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# The enablers and barriers to voluntary sector organisations providing personalised support through delivery of Self Directed Support

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**Providers & Personalisation (P&P)** are delighted to launch the first in a series of three pieces of research into how voluntary sector organisations provide personalised support through SDS.  This exploratory piece of research represents a snapshot of activity across different voluntary sector organisations in different areas. The research draws out interesting findings about how organisations are adapting to the demands of a changing environment and identifies a way forward for future research.

- Providers & Personalisation is hosted by the Coalition of Care and Support Providers in Scotland (CCPS) and is fully funded by the Scottish Government. The programme aims to:

- Support voluntary sector providers to prepare for, and showcase their work on making SDS a reality.

- Support colleagues from other organisations to have a better understanding of how the implementation of SDS affects voluntary sector providers.

- Ensure voluntary sector providers have a strong voice in SDS policy development and implementation.

# Contents

# Executive Summary

This research was set up to consider issues around the implementation of SDS. It is relatively small scale, exploratory and represents a 'snapshot' of activity across different organisations in different geographical areas. It reveals a substantial number of issues impacting on implementation which would benefit from more sustained analysis.

The report has five sections (1) a literature review (2) a focus group of personalisation leads (3) a questionnaire based survey (4) interviews with twenty staff from strategic management, human resources, service management and front line across three voluntary sector organisations (5) a focus group with clients. The research methods used are outlined at the start of each section in the main report. This summary is just that – a broad summary – and so issues can be followed up in more detail in the report.

## Literature review

The literature covered three different levels at which this topic is operating, all of which represent areas of change that are likely to be complex to realise in practice (1) the overarching idea of co-production, and the challenges this philosophy presents for models of organisation and accountability which have been dominant in public services for the past twenty (2) personalisation, which represents the policy dimension of co-production philosophy (3) Self Directed Support (SDS), which is the specifically Scottish approach to personalisation, incorporating as it does an Options framework.

The literature highlighted some significant areas of tension (1) the move away from New Public Management approaches of performance monitoring, in which centrally nominated targets for delivery were paramount, to more localised decision making - in keeping with a co-production approach (2) a philosophical argument about the intent of personalisation, viz. the tension between a rights-based citizenship understanding of personalisation versus the view that personalisation, in essence, is the shifting of responsibilities from the State to the individual in a reshaping of the post-war welfare model. As is possible with any policy it could contain both these perspectives simultaneously, without this tension being explicit.

Much of the literature focused on the complexities of moving from policy concept to implementation. Here there were issues around internal organisational change, working across different organisations, eligibility for funding, and the supports that might be required around advocacy in order to facilitate client participation. In addition, a number of issues around the reshaping of work emerged; terms and conditions, flexibility and patterns of work. These issues from the literature informed the approach to the questionnaire-based survey of voluntary sector groups; in combination the results of the survey informed the discussion with the focus groups and interviews across organisations. Some key themes emerged from these different research approaches.

## Organisational issues

There was a strong sense across the focus group of personalisation leads that SDS was in line with a long running desire amongst the organisations represented for a different policy approach. Specifically, it was felt it offered an opportunity for more creative thinking around outcomes than had been possible hitherto. In this sense the policy was welcomed. It was equally clear that implementation was proving more difficult than had been anticipated. There were a number of reasons for this.

The absence of an overarching performance framework for SDS, while compatible with the logic of a co-production model, meant that voluntary organisations were dealing with multiple different approaches to the delivery of SDS across different local authorities. These different approaches impacted on financial management, the flexibility of use across SDS Options, different understandings of what might constitute appropriate outcomes for clients, and what were perceived to be significantly different levels of 'buy-in' to SDS in different areas. In essence, organisations are having to deal with quite different approaches in different areas, necessitating greater investment in organisation than had been anticipated. While the logic of locally-based solutions resonated with a co-production approach, it was also perceived that a more directive approach to require compliance with the legislation would be welcome.

A persistent theme across the research was the difficulty of pursuing the objectives of SDS at a time of fiscal retrenchment; thus an outcomes-based approach was subject to tightening eligibility of funding. There is evidence of ways in which this approach had reduced funding through more creative exploration of what an outcome approach might entail (vis a vis established service delivery) but also from straightforward reductions of existing financial settlements which were proving complex and demanding for voluntary organisations to handle. One particular theme which emerged here was the need to invest in outcomes-based approaches 'up front' in order to trigger the possibility of the need for less resource intensive support in future; instances of this these are explored in the full report. This approach – essentially investing now for potential cost savings later - was particularly hit by immediate issues with funding.

## Working with others: local authorities

The individual interviews were conducted across three organisations each of which had relationships with multiple local authorities. These relationships were very different across different localities; for the most part there was a sense of SDS being worked through, albeit at significantly different stages of development. A recurring theme was around transitions from existing models of service delivery to different patterns of support and the logistics that attended this; for example labour supply to deal with greater flexibility and eligibility around outcome focused approaches. A more specific aspect to this was the complexity of moving between different SDS Options in accordance with clients' potentially varying needs for support arrangements at different times. The report cautions against assuming ease of transfer of SDS models of working across different areas, as there may be longstanding issues around historical 'buy-in' and working cultures to be addressed.

## Working with others: service users

Albeit this study is exploratory, an emerging theme which might warrant further, and more systematic, analysis was the profile of people expressing an interest in using SDS. This is noted in the report in relation to the parents of children using respite services. Here the examples were of articulate parents with a clear set of demands enquiring about and using SDS, while parents who had less social capital were apt not to change from existing patterns of support. There was no systematic recording of this in organisations but it may be a theme worth exploring in terms of wider Scottish government interest around equalities and participation.  Albeit the sample here is small, this resonates with a theme from the literature about how personalisation more broadly might connect to different groups of people.

## Service user views

A focus group was conducted with a small number of service users whose support was being arranged through SDS. Issues emerging here were the flexibility of use of budgets, for example to explore ways to reduce hours of support but use funds for more capital intensive activities (for example short breaks away from their place of residence). Albeit the focus group respondents could identify areas of potentially creative use of budgets, resource issues came to the fore. These were not only financial but alighted also on existing organisational arrangements (for example the perceived need by staff for one to one support arrangements). Here participants felt less intensive support might be possible in some instances, thus opening up a way of potentially facilitating more creative use of their SDS budgets.

## Workforce Issues: survey data

A series of issues relating to the implications for the workforce were drawn from the survey and case study findings.

From the survey, 83% of organisations involved people accessing services and their families in interviewing candidates. Nearly two-thirds of organisations (65% each) had either tailored job descriptions and person specifications to the needs of people accessing services or in some way tailored recruitment materials for relief staff to reflect user choices and needs. Sixty-one percent of respondents also used service visits by job candidates prior to appointments as part of their selection processes.

The qualitative data raised some problems with these bespoke approaches to recruitment. Tailored recruitment to suit individuals' needs was perceived to lead to unrealistic user expectations, and some equal opportunities difficulties. Moreover, the qualitative data revealed how the main recruitment priorities of organisations was to hire workers who could be flexible in their working time and provide new starts with realistic expectations about the nature of the job.

From the survey, 48% of respondents reported an increase in training focused on personalisation. Moreover, three-quarters of respondents reported involving people who use services and their families in influencing training priorities. Yet from the qualitative data actual service user input was limited in case study organisations. These organisations also reported a need for more refresher or training updates on SDS. In addition, from the survey and qualitative data the most common and pressing skills shortage evident among staff was identified as a lack of understanding regarding the principles of 'outcomes-based-support'.

From the survey there was some evidence of work intensification, demanding more for the same or less from employees since the advent of SDS. Respondents reported an increased emphasis on the need to achieve efficiencies in service provision (87%), increases in the number of tasks individuals were responsible for (83%) the volume of work (81%), the level of responsibility they have (67%), the amount of form filling and paper work (66%) and the number of service users they worked with (58%). The qualitative data added to this by revealing how many respondents felt their jobs had become increasingly demanding and complex.

