disingenuous - behaviour of some adults as they lie about their drinking, their drug use, their efforts to find work... Social workers have to invest significant time and care in trying to change these difficult lives while also having to battle optimism bias.” (Gove, 2013)

The Allen Report, the rise of parenting programmes and the pronouncements of politicians serve to construct childhoods as vulnerable and parents as vessels for risk and harm. There is no doubt that scepticism, risk and harm are core considerations within the context of work with children and families and the

particulars of a case. The problem is when such considerations become taken-for-granted heuristics in practice; no longer approached sensitively within the context of a case, but politically held presumptions about family life, parents and the construction of childhood as inherently vulnerable.

These moves in political discourse and policy making matter for personalisation for disabled children because they form the framework for acceptable and permissible forms of state action. They colour the conditions for the state/family encounter. It would be naïve to think that families are insulated from these forms of state intervention and authoritarianism if they are not subject to section 47 child protection plans. Many have identified these increasingly interventionist and risk-rooted practices as part of a more substantial and insidious “muscular child protection paradigm” (Featherstone, Morris and White, 2013) This represents a shift away from family and community-based help to interventionism and authoritarianism as families are disciplined, it is a shift to what Blewett *et al* (2007:29) call, “a very narrow model of child protection work.” Lonne *et al* (2009) have identified the features of this paradigm, which include:

- ❖ Predominant focus on the assessment of risk to children by families and extended kin networks;
- ❖ Referral practices are geared to flushing out and responding to ‘risk’ rather than identifying family/child needs;
- ❖ Family support and early help are secondary concerns to the place of child protection; and
- ❖ Organisational scripts for assessment, referral protocols and workflow processes tend to be risk averse and deficit-based.

This paradigm is not restricted to work with a small number of families in acute distress; it permeates across the service spectrum, into homes and across policy talk as it provides a substantial and deep-rooted way of seeing the world (Featherstone, White and Morris 2014). Thus, families in contact with universal services, social care and social work may well be seen through the prism of 'muscular child protection' because risk anxiety and the performance of certainty imbued in the authoritarian approach permeates the foundations of practice. Indeed the exponential rise of referrals to social care following the death of Baby Peter Connelly seems to bear out the power of risk anxiety on professional responses to family need (Cafcass, 2013; Macleod *et al*, 2010; Jones, 2014).

There can be little doubt that aspects of the New Labour programme paved the way for the Coalition's more authoritarian approach to children and family services, epitomised by the Allen Report. The foundation stones for this turn can be identified through the ideology of the 'social investment state' (Lister, 2006) which was concerned about the perceived political and economic costs of social exclusion. This turn remade the place of the parent and the family as rational participant there to guide and groom the child-as-future-asset with help from universal and preventative programmes.

As the New Labour tenure continued, politicians seemed to embrace a more interventionist approach to those supposedly at risk from exclusion, most of who were multiply deprived. Earlier local attempts at coproduction and early help like Sure Start morphed at a national level into the science of theorising harm. Increasingly attention was directed to developing taxonomies of risk and need, shifting focus away from more nuanced consideration of family strengths and disadvantage (Sheppard, 2011; Morris, 2011). The family, or more commonly

parents, became reconceptualised as legitimate sites for intervention in order to 'save' the child. Labour's reformist social engineering approach was open to distortion and acceleration, becoming the social pathology discourse of the political right of more recent years.

Early help and Personalisation: Budget Holding Lead Professionals

In 2014 it is common to refer to the personalisation agenda as a supra-narrative running across adult social care, children's social care, education and health because of the increasing convergence of the story around budgets, markets, choice and control. However, this emergence of a few dominant strands in the conceptual framework for personalisation is a relatively new phenomenon. Prior to introduction of austerity, the language of personalisation in children's services had its own distinctive tone detached from its sibling in adult social care.

In children's services, personalisation programmes and pilots were loosely connected to a New Labour vision for safeguarding which grew out of the death of Victoria Climbié, the subsequent review by Lord Laming, the creation of the *Every Child Matters* agenda in 2003 leading to the Children's Act (2004). One form of personalised support work undertaken during this period was the trialling of a revitalised form of key working. *Support for Parents: The Best Start for Children* (Department for Children, Schools and Families, 2005) introduced the 'Budget Holding Lead Professional' (BHLP) who would be tasked with working with families holistically to support them to meet an array of needs. Importantly the lead professional had access to a defined budget for the family. Personalisation in this

vein meant working with a family on a long term and one to one basis to address unmet needs and to provide family help.

Sixteen local authority pilots were set up to see if this form of managed-budget enabled swifter access and better coordination of support around the family. The relationship between workers and families were found to be vital,

“The relationship was an important mechanism in their ongoing ability to aspire for better things and to have hope in the future. Being available and approachable when needed was identified as the single most important mechanism on the pilot.” Livesley *et al*, 2008: 21).

So for personalisation to meet needs constructively and to improve things in the long term, families had to have a long-term and trusting relationship with one professional that they trusted, this has been born out in subsequent forms of key-working programmes (Cottam, 2011).

The BHLPI pilot enabled funds to be spent in ways which would be highly contentious today. For example one BHLPI used her managed budget to clear a number of debts for a single mother freeing her from the local loan shark and a violent ex-partner (Livesley *et al*, 2008). This kind of holistic approach was commented upon by an evaluation of the entire programme by the Office for Public Money and Management (2008:2), which highlighted,

“In focusing on outcomes the programme recognised the need to not only provide support to the child or young person who has additional needs but also other members of the family who have a role to play in meeting these needs.”

Thus this early form of personalisation in children's services approached families as interlocking relational agents, again a stark contrast to the kinds of policy talk and construction seen in the Allen Report and elsewhere.

Despite the apparent freedom or even ad hoc nature of this period of pathfinders and pilots, there were signs that local initiatives began to be squeezed as councils tried to devise processes and procedures to incorporate it within regulatory frameworks. A common complaint was that paperwork and administration proliferated. The national evaluation by Newcastle University stated (Walker *et al*, 2009:262), "most BHLPS were alarmed about the administrative procedures that had been imposed and many made suggestions about how they could be streamlined." Given the important fact that personalisation in children's service is a creature of policy and not statute, this may well have real consequences on the ambition and creation of personalisation on the frontline. Personalisation does not replace statutory duties to assess, identify and meet needs, it adds to it. There are clues from the BHLPS experience that scaling up pilot activity and fitting it within the regulatory and audit regimes of local government could curb creativity and decrease worker commitment. These aspects are also investigated in this study as part of a conceptual focus on changing forms of interaction wrought by the development of personalisation.

There are important cultural lessons to be learned from the BHLPS work. The OPM (2008:17) evaluation commented on this change,

"Providing frontline staff with a budget to spend, within a set of rules, but at their own discretion, runs against the grain for most public services. Typically authority to commit expenditure and access to funds is gate-kept by managers and others and is narrowly earmarked for specific purposes or

services. The idea of opening up the use of budgets to the frontline was an organisational culture shock.”

What these various reviews and evaluations do reveal is a concern with cultures of practice wrought by changes like personalised approaches to supporting children and families. They reveal how some workers were concerned about the responsibility of managing money and coordinating costs, prices and services.

Walker and Donaldson found (2010: ix), “Lack of experience, lack of training and lack of knowledge about what interventions cost emerged as barriers to personalised practice.”

Despite being undertaken under the New Labour era the BHLP work seems to have little in common with the language of personalisation adopted in adult’s services at that time with its talk of ‘choice and control’ and the emphasis on active-citizens spending their way to inclusion. This in itself reveals the array of understandings of personalisation on offer at one time, yet it also somewhat nostalgically dates itself by the emphasis on informal family-support over the interventionism of today’s child-centred practice.

Aiming High: Constructing Parents

Aiming High for Disabled Children (Department for Children, Schools and Families, 2007) was New Labour’s response to an array of problems facing disabled children and their families. The agenda was concerned with improving transparency about entitlements and services available locally by providing more timely and detailed information to families with disabled children. This was a response to calls by

campaigners and families to overhaul the patchy support they were offered and the challenges they faced in trying to find and access services (Joseph Rowntree Foundation, 2001; Commission for Social Care Inspection, 2007; Kirk, 1999). It was a response to the failure of integration of services around families (Wheeler and Lewis, 1993) and a recognition that families consistently reported having to battle for services (Petr *et al.*, 1995; Chamba *et al.*, 1999). *Aiming High* was spoken of as a response to these systemic problems in supporting disabled children and their families. This led to the creation of a statutory duty for all local authorities in England to provide a 'local offer' of information, advice, guidance and services to support disabled children and their families. The most radical move in *Aiming High* was the pledge to trial individual budgets which the government said would, "give families and disabled young people real choice and control to design flexible packages of services which respond to their needs." (Department for Children Schools and Families, 2007:6). The language of choice and control had hitherto been confined to adult's services and this was the first time it was explicitly linked to personal budgets with regard to children. This was the zenith period of New Labour's rights and responsibilities discourse and disabled children and their families were not exempt, the Green Paper states (2007:15):

The concept of empowerment is intimately linked to the principle of **rights and responsibilities** for individuals. In this context, empowerment means the recognition that with rights come *responsibilities* for citizens: to engage constructively with service providers in shaping service provision where possible, and understand competing priorities and local constraints. (bold and italics in original)

Such a paragraph can be read as responsabilising parents - firstly for coordinating and orchestrating their child's care and secondly demanding a distinctive form of parental performance. Indeed, Walker and Donaldson (2010:68) were forthright in their appraisal of personalisation in children's services, "A key element in the personalisation agenda is the transferring of some if not all responsibility to families themselves." Needham puts it (2010:137), "The language of reciprocity, or conditionality, associated with personalization indicates that recipients of personalized services will be expected to behave in certain kinds of ways."

In the specific policy areas trialled in children's services parents are celebrated; they are constructed as capable, caring, copers, keen to deploy their expertise and coordinate and manage their child's support. This perhaps tends towards the unhelpful construction of the super-mum 'coper', reifying struggle and presuming a deficit and tragedy-imbued model of disability (Oliver, 2009; Swain and French, 2008).

To make the idea of responsibility palatable within the sensitive context of childhood disability the Green Paper provided one of the earliest articulations of the revised subjectivity of the service user as an 'expert by experience.' It states (Department for Children Schools and Families, 2007: 16), "disabled young people and their parents are often experts on their impairment." The idea of experiential expertise of the child and the parent runs through the personalisation narrative as it seeks to persuade us of a more holistic approach to the identification and meeting of needs. *Aiming High* may have been the first mention of this shift in parental subjectivities in children's disability policy, yet it has become immovable. The Coalition Green Paper (2011:26) defers to "the views, experience and expertise of families" in devising better

services. The expectation is that families will lead in the creation of support plans and packages.

It was through the funding provided by the *Aiming High* programme that led several children's service departments to pursue a greater overhaul of their disability services, including the roll out of personal budgets. The case study site for this research, Anyshire was one such site. The social enterprise In Control continues to work with over 30 local authorities on a consultancy and support basis to move towards self-directed support in children's services. They continue to exert considerable influence in children's services and provide the most common model for self-directed support in working with disabled children and their families. This model features:

1. a process of self-assessment to establish needs,
2. a resource allocation system to translate identified needs into a cash sum named the 'personal budget'
3. a support planning process to identify, coordinate and purchase support
4. review

This seemingly simple model is somewhat deceptive when it comes to the challenge of frontline social work practice. The In Control evaluations (Crosby, 2010) bear out the complexity of devising resource allocation systems, but they do so in a way which compels the reader to remain committed to the ambitions of choice and control.

Whilst In Control provides a wealth of help to local authorities on their programmes they cannot account for localised decisions. They are unable to predict how any one authority decides what is permissible and possible to buy with direct payments, how

personal budgets are audited, the role of parents in self- assessment and the scope social workers have to make decisions and use their discretion. These local features and the contours of street-level decision-making are made possible through the conceptual slipperiness personalisation offers and because it remains a creature of policy not law. Nor do any existing studies account for the frontline experience of self-directed support told from the perspective of social workers. We do not know if and how the muscular child protection paradigm impacts upon practice, if such risk anxiety impacts upon choice and control or constructions of parenting. This study sets out to interrogate just what happens in these local contours for practice. What social work 'is' in personalisation will be born from what it 'does' which will be a localised experience negotiated by localised decisions, experiences and pressures. The literature presented here alone outlines the array of claims and counter claims - social work as problem and solution, parents as risks and experts, personalisation as consumerism and social justice. So to explore these facets of practice, policy and politics I needed to devise a research design and methodology ready to capture paradox and simultaneity. It is to that I now turn.

Chapter 3: Methodology

This chapter documents the 'natural history' (Silverman, 2013: 356.) of this study. In doing so it encompasses elements of autobiography as I weave my own decision-making path and history through the development of the study. This is one manner for telling the 'tales of the field' (Van Maanen, 2011) by exploring how fieldwork is accomplished in practice. In telling the tale of the field in such a way, I necessarily address the issue that within ethnographic research, "the specificity and individuality of the observer are ever present and must therefore be acknowledged, explored and put to creative use" (Okely, 1996: 24).

The chapter is disciplined and ordered as a procession through time - beginning with the rationale and interest for the study before moving through the development and rejection of particular ways of seeing the issue and how the frame of reference shifted from a policy-evaluative bent to a descriptive action-oriented frame. The chapter is temporally organised, but reflects the career of the research phenomenon being studied rather than the research process itself.

I then explore the patchwork of influences that weaved together to create the final architecture for the research - a single ethnographic case study design and the deployment of flexible methods as tools for inquiry. I then turn to the theoretically-inspired conceptual lenses of talk, interaction and discourse which form the three modalities for exploring how personalisation gets done on the frontline. Finally this methodology chapter concludes with an account of the informal and inductive process created to simultaneously make sense and 'discipline' the data

The Genealogy of the Research Problem

The aim of this study has always been to explore the amorphous world of 'personalisation.' In a prior work role, I had spent several years hearing claim and counter-claim made for this 'agenda', before being tasked with trying to find some real-world way to realise these ambitions within the budgets and politics of the voluntary sector. Given all of this it is fair to say I was open minded about plotting initial research questions, but felt somewhat hamstrung by my own recent experiences. I was still captured by the policy talk; I had not yet delved or rediscovered my own critical voice.

I re-entered academia after three years of policy work in the voluntary sector. Importantly these formative years also happened to be the dying years of the New Labour project which in ways not fully grasped at the time had shaped my thinking and approach to policy. In some ways I came to the University of Birmingham as the much maligned, *What Works Woman*. This is no real surprise after being paid to perform precisely this role within the voluntary sector albeit with a healthy dose of scepticism.

However, I was suitably self-aware enough to know that this trajectory would not sustain my intellectual interest for four years. I knew the PhD provided an opportunity for me to reclaim my inner sociologist. Social constructionist approaches to the social were a natural fit with my own politics and interests and these were explored and developed through the canon of research on sensemaking. Sensemaking at its most basic is the process of "structuring the unknown" (Waterman, 1990: 41). It involves placing information, events and actions which appear to be confusing or ambiguous into a workable framework that enables us "to

comprehend, understand, explain, attribute, extrapolate, and predict” (Starbuck & Milliken, 1988:51). It was a good place to start given the complexities and ambiguities of the personalisation narrative and the uncertainties of the frontline.

Given the array of claims made for personalisation at a rhetorical level, the contradictions of the place of the social worker within this narrative and its seemingly unstoppable pace, sensemaking research opened a window to constructionism, critique and creative deconstruction. Thus one of the first tentative research questions formed was,

How do social workers make sense of personalisation?

I am still rather fond of this question, and in fact it is addressed in detail throughout this study through the prism of order-making. The research would have started from the position that organisations are enacted through the social construction and interaction processes of organised actors (Smircich & Stubbard, 1985). Practitioners through their action and sensemaking enact the organisation within which they exist (Weick, 1979, 1995) whilst managerial actors within the organisation seek to orient practitioners to a particular view of the institution or policy at hand, to ‘sense-give’ (Gioa and Chittipeddi, 1991; Rouleau, 2005). It shows an early interest in how everyday talk serves to discipline and order work. The study is ethnomethodologically-inspired and remains so. This constructionist position forms the topography of this study then as it does now. Although the aims and specific research questions have morphed into something more explicitly sociological, the agency of the practitioner is further developed as a core focus. Sensemaking is subsumed throughout this thesis by drawing attention to the ways in which social

workers adopt order-making devices and disciplinary tools in order to make sense of uncertainty and ambiguity.

I then moved from sensemaking and sociological explorations of work, including examining the triad of late-modern theorists, Beck (1992), Bauman (2000) and Giddens (1994), towards the public administration canon. I'd say I got a little stuck here, but it did aid me to think about research design, particularly the place of institutional ethnography in exploring the conditions of work and the meaning of work. This tack to the serious end of the administration field was positive insofar as it opened my eyes to themes of accountability, authenticity and the labour of work. These are all present in this study. Given this turn to the politics of organising, it is of little surprise that this research at one stage almost took the form of a policy-into-practice examination situated within an interpretive framework. The next iteration of the research problem became:

Identify the ways in which the salient discourses of personalisation affect the development of practitioner meaning, and how and why does this affect the outcome of the policy for disabled children as clients.

Looking back on this early iteration I wince a little. It was as though somewhere in the second term of my first year I negated the reading I had done on Foucault, which would have challenged the uni-directional forms of control and power implied in 'affect the development' and 'affect the outcome.' As for 'clients', I read McLaughlin's (2009) work, "What's in a Name" in the *British Journal of Social Work* and vowed to avoid using this term at all costs. Nonetheless, my interest in exploring organisational discourses through talk and text to examine the 'order of things' - what is thinkable and doable remain. This necessarily pays attention to the turns of

phrases or ways of constructing families enacted on the frontline, to explore the usefulness of these practices for the work. It would involve interrogating the use of 'client' for example, as a construction to create stable accounts.

This grounding in narrative approaches to organisational life (Czarniawska, 1997) and attention to the ways in which organisational actors make sense of the churn and flux of everyday life (Weick, 1995) offered a valuable lens through which to consider how personalisation gets done in the context of a social work team.

However, the preoccupation with institutional discourses and the establishment of 'meaning' as linked to discrete 'outcome' for families posited in the research problem above was something that came to feel uneasy. Although making no claim to 'speak for' a group of participants in the sense of a politics of emancipation or standpoint epistemology (Dingwall, 1980) I was inclined to take a synthesis approach to social life from the bottom up rather than the top down. This formulation did not capture this interest. So an early schism presented itself between what I wanted to study and from what orientation.

I was reading broadly around discursive psychology at this point and whilst having no intention of undertaking the painstakingly fiddly work of the conversation analysts their work was important in developing my interest in talk (Silverman, 1998). The idea that talk and text are social practices and are concerned with action is significant for this work, even more so is the argument that talk is constructive - how it puts together and stabilises versions of the world, of events, of work, of social work practice, of policy-making (Edwards and Potter, 1992). Thus, the research aims were intertwined with a desire to explore the interactional aspects of social life.

In light of the influences above working in tandem with my growing critical engagement with the literature of personalisation and a burgeoning interest in the dilemmas of contemporary social work, the hazy topography of the study did begin to form. The study would be concerned with how social reality is ordered, how the organisation of certain forms of knowledge and talk contributes to that ordering and how social work practice, action and interaction become habitualized in some temporarily stabilised form, to “get the job done.” This resulted in the question:

“How does personalisation get done?”

This simple sounding question is the heart of this study; it is the research question that guides it and the central pillar upon which all that follows is written. After the iterations documented above and the heartache involved in having to finally commit to question or problem, this deceptively simple question won out. It does undergo one more minor alteration as once in the field it became apparent that ‘personalisation’ was not spoken of, but ‘self-directed support’ was. This verbal shift is explained in the section, ‘Following the Phenomenon’.

For now however, let’s focus on the original articulation of the study problem.

Underlying this broad exploratory question lay two broad implicit areas of interest.

The first is about the nature and practice of personalisation in contemporary social work with families, the second is about institutional order. Both are rooted in a concern with practice and organising which act as the dominant features of this study’s conceptual framework.

The first area centres on the *work* of social work allowing for the consideration of professional experience - what does trying to ‘get personalisation done’ feel like?

How is it spoken about? How is it conceptualised and described on the frontline?

How does this fit with the broader necessities of social work with children and their families?

The second aspect around ordering explores questions like how is self-directed support achieved? How is it enacted, performed or resisted? What are its local discursive origins? What systems order the work? What dominant paradigms for practice seem to guide what is thinkable and doable?

To capture the array of possibilities inherent in this broad study question I decided to undertake an exploratory ethnographic case study in the chosen site - Anyshire.

The Ethnographic Case

The decision to undertake an exploratory ethnographic case study was both theoretical and practical. Currently, there is little to no research on how personalisation is organised, enacted and sustained within social work teams as part of daily activity. This is the case for both adult and children's services. Thus there is little research baseline from which to start to either compare experiences across local authorities, to undertake an evaluation about the policy's relative success or failure, or to test a theoretical model of social work behaviour in an era of professed service user choice and control. Ethnographic enquiry is well placed when looking at little-known phenomena or innovative systems. So from a very practical point of view, building a rich, detailed description of the exploration of the phenomena named 'personalisation' as orchestrated within social work represents a marker in the sand, a beginning point, a tentative testing of the waters.

In many ways the task I set for myself was not so different from Geertz (1973) when he asked the archetypal ethnographic question, “what manner of men are these?” Our similarity stems from the shared sense that ethnography is the researcher’s friend and mentor, “when we don’t know what we need to know” (McCracken, 2006). I had a multi-coloured patchwork of interests, potted with seemingly never-ending questions but they circulate around context, practice and interaction - *how does personalisation get done?* The question can only be explored through an emergent rather than predetermined frame; it is necessarily rooted in context - both local and historical. It is an active question, one veering towards agency and interpretivism and away from purist structuralism and mechanistic causality.

I had read so much about reclaimed ‘relational professionals’ in the personalisation literature and yet had seen so little of social work that I sought a research design capable of giving primacy to these hitherto hidden actors. One way of re-centring attention was in the conscious rejection of personalisation as a hyper-legitimised form of reified knowledge. So, following in the footsteps of Needham (2011a, 2011b) I approach personalisation as a narrative, open to exposure and deconstruction and amenable to local actors to morph and change. My purpose here is to expose it and to collate patterns of tacit knowledge, subjective understandings and interpretations from those tasked with making the rhetoric real. This is not to denigrate tacit knowledge as somehow secondary or of less importance to Whitehall rhetoric, on the contrary, it was to give myself as much scope as possible to enable these voices to be heard and represented. I needed a design that could cope with uncertainty and change whilst being accessible and open. The subversive in me also wanted to keep the door open to explore why policy as written may be contradictory or challenged by

local knowledge and practice. Given the extensive claims that had been made for personalisation, I rather suspected this may be the case.

I was concerned that a case study without immersion could mean I miss important social exchanges or events. I was worried that one or two interviews would not elucidate the depth I was looking for and feared such an in and out relationship could run the risk of being told what I wanted to hear. I felt that being seen, having informal conversations and learning about the rhythms of the site would support participants to feel comfortable enough around me to tell their stories without fear or favour. I wanted to be able to engage on all levels with this project, I was uneasy with using disembodied proxy measures for research. Willis (2000:xiii) articulates exactly how I feel about this ethnographic project so it is worth quoting him at length,

The ethnographic impulse is to be so moved with curiosity about a social puzzle ... that you are seized to go and look for yourself, to see 'what's going on' as bound up with 'how they go on'... You can also sense for yourself important aspects of the context and of the material and institutional features of the enclosures and regimes through which subjects pass, seeing for yourself how they use and manipulate surrounding resources in their cultural practices.

I felt and still feel that there is enormous advantage in the opportunity that shared spaces offer - the ability to pursue lines of enquiry in an organic manner, the capacity to probe for further, perhaps tangential information, without watching the clock or being concerned about going off message (Gobo, 2008; Atkinson & Hammersley, 2007). Presence allows for those informal, off the cuff exchanges that perhaps reveal a different kind of social reality given the interactive and spontaneous

context than the time-limited interview. Nonetheless, conversational interviews were undertaken as part of this study. They provided crucial and often very personal insights into the experiences of SDS West at a time of change. However, there is a difference in status between interview data and naturally occurring office talk (Silverman, 1993; Coffey & Atkinson, 1996) That is, to assert that interviews, like any other face to face encounter, are situated and contingent social happenings is not so radical. The balance is to ensure that this does not sound as though interviews are thus to be rejected as somehow not organic enough for the purposes of interpretivist, let alone ethnographic inquiry. This is a mark I need to be careful not to overstep. For example, I engaged in spontaneous in-house conversations throughout the study - asking questions in the moment about cases or processes, these could not really be deemed 'naturally occurring' nor does it share the same status as the 'interview' and its more carefully crafted tenor. Clear demarcations of one 'type' of data from another are not overly helpful from the point of view of exploring how work gets done, although they provide for ripe intellectual debate. The nature and ethos of my interviewing is explored a little further on.

Whilst practical and pragmatic reasons have explained in part the rationale for undertaking an ethnographic case study, there are also theoretical reasons linked to the intricacies of personalisation itself. Personalisation as a temporal cultural artefact is as much about ideas and modes of thinking about practice with families as much as it is a policy narrative. In considering personalisation in this vein, the scope of the study widens. A narrower evaluative or normative stance to the subject would have garnered a different design to that which was selected. By exploring personalisation as a narrative, a window into the challenges and (in)consistencies of contemporary social work with families was opened. As the scope widened to embrace clashing

paradigms and fracturing practices, the study took on an explicitly sociological and agent focused orientation. The design needed to be able to accommodate a shift inwards to the very local practices and languages of the team, yet outwards to explore the temporal, political and social landscape within which they were operating. Whilst a conventional case may have achieved one or the other, I had my doubts as to whether a looser engagement with the team would garner the richness and nuance I felt the subject deserved. I was concerned to make sure that the study was designed in a manner adept at capturing synthesis and contradiction by deploying methods best able to capture the flux and contingencies of organisational life (Flybvjerg, 2006). This is why I opted to design an embedded ethnographic case study. I realised the study in the local authority I have called 'Anyshire' and immersed myself in the practices and experiences of its 'Self-Directed Support West' team.

Access

Fortunately, having worked in the burgeoning personalisation industry, I had contacts that were working with local authority children's social care departments to trial and roll out individualised packages of support, commonly delivered through a personal budget. A few emails and a couple of days desk research were all that were required to draw up a potential list of six children's services departments. The total possible number of potential sites was only around a dozen, so few local authorities at this time were investigating such a shift in delivery. I was keen to identify a site that was somewhere in-between pilot and everyday practice, a site which was still very much in the awkward and often clumsy implementation phase. I

was seeking a site who was feeling their way through, yet who had ripened enough to have most of the basic processes and structures in place. I felt that this degree of practical ambiguity coupled with organisational commitment would reveal the most about social work practice as it is caught between the liminal space of the not-quite-past and the not-yet-realised. Anyshire was the site that met all of the above criteria.

The local authority selected for this site, Anyshire, is one of the earliest adopters for personalisation in children's services nationally. It is a local authority that is moving personalisation from the pilot phase to daily business having already trialled personal budgets with a small number of families. This already sets the site apart; most children's services departments nationally have not considered rolling out personalisation in the context of work with families. In light of the absence of comparable existing research into personalisation in children's services and the scarcity of authorities attempting to scale up such self-directed approaches, any notion of a 'sampling strategy' would be superficial and inappropriate. Any case selected for this study would inevitably be innovative and exceptional in comparison to its peers.

Access to Anyshire was straightforward. I approached the head of service directly through email with an attached letter of invitation, he responded to my email within a week stating he was "keen to get me on-board." He informed me that I needed to undergo their local governance processes before any commitments could be made. I was sent guidance on completing the governance form, the terms of reference for the decision-making process and regular email updates from the governance team. I had already secured ethical clearance through the University of Birmingham Research Ethics Committee; this can be found in the appendix.

The governance process was much more interpersonal and communicative than the University review board experience. I was allocated a group manager not connected to the study who acted as guide through the formal application process. This process involved completing a large form (23 pages) providing everything from a literature review to details on methodology. The submission was a significant task but the experience was very positive. Given the pressures local authority children's services face, and the institutional logics of risk within social work departments in particular, I was both surprised and encouraged by such a response.

Politically, this made the earliest encounters with social work managers in Anyshire very straightforward and productive. These early meetings with the head of service and his group manager then led to very fruitful discussions about the specifics of access. Most of these were agreed prior to the sign off of the formal application, making entry into the site swift and less intimidating than they may have otherwise been. In such informal conversations we agreed that the course of the research was largely unknowable, that research relationships come into being over time, and that we would work out any problems on the basis of a mutual respect for our reciprocal endeavours. This tacit agreement formed the principled basis on which the study began. This friendly, supportive and helpful demeanour was sustained throughout the life of this study. It is fair to say that as a gatekeeper it would be difficult to find a more affable and accommodating character.

I was granted access to the office space of the 'SDS West' team, to managerial meetings and to space in the main council building should I need it. I was able to see a sample of cases comprising completed core assessments, support plans, case notes and Child in Need review minutes undertaken by members of SDS West. In addition I was granted access to all documents pertaining to personalisation, this

included procedural documentation, service price guides, the Resource Allocation System scoring documentation and all management documents pertaining to the history of personalisation in Anyshire. Finally, all in-situ requests would be considered fairly. The team were to be consulted individually about their involvement in the study and any requirements they had. All team members gave consent to be involved in the study and no additional requirements were forthcoming.

Considerations about ethics are interwoven throughout this chapter, but for the theoretical considerations on this please see Appendix 2.

Introducing the Researcher Self to Anyshire

Personalisation is rife with simultaneity, paradox and counter-claims and these have been explored in the earlier policy section of this thesis. In terms of methodology this means I needed to cultivate a form of vision able to manage these contradictions in situ. To do this I cultivated a position of 'Negative Capability' (Keats, 1899). This arose through a personal interrogation about how I would position and manage my researcher self.

The confrontation with the researcher self comes into play most readily as you move from the relative safety of the academic institution into the fieldwork setting (de Laine, 2000). Whilst I had prepared myself for the practice of fieldwork by familiarising myself with methods, seeking peer advice and running through the logistics of getting to the site, how I would embody my researcher self was somewhat down to the context of my reception (Lieberman, 1999). In this regard I was acutely sensitive to the imperative of reflexivity - recognising that I am part of the

social world under study and thus had an ethical responsibility toward it (Gouldner, 1970; Borhek & Curtis 1975).

I was looking to cultivate a role to situate and manage my 'personal front' as part of the social melee (Goffman, 1959). Among the core images of sociological theorizing throughout the history of the discipline is that of the "stranger": the person who stands apart from a community while engaging with it. This figure illuminates the importance of social boundaries by standing outside, while stepping in. It has obvious resonance for anyone undertaking fieldwork in a setting they are unfamiliar with. From Georg Simmel (1971) to Robert Park (1928) to Alfred Schutz (1944) to Erving Goffman (1968), sociologists are fascinated by the stranger. The idea of stranger provides what de Laine (2000:38) would call a "cultural script" something to guide my performance in the field as a 'proper' researcher. The desire for such a script has been documented as being more acute in the immersive fieldworker as they mitigate against their own vulnerability which intensifies from being in an unfamiliar setting (Lieberman, 1999; Mitchell, 1993).

However, I realised on my first day that cultivating an agile responsiveness to changing circumstances would equip me better for long-term fieldwork than a predetermined 'role' taken from casual anthropological accounts. Firstly, whilst I possessed institutional ethical clearance I was acutely aware that the conduct of fieldwork is always contextual, relational, embodied, and politicized - ethics are to be lived not stated (Dingwall, 1980). Secondly, I didn't feel like a stranger. Yes, I did not know the team intrinsically; I had no idea about the shape, form and language of their work, of their cultural peculiarities and social preferences. But in the run up to fieldwork I had attended their team meetings, introduced myself and the study, and provided the obligatory institutional paperwork. I had spoken to the team manager,

Chrissie, by phone on several occasions and had met with the head of service and group manager twice. In many ways I was being socialised into the moral order of the team so the smoky, shadowy associations of the enigmatic stranger just did not fit (Hunt, 1984; de Laine, 2000). So I adopted the looser position of the learner-participant. I used this term when meeting the team in the early days to explain that I was “interested in learning about what you do, what self-directed support is like, what it means for your work.” The participant angle came from the surprising degree of openness and access I was proffered not only by middle management, but by team members. I felt to try to close down these subtle efforts at informal geniality by building barriers in the name of academic pretence, would be unnecessary, rude and counterproductive.

I was content with the apprentice-like position I was attempting to carve for myself. It seemed to me to offer a degree of protection if I got it wrong or put my foot in it (both happened); it also enabled me to ask ostensibly obvious or even silly questions, “so what’s the point of the assessment then?” Lee (1993:133) identifies the minor transgressions of the cultural novice as ‘rehearsals’ with benefits. Indeed, I think in the early days this helped to neutralise any concerns team members had about me, as later into the study, one team member mentioned how initially he thought I “might be a management spy” but was relieved that this wasn’t the case. Another worker was worried that I “was some kind of expert on SDS” but that my questions on direct payments had convinced her otherwise. This is a common experience for the fieldworker as Atkinson and Hammersley (2007:63) identify, “people in the field will seek to place or locate the ethnographer within the social landscape defined by their experience.” The fear of being spied upon makes sense at a time of organisational overhaul and restructure, whilst the concern of being revealed as inexperienced or

unpolished reflects the sense of nervousness and apprehension at the scale and newness of the task they were facing at this time. Part of the problem with the idea of a 'script' for fieldwork performance is that it may be at variance with members' cultural codes (Okun, Fried & Okun, 1999). Looking back it was apparent that the team was more concerned with what kind of person I am, how trustworthy, what I could offer them, perhaps how malleable I was to their own ends. Of course, such insights are only spotted retrospectively but they are illuminating. My informality and willingness to ask obvious questions supported conversations about practice, about the intricacies and banality of form-filling, of the complex layering of process, and about handling difficult parents. These were vital insights into the daily rhythms of the team and they were accessible because I was physically present and carefully managing my 'personal front' (Goffman, 1959). I did opt to portray myself very much as the naïve researcher, emphasising that I was not a qualified social worker and downplaying my knowledge of self-directed support. It would be unfair to say I was duplicitous in this regard, but I was careful. I did not want to be seen (mistakenly) as an 'expert' on self-directed support because I feared I may be 'managed' in response. Impression management was geared to support my position as an acceptable marginal member within the team setting.

I was obviously not one of them, because I was neither a team member nor a social worker. But to me the main difference was our relative position on access; I was able to roam across hierarchies and team divides. I could move through organisational structures and across cultural fault lines, allowing me to compare events and talk across a landscape broader than that offered to any one participant regardless of hierarchical position. This was noted by team members who would often ask about how management meetings went and what was discussed. I utilised the local

knowledge I had garnered and tapped into pre-existing sentiments saying, “You know, it just went on for hours, the costings stuff again.” I appreciate this was a brush off but I did not want to get into the politics. Because I was not ‘one of them’ I think I could get away with this under the cloud of ignorance, rather than be seen as wilfully withholding information. I did project a kind of naïveté.

Negative Capability

In his letters Keats (1899:277) writes of a quality found in those who create great works of literature, he called his quality “negative capability”. He describes it as an ability to, “be in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason.” This accomplishment of embracing the unknown, looking it in the face, and sitting with it for a while is a difficult one. It is the willingness to remain in doubt and ambiguity. To possess negative capability is to launch a raft into a sea of uncertainty and not head for the first piece of land that emerges on the horizon.

A reluctance to jump to early conclusions and instead choose to explore different tangents within the work tends to lead to different insights and nuance which are likely to have remained hidden otherwise. Certainly, whilst my instinctive response to child protection talk in the office led me to consider one more overt set of conclusions, allowing myself time to sit with so far unrevealed suppositions led to a much greater nuanced and subtle set of findings. Findings that I believe are much more revelatory about the condition of contemporary social work with families than those more obvious, more structural ideas about status. Yet, this self-driven demand for negative capability has on occasion been hard to maintain in the face of the temporal boundaries of the study. It has been tested at the hopeless

misunderstanding of policymakers in understanding the contingencies and mess of practice. It has been tested when peers seek conclusive arguments at a stage I felt to be premature. It was tested when I left the field and began the task of piecing together a huge jigsaw puzzle of ideas, descriptions, notes and transcripts. The departure point in particular seemed to signal a need to start to become definitive. Yet, a few helpful supervisions ensured that my own frustrations at the sheer enormity of data did not pollute the production of more nuanced ideas. If anything, I have become increasingly convinced that insecurity is essential to creativity.

Negative capability is also a sort of native analytical method I have devised which seeks to prevent established frames of reference from becoming rooted and dogmatic, enabling other interpretations of events or courses of action to arise. I adopted a process of mirroring during my interviews with participants which builds in space for reflection, addition and contention (Wengraf, 200; Heyl, 2001). This enabled me to check my understanding and proffered participants an opportunity to embellish, clarify or reject my understanding. The point was not to get to the 'truth' but to ensure I remained intellectually flexible (Kvale, 2006). I adopted a systematic process of falsification at the coding and analysis stage which involved subjecting themes back to the data and vice versa (Popper, 2005; Flyvbjerg, 2006). In addition when analysing the archive of material I had collated I would look for disconfirming cases, those outliers of accounts which ran counter to the majority. I ensured these were explored and documented in the body of the thesis. This is all geared to keeping a degree of tension in the work and exposing those moments of contradiction.

The gaze of negative capability was brought about not just by being an 'outsider', but by experiencing differing perspectival arrangements. No one can assume the role of

being “a privileged commentator on his or her own actions”, in the sense that there is no other truth but theirs (Hamersley & Atkinson, 2007:182). But I was able to see the organisation from multiple contexts and places. I was able to observe meetings across the hierarchy and to talk to participants who experienced work differently. So perhaps I was privileged insofar as I was able to traverse across the organisation. I was fortunate in the sense that I was following the phenomenon of personalisation wherever it went - across parts of the service, up and down the hierarchy, in written documents, in case notes and assessments. This array of stimuli and materiality of the phenomenon was unlikely to have been experienced by any one participant. In this sense, it would be false to presume that participants are always fully aware of that which goes on around them; or why certain decisions have been taken or how justifications for events are made. I could indulge in the gaze of negative capability because I did not have to do the day job. This inevitably colours the interpretation of events and analysis of talk and experience differently between researcher and participant. I am sure it will do here.

Negative capability should not be read as fickleness or not having the confidence of one's convictions. More acutely, within the context of contemporary research it is not a state that can or should be maintained forever. After all, at some stage I had to leave the field to move into the more ‘hands off’ phase of analysis. I had to literally and metaphorically step aside, never abandoning those qualities of fairness and compassion but moving them into the next phase. Perhaps the learner-participant has to become the apprentice-analyst. It is at this juncture that differences are likely to arise and it is the responsibility of the researcher to account for decisions taken and conclusions drawn. What negative capability provides is a conscious reminder of the power of consistent mundane reasoning over the instinctive drive for security and

conclusion. Social life and its enquiry can only ever be reinvented and reinvigorated by living the questions as opposed to grasping for definitive answers. In exploring this team, this site and this topic I fully expect not to have solved a problem, but to have inspired five more! This is not to undermine what is written here or to assert that I have been in any way unfaithful to those who participated or to what I witnessed. Rather, it is a sense that I can only ever produce a snapshot of a period in time where my own position was always rather different to that of participants. In addition I was always two-steps removed from the meaning-making and social ordering practices of those social workers I observed.

A Fair Hearing: A Brief Note On Compassion

I have alluded to the potential for difference and divergence between participants and myself when it comes to the way in which talk is analysed or the relative significance I give to some events or themes over others. I put much of this divergence down to the nature of seeing that I was engaged in and the privileged position I had in not doing the work of social work. To manage this fairly demanded a sort of politics of compassion. I am sure that many who have undertaken ethnographic studies of their 'own kind' in social work will put forward their own version of empathy or compassion for working with their peers (Labaree, 2002; Leigh, 2014). But I do not believe that compassion is the sole preserve of those who are already part of the clan. It is an approach to research which does not ask the researcher to 'identify with' participants, but rather to understand and empathise with them, but from a degree of affective distance. Like negative capability a 'fair hearing' rejects any preordained judgements which can arise when one focuses on the

frontline. Indeed in my reading of institutional ethnographies and sociological studies of work, there can be a tendency to villainize managers and martyr workers. This tendency arises from empirical observations that ‘technologies of social control’ are increasingly textual and discursive (Smith, 1999). Such insights are important for this study and for other critical studies of organising (Campbell & Manicom, 1995; McCoy, 2008). However, concepts of control can become problematic if they are rendered simplistic facts of organisational life running in hierarchical lines from management to staff. Such an explicitly politicised approach to research can tend to mask as much as it reveals social features of organisational life. For example Ray’s (1989:289) study on work and culture renders the spectre of the manager, “an evangelist, a shaman, a statesperson.” Performative managerial talk is addressed with a degree of suspicion as she goes on to state how the ‘sermons of the manager’ become a control device, aligning these performative acts with darker (and commonly anti-staff) ambitions of the organisation. Willmott (1993) almost equates managerial discursive practices with Orwellian ‘Newspeak.’ Kunda’s more recent (2006:7) ethnography of work pointed to the ‘deepness’ of control exerted by the company, positing the instrumentalization of employee “thoughts and feelings, ‘mindsets’ and ‘gut reactions’” through the performative and cultural work of managers.

Here, I present managerial accounts alongside social workers’ accounts. I document the group manager’s struggle within the managerial hierarchy and showcase a social worker’s subversion of systems to meet her own needs. Performing in a system of instrumental rationality may be a bureaucratic soul-sucking nightmare and it might provide a workaround to a demanding manager - *at the same time*. Rather than presupposing oppression when processes proliferate, I explore how agents interact

with, resist or subvert those systems. A 'fair hearing' based on compassion recognises the ever-present constraints of context but refuses to allow those structures to suffocate the enactment and exploration of agency. Thus, a 'fair hearing' means pursuing relationships with *everybody* and being faithful to decisions of representation across the piece. This movement is captured by an approach to the field which I have called 'following the phenomenon.'