## Workforce issues: interview data

Qualitative interviews offered substantial data around flexibility in service delivery. Service managers and some front line workers noted that flexibility had historically been part of their organisations' approach, prior to SDS. Nonetheless the interviews revealed how the demand for greater flexibility from staff was the area of change that created most comment from front-line workers. On the positive side, some workers reported becoming more conscious of the need to be flexible for those service users and families holding their own budgets, and were more prepared to fill in the gaps because of staff absence during unsocial hours to ensure the service was delivered. The qualitative data also revealed how realising greater employee flexibility led to a number of tensions in employment relationships. These tensions included problems related to rapid and unscheduled changes in rotas, workers reporting incidents of 'forced availability', health and well-being implications, and clashes with work-life balance, the fragmentation of work, and exacerbating already difficult recruitment and retention issues. A potential key to overcoming tensions around working time under SDS involved enabling processes of negotiation between management, service users and staff in the staffing of rotas.

Further comment from the interviews with front-line workers indicated concern about the implications of ongoing cost cutting in public expenditure and its impact on personalisation. This included a lack of real choice for service users, existing arrangements being stopped completely because of lack of funds, clients 'shopping around' for cheaper providers, and concerns over the sustainability of alternative provision. Pay and conditions issues were evident in both the quantitative and qualitative data. The key issue appeared to be how poor pay and conditions were contributing significantly to recruitment and retention problems.

## Discussion

The literature around personalisation and SDS points to some significant complexities arising from its implementation. Some of these are philosophical - competing understandings of the personalisation agenda and varying 'buy-in' to the ideas - while many more are organizational (financial management, interface with other organisations, working arrangements, negotiating outcomes and eligibility) and issues based on workforce change. The report here has explored these issues and laid out some detail around them. It is clear that SDS implementation is at different stages and being organised differently across different localities and that these variations are adding to demands on the voluntary organisations surveyed here in terms of the strategies they need to adopt. As the conclusion to the report notes, it is the development over time of trust and an understanding of working cultures, and not just structural adjustments, which will prove more durable instruments of policy change.

# Introduction

This report is based on the brief for the Providers and Personalisation research project:

**To establish the enablers and barriers which support voluntary sector providers to provide fully personalised support and to deliver the four Self Directed Support (SDS) options.**

The implementation of SDS needs to be seen as part of a series of complex tensions. In no specific order of importance, these tensions would be:

1. clarity over the precise understanding of what SDS might entail

2. changes in working cultures attending the move from services to individualised support

3. changes in working conditions rendered by the same

4. the delivery of SDS in a period of fiscal pressures

5. alterations required in inter-agency working relations – for example between local authorities and the third sector

6. issues around choice, user capacity and decision making. These issues informed the thinking behind the research strategy for the project.

## Research strategy

The research strategy was based on six strands.

1. A literature review -The literature review was based on an expert/conceptual framework (Petticrew and Roberts 2006) as outlined below.

2. Establishing key informants - Engagement was made with key informants around the broad areas underpinning SDS policy. These informants included academic colleagues across other UK universities who are working in a similar domain, and established contacts in both the voluntary sector and local government.

3. Focus group research with personalisation leads -A focus group was conducted amongst SDS leads.  Analysis of this session confirmed key issues which have emerged from the literature review. We explored these issues in more depth via the questionnaire based survey, and subsequent interviews.

4. Survey via questionnaire - A questionnaire-based survey of individuals engaged in SDS implementation was designed and used. The survey covered a substantial amount of ground – from conceptual engagement to working conditions – and was designed to target specific workforces in order to focus in on areas relevant to different management and operational sectors.

5. Interviews with SDS personnel across three organisations -Drawing on a combination of literature, key informants, focus groups, and the results of the survey formed the basis for in-depth interviews with twenty participants across three voluntary sector organisations.

6. Focus Group with people who are supported - Although the key element of the study was with organisations and their workforces, a small focus group comprising people who are supported by these organisations was also organised, allowing for some preliminary comment on where research might go next.

## Ethical approval

Ethical approval for the research was granted by the University of Strathclyde Ethics Committee via its delegated authority of the School of Social Work and Social Policy Ethics Committee. The ethics proposal laid out a very comprehensive account of potential ethical issues (around, risk, harm, confidentiality and ethical aspects of the research methodology).

## Chapter 2:
# Literature Review

The approach to the literature review is informed by Petticrew and Roberts (2006) *Systematic Reviews in the Social Sciences.* This is noted here as there is sometimes uncertainty about what constitutes validity in literature reviews. A full systematic review is neither possible – given the constraints of time and funding – but actually not preferable in this project. Systematic reviews are, by their nature, theoretical as they represent a meta-gathering of findings in a specified field of research enquiry. These findings lead us no further than an awareness of what is available to be considered (and the gaps therein), with the proviso that this literature subsequently has to be analysed for utility for particular projects. The approach here employs an expert/conceptual review (Petticrew and Roberts 2006: 39-40), which draws on the existing academic expertise of the researchers, coupled with a conceptual understanding of key issues at the outset. This offers 'an overview of the literature in a given field, including the main ideas, models and debates' (Nutley, Davies and Walter, 2002), which has allowed the review of the literature to be informed and focused within the limits of the time available. The references for the review are located at the end of the document.

The literature review has three segments: (1) a background discussion around personalisation, exploring the origins of policy change in Scotland and the organisational challenges presented (2) the implementation issues around personalisation and SDS emerging from recent literature (3) workforce issues in the implementation of SDS and personalisation more broadly.

## Background discussion

The approach in Scotland under the legislative framework of Self Directed Support (SDS) has seen a somewhat different interpretation of personalisation compared to the policy in England which predates it. The Scottish approach is less target-focused and offers, via the four options that underpin SDS policy, a more flexible – for both service users and agencies - set of possibilities for implementation. However, this approach cuts two ways. It offers some relief from a performance-based approach in an area of untested policy. It also introduces the possibility for personalisation not to be pursued with the same energy as it otherwise might. As such, we need to recognise that research on personalisation across the UK is not necessarily comparing like with like.  Nonetheless, the personalisation agenda itself has common underpinnings and has been the subject of discussion in public policy circles for some years (Osborne and Strokosch, 2013). While personalisation might be broadly understood by professionals who work in health and social care as a service user centred, outcome-based approach, a closer reading of what is meant by the term raises areas of ambiguity in its purpose and delivery (Manthorpe et al, 2013). For some - for example in the health domain - it may mean the engagement of interested parties in some capacity – for example greater *consultation* over a course of action. For others – particularly in the field of social work and social care – consultation falls short of meaningful engagement; here, a more radical approach potentially sees clients being engaged as co-creators of outcomes. This latter

approach places more emphasis on service users as 'experts' in their own lives. We note this point at the outset, as self-directed care as a policy does not sit in isolation but in parallel, simultaneously, to the most far reaching integration between health and social care in Scotland for fifty years. There is thus significant potential for operational uncertainty.

In its larger context personalisation forms part of a policy agenda broadly grouped under the rubric of co-production. Co-production is not only about relations with service users; the term may have application to the relationships between research and practice, or design and user functionality. It shifts the decision making terrain from 'top down' expertise to a more genuine and fully-fledged engagement amongst various parties engaged with how people's lives might be shaped and lived. This broader framework of co-production - in which personalised Self-Directed Support sits - has emerged as a policy direction due, in part, to the perceived weaknesses of its predecessors; that is, State organized bureau-welfare forms of delivery, but also the (assumed) corrective to bureau-welfare, services governed by New Public Management (NPM). In essence, NPM has seen the application of market-based management in contexts which have not traditionally been seen as part of a business marketplace, giving rise to a regulated, performance-based regime in settings where the reality is that complexity reigns and nuance and professional discretion are required. As Dunleavy and Magretts (2010) note, New Public Management has run its course; it is no longer a serious consideration in strategic policy circles because (particularly in health care) it has demonstrably failed to deliver. Personalisation – and its umbrella idea of co-production - represents a looser conceptual framework with which to approach these complexities. It also represents, potentially, a loosening of responsibility of the State to engage with complexity on this scale; so essentially the 'problem' of rising demands in changing fiscal circumstances becomes one to be 'co-produced' elsewhere, by others (often front staff and operational managers). Therefore its merits as empowering, engaging and offering flexibility for service users may be accompanied by the State easing itself out of its traditional welfare responsibilities; like many policy initiatives it can – in its potential to be both empowering and restructuring at the same time – have dual intentions.  The responsibilities for how personalisation is to be implemented fall across a range of professions and organisations, each with their own value basis and political standing. The potential for ambiguity and differential engagement – as with other policy change - is evident.

The specifically Scottish context underpinning personalisation policy rested on the work of Leadbeater and Lownsbrough in *Personalisation and Participation* (2005), which informed the *Changing Lives* (2006) report of the Scottish Executive. *Changing Lives* notes the dynamics of future demographic change and social care provision andupdated population projections (Scottish Government, 2010a: 17) underpin this:

> '....in the years 1999 to 2009 there has been a 8% reduction in the number of under 16s and a 12% increase in those in the 60-74 age group; the increase in the over 75s is higher still at 14%.'

This means a significant shift upwards in the 'dependency ratio' (people of working age/non-working age) (Scottish Government, 2010) with obvious implications for not only citizens in need of support but for a labour supply available to service this. *Personalisation and Participation* was commissioned with a remit to 'examine the philosophy of personalisation and how it relates to social care practice and consider whether it is appropriate to Scotland's social care services' (Scottish Executive 2006:79). It was thus tasked with exploring personalisation as a specific policy solution rather than an exploration of policy options more broadly. Arguably, its impact in influencing subsequent policy was somewhat disproportionate to the scale of the research itself, since, as Clark and Smith (2012: 322) note, there is limited evidence of the research process:

> 'The....paper was reportedly based on a literature review, five workshops, four case studies and an unspecified number of stakeholder interviews. Unfortunately for subsequent analysis, most of the sources it drew upon were not identified or published.'

This notwithstanding, the Scottish Executive developed strategy on the basis of the Leadbeater and Lownsbrough recommendations, summarised in the argument of *Changing Lives* that personalisation is 'both an unavoidable and desirable direction for travel for social work services' (2006: 32). This approach was to be based on building capacity within individuals and the communities they inhabit in order that they might become active citizens in their self-care. Thus we see – not untypically in the policy world (see McConnell, 2011 more generally and Eccles, 2002, specifically on the issue, for example, of free personal care) – significant strategic policy change proceeding on an *idea* whose 'time had come' but with limited actual policy *evidence* with which to proceed. Commendably, the Scottish Government set up test sites across three Scottish local authorities to redress this lack of implementation evidence, from which emerged the report of Ridley et al (2011) *The Evaluation of Self-Directed Support Test Sites in Scotland*. This report noted significant discrepancies around philosophical understandings of the policy (for example the differences between Direct payments and SDS itself) as well as discrepancies in the organisational infrastructure to implement the policy. It noted the small number of SDS packages actually established (132 in total) over the two year test period across the three test sites, leading the authors to stress the need for time and resources to establish the infrastructure required for policy implementation. As will become clear in the implementation section, this has left a substantial policy transition to be negotiated without much in the way of an implementation blueprint, besides the problems identified in the evaluation and the broad recommendations of the authors.
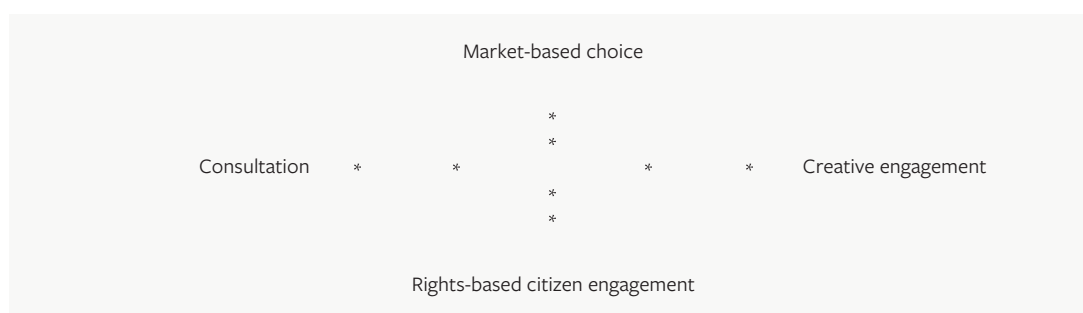
It might be noted, however, that the evaluation remarked on the high levels of satisfaction experience by recipients of the more flexible approaches, arguing

> 'This indicates that where sufficient time and resources are put into developing SDS, service users (or their carers) are able to achieve a greater level of choice, control and flexibility' (Ridley et al, 2011: 70).

Aside from changes in philosophy, personalisation sits in tension with a remaining apparatus at the local level of goal-setting and performance monitoring – hallmarks of the increasingly outdated, but still predominant, New Public Management era. These arrangements remain widespread across the administration and delivery of health and social care. Local delivery systems are often still structured around NPM-based delivery and managers responsive to it. Personalisation requires a more open, flexible way of engaging with a new set of skills including the willingness to take risks. In short, there may be a dissonance in how personalisation is perceived both across organisations but also inside them. One aspect of this which appears to have emerged in Scotland so far, from discussions with key informants rather than the literature, has been a tension between some local authorities and voluntary groups over the purpose to be served by the personalisation agenda.

This broader shift in policy approach towards personalisation highlights intentions – such as outcomes-based decision making and engagement that goes beyond just consultation – which bring their own tensions for both service users and care practitioners. This is normal where new policy directions are undertaken (Hill and Huppe, 2009). A fundamental tension in personalisation is between choice - an essentially consumerist understanding of user engagement (see Wada, 2016, for an interesting discussion) in which users are recipients of other people's products and service designs - and a more participatory and rights-based understanding of user engagement in which service users are not just recipients of a menu of choices, but participate in creating the menu in the first instance. If we envisage a continuum between consultation with individuals at the one end and full, creative, engagement with individuals who are supported to shape their own lives at the other there is a substantial number of interpretations between the two; if we add an additional axis of engagement as 'choice' and engagement as inherently shaping outcomes as further positions on an axis (table 1), interpreting the term personalisation becomes even more complex. Therefore a second strand of the analysis would focus on how different parties to the world of personalisation understand its intentions and the nature of the changes that might be required to meet these intentions.

Table 1: A schemata for personalisation (see Eccles, 2014, for a wider discussion)

|  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|
| | | | Market-based choice | | | |
| | | | * | | | |
| | | | * | | | |
| Consultation | * | * | | * | * | Creative engagement |
| | | | * | | | |
| | | | * | | | |
| | | | Rights-based citizen engagement | | | |

Therefore the review of the background literature suggests that there is some lack of clarity around the conceptual intent in personalisation policy which may hinder the way it which it is *operationalised* in practice. Indeed, some of these tensions have begun to emerge in the more recent literature exploring implementation (see for example Beresford, 2013; Needham and Glasby, 2014)

## Implementation issues emerging from recent literature

There is now an established literature around personalisation and a burgeoning research developing around implementation of the personalisation agenda. Research summaries (see, for example, McIntyre, 2012) suggests that most recipients of a personalized approach are strongly positive, but we should note some caveats here, in particular the time and resources spent in the 'early days' of policy implementation when there is likely to be political pressure for it to be seen to be successful (McConnell, 2010). The strengthening of citizenship rights through participation (Duffy, 2009), the increased flexibility and choice (Manthorpe et al, 2011) and the turn to outcome-focused assessment (Miller, 2011) have all been noted in the research as worthwhile developments. But here, again we have caveats: *ongoing* support is crucial to the success of personalization (Macintyre, 2012) but this might not readily be available after initial agreement of outcome-based approach in the current fiscal climate. We might note also that carers and clients do not *necessarily* share the same interests. Although personalisation research does suggest carer satisfaction is closely linked to service user satisfaction (McIntyre, 2013), this might not *always* be the case – for example, in the use of care technologies, on which high hopes are being placed by policy makers around delivering cost-savings in adult care (Eccles et al, 2013).