Following the Phenomenon

Traditionally, anthropological studies defined fields as geographically and spatially bounded. The island was a classic example. Ethnographic works similarly adopted geographic boundaries of neighbourhoods or towns, never needing to define the field much beyond the city limits (Gobo, 2008; Marcus, 1995; Denzin, 1997). This helps preserve researcher identity as well as provide a useful compass for the reader. The idea of bounded geographies is of course still important and the interrogation of relationships of place and space to people is a perennial research concern. But in the world of work, of institutions and of organisations of which this study is a part, things are now more complex. Social workers work in their cars, on their phones, they type notes in cafes between meetings, they share information impersonally through email, they update case notes remotely, they co-author assessments and access shared drives. Social workers, and thus the work of social work travels more than ever before. The same is true of the processes and activities of organising at individual and institutional level organisation - tales of the organisation travel, information is shared and circulated through the internet, press releases go to local papers and onto websites, directors get interviewed for

magazines about practice. So would it be competent or thorough enough of me to define the field as “Anyshire” in the geographic sense of council buildings or county-boundary? I decided that it was not.

To answer, “how personalisation gets done” demands attention to systems and processes and exploration of the interaction of people with ‘things’. This is particularly the case for a profession who has been said to find the adoption of IT systems in daily work, “cumbersome, deskilling and challenging professional judgement” (Hall *et al*, 2010: 403). In addition, the array of tools, technologies and innovations associated with personalisation are commonly of a non-human nature (the exception being support planning). So we are presented with personal budgets which are calculated by new systems of resource allocation and spending patterns are accounted by form-based audit procedures. Things, systems and processes were likely to proliferate in a team charged with delivering self-directed support and they did. So in defining the field I needed a turn of words or an approach which would enable me to illuminate the experiences and consequences of these more invisible activities, whilst capturing the heart of the work which is the talk and experiences of SDS West and their managerial colleagues. I needed a way of viewing the site which could collapse tradition distinctions between the life-world and systems.

Marcus (1995) helpfully provides us with the concept of the ‘multi-sited ethnography’ - ethnographies that follow the metaphor, the people, goods or systems rather than places. This is a key insight for the construction of this study, for I decided to construct the field as ‘following the phenomenon’, the phenomenon being self-directed support in Anyshire. I followed cases, I followed metaphors, I followed conflicts and of course I followed people - participants in SDS West, their managers

and those associated with the implementation of self-directed support. In following the people I followed talk, experiences, and observations as participants enact, challenge, construct and deconstruct the idea, discourse and practice of self-directed support. Befitting the close exploration of everyday social activity encompassed within ethnomethodology I also followed systems, paperwork and procedures in isolation and as interactive sites (Rouncefield and Tolmie, 2011; Sharrock and Anderson, 2011). Such an undertaking draws attention to micro-processes of work whilst focusing attention upon local methods for making sense and making culture. As Garfinkel (1964) identified, shared workplace systems, processes and procedures are collectivised methods for structuring work and for demonstrating competence to peers.

The idea of following the phenomenon as a way of constructing the field allows me to explore and account for both embodied and disembodied experiences of doing social work and self-directed support. It also is suitably open to exploring the phenomenon in many different guises - personalisation as policy, personalisation as narrative, personalisation as tool/process/technology. Of course there are caveats, the scale of the activity had to be managed and the study is concerned with the work and experience of social work as it interacts and 'makes real' stories of personalisation. I was not for example able to follow the phenomenon into the community, into parent/carer groups, into schools or respite services. These are areas which require further research.

Three Modalities: Talk, Interaction, Discourse

I intend to be relatively brief when discussing the three modalities of talk, interaction and discourse because I have covered these throughout the genealogy of the research problem. The importance of these three is that they direct attention to the making of local-meaning. Observation and analysis of talk and interaction focus on local practices for 'doing' social work, for ordering and managing work. These are active modalities focusing on participant's action rather than inner selves. As Sacks' (1992) advised, I work with what is most directly observable. The earlier references to ethnomethodology indicate that in this thesis talk is very much understood as active-performative and the analysis of talk draws attention to what it *does* as much as its substantive content. The three modalities are also indications of the study's interest in inter-subjectivity, inter-professional talk and sense-making.

Talk

There is nothing clever about talk. I do not filter out certain 'kinds' of talk in my analysis and I certainly did not try to find particular 'forms' of talk in Anyshire. Rather, like Eipper (1998:6) I do mean everyday mundane talk, "conversation and chatter." It is Husserl's (1970) *Lebenswelt*, common-sense reasoning. I was interested to observe mundane talk in the office and to partake it in because I wanted to see how social worlds are made and remade, constructed and deconstructed through talk and its corollary- text. In particular I wanted to see the bearing that talk had on 'doing personalisation.' I was keen to explore textual and linguistic practices that helped (or hindered) the achievement of social work in a self-directed support team. So talk is a

window into processes of organising, which forms the core tenet of ethnomethodological insight (Garfinkel, 1956, 1967).

Linguistic practice is of particular importance for this study because of its substantive context - social work with children and families. That is, given the 'invisible' nature of social work where from an institutional standpoint, families, children, theories and practices are literally talked and written into existence (Pithouse, 1987), talk would be one way into that world. However, just because the talk is local, that is accounts are constructed and told in the team and in the site, this does not mean that they don't travel. Quite the contrary. In talking about cases, self-directed support and work, social workers invoke languages spoken elsewhere - the law or psychotherapy, policy or theory. In addition, their tales often are told as stories about phenomenon far broader than the immediate telling would imply. As White (1997:2) put it, "competent accounts are both locally accomplished and located within particular discursive formations." In this study it became apparent that whilst talk is predicated on everyday reasoning and natural language, it could only be evidenced on the front stage of institutional organising through complex interactions with systems and by invoking localised and meta discourses. The point is that although I utilised talk as my window into the social world of SDS West, talk is in a constant relationship with forms of interaction and discourses.

Interaction

I stated that I wanted to follow the phenomenon of personalisation wherever it went in Anyshire. I was interested to see how workers experienced the resource allocation system, how they used forms and processes, how they spoke about costing activity

and support planning. These are forms of interaction that are layered; they have consequences for cultures as much as systems and have significance for *post hoc* justification of professional judgement. In Anyshire as I am sure is the case in many public service organisations, forms and systems provide the audit trail, offer a mechanism for scrutiny and surveillance (of social worker and family) and provide the state with justifications for access and resource. Systems and processes are never value-neutral, like talk they 'do' something and 'say' something about culture.

In exploring interactions I combine a concern with what talk does and how talk imposes order with exploring how forms of interaction give rise to demonstrations of the worthy professional self. It represents a hybridisation of organising, with the achievement of a competent presentation and management of the professional self. This is often achieved through talk or text, but emerges in conjunction with interaction with peers, colleagues, managers and organisational scripts - of which assessment, case notes and processes are a part. I feel in order to answer, "how does personalisation get done" demands attention to how social workers project competence and justify action as 'doing' self-directed support. Interaction is core to this process of projection.

Discourse

I was interested in how discourse as a body of knowledge with epistemic significance becomes discourse as naturally occurring talk (Walker, 1988). That is, meta themes are drawn upon and reproduced in daily encounters and professional talk. I was interested to see if and how social workers distort, subvert and utilise such psycho-political-legal discourses. How do they remake person-centred, choice

and control, empowerment narratives? Most simply as Garrett (2013:193) asked, “how is the ‘change agenda’ orchestrated and assembled in particular fields of operation?”

It is inconceivable to think of a frontline study of personalisation without considering meta-themes of responsibility and citizenship, or narratives of state failure and paternalism. These have been explored in the literature review as providing the touchstones and origin stories for the drive for personalisation. Moreover I am keen to combat two jeopardies of ethnography, firstly, that the necessary localism of the study becomes a form of “methodological situationalism” (Sibeau, 1994) shrouding the macro-social phenomena in a potential cult of voluntarism. Secondly, that a focus on mundane talk mistakenly denies the regularities with which frontline actors synthesise local micro experience with macro ideas or invocations. They do it all the time. It is compulsive and it points again to the iterative relationship of ideas, discourse, talk, text and interaction in the melting pot of social work organising (Cicourel, 1980). To reorient ourselves to Anyshire, the study is interested in how discursive elements contribute to the formation of thinkable and legitimate social practices in the undertaking of self-directed support. An attunement to discourse can help us explore, what is ‘the order of things’ here.

Methods and their rationale

Answering the question, “how does personalisation get done” implies a methodology which involves immersion in the social world: watching, listening, talking and participating, for the question itself is an active and emergent question. The study is very much centred on the present, shaped as it is by shifting contingency and

culture. I devised a cocktail of methods which gravitate towards immersion and relational engagement with participants as these hold the key to describing and understanding the SDS team and their context in the moment. I cannot answer, “how does personalisation get done” if I, as researcher, do not immerse myself in the activities and practices of those who are tasked with delivering on such unwieldy promises.

Observation

Insightful conversations about practice, the informal quips about other teams and the observation of the grind of paperwork materialised at all because I was undertaking old-fashioned fieldwork, based with the team for almost four months, 4-5 days a week from 9am - 4pm. I am sure that almost all methods textbooks offer arguments for and against specific methods, and emphasise the need for coherence across methods and paradigms rather than methods in and of themselves. Yet there is a primacy of observation for a study like this (Gobo, 2008). That is, there is a particular importance attached to being part of this world in some way, to experience it, to feel it, to allow it to saturate you for a while. In *On Field Work* (1989:126), Erving Goffman starkly articulates the embodied condition of participant observation,

“Participant observation involves “subjecting yourself, your own body, your own personality, and your own social situation, to the set of contingencies that play upon a set of individuals, so that you can physically and ecologically penetrate their social situation, their work situation, or their ethnic situation...you are in a position to note their gestural, visual, bodily response to what’s going on around them and you’re empathetic enough – because

you've been taking the same crap they've been taking – to sense what it is they're responding to. To me, that's the core of observation.”

I observed team meetings, management meetings, panel meetings, group supervision and one training day. I shared lunch breaks with participants where possible. When I was not in meetings I participated in office chat, asking questions, shadowing the work in the office, sharing car journeys to and from events and meetings. I took observation notes in all of these spaces. In terms of 'what' to observe or note, I heeded Schutz' (1944) advice which was to adopt a cognitive stance of estrangement. The aim of this was to make explicit those patterns of behaviour or sets of tacit knowledge that the team take for granted or deem irrelevant. So it matters less what you observe, but more that you observe with a kind of reverie; because that kind of keen observation is what transmutes information into knowledge. In the early days of fieldwork I took notes about everything. I could easily be typing up notes until 11pm on the day of observation, clocking up 2,000 words comfortably. Before I had any real orientation to the people, the work or the place I followed Percec's (1999:50) advice,

“You must set about it slowly, almost stupidly. Force yourself to write down what is of no interest, what is most obvious, most common, most colourless.”

Even now I can remember exactly what worn files were on the top of the five-storey bookshelf, ridden as it was with burnished pins and chipped white paint. I filled five notebooks during the fieldwork study and typed over 50,000 words in the daily write up of these scribbled thoughts. I drew seating plans at meetings, sketched the office space, mapped ideas and did my best to capture conversations and talk verbatim. An example of the daily typed notes can be found in Appendix 1.

Table 1: Observation Hours

Month	Hours in the office	Hours in team meetings	Hours spent Interviewing	Hours spent in managerial meetings	Total
1	138	5	4	10 *one meeting ran to 4 hours*	157
2	144	4	5	5	158
3	120	2	13	3	138
4	70	8 *one meeting was a day group training/supervision	3	0	81
Total	472	19	25	18	534

Interviewing

I toyed with the idea of undertaking narrative interviews and had prepared myself for this possibility by taking a University-run short course on it, but once in the site I could see too many pitfalls and limitations. This is in part because to adequately explore the question, “how does personalisation get done?” I needed to address matters of ethnomethodological interest - systems, procedures, processes - as well as the obviously human contours of understanding, construction and experience. I could foresee interviews going awry, or worse that my impatience to talk about discrete features of the work of social work, could undo my hard work in the intellectual and interpersonal sense. So I undertook conversational (loosely) semi-structured interviews. All interviews were conducted on the site of the team’s office, but away from their part of the building. Interviews were digitally recorded and transcribed into the software package Nvivo. Generally interviews lasted 90 minutes although a couple ran on to over two hours.

To ensure the interview encounter was neither too stiffened nor too intense I asked similar questions but placed them in more or less personal or abstracted frames. I

would commonly open an interview with abstracted or organisational-level questions as a way of getting into the topic safely. Later in the interviews I begin to frame the questions more personally. I also asked questions through the distancing frame of cases, so I would ask if there was a case that had worked well with self-directed support and if so why. Quite often I did not have to do this as cases were offered up as exemplars of an issue or a problem, I would then pursue more about the case and its implications. Many social workers began their answers with, “well I can tell you about this one family” which was really helpful.

I have made a case for ethical fieldwork practice in part on the basis of a researcher-self concerned to embody ‘negative capability’, this must imbue the practicalities of method as much as the grander philosophical bases for interpretivist research. In this regard I took much from Holstein and Gubrium (1997) and their ‘active interviewing.’ In distilled form, I align to their stance that knowledge is made and remade co-productively in the interview encounter. I do not see phenomenon or knowledge as being ‘out there’ ripe for capture, but rather emergent through action and interaction. Thus I do not approach the interview as an interrogation or a mining exercise, where the interviewee has knowledge I want access to. Rather, knowledge is fundamentally social and transient, rather than fixed and permanent. Like sociolinguist Briggs (1986) points out, this means that in approaching the interview encounter I am concerned with setting the conditions and monitoring my own behaviour in order to support that coproduction. By adopting such an ‘active perspective’, (Holstein and Gubrium, 1997:114) I was concerned with how I would frame, shape, and respond to the encounter as a site for meaning-making. I knew I needed to attend to this as much as to the content of the questions asked. The interview encounter was thus geared toward a co-productive and mutual exploration

of the meanings the interviewee associate with their social worlds (Heyl, 2001; Spradley, 1979). The rationale for undertaking these conversational interviews was to provide a space for participants to proffer lengthier narrative accounts of their experiences. As Edwards (1997:280) put it to, “allow participants to develop long turns and tell things ‘in their own way’”. Rather than view such interviews as an ‘add on’ to the focus on naturally occurring talk, such interviews when undertaken within the context of immersion are consistent with ethnography's aim to “grasp the native's point of view” (Malinowski, 1922: 25).

By this stage in the field I was engrossed in the “voices of the other” (Denzin, 1997: 33) I was particularly fascinated in how participants would riff off each other to create and recreate cases, or to bring other non-present voices into the picture to ‘hypothesise’ and create a different version of events. This was an advantage of the interview method not proffered through a purist take on ‘naturally occurring talk’ (Silverman, 1993). Interviews enabled me to test out alternative tellings of the case and to see how office talk differed or not from interview talk. In the main it differed in terms of the ways in which workers would persuade me of the validity of their accounts, for example I heard much more about theory and policy in the interviews than in the office. This reflects Scourfield’s (1999:53) finding that, “interviews are obviously a forum where the official version of professional work might dominate.” Given that this study is interested talk, it was fascinating to see how workers draw upon different discursive architectures for their accounts and how these serve to get the work done.

Table 2: Interviews Conducted

Organisational Position	Number of interviews	Average length of interview	Average transcript length (complete single-spaced)
Management	X4	82 minutes	18 pages
SDS West Team Members	X9	100 minutes	20 pages
Other	X2	70 minutes	15 pages

Analysis

Analysis began on day one of fieldwork. In typing up my observation notes for the day I would additionally write what had surprised me and what needed following up and began to crudely group together talk and events under early thematic codes.

This helped to focus my attention whilst in the field on matters that were recurrent or ongoing and that I wanted to find out more about. On exit, these reflective commentaries proved to be invaluable because when I returned to them they triggered events and themes that I had noted at the time but had forgotten, or in the remembering I could link these memos to newer themes that had arisen subsequently.

I transcribed my digitally recorded interviews into the software programme Nvivo and then uploaded my observation notes to this archive. I transcribed verbatim and only 'cleaned up' the transcript where confusion was likely. In the coding process I added notes and memos throughout. It was also useful to see how aspects of data corresponded to other extracts of talk and text, building pictures of how themes and experiences conflicted and interacted. Coding was an interplay of three factors - locally provided categories for analysis (participant talk), my own categories built upon observation in the site and meta-level themes (policy discourse).

In the first stage of analysis transcripts and notes were analysed for their thematic content, e.g. identity work, the resource allocation system, child protection. These were furnished with open and explorative researcher-generated categories. Finally I coded 'in vivo' as the programme would put it, these are local turns of phrase, concerns, methods of work provided by participants. They offered nuance and complexity to the self-generated or meta-level themes and acted as a check on my own sensemaking. To avoid reduction or relativism I coded contextually so did not code just a small item of talk or text but a paragraph. I would then annotate the selection with thoughts, events and related speech forming a kind of analytic chain.

To avoid factoring out difference and on the sensible advice of my supervisor I engaged in a kind of process of falsification - reading the first and second order codes back into the text. This was important to avoid overstating any case or argument and for ensuring a degree of balance between the kinds of categories I thought I had seen and indigenous accounts.

Yet there is more to analysis than these more technical and practical elements. In undertaking close study of talk and text I was drawn to forms of analysis which maintained a focus on meaning and holism. I was concerned to preserve a degree of narrative scope in my analytical work which I feel befits a study concerned with meaning making driven by participant talk. Thus, rather lengthy extracts have been chosen which have been analysed for their action-performative features (Edwards, 1997), that is for the artful rhetorical work they do. I did not use conversation analytic techniques in the transcription of the interviews, as the sequential features were less important than the words spoken, that is, to illustrate through transcripts the local production of knowledge and meaning (Silverman, 1998). In this regard the

implications of the whole and the literary take primacy over the inner workings of the exchange of talk which (re)presents it.

My interest in narrative and the whole over the perhaps more technical aspects of conversation analysis stems from the broader philosophical landscape within which this study is located and its antecedents in hermeneutics (Gadamer, 1975). A narrative take to analysis ensures participant accounts are respectfully approached as social artefacts and sensemaking tools (Bruner, 1990; Plummer, 1995). The aliveness of such approaches led me to explore Ricoeur's (1981) concern to restore meaning to text through a hermeneutics of faith. Such a stance is characterized by a willingness to listen, to absorb as much as possible the message in its given form and to respect narrative as a personal and cultural mechanism for understanding. I have utilised these insights alongside others (Bruner, 1987, 1990, Polkinghorne, 1988) to treat the interview account as a social product produced by participants in the context of specific social, historical and cultural locations. Analysis was attune to insights from Bruner (1990) in sensitively exploring the construction of accounts as in-the-moment interpretive devices through which people represent themselves and their worlds to themselves and to others. Bruner's work was also useful in considering more canonical stories in Anyshire which sought to guide the permissible, the exceptional and the ordinary. One social worker's tale of resilience clashing with a tale of risk (see pp 198) exemplifies Bruner's influence by revealing the ways in which narratives structure the permissible whilst illuminating the performative nature of storytelling. In other regards Plummer's (1995) sociology of stories approach which considers the political and cultural conditions for narrative creation and telling had influence when it came to analysing accounts. Plummer's

work alerted me to the importance of accurate yet incisive situating of stories - how they are told, who tells them and the performative aspects of the telling.

Representation

Coffey and Atkinson (1996) suggest that there is no need to privilege any particular form of data, be that field notes, interviewing or documents, because all are revealing in terms of the social dynamics and processes of ordering in the site. All have fed into this thesis and have furnished my understanding of the practices, ambitions and challenges of self-directed support in Anyshire. However, in terms of the production of a thesis I opted to front-load the thesis with participant talk so deep-analysis was predominantly undertaken on conversations embedded in fieldwork notes and interviews. I allow considerable space to analyse what talk does, how accounts operate and what they inspire or invoke, and this is a close kind of analysis befitting a study concerned with how social worlds are made through language. Such extracts lead this study and provide momentum for it.

To counter accusations of ventriloquism, I have tried to weigh the chapters heavily with first-hand accounts and participant talk. I have considered carefully how these accounts are presented and have made sure they are contextualised well. I have not extracted wildly to try and further my own analytic cause, quite the contrary I have come to terms with and celebrate the divergences, schisms and paradoxes inherent in this study. However, detailing some of the circumstances under which accounts have arisen presents an ethical trade-off. This is between situating the example within its context and not over-detailing it to reveal identities. I have more to say on confidentiality below, but it is a recurring challenge and one that I take seriously.

I am acutely aware of the accusation that ethnographers are prone to sanitising their accounts to filter out discrepancies or outliers, or event accounts which simply punctuate the prose in jarring ways. Law (1993) alongside others writing at the same time (Mitchell, 1983) have drawn attention to the ways in which the telling of the research story can lead to an absence of nuance or complexity. They accuse the ethnographer of oversimplifying, of political selectivity, of seeking to excessively order the flux of social life in order to produce a powerful narrative. I have not engaged in this process of simplification and sanitation. This will become apparent as I utilise divergent extracts which show considerable variability in conceptualisations of self-directed support. There are discrepancies in how social workers order and organise their professional lives to accommodate this new artefact within what they believe to be 'social work'. Differing conceptions of what the social work task 'is' and what it looks like are in evidence within this study. Thus bracketing out cases on the basis of a crude weighing of 'pro and con' camps within the office is neither a possibility nor would it do justice to the richness of social life during periods of transformation and uncertainty. In fact, in allowing paradox, puzzle and contradiction to flourish in this study, I believe it retains a rawness befitting the realities of contemporary social work with families.

I have attempted to show temporary order-making strategies across the piece to illustrate how in the uncertain and complex world of social work with children and families, the work gets done. In presenting these sense-making and disciplining activities I do not separate out management from the frontline, although in the main I was witnessing frontline sensemaking. The point is that I have tried to present fragilities and resiliencies across all levels of the hierarchy, this is also a strategy to

avoid reductionism and to present Anyshire as being enmeshed in much larger webs of influence and power than those which I experienced directly.

The open approach to access enabled me to collate a rainbow of accounts across multiple contexts. This was positive as it revealed that in Anyshire, there are very few totalising narratives or complete positions. I have chosen to run with that rather than attempt to discipline out the complexities. One manner in which I have done this is through a process of 'falsification' at the point of analysis this is documented below. Another way in which I have celebrated the complexity is through the rationales for choosing extracts for representational purposes. Extracts have been chosen because they:

- ❖ Are confirming of a theme/occurrence/pattern; or
- ❖ Are disconfirming of a theme/occurrence/pattern; and
- ❖ Are representative of a common experience or invocation.

Finally, I accept that in order to render this thesis readable I have to engage in a form of order-making of my own. Part of this is the need to provide temporarily stable brackets for participants, so I do refer to 'new starters' as somehow different from 'established team members.' I do refer to the 'team' and the 'units' and 'the frontline' to 'management.' But these are broad churches and I am careful not to homogenise but rather point to patterns of similarity and difference.

Confidentiality

In this thesis, in an effort to keep all information as confidential as possible I have utilised pseudonyms for places, for people and for children and families referred to in

talk or text. I have changed the names of all participants in this study and I have altered the genders of many. I have been prosaic in detailing the career histories of participants, but not to the extent that vital context is lost, because professional histories and processes of enculturation into children's services are an important aspect of this study. I have altered names and genders of children and parents referred to in the talk of social workers to protect both parties. I have altered descriptions of people and places. I have been careful not to document too closely the medical needs or family contexts of children referred to by social workers as these too could jeopardise the anonymity of non-participants. However, I was not prepared to dehumanise participants by simply labelling them 'social worker one' or 'a social worker', the context of their telling and their experience was too important to lose. In coming to this decision I was conscious of Ferguson's (2011) concern that much writing on social work practice denies the affective and the existential contours inevitably encountered on the frontline. That is, such writing struggles to capture the feel of the work of social work. Nonetheless, I appreciate that others may have come to a different conclusion.

These methodological decisions are important for capturing personalisation-in-the-making and for adhering to an ethic of compassion for participants throughout the research process. Now it is time to turn move away from the contours of philosophical consideration and into the world of SDS West as they grappled with making a local form of personalisation real.

Part B

Chapter 4: A Narrative Introduction

It would take a substantial tome to cover the daily intricacies of all that went on amongst SDS West, so to move things along, proffered here is a narrative synthesis of the generalities of the team, their activities and environment. Within the synthesis are themes and events that will shortly be drawn out in more detail, utilising the rich talk, notes and ideas that emerged from the team and my interactions with them.

These include but are not limited to; the ways culture is talked at panel meetings, the convergence of cost and care, child protection and professionalism, choice and moral invocations for practice. This narrative synthesis has been pieced together from notes taken in the site, ideas formed in subsequent discussion and from direct transcript data. It acts as a textual proxy for an understanding developed over time and with hindsight. It is here to introduce the team, to prevent reader disorientation and to offer a general sense of daily life in the office.

Introducing the team

The team was housed in a multi-storey building just set back from a main artery in the county city centre. The team's part of the building was shared with a number of NHS practitioners and the interior did remind me of a new-build GP practice - glass-fronted, automatic doors, red and blue desk chairs. Their office looked over the park which ran in front of the centre across the road. It felt really rather tranquil, only the gentle hum from the busy main road was there to remind you that the city was a few minutes' walk away. The sunny side of the building held the communal areas including a much used kitchen area. This was where the sociability of the place was found; like the days of local government past you could almost always guarantee a

free piece of communal cake and a chat. Yet, despite the cheery activity of the centre, the team were rather isolated. Geographically they were a city team only a mile away from the council buildings home to the group manager and head of service. But those more senior managers who were in a position to offer reassurance and kudos rarely visited SDS West, a complaint which was aired often. Professionally, they were the only non-NHS team on their floor and their organisational and day to day experiences were wildly different. Temporally, their caseloads incurred extensive travel and time restrictions, meaning lunches were eaten at desks or en route to visits which interrupted full integration into the hum of the place. It was apparent rather swiftly that the team felt detached from the city nearby, isolated from the day to day business of the centre and overlooked by their own organisational hierarchy.

Reaction to Re-enchantment

I began fieldwork at a time of significant and all-encompassing change within Anyshire's children's services directorate. The council was embarking on a specific re-enchantment agenda of its own, buoyed by the Munro review and recent pioneering work undertaken by its adult social care department and its history of personalisation work. Both adult's and children's social services have an impressive history of putting themselves forward to trial new ideas - they have been 'path finders', 'early adopters' and 'trailblazers' under New Labour and Coalition governments. This quest to be first was one of the attributes that drew me to the site in the first place. In addition to hosting pilots for national policy, the council has form for creating its own organisational models and approaches to service delivery. The

most significant of these organic developments is the roll out of Anyshire's systemic unit model premised on Hackney's prototype which has come in for praise in the Munro review and other evaluations (Forrester *et al*, 2013; Munro, 2011). Anyshire's model is similar in its emphasis on the sharing of cases, extensive training for staff in various theories and therapies, and the involvement of clinicians in case work. Its ambitions for the workforce are also similar including enabling social workers to spend more time with children and families, and less time on administrative tasks, promoting professional autonomy so that families experience fewer delays and providing an environment in which practitioners can share risk. Alongside these units are two self-directed support teams and a smaller number of locality teams. I joined SDS West three months into the roll out of the unit model.

It is difficult to underestimate just how much disruption had been wrought on all aspects of the service in this time. Several unqualified social work staff had been made redundant, several managers had left, teams had been disintegrated and reconstituted in units, given new names and placed in new offices. The day I arrived on site I was told (with some resignation) that iPads had just been handed out to unit staff whilst recruitment for consultant social workers struggled. The business administrator told me of the masses of new paperwork and processes that had been created through the restructure and called for the formation of entire administrative teams to manage these new problems. What I walked into was a wholesale reimagining of social work delivery across the county. I however, had found myself in a team where members described feeling profoundly peripheral to these developments.

The Players

The Self-Directed Support team West (SDS West) had only been in existence for 6 weeks when I joined them. The team comprised four social workers, one team manager and two business support officers. The four social workers had come from the previous three patch-based disability teams; the team manager had previously worked for the council before taking a career break and returning several years later. The team had undergone preparatory training for the newly created self-directed support function in recent months and had only really interacted from that point onwards. Only two of the original four team members had worked together previously; the team was as new as self-directed support in this regard, everyone was finding their collective feet. Within two months four new social workers would join the team as part of a dedicated recruitment drive to “infiltrate the existing team with new blood” as the head of service put it.

Table 3: SDS West Team Members

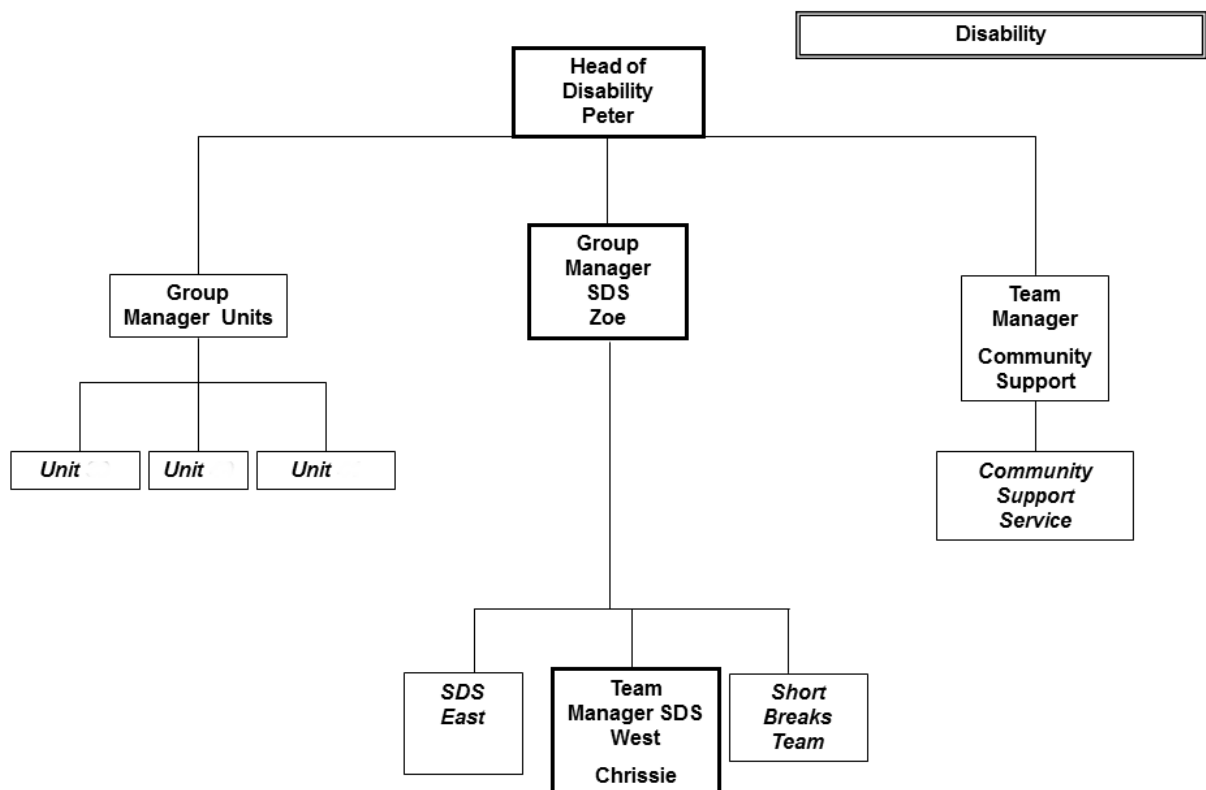
Name	Role	History
Chrissie	Team Manager	Previously held positions in Anyshire’s adult and children’s services.
Megan	Social Worker	Previously worked in a children’s social work team in Anyshire.
Amy	Social Worker	Previously worked in a children’s social work team in Anyshire.
Karen	Social Worker	Previously worked in a children’s social work team in Anyshire.
Sylvie	Social Worker	Previously worked in a children’s social work team in Anyshire.

New Starters		
Lauren	Social Worker	New recruit to SDS West
Ethan	Social Worker	New recruit to SDS West
James	Social Worker	New recruit to SDS West
Chelsea	Social Worker	New recruit to SDS West

The West team was part of the disability service, itself a newly created subsection of the children's social care directorate. The disability service is headed by Peter, a social worker of many years who has worked in adults and children's services. He refers to himself as a "lifer" and was mentioned by all as being instrumental in bringing self-directed support to the service. His ambition for self-directed support went well beyond policy implementation; he told me he saw it as a vehicle for profound cultural change. He told me of his frustrations with what he felt to be historic poor practice in Anyshire - a lack of managerial commitment to staff, families left without reviews or communication for months at a time, social workers who "hid behind panels not thinking for themselves." He referred to self-directed support as being a way to encourage social workers to "bring themselves to work" and to reject an ethic for work he said was indicative of being a "local government functionary." For Peter, self-directed support was intimately interwoven with his own professional biography, telling me that SDS was the culmination of a journey he had been on "from locked wards in the 80s to independent living to personal budgets." His philosophical commitment to what he called "user empowerment models" of social work encompassed in his vision of self-directed support led me to conceive of his accounts as a liturgy. This is not to be pejorative but to underline the passion and commitment displayed in Peter's accounts for and of self-directed support.

Peter has oversight for the two self-directed support teams, the three disability units, the community support team and the short breaks team. The group manager, Zoe, works under Peter as the manager responsible for the two self-directed support teams and the short breaks team. She led the pilot study for personal budgets for families with a disabled child which the council had run in 2010. This pilot built on several years of policy and development work as she and Peter had scoped the potential for self-directed support as a trajectory expanding from their Aiming High programme.

Figure 2: Anyshire Disability Children’s Service



Needs talk

SDS West was staffed by fully qualified social workers. In the main they would speak of themselves simply as “social workers” or “Child In Need Social Workers”. Rarely would established members of staff talk of being a ‘disability worker’ in the way that Peter and Zoe would often speak of them. It is important to remember that whilst SDS West was experiencing considerable changes in function, they were still fully-qualified social workers with statutory powers. Self-directed support does nothing to change this. This means that these social workers still have duties to assess children for eligible needs, to construct and label those needs and to take steps to meet them. Referring to oneself as a “Child In Need” social worker originates in the 1989 Children Act. Section 17 (10) of the Act defines a child as “being in need” if:

- a. He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development, without the provision of services by a local authority; or
- b. His health or development is likely to be significantly impaired, or further impaired without the provision for him of such services; or
- c. He is disabled.

Members of SDS West were rarely required to delineate their power by recourse to the Act, it was a taken for granted assumption that they were working with children who fell into the last group. This was itself largely determined by a formal medical diagnosis or assessment. Needs talk (Fraser, 1989) duly proliferated in SDS West as a way of asserting a role, of constructing the case and thusly managing the work. In addition, on occasion members of SDS West would also have to discharge their powers under section 47 - child protection duties. There were instances of this

during my time with SDS West and these were increasing as the team took on increasing numbers of potential Looked After Children (LAC) cases.

The “Child In Need” title is an important source of identity for members of SDS West. It also confers a certain power when working with disabled children and their families. It constructs the family/worker encounter in particular ways, which could on occasion lean towards deficit-approaches to child and family capacity and resilience. The core assessment form social workers were tasked with completing framed family life around ‘problems’ and ‘concerns.’ This fits with what others have found with regard to systems of assessment (Hall *et al*, 2010). This was noted by some new members of staff and managers as fuelling ‘gifting cultures’ because the relationship was cast through the prism of the child’s perceived vulnerability, the families’ ‘need’ for support to fill these ‘gaps’ and the worker’s role as ‘allocating’ or ‘gifting’ services. Needs talk was capable of bestowing responsibility ‘to meet needs’ on the family, often the mother, or of removing it. Needs talk was also used to evaluate the quality of relationships surrounding the child - to ask ‘who’ was meeting these needs and ‘how well’ in order to form a judgement about the role of the service.

Others have noted that this preoccupation with ‘need’ is heightened in disability work because of the additional considerations of a child’s impairment and potential vulnerability as a result (Moss, Dillon, Statham, 2000). In this sense, the child’s impairment adds an additional dimension to how the worker/family relationship is constructed; there is a sense that the child is ‘always already’ vulnerable. The power of diagnosis in these cases seemed to reify that position.

Such aspects of talk historically formed the foundation Independent Living Movement to challenge cultures of paternalism, exclusion and dependency (Duffy, 2007; Glasby and Littlechild, 2009). The aim here is not to rehash these arguments but to simply state that the construction of needs in Anyshire was both a core feature of making the work manageable and an important aspect of professional identity for some. My intention is merely to signal the professional, organisation and semiotic utility of needs talk and to mark it as an important contour on the topography for SDS West. This emerges in conjunction with other aspects of practice and antagonises the kinds of participative and inclusive practice the head of service sought to instil across the service. Thus, it would have been remiss for me not to have at least referred to this phenomenon at the structuration stage of this study. The most important point to remember is that needs are constructed in social work, they are not essences or properties of a child or family, but are in fact professional practices geared to sifting and managing cases.

Unknown Families

Due to the restructure, cases had been re-distributed between the Self-Directed Support East and West teams. The restructure had impacted heavily on these teams as the original three disability teams became two, resulting in a greater number of cases spread over a wider geographic area. The team was drawn from these previous incarnations; some members had worked in their market town for years, others were used to the estates in the outskirts of the cities, a few had worked the outlying villages to the east.

The restructure had other unforeseen consequences. An audit of all cases across the children's directorate had been undertaken in an attempt to identify pockets of previous mismanagement or poor practice. This undertaking revealed significant numbers of missed families, families who had not been seen for over two years, and families who had been given a recurring package with no review. Again, this impacted most heavily on the renamed self-directed support teams as the small proportion of the most complex cases were peeled off to the newly formed units. This left a mass of unknown families - missed, forgotten, frustrated, angry, and resigned. The impact of holding cases which had not been explored was great as the team manager said to me, "Everytime you set up that first visit you reveal a can of worms that need dealing with, each time you dig deeper you find more worms to deal with." This was echoed by a new member of the team, "we've got some [cases] where we've unpicked stuff, a lot of these cases that no one had contact with before suddenly we've gone in and it was assumed that there wouldn't be anything much to find and we've gone in and suddenly there are big concerns" (Megan).

As the months went by SDS West was described as becoming a form of cover for the problems the units were facing with regard to recruitment, stress and sickness. One new member to the team reported,

"We have got a big caseload and we are taking a lot more cases now...It's because Unit B were left with just one social worker, they've had sickness and they haven't been able to recruit so they've only got a part time consultant. They had a lot of sicknesses, so Lucy was just left with the coordinator with the whole unit so they had to lose over half of their cases, some went to the other units, but a lot of them came to our team so we've got these cases who

were judged as needing unit support that have come to us and I don't think that anything's gone back into them!" (Ethan)

The unpicking of cases that had been left on the shelf was a priority yet the consequences of revelation often taxed workers and delayed the activity their namesake implied,

"Even though the service is 8 months in to evolving, we're still playing catch up with a lot of the statutory stuff. So to be honest with a lot of our cases we're still not at a point where we're really taking self-directed support forward."(James)

In addition to the procedural delays caused by this mass of unknown families and the importance of clearing the statutory and legal hurdles of assessing need and eligibility, they acted as a discursive device for workers. These unknown families were to become the stalwart in explanations for the problems of self-directed support, as one worker put it, "you simply cannot do personalised support if you don't know your families" (Sylvie). At the point of going live in April 2012, each worker in SDS West had between 32 and 40 families from the outset; most of these were 'unknown'. The team manager said "the caseloads are too high, way too high." But given the instability of the restructure and the need to be seen to be delivering on the promises the organisation had made to 'forgotten families' there was little anyone could do. Eight months later with four new members of staff, caseloads were around 28, a result of the fragility of the units. One new member of staff summarised these layered problems,

“I feel that our biggest constriction in terms of being able to implement self-directed support at the moment is the statutory stuff. I think once we've caught up and with the new cases where you work through the process fresh so the assessments are done at the beginning...Also in terms of the caseloads, our caseloads are big and to really do self-directed support it needs to be personalised, you need to know the young person well and you need to know the family, they need to feel confident with you. We just don't have the time physically to get to know our young people well enough to then be able to really put a plan together.”(James)

The impossibility of separation

On entering the site I naively thought that I could neatly separate my particular interest - how personalisation gets done, from the organisation's change agenda - the unit model. I presumed that given the function of the SDS team - to assess, to deliver a personal budget and to review, they would be somehow insulated from the rewriting of the organisational codes taking place in the units. Yet the interwoven complexity that arose as a result of the implementation of the unit model - recruitment and redundancy, the re-locations, increased caseloads, unknown families, resource battles - was all encompassing. If this thesis was concerned with the affective impact and response to mass change agendas, a profound sense of anxiety would permeate throughout the chapters. This is as important to understand as imbuing the context of the case as much as the discrete descriptions of practice which follow. So, although I remain focused on the talk and practices of a team tasked with making self-directed support real, their experiences of the move to self-

directed support is inevitably and intransigently tied up with an extensive and widely promoted organisational overhaul. Karen, one of the more experienced social workers in the team encompasses the deep-rootedness of anxiety arising from the change to units in her descriptions below:

“I think we're all overwhelmed. I think we all came into this, me in particular, I chose to be in this team I didn't want to be, I did not want to be in a unit, I knew that. I wanted to do assessments. I didn't want to do child protection work. I've spent a lot of my career doing child protection stuff....

We had the uncertainty of what was going to happen to us because already the two tier, 'them and us' had started before we even had started as an SDS team. People we're being peeled off who were going off to be unit workers. Although nobody ever said the units were going to be the big thing, there was a lot, to be fair there was a lot of talk about them...I think in our team it was awful, 'cos there were people going off to these new units.

I could see this whole prospect of not, if you worked in child protection, you not being one person on your own, the units looked brilliant. So I could see the appeal. But then of course there wasn't a lot of thought given to those of us who were left behind. I'd chosen to be here, so I don't feel I was left behind but that's how it felt at that time. And we had tremendous uncertainty and our manager at the time wasn't happy, and then she left and we just didn't know where we were going. People were taking early retirement, people were leaving and it was just horrible. So for me the reason I'm saying all that, is I was pleased to be moving forward.... I questioned how any of us were going to manage to have all those cases open to us, I really did but I thought well

this is all stuff we'll work out together between us. I was reasonably positive about it. And I still am! If we can ever get it right and working properly and have the right amount of staff. But the teething problems I just feel now we're overwhelmed. I don't know that we're necessarily being listened to. That's what it feels like to me.”

Whilst each member of the team has their own perspectives and descriptions about this uncertain period, descriptions coalesced around the ideas outlined in the account above, particularly of being “the forgotten team” (Chrissie) and the frustrations that came with being a “holding bay” (Ethan) or “picking up the pieces” (Sylvie) for the units as they struggled to recruit staff and manage cases. All of these contextual factors inevitably coloured the extent of enthusiasm or cynicism displayed about self-directed support.

Lethargy and Apathy

Environmentally the office could feel a little static; it was on occasion very quiet, sometimes painfully so, at moments of unnecessary paranoia I began to worry that my presence was stifling interaction, contaminating the spaces where perhaps gossip would be exchanged or plans hatched to thwart managerial incursion. In my naïveté, fuelled by reading one too many ethnographic accounts of child protection social work I suppose I thought my observations would jump at me. I thought that my pages of fieldnotes would be filled with days rushing past, pushed along by gusts of spontaneous, dramatic accounts and events - crisis calls, thrown doors and the kind

of dark humour and troubling mischief found in exchanges by those mitigating significant stress. I suppose that says something about the ways in which accounts of social work practice have been written, and of the livelier conceptions of practice I carried at that time.

The Group Manager would refer to the SDS West team as 'apathetic' (Zoe). Yet, that analysis can wield a sense of unfairness when seen after immersion in transcripts rife with accounts of fears of devaluing and professional precarity, a certain kind of fear and malaise. Apathy implies a sense of not caring, of disassociation, indifference. However, if the comment was meant to describe the kind of hazy environmental stasis that could descend upon the office then she has a point. I would describe it as more akin to lethargy than apathy, a weariness demonstrated predominantly by pre-existing members of the children's social care service. This weariness was realised through an unwelcome familiarity exposed in talk; descriptions of repetitive managerial deafness or a degree of cynicism with the current predilections for practice. "It's an achievement to just get through 3 core assessments" (Amy), "Yet more paperwork" (Megan), "tons of cases, no time to do it, the usual [sigh]" (Karen). Such muttered thoughts were commonly met with an agreeing raised eyebrow or a nod from across the room and were often the spur for a collective and cathartic moan allowing the original team members to breach the quiet together.

The office could feel a sleepy on days when hours spent gazing into computer screens took their toll and the act of conversation merely postponed the completion of another assessment. There was the constant tapping and clicking as assessments were written and excel spreadsheets completed, log in details updated and emails sent. Workers were often literally logged in to their own world which

seemed to stifle the kind of horizontal interaction commonly denoted in the word 'team'. On my first day I noted, "Lots of eating at desks! Overwhelming noise is one of typing."

Work was in the main, self-contained. Caseloads really did belong to individuals. Workers would be interrupted by family calls or busy coordinating multi-professional Children in Need (CiN) meetings, but they were very much the lead on their cases. Observations taken from week 4 noted, "The vast majority of team time is spent at computers. Only occasionally punctuated by supervisions/team meetings/visits." Three weeks later I noted, "Lots of typing. Three SWrs all updating computer files - assessment and case notes." By the end of the study I had collated the system-based tasks which were most regularly undertaken:

- Costings sheets
- Updating Core Assessments
- Case notes
- Emailing finance/short breaks team re support packages

Peppered throughout observations is the recurrence of ICT based, system ordered accounting and evidencing work. Exclamations of frustration arose when the Integrated Children's System which records details of children receiving social care, failed.

Despite the predominance of systems and the frustrations I have outlined, it would be wrong to paint a picture of an anti-social team muddling through their cases turning only to each other for a moan. Sure, the groan as the Integrated Children System failed to locate the relevant case was almost as compulsory as the 10am coffee run. But so was the support shown when individuals were struggling with a

difficult case or the celebration as a new milestone was met, such as the first real SDS 'support plan'. Workers would spend a lot of time on the phone to parents trying to reassure them, advise them, cajole them into trying something new. Colleagues would chat about cases and would often pair-up to try to find a suitable service or support. Chrissie could play the role of mentor with social workers who were worried about a family or who needed her managerial clout to secure additional direct payments or overnight support. Rhythmically the team worked to an interrupted staccato, the kind befitting professionals who have just about managed to retain autonomy over the majority of their diary time. The result of this was that on some days six of us would be packed in to a run of desks suitable for four. On the busy days there would be comings and goings as workers went to see families, had supervision sessions and caught up with colleagues who had insight into familiar cases. On other days one social worker would be left with me, the team manager, the business support officer and administrator. I had no idea from one day to the next who would be in the office.

Three regular events prevented my disorientation - practice meetings, business meetings and the managerial Children's Disability Monitoring Group (CDMG), referred to in local parlance as 'panel'. Practice and business meetings were held on bi-alternate Mondays. Practice meetings lasted for around an hour and were focused on the intricacies and dilemmas of particular cases usually led by one worker. Business meetings tended to go on for longer and had agendas which seemed identical from week to week - 'performance information', 'administrative process' and 'training' became recited like chapter and verse by my third month with the team. CDMG or panel, as it was almost universally referred to, has a section in its own right, but in brief, it was a meeting of managers who would pour over paperwork in

order to sign off family 'packages'. During the fieldwork period these meetings were held twice monthly on a Thursday in an ex residential children's home. They could last up to five hours.

Following the Phenomenon: Processes of Self-Directed Support

"Why would social workers use the language of personalisation?" (Lauren)

Personalisation

'Personalisation' as a word was rarely spoken in Anyshire. In fact the only time it was spoken by members of SDS West was in my interviews when I asked them if they had come across it and if so what they thought it meant. Council policy documents rarely included the term. I could have forced the issue and continued to write of 'personalisation' when workers were talking of 'self-directed support', this would have provided me with a neater final product, but it would have been ethically untenable. So at this juncture, as the thesis moves from the policy and theoretical landscape of the 'ought and should' to the messy realities of fieldwork and findings, let me be clear that from this point on, 'personalisation' almost totally disappears. In its place we see 'self-directed support'. Thus, one conclusion I can place right at the beginning of this study is that in Anyshire, 'personalisation' was at best, part of the miasma of a vague reform agenda floating above the messiness of practice at this time. Perhaps in Rojek's (1988) terms it is an 'exhausted language' - meaning everything and nothing.

In Anyshire using the non-native 'personalisation' would have muddied the waters not only because it was rarely spoken, but because its presence marginalises the potency of self-directed support. Where SDS, as it is commonly referred to, is seen as little more than a benign 'delivery mechanism' for personalisation, it is presumed to be unproblematic, de-politicised almost, and that could not have been further from the truth in Anyshire. Self-directed support in Anyshire was indeed a vehicle for many things whilst equally often falling into mechanistic, instrumental and transactional forms, but it was certainly not 'just' a series of tools.

Within the site, personalisation was rarely referred to and was often responded to with looks of puzzlement when I asked what individuals thought it meant. Consider some responses to my question, "what is personalisation?":

"Personalisation is a buzz word, and whenever I've googled it there are so many varied and conflicting messages. It's not something you can really work to, whereas with self-directed support the clue is in the name." (James)

"I think SDS and personalisation are pretty much the same thing. I know personalisation has got a lot more to it, about the government's objectives. But I honestly can't remember what their objectives are." (Chelsea)

"I think personalisation is like almost the philosophy that underpins self-directed support." (Karen)

"I've heard of personalisation. I think adults use it. I don't know. Is it to do with the pretty little presentations that you have to do?" (Megan).

For members of SDS West personalisation remains firmly at the rhetorical level providing idealised conceptual furniture, lacking any real-world guide or potency. It is fair to say that managers had ambitions well above the delivery of personal budgets and the embedding of the processes and assessments of SDS, but these were still firmly spoken of within the rubric of SDS, not 'personalisation'. In this regard the Head of Service would agree with the work of Beresford (2008) in pushing for greater user control and involvement and the expansion of personal budgets. He and group manager Zoe, would also align with Duffy (2003, 2010) who speaks of the imperative of citizenship and choice as a social value on the path to inclusion. The head of service and group manager referred regularly to the implementation of SDS as bringing about a profound cultural change and a shift in mind-set about the role and the position of the social worker in the lives of families. Managers wanted to deliver on the broader promises encompassed in the personalisation narrative - of inclusion, citizenship, participation, choice and control that was made clear from the outset. However, they queried the utility of 'personalisation' in helping families and social workers to think through what it means for them. These were properties of Anyshire's move to SDS, not part of some nationally ill-defined 'personalisation agenda.' Zoe told me,

“Personalisation is a word that the government has come up with and actually people are thinking, "what are you on about?" I talked to parents about personalisation on the pilot and it was like they could get the concept of self directed support in as much as what the three words meant in the english language, that led to a basic understanding. But the personalisation agenda, it's too big! For me it's 'up there' and I will always bring things down to the child, because I feel that is my core as a social work practitioner.”

Peter's experience in working with learning disabled adults, his commitment to the values espoused by the independent living movement and his effort in bringing self-directed support to Anyshire made him hesitant to use the term 'personalisation.' In our conversations he would describe personalisation as a "government" agenda, not necessarily rooted in the same values and philosophies as his professional biography and his rationale for SDS in the service. In many ways Peter was not dissimilar to Duffy (2012) who saw more vigour in self-directed support as envisioned and trialled by disabled people than encompassed in 'the personalisation agenda'. Peter simply told me, "personalisation is much used and abused." He then went on to tell me how "poorly the coalition government had articulated personalisation" and how he could see that,

"the current group of initiatives could lead you to think that "your child has disability a+ therefore we will give you an insurance payment of X go and buy your child's education." For me personalisation has got to be proportionate. Sometimes you just need a bloody good standard product."

This helps to orient us to the kinds of wider-ranging ambition held for SDS in Anyshire, and the corresponding demands on the frontline for a revolution not only in function but in culture and "mindset" as Chrissie put it. However, it is also fair to state that social workers had their own reasons for rejecting the rather loose 'personalisation' in favour of the more concrete self-directed support. For many it was of no help when trying to explain how social services worked to families, like James stated above it is conflicting, wide-ranging, amorphous. This reflects the commentary of Beresford and others (Beresford, 2014; Cutler et al, 2007, Pykett, 2009) who feared that come the day of implementation, personalisation leads only to muddle and confusion. Some SDS West members associated it with the government

and some larger set of objectives that they struggled to recite off hand (Chelsea, Karen) whilst Lauren, who opened this section, described the language of 'personalisation' as a misnomer for frontline practice with children and families.

What is self-directed support in Anyshire?

Personalisation was out in Anyshire and self-directed support was in. This was the result of a collation of events, personalities and politics in Anyshire which had over a considerable period converged upon one another to settle on the utility of SDS to address multiple local issues. There was the history across the council of trialling alternative forms of social care delivery and their early adoption of direct payments; this included the small-scale SDS pilot in children's services and their early work with In Control. The restructure offered a "vehicle" as Peter put it to push SDS through to becoming mainstream social work business in the disability service. Peter was instrumental in bringing SDS to Anyshire as was Zoe who supported this work on the frontline. Thus SDS in Anyshire was about as far from a traditional implementation study as one could imagine. This was not some remote top-down diktat from central government, although I am sure for some members of SDS West that is how it was experienced. Rather SDS emerged from a series of localised phenomenon, piece-meal initiatives, personal commitments and resource matters coalescing at a time of relative convenience.

This depth of ambition makes a description about what self-directed support in Anyshire 'is' quite difficult. Anyshire explained what SDS 'is' to parents and carers in its Self-Directed Support FAQs document (2011:2),

The Coalition Government wants disabled children who are eligible for social care and their families to have more choice and control over their lives. In practice this means making social care more personalised and giving families more choice and control over the social care they receive.

Self-Directed Support fits within the Government's 'Personalisation' agenda. It is an innovative approach to providing social care to disabled children.

Instead of a package of care being organised by Anyshire County Council, Self-Directed Support gives disabled children and their family eligible for social care support more opportunity to identify their own needs and enables them to plan how to meet them with a Personal Budget. Key elements of Self-Directed Support include:

-families identify their own social care needs and personal aspirations and outcomes

-eligible families are given an early indication of funding available to support their needs

-families (with appropriate help) develop a Support Plan showing how their needs and outcomes will be met

-families (with help if required) decide how services to meet their needs should be arranged. This can be either through a Direct Payment, having services arranged for them by the Council or a mixture of both.

This fleshes out the rhetorical bones of SDS in Anyshire by detailing distinctive modes and steps taken to deliver support to children and families. Note that 'personalisation' is in scare quotes. However, realising the functions of support planning, resource allocation and self-assessment in practice was considerably more complex than this statement would suggest. This is because SDS is not only dependent on a set of innovations and a series of ambitious promises to reform support to make it better tailored to the individual. SDS in Anyshire is set within children's services which themselves have systems, modes of practices, constraints and legally-binding duties. SDS is necessarily layered over these legal duties, heuristics for practice and indigenous workarounds. It was not nor can it ever be simply super-imposed. It cannot ignore the politicised nature of work with children and families, nor can it avoid the contingent nature of professional practice within specific socio-economic systems which in turn demand certain forms of practice-based fidelity. Here I am thinking of the pressures of the child protection doctrine which exerted itself in Anyshire as much as elsewhere, of the regulatory demands made by Ofsted and of the internal necessity of rationing and rationality to demonstrate competence. Self-directed support with children and families is always already caught in a much larger matrix. Self-directed support does not replace these duties or eradicate pre-existent contextual matters, it adds to them. Social workers in this study are thus faced with different and additional performance demands as they engage in complex activities of *meshwork* (Ingold, 2011) - trying to tie the pieces together in some coherent way.

Self-Directed Support in Anyshire was faithful to the most common aspects of SDS as a delivery mechanism. By this I mean Anyshire adopted direct payments,

introduced a form of self-assessment, created a bespoke Resource Allocation System (RAS), calculated personal budget entitlements and began the processes of support planning and review. So the hallmarks of national forms of SDS were in place when I arrived at the site. Of course for many members of staff these were new innovations which had been largely untested both locally and nationally with children and families.

These facets and tools of the self-directed support process in Anyshire were a source of much talk and tension, in reality they are quite difficult tools to operate within a pre-existing system. But they do help us to identify a potential set of social work roles and processes. We have those aspects most concerned with arguments of equity and transparency - up front allocation through a Resource Allocation System (RAS). These are also issues which beat at the heart of supporting families in the social care system - fairness, procedural fidelity and the right to challenge are embedded within the system. However, they are ratcheted up a notch by the revelation of price points and costs which inevitably are revealed through upfront budgetary allocations. Those aspects about voice and power (self-assessment over state assessment) and those about choice and control (support planning, costing and purchasing) are also present in the burgeoning Anyshire system. However, the neatness of its presentation here masks the swathe of bureaucratic complexity which bobs beneath the surface.

Local processes

In the majority of local authorities across the country, the path to personalisation is paved by self-directed support. It is the translation point from personalisation's

rhetorical appeals to ideas of choice, citizenship and empowerment and the real world of services, price-points and support plans. According to proponents self-directed support provides the practical and financial architecture to realise personalisation's transformational aims. This architecture shifts the system from being concerned with 'static placements' to 'dynamic outcomes' as families take the reins through up front flexible allocations of resource (Duffy, 2007). I have already made it clear that personalisation was neither spoken of nor hallowed in Anyshire. Rather, self-directed support provided both the philosophical and political rationales for change and the framework and tools to deliver on it. SDS was in Anyshire enacted rather than implemented. Despite the apparent simplicity of this account of SDS, these aspects of assessment, allocation of funds and personal budgets are those which have so vexed some academics and social workers alike (Series and Clements, 2013). For here lie tensions over decision-making, accountability and status, the nature of social work, the value of knowledge sets and the conditions for credibility. The experience of process and the invoking of process talk illustrate the conditions of work within SDS West.

In SDS West self-directed support was layered upon social workers existing statutory duties. Thus, after undertaking their statutory section 17 core assessment befitting a Child In Need case, the team were asked to arrive at an indicative budget figure from which they would then work with the family to plan their support. This figure is somewhat euphemistically called "the child's personal budget". The figure was arrived at by a family undertaking a self-assessment questionnaire, which was commonly not a self-assessment but a professionally-supported questionnaire. Answers had points associated with them. These answers were then put into the Resource Allocation System - a council-produced calculator that inputted needs and

outputted a financial sum. The group manager had told me that this had been a difficult tool to devise and was, like almost all of the work undertaken under the mantle SDS, “a work in progress” (Zoe). The budget could be taken as direct payments, services or a combination of both. Social workers were armed with a price guide that they talked families through, this was referred to as the ‘menu’ of services. Families were allowed to purchase from outside the menu using direct payments but this was done with the scrutiny of the department’s social care apparatus - social workers, managers and a finance team. You couldn’t simply purchase anything within the budget. All purchases had to clearly show how they would meet the needs identified in the original core assessment. The list of services and supports were listed in a support plan. Alongside this was the costing work - where social workers had to break down in some detail the regularity of a direct payment or service and the costs associated with it. Commissioning and costing cannot be understated in local understandings of what self-directed support meant for practice. The longer term ambition may be to enable families to commission independently, certainly in Anyshire’s administrative vaults there were references to the idea that in the future families may do the bulk of this work themselves, requiring social work input only at assessment and sign off. Quite explicitly in a project briefing to councillors, under the heading ‘Better Value for Money’ the group manager made the case for SDS as cost effective,

By allowing children and young people to choose their support themselves and by shifting the role of social workers to one of signposting, monitoring and support it may be possible to achieve some efficiencies...If the local authority’s role shifts to one of monitoring rather than providing/commissioning then it might require less resource/staffing than

before. Families will in effect provide free commissioning resource representing a cost saving to the authority.

Group Manager (2010) *SDS project update to councillors.*

I think an interjection is important here. In complex change agendas like this, there are myriad causes and rationales for decisions taken. The Head of Service would refer to the need for cultural change and to tackle poor management in his meetings with me. The Director would talk about empowering workers. The Team manager would speak of fairness for families. The group manager describes the importance of family choice and the need for social workers to think like commissioners. There is no one truth or one reason, but a complex interplay of factors and ideas espoused by managers and workers with their own distinct trajectories. So, it is perfectly plausible that in seeking to persuade councillors of the importance of self-directed support, the group manager invokes the popular language of business, of efficiencies and value. These are councillors who after all rely on the potency of fiscal restraint and its success for re-election; there is no appetite for frivolity in this local authority any more than elsewhere. This points to a dirty hands approach in making changes to rigid systems, the group manager has a duty to get the ideas signed off in order to commence the 'real work', which may be undertaken for quite different reasons for those set out in this political piece of persuasion.

Needless to say, I am quite sure that the SDS West social workers have not seen this document and that their immediate managers were in a better position as a result.

Picking up our procedural jaunt, the final hurdle for workers was to win the seal of approval for the plan by the locally infamous Children's Disability Monitoring Group

(CDMG). Its reasons for infamy will become apparent later. Needless to say much of the rumour surrounding it stemmed from the frontline insistence that this was an old-fashioned panel with a rebrand, causing dismay to managers who insisted it was a “monitoring group concerned with equity and fairness” (Zoe).

To move from the ideals of a vast agenda to lived experience is almost always a painful, often clunky and dissatisfying encounter. This is the pitfall of implementation. It is fair to say that the experiences of this team were at times painful, clunky and dissatisfying yet rather than get into the detail of these just yet, a brief explanation of the local processes to deliver SDS is important. This is a study after all inspired by the ethnomethodologist’s attention to detail and commitment to ‘following the phenomenon.’ I still find the sheer number of forms, processes and flowcharts involved in moving from statutory assessment to the release of funds bemusing, this is despite spending two years pouring over Anyshire’s documentation. So in the name of simplicity I will attempt to lay out in simple terms the steps social workers had to go through whilst I was in the site.

For new referrals and young people aged 14-19:

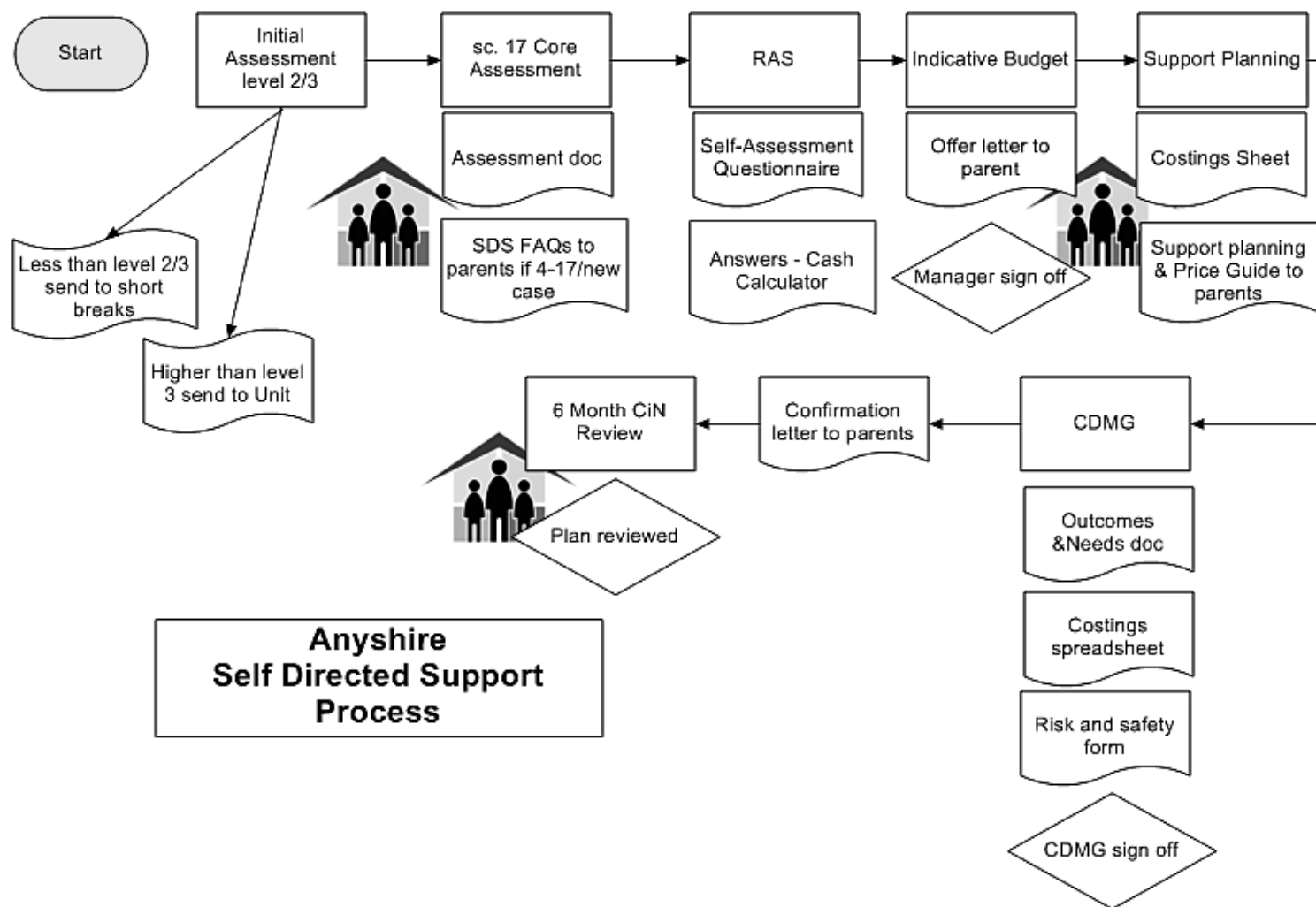
1. Initial Assessment (where required) - establish eligibility for service
2. Section 17 Child in Need Core Assessment - identify needs and outcomes
3. Self-Assessment Questionnaire - produced set of parent/child answers
4. Cost Calculator - translate answers from self-assessment questionnaire into cash value = indicative budget
5. Support planning - how to spend the allocation to meet outcomes

6. Costings excel spreadsheet - detail what services to be purchased, how often, how direct payments are to be spent.
7. Team manager and social workers sign off plans to the value of £5000, £5000-£10,000 sign off by group manager, £10,000+ by Head of Service.
8. Provide paperwork for CDMG
9. CDMG agreement - money and/or services released to family. If CDMG disagrees the worker has to go back to the family and rework the plan or even reassess need.

*Continue to review plans and support at 6 or 12 months.

**Continue to deliver on section 17 commitments - plan and lead child in need review meetings, home and school visits.

Figure 3: Self-Directed Support Process in Anyshire



Nine steps are involved in realising self-directed support when approached as a series of processes and functions. In addition, social workers must continue to meet their duties as Child In Need social workers. Before the introduction of self-directed support, social workers are likely to have undertaken three of these steps as the bulk of self-directed support - the questionnaire, calculation and costings were either not undertaken or were the responsibility of business support officers. The reason for the additional stages is due to the extra step or two of assessment and planning. Those are the steps which translate child and family needs into an estimated cash total and then into a final cash total, which then still has to be signed off by Anyshire council. The council spoke of devolved decision-making and social workers 'owning' the process, yet at this time to sign off a relatively small package of £5,000 demanded team manager consent and in most cases the stamp of approval from CDMG. The system makes it possible for there to be several rounds of negotiation, as the council and the family may try to compromise between what the council sees as an expensive package and families argue just simply isn't sufficient. These extra steps exist because turning needs into resources is an add-on to the existing social care system, rather than a replacement for it.

These processes were only for a small subsection of the SDS West caseload, those aged 14-19 and new referrals. Managers explained to me that the decision that to attempt to move all cases through the RAS would be "disastrous" as "workers wouldn't be able to cope" (Zoe). Quite what was meant by this I never did ascertain. The 14-19 range was chosen as it represents the transition period where planning is expected to be undertaken between adult and children's services. As adults operate on a personal budget model I was told that it was best to gear these families up in readiness. New referrals were deemed to be suitable for these new SDS processes

because “families didn’t have to unlearn” (Zoe). This decision meant that for all those open to review cases - families who had some prior contact or assessment with social care but who had not been seen for some time - were likely to remain on the older system. In addition to these families, who were the bulk of the caseloads, children and families who were judged to be ‘unstable’ also remained on the older system of assessment, care planning and review.

Social workers had to assess all families - existing and new referrals - as part of their duties under Section 17 of the Children Act (1989). The number of families involved with the team at this time meant social workers were often stuck at the point of assessment. As they were short for time and driven by the 10 day demand to complete an initial assessment and 35 days for a core assessment, some would fall back onto older models of care management in order to get a package in quickly. One worker described his frustration at not being able to get on to self-directed support:

“It’s the statutory stuff because there are so many holes with that funny open to review, there are so many kids that have missed assessments or they’re so outdated, that’s the big push to get that done and then new referrals come through and then you’re into the new timescales, so you don’t get a chance.”

(James)

The disconnect between what one worker called ‘planned work’ - SDS - and ‘working to demand’ - new referrals and ‘flare ups’ - did not appear to be so clearly seen by those further up the hierarchy, nor were such distinctions drawn by all team members - those who were new recruits argued that self-directed support was a

practice ethos, that the issue of personal budgets mattered less than relational and facilitative help. The team manager, occupying the difficult space between vision and practicality addressed these practice demands and attempted to weave some cohesion between them at one of the earliest practice meetings I attended.

Practice Meeting, day 10

Chrissie, “What we are seeing are situations where cases have been left and we are discovering that things aren’t right. Parents have been left for years in some cases. We’re not alone, SDS East have the same problem.”

“The next phase is about opening up doors. We don’t yet know well enough all of the cases we’re working with. Cases have been left ticking over for years. And it’s a bit of a nightmare. But there are bits in our processes around SDS that should prevent this happening, this is an opportunity to get things into a better place for families particularly.”

[Chrissie moves discussion onto assessments]

“We need to make decisions quickly about eligibility, once that’s sorted, do a core. We know that core assessments, in many cases have not been done in the past. So there is an avalanche of a nightmare coming at us.”

Megan, “I don’t get why we have to do cores and care plans for panel.”

Chrissie, “Core assessments are crucial for care plans and that’s what they’re [panel] interested in. Care plans need to spell out how services meet the

needs identified in the core assessment, spell out how it meets the needs and what are the outcomes.”

“The role of this team is to put something in place that supports children to have integration, support their family, to give families respite. Support planning is the key part so we can see what’s been allocated and what outcomes it’s expected to meet. You can put a care package in after a core and review it after 3 months to see if it works and meeting those outcomes. You can review the packages at any stage, you say how long the package lasts for.”

Unseen Referents

One of the initial difficulties I had was that the referent points for the substance of the work were outside my line of vision: the families. I caught the aftermath of difficult phone conversations with parents and saw the reams of material generated about them, but was unable to witness the interactive, time-limited face to face event. I caught the traces of time spent with families. Yet, as weeks passed, self-directed support in this site came to be seen and described as a dissociated activity, rather than an interactive one. Time spent with families in SDS West was surprisingly little; this was a facet of the work that frustrated many of the workers. There was little face to face contact after the assessment stage and because so many families remained on the traditional ‘care package’ route, there was little scope for the kind of child-oriented support planning envisioned by managers. One SDS West social worker juxtaposed her experience to the rhetoric surrounding Anyshire’s adoption of a unit model for practice:

“It's just assessments, assessments, assessments cos everything requires an assessments. So at the moment as I'm sure you know from everyone else, you would have had 20 cases and you've now got 20 more so you've got 40 cases. Parents are expecting a service saying, “it's our time”, so it's being overwhelmed really or snowed under doing assessments not actually spending time with families. A lot of time doing assessments and that is the way it is at the moment and it seems like following a lot more procedures so certainly doesn't feel like we're recovering social work!” (Amy)

Needless to say all workers found ways around this system-imbued disconnect to support families regardless of this work falling under the banner of self-directed support. But time was forever running out and resources of all kinds were in short-supply.

Procedural Matters: Conclusion

The aim of outlining the procedural facets of SDS within the site is not to evaluate how they worked, or to explore how closely they deliver on the promises of improved outcomes or greater efficiency. Those explorations are best left to evaluations of a more instrumental bent. Rather, the process is important to state upfront as so much of what follows utilises the language of process as a defence of, or rejection to contemporary social work practice and more politically, what these processes mean for the future of the social work role with children and families. Processes capture, saturate and invent self-directed support. Processes are a site of contestation where cases are made and unmade through filters of assessment, segregation, measurement and surveillance. Processes are not neutral, value-free exercises in

instrumental rationality although they may be presented as such. In SDS West at this time process is a conceptual ball kicked around in the mêlée of the office, to speak of it is to bond workers, critique management, and defend professional status. It has a cultural potency as well providing order-making devices capable of demonstrating competence and 'fairness.'

So how does something so unappealing, so mundane come to take on the significance of a conceptual ball? Because, processes, like systems and policies are after all, cultural artefacts for dominant ideas – indicators of what we value, how we see people and each other. Processes send signals about what the worker is expected to do, what is valued, how families are expected to be seen. Despite public appeals to the contrary, processes in complex welfare systems are never apolitical. They can never have the status of some superimposed rationality devoid of cultural or political significance. They maintain, destabilise and create forms of practice and cultures which may be beneficial or detrimental to the case, worker or organisation at hand. They try to demand the social worker view their work through a particular lens. The local processes of the Resource Allocation System (RAS) are archetypal of a series of normatively- imbued processes masquerading as objectivity. Its Janus-like utility is important; the language of the RAS can be utilised by workers and manager alike to look both ways - appealing to proponents of family fairness and to those preoccupied by rationing as a core role for social work practice in an era of austerity. At a macro level, systems and processes define and redefine the nature of work, worker and practice - emphasising certain forms of knowledge and the social organisation of practice over others. So, to conclude this section on apparently mundane procedural matters I will state simply that self-directed support, the function and description of this team, is a point of bridging and *bricolage* (Lévi-

Strauss, 1966). It is the difficult maturation point, the translator of need to finance, of potent philosophical rhetoric about late modern citizenship into purchasing power. Like *bricolage*, the design of the process implies that the team must merge and subsume their pre-existing statutory roles of assessment, diagnosis and planning with newer conceits for professed devolved decision-making, family empowerment and choice.

Chapter 5: Hybridising Costing and Supporting

There was much complex organisational activity underway in Anyshire during the fieldwork period. The creation of units and self-directed support brought new challenges and demanded new forms of social work performance. Managers in Anyshire were attempting to expand choice and control by utilising direct payments and personal budgets in the context of statutory social work with families. Unsurprisingly this resulted in an expansion of processes of assessment, accountability and reporting. SDS introduced new forms of social work performance linked to these processes including the rise of costing and pricing work which are explored here.

The RAS

The Resource Allocation System or RAS is a key plank in the self-directed support story; yet it is now one of its most contentious and vexed issues. In Anyshire the RAS was the bridge between what the team called “statutory work” and what they described as self-directed support. The RAS was a new introduction into Anyshire and with it came a suite of new practice steps to perform and to account for. It appears straightforwardly enough, it codifies needs identified in a ‘self-assessment’ questionnaire into financial terms. All families answer the same questionnaire by ticking a box next to the statement which aligns to their most common experience:

Figure 4: Extract from Self-Assessment Support Questionnaire

9. Community life					
This section is about taking part in activities, knowing people who live nearby and having fun with friends. Being able to join in may be affected by your additional needs.					
Please tick only one statement					
	CONSIDERING MY AGE.....	TICK BOX		Outcomes -What I want to happen	Agreed
A	I do lots of things with other children and young people who live n enjoy joining in activities and don't need any special help with this.	<input type="checkbox"/>	0		<input type="checkbox"/>
B	I don't find it easy fitting in and need support to join in activities away from home.	<input type="checkbox"/>	1		<input type="checkbox"/>
C	I find it v ery difficult to take part in organised activities. I need someone with me all the time if I am going to do anything away from home.	<input type="checkbox"/>	3		<input type="checkbox"/>
D	Accessing the community needs very careful planning. I may need 2:1 support.	<input type="checkbox"/>	6		<input type="checkbox"/>

The scores aligned to each answer would be totalled by the social worker and this figure would align to a budget:

Table 4: RAS Scores translated into budgets

Points Score	Budget	Level of Support Needs
34	£3,680	Low Support Needs
35	£3,800	
36	£3,920	
37	£4,040	
38	£4,160	Medium Support Needs
39	£4,280	
40	£4,400	
41	£4,520	
42	£4,640	

Because SDS team members were struggling to see how the questionnaire points were linked to needs, Anyshire added the additional right-hand column. High support

began at £8,200 - £15,000 and cases deemed 'complex' commanded sums of £15,000 upwards.

One SDS West social worker described the RAS system in Anyshire as "points win prizes" (Amy), whilst this may sound somewhat flippant (I think this was the intention), she was right in identifying the link between points and the subsequent budgetary amount. The Anyshire RAS is a 'ready reckoner' (Series and Clements, 2013); it was developed by social workers and managers testing real cases against the sums a trial RAS arrived at. Inevitably, these sums were perhaps more reflective of current price points in the market, "what you can get", than a magical algorithm able to deliver a level of resource guaranteed to be sufficient. The RAS in Anyshire was necessarily based upon cost and the price points of current services, tempered by professional judgement and practice wisdom. This tempering could be seen as damaging interference but in Anyshire it seemed to be a practical response to the inadequacies of the system.

The RAS is the turning point from well-established core assessment work, which for this team was so often full with explanations and analyses taken from popular theoretical schools of attachment, development and family function towards a narrower focus. The questionnaire is an institutional script seeking to direct scope onto specific aspects of family life which all families are expected to experience when raising a disabled child. The RAS thus becomes the marker between familiar late-modern state social work, premised on theoretically and experientially informed assessment and the newer world of personal budgets and commissioning. To workers, particularly those who were already working within the service, SDS was described as a procedural bolt-on to the pre-existing statutory assessment work. The SDS team was described as a "twin track" team - working their way through the

demands of being Child In Need social workers then shifting into a costing and commissioning mode.

Muddying the waters

The relative simplicity of the Anyshire RAS belies the ways in which it was far from transparent in translating needs to hard cash. One such way in which the process was far from clear was in the extensive scope to massage and meddle with the figures.

This meddling was not with the points scoring system or the questions asked but in the manipulation of the family budget amount. To be clear this was deemed a necessary form of interference which could increase the sum as often as decrease it. During my time with the team only a few families seemed to receive exactly what the Anyshire calculator had arrived at. Workers would often round budgets upwards or downwards in conjunction with their team manager. As the Group Manager put it,

“For me we may never get that personal budget right and I've said to them [SDS teams] this is only an indicative offer and if people need masses of amounts to meet need, we meet need! The amount is irrelevant. It comes back to what the need is for the child and what the outcomes for the family and us feel we need to meet. So for me, the personal budget isn't that important.”

Far from reducing the scope for disagreement and conflict between the authority and the families, the operation of the RAS could increase it. Whilst having an ‘indicative’ budget gives Anyshire wriggle room, it could also muddy the waters for families who

are still unsure as to how much they will be entitled to. This continuing uncertainty was described by Chelsea, a new member of staff,

“So I’m stressing to them [families] that the indicative amount that’s produced isn’t set in stone, it doesn’t mean they have to have this amount. Some people find they have less, some people find they have more it’s just about what meets the needs at that time. I think that’s something that’s difficult. Quite often families cling to that large amount that seems to be formed in the moment.”

Indeed, there were two parents who would ring the team on a weekly basis to complain that the local authority had not heeded their warnings about their budgets being too small.

For the institution, the argument is that the RAS is a tool to be used alongside professional judgement and that the cornerstone of any decision is the identification of need and how to meet need. Here, any tempering with budgets is necessary to meet needs within the context of a family’s experience. Yet, it opens up the organisation to challenge, it can confuse and infuriate families and it seems unable to deliver on the promise of increased transparency. The use of the RAS in this way does run counter to the arguments put forward by early SDS proponents who saw the RAS as an opportunity to tackle what they felt to be entrenched professional prejudices which negatively affected levels and access to resource. Consider the hopes for the RAS put forward by Duffy (2007: 8).

“The current system of rationing is by professional judgement; there are no explicit rules for determining how much funding people should receive. Instead one or more people decide how much is fair on the basis of their

judgement of the needs of the individual and what is available in the overall funding pot. This is not the only way of rationing scarce resources. It is also possible to identify explicit rules setting out what is a fair allocation.”

To counter Duffy’s concerns, in Anyshire the flexibility of the budget amount was not hidden from families - all council literature about SDS emphasised that the RAS amount was indicative and could be increased or decreased by social workers. Moreover, the documentation made it clear that families could challenge this and many did and were successful. I am not sure that managers who have spent extensive time trialling different RAS forms would agree with Duffy’s belief that it is possible to “identify explicit rules” to ensure fair allocation.

The question remains however, why does Anyshire engage in the meddling of the figures at all? Because the RAS works by levelling all families, by stripping down family experience into a series of standardised questions and answers. It is necessarily bare and basic. The problem is that it is exactly in the differences and the gaps, the unique and the peculiar that the state must make adjustments to the level of support offered. The RAS was spitting out figures that were never going to be sufficient for one family because it had removed from scope the conditions of family life that made it crucial that the family receive additional overnight care or respite provision. New worker James described his recent experience,

“For some when you do the RAS scores actually what they're getting is very little compared to what they're coming out with in the RAS. For others they're getting pretty much double what the RAS would say and we've got some cases where you look at it thinking if that came in as a new referral now, I don't think it would meet our criteria. So it's all higgldy pigglody.”

The RAS cannot elucidate a history of depression or a troubled marriage or an estranged sibling - factors that may lead a social worker to conclude that additional support may be required. Nor can it establish how well supported the parents are in their local community, whether they had extended family to help care for the child or if they have a strong peer network. This is of course not to say that the social worker was not aware of these factors. The fondness that SDS West had for creating lengthy and detailed core assessments indicates otherwise. Rather, it is the case that these contextual, interpersonal and historical flows of family life were not captured by the narrow lens of the RAS which would then translate the bare statements into cash. Compare this way of operating the needs to cash translation with how Peter described his early experience of devolving and individualising cash and care:

“In the 90’s, I was an area manager in adults services, for each of the 800 plus people I supported there was a commitment record and next to the commitment record it said every service they received and how much it costs. So if you worked for me, you would know that I would agree almost any change of care plan that was agreed with the service user and the family as long as it was within the cost envelope that I’d already worked out...So I might not be using a RAS, but I would read every assessment coming through and I would put a price on my future needs planning system so actually workers would know roughly speaking what cost envelope I had put next to somebody coming through. So it was a bit more mechanical, a bit cruder than current stuff but the idea is the same.”