Other complexities which arise from evaluations and research to date include the administrative burden (for example managing budgets and personal assistants) for service users and their families (Needham and Glasby, 2014) and the actual availability of choice in shaping outcomes. This review notes the dynamic around positions in the literature: some early advocates have become more skeptical as implementation has progressed. While it is not within the scope of this review to track all these examples, one prominent example, the work of Simon Duffy, may suffice. Duffy (2006) developed discussions around competing paradigms with the contrasting models of citizenship and 'professional gift', the latter being, in his argument, the dominant arrangement prior to the advent of personalisation, and one in which power essentially remained with professionals rather than service uses. This argument was rooted in the experience of disabled people and the sense in which the 'professional gift' approach denied full citizenship rights. Duffy argues that personalisation is a means of giving people control to choose and organise the support that they wish: 'a flexible system for organising services in ways that give the citizen the maximum degree of control over their own support' (2010: 265). This paper also discusses the delivery side of the personalisation equation, arguing that personalisation represents the essence of social work in action, in that it will require social workers to develop the creativity and responsibility of exploring ways to make SDS work. While this remains the philosophical core of Duffy's approach, his more recent contributions (Duffy, 2014) have engaged with the implementation of SDS. Here a much more critical stance has been adopted, noting, for example, the way in which SDS has been introduced by local authorities as a way to control costs.

These questions around citizenship and financial pressure are noted in the section below in the report on workforces; suffice it to say, in an era of rising demand and fiscal constraints, this pressure would have been inevitable with *any* delivery system, but the flexibility at the heart of SDS may more readily have facilitated this. These arguments are pursued, amongst others, (for example Williams-Findlay; 2015) by Hart (2014) and Main (2013) reflecting on budgetary arrangements and, more conceptually, by Roulstone (2013) on the top-down nature of the implementation of personalisation which, he argues, has been pursued by local authorities in a recognisably bureaucratic manner rather than in the more creative 'bottom-up' ways discussed by, for example, the SCIE (2010) in their briefing papers, or Loeffler et al (2013) in papers around co-production in Scotland. This should come a no surprise, however; the most substantial existing literature review, Manthorpe et al (2013) *Embarking on self-directed support in Scotland: a focused scoping review of the literature* highlights the issues. Albeit the scope of the Manthorpe et al study was limited to three areas – (1) bureaucracy (2) leadership and (3) transitional funding – the review made it clear that these issues were crucial to implementation of the wider personalisation philosophy. The gist of their review centres on the *capacity* for local authorities, charged with implementing SDS, to be able to shift from existing forms of organisation to the flexibility required of SDS. It remains an endemic feature of policy implementation (see Hill and Huppe, 2009) that policy ideas are stymied by lack of attention to the dynamics of how policy is translated into practice, with time for 'street level' development, bedding in and the need for adequate transitional resources perennial issues to the fore. Indeed Hudson's exploration of the external contexts of implementation (in Hudson's study about inter-agency working), albeit an approach outlined some thirty years ago (Hudson, 1987), has clear resonance in the context of SDS. Hudson's key external blocks to organisational enablers are threefold (1) an inability to meet existing service demands (2) competing demands of other, simultaneous legislation (3) a retrenching fiscal base.

All three are present as external factors in the current implementation of SDS, potentially stymieing engagement with the philosophical underpinnings of the project. Instead, SDS may be getting used as a means to implement budget cuts, thus by-passing transitional arrangements between existing organisational structures and newer, flexible, more user-focused arrangements via a wholesale shift of responsibilities to users, driven primarily by fiscal imperatives. Thus policy becomes essentially usurped by politics (see Eccles, 2011; McConnell, 2010 for a wider discussion). Here then we can see the *duality* noted above being played out: the philosophical positives (well-rehearsed by Beresford, 2013) of personalisation as enabling fuller citizenship, in tension with the consumer choice model in which choice, as currently configured, is significantly limited by eligibility criteria and the absence of available funding.

It is in this sense that the arguments of Ferguson (2007; 2012) resonate; viz. personalisation as part of an agenda in which the State disengages with its citizenry not just organisationally (which Duffy might welcome) but philosophically, by way of transferring not just service provision but obligations and responsibilities, assumed under a post-war welfare model, onto the individual. Thus the citizen may be freed from the 'gift of professionals' approach to a fuller citizenship that is not able to flourish, as

the resources to enable this to happen have been curtailed. One way of redressing this shortfall in resources would be to make remaining finances go further; thus significant changes to working conditions of support workers and the shrinking of local state organisations such as local government departments.

Ferguson (2012) notes that rights to greater democratic engagement have, historically, been gained through *collective* action, but that this take on the democratic and participatory aspect (see Croft and Beresford, 1992, for a wider discussion) of personalisation appears to be secondary to the consumerist take, in which power and control are not transferred to the citizenry so much as are responsibility and risk. A further angle on this emerges from the work of Scourfield (2007), who argues that the shift to personalisation may, in some aspects, be welcomed; for example through its potential to promote citizen engagement and rights. In essence, it could embody important aspects of what social care should be about in terms of values.  Nonetheless, Scourfield argues that personalisation, as it was being pursued in England, would alter the nexus between state and citizen via a move towards the individualisation of responsibilities, predicated on the role of citizens as 'active, responsible and enterprising' (Scourfield, 2007:112). It is in this sense that there exists a risk that people who lack the capacity or indeed circumstances to engage fully as 'active, responsible and enterprising' citizens risk becoming more marginalised and rely on the vigilance of those charged with their advocacy to engage with the pursuit of resources. In a time of particularly limited resources this is potentially a source of tension with those who may be better able to understand the system of resource allocation and articulate their demands accordingly.

A further – and final - point here around the potential for marginalisation emerges from the literature. There is an alignment between the underpinning arguments of personalisation and the view of Beresford (2008: np) that:

> *'The term 'care' ... has exceeded its sell-by date. It is undermined by its association with inequality and discrimination. A new language and conceptual framework is now required if people are to have the support more and more of us need to live our lives fully and on equal terms.'*

But here Barnes (2011: 159) suggests we need to consider further the relationships between personalisation and care, by exploring the logic of personalisation in relation to different groups of people. Analysing the *Putting People First* documentation (HM Government, 2008) which underpins personalisation policy in England, Barnes contends that:

> [Putting People First] *'constructs two distinct groups of 'people': the first, the mainstream majority, who are capable of and willing to embody the values of independence and self-determination, who have no need of 'care' and indeed would find this restrictive and possibly oppressive. The others are a marginal group, namely people who are unable to live up to the autonomous expectations on which the policy is built and thus for whom paternalism is acceptable. Care elides with protection and little attention is given to how the needs and wants of such people might be understood ...'*

Therefore those who cannot bring assets to the discussion may risk marginalisation in a more 'active, responsible and enterprising' model. In this vein, personalisation has the *potential* to be disempowering for some more vulnerable user groups unless it is implemented with care and sensitivity, a feature noted by Glendinning et al (2008) in their review of the personalisation pilots in England and Wales and explored in a detailed case study (Stewart, 2005). Albeit SDS *is* a distinctly Scottish variant of personalisation, with its framework of four Options of support, there is nonetheless a significant underlying discussion in the literature around personalisation that needs due consideration.