What Peter is describing is a way of allocating a cash entitlement to an individual on the basis of an understanding of their lives and needs - the assessment, with an

awareness of the current cost of provision at the time. Informally he would calculate a 'cost envelope' that would represent the proportion of spend that individual received through one of the block-bought services. This envelope then belonged to the individual, and as far as Peter was concerned, provided needs were met, there was no reason to continue with existing services which may not be appropriate or liked when that person could utilise the cash better elsewhere. This is the earliest incarnation of the personal budget and of an informal RAS. Of course, this is a professional-led assessment combined with a professional understanding of current cost and provision. The amount is still calculated on the basis of current market price. It is service led. But it does conjoin professional judgement to family wishes in order to arrive at a sufficient and fairly agreed budget. The RAS operating in SDS West only re-introduced judgement after the sum was arbitrarily created, context has to be reintroduced despite the potential for confusion and frustration for both worker and family.

The Greedy Family Fairy-tale

In SDS West there was a 'greedy family fairy-tale' in circulation which regaled the story of an allegorical family seeking to devour public resources selfishly and to overturn the equity applecart. The greedy family was referenced repeatedly in my time with the team but would emerge from the ether most clearly in discussions about cost and entitlement. The completion of the support questionnaire, the costing of packages and managerial interjections were most likely to summon the greedy family myth. As the RAS temporarily displaced professional wisdom in favour of a form of surface rationality, suspicions and fears were heightened amongst some

team members. The act of displacement rendered decisions vulnerable to manipulation in the eyes of some members of staff, that is, scope was opened to both managerial overruling and the malign hands of the greedy family. Unlike decisions taken on the basis of assessment or conversations with peers and families, workers struggled to find a language adequate to tackle the RAS, for how can you find the terms to tackle a system which purports to be objective? When a problem arose externally, for example an unreturned monitoring form or an accidental 'inappropriate' spend, the greedy family folk demon was evidence for the riskiness of empowering families to choose. The potency of the greedy family fairy-tale was heightened amongst those who tended to describe personal budgets as allocations, not entitlements and who often accounted for themselves as guardians of the public purse. Karen encapsulated this guardianship when she told me,

“If we aren't careful we will find ourselves in the same situation as a lot of the DLA applications. People know how to work it and you question why some of them, how have you got DLA?! You do question it, and I think people start to think it's an automatic entitlement and I think that's an issue.”

It is worth remembering that in Anyshire, the personal budget is professed in all literature to be an entitlement. Yet, in SDS West the idea of guardianship was taken quite literally.

Despite the aim of the RAS being the attempt to 'show your working out', something historically problematic for a profession whose work is often 'invisible' (Pithouse, 1987; Anspach, 1989) families were rarely shown the points associated with each statement on the questionnaire. The example questionnaire statement above was taken from the staff version which shows the scores associated with each answer,

families were not commonly, if ever, given this version to complete. Many members of staff were concerned that showing the version with the associated points would encourage families to rig their answers, they were guarding against greedy families,

“So you'll have parents try, like parents will say their child can't do much for themselves because they know perhaps if they're articulate they can big up their child's needs and then to try and get more money.” (Megan)

Another member of staff articulated her experience of the RAS and how it alleviated some of her fears about greedy families,

“I mean you're always going to get people who will exploit any system, you're always going to get exploiters aren't you? But the mum who came to me, when I'd been told they're getting far too many services, when we did the RAS together she was totally honest with me. She could have said, "Oh God, he's this, he's that." but she didn't. She said, "oh no, he's that or that really" and I thought this is somebody who has been portrayed to me by others as someone who, almost like greedy - having too many services. And yet that wasn't the case.” (Karen)

The sense of surprise that a family was not in fact a greedy family comes through clearly in this description by Karen. It was as though some SDS West practitioners felt that families were trying to “get one over on them” (Chrissie). Karen's description also reveals a kind of organisational history of telling-tales, of myth-making about some families, about informal heuristics for the appropriate level of support families are entitled to and the kind of behaviours they need to display in order to receive it. Such language is contrary to the ambition of self-determined families spending their entitlements as they see fit; these are totally different organisational stories where

workers play totally different roles: the gatekeeper or the citizen-agent, the rationing bureaucrat or the empowering broker. These schisms in culture have appeared along organisational fault lines as newer forms of support and working have come into play. What I saw in these depictions of greedy families was a residual resistance which arose when the expertise of the professional was felt to be under threat. When the mother in Karen's account agreed with her analysis, thus not threatening her judgement, she was deemed 'honest'. Constructing the family as unreliable consumer re-validates the gatekeeping role, even more so at a time of austerity. In contrast constructing the family as survivors and 'copers', enables the professional to play the role of Lady Bountiful, rewarding and bestowing families with support as a recognition of their efforts. There was equal evidence of this in the talk of professionals in the office. These heuristics for identifying greedy families were commonly held by pre-existing members of the team. In stark contrast the new recruits, who had been encultured elsewhere took the RAS, like calculative activity more widely, to be a necessary organisational hurdle in order to get to "the real work of SDS" (James).

Tackling such cultural positions was a priority in Anyshire. Peter's liturgy for SDS is rooted in part in his telling of an organisational history of failure, a failure to account for (in)action, a failure to resource fairly and a failure to work respectfully with families. Peter's liturgy is a discursive strategy which permeates through processes of SDS as a corrective to this history of failure. In enacting such significant changes, SDS in Anyshire is seeking a rebalancing so that money is talked of as an entitlement not an allocation - discursively moving away from the idea of professional gifting to empowering practice. This appeared to be a greater challenge for team members who had worked in children's services for some time. The need to manage

complexity through recourse to formal or informal rules of thumb or taxonomies of family behaviour is also a necessary sensemaking device to avoid becoming swamped. The spectre of the street-level bureaucrat still holds true for those managing large caseloads with limited time and resources. As Chrissie put it, “workers have to some extent bracket families to make the work more manageable.”

The myth of the greedy family could only be sustained on the basis of gifting, of seeing funds as being loaned to families rather than owned by them. Here SDS challenges a deep-seated cultural practice of bracketing families, one which the team manager clearly identified:

“Its [SDS] is a whole way of working. It's a mindset and if you can't shift your mindset you're always going to be feeling like people are trying to get one over on you. It is a mindset because you have to believe that people have some entitlement and you have to believe that this is an appropriate way to support people to live independently. And if you don't believe that, if you always think its about battling about who's getting most or who's getting what it will always feel like people are getting one over on you.” (Chrissie)

The RAS pushes the idea of entitlement to the forefront by clearly linking for the first time a degree of financial support to a child's needs. Yet this was not an exact science and managers would often alter sums. So whilst on the one hand adjustments to RAS sums were important in order to meet need, the role of the manager in taking these decisions could be problematic. Amy told me that she feared the informal ways in which sums were being altered was opening the door to family challenges unnecessarily, that is, fuelling greedy families. On managerial intervention she said,

“Any social worker thinks "I've assessed other parents who have been turned down, whose need is much greater and you [management], because this is an awkward parent you've given in" and that annoys me due to the equity that we're meant to have. That actually higher up we capitulate. And I've had two cases like that recently so it's quite annoying, not just annoying it's just not fair.”

Two things are at stake here - Amy's concern with equity across her caseload and her own sense of discretion and professionalism being undermined by families “going over her head.” The RAS unsettles professional judgment by firstly giving primacy to a figure arrived at through a tool, rather than a person. Secondly, in dealing with challenges from families, managers intervene and increase the amount. In Amy's account this is seen as complicity and capitulation by those now burdened with the emotional labour of engaging in costing and supporting. Taking a step back from the immediacy of the case, this alteration of the RAS score for good or for ill is tantamount to an additional stage, that of ‘sign off’. It suggests that the ‘sign off’ of the budget appears to be not so much a quick check on whether the figure created by the up-front allocation is enough but an entirely separate decision that stands alone from the up-front process. This too is problematic if we were to measure the rhetoric of self-directed support with the reality. Yet it points to the messiness of practice in a world where identifying and codifying need is extremely difficult.

The idea of the SDS questionnaire in the grey literature argues in favour of minimal professional interference in their completion. However, in Anyshire the tendency for workers was to talk families through each question whilst they were present for a family visit. This is not surprising given the lack of time available for multiple family visits and the institutional guidance offered which advised,

“The RAS questionnaire is to be completed thinking about an average day in the life of the family (not the worst). If in debate over which question best describes the situation tick the question above (requires less support).”

Anyshire, Understanding the RAS in terms of Need

Workers who were concerned about families overstating their child’s problems also tended to be those that were most keen to use the discursive space provided by the RAS process to quiz families. The RAS questionnaire offered scope to root out greedy families.

“It’s a transparency and equity thing. You can demonstrate in front of them how the money is worked out. I think you’ll always get people, even with that, like Amy’s Mr So and So who’ll turn round and say “well this is how bad this is for me and I can’t do that and I just won’t be able to do that.”... But you’re always going to get people who are going to take advantage.” (Karen)

Querying could quite reasonably be used to check that the social worker and family understand the same issue, but it could also be used as a mechanism to wave the equity flag, to remind families of what other families ‘get’. Workers did need to discuss the questionnaire with families as they needed to tick a box on the form marked ‘agree’ if they did correspond with the family’s reasoning.

Several members of staff describe a kind of reluctance or awkwardness to introduce yet more forms of assessment. New member of staff Chelsea described how she introduces the RAS questionnaire to families,

“I do start everytime I get the form out saying, “I've got to apologise, I hate making people fit into boxes”, with a passion actually. I hate the forms. But I know why they are there and it's the easiest way to work out the amounts.”

Megan agreed that the RAS could be intrusive and that this was in part because of the staccato nature of the form,

“Its not a natural flow of conversation because you're like, “I've got a questionnaire, I've got to do this, and ok which do you think, the child comes into what category?” and it's a bit, its not natural, along with filling in all the other paperwork!”

The proliferation of forms of assessment and costing activity under SDS in Anyshire did not end with the resource allocation system, but rather engorged daily practice during this period. Costing was one such practice.

Introducing Costing

There is an explicit link between the market and tools of self-directed support which has not been seen so clearly in children's services before. Direct payments and resource allocation systems provided new boundaries and borders creating a new topography for practice. Such boundary work can absorb or reject previous practices and methods for truth-telling by offering new discursive entry points (Amariglio *et al*, 1993:164). In SDS West, one such entry point is the new and frank discussion and practice of costing. It has arisen from a touchstone of self-directed support: the allocation of a personal budget. After the personal budget is calculated by the RAS and 'signed off' by managers, supports and services are identified and planned to

meet the child's needs. These are costed to ensure they fall within the personal budget. Yet, costing of many different kinds is pervasive within self-directed support and in Anyshire it is a central concept from which discourses fall like branches. Costing talk and activity becomes the gateway to talk about ownership, accountability, and fairness. This new talk has arisen from the realignment of previous team functions concerned with assessment and support, to being explicitly concerned with *both* costing *and* supporting.

From 'organised anarchy' to costing

The existing members of SDS West had never been troubled by the detailed work involved in costing discrete parts of family packages prior to the implementation of self-directed support. In their previous patch-based teams the hourly cost of services, number of overnight stays, or frequency of the sleep service was kept from them. Finance teams and business support officers would translate the packages - the lists of services - into hard cash. Until the Head of Service made changes to the Aiming High money, even direct payments were listed in hours. Like all descendants of Community Care, these social workers were purchasers, they had been assessing and creating packages since qualifying; they just had little idea as to the cost of supports and services. They were protected from the price tags and detailed contractual arrangements the organisation held with numerous national and local providers. What arose was kind of 'organised anarchy' (Cohen and March, 1989; Willmott, 1990) where social workers would have some idea about the amount of money in the team pot, or the amount they could utilise across their caseloads, but it was like a figure in the clouds, not quite real, not relevant and not their problem. In

separating costing from supporting functions, supporting is given autonomy and protected by the boundary work of organisational structures (existence of finance teams) and agent talk (defence of purity of judgement). Costing was outside the boundary for these social workers, a quite separate and distinct organisational function undertaken well away from their line of vision.

With the roll out of SDS things had changed. Gone were the days of contract managers and dedicated finance teams. For SDS West, once a family had been given an indicative budget, calculated by the Resource Allocation System (RAS), workers and families were supposed to get together to plan how to spend the budget to meet the needs and outcomes identified through the assessment process. This is the 'support planning' stage. From this the social worker would then work out the costs of support and services to deliver what the family have identified in the support plan. Due to the pressure of high caseloads and unknown cases, not all families experienced this, many had packages created for them in order to get support in quickly. This was not a hidden practice but one that was deemed an unfortunate necessity by managers. Either way, social workers now had to complete a costing sheet and provide the financial monitoring paperwork for final sign off at the Children's Disability Monitoring Group (CDMG).

Two examples of these costing sheets are below, both have been anonymised. The first is representative of an average-sized personal budget for families working with SDS West. It indicates a family who have opted to coordinate care and support themselves through direct payments (DP). The lack of a third-party managed account indicates that this family will be reporting on their spend directly. This means they will open a dedicated DP account, keep regular statements and receipts and complete financial monitoring forms for the overseeing finance team. It is likely to

and are used at differing frequencies, increasing the likelihood of mistakes being made.

Figure 6: Costing sheet two

SELF DIRECTED SUPPORT COSTING

CHILD/YOUNG PERSON: FOR PERIOD August 2012-July 2013

DATE OF BIRTH: 10.05.01 POST CODE

TEAM NAME: SDS WORKER:

INDICATIVE PERSONAL BUDGET ANNUAL ALLOCATION: £3,418

TODAY'S DATE: 22.08.12

BREAKDOWN OF SPEND - AS DETAILED IN SUPPORT PLAN

DESCRIPTION	QTY	FREQUENCY	UNIT COST	CCC	DP	ANNUAL TOTAL	
After School Club	78	Term Time	£7.00	NO	YES	£546.00	(2 x p/w x 29 weeks)
Campplay Holiday Club	8	School Hol	£164.00	YES	NO	£1,312.00	(maximum of 8 days p/y)
Direct Payment	60	Annually	£11.30	YES	YES	£678.00	(5hours p/m x 12 months)
Direct Payment	12	Annually	£0.00	YES	YES	£130.00	(positive activities)
TPSA/Holding Account		Annually	£0.00	NO	YES	£316.80	
			£0.00			£0.00	
Direct Payment	12	Annually	£36.32	YES	YES	£435.84	(£36.32 o/n x 12 p/y)
			£0.00			£0.00	
			£0.00			£0.00	
			£0.00			£0.00	
			£0.00			£0.00	
			£0.00			£0.00	
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			£0.00			£0.00	
			£0.00			£0.00	
			£0.00			£0.00	
			£0.00			£0.00	
TOTAL PERSONAL BUDGET						£3,418.64	

Workers had never been confronted with the cost of services before so in addition to the informal work of finding provision to meet need they now have to learn how much each company charged. Their main resource for this was Anyshire’s price guide

which was referred to as the “menu” by newer members of staff who were keen to explore a much broader range of supports and activities. This listed the ‘preferred providers’ who were doing business with the council - showing the times and frequency of activities and the associated price. However, the price guide was really aimed at parents, it was designed with them in mind, so in the case of employing personal assistants, the guide did not go into the confusing array of costs and charges involved in employing personal assistants. Workers knew that the well respected and always understaffed council-run ‘Community Support Service’ (CSS) would charge £25 per hour. If a family was to pay someone directly they could start as low as £11-13 per hour. Other intermediary private companies could range from £15-20 per hour. But the lower private rate masks the need to pay for overheads - tax, holiday and sick pay are included in the council run service and reflected in the higher cost. Workers needed to understand these complexities in order to advise families. However, for staff that had been reconstituted from other teams, few had prior experience of working with direct payments.

Confusion

The team had never been tasked with accounting for spend before nor had team managers been concerned beyond keeping an eye on team expenditure. The confusion surrounding what a direct payment is and how it differs from a personal budget (or not) were seen in the main by managers as consequences of a financial immaturity. This accounting blindness was initially deemed less a result of resistance than of inexperience. In the early days of fieldwork, managers demonstrated a fair degree of understanding when faced with a series of quick-fire questions about the

mechanics of reporting on spend and the setting up direct payments. The team manager simply told me when one worker was struggling to cost a package, “We’ve never had to think about costs before.” Despite this, the group manager told me,

“The workers are struggling big time with these costings, massively. More so than I anticipated! I mean these are highly educated individuals, all who are equipped with calculators and it’s just so new to them and they’re getting tangled into that. That’s where we’re spiralling currently in the process.” (Zoe)

The problem with did not remain at the level of function, but rather costings came to represent something deeper for some members of staff, they took on additional significance. ‘Costing’ became a new discursive entry point, as such, it tended to organically emerge despite sense-giving attempts by management.

Team members zoomed in on the particular demands arising from a series of ICT and paper based processes that comprise the folk-verb ‘costings’. The concomitance of the costing work embedded within Anyshire’s self-directed support model with a series of decommissioning measures, had led some to believe the real motivation was finance. This grubbing of professional discretion by administrative costing work led Megan to conclude, “it’s all about the money, I know they say it makes the world go round, but we’re having to balance needs against the costs. Before, you’d look at needs more.” She continued by describing self-directed support as she encounters it,

“With SDS, there’s more paperwork like for panel monitoring forms. I feel a bit like a mathematician now. Fair enough I was able to help a colleague yesterday cos she had quite a complex, really expensive care package but that’s not really part of, that’s not what you come into the job to do.” (Megan)

Amy succinctly put it, “We did social work, now we do costings.”

These concerns were not helped by confusion which surrounded costing work. The team’s business support officer regularly had to deal with the muddle surrounding direct payments and the costing of packages. She had linked the confusion about the tools of self-directed support to the potential impact upon family choice,

“Social workers need to go out with a lot of confidence to know and explain DPs. They need to go out with confidence in order to show families the benefits. At the moment they don’t have that confidence, and won’t until they understand costings.”

The team manager was also concerned that families may not be receiving all the information they need because workers themselves were befuddled by the mechanisms open to them. Such struggles have been documented elsewhere, an evaluation of personal budget take-up in Essex reported, “Service users and family members explained that while in many cases frontline staff appeared confident in selling the initial idea of cash payments, they felt they often struggled to explain the “nuts and bolts” of how they work.” (OPM, 2010: 7-8) This encapsulates part of the problem for established team members in Anyshire.

Karen, an established member of staff in SDS West, was one of those workers who was struggling with the ‘nuts and bolts’ referred to in the Essex report. The lengthy extract below details her vocal and public struggle with costings in one day on the office. It is comprised from observation notes (day 24) and subsequent reflections.

Karen to herself, "Oh I don't bloody know! What on earth does 'frequency' mean?" [a little louder] How do you do frequency for direct payments? They're in hours? They're blimmin' hours!"

[spins chair to Team Manager Chrissie] in a despairing voice asks, "Frequency of what? How do I show this package when I don't know what on earth the damn sheet wants me to say?"

Chrissie walks over to Karen's desk. Chrissie leans over Karen's shoulder and seems to be talking her through the form. Inaudible from my position, then after five minutes or so Karen clearly exasperated asks,

"Well how does this fit with the care plan?"

Chrissie says, "You've got to state whether the services listed here, like I said by hours and weeks per annum, are part of a continuing package or a new one. I know it's complicated cos this one is a biggie."

I catch Chrissie beckon the business support officer with a backwards tilt of her head and a raised eyebrow. Embarrassed looks were exchanged between newer members of staff. The business support officer and Chrissie pass each other as they swap positions.

The business support officer pulls up a chair next to Karen who has put her pen down in what looks to be a sign of resignation.

Business support officer, "Ok, so I know it's complicated and the terminology doesn't help. Try to think of it like a back page to your plan, so first off we need to state when the plan starts and ends - 6 months or 12?"

Things quieten down again; they've now spent 20 minutes going through one costings sheet. Karen reaches for the calculator; it looks as though things are almost reaching the climatic point of this accounting muddle.

Karen: "Crikey! £513 a night! Times 26!" She spins around to face Chrissie, clearly surprised at the cost of overnight respite care for a severely disabled child with two-to-one needs.

Despite Karen's struggle it is too simplistic to think that the introduction of a costing form in and of itself is deeply problematic for some SDS West members. Certainly newer members of staff saw administrative activity as an unfortunate necessity rather than as symbolic of any larger shift in the status of social work. New starter Lauren was quite positive about the rise of accountability through commissioning as she told me,

"You're a lot more involved with the actual budget side of things. About formulating costings, and actually laying that out rather than just commissioning services and then you don't see anything else. The social worker actually takes more responsibility for putting out the costings. I'm fine with that but I'm sure a lot of people have found that quite difficult."

New starter James told me about how he largely ignored the paperwork demands of 'panel' and simply got on with getting support in for families, even if this meant he had to confront management later as a result of, "going through the back door." He told me,

"I have been really naughty so far I've put in no CDMG paperwork which is probably really naughty and I probably will get pulled up on it at some point.

But to me, why fill in all this paperwork for something that does nothing? The package is already agreed, it's already in place, you've put in a form saying how long it's for and when it needs to be reviewed, that's already in place, already agreed, already actioned, already receiving the resources.”

His rationale, like many of the new starters was clear, “to me it's just extra paperwork that I don't really have the time to do and unless it's going to make a difference to my kids at the end of it, I'm not doing it!” Lauren had also started to ignore the flowcharts and the sifting mechanisms; she began the SDS process with two existing cases who were aged under ten. She told me that she thought it would be positive for those families and parents were keen to try it so she simply went ahead and “made it happen.” New worker Ethan agreed with James’ approach, “on my scale of things that I have to do, paperwork is paling into insignificance. All I'm concerned about is that my families get what they need at the end of the day.”

The point is that just because processes proliferate it does not follow that social workers will fall in line. Many of the new starters worked around processes, bent rules and found their own forms of accountability - “doing it for the child” or “making a difference to my kids” were commonplace. In addition, these new workers seemed to be working to the spirit, if not the word, of SDS in exactly the kinds of ways that Peter’s liturgy sought to inspire. If the talk of the new starters were anything to go by, forcing accountability through process and costing simply demanded practices to work around it. Costing provided an institutional form of accountability, but it failed to inspire the degree of affective bond, the “bring yourself to work” practitioner that Peter sought to encourage.

Star Chambers and Chief Auditors: From 'Panel' to CDMG

Prior to the introduction of self-directed support, workers had to submit requests for packages to 'panel' for sign off. Panel acted as high chief auditor - examining the accumulated paperwork about a child in order to decide whether the social worker's package was appropriate, likely to meet the identified needs and institutionally valid. This panel was populated by managers from across the service, including those who had never practiced as social workers. Management had told me that the newly created 'Children's Disability Monitoring Group' (CDMG) had replaced panel insofar as they were not concerned with decision-making on packages as that had been devolved to individual workers and team managers. Due to the restructure, the personnel that attended CDMG were different from that of panel. Yet, from the point of view of many workers not much else had changed. The newly constituted CDMG comprised:

The group manager for the disability units,

Zoe, the group manager for SDS,

The team managers from SDS West and East,

The consultant social workers from the three disability units,

The team leader for the council run community support service,

The manager for direct payments and finance; and

The Head of Service (where available).

I was told that CDMG was about lightly surveying the paperwork about families in order to 'monitor' what was being purchased and how. It was a strategic tool to inform commissioning decisions for the future. It was no longer a tactical tool to ration resources, critique workers or bestow support and services upon families. In

contrast, the previously panel system was the point of sign off for packages, no support or service would be released without this. With the arrival of SDS, social workers in conjunction with their team manager are able (in theory) to sign off packages with an annual worth up to £5000, the group manager could agree packages £5,001 - £19,999, and for packages worth upwards of £20,000 the Head of Service would sign off. CDMG thus has little influence over the release of support to families. CDMG does not have an interest in the minutia of cases - their assessments, needs, eligibility; this is all the responsibility of the social worker. Or so I was told. Under the panel system workers did not engage in the costing of packages, nor did they have the additional work involved in the allocation and spend on personal budgets - this was wrought with SDS and the restructure.

The terms of conditions for the newly created CDMG stated its purpose was:

- ❖ To ensure equitability and consistency in the allocation of resources/services across the county;
- ❖ To ensure transparency in decision making;
- ❖ To promote the use of inclusive activities;
- ❖ To ensure the voice of the child/young person is evident alongside evidence of family control and choice within the plan;
- ❖ To follow an agreed audit path; and
- ❖ To pursue areas of development for the service as a whole.

To see CDMG as created simply to meet the terms and conditions above is to miss the broader ambition for social work with disabled children Peter sought. CDMG like many facets of policymaking in Anyshire at this time was set up to try to provide windows of opportunity to drive home the messages of inclusion, participation and a

revitalised form of face to face practice. There is little doubt that the commissioning strategy going forward was a high priority for managers - ensuring a local mix of provision was vital to making direct payments work. However, there are clues to a deeper scrutiny taking place at CDMG that went beyond an assessment of service provision and planning. The degree of choice, voice and control are to be appraised, CDMG members are to scan documentation for evidence of 'inclusive activities' and to provide assurances of transparency in decision-making, presumably to families. In this regard, CDMG was trying to publicly rectify problems of the past. Panel was a symbol for many within Anyshire's children's services as to what had gone wrong for social work in the area - faceless bureaucracy, the total absence of transparency, a mistrust of workers and families alike.

Still more, for Peter, someone committed to a 'user empowerment' model of case work, panels ran counter to the ideals articulated by his practice protagonists in the independent living movement. Here, panels are the quintessence of the much reviled 'professional gift model' - one of the residues of welfarist paternalism most enthusiastically attacked by campaigners for disability rights. Locally, the move from panel to monitoring is an important marker for the changing nature of social work. Symbolically, it represents a redistribution of responsibility and accountability, forging the links between families and their allocated worker more tightly. Practically, it meant more time engaging with institutional systems. Culturally, managers posited the move from panel to CDMG as part of a broader plan to tackle unofficial gifting cultures and to engender change in the very construction of the social work/family encounter.

For many, the old panel symbolised the overriding of professional judgement by organisational diktat. Others spoke of the frustration of never being sure what the

panel outcome would be as there was no public terms of reference for their decision-making processes. Almost everyone in SDS West had a point of view, and in these views lay a sense about the appropriate assignment of responsibility - the balance between discretion and necessity, knowledge and information, collective and individual accountability. Despite the overwhelming negativity surrounding the previous panel system, for a few members of staff it served an important professional purpose.

Megan, a social worker in SDS West who had worked in Anyshire children's services since qualifying in the past decade reflects upon the emotional labour (Hochschild, 1983) involved when the boundaries between professional judgement and costing collapse. That is, how the permeation of cost and the expansion of auditing into her work can lead to difficult conversations and altered relations with families. The awareness of cost and the devolution of accountability pushed by the implementation of self-directed support forces disagreements to the surface. She said,

"Well, I know money makes the world go round! But it seems a lot more now, it seems like it's a lot more finance driven than it is needs led. That's just what I'm feeling at the moment. I know it shouldn't be like that, I know also it should be about empowering the social worker too. But I suppose like we've spoken about before, you could have a discussion with a family and they think they need one thing and I'm not so sure. So mum wants an alternative and I'm going to have to sort of say, "That's ok for you to say that but it has to be needs led", and in my personal opinion I don't feel that he is probably needing that...But I'm just going to have to say that's my recommendation and I need to discuss with my manager really. Then that makes the relationship a little bit

more difficult, I'm only surmising here, but whereas before at least you could say you feel this but then the final decision was panel. And I know you shouldn't feel like you should have to hide behind panel because no-one does, but you can say "well I put this good case forward as much as I can but then the manager has the last decision as she's taking it to panel."

Megan's account refers to money and "finance" whilst considering the place of panel as an arbiter between the organisation, worker and family, implying that SDS has given rise to financial rather than "needs led" decision making. Her disagreements with a mother about what the child needs highlights one of the tensions of choice in Anyshire at this time, who gets to decide what is required and worthy? She refers to the idealised "empowerment of the worker" but does so in a way which serves to cast doubt on the reality of this SDS promise.

Megan's account also tells us about the blurring of lines of responsibility which sheltered workers' from the emotional labour of having to explain to families that their professional judgement does not align with the parent's request for a particular service or amount of hours for support. This is the disagreement over choice which is itself premised upon a hierarchy of knowing - who is best placed to know what the child 'needs' and how to meet these needs. In the grey literature parents are valorised as 'experts by experience', such characterisations permeated the talk of the group manager who would often tell me that "families know their children best" (Zoe). Helpfully, Megan provides the frontline account missing in the policy and practice literature, which flags the real-world struggle to name and tell a case and the politics of this experience. Panel again intervenes in the micro-politics of the encounter, because organisationally, the worker would never have to openly disagree with the family. Megan's use of panel enables her to appear on the side of

the family, there is little institutional incentive to challenge their interpretation of need or events even if her professional judgement reads the situation differently.

Professionally and personally it was up to the worker to reveal their qualms and to discuss them with families, but there was little institutional push for this. Peter told me that in his view, panel would take the brunt of family disappointment over decisions and packages that perhaps should never have been suggested. Social workers were “not thinking” whilst panel was in existence.

Social workers in SDS West rarely spoke of panel or the newly configured monitoring group in the way Megan articulates. Instead, they almost universally talked of panel like a modern day star chamber in the way it seemed to issue fiats. They disliked its secretive proceedings with no clear rationale which appeared to staff to arrive at surprising and arbitrary judgements with little scope for appeal. In direct contrast to Megan’s concern about confronting families and managing disagreements, one new member of SDS West, Ethan, argued robustly,

“I think panels can be good for social workers because it gives you something to hide behind but having said that, if I didn't agree with something I would tell the family straight away, they don't need that. If I'm taking something to panel I'm not going to waste my time writing up all this paperwork if I don't think that it's something the family need or will get. I think in the past I've had to get into some quite lengthy arguments or discussions with managers just because I'm like, “well you don't know what you're talking about because you don't know the family, you don't know this young person, you've never sat and actually had a conversation with them, you haven't looked after this young person for an hour and realised that after that time you were absolutely drained for the rest of the day.””

In this account Ethan outlines the professional imperative of knowing families well in order to defend an assessment and advocate for their support. His professional judgement rests upon this knowing of family life; context and understanding is crucial in his account. Panel is deemed interference in this regard, a way of delegitimising professional judgement in favour of managerial concern. It is akin to a brushing away of the effort that goes into the art of relational understanding in favour of decontextualized internal rationales which may be financially driven. Ethan utilises the language of 'knowing your families' in order to both make the case strongly for their support and to enable difficult conversations to be had up front. His emphasis is on understanding and working with families collaboratively and fairly. He balances the wasted effort and false hope incurred by the creation of an inappropriate package against the minimisation of emotional labour. This is in keeping with other accounts provided by new starters who articulated a professional position of the critical friend - keen to spend time with families, to build relationships and understanding, able to challenge as well as support families.

On the accounts provided, it appeared as though the move towards monitoring would be welcomed by almost everyone. Certainly the organisational rationale expressed to workers sits with the overall modulation of tone to enchantment across the profession - a reclaiming of the closeness of the worker/family relationship.

Workers were informed that,

The decision making process for the allocation of resources within the County Disabled Children's service now sits as close to the child as possible i.e. with the social worker. It is the social worker's responsibility through the core assessment to identify needs and outcomes and to work in partnership with

families to agree a plan of resources to ensure the needs and outcomes are met. [CDMG terms of reference].

Certainly many members of SDS West felt the ability to sign off decisions without a panel was finally recognition of their skill and professionalism, Karen said,

“I think that's my job! I do feel that's my role. That should be what I'm employed to do. What is the point of sending me off to do a degree, to do all the post qualifying stuff if I can't then use it and all I do is jump through hoops all the time and say, "ah well I've got to give it to somebody else?!"

Newly qualified social worker Lauren agreed,

“You're not just assessing and commissioning and then leaving it to somebody else to sort out the finer details of the package, you're actually following it through. But I think that's better because its clearer isn't it? You can see it through you know that this, this and this is the result of this, I think it's better, more transparent.”

Accountability is premised on knowing the family, on making a concerted effort to understand family life holistically and to dedicate time to spend with the child. The child's world provides the foundation stone for good practice, and like the personal budget 'belonged' to the child, so too did the zenith of good practice. Accounts of knowing provided by the new starters chime with this alignment of accountability with epistemological understanding and experiential contact with the child. It is this relationship that confers responsibility rather than a position in a rigid bureaucratic hierarchy. The relationship, rather than the role renders the social worker accountable.

Ownership Cultures

In speaking to the team and managers, previous packages created under the panel system were seen by some as wish lists which would either be agreed by panel or not. 'Ownership' was missing from the process. I had never heard this word used in such a wide-ranging and skilful way prior to spending time with SDS West. If 'costings' was the go to folk-verb for established team members, 'ownership' was the managerial folk-verb of choice. Managers were expressly concerned with tackling accounts suggestive of timidity in decision-making. The drive for ownership ran upwards from the team manager to the Head of Service. At one time or another during the CDMG meetings I attended, all valorised ownership and chided social workers who seemed reluctant to firmly put their names next to decisions and their subsequent (and uncertain) outcomes. The group manager told me that even with the introduction of SDS some workers were still very insecure about "owning decisions". She added,

"Workers are still trying to hide behind a panel process when we're saying, "no, this is about you agreeing this." We want to be transparent and that was another really key thing for me social workers need to stand for what they agree and not agree, as does the team manager as do I."

Peter saw this as evidence of "workers not thinking for themselves" and saw the restructure as a useful device to tackle a culture of buck-passing:

"Children's services have had funny panels for over a decade so we've been encouraging staff to do things for panels rather than do things for children. That's quite a big thing to break because in a perverse way, the way [panel] operated was dysfunctional but it would have had a function for some workers

and managers because if things didn't work out for families you'd say [panel] didn't agree it as opposed to saying I didn't really produce a very good piece of work. People could sign off an assessment without having to own it and part of what we're trying to do is to say if they've signed off an assessment that means they've owned it.”

Peter would often conjoin the apparent demise of the panel system to a cultural reorientation of social work which provided more resourceful support for disabled children. He told me that practice of commissioning was facet of this new culture, “social workers were posed with a fundamental shift where they have the power to commission directly with and on behalf of a family.” He went on to say that SDS enabled SWs to “practice with money” in this commissioning role – to look at the costs of services and to make sure the provision was the right one. “All of this forces decision making and accountability, they are required to be more responsible for decisions made and to account for them – I hope people will become proud of their work.” Appealing to ownership as a local discourse is emblematic of Peter’s talk of inspiring social workers to “bring themselves to work.”

Yet the consideration of social work as a commissioning profession in a strategic sense was not going appeal to everyone on the frontline. Certainly, the sense of being compelled to take responsibility for family outcomes even though these were families who would only be seen perhaps two or three times a year was problematic for some. This uncertainty and reluctance to claim ‘ownership’ for a set of decisions or a panel was revealed in the dossiers of paperwork provided to the managerial CDMG meetings. At one point or another in all five of the CDMG meetings I attended, all levels of managerial hierarchy exchanged frustrations over the apparent

unwillingness of their social workers to engage in this claiming of ownership. In talking about one case at the newly conceived CDMG, attendees offered their view:

CDMG, Day 30

Group manager, "SWs are stating in their paperwork "subject to ratification by CDMG.""

Chrissie, "Well what I see is it's no longer 'panel' have agreed, it's now I have agreed. As in I, Chrissie have agreed this package. I get that all the time."

The group manager for the three disability units quipped, "You don't get that ownership."

Chrissie, "It makes me cross."

Team manager SDS East, "It does make you cross."

Chrissie, "Again, it's the shifting of the responsibility."

If panel was representative of the dying days of state paternalism, CDMG was about the rise of 'ownership'. This language of ownership adeptly ties post-bureaucratic themes of connection, the imperative of personal relationships and trust to the continuing expansion of public management administration. Talk of ownership links the experiences of professional judgement to the processes of calculative decision-making as boundaries blur, professional roles merge and morph and are subsumed into newer categories of practice. Ownership encompasses being upfront with families about cost, price, the possible and the impossible. It is about confronting families where professional judgement disagrees with their account. It is about

bearing the brunt of disappointment and frustration when families do not get what they hoped for. It can and does involve the devolution of blame. This language of ownership also serves to relieve the burden of total accountability from the institution. It does this by exposing professional accounts to scrutiny. When CDMG 'monitors' cases it does not only look for costing viability, but for coherence, it tests the workers account and sensemaking about a family or set of events. Workers are accountable by proxy as the reams of information and paperwork generation is bundled, tying them to family outcomes through an extensive paper chain.

However, some of the new starters doubted if they really had control to own decisions at all, Ethan told me:

"I know it's a team decision [signing off budget], but really it's a management decision that's been taken out of our hands. The team manager still has to agree and she hasn't met my family, she hasn't been a part of the decision-making process. They're paying us to do this role and then they don't approve it, you just wonder why." (Ethan)

What Ethan seems to be saying is that ownership culture is achievable only when the level of input employees believe they *should* have, is in balance with the level of input they believe they *do* have. Ethan has identified the underlying cultural current at play, the pull towards greater individual responsibility and the public nature of its form. As a new recruit to Anyshire, Ethan was recruited in part for his accounts of filiation to an embodied and relational social work practice, but he speaks of roadblocks to enacting this practice by the very processes instigated to fuel personal commitment. The interactions with institutional scripts appear to conflict with the discourses of ownership. The methodology for implementing 'ownership' as part of

self-directed support is confused. Garfinkel (1967:1) helpfully explored this problem of accountability and indigenous modes for making sense,

“the activities whereby members produce and manage settings of organized everyday affairs are identical with members' procedures for making those settings ‘account-able’.”

In Anyshire, the imposition of accountability measures against or despite indigenous order-making practices may well have led to the sense of imbalance Ethan and others describe.

Categorical Conditionality and the Politics of Panel

In outlining how she wanted teams to function under SDS Zoe told me,

“that people know making decisions close to the child is the right thing to do and that is about social workers owning their decisions because they're the closest to the child.”

Like Zoe, other managers would speak of decisions being taken closest to the child, providing a morally-imbued rationale for forcing closer accountability between the family and the individual social worker. Despite being told workers were now ‘free’ from panel, managerial decision-making was still very much felt to be exerting its presence. Workers would comment on being told to re-assess children for eligibility or to provide a more precise support plan following the managerial ‘monitoring’ group referred to by social workers as CDMG or more commonly ‘panel.’ Few could see little difference between the panel of old and the monitoring group of the present.

To see what went on at 'panel', I attended five CDMG meetings in my time with the team. The children and families discussed included those on the caseloads of the SDS teams and the units. Below is one account of a CDMG meeting which was more explosive than others but which elucidates exactly the challenge of providing 'personalised' support in an institutional framework caught by demands of audit and accountability.

Observation notes CDMG, Day 45

Five cases had already been discussed in detail prior to this extract. This included checking the costings paperwork, referring back to the original core assessments and hypothesising about parental responsibility and support choices. Several cases had been sent back to social workers for 'reworking', the majority were from the units. Two SDS West cases had been sent back because the group manager felt, "they've [family] not been offered sufficient choice, it looks like an old package."

A unit case is being discussed. It arises that the case has been deemed a level 2 case – one which means technically it's a short breaks team case, below the eligibility thresholds for the units and the SDS teams. 'T' refers to the group manager of the three disability units.

Zoe asks, "why is he in a unit if he's a level 2?"

T "He's one that came over just prior to units coming on, so they took him with them."

Zoe, "He's not eligible for our service. I'd assess him as a level 2."

T said, "It's about equitability of service provision too, it's a balance between what needs families have against the costs and that having this child in a unit isn't fair to similar children."

The Consultant Social Worker for the unit added, "Well, it is a unit decision."

T "But we expect the decisions to be based on sound practice and assessment. They need to go back to the assessment and demonstrate he's at risk of significant harm. What's presenting is he's level 2."

(Chrissie looking incredulous)

Chrissie said, "I'm not quite sure why they've got this, other than historically. Because I don't think it would even sit with us."

T "There's no real rationale."

Consultant Social Worker, "It's a unit decision. If they have problems families come to us. If the consultant social worker agrees the plan, we own the decision."

T "You need to bash it out in the unit before it gets here."

Chrissie EXPLODES

Chrissie, "I can't believe it's been sitting there since before April. Why is this a unit case? I sit here in despair really. I just don't understand how it got to and stayed in the unit. This is no different from what we're working with."

(Chrissie looks very annoyed)

T “There are some practice issues about assessments that I think are inconsistent across the county. We’re not there yet.”

Chrissie “I’m still really battling it. Because if the clinicians can do it for this one (level 2 assessed case) then he can come and do it for 10 of ours. It’s a culmination of the muddle about who gets what and how.”

T (defensive) “We’re trying to sort out where cases sit, but it’s not going to be a quick process, we can’t do it all overnight.”

Zoe (trying to diffuse the situation) “we’re lucky because we work together so we negotiate about the moving of cases. If not the unit would have had to take it.”

Chrissie, “Except I’m not being able to do it the other way. I’m doing initial assessments and units are refusing to take cases.”

Zoe, “Not having space in the team is not an option for delaying the transfer of cases which is about eligibility.”

[Peter enters the room and joins the meeting]

Zoe, “There are issues that are internal, that we need to try and sort out.

Blocking and gatekeeping etc. We are one service, we don’t do gatekeeping. I expect it to be a free flow. That principle should be amongst us all.”

Zoe, “We’ve got to accept we are where we are.”

On a different case the feud continues between T and Chrissie.

Chrissie publically disagrees with T as to whether a case is Child in Need (CiN) or disability. T believes the case is CiN. For Chrissie it's a disability case so should reside within the service, "I can't see that CIN would take this."

Chrissie openly challenging T's reasoning, "This is another one that I don't understand why it's with the units, I'm trying to understand."

T, "In the future you can have it Chrissie!"

End of debate. Chrissie still clearly furious.

Peter asks whether communications to families about what happens to their packages and decisions made at CDMG are being put in writing to families (e.g. changes to packages). LARGE SILENCE.

Peter, "I'm not confident at all that families get to hear what is happening" (probably a good thing given today's exchanges).

Meeting ends.