## Workforce issues in the implementation of personalisation

Workforce issues are central to understanding what enables the effective introduction of personalisation in social care. Social care users are in the same position as any other recipient of services from private or public sector organisations in that their sense of satisfaction is to a large degree gained from the direct interaction with workers. This is because social care possesses the distinct characteristics of other service work, that is, simultaneous production and consumption and intangibility in service demands (Korczynski, 2002). It might be noted here that, even though there has been a move away from service-led delivery in social care what replaces this is still essentially based on transactions that can still be characterised as services, albeit not, as noted above, in the traditional local authority departmental model. In short, unless recipients previously defined as service users have developed the capacity for autonomy, services will still be required. It is the format of these which is changing. These common characteristics of service work imply the need for an appropriate blend of human resource management (HRM) policies from provider organisations to secure among workers the type of behaviours and commitment that secure user or customer satisfaction (Korczynski, 2002). Social care is no different in the sense of the need among provider organisations (in this case voluntary organisations) to secure the engagement and commitment of the workforce in order to improve service quality and satisfaction among the people they work for.

Studies across public administration, social work and the field of public policy provide some indication of what may constitute effective workforce-based enablers of change. The personalisation literature presents different perspectives on the role of staff and HRM policies in enabling successful outcomes. One perspective has its roots in public choice theory (Buchanan, 1972: Thompson, 2007) and neo-classical economics (Rosenthal and Peccei, 2007) and is linked to more contemporary debates about the significance of consumerism in public services (Jones and Needham, 2008). This last perspective highlights how workers (or producers) normally backed by unions are perceived to be well-organised, better located, richer and strategically better placed to advance their interests compared to users (Jones and Needham, 2008) which, in turn, leads to the preservation of practices that suit the convenience of these interests over that of individual service users (Jones and Needham, 2008).

The solution, according to advocates of the personalisation agenda, is similar to that espoused from those who advocate entrepreneurial government (Osborne and Gaebler, 1992) or New Public Management (NPM) (Rhodes, 1994). Specifically, to resolve the aforementioned imbalance of power between users and producers, the former is given the status of the customer in public services. This involves users being given choices in terms of which provider should supply the service, as well as the accompanying power of voice over the nature of provision and the ability to exit if dissatisfied (Rosenthal and Peccei, 2007). Subsequently, public service organisations and their staff must shape themselves to meet user needs, as users/customers become a *'choosing, active, enterprising figure of respect and legitimacy'* (Rosenthal and Peccei, 2007, pp. 207).

At the same time, the organisation studies literature does suggest caution with regard to notions of user or customer empowerment in public services, and its ability to influence work and employment outcomes. User sovereignty is seen as constrained because there are limits to competition and choice in public service provision (Rosenthal and Peccei, 2007). Users are in competition with other citizens in social care or for other public services, again limiting sovereignty (Gaster, 1995). There are also limitations with regard to the capacity of service users to take advantage of additional choices in public services. Furthermore providers and producers still retain power to define features and performance standards in public services (Martinez Lucio and Kirkpatrick, 1995). On the front-line of delivering Direct Payments, for instance, the uncertainty and tensions regarding their introduction in the UK and uncertainty and hostility among staff led to considerable pressures to block their introduction (Ellis, 2007).

Other accounts of personalisation stress a need to develop 'win – win' culture between staff and users so that they work collaboratively and co-produce services (Leadbeater, 2004: Needham and Carr, 2009). To build service orientated cultures through personalisation, the literature suggests changes to HR policies, including recruitment. In particular, adverts, job descriptions and person specifications are supposed to become tailored to customer identity and social preferences (Carr, 2008). Alterations in recruitment procedures, furthermore, would include attempts to build familiarity between users and employees so that selection events include the former in choosing candidates, through participation in interview panels and input into final hiring decisions (Carr , 2008).

The collaborative 'win-win' rhetoric of personalisation includes the goal of encouraging worker commitment through promises to transform their skills (Needham, 2011). This includes building 'hybrid roles' where workers adopt tasks previously undertaken by other professions (Carr, 2008). These 'hybrid' roles encourage employees to take ownership and exercise discretion to account for greater intangibility in customer interactions (Leadbeater and Lownsborough, 2005). As a result, care work moves away from rigid provision, characterised by bureaucratic measurement of work outputs and the much criticised 15 minute care visits (Glendenning, 2000), producing a win –win scenario for workers and customers (Needham, 2011).

A number of other academic literatures directly and indirectly help us explore in a more critical light the workforce implications of personalisation or closely related forms of public service reforms. These include industrial relations, organisational studies, industrial sociology/sociology of service work, public administration and disability rights literatures. Below is a summary of key points from this literature on workforce related reforms under personalisation which will have relevance for Self-Directed Support policy implementation.

## Changes to HRM policies and procedures

From the sociology of service work, a recent study of voluntary sector social care providers has identified a range of workplace reforms and changes to HRM policies adopted by management to facilitate improvements in user engagement (Cunningham, 2016a). This study was conducted in the early years of SDS in Scotland (Cunningham and Nickson, 2013) and identifies potentially widespread changes to HRM policies and procedures.  The first relates to recruitment. Here voluntary organisations, as suggested by Carr, (2008), encourage greater user engagement in the selection of employees. This involvement of users in recruitment can include the hiring of permanent and more casual forms of labour such as relief workers. Organisations were pursuing greater user involvement in recruitment through allowing them participation in interview panels and selection decisions, alongside changes to recruitment material such as job adverts, person specifications and job descriptions. In the latter case, these recruitment materials reflected the individual needs, social preferences and aspirations of specific service users, with the intention of matching them with those of candidates (Cunningham 2016a). In a similar vein to the above outcomes, a Canadian study (Hickey, 2012) reveals how users become 'joint-managers' of staff through involvement in areas such as recruitment.

These user-centred recruitment techniques include organisational efforts to hire workers that are more flexible in their working time in order to meet the growing intangibility of demands from users regarding when services are to be delivered. This involves workers increasingly being recruited on casual forms of employment, including zero-hours contracts. Moreover, it also led to the growth of working patterns such as split shifts (Cunningham 2016a).

The same study (Cunningham, 2016a) further reveals user influence expanding into other significant aspects of HRM policies and procedures. This includes redeployment, performance management, absence and discipline and training and development. In the case of performance management, voluntary organisations have tentatively begun moving towards greater user (and family member) involvement in negotiating outcomes that would be part of workers' individual targets and indicators of success in their performance appraisal. Absence and attendance policies were also coming under the influence of users' preferences by giving greater emphasis on the effects of sickness absence on the continuity of services. Changes to training and development in a few cases increasingly involved service users in the facilitation of employee development programmes so that they could account for their individual needs (Cunningham, 2016).

## New workforce roles and skills

In recent years, industrial relations scholars have begun to pay increased attention to the workforce implications of reforms which emphasize choice and empowerment among those who access public services. In this literature, the recipients of services are labelled the end user (Bellemare, 2000). The *end user* is to varying degrees seen as a new actor in the industrial relations system alongside the employer, the state, employees and their representatives (trade unions) (Bellemare, 2000: Heery and Frege, 2006).

These studies (Bellemare, 2000: Kessler and Bach, 2011: Hickey, 2012) recognise how those accessing services influence the nature of work and industrial relations processes in public services in a number of ways. Bellemare (2000) identifies three levels of user involvement. The first is co-design, where the user inputs their needs and contributes to the development of a service. The second is co-production which allows the end user to influence the operational delivery of services. Finally, co-supervision enables to the end user to hold to account those responsible for service delivery. This framework, again, recognises that there are limits on these dimensions of end user engagement including resource constraints, statutory requirements and the power and authority of the other industrial relations actors (Bellemare, 2000). Kessler and Bach (2011) added to these potential limitations by recognising the impact of personal conditions and circumstances facing different user groups, and the power of the provider organisation to shape user engagement. Nevertheless, this latter study from this literature has identified how public service providers enable change towards personalised social care services, by developing innovative new work roles (Kessler and Bach, 2011). The aim here was to foster:

> *'Person-centred services and providing users with 'choice', 'voice' and 'independence' (Kessler and Bach, 2011, pp. 88).'*

The study identified a number of key types of role and skills sets that facilitated user engagement. This included the 'person-based' role where a job was performed by a member of the user group. This type of role appeared common to voluntary organisations, especially in areas such as mental health (Kessler and Bach, 2011).

These person-based roles could involve workers in researching the needs of their peers, the advantage being that the worker and end user shared the same background and clinical condition. Another example, again in the voluntary sector, was of workers 'buddying' up with users to listen and provide advice. This type of role involved those with previous histories of particular conditions facilitating organisational delivery of training. As well as bringing benefits to the user, this type of role reportedly helped the workers, especially if they themselves were using the job as a first step into re-entering the labour market (Kessler and Bach, 2011).

The second role identified in this study (Kessler and Bach, 2011) was the 'specialist', where workers helped users to engage with co-design. In particular, this involved joint working around developing and sustaining an improved sense of well-being by introducing activities directly relevant and sensitive to individual users. The objective here was to move from generic provision to more nuanced, individual services (Kessler and Bach, 2011).

The third role was the 'coordinator'. Although slightly vague in terms of remit, one of the key functions of this type of role appeared to be the preparation of users for engaging with networks of different providers, professions and agencies. The ultimate aim was to ensure the user was able to articulate needs and demands to various stakeholders/ professions within health and social care (Kessler and Bach, 2011). In a similar vein, the fourth role – the 'boundary spanner' was constructed to enable users and families to navigate their way through and act as a champion for user views when dealing with multiple service providers and agencies. In this latter case, this led to the development of 'hybrid' social care roles that embrace health related tasks such as changing dressings. Indeed, such new roles meant changes in attitudes across all related and allied services in health as well as social care, in particular an acceptance of seeing tasks undertaken in specific professions or disciplines carried out by non-specialists (Kessler and Bach, 2011).

Finally, new roles, or even existing ones, are in some instances being configured into autonomous or self-governing teams. Here, once outcomes regarding changes to the quality of life of the user are determined, workers alongside service users are given some degree of discretion to work together to meet these goals. This involves workers and users determining rotas, tasks and regulating issues such as leave and sickness absence (Cunningham and Nickson, 2013)

## Personalisation, resources and worker rights

These various literatures outlined above also contain important caveats to workforce reforms and the employee relations barriers that may undermine it. The disability rights literature is useful in summing several core concerns across these literatures. Two are particularly worth noting. The first concern relates to how the empowerment of service users should not result in the exploitation of others, including the workforce (Barnes and Walker, 1996). The second relates to how the empowerment of the service user is not used as an alternative to adequately resourcing public services (Hickey, 2012).

## Professional barriers

One potential barrier was related to how increased user engagement was seen as a challenge to professional jurisdictions and status. The mixing of skills between social care and health professionals was seen to cause tensions among some workers in the latter occupations who experienced a degree of dilution of their roles (Kessler and Bach, 2011). There were also recorded challenges to the professionals' judgement on behalf of the service user which again could cause tensions (Kessler and Bach, 2011).

## Issues with worker rights

One of the issues that emerged as a consequence of the above organisational efforts at HRM reform is the clash between worker rights and personalisation. These tensions reflect broader debates within the sociology of work about the effect of the management, customer, and worker triangle.  Front-line service workers form part of a triangle of interests in the workplace characterised by changing patterns of cooperation and conflict with managers and customers (or in this case service users)  (Leidner, 1996: Frenkel, et al, 1999:  Korczynski, et al, 2000: Korczynski, 2002). The sovereignty of the customer (service user) is seen as a threat to working conditions (Korczynski et al, 2000: Bain and Taylor, 2000) of front-line service workers through deskilling and work intensification. Studies have further highlighted how the interests of management and the customer coincide and impose control and forms of employment degradation on service workers moving them to a position of subservience (Frenkel et al, 1999: Belanger and Edwards, 2013).

Studies of personalisation have yet to fully engage with this broader service work literature, although there are currently efforts to do so. We can, for example, see how many of the aforementioned changes to recruitment and training (Cunningham, 2016a) are efforts to introduce forms of normative control over the social care workforce to embrace the changes involved in personalisation. However, this same study reveals problems and tensions. There are issues regarding the intangibility of service demands and how they may clash with worker rights to work / life balance. These tensions emerge as a consequence of the increasing fragmentation of working time through working patterns such as split shifts (Cunningham and Nickson, 2011). The growth of zero hours, or variable hours, contracts also raised concerns regarding whether workers would receive sufficient rewards to sustain their livelihoods (Cunningham and Nickson, 2011).

The moves to involve service users and their families in performance appraisal were also potentially problematic. Specifically, this raised unease among staff within personalised services concerning being possibly subjected to arbitrary negative feedback from service users and families. This reportedly leads to workers seeking the security of formal workplace discipline and grievance procedures (Cunningham and Nickson, 2013). Similarly, there are reported tensions around absence and attendance where workers on long-term sick leave are felt to experience increased pressure to return to work to ensure continuity of service (Cunningham and Nickson, 2013).

Worker morale is an important aspect of the worker, manager, user triangle (Korczynski, 2002). Studies do, however, reveal fears concerning the security of employment of workers under personalisation which potentially undermines their morale. The above studies (Cunningham and Nickson, 2011: Cunningham and Nickson, 2013) point to anxiety among workers concerning the implications for their own livelihoods if service users chose to move on, or became so independent that they no longer require them in their lives. In other studies, where boundary spanners are seconded out of their normal roles, there is evidence of anxiety among workers who are taken out of their normal career paths, with little hope of progression in the new ones. Skills sets under user-led services are also, in some cases, idiosyncratic leading to an undermining of the position of certain employees in the wider labour market. Other roles were seen as transitory, needed at

the beginning of service transformation, and jettisoned as independence was facilitated among users (Kessler and Bach, 2011).

## Resource constraints

Resource limitations can come from a number of sources and hinder the aforementioned workplace enablers. For example, with regard to the introduction of new types of social care worker outlined in the previous section (Kessler and Bach, 2011), the same study revealed that these new roles demanded skill sets that were rare and organisations subsequently experienced recruitment difficulties. In addition, there were problems in finding the necessary training for such roles given the relatively unique skills that were required (Kessler and Bach, 2011).

One of the biggest barriers to engaging the workforce is the link between personalisation and cuts in public services. Although focused on health rather than social care, studies of consumerism and introducing notions of the 'customer' in public services reveal some tensions with the workforce (Bolton, 2002: Rosenthal and Peccei, 2007). Specifically, the customer can be seen as an aggressor against workers. Reforms emphasising customer sovereignty are seen as merely giving the illusion to users of benefits such as quality of service, while undermining traditional approaches to care and patient satisfaction. The reality is such reforms are part of a package of measures to bring further discipline to the public service workforce, while simultaneously reducing costs and thus being a mere excuse to roll back the role of the State and public expenditure (Bolton, 2002). In addition, staff live in constant fear that they are going to have their conduct questioned through customer complaints procedures (Bolton, 2002).

Analysis of efforts to personalise employability services for people with health-related issues identifies how resource constraints can hamper the efforts of 'street-level bureaucrats' or front-line practitioners (Fuertes, and Lindsay, 2015). In particular, resource constraints facing the Government's work-first programme led to pressures to standardise services. (Fuertest and Lindsay, 2015). Resource constraints can further affect the security of those undertaking newly personalised roles, and undermine continuity for the user. In smaller voluntary organisations, for instance, insecurity of income from government sources meant some of the new, innovative roles in social care disappeared (Kessler and Bach, 2011).