What I observed repeatedly at CDMG was not 'monitoring' in the sense outlined in the group's terms of reference, but a site for "mini-battles" (Zoe) within the disability service to be played out. It was a site for arguments defined by what I have called 'categorical conditionality', a kind of Foucauldian imperative to sift, sort and segregate families into institutionally useful categories. 'Categorical' points to the imperative of identifying and labelling needs into some kind of temporarily stable group. 'Conditionality' refers to the institutional response and resource available to families placed one category or another. The battles over categorical conditionality are themselves indicative of how the process paradigm for social work had entrenched itself in Anyshire at a time of limited resource.

These meetings were ostensibly to discuss the equity and appropriateness of provision for families but they would often become politicised and internalised to focus on resource and access to internal help. Chrissie's comment that "clinicians can do it for this one, they can do it for 10 of ours" delineates 'us' in the SDS West team from 'them' in the units by recourse to resource. Arguments over such internal matters were frequently tied to justifications of assessments which led to children being labelled as level 2, 3, or 4. The detail and depth of these discussions were frequently less about the child and their family and more about the reliability of assessment and decision-making. This is because levels of eligibility are taxonomies not of family life or need but of institutional response. The assessment of level 2, 3 or 4 infers a certain degree of institutional engagement and support for the family, a form of commitment and obligation.

Categorical conditionality can only operate successfully because the touchstone for the presentation of orderly practice in Anyshire's disability service is 'Needs Talk' (Fraser, 1989). This may well have been disputed by Peter who would put forward a case for successful social work as child-focused and geared to maximal inclusion supported by relational social workers. This however, is unable to satisfy organisational demands for competence in a measurable way. Conversely, needs talk is supportive of comparison and evaluation. In Fraser's (1989:9) terms, needs talk provides, "institutionalised patterns of interpretation." It does more than set the terms for resource allocation; it provides a framework for seeing the child more broadly whilst setting the parameters of institutional response. Of course the disagreements at CDMG over the classification of the child as a level two or three are reflective of resource constraints, but they also speak to processes of organising and methods for professional sensemaking where information is incomplete. Self-

directed support could not compete with this paradigm for seeing. Cases were constructed through the prism of professional necessity rather than the kind of experiential, family telling valorised in the self-directed support literature.

In addition, the challenge that a child or family posed would be viewed differently by different assessors and may be more manageable in some situations than others. Thus 'high support needs', at least at the boundary, were not so much a property of the individuals so designated, as a function of the support and service system set up to manage their needs and behaviour. From a Foucauldian perspective, it can be seen as forming part of a system of differentiation (Foucault, 1982) which brings them within the scope of attention by care and support services. The category of 'high support needs' seems similarly to make sense only in the context of competition for resources and to designate a case for additional support rather than to describe a coherent category of persons. However the vagueness and ambiguity that characterise it may therefore increase its usefulness as a political category, while at the same time making it a weak basis for entitlement.

So categorical conditionality is an order-making device, but from the point of view of self-directed support, this is a troubling practice. If SDS is about supporting the child, about identifying with them and their families not only their needs, but how they want to be supported, then categorical conditionality reverts back into a deficit model of needs talk. Categorical conditionality directs attention to institutional categories of risk and resource and in doing so it perhaps it serves to obscure the variety and nature of potential help families could benefit from. Detailed discussions of costing and assessment which opened the meeting descended into arguments over institutional labelling, masking perhaps the ways in which children and families could be seen and responded to. Meetings would frequently fall into debating, "is this level

2 or 3, is this child in need or disability?" perhaps considering less how the service could help.

Categorical conditionality only works by capturing a small set of displayed needs at one moment in time, whereas SDS where premised upon "the conversation" (Peter) and away from "tick boxes" (Chrissie) is about responding flexibly to changing family circumstance and child needs. Yet, the values of choice, inclusion and participation spoken of by managers provide no guidance about the conflicts between the lived realities of support and power between the family and institutional practices like this. The child is largely absent as a meaningful body in these debates as they become reduced to a consideration of organisationally-defined needs. The family is spoken of in relation to the meeting of these needs, so parental behaviour is critiqued and evaluated in rather instrumental terms. There is an absence of critical thinking in the managerial espousal of SDS about the actual operation of support and inclusion within the institutional framework itself. Thus, whilst attempts are being made to remake and remold social workers and their practice, the very body of the institution and its practices are left largely untouched.

Losing the Phenomenon: A Conclusion

In Anyshire ownership is the very affidavit of authenticity. This is the kind of linguistic turn Peter engages in when he describes his moral philosophy for SDS. Ownership befits the "bring yourself to work" authentocrat of Peter's liturgy, practice is embodied rather than performed. This type of ownership talk is expressed in the accounts taken from CDMG and management transcripts cited above. To own an outcome or judgement is to align oneself with it, to make oneself vulnerable. It is a form of

personal accountability. In Anyshire it is sold on a relational basis - of being 'closest to the child' or 'knowing your family'. This kind of ownership speaks in the moral and affective registers, tapping into heuristics about what 'real' social work is about. Yet such heuristics must be demonstrated. Social workers in SDS West have to show their working out, they need to be seen to be doing things by the book.

Doing things by the book chimes with the language of risk and rationality and with the scientific skills of diagnosis and prediction. For it to be recognised as decision-making rather than tacit inference or professional judgement, ownership is forced to show fidelity to calculative measures - taxonomies, qualifications, typologies and cost. It is this need to articulate and demonstrate that leads to the expansion of process and paperwork. This constant layering of process seems to exude from the interminable organisational fog. Everyone seems to resent it, to wish it away, yet they are unable to stop talking about it, nor see themselves through it.

"I spend more time on process than I do on practice and without doing the process bits I come into conflict with the organisation that has all of these demands about what's needed." (Chrissie)

The practitioner response to procedural elements of SDS are writhing attempts in sculpting smoke; every time process appears bottled it escapes from the sides. The damaging effect of the smoke is its ability to suffocate enthusiasm. It is more difficult to engage with families in a meaningful way to provide mundane support and informal care when process abounds, sapping attention and gusto elsewhere:

EW: "So what is self-directed support?"

Megan: "I suppose doing that questionnaire, tick some boxes. Looking at what they mean in terms of points and whatever, working out how much money that is...I suppose there's probably some papers written! (laughs) Although I know it's not in legislation. It's more to do with process."

Amy: "I think its procedures really. That sounds awful, but in the last 3 months that's what we've been given - new procedures."

So why do managers continue to engage in process talk and rational substantiation, when it is blurring the organisation ambition and suffocating worker commitment to SDS? Well, because the procedural smoke is wound imperishably around the necks of almost all public bodies engaging in face to face welfare work. It demands obedience - to demonstrate, to account, to evidence. To do so is to proliferate paper chains and systems, each with an accompanying manual on process. This is how, in Garfinkel's terms (1967), workers and managers come to lose the phenomenon. In the desire to make self-directed support everyday business, "curious incongruities" (Garfinkel, 1996: 8) emerge which provide structure but in doing so lose the heart of the endeavour. Zoe said of this,

"I genuinely feel that the department and myself are coming at this as an ethos of change. But it's becoming very process."

She continues to describe how SDS West is beginning to lose the phenomenon by engaging in a metaphoric telling of her experience.

"You know those blimmin' great tankers out to sea, the ones as big as cities? Well, It feels like I'm driving one of them and I'm wanting, I'm trying to stop it and I can't stop it. I'm driving this bloody great tanker and I can't stop it. I told

someone that this is what I'm feeling like and they said "they don't have brakes you've got to bang it into reverse" and they're absolutely right, I've got to bang it into reverse before I can then stop it to go forward."

The smoke of process confuses, masks and leads astray but it is seemingly inescapable even by those in managerial positions. Process breeds process in a world of work where managers and professionals alike are reliant on evidencing chains of command and decision-making for institutional protection and regulatory approval.

The clash of imperative for self-directed support work versus the quest for evidence was articulated neatly by James, a new member of staff,

"I think the statutory deadlines are measurable, people can measure it, and you can use that, as a government you can say we've managed to do all of our cores within our 35 days. You can't say do you know what this support package is really successful and doing it this way with a family has been much better for them, than doing it the other way - there isn't that proof, there isn't the measures, you can't evidence it. We can know for ourselves that actually we've done it a much better way and this child's got much more out of it."

James tells us that self-directed support is hard to evidence in ways which are demanded of social workers and local authorities at this time. Despite this challenge middle and senior managers continued to talk of the importance of informal interaction for sensemaking, for telling the case, for building relationships with families. Chrissie takes such work as given when she says,

“If you can have a discussion with families on an equal level, you don't have to rely on terminology, you don't have to rely on the process, you don't have to rely on all sorts of other things that make it possible for you to put people into a box.”

However, this informality, this aversion to “tick boxes” and institutional script is constantly challenged by the regulatory demand to account for, to evidence and to demonstrate work with families. Moreover, costing activity itself was an offshoot of a managerial demand for ‘ownership’ - process was layered in-house, it was not simply a regulatory requirement. Although social workers would regularly complain about not knowing their families and not having enough time to spend with children, they were compelled to provide evidence about their activity which often decontextualised the very relational basis managers spoke of. The Latin phrase, *Quod non est in actis, non est in mundo* - what is not on file is not in the world - captures this predicament perfectly. This contradiction between freedom and constraint, informational and relational is an important finding - in the enactment of SDS practice in Anyshire, managerial concerns and administrative tasks are actually embedded within the social work role itself. No longer is it simply that social workers are managed by non-qualified staff or that they have to pay due regard to team-level performance or spend, their roles actually encompass these functions. This could be read as a drive for multi-tasking in an era of austerity, or as something reflective of the schizoid discursive formation embedded within self-directed support itself. The problem from the point of view of professional identity is as Needham (2014) writing in *The Guardian* stated, “multi-tasking in an era of cost cutting can look a lot like deprofessionalisation.”

What these complex interactions identify is the struggle to enact self-directed support without proliferating system interaction. The demands placed upon social workers to account in these clunky and authoritarian ways run counter to and may well undermine the ability of SDS to flourish as a distinctive form of practice. Moreover, the cultural ambition to enact a relational and respectful practice with children and families gets caught in the net of Foucauldian techniques of sifting, sorting and labelling - denying the particular and the peculiar. Finally, many social workers and managers provided accounts of 'losing the phenomenon', of being unable to practice self-directed support how they wished, some of this was about resource and time, much of it was about the need to account for oneself within a narrow mode of instrumental rationality. However, for several members of SDS West the issue of self-directed support was indicative of a broader existential malaise. In light of this unease about the place of self-directed support in social work with children and families, I will now explore concerns about identity, recognition and respect that arose in Anyshire during this period.

Chapter 6: Talking and Performing Identity Work in SDS

EW: So why do you think they've introduced SDS here?

Amy: You think yes it is for families to be in control and to be empowered and also you think well actually, the other part of my brain thinks "mmm where is social work going?" Will we be outsourced to some private company in the future?

EW: So you think there are bigger issues at stake?

Amy: For social work, definitely. I think that's one of the reasons I think I don't want to be in this team for too long. You want to protect your job role and not to be outsourced to I don't know, Action for Children. Maybe they will manage it in the future. It could be anyone. But social work? Yeah outsourcing in the future.

On occasion, in the field I would miss the insight and weight of a few lines spoken in an interview or over coffee. Amy's brief lines above where she interlocks SDS and the future of social work alongside the economics of outsourcing were one of those occasions. These existential themes provide a rich tapestry for understanding the sense of fragmentation in Anyshire, feelings triggered in part by the move to self-directed support. Yet such themes can only be understood within the broader context - decommissioning, the politics and economics of austerity and the fragmentation of ideas about the value and purpose of state social work. These are intently personal yet somehow intently familiar accounts. To researchers and

academics concerned with changing subjectivities of the social and parameters of the state, Amy's words above speak to something we implicitly know or feel about our current condition and the condition of welfarist ideas. It became plain that all members of SDS West had something to say about the future of support work within social work practice and the implications for professionalism this held.

I had noticed a degree of status anxiety in the early days of my time in the office, but had associated this rather simplistically with the very clear rise of the unit model and its enthusiastic publicity in managerial memos and the local press. In addition to the overt affective prompts triggered by the celebration of the restructure, I also tied displays of anxiety to what I had learnt about the previous disability team incarnations - the lack of managerial oversight, the poor case management, the profound sense of being overlooked. These contextual features form important contours for understanding the local sense of insecurity, but they did not comprise the total picture. One worker described feeling overlooked when attending interagency Children in Need meetings because she wasn't "a unit worker". Other members of staff would be triggered to defend their expertise when developments about the units arose via email or word of mouth. On occasion at team meetings these assertions of case work with looked after children or court work became a form of collective group therapy. Here, I witnessed how workers described a dissonance between the hype and the reality as their caseloads swelled with increasingly complex cases, whilst peers made suggestions that SDS was 'nice work' with 'easy families'. Taking these facets, glimpses and fragments together the fibre of confidence in professional standing became frayed. Some in SDS West came to see self-directed support not as a methodology for crafting an alternative professional identity, but as a threat to professionalism in social work. Such threats are elucidated

below through complex and interrelated themes: status discord, expertise, risk anxiety and a worry about casualization. Almost all were referenced in the accounts given by existing SDS West members, yet when new starters would raise concerns about recognition they did so largely as a response to the rise of the units rather than as an argument against SDS per se. For established members of SDS West, it was as though the combination of self-directed support and the creation of the units had tapped into a sense of existential unease about the future of the social work role in Anyshire, and as Amy elucidates above, about the future of social work more widely.

Status Discord: The Child Protection Apex

In Anyshire, despite the managerial vogue to speak of freedoms, informality and relationships, social workers still tended to gravitate towards formally recognised duties and powers as touchstones for identity. Language, its practice and its modalities is very important in maintaining a secure sense of professional identity; it also helps to perform identity in situ, it sets the parameters for work, provides the warrants for action and signals professional competence to others. Thus, a job title or the naming of a team is no trifling matter. In Anyshire there was a quiet ongoing battle over etymology that symbolised both the perceived threat to professional status wrought by SDS and the struggle for social work more broadly to conceive of a practice paradigm premised in non-interventionist terms. One facet of this battle was over the naming of 'Self Directed Support West.' This was my entry point in to the complex worry that surrounded self-directed support in Anyshire and which pivoted on issues of professional identity.

The team had been called Self-Directed Support West in part because the Head of Service wanted to signal to families his intent and commitment to working in a person-centred way. He had told me that much himself. Yet in trying to fathom who had signed what off, frontline team members would just sigh and refer to some internal battle that took place long before the restructure had 'gone live'. Whilst the detail remained unclear, many social workers were unhappy about the outcome.

Amy said to me,

“I still call us the disability team despite what higher powers might want, because self-directed? I don't want to be described as that, I don't want that to describe what I do.”

Megan agreed with this sentiment,

“I think if we'd been called the CIND team as we were going to be called - Child In Need Disability at least people know, other services know what that's about, families roughly know what child in need means. Whereas SDS? Nobody knows what that means.”

The concern seemed to be twofold. Firstly, 'SDS West' is simply not clear in conveying who the team work with, how they operate, who they are responsible to. Self-Directed Support could signal a form or function, or in the eyes of some a faddy predilection for one mode of practice, but it did not signify an alignment with the history and practice of social work as a profession. Megan points to the problem of peer recognition when she mentions 'other services' as not knowing what self-directed support is about. In my own informal conversations with unit workers who would occasionally hot desk in the office, it became apparent that Megan was right.

Rebecca, a unit worker said to me, “Funny name SDS. If you’re not in it, what does it mean?”

In the name ‘self-directed support’ there is no natural referent to the legal status and expertise associated with social work. For Amy, this absence seems to represent a lowering of the status of the work in the social care hierarchy as she says, “I don’t want to be described as that.” The removal of inherent professional expertise implicit in the ‘Children in Need’ title could be seen as an act of deprofessionalisation as it disengages the social work role from the source of its power. The touchstone of legal authority which runs throughout social work with children and families is the 1989 Children Act. This forms the scaffolding, the protection and the rationale for practice and for Amy, it holds symbolic significance. The category of ‘Child In Need’ enshrined in legislation confers a special status on those who work with these children and who are responsible for meeting legally defined need. There is no legal basis for ‘self-directed support’ no valorised skill set or accreditation currently linked to it within the social work profession. It is unable to list its curriculum vitae of expert knowledge or skills in the same way as other forms of practice.

The demonstration of proficiency through the personal identification of legal powers bestowed in a job title or team name had been noted by managers. The examples of personalisation across the proverbial waters in adult services did little to alleviate this status anxiety, as Zoe told me,

“The thing is they’re not care managers, they’re social workers. Its a bit of a status thing. I think they see adult workers as different to social workers, so adult care managers can be social workers, they can be otherwise qualified people and obviously we in children’s social care have different

responsibilities and duties, there's a bit of status around that I think for some people.”

For some there was a professional dissonance, a status anxiety about ‘empowering work’ aligned as it was to ‘otherwise qualified’ practitioners. Such an alignment is indicative of the social standing of ‘empowering work’ or ‘care’ more widely - as something undertaken elsewhere, by someone else, a vocation, or something that is unsettling or not quite politically adept. Empowering work, as one campaigner put it to me at a personalisation conference in 2009, is “simply low status”. It appears that this sentiment had permeated parts of Anyshire too. In her account Zoe could see how some members of SDS West were tying a professional loss of status, a potential devaluing, to the implementation of self-directed support. “Care managers” as “otherwise qualified people” raises the spectre of the unqualified para-professional, undertaking social care but not social work. It is the responsibilities and duties aligned to the exercising of the powers inherent in the Children’s Act that held significance, and looking to adult services showed how social work and self-directed support were not necessarily on the same path. I think Zoe could see how for people like Amy, support was too ephemeral; too ill-defined it carried neither the certitude nor the respect of formalised, legalised, social work practice.

In seeing the political ramifications of the ‘SDS’ job title, Zoe in the main agreed with calls to rename the team along its legalistic basis as a Child in Need team, she told me,

“I think they've called the SDS teams the wrong name they are Child In Need disability teams. I still think it was branded wrong, it should not have been a SDS team it should have been a CIN team that would have got the backing of

the social workers. I think if that was the case that would align us better, the way we are delivering services is through SDS and a personalised budget but we are functioning as a Child in Need team, so we've got all the same responsibilities as everybody else, we're doing our own child protection investigations, disorganised families, dependencies you know, we have got kids that we're accommodating.”

Despite her commitment to SDS, Zoe like several of those tasked with delivering SDS felt compelled to reiterate their professional experience with the most complex and risky cases, to detail their work with the most vulnerable and chaotic families. Whilst her description alludes to the problem of professional standing associated as it is to legal powers, she still seems compelled to list the ‘problem cases’ held by the team. Such accounts were repeated by members of SDS West who were fearful that without regular appearances in court or visits to Looked After Children they would be seen as inferior. Sylvie would regale tales about her old disability team where she described being “the go-to person on child protection” because she had made so many court appearances. She confessed to me quietly that,

“I think the downside for me compared to my old team is that I miss the court work, as I was very, very keen in court. You know where you are in court, it's very black and white.”

She went on to tell me how she felt she had “lost her bearings” in trying to get to grips with the minutiae of SDS but was committed to “working in a person-centred way.” In claiming authorial insight here, I think Sylvie’s description of being “very, very keen in court” was not about wielding power or feeling important, (although that may be part of it). Rather, for Sylvie it was about the assuredness and strictures of

being a social worker *in extremis*. There are rules in court. By this stage in proceedings, positions have hardened whilst understandings about the place of the child are temporarily frozen as explanatory narratives stabilize to get the work done. This I think was what was troubling Sylvie about SDS, she did not know the kind of performance expected from her. For all the celebration of SDS as an opening up of social work practice, as freeing social workers from the 'iron cages' of case management, informalised or relational social work may not be for everyone. For some, that slackness of role leaves them feeling too exposed. There is a safety in rules and procedures and process, and there is exposure in the collapse of them. Chrissie commented on this,

“SDS is shifting the control. It's shifting the nature of how you do the job. It's forcing people to rethink how you practice. Because you're no longer protected by an organisational structure, you're much more exposed. I think you're much more exposed as a practitioner, in a way that feels quite threatening for people at the moment, that's what I can see. How do you explain to people what you're doing and why you're doing it without tick boxes? So it is quite threatening for people. “

Sylvie and Zoe reiterate their expertise through the lens of a profession currently inundated with section 47 cases, in doing so they are taking the well-trodden discursive path, the narrative defence of expertise within children's social work, by talking of their familiarity with the family courts and legal intervention. To defend their status they articulate their continuing proficiency with an interventionist mode of practice. In confronting the presence of the units in Anyshire, they are not making a case for the role of social work in support work per se. Amy powerfully makes this point when she articulated her concerns about performing self-directed support,

“I think in the long term the awareness of immediate safeguarding issues is there but actual practice of child protection, well you don't have the skills anymore. So you're not trained. If you're not going out and visiting those families and actually it feels, it's not social work, is what it feels like. It's not social work. It's not using your judgement as often, yes you're doing it in the assessments, but it's not using communication skills it's not going out and being with children, it's not seeing how you can change family life.”

In this powerful statement Amy articulates an idea of hierarchical modes of practice. She identifies “the actual practice of child protection”, “using your judgement”, “using your communication skills” and “how you can change family life” as aspects of the social work role which contemporaneously hold value. The way in which she speaks of “yes you’re doing it in assessments” is telling of the relative normative position of the Child In Need diagnostician, the ‘screen and intervene’ mode and the Section 47 change-agent. The implication is that support work, that is a form of social work concerned with propping up family resilience through ad hoc, mundane help, does not bestow the same degree of professional recognition. Rather, expertise capable of conferring professional status remains closely defined as that which is associated with legal duty and statutory function. The diagnostician and the assessor are closer to the ideal type of practice than the savvy orchestrator. Overall, child protection is identified as the night watchman securitising social work against theft by those who seek its fragmentation and deprofessionalisation.

In regaling these roles through the prism of lack - SDS West denies Amy access to the stages on which to perform these venerated roles - she tells a story of deskilling and subsequent devaluing. Most deftly she links the lack of child protection practice to professional impotence and riskiness in practice. If you’re not doing child

protection work, not only are you not really a social worker, you are not able to keep children safe as “you’re not trained.” Her critique is important for it identifies not only a malaise about performing support work as a qualified social worker, but how social workers construct the parameters of their work. When a social worker states “it’s not social work” they not only dismiss the case, concern or practice as outside of their realm of jurisdiction, they create discursively organized boundaries for accounts - be they family accounts, managerial accounts or indigenous professional accounts (de Montigny, 1995). Amy is making a judgement about whether self-directed support is a moment of practice deemed properly social work, or whether is it something else. She appears to decide on the latter.

Referring back to Amy’s concern about outsourcing which opened this chapter, in her account there is a presumption that the outsourcing of children’s social services to para-professionals is a trend likely to expand and deepen. She identifies social work as a profession increasingly focused on complex, high-stakes work and that only in performing such work can she avoid professional marginalisation. Knowing the lack of professional standing associated with help and support she says,

“I don't want to be described as that [SDS], I don't want that to describe what I do.”

Such a statement can be read in many ways, yet taken together with other conversations we had, she associates the ill-defined idea of support work with a worrying of her professional status. Such a coupling is made as she told me she had, “read the runes”, that before long all that would remain of children’s social work as a professional, statutory duty would be the acute end of the spectrum - child protection. In light of recent Department for Education plans to offer local authorities

a broader power to commission children's services from non-profit bodies, her statement is telling. Amy describes a nomadism, being compelled to move on "you want to protect your job role and not to be outsourced to I don't know, Action for Children." To do this she says, "intake looks really promising from where I'm sitting", which is an interesting choice as it represents the very front end of children's social care, dealing with emergencies, crises and concerns. Professionally qualified social workers like Amy may well infer that with the outsourcing of services to non-state organisations, their role as professionals may diminish. In the response to the latest Department for Education plans, this is part of the simmering concern, that enabling non-registered, non-qualified staff in non-statutory bodies to take life-changing decisions poses real risks to the child and to the social work profession more widely (Jones, 2014b).

To defend her professionalism Amy looks to practices that consolidate around what is often considered to be a core social work activity - assessment and protection. Amy's attempts to shore up her professionalism through a move towards acute-end practice resonates with accounts of those studying personalisation in adult social care who also identify similar trends of sedimentation around risky work (Scourfield, 2010). For Amy and others like her, to remain in a team with little formal identity and no legal foundation was to invite professional marginalisation; to linger in SDS West is to render herself occupationally precarious.

Amy was not alone in conjoining the performance of statutory child protection work with professional identity; even those members of staff who were enthusiastic about self-directed support could see merit in her argument. James told me,

“You don't need qualified social workers to do the job if you're not doing these statutory assessments and you don't have this mix [of cases], I think you'd find it hard to recruit qualified social workers if you weren't keeping your statutory skills up and you didn't have this range of cases, they'd just move out. You need to have experience of child protection.”

New worker Ethan agreed, in fact he positively welcomed the variety of work brought about by the fragility of the units and their problems with sickness and recruitment. He told me,

“I'm glad that we got some of the unit cases because I don't like the fact that they almost didn't trust us in the SDS teams to hold LAC, to hold child protection. You know we need to be doing this otherwise we're going to be getting out of practice. But it's also something different and we are quite able to do these things.”

Because of the symbolic position of the units in the local imagination, workers like Ethan had viewed the absence of LAC work as a mark against their worthiness as social workers. Megan was concerned that she was going to be professionally left behind as she described the SDS training as being focused on task rather than knowledge or theory:

“We had that week intense week of training and I felt like a bit that we were learning about calculations and stuff, and the units were learning about systemic therapy and theory, to be a practitioner for the future. If we had that training too, it would help, because we'd be on the same level as our colleagues really. Put it this way, I don't enjoy work as much as I did before.”

It is really difficult to overstate the importance of the restructure in colouring the attitudes and professional confidence of those “left behind” in the SDS teams. But to return to the position of child protection work, in their accounts, Ethan and James are making the case for balance and nuance. They speak of the need for a “mix of cases” and that undertaking occasional child protection work is positive because it offers variety and the opportunity to keep their skills up. Unlike Amy they do not equate interventionist work as social work in its entirety, nor do they view self-directed support as a diminution of their role, quite the opposite in fact. Rather, they describe the importance of variety in social work, in doing so they put forward an argument for the continuing genericism of social work and its unity. Megan’s concern about training seems to equally be a concern with retaining skills to work across the piece. In watching the SDS teams grow and transform over a five-month period, I can see the merit in this argument. Whilst the numbers of cases were a daily stress and were judged too high by everyone, the additional work of a small number of children who were fostered and those who had previously been subject to a child protection plan did seem to lift the team spirit and sense of purpose. In terms of the politics of externality it helped to raise their profile against the backdrop of the units, to ‘prove’ they were fully-fledged social workers and not para-professionals in the making.

In Anyshire, issues which appear marginal (like the decision over the team name) are felt more acutely because the units were felt to represent the practice height of contemporary social work professionalism. Culturally, almost any decision taken about the SDS teams was read through the arc of the units, as though all decisions were somehow *a priori* antagonistic to those practising in the teams. There was a culture of suspicion that seemed to heighten over the duration of my time with the

team. In part, I think this arose because the only narrative for practice heard clearly, was the philosophy for the unit model, which by no means presented a paradigm for practice which was antagonistic to the broad aims of Peter's liturgy for SDS. The volume of this narrative and its repetitive nature seemed to muffle the potential for a staff-backed or better, staff-developed, complementary self-directed support narrative. As some in SDS West felt a decline in their professional status wrought by engaging in less legal and 'psy' work, those in the units saw their status rise by virtue of being associated with the local and national gold standard model for practice. Within Anyshire, SDS members had spotted linguistic turns which many read as indicative of value judgements regarding the units. Sylvie pointed out the introduction of hierarchical phraseology when speaking about the units and 'others'. She noted how such turns began to creep into professional talk as the units gained traction and attention,

“I think some people have thought SDS teams are less. I certainly came to this team being told that these cases are “very stable, it's a question of reviewing monitoring”. This puts them into, if you think theoretically, a lesser position. And they were talking about 'stepping up' and 'stepping down'. I see stepping up or stepping down as creeping back again. I think maybe it's not voiced so loudly but I think there is thinking that units are a step above SDS. And that's not because I'm sitting in SDS, I think that's how it's been looked at cos they're dealing with dynamics within families, child protection, looked after children.”

Similarly to Amy, Sylvie outlines a hierarchy of practice and at the apex lies child protection. This is not to deny the absolute cruciality of professional activities geared to keeping children safe, nor is it to knock the credibility and importance of those

undertaking such work. Neither can such a construction of professional practice be a surprise given ongoing political interjections about social work practice and critiques of social work education whenever there is a child death. Nor should the damage of a failed inspection to organisational confidence be overlooked (Featherstone, White and Morris, 2014: chapter 5). Rather, my aim here is to piece together the accounts given by established SDS West members in a manner capable of pointing to larger thematic issues within Anyshire and the profession more broadly; for I do not believe the accounts given here are aberrations. Sylvie and Amy are struggling to articulate practices which are not interventionist in scope, including self-directed support work. Locally, self-directed support is cast as the Other against the acute activities of the units. Support work does not seem to have a form strong enough to project itself in its own right, there is too much confusion about what SDS 'is', concerns which find voice in the row over the naming of SDS West. Moreover there is reluctance, or in Amy's case a rejection, to assign these presently amorphous practices equal value with child protection work. This is important, for the issue in Anyshire was one of worth; the sense of identity threat was intimately intertwined with a perceived lack of organisational and professional value wrought by the restructure and implementation of SDS. In effect, the presence of the units act as symbols for the power of this apex, they serve to reify in the local imagination the status of the interventionist.

Recognition: SDS and Child Protection

Caseloads did swell during the fieldwork period and the range of cases broadened. Given this changing context, Zoe and Peter told me that the balance would be in ensuring such work did not "suffocate the ambition" of recreating a different mode of

practice instigated by self-directed support. In James' words, there was a constant risk of running "two systems so some members of the team don't move forward."

Such words were echoed by team manager Chrissie,

"The people it's most difficult to work, or to help them to move their mindset are the people who were sitting here when I arrived. Cos they haven't shifted, they haven't shifted in their heads, they haven't shifted physically, they haven't shifted anywhere."

The re-emergence of cases which required more immediate input in case they "blow up" (Karen) were inevitably time consuming and could distract from moving "stable, quiet cases" (James) onto a system deemed to offer families more choice and control. Workers found themselves in one of those ethical dilemmas encountered frequently in social work at a time of shrinking resource, caught in a dichotomous trap not of their own making - to intervene in order to manage the highest risk cases meant a necessary neglect of those families who have been waiting for a long time for basic help. Karen had first-hand experience of this when one autistic 11 year old boy, Callum, had to be taken into emergency foster care following his mother's breakdown. Callum then accused the foster carer of assault.

"You know when a crisis hits you get stuck! And my past month I've been really stuck on one crisis and I can't see my way clear of it. I can't get beyond it. Every week I've come in I've thought every time I do something on it another crisis evolves, I've spent this morning chasing up doctors, mental health workers just literally writing up. You know, writing up the allegations, the child protection allegations you know all of those things are just taking me away. And I've spent a lot of today just going through this in my mind and

thinking actually I'm going to have to give this to Chrissie. This has got to move because I cannot, this is costing all 27 other cases of mine that I've not done anything on because my time has been dedicated totally to this, and I'm still not on top of it.”

Workers are compelled to firefight whilst crossing their fingers that those patient families continue to cope as they simmer under the threshold for immediate help. If as they must, they work on the supposition of likely harm, professionals in SDS West would work to shore up professional reserves in case things “kick off” (Karen). Such shoring up activity was undertaken by virtue of additional visits, the calling of multi-agency meetings, strategy conferences with the police and a marked upturn in recording behaviour. If the case was particularly dicey, as it became with Callum, additional members of staff would be brought over to work on it, or the case transferred to someone else. Working to support resilience in families where there were little concerns in the legal sense of the term was difficult to do in light of the smaller number of acute cases falling over the cliff into crisis.

Around two months into the study, SDS West saw a substantial rise in unit cases being diverted to them. This was a result of sickness and absence in two of the three disability units and ongoing problems of recruitment. However, the rise in the numbers of cases and their complexity did not lead to an increased sense of recognition amongst team members. James told me,

“I think we do a lot more than most others; we have to have a much broader range of skills. But actually we don't get recognised as having to do all this work and having to have this range of skills, of going out and doing self-

directed support with someone one minute and coming back and looking at a complex strategy for a child protection concern the next.”

Karen told me how the units were “showered” with laptops, Ipads and business support whilst for SDS West, ‘spending to save’ activity becomes more phantasmic an idea by the day. This left a bitter aftertaste. SDS team members described feeling that SDS West was a “holding bay” (Chrissie) for the units, seen as a useful managerial conduit for “holding back the tide” (Sylvie) without recognising the flexible practice skills required to manage the considerable variety and complexity of work. In SDS west, resource and recognition were intimately tied.

This sense had only increased as resource threats encroached upon SDS teams - by the end of the study individuals in SDS West told me they were holding greater caseloads than entire units. Ethan said 7 months after the study had commenced and with three new members of staff, “James and I individually hold more cases than all of unit B.” Let’s not forget that the cases held by SDS West were hugely varied and at the upper end of need - almost all were tier 3 cases, many of which had 2 to 1 support needs and whose families were under considerable pressure as a result of caring demands. Despite this, team members in SDS West were struggling to access clinician time which was freely available to the units.

“From our point of view you look and see that there's a consultant psychologist sitting in the units and we don't have access to that person because we're not seen to be holding complex cases. I've got 2 young people that fall in the gap that can't be met by CAMHS could be met by this consultant psychologist but because I'm not a unit worker and they're not a unit case they can't be seen.” (Ethan)

James told me how it is exactly those children that fall between gaps that would most benefit from clinician time yet the lack of 'unit status' meant that accessing this help was difficult:

“Because we're not a unit we can't access clinicians but we've got some cases where you could really do with clinician input... These kids just do kind of slide through the net - too complex for the LD team, not really a mental health team, but they need to see someone outside of me. They're the ones that worry me the most because they're not necessarily going to meet the thresholds for adults' services... So just a few clinician hours, somebody to come in do a bit of systemic work with the family and that may be just sticking a plaster over but it might just work for the meantime!” (James)

It was at times like these that the wisdom of dividing resources along institutional and organisational lines, rather than family need, should be rightfully called into question. The boundary work performed by the labelling of teams went far beyond status anxiety to influence access to help and support. It was an internal form of categorical conditionality and it formed the basis of most arguments held at CDMG between middle managers. Whilst labelling a case a level 3 would increase attention and time dedicated to that family, it could not guarantee access to the kinds of specialist help available to cases held within the units. These families could not compete for the dedicated resource allocated to families who had been packaged and narrated as “unstable” or “problematic” or in “need of systemic therapy”. This in and of itself points to the power of narrative in selling the case and in ensuring real world outcome. From the perspective of SDS West, specialised service and support are hard to acquire unless families are at risk of breaching the 'significant harm' threshold. Articulating the idea of support in order to maintain family function or to

prevent longer term family breakdown are more difficult organisational arguments to make, not because they are in any way ethically problematic, but because in a time of squeezed resource what is available must be diverted towards the crisis end of the pyramid. In the absence of adequate resourcing for social care in the round, it is those families who have been constructed as 'risky' who are likely to receive the kinds of wraparound support that families who are coping would also benefit from. Risk not resilience was the focus.

Articulating Differently: A Tale of Risk and Resilience

In SDS West the common site of interagency collaboration was the ritual of the multi-agency meeting. Such meetings were commonplace in SDS West as protocols for Children In Need (CiN) expect that multi-agency meetings involving the family are held at least every 6 months where there are no concerns and more regularly if there is a risk that families could begin to break down or if the package is in need of close monitoring. In Anyshire, most of these meetings were held off site to little comment. They were a punctuation point in the self-directed support process that most clearly reminded workers of their statutory responsibility. CiN meetings enabled SDS West members to take a leadership role in coordinating and chairing these rituals of social work life, whilst often behaving as family advocates in the face of challenge from other professionals. Yet, as the units became fabled bodies of the professional zeitgeist, those few teams that remained outside of the mystique felt a change in perception for the work they were doing, a sense that would arise when coming face to face with those outside of their daily circles. This was despite the fact that they continued to have important, organisationally-recognised roles for ensuring all

children were safe and families were functioning well. At one time, Megan bore the brunt of these shifting perceptions.

One morning towards the back end of the fieldwork period, Megan told me she would be out for the next few hours chairing a multi-agency CiN meeting. Megan told me the case that was being discussed was a family who she knew well having worked with them for over three years. That morning she gathered up what looked to be a library of papers and went on her way. Little was said, just a “see you later” to myself and Amy who were on our own whilst Chrissie undertook a number of supervisions. I began to plough through the SDS paperwork, largely forgetting about Megan and her CiN meeting.

Megan came back three hours later looking somewhat downhearted, Chrissie who had finished her supervisions seemed to have noticed this too as she called Megan aside to see how she was. Megan came over to where I was based for the day, conveniently in the desk space next to hers, and began sharing her thoughts. I think she knew I would be interested in her experience of the meeting because I had begun to ask specific questions about cross-organisational relationships. She began with a deep sigh before hurriedly falling over her words as she tried to describe to me who said what. I managed to scribble as she spoke, “conversations about responsibility and resource for this family had been unexpectedly more complex than expected”. She then quickly attributed this to the rise of the units. “They [other professionals] just wanted to talk about the units, like they’re a fix or something.” I asked her to take a step back and talk me through what had happened.

She explained to me that she had informed the attending professionals that the boy’s behaviour had become increasingly challenging. She told me she informed the

assembled group that his mother had become withdrawn and frail as she battled on her own to care for this 12 year old boy who had developmental delay and autism. She said that, “mum had always been engaged” and to prove this she gave numerous examples of times when she would ring Megan and ask for advice. Megan told the group that in years of working with the family, “mum had never been late to one meeting”, until recently when Megan arrived for a visit and “mum wasn’t in, she’d forgotten all about it.” In light of this and other developments she didn’t go into, “there’s other stuff, mum has had a hard time, she was known to us years ago herself.”

Megan told me she was concerned about the mother’s mental and physical wellbeing and said so at the meeting. She then stated that given additional overnight support from the sleep service and access to a specific centre for autistic children she was confident the case would improve. Megan had already spoken to the child’s GP to get his opinion and to encourage the GP to see the mother for a mental health check-up. This was put to me as fair as there had been a history of depression and the mother was due an updated carers check anyway. Yet, as Megan relayed her concerns and what she felt could help the family, she was asked by a professional in mental health, “well given all this, shouldn’t the case be moved to one of the units?” Megan explained to this person that she had established a good working relationship with the family and that she could see no concerns about the child’s wellbeing or the ability of “mum to parent given some support”. Another worker interrupted and said, “you know no one wants to have one of *those* (Megan’s emphasis) cases on your desk.”

Megan seemed pretty agitated as she continued to tell me that she informed the meeting that “helping mum was a priority” and she, as the family’s allocated worker,

was capable of making this happen. “I said that I wanted to support mum’s resilience and help her. I did my best to state my case and besides, half of them barely knew the family.” Reflecting on what had happened Megan told me, “I felt really deskilled by that. We’re all qualified and on the same level. Other professionals presume if the needs look high end we can’t deal with them. But the way it’s [SDS] been promoted well, it makes the units seem more special. It implies we can’t deal with some cases and we can. We just look at them differently.” Megan did keep the case, but it had shaken her confidence, as we reflected on events a few weeks later she told me, “I felt totally undermined.”

The case of Megan and the multiagency meeting was an example of the struggle SDS social workers faced when trying to articulate a message of hope in a climate of risk anxiety. She encountered resistance to her telling of the case in part because the overreaching prerogative of child protection colours the sensemaking activities of all professionals working with children and families. The desire “not to have one of those cases on your desk” acts as an accelerant, moving the potential problem from one set of agential responsibilities to another. Her message, underpinned by a philosophy of resilience and support for families is reliant on her ability to persuade colleagues that her telling of the case is an adequate one. Telling this case, as Megan tries to do, in an alternative language one which does not rely upon metrics and probabilities of harm is one that tends to encounter political resistance because running with this description renders all professionals vulnerable to retribution further down the line, should this understanding of the case turn out to be wrong. The consequences of labelling a situation dangerous when it turns out not to be are much more excusable than telling the case as pre-pubescent boundary pushing and it turning out to be fatal.

In addition, Megan faced the additional challenge of running counter to the myth-making activity of the narrative of unit prowess so dominant in Anyshire. She had to make the case for support on the basis of resilience and then persuade colleagues of her aptitude and expertise for managing the case in the longer term. Megan is encountering the kinds of discursively organised boundaries for social working that Amy utilises when dismissing SDS as “not social work”. In the telling of her account Megan comes up against an established risk talk vocabulary which renders discrete and in situ practices visible which serve to support the collective sensemaking of the group. By running against this account Megan has the additional struggle of positioning herself as a watchful family support, which sets the coherence and visibility of her account in different terms. This alternative telling warrants a different kind of practice, one which struggles to both demonstrate and articulate itself against a backdrop of institutional fear.

The Head of Service was well aware of the strength of child protection talk and how invoking this work had an internal effect of conferring special status. He relayed a story to me about a colleague working in Special Educational Needs, who was managing a team of social workers,

“She made a point of being completely disproportionate about the level of child protection social workers did. Almost to frighten colleagues and to enhance her own status. So it almost sounded as though a disability social worker would be spending all of their life in court whereas the reality is we often struggle in disability because when proceedings are taking place, when we have CP it's quite stressful because we're not doing it that often.” (Peter)

The problem was that for all the strangeness of emphasising a practice which is the embodiment of the strong-armed state, in Anyshire it did seem to carry weight with professionals.

Ofsted and the Order of Things

The ambition for self-directed support was swiftly scaled back following Ofsted's surprise visit to Anyshire at the end of my fieldwork period. Their inspection reported unfavourably on the local authority.