In social care, tying the personalisation agenda to public service cuts has led to tensions with the workforce. Specifically, the allocation of money to users through Direct Payments from a reduced public expenditure resource base can threaten pay scales and lead to job losses among front line voluntary sector workers (Cunningham and Nickson, 2013). In addition, tensions among the workforce can emerge when the move to personalisation leads to reductions in service quality (Cunningham and Nickson, 2013). There is also evidence to suggest that some workers see personalisation as a commodification of care (Needham, 2011), which leads to a degree of dissonance among those committed to traditional approaches to care, and care relationships, with users (Cunningham and Nickson 2013).

## Enabling personalisation through managing divergent interests

The above summary of this area of the literature illustrates the role of HRM and the workforce as an enabler of change in reaching the goals of personalisation. It highlights how organisations are identifying specific changes to a range of HRM policies as enablers (for example, recruitment and), the creation of new roles and responsibilities, changes to working hours, and reconfiguring work organisation into forms of team working. At the same time, the literature highlights how enabling personalisation through HRM change involves more complexity than assuming that staff are passive and will automatically cooperate and accept the authority of newly empowered consumers to alter their working lives. Needham has argued that the personalisation of public services rightly gives service users a voice, but this does not mean that they silence or delegitimise the voices of other groups such as workers (Jones and Needham, 2013). Similarly, 'win-win' outcomes within newly configured personalised services do not emerge automatically without differences of interest having to be addressed by providers.

At the level of the individual provider organisations in the voluntary sector, this suggests a management style that to a degree has to recognise the plurality of interests in the workplace. Senior executive, HR, senior operational and line managers have to balance a set of competing interests at the front-line of service delivery. In some organisations this implies dealing with unions as representatives of employees. There remain limited studies of the impact of personalisation on collective bargaining and relations with unions. One study from Canada (Hickey, 2012) reports concerns among unions regarding the negative effects on labour market outcomes from direct funding models of service provision. However, this Canadian study also reveals that new user rights are written into the language of collective agreements (Hickey, 2012). Where unions are not present, management will need to engage with their workforces through alternative, non-union representative and consultation arrangements.

Current public expenditure cuts make the task of reconciling any differences between worker and employee rights particularly difficult. Yet this challenge is a more realistic assessment of how to enable personalisation through workforce change than assuming a 'win-win-win' scenario for organisations, workers and customers in personalised care systems, or assuming workers will simply acquiesce to the preferences of empowered service users. Instead, the literature on workforce issues confirms the continuing relevance of viewing the personalised social care workplace from a traditional pluralist, multi-interest perspective. This suggests a management approach that is built on recognising mutual benefits, consensus building, but also conflict resolution.

## Chapter 3:
# Focus Group of Personalisation Leads in voluntary organisations

A focus group was conducted with thirteen personalisation leads in voluntary sector organisations. This was a convenience sample which took advantage of an existing gathering of the participants. The data was transcribed and analysed. Themes here are consistent with the themes from much of the literature: evidence of a strong commitment to the broad principles of the personalisation agenda, but significant issues being raised as barriers to the implementation of policy. Overall there were many more perceived barriers than enablers; from the transcript of the session it is clear that discussion is weighted towards a number of operational problems.

The focus group session started with discussion about the objectives of SDS legislation:

*'Overall, very positive, no one could argue with the principals of the Act, I think that there were some who always had a bit of reservation regarding the structural changes that would have to take place in order to make it work'*

A particularly marked theme from the discussion was the tension between voluntary sector organisations and local authorities. Not all local authorities proved problematic; rather, it was the arrangements for negotiating SDS with multiple authorities.

*'The biggest failing …. is if you have 32 local authorities working their own version of that, you have absolute chaos..'*

*'I think as well as (each) local authority being different, I think it depends on who you get within, you can get two quite different things within the local authority'*

Tensions also revolved around changes to labour supply involved in the move to SDS:

*'We have staff working at full capacity and we have someone phone up with a SDS package and you don't really have anyone available.'*

Financial management also emerged as an area of challenge:

*'We find that people who go through the assessment for the SDS package, we found that their budget is halved…'*

As did communication across and within other agencies:

*'I don't think there is a lack of understanding at front line, I think once it gets to the different layers of organisation, strategic decisions have been taken, for example not to offer people option 2.'*

Aside from operational issues, there was discussion about the level of commitment to the SDS policy agenda across liaising organisations:

*'I think some providers see this as a threat to core services'*

*'The local authority can't give up the power to allow the family to choose things, which might be cheaper anyway'*

Operational complexities were also to the fore:

*'.. so you are having to manoeuvre your way through some of these complexities of having the right number of staff, working in the right place, with the right people'*

*'....All block contracts commission, tick, tick ,tick, now it's outcomes and that itself is a whole different pile of paperwork and finance stuff'*

A more complex area arising from the focus group discussion was the impact of SDS in terms of distributional justice. This issue emerged, unprompted, and so was subsequently taken up in the individual interviews. As with these later interviews, what emerges in the focus group here is comment, at this stage, rather a more than systematic analysis, albeit further analysis would be recommended.

*'If you have got the right structure behind you, you live in the right postcode and you have got the advocate, you have got the group, you cause a stink... but if you don't have any family and you only have the organisation, who are fighting for you, you are not going to.... That to me is the biggest problem.'*

The focus group discussion also noted a perceived tension between Scottish Government and Local Authorities, to the extent that SDS had become the marker of a wider political disagreement; in colloquial terms something of a 'political football':

*'One of the key barriers that are in our way [with SDS] is the difficulty that Scottish Government has with local authorities and the relationship with COSLA and until those two are not at loggerheads, it is going to be very difficult for us to move forward.'*

Overall, the focus group with personalisation leads revealed a widespread commitment (a clear enabler) to the principles of SDS but barriers via multiple issues with its implementation.

# Questionnaire based survey data

A survey of five hundred personnel across all aspects of voluntary sector provision was conducted via an online questionnaire. The questionnaire was organised such that specific staff would be directed to questions relevant to their experience. This feature of the design was introduced to encourage participation and make completion of the questionnaire as straightforward as possible. This chapter offers some commentary on the results of the survey.

## Profile of respondents

Overall ninety-nine individual practitioners registered with the questionnaire. At the same time, there were considerable blocks of missing values. Subsequently, the highest numbers of respondents were in some of the HR related questions which averaged responses in the mid to late sixties.

| Table 1: A profile of respondents (%) | |
| --- | --- |
| Senior Operations Manager | 37 |
| Front-line manager | 23 |
| Personalisation lead | 16 |
| HR Manager director | 13 |
| Finance Manager | 7 |
| Front-line supervisor | 2 |
| Front-line support worker/assistant | 2 |

Table 1b outlines respondent perceptions regarding some of the changes personalisation has brought to service delivery. Overall, the results are quite mixed. 94% Strongly Agreed or Slightly Agreed with the statement *I am clear about the purpose of personalisation being introduced*. Moreover, a larger proportion of respondents (59%) reported some level of agreement with the statement *In my view these changes have been an improvement for clients*. At the same time, the largest proportion (48%) of respondents reported disagreeing with the statement *The intentions of SDS and the actual practice of SDS sit well together* compared to those who agreed with it (30%).