The consequences of this inspection on the embedding of a full-bodied self-directed support ambition in Anyshire were significant. One sign of this was the Group Manager's movement from a position where detailed, person-centred support planning was central to her vision of SDS work to requesting,

“All I want is SMART plans, all I want is to very clearly show what the need is, how we meet the need and how we'll know if it has worked. Talk to the child, ask the child what they like to do and how.”

New members of staff commented on this changing of prerogative with some disappointment, as the reason they applied for the roles in SDS West in the first place was to deliver on person-centred promises of work. Three months after I left the field, I went back to see the team and attend one of their group supervision sessions. I asked new worker James why he thought there was an increased pressure to make sure all statutory forms and case notes were updated quickly even if this delayed the full implementation of SDS. He told me,

“I think a lot of it is about Ofsted and Ofsted will pull up on it straightaway. I think because the last one was bad and it edged us as a team because as a team we're getting more child protection work but we're not really a child protection team we're a child in need team, we deal with some safeguarding stuff that's it. I think a lot of it is around the fact that funding and all sorts come from these Ofsted inspections and once you're looked at if you're not performing well in one area people come back really ready to scrutinise you harder in another. I think the big push is to get all of this stuff ready.”

I also met with new starter Chelsea who told me how things had reverted backwards towards core assessment work and professionally-led plans. On the organisational withdrawal she said,

“Zoe said that although she'd like us to be, we shouldn't be focusing on self-directed support at the moment. Mainly because none of them [managers] were aware of what was going to be uncovered when people started contacting families who'd been open to review. Then Ofsted. So I know she wants every family to have a SMART plan and to make sure you see the child, basic important things like that. So at the moment they're all saying the same - get SMART plans in place, see the child and the family and then focus on the SDS stuff later. ‘Cos at the moment the other stuff is more important.”

Previously, Zoe had emphasised the importance of whole-person perspectives in working with families, and the imperative of bespoke plans. She had told me, “I want people to spend the time on the plans, that's where I want them to spend the time.”

It is remarkable that the consequences of one inspection that, in truth, was interested in the county's child protection function should have affected the self-

directed support ambition so greatly. Zoe, with Peter, were champions of the re-visioning of social work practice along respectful and relational lines. Their professional zeal for SDS came from the potentiality of spaces that remained open and permeable to conversation and understanding between families and workers. Zoe's passage from person-centred champion to cautious administrator is an indictment to the influence Ofsted has on the trying of alternative modes of performing social work. Despite the ways in which inspection is portrayed as safeguarding quality and improving services, it can have a culturally damaging effect. To borrow a term from Illich (1976) it can lead to a cultural iatrogenesis, an inability to see alternative modes of practice beyond the narrow 'silver bullet' of services or interventions. This iatrogenesis weakens the will of families, social workers and institutions to devise collectively and at root, solutions to the problems they face. The effect of this is that Ofsted as currently constituted and enacted is liable to exacerbate the problems they claim to be combatting.

Self-directed support struggles to fit within a regulatory regime which complains that organisations are not looking for risk fervently enough, or whose social workers are not robust enough in acting as 'change-agents' to challenge family 'behaviour.' In part, this shows how Ofsted's fixation with risk fails to recognise the work of child in need teams, particularly those who work with families not because concerns have been raised, but because statute insists families can only access help if they engage with the legalistic assessment regime. The strangeness of placing many of these families into rigid taxonomies of risk was noted frequently by new recruits to SDS West,

"We have this mix of families where we're only having to do the statutory stuff because they want access to services, and the statutory forms and

assessments aren't really designed for that purpose because it's for all children in need...it often feels like you just go through this process because legislation says we have to but actually a child in need for a disability is very different from a child in need for being neglected or abused or any of those other real systemic issues." (James)

The institutional clout Ofsted wields led to a considerable alteration of course for managers responsible for self-directed support in Anyshire.

A Conclusion

The institutional presence of Ofsted occurred at a vulnerable time in the history of the restructure for Anyshire. They arrived before SDS social workers had an opportunity to devise for themselves a renewed professional identity that was complementary to, rather than competing with the units. Stress was high, families were still unseen and caseloads were large. To manage this state of affairs, SDS West was forced to confront the backlog in the only way it could, by relying on their status as assessors and diagnosticians, even if this ran counter to the individual pursuits of staff like James and Ethan who were keen to "get on to the fun bit".

Ofsted arrived in the middle of this occupational schizophrenia where the role and purpose of social work in a world of personal budgets was still to be worked out, "we are still trying to define what we do, who we are" as Chrissie put it.

Despite the local myth of the units as housing superhero professionals working with the dirtiest and most chaotic families, SDS West were holding cases which were complex and difficult and on occasion one or two would tip over into the threshold

covered by section 47 child protection work. The work became more varied and more challenging as the units wavered and SDS West became a refuge for increasing numbers of cases,

“We have got big caseloads and we are taking a lot more cases now, we've got LAC cases within our team that we didn't have before and we're also holding cases with quite high safeguarding bordering on child protection stuff as well which we didn't really have before either. So we're handling cases with a lot more concerns than our team was set up to handle, that then means everybody else... you don't get the time to contact them and do the drip, drip, drip towards the self directed support because we're so busy dealing with our safeguarding concerns or our emergency stuff, the rest just gets left.” (James)

Whether staff enjoyed the frisson of child protection work or not, the fragility of the units and the movement of section 47 cases into SDS teams demanded a re-rooting into more acute and time-sensitive modes of practice. For those unconvinced of the value of support work, this shift was from the point of view of performing identity, a welcome, albeit stressful turn of events. It would be wrong to argue that the increased variety of cases was a negative development in SDS West. There was a palpable rise in the sense of esteem of the team as cases became more varied. The challenge was to balance these more immersive and intensive cases against the quieter ongoing relationships of those on the burgeoning self-directed support track. The richness and diversity of families being worked with in light of the fragility of the units bolstered an important sense of professional self in the team; as such I would tentatively conclude that this incidental turn of affairs is suggestive of the imperative of genericism for the profession as a whole and for individual workers in particular.

The very identity of self-directed support was still caught between a dominant yet fragmenting paradigm of 'intervene and fix', and a new assertion of relational help. This vacillation and the inconstancy of the situation could leave workers feeling vulnerable and exposed. This was made worse as Ofsted seemed unable to discern the differing practice approaches required between those necessarily formal and heavily regulated practices befitting section 47 investigations, and participatory work with families where there were few concerns. As new workers James and Ethan pointed out, this was not a competency problem, but a recognition and resource problem, they were skilled in moving from, "SDS to police strategy meetings". Ofsted's brief yet significant visit to Anyshire served in many ways, and not unexpectedly, to illustrate the current order of things and to render alternative approaches to practice risky. For those seeking the ascendancy of a different order or mode of practice the sheer weight of institutional and regulatory power was too great to dislodge in any immediate way.

Chapter 7: The Realities and Problematics of Choice

“With regard to the antagonisms and paradoxes of choice in Anyshire, Megan succinctly put it, “The principles behind it contradict the practical side of things.””

- Day 35

I have described how difficult some members of SDS West found it to access specific professional support for some of the children they were working with, gaining time with a unit-based clinician was particularly elusive. Such services were important for many families. Yet gaps in provision were a common concern involving what remained of council-run provision and voluntary sector services. That is, services which were not bespoke forms of therapy or demanded one on one time were also tricky to access or find in many locations. Acute gaps did seem to arise for some groups, the under 6s, teenage boys and families living in the resource-poor rural East were described to me as particularly problematic to find support for. Chelsea told me of her frustration in trying to find a support worker for a teenage boy,

“The main thing is for the boys on my caseload, some of them desperately want a male worker and I think one of them was waiting for 5 months for a male direct payment worker. So for 5 months he didn't go out. That seems to be the biggest problem that families want a male worker, something which to me is a really simple fundamental thing, and it's just impossible. Impossible.”

The council-run play and youth clubs for disabled young people were regularly over-subscribed, whilst third party providers were beginning to operate waiting lists. Due

to the nature of the County's geography, in some rural areas there were few mainstream playgroups or youth clubs, so finding bespoke and tailored activities for disabled children or a pool of personal assistants ready for work was difficult. Another problem encountered was that many services would either be mainstream and thus problematic for disabled children to access, or they were only for disabled children. Chelsea had come up against this problem,

“Quite often families want an opportunity for a group for their disabled child and their siblings to do something together and as of yet I've not found a thing.”

Commissioning practice at a senior level was working hard to encourage and support mainstream universal providers - local cinemas, play centres and swimming pools - to do more to make their services accessible but it was a slow process. What services were available were expensive. Even those who qualify for social work support and a personal budget would find that the costs involved could quickly eat into their entitlement, making planning a complex yet vital activity. Costs ranged from £700 per annum for a half day youth club running once a month, revealing how difficult it was at this time to find meaningful support across a weekly period with £2000 or less. New worker Ethan was surprised about the struggle to exercise real choice,

“Sometimes there's just not a service for some young people then it's hard because they've got a budget but they've got nothing to spend on, so there's gaps in services at the moment.”

Karen agreed, fearing that, "I'm worried that I'm setting families up for a fall. If I say it's about choice and then there is no choice!" Team manager Chrissie summed up the problems facing the success of the choice aspect of SDS in Anyshire,

"Even if we got the principles and values and all of the practice right from this end, what's out there for people to be able to access is limited. So there are huge limitations in the community. So I think accessible facilities for example are not always there, people to provide the support are not always there, people who are skilled at providing that support are not there. People who are able and willing to give that degree of flexibility that people want are not there."

In Anyshire, as Chrissie articulates above, there are gaps in service provision for disabled children. These gaps may have deepened as the squeeze on public finances tightened. I have no statistics to defend this claim, yet all members of SDS West argued that a major stumbling block for SDS was the lack of choice wrought by gaps in services for disabled children across the county. In addition, I was informed by the Director of Children's Services that the council had to "make a very significant saving in 2010 out of our disability services, a very big saving I think it was over £2 million." One significant saving came about through the closure of one of the residential short break services.

"To deliver choice there has got to be something out there. And you can't help but be negative as it's [SDS] reducing in-house services such as our respite centres which have been cut back in the last 12 months most definitely and the other closure of services." (Amy)

Amy and a few others in SDS West saw a relationship between cuts in service, particularly council-run services, and self-directed support. Karen articulated a similar story about respite and the selling off of council-run services more generally,

“Slowly bit by bit we see our own resources being sold off, you know, residential establishments are sold off to private and to charities. So you then don't have to maintain that, you then don't have to employ staff to work in it, so you've got none of those overheads anymore. So your job and role is just to commission it and get somebody else to do it. So it takes a lot of work away from what was once local authority into other areas.”

Megan told me that she saw a link between cutting costs and direct payments, “SDS is promoting more direct payments really, I suppose they're one of the cheaper services.”

Which way the correlation ran was never made clear to me - was SDS a 'cover for cuts?' which would happen as part of the council's spending reduction plan? Or did self-directed support itself lead to service closures as the philosophies of inclusion were felt to be oppositional to the continued funding of residential services like respite? Amy implies the latter. Amy was not alone in thinking that somewhere in the matrix of managerial decision-making there must be a cost-saving argument for self-directed support. New worker Chelsea told me that whilst she believed SDS was about empowering families, “there's underlying stuff as well in regards to saving money, I think that's another thing SDS is driven by.” Karen agreed, “if I'm really honest and the cynical side of me I see it [SDS] as something as a way of using limited funds more effectively.”

Social workers in SDS West would comment that they were struggling to find and access in a timely way the kinds of service and support that families had traditionally requested. There were exceptions where workers and families had managed to find a middle way between becoming an employer and sticking with the institutional 'menu' of services which were often over-subscribed. However, overall the 'market' in Anyshire was underdeveloped at this stage which meant that in the main the vision of purchasing alternative or 'creative' forms of support was premature.

New Responsible Agents

For the small number of families who were using direct payments, they were often employing personal assistants to help the young person access more mainstream services. Many families were utilising existing relationships in order to recruit these workers. In my time with the team teaching assistants morphed into personal assistants at weekends and school holidays. It seemed to work well, the child already knew and liked these individuals and they were trusted by the families. One parent added to the core assessment for their son Miles why employing a personal assistant was so important:

“We want to ensure Miles’ needs are being met in a safe environment where he is with familiar people to reassure him. We also want to ensure that Miles’ brother Alfie is able to have family time with us where the focus is on him. Finally, we both have struggled with the physical and mental demands of raising Miles’ and knowing that we can arrange overnight support with a reliable and familiar carer for him provides us with strength and momentum to continue to care for him ourselves.”

Becoming an employer is no small task - there are matters of tax, insurance, holiday pay and payroll to consider. There is an expectation that families will do more of the leg work to identify services and to report on their activity. Sylvie told me how she conceptualised the difference in function between her old role and what she was now doing as an SDS worker,

“In pre SDS days social workers advise and allocate services. We think “this, this and this will meet your needs.” Now families who buy in support are responsible for managing this process. There is more responsibility on the family.”

Amy found herself in the middle of a discussion about the logistics of employment between a family and a worker they were in the process of recruiting, she told me,

“I had a phone call its fresh in my mind, yesterday, saying, “so and so’s said this, when is it starting, when do I start?” and you think, “it’s nothing to do with me, you’ve got to contact the parent over that, they are employing you.”

The complications of becoming an employer were not lost on members of SDS West who bore the brunt of explaining these newer, more complex mechanisms of support. James told me:

“Some people want to know how a direct payment worker charges £11 per hour whilst community support is £25 per hour, you try and explain about the admin and core costs and people are like “that’s a con!””

Finding carers or personal assistants was a regular challenge for SDS West, whilst there were a growing number who were embarking on this themselves by becoming

employers, many still wanted the council to commission someone suitable. Karen told me,

“The worrying thing about self-directed support is there isn't, you know for some people, they can't find that level of support. And it's the finding of it that's the difficulty really. However hard they try, if there's not somebody who's prepared to come in every single morning to get that child up, you know, everybody seems to be chasing the same small pot of carers. That's what it feels like to me. There aren't the carers out there.”

Direct payments offered scope to families to employ someone of their own choosing who would be available when they needed and crucially was someone the child and family could maintain a continuous relationship with. Personal assistants enabled families to utilise their time flexibly and the small number of families who had embraced this arrangement seemed to be realising benefits in this way. For example, the personal assistant could help the whole family with a family party or picnic, an extra pair of hands enabling families to spend time together, something often in short supply when a child has high support needs. The personal assistant could take the child swimming at the weekend, could accompany them to an afterschool club or could sleep over if the family were going out. The two families that I knew of who opted to become employers did this precisely to ensure this kind of flexibility and familiarity it could bring.

It was through direct payments that choice and its corollary 'control' align. Through the personal budget planning process families were to be encouraged to express their preference for support or a service. This choice could be taken from the institutional menu or they could suggest alternatives. Yet control was really only

possible through direct payments. Anyshire's 16-page long *Frequently Asked Questions* document makes this clear, "A Direct Payment gives you more choice, control and flexibility in arranging and purchasing services that meet your child's needs."

The organisation also appeared to recognise how direct payments acted as a workaround to the deeper rooted problems facing disabled children around inclusion and access. Anyshire's *A parent's guide to direct payments* stated that one rationale for taking direct payments is,

Your child has been assessed for a service but has been waiting for a long time for the service to become available – direct payments may improve the situation by providing the required service more quickly.

Families could realise control by undertaking the role of coordinator and orchestrator by managing direct payments, this enabled them to choose how and when their child was supported. Despite breaking away from local authority provision by utilising direct payments or becoming an employer, families still had to account for the spending on their personal budgets in detail and on a very regular basis. Importantly, the support plan had to document in quite a degree of detail how direct payments would be spent. Direct payments were only to be used as agreed by the organisation through the plan. Becoming an employer and having little regular contact with social services did not release families from forms of accountability and answerability, in fact it was quite the opposite. Families had to open new bank accounts for direct payments to be deposited into, they had to report on their spending quarterly which required fastidious collecting of receipts and invoices, and they were still compelled

under Section 17 of the Children's Act (1989) to attend regular Child In Need review meetings and receive home and school visits.

In Anyshire at this time it was difficult to see where control would come from otherwise, as the 'menu' meant families still had to slot in around service providers - when activities were running, where they were located, how available workers were. The role of the parent changes under self-directed support where it operates as a model for exchange or transaction. Parents become managers, accountants, auditors, and commissioners as they coordinate services around their child. Bracci (2014) states that through the expanse of choice mechanisms like direct payments and altered modes of decision-making like support planning, welfare states are giving rise to a New Responsible Agent.

Social workers in SDS West identified the changing status of parents wrought by the implementation of self-directed support. Many were concerned that the playing of dual roles - of customer and participant could load pressure onto parents. Parents were still held captive by the permissible boundaries of what was on offer as customers, whilst being expected to do more as they became participants through the exchange of funds. I paraphrase, but to offer some distinct extracts of exchange consider how Amy told me how talk of 'choice and control' could affect parents,

"Ultimately, the only way that parent controls it is if they can think of something a bit more 'creative' [hand gestures quotation marks] and that is few and far between. For most parents they actually just want what is available and try to get carers. I mean there might be a few families who have the capacity, have the time and have the resources available."

Amy is sketching the bones of a New Responsible Agent, the family who through choice are reconceptualised as partners and participants and that demands more than being a 'customer' or a 'client.' Megan too commented on how the realising of choice through self-directed support could place additional pressures on families,

“It’s ok perhaps for those with a low end level of need maybe, but not those that have got a lot going on within the family and it's perhaps imposing more stress on the family...Some middle class, very middle class families can do it [SDS] and use it.”

Becoming an employer, as this chapter illustrates, is no small feat and the increasing responsibilities this brings seems to influence social workers' responses about who will really benefit from SDS. This is because choice and control in are predicated largely on parental capacity within a DIY culture of support. Karen drew a distinction between families who were able to take on these responsibilities and her concern that there would be many families who were already under too much pressure.

“I think the families where it'll work very, very well are the families who are sort of, socially aware, intelligent. If you're working with a parent who has mental health issues you're just giving them yet another stress. If they don't even know what day of the week it is and can't remember when someone's coming into support them, they're hardly likely to be able to organise their own self-directed support.”

Megan told me how she had worked with a family who had two girls with learning disabilities to get a long term plan together. This package meant the family could have regular overnight support from the same person. Megan reflected on why she

opted for this longer-term commissioned service over other options which could have offered more 'choice and control',

"I mean the care package for the girls is a lot of money and they've got a lot of stress going on in their family and you couldn't say that £23k, "ah we'll lump that into direct payments, you go out and find your own provision", because it just wouldn't work."

Almost all members of SDS West spoke of increasing responsibilities or roles for parents. Karen told me how self-directed support was in fact predicated on this shift in relationship between the family and the state,

"It's [SDS] about making the person who needs the service more in control of their lives. And making them responsible really for how they best support whatever their needs are."

The granting of the participant status correspondingly meant the family must adopt the role of willing partner, answerable to Anyshire's social services, accountable for jointly agreed outcomes and open to increased scrutiny from an array of professionals and agencies. In this regard, choice and joint planning activity conferred a new status on the family, and a new accountability.

Perhaps most tellingly of all is that Peter's line manager, the Director of Children's Services had real doubts about the success of self-directed support as a process because of the pressures it could place upon parents. It is valuable to consider her account at length:

"What families say is the effort and the energy that you need to put into self directed support, you know the whole business about recruiting your own

carers, working your way through employing people, tax, managing all that is very very challenging. And if you're only on 3, 4 hours sleep a night then perhaps that's the last thing you feel like doing.

I used to run learning disability services in [Council] for adults and I saw how that way of working transformed particularly young adult's lives. It was absolutely fantastic. But invariably what you had there was the capacity, whether it was the parents or somebody who had the capacity to support that. For parents it's much more challenging cos quite often they've got other children they should be caring for, they've got other lives. So I think as an aspiration it's fantastic. In terms of the infrastructure to support people doing it I'm not convinced. Some parents think it's brilliant the best thing, they're often the ones who are used to working with systems and processes and they're ex professionals themselves. It's always the case isn't it..."

To consider how parents become accountable agents bestowed with additional responsibilities and why the director was so concerned about this, it is useful to consider what Anyshire expected parents in receipt of direct payments to do. The below is taken from Anyshire's, *Frequently Asked Questions* document, information was correct as of January 2013.

Figure 6: Parental Responsibilities for Direct Payments

Open a new and dedicated bank account into which DPs would be paid;

Keep all receipts, invoices and payslips relating to spend on the account;

Submit the above plus an account statement and a completed monitoring form to the authority quarterly;

Continue to attend quarterly or 6 monthly Child In Need meetings where the child's support plan and spending will be reviewed;

Understand that inappropriate spend may lead to the suspension of direct payments;

Accept that Anyshire may suspend direct payments if information is incomplete or missing on the accounts; and

Accept that if funds remained in the account at the end of the year, "CYPS will either readjust your next allocation or reclaim the unspent money."

If parents are employing personal assistants directly they were additionally responsible for:

- Drawing up job description and person specification before advertising;
- Drawing up contract of employment;
- Ensure tax, national insurance contributions, sick pay and holiday pay are legally paid;
- Get insurance - Employer's Liability and Public Liability are required; and
- If parents choose to outsource any of the above or have a third party manage these functions then payment to the third party would be required. The child's personal budget is likely to be top sliced to cover this.

Employing parents must meet all of the above requirements in addition to these employer-specific requirements.

These are considerable demands being made upon parents and we must remember that these parents are raising disabled children many of whom have complex needs, whilst trying to hold down a job, preserving their own lives and raising siblings. Yet Anyshire was clear in its documentation that, “you administer the account on a voluntary basis under your parental responsibilities” (Anyshire, FAQ DPs: 10). Utilising Direct Payments was to be a labour of love. The duties involved in this newly configured state/family relationship were not altered by the amount of money involved, the accountabilities remain the same whether the budget is £4000 a year (£77 a week) or £15,000 a year (£288.50 a week). Disability Living Allowance is an assessed benefit which is paid to parents/carers on behalf of a child, and it has no such reporting requirements or rules about how this money could be spent. This is despite the fact that the amounts of money involved may be comparable. For example a child who is entitled to the middle rate care component and lower rate mobility component would receive £76 a week which is equivalent to a personal budget for £3,952 (Department for Work and Pensions, 2014). In fact, at the time of submission and after extensive desk-research I have found no other comparable requirement on any other ‘entitlement’ currently in existence in the English welfare system.

Anyshire is paradoxical in its conflicting talk about self-directed support and the systems which imbue it. It was evident in the rise of costing behaviour which could lead social workers and managers alike to ‘lose the phenomenon’ as they were bogged down in accounting. It looks as though, that for all the managerial talk of choice and control wrapped up in ‘user empowerment’ the realities of managing support were very different. Rather, in Anyshire it was as though self-directed support was in fact “individualised public funding: funding that belongs to the state,

but is spent with the consent of the individual” (Duffy, 2012:120). Choice in this sense is constrained by the concerns and prerogatives of the organisation; it is gifted to individuals and so can be taken away. In Anyshire at this time there appeared to be a disconnection between the commitment to move from allocation to entitlement at a philosophical level, and the organisational context, system and cultural readiness set up to deliver on these promises. It was as though various innovations geared to challenging entrenched systems and their cultures - direct payments, support planning, and personal budgets - were captured and hamstrung within a service-oriented system.

Outcomes Theology and the Plan

Social workers not only mentioned their unease about what they saw as increased responsibilities on families, several would actively mitigate against the consequences of falling foul of the accountability regimen. For example, Karen told me how she would try to leave planning documentation vague so that families could “save up direct payments for the summer.” She also told me how in the past where families had not used direct payments or in-house services despite them being on the plan, they were removed the following year. This made her “uncomfortable” so that, “I now prefer to leave things open-ended on the paperwork in case families choose to re-access services they haven’t made use of in the past.” The freedom to choose has a cumulative character in this account, behaviours of one year directly impact upon how much choice families have in the next.

Karen’s account alerts us to the importance of the support plan for it is in the plan that the contractual agreement between the family and the service is established.

The plan states how the family and the social worker are accountable for meeting the identified outcomes and about how they will manage the money. The support plan therefore is a signifier for the rise of the New Responsible Agent in public policy; it is an artefact of co-accountability. In approving the support plan, the social worker and the family share responsibility, but the family take on a greater accountability than before as they are compelled to report on how they have utilised resources to meet needs and outcomes. The reason the support plan is important as an institutional record is because it is the basis upon which to evaluate success and the foundation for attributing accountability. Megan reports a similar experience when she told me about a family she was working with who wanted flexibility, something that SDS is supposed to enable:

“It’s the fact of monitoring the plan, like you can be as specific as you can in a care plan but family life isn’t rigid. So I found that some parents are like, “well I use that on a Saturday but it depends on the friend’s availability. Sometimes I’ve used it all day and sometimes I’ve used it on a Wednesday evening” and it’s like I need to be as specific as possible on the plan but then that’s restricting them.”

The support plan confines families to using the direct payments and services documented within it. It also acts as the main evaluative mechanism, to literally establish, “what’s worked.” As Megan put it this evaluative mechanism was useful for the organisation, but imposed a false sense of order and rigidity in family life. Outcomes talk is imperative as part of this order-making, evaluative practice. The plan documents the jointly-agreed outcomes for the child and lists the services and supports to meet these outcomes.

The SDS process required that these plans and outcomes were reviewed at a 6 or 12 month juncture dependent on the family context. As Megan and Karen describe, workers spoke of a need to be “open-ended” on the plan so not to restrict family use of service, the same seems to appear in outcomes talk which were all quite vague. However, the evaluative nature of the plan and the indication that progress or activity in one year could influence the scope for support the next could cause problems. Critically for families in Anyshire, if there was not a clear outcome for the child, or it was somehow not connected clearly enough to a need, or it was off the institutional menu for now, then choice as a delivery mechanism could be challenged. Choice in Anyshire could not deliver, “the sun, the moon, the stars, it has to meet an outcome.” (Sylvie).

Blewett and Tunstill (2013) deemed this preoccupation with measurement “outcome theology”, which they locate within the hangover from Labour’s ‘what works’ agenda. One problem they identify with this commitment to outcomes is that it sidesteps important issues of power and inequality in presuming that outcomes are neutralised, meritocratic and identifiable. In this study, outcome theology masks what happens to those families who are not seen to be hitting outcomes in the relevant period. In Anyshire, funds in personal budget accounts could be clawed back if they were not spent and families could lose their direct payments if they failed to report regularly on spend. Karen told me about one family who cut off all ties with the service after being told they were not spending direct payments in line with agreed outcomes, yet the disabled child still needed support. Outcome theology also fails to address what happens to professionals if children do not meet these specified outcomes. This is especially pertinent in Anyshire where individual ownership and accountability for family results were being tightened. If professionals did not identify

the 'right' outcomes or if the services identified to meet these outcomes failed to do so, were these professionals deemed incompetent? Perhaps this is a driver for the need to be open-ended or vague in the plan, it is a defensive technique for workers and families alike. The idea of outcomes also implies fixedness, that once one outcome has been neatly met another can be identified and met. This is of course tied to the way in which services or interventions are straightforwardly seen to be delivering outcomes in a linear staccato fashion. Yet lives do not work this way.

The support plan acts as a document of parental answerability - to financial audit demands, to social workers for outcomes, to the institution for the management of risk. This answerability emerges in the new delegation of paperwork function to families and the right of recall made by the authority - to cancel direct payments or suspend support. Whilst the support plan is supposed to be evidence of negotiated and consultative practices predicated on trust, the measures of audit that follow render this view unstable. The degree of audit and reporting seems to indicate mistrust rather than trust. Here the punitive side of the relationship reveals itself, the council can "claw back" funds or stop direct payments over small breaches of the support plan contract. This did happen, Chelsea told me,

"Some of them [families] do find it a bit of a minefield I think, filling in these forms, I had one family in particular where the mum has been rather rubbish to say the least in sending the forms back which is causing letters to be sent out saying you need to do this or the package will be stopped. Afterwards I found out they won't actually stop the package it's more a strong encouragement. But it does cause a lot of stress to families, who haven't handed it in on time for various reasons."

These were some of the pitfalls of the accountability regime. Choice did not only refer to the act of choosing, or realising that choice, but meant performing choice in such a way that demonstrates fidelity to the institutional strictures laid down. Choice is problematised here as it is constrained from the outset by what little is available, then it is curtailed by the institution by policing how choice is operationalised, before finally becoming burdensome in the repeated acts of audit and accounting.

Liberty and License: Paradoxes of Choice

Choice talk in Anyshire epitomised the challenges of the dual mandate - being accountable to the family and to the state at the same time, of needing to tell families what to do and needing to support them to make decisions for themselves. In this regard, care and coercion are the opposite poles of practice within the dual mandate (Featherstone, White and Morris, 2014). Peter summed up how choice worked within the dual mandate whilst suggesting the limits to choice on ethical grounds,

“the statutory context within which we're working in that there are aspects of SDS where at one end of the continuum somebody has a local offer of £2000 where you could argue as long as it's legal and decent go for it. At the other end of self directed support there is a context where you are saying to a family “I'm not suggesting you need this, I'm telling you”, and if you will that's the framework in which you're saying to a parent actually my assessment is you and your child do need to spend time apart. To move forward.”

Peter is stating parameters in this account - parameters of liberty and license set by the local authority for choice. One parameter for choice is set by professional moral

imperatives to keep children safe and families' together and functioning well. Choice can be denied or overridden when the peak principle of keeping children safe may be at risk of being compromised. This is the "statutory context" Peter refers to. The opposite parameter, the flexible boundary he expresses, is tied to what we can assume to be demographics of the case - lower cost packages operated by 'stable' families where professionals are little more than conduits or gatekeepers. In Peter's account, differing ethical principles are jostling for position - family agency and autonomy exercised through choice or professional judgement trumping choice in the name of safety. Yet he is quite clear in that the rationale for curtailing choice, or for moving towards practices of coercion or intervention were where there were risks to the child. This seems perfectly fair given the context in which SDS West is operating. SDS or not, they are still Child in Need social workers operating under the Children Act (1989). Yet as with many aspects of self-directed support in Anyshire, choice was rarely talked of or operated in such a straightforward way. Choice could be queried or curtailed by using a very different vocabulary to that principle-based understanding of choice set out by Peter above. In the talk of social workers, other reasons were revealed which set parameters for choice. New worker Chelsea had articulated quite dichotomous positions on the value of 'choice':

Chelsea: For people who aren't in-house workers it's quite difficult because you don't have copies of their qualifications, someone who's charging like £20 an hour you want to know what public money is going on. At the end of the day although it is a choice we still have the final say and I think some families are realising, are beginning to realise that and we are starting to crack down on people who are choosing to pay someone a lot more than the basic direct payment rate.

EW: I suppose that's the tension isn't it? As much as you approach this about involving families, you still are a commissioner.

Chelsea: Yeah. For one of my families, one who's paying someone double the normal rate there's a lot of tension there because she's very much intertwined in the family and the mum's referred to her as part of the family unit. She's been working there for years and it's trying to unpick it all and be the bad wolf who's come along and said "you could be getting a lot more if you went through an agency." At the same time it is the family's choice and if it meets the needs there's no need to fix it if it's not broken, if it's working for them then it's fantastic. But it is something I think we have to be quite wary of. It's very tricky. It's treading that line. You still want them to have the choice.

At the beginning of her account, Chelsea queries the matter of quality - who are these people and how are they qualified to meet a child's needs? This marks a moral-professional concern about quality, safety and efficacy. She goes on to phrase her concern with a cue that personal budgets involve "public funds" and in doing so she reminds us of her role as guardian of public money. This serves to justify her concern about high spending on workers and more tellingly, serves to defend the "crack down" on families who choose to employ workers who charge above the average rate. The act of choosing to pay is critiqued as not paying heed to broader concerns about the appropriate dispersal of public money, something Chelsea implies should be their concern. Yet as Chelsea continues to explore her position in dealing with this one case, she reveals its key difficulty - that the worker is well-liked and established with the family. The absence of signs of coercion or risk undermines

two invocations which could justify her intervention. Without these she is liable to the charge of being the “bad wolf”, interfering where unnecessary. As she talks through her experience, she speaks of the dichotomy of her position; if the arrangement works, is meeting the child’s needs and is the families’ choice, what grounds does she have to query this state of affairs? Chelsea is wrestling with demands which may conflict with each other- to ensure choice, to respect family decisions, to account for her judgements, to account for how “public funds” are spent. Her choice of language is explicit on the challenge, “It’s very tricky. It’s treading that line.”

The way Chelsea tried to persuade a parent to explore other support services beyond their well-liked, albeit expensive support assistant was ethically problematic because she was encountering the clash of abstracted principles materialising in corporal form. The caution required stemmed from the collision of the principle of choice enshrined by Anyshire versus the principle of guardianship of public funds. Chelsea knew the family had been offered choice as an abstracted principle and this pervaded all of the council literature around self-directed support, but she also knew that ‘choice’ in Anyshire was a mode of delivery and that this mode of delivery was contingent upon institutional agreement.

Chelsea’s account tells us something of the historic nature of these arrangements. Whilst I was with SDS West there seemed to be a glut of cases where workers felt compelled to query how organisationally-agreed budgets were spent. The challenge arose because several of these budgets belonged to children who had out of date plans and often no assessment. If the support plan is a contractual article setting out how families, social workers and the institution are responsible for supporting a child, without it there is a chaos about who is accountable for what and who is entitled to what. Members of SDS West were meeting “forgotten families” and discovering

arrangements which had gone on for years without plans or review. For those without assessments, this meant the child's right to support was on shaky ground. It also revealed a historic flexibility of approach, or a sign of lackadaisical management, insofar as families were given a fair deal of freedom to spend and were open in doing so - families had been returning costing sheets stating their spend over months if not years. This was not the Greedy Family of yore, not a deceitful or surreptitious plan to extort public funds, but rather families being open and honest. Amy told me,

“People for years have been returning costing sheets! They're not doing it on the quiet, they're not being sneaky with it, they are legitimately returning costing forms for years showing that every quarter that's what they spend their money on! Nobody has ever gone to them and told them they can't use direct payments in that way and now suddenly they've got someone going in and saying you really can't spend the money on this.”

Perhaps this faithfulness to the rules and the complete compliance with the processes of audit shows how much families valued the service. Regardless of background to these cases, a number of families were facing increasingly scrutiny. James told me about a family he was working with,

“I've got one family who have been using direct payments for a number of years now and they were told they could use their direct payment to pay for a holiday and so have since been using direct payments to pay for family holidays, weekends away, but for the whole family. I've had to go and say "actually this isn't what this money is for; you can't spend it on a holiday". Mum is obviously not happy and has been ringing the world and their wife

trying to get someone to overrule me to say they can spend it on a holiday. The child who has the funding has no statutory assessment whatsoever, doesn't even have an initial assessment ... They're [family] like, "well its self-directed support if its meeting our need, what's the problem?" And you kind of feel in some ways yeah I do agree with that, but in other ways I do believe we can't fund whole families to go on holiday because other families don't get that."

James is grappling with the same ethical dilemma facing Chelsea and all those in SDS West who were not certain about how to balance the need to account for themselves and the resources of the state against family choices. They are also coming up against a distinctive challenge in children's services as they try to ascertain what the service is responsible for and what parents can be reasonably expected to be responsible for. This is a recurring theme in Anyshire. James' prior experience gave him insight into the particular challenges that arose when working in children's services under self-directed support. He told me,

"With families, there is a slight conflict in the roles, we're there because we're the social worker for the child and sometimes that does cause tension. I've got families that I'm working with where the parents will say, "you're not representing the needs of my child" and I'm like, "actually I am representing the needs of your child, it's just that your needs maybe slightly different" and it's sometimes quite hard trying to bridge the gap between what the family wants and what's necessarily the need of the child or what may be best for the child. I think that's a challenge that's unique in some ways to children's services; I think it still exists in adults but more for children because parents

have that strong role. I think there's very much this balancing act that goes on with self-directed support with families.”

These are ethical dilemmas about the parameters of state responsibility, surveillance and intervention. There was a nagging fear that self-directed support could become distorted and rather than empowering families, it could fuel a dependency or remove forms of parental obligation to their children. James continued,

“What is a parental responsibility and what do we expect the parents to do? I mean, do we need to be paying for that? Or do parents need to be paying for that? So looking at things in that way, which I think is right, because I think it goes back to that disabling and learned helplessness. “

This concern was not a simple addition to the fable of the Greedy Family Fairy-tale, but was reflective of knotty issues about responsibility, issues that had to be negotiated on a case by case basis despite the overarching desire for some kind of formal system of resource allocation. In James’ questioning of where the line falls between the state and the family paying for activities, there is an unease that overstepping the line as a state-agent could lead to “disabling and learned helplessness.” Group manager Zoe seemed to be concerned with a similar set of thorny issues when she asked almost exactly the same rhetorical question:

“What's parental responsibility and what's a personal budget? In adults that's much clearer, that's not an issue they're adults, they've got their money in their own right. But all parents of children have parental responsibilities to meet need and they have to make some decisions as a family which means that maybe they can't afford to do things and that is being a family. So we

refined what people can spend their money on... You know it's not just about being safe and legal and meeting needs, we've had to just put some parametres around it. But with always the caveat that there may be individual circumstances that we would change that rule so we would be up for debate on some issues. Equally we have to say to other families, "actually this is your responsibility", you know we are supporting you as parents we're not taking over your role, you continue to take out of your pocket what you would normally pay for."

The act of recalibrating allocations into cash entitlements and support into services with price tags, tended to make explicit matters which were present but previously muffled. The spectre of public funds or taxpayers money is ever present in these accounts as is a concern about being seen to be fair not only across cases held in Anyshire, but against families in the general populous, "other families don't get that" as James put it. Querying spending which seems to be either unnecessary to meet need or that which could be seen as fuelling an unfairness - giving families access to money which others do not have - is also an act of protection. In flagging the act of query or challenge to managers and peers and in noting them on ICS, social workers are keeping themselves safe in the context of local demands for ownership and legal responsibility to meet need.

These issues arise because neither worker nor family are ever really free to choose. Social workers can work within the spirit of self-directed support, seeking to support families to tell their own stories, to help families find meaningful help and services and to work in a friendly, respectful and egalitarian way for as long as there are no concerns about the welfare of the child. Yet they are not free of the institutional and legal responsibilities their position demands, responsibilities borne of the contingent

relationship of the profession to the state. The tightrope being trodden is tied at one end to encouraging the family to lead and to be self-determining, and at the other tied to the management of risk and the imperative of accounting for oneself, itself dependent on modes of justification and professional judgement.

The tightrope at this snapshot in time, seemed to lead members of SDS West away from Peter's idea of the relaxed flexibility of choice - "as long as its legal and decent, go for it" - and towards the caution implicit in managing risk and professional appearance. In fact, of all of the complexities which surrounded and pervaded the implementation of SDS in Anyshire, this matter of choice was the one which left Peter most dislocated from his staff. His unfettered commitment to the principle of choice, as opposed to the murkier practice of choice encompassed in Anyshire through direct payments, cast him adrift from the practicalities and peculiarities of the frontline experience as they grappled with its slipperiness. All members of SDS West had to confront the antagonisms of choice within the environment and all had to convey their fidelity to forms of accountability they and their families were expected to display.

Self-Directed or Service-Directed Support? The rise of Hyper-localism.

The use of direct payments is a particularly vexed area because they would often be used with other parental funds for activities which benefit the family unit rather than the instrumental meeting of a child's needs. I mention this because the concerns about direct payments being used unwisely, or where workers felt they needed to query spending, were commonly raised about fluid aspects of family life - not distinct services in buildings or hired workers, but on events or occasions. Chelsea told me,

“Some families have been a bit too frivolous and have been spending it on birthday parties and god knows what else. I think for them it is an education process as well to get use to knowing what they can and can't spend it on.”

Whilst Chelsea felt this was an example of frivolous spending, Zoe told me about the ways in which families on the SDS pilot spent direct payments. Her favourite example was of an autistic young man who was “obsessed” with a famous stand-up comedian, she told me:

“So this comic was coming to [town] which is only an hour down the coast. So we decided part of his package was that he could go with a carer to see him. The problem was his mum couldn't afford to go if it wasn't taken out of his PB. So it was decided that this young man who is difficult to manage on your own, that they could all go. And it was wonderful! Apparently it's absolutely the highlight of his life to see this comedian! I know it's a small thing and it maybe cost £100, but it's made such a big difference to this young man's life and it was a break because there was a carer with them.”

Even after over a year of deliberation, it is still difficult to see why Zoe's case was deemed to be an exemplar of just how flexible and empowering SDS could be; whilst Chelsea's family were told that birthday parties were off the list. To add further confusion to the mix, social workers and managers themselves would seemingly flit between quite oppositional perspectives on the extent of liberty or license a family could have to choose. Zoe extolled the case of the young man and the comedian as exemplifying the good that self-directed support could do whilst reminding social workers of their duty to challenge because ultimately direct payments are “taxpayer's money.” Chelsea too would deem some family spending “frivolous” yet could also

see how that very idea is problematic in an organisation promoting family choice. Unsurprisingly there are no obvious hard and fast rules to help families understand “what they can or can’t spend it on.” Social workers and managers are grappling with the antagonisms and contradictions which arise when the extolled promises of self-directed support meet the uncertainties and demands of real-world practice. Contradictions are inevitable as workers try to make sense by producing their own moral accounts of the policy.

The two cases above exemplify the variety of distinctive professional positions articulated by social work staff in Anyshire about the liberty and license of choice. They reveal how the principle and practice of choice, as Megan expressed it at the opening of this chapter, were in almost constant agony with one another. These contradictions and differences tended to be most acute when it came to debates about spending direct payments on informal, collective family occasions. The queries came about those kinds of family events that mark milestones or celebrations, those capable of creating family memories. Choice was most acutely curtailed where spending could not be seen to be linked immediately and directly to the child.

Parents are central to delivering on the promise of choice, but they were often prevented from utilising direct payments or services in ways which may support the whole family, Chelsea’s birthday party is a prime example. Of course, the use of a personal assistant may lead to overall improvements in family life but that is a positive by-product rather than a deliberate strategy. This was illuminated best in the contentious debates which arose in Anyshire about whether family holidays or weekends away constituted a good use of direct payments, or whether this was “inappropriate spending” (Zoe). Self-directed support at this time in Anyshire was service-oriented and child-centred; this meant that it was not always geared to

supporting the capacity of families to care. In fact many workers worried that direct payments could place additional stresses on families whilst choice from the menu was often spoken of as problematic, incomplete or not “really choice.” Indeed, Megan identified a paradox at play,

“It’s a bit contradictory though, I mean offering choice but needing to focus families on services which will meet the needs we have identified for the child.”

Social workers in SDS West were constrained in how much choice they could actually offer families. The spectre of claw back procedures and the pressure workers felt to redirect families to discrete services for the child is evidence of this. These are clues about how self-directed support throws a narrow beam of light onto the child with less consideration given to the interrelationship between family support and child well-being. Megan told me of a case where ordinary help was being challenged:

“The visit today is two 9 year olds that have both been getting 20 hours of direct payments each a week. So we've got to break down what's personal care, because the group manager has asked me to separate what are personal care needs and what's short break needs. And I get the impression from the first visit is that it [direct payments] funds childcare because parents work. Mum works part-time, dad works fulltime. I've had that discussion with the group manager and I have been told it's not to be used to fund childcare. The same with home help because I think mum's used it [direct payments] for home help as well, to get someone to help with the maintenance of the house.”

Anyshire did provide a significant offer of 'Early Help' services at this time. Peter's vision situates self-directed support within this suite of early help activity. It has retained these services and taken steps to grow them despite the need to find savings under the politics of austerity. So Megan's account above is intriguing as the council does seem to be committed to early help. However, Megan's example highlights the rigidity around direct payments when used for self-directed support. It perhaps also tells us something about the conceptualisation of support, which tends to be individually oriented to the child. The restrictions could also imply that SDS as a policy creation does not pay heed to other parts of the service and their early help culture, cultures which emphasise the child as an interrelated and interdependent agent within their family, neighbourhood and broader community.

Megan states that she is being asked by the group manager to narrow her vision of support onto quantifiable and evaluable services to meet isolated and professionally-defined child 'needs'. Megan is tasked with trying to find still further gradations of need as Zoe seeks a separation of "personal care needs" from "short break needs"! In asking Megan to undertake this difficult and perhaps futile task, social workers are charged with trying to isolate and delineate child's needs as though they can be disentangled from broader family life. Here is another puzzle, why does Zoe, a group manager who argued so fervently that, "SDS is about bringing the families back and giving them choice", tell Megan that direct payments cannot be used for home-help or child-minding? How can her example of the autistic boy and the comedian pass the acceptability test whilst the provision of mundane help over a long-term basis fails? Surely if the ambition is to support the well-being of children in their families, then supporting parents and siblings would be part of the equation. Quite where these pressures come from remain frustratingly ill-defined.

Many of the accounts in this chapter display a kind of hyper-localism which centres on meeting a small number of child needs through the provision of bricks and mortar service or professional support. A broader conceptualisation of support is silent in these accounts of service-oriented support. This is despite Peter's attempts to provide informalised, community-based support in a children's service directorate which has unusually tried to keep many of its early help services.

In the desire to identify child needs and to measure child outcomes, less consideration appears to be paid to the broader conditions of family life. This is not a professional oversight, all of the SDS West core assessments I read went into considerable detail about the strengths and vulnerabilities families had. Many would refer to the existence or lack of peer, family or community support and a number referred to the need to bolster families' capacity in the broadest sense. However, this demonstration of empathy and understanding seemed to remain locked in the core assessment and was unlikely to move into real world considerations about how to support families in practice. This is not to undermine the imperative of meeting child needs, but to place these within the broader context of interdependency within which we all exist. There may be plenty of cases where weekend activities for the child and a personal assistant to attend an after school club really improve the child's life and in doing so support families. However, the reluctance or outright resistance to the consideration of ordinary help in the round runs the risk of compounding family struggles rather than alleviating them.

The Elusive Condensate of Choice: A Conclusion

The policy shifts documented in chapter two from New Labour's early trials of bespoke family support to individualised child-budgets, are borne out in Anyshire. There is a wariness displayed across the piece in using direct payments to fund family-activities or family support. This is revealed in discussions about birthday parties, holidays and mundane yet crucial support like childcare or home-help. Whilst the early trials of forms of bespoke support for disabled children and their families enabled key workers to utilise funds to pay rent arrears or purchase a bus pass, Anyshire restricted spending to a tight list of (in the main) traditional services which were activity oriented. This is despite the much more thoughtful and nuanced work demonstrated in core assessments and the ways in which workers consistently tried to find, "biographical solutions to systemic contradictions" (Beck, 2002: XXII). By this I am referring to the investigative work team members would engage in to find carers, and the quiet advisory work many members of staff undertook with families as they tried to navigate a labyrinthine system.

It seems to me that at this time in Anyshire, SDS was focused on releasing on the promise of choice explicitly and immediately through the delivery mechanisms available. This was predominantly through direct payments or services taken from a list of preferred providers exemplified through the 'menu'. By emphasising the mechanisms of exchange rather than a turn in approaches to practice this at times could run counter to the kinds of soft power exchanges encompassed in ideas about respectful practice and participation. Choice as a principle or value does not have to centre on an exchange or a market; it is only recent turns in policymaking that have normalised such a coupling (Clarke *et al*, 2008). The focus on direct payments in particular could be at the expense of a broader narrative for practice which places

greater emphasis on exploring how best to support people to exercise choice and control across the range of their lives. Here, choice is the idea of the family as a self-determining relational unit with its own peculiarities and interests exercising its self-possession in the decisions they make. The job of the social worker is to ensure that sense of purpose and determination is not upturned or unbalanced irreparably by the challenges that come with raising a disabled child. Thus, choice is a general social value, an attribute which can be fostered within the worker/family relationship, not a transaction between atomised bodies. However, I accept that an alternative narrative for practice cannot be simply overlaid upon older professional and statist concerns with equity and fairness. If as I have argued, social work under SDS is an example of *bricolage*, a reworking of tools and a hybridisation of ideas, then traditional concerns with equity and fairness will need to be accommodated. This is because they are so woven into the fabric of the profession that to reject them may be to tear the broader cloth.

In a scholarly perspective this perhaps is representative of the perennial problem facing social work which beats at the heart of the profession. The era of life-politics troubles the historic practice of state-welfarism by seeking to situate fairness within the context of the case rather than articulating fairness across a suite cases. In SDS West however, those older disquiets about equity exposure, about being seen to be helping one family over the anonymous 'tax payer' families, came through in the techniques of redirection. Here workers sought to move families from looser and informalised spending to discrete, measureable and often service-oriented spending. Perhaps the broader, paradigmatic issue raised in this exploration of the realities of choice is whether equity as traditionally understood can ever find a way to coexist in a world of life-politics.

Of course, choice does not have to be a zero-sum game, where one agent is given power to express a choice and to enact it, and the other is left to bear the brunt of any institutional blowback for failure to meet need or worse. Needless to say, there is a strong sense of push/pull in these accounts - of social workers scaling back or critiquing family choices, or seeking to redirect family agency. They may appeal to equity, to public funds, to outcomes or to managerial pressure in explicating attempts to query a choice. Such activity does make sense where lines of individualised accountability, or in local parlance, 'ownership' are tight. In this manner, perhaps choice is a form of sophisticated outsourcing, where the social worker becomes an accountability embodiment. The social worker is compelled to recite regulatory and audit duties and to 'own' outcomes irrespective of the mode of delivery. In such a position, it is no wonder that worker's may seek to guide or intervene in the business of choosing, given that ultimate responsibility in a climate of risk anxiety in social work, lies with them.

Chapter 8: The Moral Warrant of Child-Centeredness

Choice has been explored in the previous chapter as being doubly bound - by the realities of the immature market and by processes of audit and accountability which constrain families and workers alike, binding them and rigidifying the potential for wider-ranging help. The rise of the New Responsible Agent alters the perception of parenting and can tend towards instrumentalising it where the transactional tenor of self-directed support suffocates its more relational potential. Underlying debates about parental responsibility and the appropriateness of informal family support over discrete service-based support were complex cultures, hinted at by recourse to talk of individualised needs and hyper-local responses. Here, those cultures are explored by probing the local origins and utility of the moral warrant of child-centeredness which emerged in these dilemmas over responsibility, reliability and truthfulness. Unsurprisingly, child-centred talk does not emerge from the ether untethered, but in Anyshire is immersed in a broader combat context, itself revelatory of macro conditions of relationships between families and services at a time of constrained resource. As is often the case, these cultures do not reveal themselves through fixed professional positions or explosive events but were subtly disclosed through seemingly mundane talk of everyday events. Thus, to begin to explore the moral warrant of child-centred talk and the broader conditions of mistrust it is engendered within I shall start with how tensions could emerge in seemingly mundane disagreements over the purpose and place of respite services.

Situating Cultures of Mistrust

During my time with SDS West, decommissioning was part of the organisational landscape - one residential respite unit for disabled children had been closed and consultation was ongoing about closing another. Peter was calm about this, arguing that he could now plough the money previously invested in block contracts into other more innovative areas. Besides, such institutionalised approaches were very much out of fashion amongst those at a senior level who were concerned not only with cost and quality, but with turning a philosophy of practice founded on the independent living movement into reality. Institutionalised services were remnants of paternalism, where, “disabled children were holidaymakers in their own communities” (Peter). There is little doubt that residential respite ran counter to the kinds of services and approaches that managers were keen to enshrine as part of their “philosophy for disability” (Peter) in Anyshire, although they acknowledged it had a place in a suite of options.

Respite debates revealed an ongoing tension in Anyshire where workers were maintaining in creative tension the needs of parents and the needs of the child. Whilst the self-directed support managerial mantra was “seeing the child in the context of the family” (Zoe), debates over the rightful place of respite raised uncomfortable questions about the place of family support vis a vis the needs of the child. At a team meeting Chrissie put the place of respite and family support within the context of the service and its historic failings

“What we are seeing are situations where cases have been left and we are discovering that things aren’t right. Parents have been left for years in some cases. The next phase is about opening up doors. This is an opportunity to

get things into a better place for families particularly. Your role is to put something in place that supports children to have integration, support their family, to give families respite.”

Chrissie makes it known that members of SDS West have a responsibility to secure family wellbeing as best as they can and that does involve a more holistic approach to support, including scope for respite where necessary. There is also a recognition in her account that parents have been “left”, SDS West will have to engage in reparation work with families to regain their trust and at a most basic level to give them a rest. It would be incorrect to read Chrissie’s account as somehow driving new phenomenon wrought by self-directed support. Quite to the contrary, on a daily basis there were numerous instances of members of SDS West trying to support families’ capacity to care. Nonetheless, respite was a costly service and the managerial will to keep expensive residential services open did not seem to be there. At CDMG debates would arise when discussing the rightfulness of a parent having a break from their sleepless, intravenously fed child, through a residential respite placement, versus the child’s insecurity about being away from home. Such issues were presented to me as being determined on a case by case basis having looked over the history of the case, the mental and physical well-being of parents and the need to trial “moments of independence” (Peter) for the child. I suspect that such judgements were equally informed by how well parents had played their part, for as should be clear by now, the micro-politics of ‘needy’ and ‘greedy’ families were present in Anyshire as much as elsewhere.

Discourses of Child-Centeredness

A significant part of Peter's liturgy for self-directed support was "hearing and seeing" the child in assessments, by this he seemed to mean that the wishes of the child - their likes and dislikes- were recorded, included and given due respect. For older children he and Zoe were regularly found encouraging workers to make sure steps were taken to include maximum possible participation by young people in decisions about their support. Voice as a metaphor for inclusion and participation is ever-present in these demands. However, in the context of child and family services, determining whose voice, or narrative of family life was important or most valid, presented an ethical dilemma. This was complicated in SDS West by the real struggle and insecurity some social workers felt about trying to communicate with children who were non-verbal. In fact, despite the genuine openness in the office about the research this was one of a tiny number of subjects that workers seemed apprehensive in talking about. The managerial push to be "child-centred" would appear most readily in debates about decision-making capacity and the relative balance of child needs against the requirement to protect and bolster parental capacity to care. On this matter the group manager told me,

"So the real core is we're not child-centred at the moment we haven't got the process in the teams to make really person-centred plans, but actually making sure that children are key in making decisions and reminding parents as well, you know we've got 16/17 year olds with mental capacity where parents are still making key decisions. I don't want to see assessments signed off if that's the case and I don't want to see support plans that have been done by parents and not the child. I don't want to see our residential respite service filled up, I don't want that."

Involvement in decision-making, in planning and provision are all cross referenced in Zoe's account, her concern is that SDS West and Anyshire in general, need to get much better at including children and young people as participants in their own care. Interestingly, in her account is a reference to "person-centred plans". These are a broad suite of ideas and practices that have swept Britain from across the Atlantic. This alignment of person-centred practices with being child-centred was commonplace in Anyshire.

"The aim as I understand it is first of all its person centred. We're getting more of the views of the young person or as well as we can do, if you think around disability and youngsters not being able to communicate....Very much about focusing on the individual, in our case children." (Sylvie)

Person-centred practices are nebulous in their variety but this has not limited their appeal as powerful rhetorical devices invoked as moral defences of choice and control. In referring to person-centred practices, those that adopt the term in general are trying to root a commitment to self-directed support within a moral economy taken in part from user-movements and disability campaigns (Sanderson and Webb, 2002). Ideas forming the foundation of person-centred practices include embracing the principles of independence, choice, inclusion, equality and empowerment as the foundations of service (Dowling, Manthorpe and Cowley, 2006). There is an imperative for services to recognise and respect the child and family, to consider how to address social inequality and to promote social inclusion (Mansell and Beadle-Brown, 2005).

This alignment can be seen in Zoe's account above; person-centred planning is understood to be primarily a process leading to the production of a document of accountability, the support plan, which in Anyshire had a tendency to appeal to the moral imperative of the centrality of the child and the duty of the parent to act as responsible agent to the state. In terms of daily practice, it was however; much easier to identify fragments of ideas labelled mistakenly as 'person-centred practice', which were more akin to arguments defending child-centeredness. I say mistaken because whilst person-centred practice is a nebulous collation of ideas and theories, almost all emphasise the need to explore community and family ties and to situate the person within these informal and formal networks and economies for support (Langley, 2001; Sanderson and Webb 2000). Being person-centred does not mean isolating the person from these broader factors, unless these factors are harmful or dangerous. Yet in Anyshire, being child-centred tended to almost become oppositional to the ways person-centred practices approach the role, relationship and engagement of the family in supporting a disabled child. In Anyshire, many members of staff conceived of themselves as "the child's social worker" and were open in asserting this to me when disagreements arose with parents.

As far as I could fathom this was not a result of the move to SDS but rather something culturally pre-existent in Anyshire. Perhaps this is a growing cultural phenomenon in children's services following the high profile fall out and blame following recent child abuse scandals. In addition, the predominance of 'needs talk' in work with disabled children, and the idea of deficit this implies, could lead to a more singular focus on the child and their bundle of medicalised support requirements. Thus, being person-centred could become muddled into child-centric in the name of needs. There were instances of this in Anyshire.

The sense of advocacy for, or rescue of, the child, appeared to be largely independent of the shift towards SDS and the adoption of 'person-centred planning' as morally-imbued vocabulary. As if to validate the practice of child-centrality, the demand to evidence and demonstrate child-centeredness increased following the Ofsted visit to Anyshire. The group manager told the team at a group supervision day,

“The original plan was by December 2012 all cases would be over to SDS but that’s not going to happen and it’s a step too far for us to ensure we deliver safe practice. We’ve got to think of the Ofsted comments. We have to start recording the voice of the child. It is about spending more time with the child, but it’s also about recording it and making this visible.”

The group manager and Chrissie then ran a twenty minute session on how exactly to hear and record the voice of the child, something which could be challenging given that many children on the caseload were non-verbal communicators. Chrissie made it clear that workers were being asked to do two things,

“to keep the child at the centre, you must see the child in the home environment. It isn’t enough to see them at school. It is also seriously important that you are able to *demonstrate* [her emphasis] these interactions and to *record* [her emphasis] them.”

Seeing the child at home and spending time with them one on one is simply good social work practice, there is nothing conspiratorial in this. Of course, one underlying rationale for this practice is to avoid missing abuse or neglect by ensuring the home environment is seen and by observing how the child behaves in this environment.

However, the repeated emphasis placed on demonstrating and recording child

centeredness reveals political and regulatory expectation. As covered in the policy section of this thesis, the endorsement of the singularity of the child in social work practice is found at a political level.

Returning to Zoe's account above, it reveals more about the centrality of the child, beyond the importance of the child's engagement in decision-making and exercising of choice. Firstly, she seeks to emphasise the child as agent, this is at the centre of many arguments for SDS, as a corrective to the previous paternalism of the state which denied selfhood to disabled people. She states, "children are key in making decisions" and "we've got 16/17 year olds with mental capacity." Supporting self-determination is of course an ethical commitment made by the social work profession to the people they work with. Yet, there is a sense of opposition in this account. Rather than a simple statement of purpose, a rationale for ethical practice encouraging the participation of children in decision-making, Zoe finds jeopardy - the child's agency is under threat. There is an implication that the child's agency can or is, being undone or misdirected by parents. The phrase "reminding parents" is suitably equivocal - this misdirection of the child's agency does not necessarily imply a deliberate oppression of the child, it could come from fear, or worry or simply not knowing how to proceed.

Yet within Zoe's account, the social worker is clearly the child's social worker, acting as a corrective to the parent's desire to steward decisions and processes. The reference to respite implies the need for social workers to find alternative modes of support, inferring that respite is a family, not child focused support service. The idea of supporting the parent to support the child is somewhat difficult to identify in this account. There is a sermon-like quality in her description - the sharp pace and lengthy opening sentence implies hindrance to her aims, whilst the four-fold

repetition, “I don’t want”, stresses the urgency of addressing child-centeredness in Anyshire. In short, Zoe devises an interesting mélange of ideas and concerns within the imperative of child-centeredness: child as (potentially thwarted) agent, social worker as advocate/rescuer and uneasiness about parental influence and power within the relational troika of social worker - child - family.

To be fair to Zoe and to all members of SDS West, on this matter there were no totally fixed positions on the child/family balance, only proclivities towards or against the seity of the child. ‘Seity’ is used here as it captures the sense of being peculiar to oneself, emphasising the distinctiveness of the child as an agent, and tying this to selfhood. Invoking child-centeredness in Anyshire was a contingent activity for it provided a warrant or justification for an action or understanding. For example, on a different occasion Zoe referred to SDS as trying to build a foundation for family partnership with social services,

“SDS means it puts the child and the family at the centre. Yes we work in partnership but it's often unequal because we've got the purse strings at the end of the day and the power to make decisions and agree things and not. But that is the core for me, it's got to be about bringing that child and their family back to this whole process and then moving from there.”

This account places a higher value on parental engagement, of building respectful relationships in order to support the child together. The difference in these accounts highlights why exploring the (mis)trust of parents and the centrality of the child in practice is so difficult. Accounts and descriptions are ephemeral, at least until they become fixed in the typed words on a case note. This is a difficult phenomenon to articulate because the positions adopted were temporary and were of a contingent

nature. Invoking child-centricism was a considered response, it was entreated selectively to different parties to construct past events and justify actions.

Moral Warrants

Describing oneself as child-centred was part of maintaining a stable form of address to peers and managers, offering some semblance of sense out of ambiguity (Butler, 2005). Regarding ambiguity, it was highly unlikely that any SDS West member could ever truly know *who* a family was, preferring instead to address *what* the problem was represented to be, a representation that they inevitably had a hand in creating given the invisible nature of much of the work (Cavarero, 2000; Pithouse, 1987). Thus, the language of child-centeredness did much useful work in SDS West. If the problem was “parents not letting go” (Megan) being child-centred was appealed to as a moral justification for pushing parents into trialling a child’s independence, perhaps through a befriending scheme that would enable them to go out with another young person outside of the family unit. More forcefully being child-centred could be utilised when a parent complained about a service not working,

“well in their opinion it’s not working, but that’s because they’re having to do more than when it was “off to respite you go.” I’m thinking of the child here and they have become so much more socialised since she’s [personal assistant] been around.” (Karen).

The Head of Service described something similar when he told me the value of being child-centred,

“Working in children's services, we're here to support children in their families, for me part of the values is around knowing when it's right for children to leave home at whatever age and supporting that in the most positive way. So again, the way we implement self-directed support is really important because if it's done badly you don't empower the child, you negatively empower the carer to be managing resources which may get in the way of people knowing the right time to move on.”

A final example of the usefulness invoking child-centeredness was when parents are openly challenging a worker's diagnosis or assessment, Amy told me,

“Because some parents, or just one parent I've found, can become fixated upon what they think will help their child. “My child needs an iPad, my child needs this” and you can't really see that from the assessment. You know, where has that come from? It's certainly not from the child, I can see that.”

The use of moral language to warrant *ex post facto* decisions taken or problems encountered is part and parcel of the achievement of frontline practice (White, 2002). Yet what Amy and others are doing is quite specific in terms of its originality as a defence against a redistribution of narrative power fashioned from the rise of the parental account as expert. Amy entwines two important findings together in her description of the iPad disagreement. Firstly she links the rise of choice with a renewed parental power to tell the case, something which is challenging her professional assessment. Secondly, her argument for refuting the family suggestion for an iPad is that it is not child-centred and that she as defender of the child's

interests has to intervene, furthermore she is morally compelled to intervene. The implication is that the iPad is for benefit of the parents, presumably to distract the child rather than as a tool to facilitate the meeting of an outcome or a need. I say this as a little later on in the interview Amy refers to an abstract group of parents she believes, “just don’t want to parent.” In her account, she implicates SDS as enabling a lackadaisical approach to parenting by increasing their influence in decision-making, the iPad is symbolic of the outsourcing the parental responsibility through ‘choice.’ The suspicion of parental intent - a plank of child-centricism - is revealed. Detective work is an important part of telling the case and Amy deploys it in her disagreement with the family over the iPad. She elaborated on how she saw the balance of parental choice, voice and expertise against professional judgement,

“In SDS there is still an assessment of need, which is the core assessment and we don't just rely upon parents, we rely upon almost anyone and everyone who is involved in supporting that young person or child - education, health etc. to give us a full picture of the child's needs and the family's needs. And that is, well that can be a huge discrepancy in terms of our assessed needs and in terms of what the parents think they need.”

Amy is describing the kinds of detective work undertaken regardless of the SDS imperative for respectful practice and family engagement, her justification is twofold. Firstly, and more positively there is the claim that this detective work can help bring together a jigsaw of pieces of family life in order to provide “a full picture”. Secondly, work geared towards revelation and discovery is important because parent’s accounts are felt to be unreliable, “that can be a huge discrepancy in terms of our assessed needs and in terms of what the parents think they need.” The way in which Amy refers to relying upon “almost anyone and everyone who is involved” removes

the special accordance given to the family telling, everyone has something to contribute and there is little reason to offer primacy to one narrative over another. The jigsaw analogy holds in this regard. However, the cross-referencing with other professionals and the interrogation of family accounts shows a strategy of argumentation necessary to ensure the case is told by the professional, not the experiential parental narrative. White (1997:312) noted something similar in her ethnographic work of children's social workers stating, "a display of scepticism about parental accounts - the performance of doubting - is integral to competent professional performance." In Anyshire this holds true, revealing in turn a hierarchy of importance offered to the construction and telling of the case.

In exploring these instances of summoning the language of child-centeredness, perhaps what is revealed is how it becomes still more useful to members of SDS West as their position as the final word on what a child needs is challenged by ideas of experiential expertise. No longer are they the sole arbiters in constructing and telling the case, SDS taps into the dispersive nature of telling and of narrative construction in contemporary policymaking. To correct this state of affairs, workers utilise the language of child-centeredness to advocate for, defend or intervene on 'behalf of' the child. In the battle for narrative authority, such moral appeals circumvent the SDS prerogative to culturally realign power relations between service families and the state by throwing into doubt the truthfulness of parental accounts.

Talking of child-centeredness thus performs multiple functions, but it is especially useful as a defensive response in light of some parental challenge or problem. Yet, precisely because such talk pertains to expediency rather than essence, there were simultaneous displays of iterative understanding in SDS West; workers considered socially and out loud the family context, the needs of parents and carers alongside

the essential meeting of support needs for the child. Of course, this too is a mode of address geared to persuading peers, managers and others of the rightfulness of action. In the main, most SDS West workers would speak of trying to keep parallel needs and experiences in mind, stating "I am the child's social worker" was to take an explicitly political position which few were keen on adopting:

"Very often we have to work with parents that meet parental need in order to meet the child's needs. A recent example was yesterday, the parents obviously need a break from caring, what I said was "yes you need a break, but the child is the focus." So how I would look at that is, "we need to provide some short breaks here, either through funding, putting in a carer etc. to enable you to carry on caring for this particular child as you are." You know, so the focus is always the child even though you are meeting parental need. So you need to look at it in a wider picture." (Sylvie)

In Anyshire, staff would move in and out of more or less trusting spheres, adopting positions about the centrality of the child and the riskiness of trusting parental accounts on a case by case basis. Although the examples given here are stark and there was a tendency to fall over the line from child-centred to child-centric in Anyshire, this is not to say positions were fixed. Importantly, the wariness of parental accounts were always put to me as being somehow beneficial for the child - interrogating the parental account was an important part of safeguarding the child. It would be wrong to see these vignettes of experience as demonstrations of simple hardnosed practice, serving no purpose other than a way to query resource allocation, or reduce the size of a package or reify their status as rescuers.

Staff could inflate or deflate the sphere of influence and telling surrounding a child, and such activity was undertaken on a case by case basis. Here, workers could expand the balloon to encompass an array of views whilst treating it with care, ensuring it does not overflow with narrative and opinion to bursting point.

Simultaneously, they can collapse the balloon to the point of mere rubber casing, reducing the child to the barest bones of need rendering the centrality of attention on the child as agent in isolation. Decisions about how far to expand this metaphorical balloon were dependent on the prior behaviour of parents, the talk from peers about the family, the tacit knowledge gained over the years and the paper trail that may or may not precede introduction. No doubt pre-existing cultural and individual proclivities for understanding the place of the social worker would also be added to the mix as part of the broader order of things. Rather than taking rigid positions, professionals could inflate or deflate their balloons, inhaling and exhaling to expand their sphere of seeing and hearing, to extend or collapse their willingness to carve out facilitative relational spaces to learn from these families, these 'experts by experience.' New worker James seemed to be pointing to this phenomenon of expansion and contraction when describing how he approached the balance of child-focus against family context and support,

“Sometimes what the family wants is quite different from what the young person wants. Sometimes that is a tension point so it's explaining to the family that we are the young person's social worker but we look at the family as a whole and we will look at different people's views on things. We are there to try and put together a package that meets everybody's needs and something that everybody's happy with, but it's not a fixed package it evolves over time as needs change.”

Rather than produce a fixed package focused solely on the child as bundle of needs, James seems to allow for expansion and inclusion of other points of view and requirements. He is taking the stance of being the “young person’s social worker” yet seeks to reassure families that this does not mean he is approaching support with tunnel vision, “we will look at different people’s views on things.” Without wanting to split definitional hairs, what he articulates is more akin to the principles of person-centred planning than child-centricism. This is what the Joseph Rowntree Foundation said in their scoping review of person-centred approaches in social care,

“The inclusion of family members and informal support networks is a key component of person-centred planning. The onus is on services to devise the best way to bring families in and to encourage the growth of informal networks of support. Families and professionals may not always agree about what constitutes the best approach to service delivery, but it is imperative that service providers work to foster good relationships with families.” (Dowling, Manthorpe and Cowley, 2006: viii)

The skill James is articulating lies in never stretching or deflating the balloon too far - the former could generate too much noise, comment and mess, muddying the picture, the latter becomes too restrictive. The first leads professional sensemaking into a maze, the second down a narrow tunnel. This dexterity of balance runs through the heart of the support challenge facing SDS West and all social workers who are working with families to support children; it becomes still more complicated when ‘choice’ and ‘voice’ as principle are enshrined, handing families a new form of agency and responsibility.

However, there is no doubt that in talk, staff articulate contingent positions, their discussions of particular families (no doubt selected to illustrate a particular point for me) would reveal such stances. The way Karen spoke of her surprise of 'honest families' in the section covering the RAS or the folk-tales of 'greedy families' all infer positions about trust and of the importance given to child accounts vis-à-vis parents. There was one case however, that epitomised both problems of child-centeredness at a time of risk anxiety, and how the idea of choice opens up families to newer forms of scrutiny wrought through the lens of responsibility. This is the case of the twin boys.

The Case of the Twins: The Miasma of Responsibility

This particular instance has stayed in my mind most powerfully as it articulates how the performance of child-centricism could lead to perverse consequences. It also touches on wider issues raised here about the parameters of state and family responsibility in child-raising in an era where the rhetoric of choice can muddy lines of accountability. In this case, which arose during my time with SDS West, two twin boys had complex medical and support needs and were eligible for social care support. They were fourteen years old; both had a complex chromosomal syndrome which had manifested differently. One was diagnosed with autism and social anxiety and struggled to communicate verbally, whilst the other who was in mainstream school, could periodically get into trouble if his Attention Deficit Hyperactivity Disorder was not managed well. Each child had been assessed and had a care plan in place, and during a recent review the family had been moved onto the self-directed support system. Because in Anyshire the personal budget "belonged" to the

child, they were each given separate budgets and different allocations. This meant the parents had to account for two different bank accounts as they were not allowed to combine the financial allocation. Audit measures included submitting two sets of receipts. Few members of SDS West at the time had much to comment on this state of affairs, although James did tell me that,

“The issue with some is that if you have more than one child with needs, actually support for each child should be self-directed for each child to meet their own needs, whereas families quite often say “well we've got this money” but it's not money for the family, it's this amount of money for this child and this amount of money for this child, they each have their own needs and the money needs to be used to meet their individual needs. From our side of things each child has their own needs; each child has to have their individual plan and money.”

James had previously worked as a personal assistant to a disabled adult and I wondered if his time in adults services had led him to conceive of self-directed support as an individual right. This is what seems to be inferred by his account. I was made aware of the case of the twin boys during a CDMG meeting because the mother had written to complain, not only about the “bureaucratic nightmare” of the system, but because she felt she needed additional support. Her letter was read out to the assembled managers and consultant social workers. It was the most uncomfortable I ever felt during my time in Anyshire.

Whilst the manager read this letter aloud, she concluded with,

“You know, you're her mother, I'd do that for my child I would expect families to be doing that for their children. What do you want me to do?! So we've created this sort of extraordinary expectation I think, in some cases.”

The reference to “I'd do that for my child” was to the requirement that every 4 hours one of the boys had to take a variety of medicines for different problems. The mother was struggling to do this on her own. The most startling thing about this case was how little was said about this state of affairs, it was as though there little at all to comment on. There was some quiet nodding and shaking of heads, before a quick decision was taken to respond to the mother formally stating that the case would be reviewed again. It was as though the mother had become disjointed, no longer seen as a woman in her own right, as an agent with needs, interests, demands and loves of her own. Rather, under cultures of child-centeredness, parents and mothers in particular, are prone to being cast only through their relationship to the child, rendering the mother little more than a problematic manager or orchestrator of the child's support. Perhaps what I observed was an instance of the mask slipping (Goffman, 1959), as managers and workers grappled with competing, often dichotomous decisions centring on where to draw the line - what should the state provide and what should the family provide.

If we revisit the power of needs talk in Anyshire, the case of the twins bears out not only the power of invoking 'child needs' to get the work done, but how needs are contested and validated. The mother in the case was attempting to explicate her own needs by writing to Anyshire - for support, for sleep, for a rest, for some kind of help to bolster her own capacity to care. Yet she was met with a response, although she

was not to witness it, which challenged these needs as valid. Thus, needs talk is not only about how to label or satisfy needs, but how to judge them and how to contest them. This mother's needs were being invalidated by recourse to "being child-centred." In Fraser's (1989) original conception therefore, the example of the twins is a micro-sociological drama about how needs become claimed, validated or rejected. This process of contestation culminates with a decision about whether the responsibility to satisfy these needs lies with the family (private) or the service (state). In this case it appears as though a conciliatory middle path is found whereby the service will go through the review process. 'Needs talk' is thus one medium through which debates about resource, inequality and access are played out. In Anyshire it was a predominant method for grappling with needs and demands at a time of cutbacks and increasing demand.

Returning to the twins and the folly of running two budgets, little consideration appeared to have been paid about the impact on the family of such an artificial situation for living. It was as though all had become so welded to the idea of being the child's worker and it being the child's budget that they had lost sight of the predicament and practicalities this posed for the family. The reading of the letter during the meeting served to underline the uneasy way parents could be constructed in social care more broadly and by self-directed support in particular. There was something in the tone of the reading that implied the idea of "not wanting to parent" that I had come across at ground-level. In this way, speaking the language of SDS seems to perform a useful function of responsabilising parents, particularly in a climate purporting to be 'child-centred'.

Although taken from a different context, Featherstone, Morris and White (2013:3) speak of an 'absence of critical scrutiny' which seems an apt phrase to adopt at this

juncture. That is, the overwhelming organisational and moral commitment to demonstrating the hallmarks of child-centeredness had led to a situation where the *a priori* righteousness of it prevents social workers and managers from pausing to think. If they had done, perhaps they may have realised that this performative act contravenes any sense of supporting family life befitting respectful practice.

Cultures of mistrust form the backdrop to some invocations of child-centredness in Anyshire. Most commonly mistrust was articulated through the heuristics of the 'needy and 'greedy' families. The implication of a culture of mistrust is that social workers must be forever on the lookout for foul play and duplicity by parents. Peter was well aware of the culture of suspicion operating in children's services more generally. He told me,

“One of the key messages for me in terms of how staff engage with parents is about respecting fellow adults. I think because mainstream social work often works with families in very particular circumstances we have to try and help disability workers to move away from that framework. So my starting point is unless there is evidence to the contrary I will assume that this family would not be the business of social care if their child didn't have a disability. That's my starting point. Even if they're a bit cranky with me I will either assume to begin with unless there is evidence to the contrary that it relates to the stresses of the child's disability, work that hasn't been done to help them to work through that in bereavement, or that we haven't been working with them in a very effective way.”

In this account he notes the pervasiveness of this culture and links it quietly to the distortion that muscular child protection has across children's services. He hints at

this when stating, “mainstream social work often works with families in very particular circumstances.” He also seems to be championing the much misunderstood “rule of optimism” when detailing the array of reasons for parents to be “cranky” with social workers. Whilst Peter was trying to use SDS at a deeper level to tackle such cultural phenomenon, for a small number in SDS West the move to deliver self-directed support in Anyshire only accentuated the endeavour to expose. They contended that SDS only makes parental deception more likely, where self-assessment through the support questionnaire opens the door to “points win prizes” behaviour (Amy). Here, self-directed support is deemed to increase the scope for dishonesty because SDS demands that parental voice and agency over the support process is taken seriously. Power is no longer harnessed totally to traditional asymmetrical hierarchical lines from professional to family. Gifting is challenged because the parent can appeal to the language of entitlement whilst the expert right to tell the case is problematised. Zoe was aware of the deep-rootedness of this cultural challenge to gifting when she told me,

“I would say we have a lot of inherent prejudices within the service which we knew in as much as, if you've worked in a service for donkey's years it is hard to change your thought processes. There's been a different management style before so some people are still kind of stuck in that gifting of services, that it's not people's right to have a service and to make that choice.”

The changes to panel, the tightening of lines of ownership and the right of the family to contest decisions and to choose services all challenge the professional gift model of state provision. Such procedural reforms appeared to be taken in order to provide a micro-sociological foundation for much broader and deeper cultural changes.

The existing uncertainty about direct payments could also find expression in tales of uncovering, almost all SDS West team members had at one time or another told me that had heard a tale about a misuse of direct payments. These tales were suitably vague, families were never given names, locations and time periods were uncertain, no one seemed to know who the poor mistaken team was that had signed off on these dodgy packages. Karen told me about a family who had “recycled DPs in the family, you know, setting sister-in-law up as a support worker, we’re talking over fifty-thousand pounds”. Megan told me about “a massive family holiday one family had taken”.

At this time in Anyshire what Peter referred to as “a culture of gifting” does appear to be apparent although it was invoked selectively and largely as a defence of some other aspect of professional practice, commonly equity, fairness or “being there for the child.” It can reveal itself in how families are constructed and how cases are told. It could also be identified through the practices of assessment and rationing. The action of “bracketing families” as Chrissie put it was important for managing the emotional demands of practice and for managing workflow.

Yet it is not only in the talk of individuals that families are carved up and frozen into temporarily stable categories in order to get the work done. The systems of resource allocation and categorical conditionality enshrined in policy, provide sensemaking devices to continue to divide families along institutional, if not, cultural lines. In some ways it was therefore of little surprise that during this time, SDS was struggling to assert itself in ways which Peter may well have liked to see - especially the assertion of rights-based entitlement over deficit-based allocations. Such language was yet to bed down. Yet, these frontline concerns about the worthiness of parental accounts or the circumvention of the rules of fair play pre-exist SDS. They may emerge

individually as defensive mechanisms to the challenging of their expertise, or as part of a broader rationale to ensure children are safe and at the heart of decision-making, but they are part of the meso-level schisms inherent in practice. That is, they are part of a broader culture in public administration which faces the dual mandates of gatekeeping whilst advocating, rationing whilst supporting, coercing whilst caring (Powell, 2001). Rule-bending bending activities coexist with more or less overt gifting behaviours. This appears as a paradox, but it also alerts us to the politicised nature of the work where social workers are forced to account to the state and to the family and infrequently are both in equilibrium. It also identifies how social work is forced to address individual instances of broader social problems, which forever tugs at the internal political strings of the profession (Sheppard, 2006). SDS West faced the ongoing tyranny of the immediate - having to make difficult choices to utilise formal rules or informal workarounds to get the job done, all within a general societal climate of risk and a genuine desire to do the right thing by the children and young people on their caseload. As Dalrymple noted (2003:1047) inclusion, advocacy and empowerment are embedded in the modernising discourses for reforming public services, yet these are difficult ideals for social workers to deliver on consistently. They are difficult in part due to risk anxiety and the need to cover backs, and in part for straightforward reasons of increasing demand and shrinking resource. It may not be edifying, but the sense of wariness and suspicion outlined here may prove to be a defensive technique to protect the professional self from being engulfed by the emotional burdens of contemporary social work with families. Invoking child-centeredness as a defensive technique against the intrusion of alternative tellings of the case, acts as a 'social shelter' (Freidson, 1986). Updating Freidson's original conception a little, such shelters protect workers from the

incursions of the organisation as they intersect with externalised discourses. Social shelter may provide a degree of protection from those countervailing forces imposed from faceless, yet extant political pressures; in Anyshire the moral warrant provided by child-centeredness was the demonstration of the child-centric rescuer role, always aware of the riskiness of trusting family accounts.

Undermining Origin Stories: A Conclusion

Incongruously, when child-centeredness becomes child-centricism, or when cultures of mistrust flourish or when parental accounts are rendered unstable, the spotlight focus on the child could undo the origin stories of self-directed support. The mistrust of parental accounts could lead social work to collapse back into the “we do to you” rather than the “we work with you” mode of practice. This seemed to me to be at the heart of the concern raised by the mother of the twins. Her letter was read as an excuse not to fully parent, and to pass the buck to the state, yet she was saddled with an unworkable system of audit. I noted at the time, “If SDS was ever about supporting families to better manage everyday life by supporting their disabled child as they saw fit, this is not the way to go about it.”

Scepticism and disbelief underlie these stories. Parents can become caricatured as risks to be managed or charlatans to be exposed. The lesson from these cautionary tales of over claiming direct payments or exaggerating child need is that parents are not to be trusted as either experts in their child’s lives, or as honest punters in the social care market place. Both lessons prove to be problematic when working within a policy framework that valorises experiential involvement and knowledge and which

encourages parents, for it must be parents, to 'take control'. Consider the fate of these promises for SDS:

1. SDS strengthens the quest to reclaim self-determination in family life;
2. The emphasis SDS places on relational understanding through family/child voice enables support to make sense within the context of family life; and
3. SDS is capacity-oriented refuting the notion of a disabled child as a bundle of needs in search of service.

None of these promises for SDS hold if at a rudimentary level there little trust between actors and agents involved in the support network. The very origin stories of SDS are undermined by these narratives of mistrust.

Child-centricism is a process of instrumentalising family life, of plucking the child from the context of the family and their particular modes of functioning in order to isolate the child's needs as somehow separate from, or more important than the broader family context. Other clues are the revival of child protection discourses over ideas of safeguarding, demonstrating how policy has moved from the general to the particular and from the collective to the singular (Parton, 2008). Being child-centred is written into inquiry responses to a child death, providing a form of contemporary virtue ethics which tend to presume such individual moral work can protect against future child deaths without necessarily addressing systematic issues pervading these cases (Whitaker, 2014a). The seity of the child is given primacy in these accounts, which in terms of the ethics of practice in a particular case may be wholly justified. Yet this seity, this particular focus on the singularity of the child and their experience may become problematic when it is adopted as a blanket practice maxim at the expense of broader considerations of the support needs of siblings and

parents. As Clarke (2010:576) put it in her critique of risk-based lenses in work with children, “to ‘think parent’ is required in order to adequately ‘think family.’”

The willingness to hear and contend with multiple narratives is a core part of practice wisdom. O’Sullivan (2005:227), for instance, states that this iterative practice, “requires a continuous questioning of the current hypothesis and its adjustment or abandonment in the light of the ongoing examination.” In sensemaking terms, tunnel vision on the child betrays a commitment to mindfulness, which may offer insight about how to support the hopefulness of family life for all, whilst strengthening the resilience of parents in particular (Langer, 1989). There is a totalising tendency in the invocation of child-centeredness in Anyshire, one which may impoverish our understanding of family life and relationships when used as an all-inclusive framework. Others have noted the rise of ‘best interests of the child’ as a rights-based method to responsabilise or admonish parents (Smeyers, 2010).

Featherstone, White and Morris (2014) also point to the utility of this assertion as a moral identity. ‘Child-centred’ talk undoubtedly comes across as authoritarian when used politically as a device to query a parental account, but it does so in a way which reverberates with moral verisimilitude.

In general terms, and pockets of this is found in Anyshire, child-centricism is a concept of practice and a morally-imbued workaround which invokes a state of affairs where less concern is paid to families in the holistic and relational sense, preferring to focus instead on individual children and their specific needs. Peter would speak of respectful practice and family dialogue as opening new vistas to seeing the child in a more holistic way. Yet many social workers invoked a form of child-centeredness which presumed a suspicion of parents, so broader perspectives are likely to be significantly limited. Thus, and with some irony, child-centricism can

actually serve to undermine the child's inclusion and autonomy as it quarantines the child's agency within the familiar cage of needs talk. The system of child-centricism objectifies the very children it purports to free (Melton, 2009). This is justified through opaque references which construct children as bundles of fragile developmental needs or as potential victims of poor socialisation. Here, a toxic embrace is encountered as revived constructions of the Developing Child collide with moral panics about the consequences of the Poorly Conditioned Child (Ryan, 2008:558). These popular heuristics of romanticised and risky childhoods are capable of packing a punch when it comes to redistributing power to tell the case in conditions of unjust cultures for professional practice (Dekker, 2012).

However, there is a peculiar collision writ large in the Anyshire experience that tells us something of the clash of imperatives encountered on the frontline as a result of ambiguous policy making. Simultaneously, we have seen the rise of social inclusion, self-determination and empowerment as policy imperatives at the same time as concerns about social work have been framed by the need to control, manage and distribute risks (Power, 2007). When considered scholastically, away from the immediacy of organising, these competing imperatives for practice show how problematic things have become for social workers. It is incredibly difficult to reconcile discretion and judgement on the frontline against cultures and regulatory regimes of risk, surveillance and compliance. This study is littered with examples of the paradoxes and contradictions that arise when such imperatives clash. Matters of instrumental rationality, the RAS and costing antagonise principles of professional judgement, of manoeuvrability, of the particular and the phronetic. The narrative of self-directed support itself is deeply imbued with a messy patchwork of ideas for practice taken from an array of conflicting ethical traditions and managerial

predilections. The language of child-centeredness emerges from the schism as a moral buttress guarding against the loss of professional power to tell the case, whilst appealing to risk-rhetoric which is inherently suspicious of parents. As Taylor (2006: 1424) found, this tends to lead to organisational practices which are 'defensible' rather than 'right'; "being the child's social worker" performs a similar self-protective role.

Chapter 9: *Bricoleurs* and Risk Anxiety: A Conclusion

The ethnomethodological interest underpinning this study inspired me to do my utmost to follow the phenomenon of self-directed support wherever it went. I have endeavoured to provide that wayfaring companionship across system interactions with process, traversing contours of costing and caring, exploring accountability and ownership, inwards into performed identity work and outwards through invocations of child-centred talk. I will take each of these aspects in turn in order to posit some concluding thoughts.

Process was a core part of the work of social work under SDS yet it revealed more than the rich description of the overflow of new public management ideals on practice. It revealed the rationales for the continuing prevalence of task-based ICT assessment and taxonomical work as dually concerned with managing limited resource and providing institutional protection from regulatory incursion (although this often failed). Process is operated as a defensive technique at a time of uncertainty. More importantly, exploring the impact and understanding of process on social workers' sensemaking led to a nuance about the nature of self-directed support work. Process was at least demonstrable and provided a script for the work. This was an anchor for some workers as they grappled with what exactly SDS is, and how as social workers they were supposed to perform. Self-directed support in Anyshire took the form of *bricolage* - borrowing tools, ideas and practices from an array of sources, many of which contradict one another and are rooted in profoundly different philosophical traditions. This perhaps reveals both the contentious nature of personalisation itself - outlined in chapter two, and uncovers perhaps a broader paralysis in policymaking caught as it is between neoliberal market ideology and forms of welfarism. Social workers in SDS West are tasked with performing

meshwork (Ingold, 2011), managing multiple lines and frequent loose ends as they navigate and borrow from differing discursive histories in their talk and practice.

In Anyshire the quiet disagreement about what self-directed support is - process or ethos, principle or exchange - revealed the heteromorphic nature of the practice demands and the problems of *bricolage* when exercised in a risk-sensitive environment. That's why Sylvie liked being in court, and why Amy feared being outsourced, and why Megan struggled to tell the tale of resilience, one way or another there is a perverse certitude in talking child protection talk which SDS lacks. Some members of SDS West were experiencing a problem with informality. In contrast to the externalising realities of rationality, the SDS worker finds themselves increasingly accountable for nebulous 'outcomes' through demands for both authenticity and ownership of the case. At the level of rhetoric they were to be entrepreneurial support planners, adept diagnosticians, orchestrating commissioners, detailed reporters, accountable agents and family advocates. The reality was somewhat different as SDS became proceduralised in light of the Ofsted inspection and increasingly focused on transactional exchange over relational support. The ambiguity identified in the policy narrative of personalisation more than played out in demands for heteromorphic practice on the frontline.

Costing and supporting are core themes revealing as much about philosophies for organising as they do self-directed support. The organisation was hamstrung by complex interplays of regulatory zeal for demonstration of risk management, social worries about fairness and professional concerns with guardianship of funds. The upfront demonstration of price involved in the costing process revealed to many workers for the first time, could lead team members to question quite profoundly the exclusionary nature of the market. It could also lead others to utilise this explicitness

to remind families about “what they get.” The utilisation of the RAS was equally paradoxical, giving voice to the Greedy Family Fairy-Tale whilst proffering scope to massage figures upwards provided worker’s and families demonstrated the particulars of the case. Instrumental rationality was rife, but it was commonly worked around. Costing work was prevalent and the impact of the rise of costing and supporting on the mandate of children’s social work requires further investigation.

Adding colour to practices of accounting was the unfinished story of choice in Anyshire, a story set at the intersection where process meets culture. Without a doubt this was the most difficult story to tell. This difficulty has arisen because of the pervasive yet oscillating materiality of ‘choice’ across settings, scenes and talk in Anyshire. Choice pervades the literature on self-directed support, it’s simultaneously heralded as the principle to overturn the power asymmetries of the patronising monolith state, as a delivery mechanism, and as a series of practices which will ‘open up’ the market all. There are as many critiques of ‘choice’ as there are proponents - that it furthers inequality, that it’s a proxy for privatisation and that contemporary policies on choice undermine relationships in favour of consumption and transaction. In Anyshire, all of the above and more were referenced or experienced as challenges at one time or another. Choice in Anyshire, in the words of Clarke *et al* (2008:251) is a condensate, “containing, combining and compressing multiple meanings.”

Choice was mobilised as a rationale for delivering on the promises of inclusion, fairness and equity by the head of service. The procedural aspects of choice were grappled with by all frontline members of staff as a delivery mechanism encompassed in direct payments. Choice was reduced to a transaction or exchange of money for service; here concerns about status or deskilling could emerge from the

lips of SDS West members. Choice was equated with parental responsibility and derided as running roughshod over equity. Choice did seem to remain at the level of transaction in Anyshire, lacking transformative capability. Perhaps when operationalised at the level of exchange, SDS masks broader societal insecurities about the place of disabled people in our communities and about our resolve to improve access and inclusion. So families make use of personal assistants, enabling disabled children to access mainstream provision. This is an obvious good and benefit, but it seems to only arise for a small number of families who are capable of taking matters into their own hands. For many families in Anyshire, to exercise 'real choice' meant being compelled to realise this choice themselves. Families become responsabilised through direct payment processes, audit and accountability. All team members noted in their own words the rise of parents as new responsible agents (Bracci, 2014). In Fraser's words, families were, "redressing end-state maldistribution" themselves (Fraser, 1997:26).

In concluding this study it would be erroneous to ignore the context under which it has been produced, that of a growing counter-narrative challenging the paradigm of muscular child protection and the discourse of child-centricism (Featherstone, White and Morris, 2014; Featherstone, Morris and White, 2013; Cottam, 2011). The latter chapters of this thesis reveal that aspects of both were present in Anyshire. Child protection talk seemed to influence the potency of identity-work undertaken by members of SDS West, particularly at a time when the profession was courted to 're-enchantment' (Garrett, 2012) with the promise of new forms of practice and structure geared to child protection work. Staff keen to enact SDS struggled to maintain a stable identity as the organisation appeared to fail to recognise their value - not enabling access to clinicians, not creating institutional scripts or guidelines for SDS,

not ensuring adequate resource for swelling caseloads. For some established members of staff, being a social worker was premised on doing child protection, being an interventionist, if you were not doing this work then you render your professionalism precarious. Amy narrates herself through the talk of others, building a biography from fragments.

Moral invocations to “being the child’s social worker” enabled a reassertion of the professional power to tell the case whilst portraying this act as preventing harm or parental misdirection of agency. Enshrining the idea that “the budget belongs to the child” provided ethical verisimilitude yet could pose perverse, potentially unsafe consequences, the case of the twins epitomises this. In SDS West there was a struggle to formulate a vocabulary for facilitative and informal help. Chrissie rightly pointed out the vulnerability and exposure in relational work as it lacks the “tick boxes” to prove competence. Those calling for relational and humane practice must bear in mind these kinds of informal and existential concerns. If, as I found in this snapshot of time, child in need social workers feel exposed by relationships and conversely supported by institutional scripts and taxonomic activity, this is something the profession must confront. I would point particularly to the ways in which social work may lack a discourse for facilitative, alive and humane work fit for the conditions of the twenty first century. I say this because the rich heritage of social work debate around ethics would presume a ready-made language for relational practice, but the risk of a simple revivalism is that it feels faddy, out of touch, nostalgic almost. Without this contemporary discursive foundation the idea of rewriting an identity for practice is almost unrealisable. Without equipping social workers with a confidence and a vocabulary of help which is maintained beyond the walls of the university through their careers, the idea of social work narrating itself is

impossible. On this matter I think that further study on the enculturation practices of organisations on newly qualified social workers in children and family services is urgent and this goes beyond a focus on child protection work.

We know a little about the impact of enculturation on child protection social workers (Bates *et al.*, 2010; Burns, 2011; Jack & Donnellan, 2010), and the importance of peer support and organisational culture for social work in general (Collins, 2008; Beddoe, 2010; Bradley, 2006, Bradley, 2008; Moriarty *et al.*, 2011). However, we know considerably less about the impact of localised cultures as practitioners move from being newly qualified into roles in children's services which are not immediately situated within child protection. Without understanding how for example child-centeredness becomes locally valorised, it is difficult to support endogenous counter-cultures. Without understanding native socialisation processes it is difficult to track the journey travelled from relational understandings of the family to child protection doctrines. I do not know how well those new starters in Anyshire have fared in the two years since they were recruited. But I do know that enculturation processes were deemed suitably important in Anyshire for managers to recruit externally, to protect new starters from the 'apathy' of existing members of staff and to seek to "dilute prejudices" inherent across the service. Thus, Anyshire was aware of the imperative of enculturation; socialisation matters to practice yet we know so little about it beyond teams working with families in acute distress.

The problems that arise when the child and family become fractured and compartmentalised are borne out in this study. The travesty for self-directed support and social work in this study is that whilst its meta-narrative refers repeatedly to holism, the reality in Anyshire was of a splintered approach as the transactional nature of the work forced lines of demarcation. The case of the twins and the

creation of two budgets epitomises the problem of fragmentation. Because self-directed support in Anyshire was captured in the main by a transactional model for support, epitomised by the expansion of direct payments, it tended to compartmentalise lives. 'Support' in the main meant quantifiable service rather than longer term informal and formal relationships proffering support of a different kind. The systems of institutionally-scripted assessment, resource allocation and organisational sign off relegate support to be something that is service-oriented and procedural. Here I am in agreement with Cottam (2011:136) who argues that the innovations and reforms that are taking place across public services are doing so within a "1950s paradigm: the mass, industrial model of service delivery and centralised bureaucracy." In Anyshire, it was as though a small number of 'needs' and 'outcomes' are artificially identified as being acute, which are then demarcated and institutionalised through the processes of accountability. These needs and outcomes are presumed to be met through services, as though support is instrumental rather than plural, punctuated rather than symphonic. There is a lack of plasticity and fluidity in these practices; families become fixed into having one set of needs to be met by one set of services. New worker Ethan aptly put it, "at the moment SDS is individualised, not personalised."

In the introduction I wrote of a politics of compassion in my attempts to describe events and observations and how I have set the talk of social workers against the context and conditions not wholly of their making (White, 1997). Such a position befits the gaze of negative capability, the unwillingness to take a stark line or make a firm judgement too hastily. This has at times been a challenge. Yet I believe that the kinds of paradigmatic issues explored here with the associated depiction and analysis of existential themes of identity, recognition and value speak to this

mindfulness. Despite the service-led nature of SDS as enacted during this period of time in Anyshire and despite the problematics of choice as exchange, I extend this compassion to the project of self-directed support. This is not because there is an abundance of evidence supporting the RAS, costing work, or menus of outsourced service-defined 'support', but because there is clearly something in the soul of the ambition which I think is worth pursuing. To be clear, self-directed support as transactional social work captured within the confines of risk anxiety offers little hope for the kinds of relational practice I think hold promise for disabled children and their families. But when taken as a principle-based framework, rather than a system-oriented programme, it offers a public statement of intent that unchecked professional power, deficit-based constructions of family-life and stigmatisation will no longer pervade practice. There is something in the narrative ambition of self-directed support as a looser philosophy, rather than a model, which is more meaningful than the simple outsourcing of risk. Yet, the systems of SDS in delivering on this ambition are creaking if not broken. This is not the fault of one local authority, but of the intractable interplay of cultures as they intersect with the realities of practice in these times. The alignment of choice, the core plank in the SDS narrative, with transactional market exchange undermines the message of hope whilst devaluing the work of time-rich, relational social work. Workers talk of a precarity of the professional self, whilst parents are recast as new responsible agents, seen only through the prism of child-centeredness. They are Othered as managers for their children as they negotiate poorly designed, service-oriented forms of support. This is what happens to self-directed support under the transactional model at a time of risk anxiety.

Appendix One

The Artefacts of the Study

Ethical Approval



UNIVERSITY OF
BIRMINGHAM

Finance Office

Director of Finance
Mrs G Ball FCCA

5th March 2012

Professor Jon Glasby
School of Social Policy
University of Birmingham

Dear Professor Glasby

**Re: “Personalisation: Meaning and practice in Children’s Social Care”
Application for Ethical Review ERN_11-0808**



Thank you for your application for ethical review for the above project, which was reviewed by the Humanities & Social Sciences Ethical Review Committee. The study was granted conditional ethical approval on 2nd February 2012.

On behalf of the Committee, I can confirm the conditions of approval for the study have now been met and this study now has full ethical approval.

I would like to remind you that any substantive changes to the nature of the study as described in the Application for Ethical Review, and/or any adverse events occurring during the study should be promptly brought to the Committee’s attention by the Principal Investigator and may necessitate further ethical review.

Please also ensure that the relevant requirements within the University’s Code of Practice for Research and the information and guidance provided on the University’s ethics webpages (available at <http://www.rcs.bham.ac.uk/ethics/links/index.shtml>) are adhered to and referred to in any future applications for ethical review. It is now a requirement on the revised application form (<http://www.rcs.bham.ac.uk/ethics/forms/index.shtml>) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

Yours sincerely


 **Professor Tom Sorell**
Chair

Humanities & Social Sciences Ethical Review Committee

Cc Emilie Whitaker



Information sheet for participants

Introduction

Personalisation or self-directed support has become the 'big idea' in social care over the past 5 years. Adult social care, the NHS and children's services are all involved in testing how to work differently with service users. A key development has been giving service users personal budgets to spend on services that they choose. Early pilots with families in children's services are also testing this approach along with new systems of support planning.

The commitment to personalisation is clear yet, at the current stage of development in children's services, **what personalisation actually 'is' – what it looks and feels like on the frontline, the benefits and challenges it poses to social workers and how it operates remain unexamined and undefined.** Very little research has looked at how social workers make sense of these changes, what the impact is on their practice or how they feel about these developments. This research seeks to unravel how you as social work practitioners understand personalisation as it is implemented in children's services.

What is the study is about?

The core research question for this study is:

How does personalisation get done in children's social work?

The research looks at the '**whats**' and '**hows**' of personalisation as your team implements the policy. The study is not a piece of research that seeks to critique organisational implementation or the working practices of your team.

Your role in the study

I am interested in finding out personalisation gets done in your team. This is a deliberately open-ended research problem and the study will be actively shaped by what you tell me and what I see. In general terms I am seeking to better understand:

- **What you think about personalisation.**
- **How you understand personalisation.**
- **If and how personalisation affects your practice and your professional role.**
- **Your experiences of work before personalisation and how you experience this new way of working.**

I am seeking to explore with you what personalisation looks and feels like and crucially the impact it has on you as a professional. I am interested to hear about your experiences of resource allocation and planning, or how you feel your role has or has not changed. We can also talk about what personalisation means for your practice with families.

The study is not intended to evaluate or make judgements about how you or your team are practising or to critique how personalisation is being implemented within the team or wider council. Instead, **the study looks to create a rich description about how personalisation gets done within the context of a children's social work team.**

My role

I am a second year PhD student at the University of Birmingham. This research forms the main part of my thesis. My role in the study is as an independent researcher.

Interviews

I would like to have a 60- 90 minute interview with you. This would be undertaken at a time and place that is convenient to you. These will be conversational interviews which are quite different from standard interviews. In conversational interviews you are given much more scope to talk about events or experiences as part of your story of personalisation and change. My role is merely to guide the storytelling so we cover the key research areas.

Observations

The research takes an **ethnographic approach**. This form of research is where **the researcher is based with participants** in order to understand the culture and practices of the team.

I feel that the best way to understand your team and the council more broadly is to immerse myself in its day to day workings. As such I will be based with your team for around 4 days a week for around 3 months. I will be using this time to undertake the interviews with you, have informal conversations with the team and to observe day to day activities. Observations are likely to include day to day office activities, team meetings, and training events where relevant. Notes from observations will be hand written or typed.

Even after you have given consent to participate in the study you are free to ask that I not observe on certain days or in certain circumstances.

Documentary analysis

The main documentary analysis will be on council materials about SDS. This is likely to include internal policy guidance, implementation advice for staff, external communication materials such as information sheets for families. I will also be asking permission from you and some families to read their case file, assessments and support plans.

Consent and confidentiality

After reading this information sheet and talking to me about the research if you want to participate in the research I will ask you to sign a consent form. If you change your mind you are free to withdraw from the study at any time – all I ask is that you inform me of this in writing.

What will happen to the information I share?

The information you share will be treated as confidential, which means I will not tell anyone else what you say during the research process (including families, managers and colleagues) and that anything you do share will only be used for research purposes. This means that although the information you give may be quoted in the research you will not be identified personally.

BUT there may be situations in which I feel that I can't keep what you say to myself.

This will only happen if I am concerned that someone is being hurt or is unsafe, or

there are legal implications. If this happens and I feel that I must take appropriate action (which will involve informing the service), I will always try to discuss this with you first.

When you agree to take part in the research you will be assigned a code and a pseudonym which will accompany all the information you share. This means that no one will be able to associate any quotes, information, stories or experiences with you. Your name will never be included within recordings or written records of your information.

How will the information I share be stored?

- Following your interview, the recording of the session will be transcribed and you will be given access to this transcription if you should wish.
- Any records of names of participants will always be kept separately from tapes, notes and written transcripts.
- In line with data protection and the University of Birmingham's code of practice written and recorded copies of your information will be stored in a locked container, digital information will be stored on a password protected computer. The only people with access to this information will be me, and if necessary, my academic supervisors at the University of Birmingham.

What happens to the results of the study?

Elements of the research findings from the study may be made available in the following ways:

- **A PhD thesis which will be kept at Birmingham University library**

- **Articles in relevant academic journals**
- **A feedback report for the local authority and its staff**
- **Presentations at academic conferences**

These reports will anonymise any data so that you (or anyone whom you refer to) cannot be identified. Material in the PhD thesis, journal articles and in conference presentations will not reveal any details about the local authority in which the research is taking place.

Contact me

I would very much like for you to participate in this study. If you want to participate in the research, or if you would like more information please feel free to contact me to talk further about it. I'm always more than happy to meet in person.

Emilie Whitaker: {email} {phone}

The research will be overseen by Professor Jon Glasby, a University of Birmingham academic. If you have any questions or concerns that you don't want to raise with me you can contact him: Professor Jon Glasby, Tel, Email.

Consent form

SDS implementation team, Anyshire County Council

Please tick these statements if you agree and then sign the form.

- I confirm that I have read the information sheet, and have had the opportunity to ask questions about the research.
- I understand that my participation is voluntary and that I am free to withdraw at any time from participating in the research.
- I understand that the research involves observation of social work practice as it occurs in the office environment and in relevant spaces. In agreeing to take part, I understand that the researcher may make notes concerning observations of my social work practice.
- I understand that I can ask that observation does not take place in any of these situations, if I feel that this is appropriate.
- I understand that the research also involves informal discussions between the researcher and participants. The researcher may make written notes or use an audio recording device (with my permission).
- I understand that I may see transcripts of recorded conversations that I have had with the researcher.
- I understand that the research findings may be made available in the ways documented in the participant information sheet.

I understand that these reports will anonymise any data so that research participants (or anyone whom they refer to) cannot be identified. Material in the PhD thesis, journal articles and in conference presentations will not reveal any details about the local authority in which the research is taking place.

Signed

.....
.....

Print Name

.....

Date

Interview Schedule

As I outlined in chapter three on methodology, I kept my interview questions flexible and open, commonly exploring similar themes closely and more abstractly. I commonly asked questions through the prism of cases I was aware of, or would follow up case examples with questions seen through that example. Thus, the following questions were used as a loose agenda for interviews, more commonly to ensure I did not forget to ask a core question. However, these are broad areas of interest designed to trigger accounts and they were often answered in a differing order. In addition, I would often follow up responses with other questions and would use prompts where applicable in order to elicit further detail.

Talking about SDS

What is self-directed support?

Why do you think SDS has been introduced here?

What do you think the aim of SDS is?

If you were meeting a family for the first time, how would you describe SDS to them?

Do you think there are limits to SDS?

Have you come across the term personalisation? (If yes) What do you think personalisation is about? Is it the same or different to SDS?

Experiences of SDS

What have the main changes been with SDS? How do you feel about them?

Could you describe the implementation of SDS for me, how it's gone for you?

How are you finding being in the team (SDS West)?

What have the main challenges been so far?

How do you feel about decisions being made at team level?

What do you think about personal budgets? How are they working out?

Has self-directed support affected your practice? How?

What do you think families think about it?

What does the introduction of SDS mean for social work?

Change and the restructure

Why do you think SDS has been introduced?

Alongside SDS has been the creation of the units, how do you feel these are working with the SDS implementation?

How are things different from how or where you have worked before?

Example excerpt of typed fieldwork notes

Date of events: CDMG meeting Day 22, Residential Centre, Town 1pm.

Things to try and remember:

- Space (context/surroundings)
- Actors
- Activities
- Objects
- Events
- Times
- Goals
- Feelings (of actors)

Events of the day: CDMG

Zoe, Chrissie, P, S, B in attendance

In discussing the cases for the day all agreed that the plans needed clear start and end dates in order to adequately review and make sure the plan is timely. This is absent from most paperwork.

The focus is on the detail again – dates of plans and reviews, costings and plans still not “talking to each other”

There seems to be a real sense of positive outcomes for the cyp discussed – these are deemed positive because the child is engaged in community activities. Marker of success.

Those present are trying to assess plans from the POV of the child – whether the plan reflects what the child says they want/need and whether services meet the child's needs. Focus on the child as marker of good SDS practice.

Too much information!

General agreement that SWs are putting in too much detail and information in their submissions to CDMG – Chrissie and Zoe are concerned that they are “cutting and pasting” from core assessments – in doing so “they’re still not being fully accountable for their decisions.” (Z)

P questioning some of the plans saying that SWs aren't fully answering the questions in the form, “they’re saying everything about everything. They just need to include information on needs that are relevant. I mean putting in things that are do-able, needs that we as a service can meet and are possible. I know what they’re trying to do, they’re trying to tell the story.”

Chrissie added, “It's about gap analysis.” Zoe, “Yes, looking at unmet need .”

S said that SWs are struggling to clearly state **need – action – outcome** which is what the plan demands. “It's really hard work to get them to do it.”

The CDMG form asks for:

- What are we worried about? (NEEDS)
- What needs to change? (NEEDS)
- Who needs to do what, with who, how and by when? (ACTION)
- How will you know it's working? (OUTCOME)

Zoe and Chrissie feel the information overload is, "that's the cut and paste problem."

P added, "There's not a consistent practice in relation to what we're doing."

Frustration and anger beginning to build in the room – particularly Chrissie.

S said, "We're the mythical creatures out there" with regard to standing of SDS within the service.

Chrissie said, "I am seriously questioning my communication skills and beginning to wonder if anything I say is getting through at all."

Zoe - "My analogy is like I'm driving a tanker on the sea, and all I want is to stop it, but I've got to put it into reverse. That's what I've realized, I need to go right back to first principles."

"Recording for me is one of the biggest issues and an inability to analyse information." (Chrissie)

"People [SWs] have trained for 3-4 years and need to take responsibility." (Zoe)

Lots of questioning by Chrissie, Zoe and P about competency and proficiency of SWs in reporting and analyzing information.

S added though that some parents are “up in arms about being left for so long and now a SW turns up and wants to engage with them. Particularly if this is a family who has had multiple assessments with no action or outcome.”

Chrissie said that they all need to use different language when working with families, that they no longer ‘assess’ families but rather review plans.

They all agreed that a good assessment was one which builds a real picture of the child. S said, “We’ll have ownership of what we do, telling families it’s important we have an accurate picture of their child and making sure they’re ok with this.”

Zoe said that the objective is “to shift families to direct payments unless parents have learning disabilities or we have concerns about managing the money.” – Presumed competence, acceptance and willingness for families to have DPs.

In terms of steps forward to improve plans Zoe said, “The feedback to teams on plans is that less is more.” Chrissie interjects, “Can somebody else other than me please tell them that!”

Ownership

Some SWs are clearly causing more headaches than others in a reluctance to take ownership. Zoe found in one plan that “SWs are still using the language of 100 hours, Aiming High money.” Others are stating in their paperwork ‘subject to ratification by CDMG.’

Chrissie added, "It's no longer DCAM have agreed, it's now I have agreed. As in I, Crissie have agreed this package. I get that all the time." [rather than SW agreeing a package and telling SWs that]

P, "You don't get that ownership."

Chrissie, "It makes me cross."

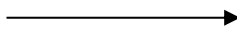
S, "It does make you cross."

Chrissie, "Again, it's the shifting of the responsibility."

Definite sense that there has been progress and things are moving, but it is taking longer than originally planned.

My own impressions/feelings

SENSEMAKING .



SWs struggling to translate experience into a messy form. Want to 'tell the story'



Sensemaking complicated by paperwork?



Not confident in thinking in compartmentalised ways – needs – action -outcome

Paperwork does not seem to reflect Peter's ambition for SDS – doesn't seem to support SW accountability (or SWs mask accountability through CA) and definitely doesn't appear to be person-centred.

Appendix Two

Ethics: An Auto- Ethnographic Account

Ethics Appendix: An Auto-ethnographic account

I feel it is important to document not only the practicalities of the study - the design, methods and decision-making that lay behind representation, but my own development as it relates to the study. For this reason it seemed a shame to deny the imperative of personal context in totality by leaving it unwritten and absent from this body of work. In recognition that this development is perhaps important but not vital to the understanding of this study, I have created this auto-ethnographic appendix as an optional read. It explores in greater detail than permissible in the methodology section, the flows and starts of developing a researcher self. Here, I consider explicitly the impact of social theory upon my creation of researcher selfhood and document in more detail how I 'lived out' these doctrines as mantras for practice.

Ethics: The Evolution of the Researcher Self

My interest in exploring personalisation from the viewpoint of those tasked with making it real, does not necessarily presume I have adopted a political standpoint epistemology. This is not to say that I am not persuaded by any normative perspectives, my references a little further on to the work of feminist philosophers and my own evolution within the academic social work community prove otherwise. Rather, like Dingwall (1980:873) I am not sure that adopting a wholesale moral-philosophic position which attempts to present a unified, untroubled, politicised self is helpful from the outset. Moreover, I think that as powerful as such epistemologies may be, they run a risk of reifying one view over another, or leaving behind the disconfirming cases in order to retain this unity of political view. I am sure if I felt

strongly enough then of course I would adopt such a standpoint and I respect those that do, but for me I have evolved in my thinking over this period rather than come at it fully formed.

With this evolution in mind it is fair to say that over the course of doctoral study I have moved from the position of being an interested partner to becoming an accomplice when it comes to the normative aspects of research in social work. I think part of this is inevitable, the greater the exposure to thought and to thinkers, the more likely engagement intensifies. This engagement is actively encouraged as part of the doctoral path. It begins when you start speaking to peers about your research; it deepens when you start presenting at conferences to other academics and potential collaborators. I feel that over the past four years this engagement with the field, with other academics and with the social work practitioners has indeed deepened and intensified. I moved from diagnostician-participant interested in excavating and presenting a humanised 'history of the present' to someone concerned that this study 'does something' in the real-world. In short, research is no longer just something I am doing, but reflective of something I have become. This stemmed in part from reflecting upon what I had witnessed in Anyshire, specifically the realisation of the often untenable demands placed on workers and the potential consequences this has for families. From a discursive point of view I was troubled by the pernicious effect of risk talk and interventionism which seemed to sever social workers from their desire to provide early help by instrumentalising parents.

Ethics, a Primer on Normativity: Between Foucault and Feminist Moral

Philosophy.

My interest in discourse reveals a methodological fascination with post-structuralist thought and the work of Foucault in particular. I very much take heed of the careful and intricate genealogical work found in *Discipline and Punish* (1995) and *The History of Sexuality, Vol. 1.* (1979). Troubling practices or ideas which seem to be taken for granted are an important part of the task I have set myself here. In order to understand the experiences of those social workers in Anyshire and elsewhere we have to engage in some kind of ground clearing activity; undertaking an exploration of the potential roots and power relationships which have combined to produce the kinds of talk we see here. To be clear, this is not to render these agents dupes, but to adequately contextualise the 'order of things.' However, I am uneasy by the way in which Foucault seems to posit a non-interventionist stance when it comes to ethics. It is as though the critique of power and its disciplinary incarnations through the genealogical method is enough to encourage others to pick up the baton. This may enable the diagnostician to shy away from any real engagement with the normative consequences of what they have found. Others disagree, arguing that in his later years Foucault moves from revelation to recommendation, (O'Leary, 2002). Whence for ethical consideration of the consequences of our research practice and our findings in such an environment?

In this regard I am drawn to the work of feminist moral philosophy, specifically the work of Cavarero (2000) on narrative ethics and the work of critical theorist Nancy Fraser (1989, 1997) on recognition. This wide-ranging body of work asserts the absolute imperative of contingency and context for understanding the social (like Foucault), but does not shy away from the potential normative consequences that

arise in exposing the mechanics of power. Cavarero and Fraser explore matters of polyvocality, but from a normative standpoint - who gets to speak? Who is subjugated? How do you judge knowledge claims? Fraser (1989: 30) emphasised the normativity inherent in talk in a way in which Foucault presumes neutralised description, she states:

“the point is not simply that Foucault contradicts himself. Rather, it is that he does so in part because he misunderstands, at least when it comes to his own situation, the way that norms function in social description. He assumes that he can purge all traces of liberalism from his account of modern power simply by forswearing explicit reference to the tip-of-the-iceberg notions of legitimacy and illegitimacy. He assumes, in other words, that these norms can be neatly isolated and excised from the larger cultural and linguistic matrix in which they are situated.”

The takeaway message for me is that for all of the genealogical work we do and for all of the contextualisation we lay out we need to be aware of the risk of strategic relativism, bracketing out the tough questions about what talk does in the productive sense. Fraser is best known for her rich body of work on recognition which ties together macro-sociological phenomenon with linguistic practices exposing the harm that is done to people when they are misrecognised. She attacks identity politics as marginalising the misrecognition that stems from material inequality whilst exposing how material inequality and struggles for cultural recognition are inherently tied. She takes this exposure a stage further by making the normative statement that to address the cultural features of misrecognition, action at the material level must be undertaken. Thus, it is not enough to reveal how misrecognition permeates social

talk, institutions, political and economic decision-making and material realities, one must consider how to do things differently.

“Instead of simply endorsing or rejecting all of identity politics *simpliciter*, we should see ourselves as presented with a new intellectual and practical task: that of developing a critical theory of recognition, one that identifies and defends only those versions of the cultural politics of difference that can be coherently combined with the social politics of equality.” Fraser (1997: 12)

This is not a thesis about identity politics or cultural recognition, but the insight here is the iterative analysis of the realities and their revelation in cultural forms which impact upon the project of identity. From a standpoint of research ethics, Fraser signals the absolute imperative of keeping in creative tension the general and the specific, the macro and the micro, the local talk and the broader discourse. It also firmly situates talk and discourse in a dialectical relationship - constructive, destructive, freeing and constraining simultaneously. Fraser points to the importance of recognition as a universal right but that it can only ever be contingently experienced, this draws attention to the advancing of ‘good’ at the ideational level yet its dependency on the realities of the context at hand. To paraphrase, it’s all well and good having idealised principles but you need to address impediments to social action. Equally, social action is itself rooted in material realities and we cannot simply blame agents for meta-level failures. There is something particularly apt for the study of personalisation and its promises in this analysis. Finally, Fraser’s analysis alerts us to the intersubjective nature of selfhood and identity. This is something furthered by Cavarero in her narrative ethics.

Cavarero's *Relating Narratives: Storytelling and Selfhood* (2000) explores how our conceptions of the self are fostered through and borrowed from narratives provided by others. Cavarero's insight is that we are narratable selves, we are exposed to tales of ourselves and others from birth and we rely on mutual exhibition of narratives of the self for personhood (Whitaker 2014b). In short, recognition and identity stem from relational storytelling premised upon a view of humanity that is interactive, interdependent and reliant on forms of togetherness. In her work Cavarero alerts us to the lived experience of talk and about how conditions and standards of narration open up (or deny) access to shared vocabularies and support. Whilst she is not as forthright in her normative project as Fraser, Cavarero nonetheless critiques the centrality of the autonomous male subject, striving ever-forward, overcoming the odds. In doing so she posits a radical reconceptualisation by taking Arendt's (1958) critique of the 'sovereign subject' and building upon it an idea of selfhood that is essentially relational, that is, based on a constitutive dependency of the self upon the other.

In Cavarero's work we can see the interrelationship between biography and language practices as constitutive of identity. We also see the development of a relational ontology, characterized by reciprocal exposure, dependence and vulnerability for social agents. This to me, drives the ethically-minded practitioner to explore how interaction is maintained or challenged - how do people interact with others, what bolsters this relational telling and what undermines it? Given the intersubjective nature of social work and the concerns raised about impediments to relational practice wrought by ICT, child protection paradigms and the incursions of the regulatory regime, such a relational exploration is of value to this study. Having access to a language with which to narrate oneself and for that to be respected is a

sincere interest for me as an area for research. I am particularly interested in the strength of narrative for the maintenance of a professional self. In light of my 'normative turn' I am also interested in utilising these insights to support others who are calling for a reinvestment in the idea of relational practice for social work (Featherstone, White and Morris, 2014; Cottam, 2013). However, I only touch upon it within the thesis in the substantive sense when I consider the problem of informality for articulating practice in a risk environment. Cavarero and Fraser provided me with an orientation to research ethics and to normativity for this study. This may all sound very lofty, but it draws us to distinct modes of ethical practice in the field and to substantive areas for empirical exploration. Now I'll turn from theorising ethics of research to practice.

Ethics in Practice

What the theorists discussed above helped me to do was to situate my own analysis and normativity vis a vis the heart of the study which is the talk and experiences of participants in Anyshire. I am concerned with describing and analysing the social world which saturates this study, but I am not totally content with remaining at the stage of diagnosis in a Foucauldian vein. Indeed I have been influenced by Flyvbjerg's (2001) call to work with participants to share insights and findings as part of a reassertion of the power and distinctiveness of the local in its own right and as a tool for wider illumination. But equally the voice of the researcher and their qualms with the social should not take precedent in an agent-inspired study like this. I feel in this regard I am constantly restraining and freeing ethical matters of representation, these are covered a little later on.

Foucault, Fraser and Cavarero influenced my conceptualisation of ethical research practice by leading to the creation of the prerogatives below.

1. The Imperative of context:

- ❖ Explore patterns of interaction rather than pre-determined categories of organisational position
- ❖ Situate the site and participants carefully in the text
- ❖ Remember my context and position as the 'researcher-self' is an active construction - it needs care and management
- ❖ Opt to explore the risks, perspectives and agendas at play in the dynamism of the setting and ensure these are contextualised
- ❖ Undertake careful genealogical work of the history of personalisation, the team, the authority, the cultures and narratives of the organisation.

2. Pay attention to language:

- ❖ Explore how language is invoked, - what types of ideas, themes, professional talk
- ❖ Pay attention to my own language practices - jargon, intellectualism, learn and adopt local linguistic turns and phrases.
- ❖ Consider the language used in information sheets, consent forms and email correspondence: warmth and clarity over depth and academic prose. Ditto with interview questions.
- ❖ Note and reflect on own or other's struggles to articulate: consider why.
- ❖ Focus on what talk does and consider how 'identity speaks itself'

3. Balance structure/agency:

- ❖ Social pressures simultaneously limit and free, constrain and enable - talk and text materialise in the interplay and have histories of their own. Remember this.
- ❖ Recognise structure and describe it, analyse it, follow it
- ❖ Ask questions about workarounds and experiences as much as process.
- ❖ Try to explore interactions with systems openly, avoid totalising narratives of neoliberalism or instrumental rationality: how do workers work with them/utilise for their own ends?
- ❖ Remember supervisor mantra, agents are enmeshed in “contexts not of their own making” (White, 1997).
- ❖ Assess instances and pressures of both structure/agency features and how they interrelate. Explore moments of subversion and divergence as well as convergence.

4. Recognition:

- ❖ The researcher’s role is to describe richly, fairly and faithfully has been seen and heard and to be able to account for this adequately. Delivering on this is important for recognition for all.
- ❖ To recognise the richness of the site capture humour, subversion and the Carnavalesque where it arises.
- ❖ Recognise participant contributions in the moment, not only in textual faithfulness after the fieldwork.

5. Support and Capture polyvocality:

- ❖ Approach access in the broadest sense to try to capture multiple voices across contexts. Be thoughtful in requesting access and being present in these granted spaces. Always offer to leave!
- ❖ Make space for different ways of hearing and learning - not all about questions and answers, be available.

I think these prerogatives of research practice have very much helped my own fieldwork practice. These issues have permeated considerations of interview structure and shaping the interview encounter, they come to the fore when considering matters of representation and confidentiality.

These prerogatives helped to shape my own practical wisdom in the field by attuning me to the pressures of the work within the discursive contexts of the organisation.

The prerogatives concerned with polyvocality and recognition meant that during fieldwork I would often share my scribbles, thoughts and ideas with participants. Part of this was obvious inasmuch as I would ask series of questions which would betray my interest in one aspect of the work or another. But I was explicit in asking what participants thought about how I was approaching their work, showing them themes and asking for clarification on events or processes. Quite frequently during 'water cooler' conversations I would share notes with participants. To me it was an opportunity to check my 'working out', to share themes and ideas. I had developed my own shorthand so it was unlikely that I would accidentally contravene another participant's right to confidentiality by inadvertently having a name next to my notes. I was very careful in this regard. This sharing and discussing of ideas in the site was

invaluable and on occasion did lead to the coproduction of maps of the work, these remain in this thesis.

The importance of recognition and keeping in balance structure/agency issues shaped my determination to explore informed consent as an ongoing matter. On this I agree with Thompson (2002: 95) who argued that consent is, “a process rather than a time-limited event. Informing for consent is a responsibility that a researcher must take seriously at every stage of the endeavour, not just at the beginning.” This was really important for a study of this kind because inevitably the research continued to morph during the fieldwork stage to encompass questions, lines of enquiry and concepts that could not be established prior the commencement of the study. These were themselves a result of observations, conversations and insights provided by participants. Additional methods were adopted, interview schedules were rewritten, notes shared and discussed. To live this ethical principle I used the weekly team practice meetings to convey to participants what I was interested to find out, talk to them about, or see in the coming week. I would summarise the kinds of themes I had noticed in the week before and would open it up to discussion, to check I was on the right track and to hear their thoughts. In the main participants had little to say other than to check specifics with me or to arrange interview times. In the main they preferred one on one time away from the team manager to discuss the researcher or to probe me on early findings. However, it was a useful block of weekly time for me to use to remind participants that they could always ask me about the study and their role within it. Whilst I considered ethics from a rather dense and theoretical perspective, I took good care to do my best to live them and very much followed the prerogatives I set for myself.

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