## Perspectives on SDS/ personalisation

### 1: SDS practice and policy - views (%)



- Strongly Agree
- Slightly Agree
- Neither
- Slightly Disagree
- Strongly Disagree
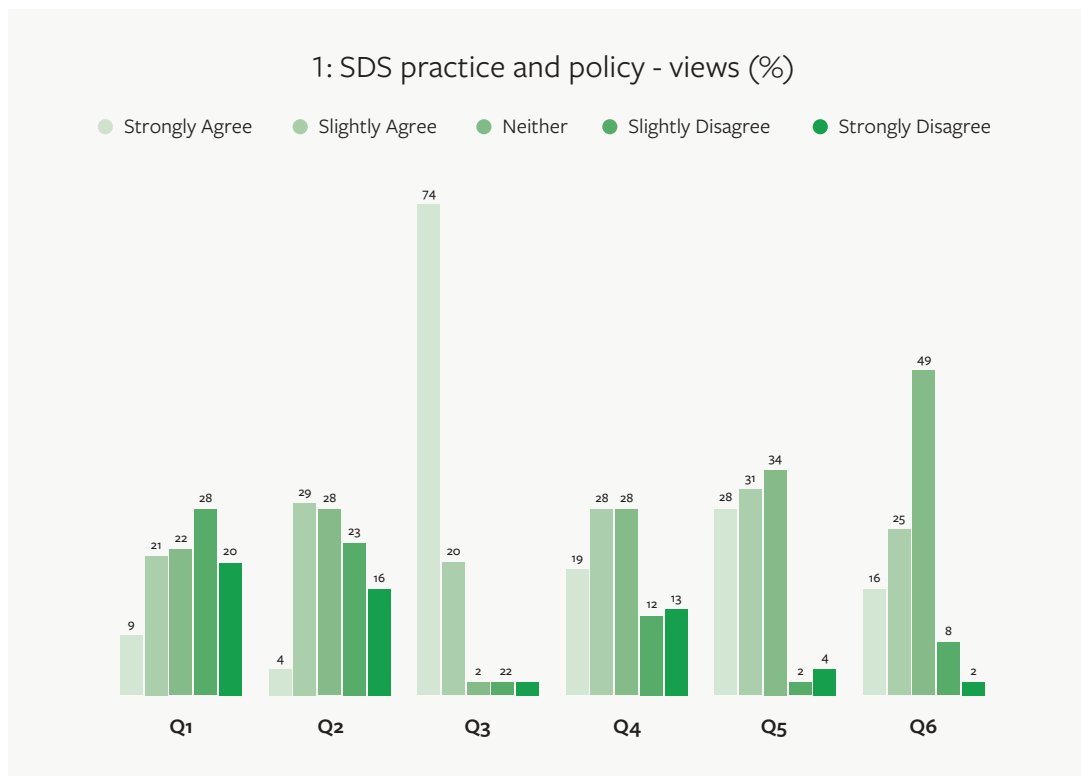
**Q1:** The intentions of SDS and the actual practice of SDS sit well together

**Q2:** Training around the implementation of SDS has suitably covered the issues arising in practice

**Q3:** I am clear about the purpose of personalisation being introduced

**Q4:** The advent of SDS has seen changes to the way in which I work with clients

**Q5:** In my view these changes have been an improvement for clients

**Q6:** In my view these changes have been an improvement for me as a worker

## The commitment and role of local authorities in personalisation

Given how the literature highlights the crucial role of relations with local authorities as an enabler of personalisation, the data below provides some evidence of tensions in the relationship. Figure 1, for example, asks participants to respond to a series of statements on a scale of Strongly Agree to Strongly Disagree. It can be seen that the largest proportion (51%) of respondents either Slightly Disagree or Strongly Disagree with the statement *'The motives of local authorities introducing direct payments and individual budgets are entirely in keeping with the values of personalisation'.* This contrasts with only 34% who either Slightly Agree or Strongly Agree.

There are also perceptions among respondents concerning the commitment of the thirty-two local authorities to the principles of personalisation. 94% of participants indicate that they either Strongly Agree or Slightly Agree with the statement 'Different local authorities vary in their commitment to the goals of personalisation', with no respondents disagreeing. Similar high proportions of agreement are found when participants were asked to indicate agreement with the statement *'Different officers/ officials within specific local authorities vary in their commitment to the goals of personalisation',* with 53% Strongly Agreeing and 33% Slightly Agreeing.

The figures concerning the statement 'Where relevant social work services have bought into the personalisation agenda' are more positive, with 4% signifying strong agreement while 38% slightly agreed. This compares with 24% slightly disagreeing and 10% strongly disagreeing.

Concerns regarding local authority commitment to the principles of personalisation may be associated with other major challenges facing social care, specifically cuts to public spending; for example, when we look at the level of agreement with the statement *'I fear the current move towards personalisation is too strongly associated with the need for local authorities to cut public expenditure'*.

Overall, 74% either Strongly Agree or Agree (34%) with that statement. This compares with only 17% indicating a level of disagreement with the statement. The concerns with the impact of public sector cuts is further illustrated in Table 2. Here, Almost three-quarters of respondents either Strongly Agree or Slightly Agree with the statement *'This organisation is finding it difficult to balance the demands for savings with the need for greater focus on the personalised needs of people accessing services'*.



2: Local authorities and personalisation (%)

Legend: Strongly Agree · Slightly Agree · Neither · Slightly Disagree · Strongly Disagree
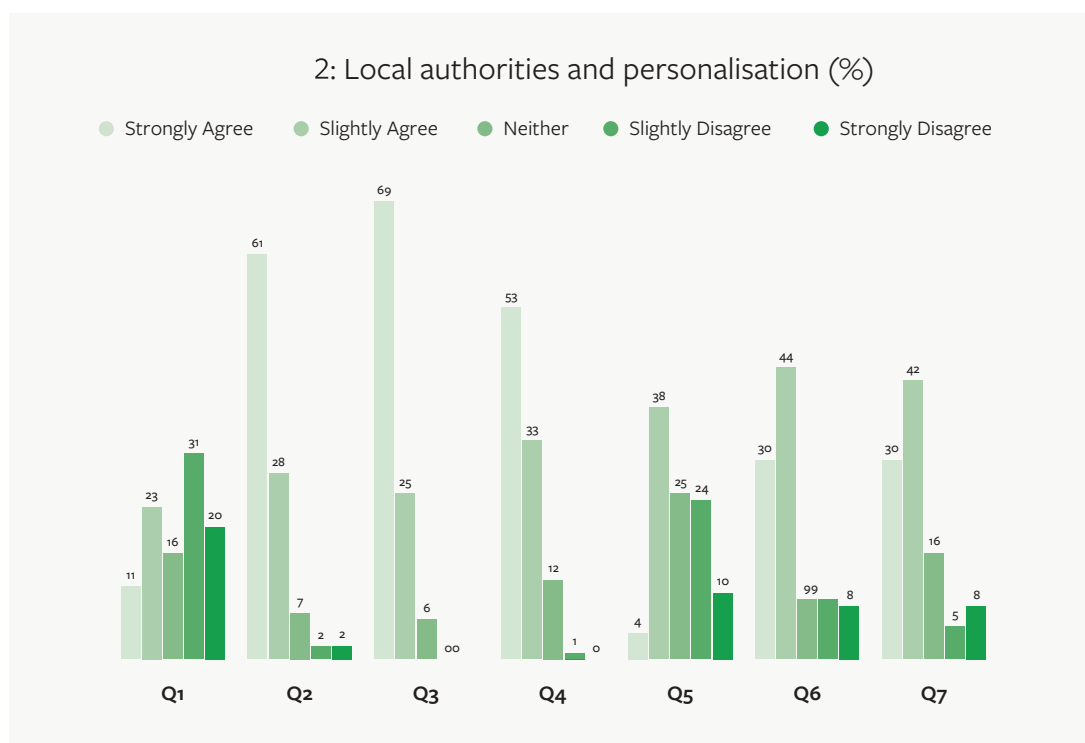
**Q1:** The motives of local authorities introducing direct payments and IBs are entirely in keeping with the values of personalisation

**Q2:** There needs to be training of local authority purchasers in the principles of personalisation

**Q3:** Different local authorities vary in their commitment to the goals of personalisation

**Q4:** Different officers/officials within specific local authorities vary in their commitment to the goals of personalisation

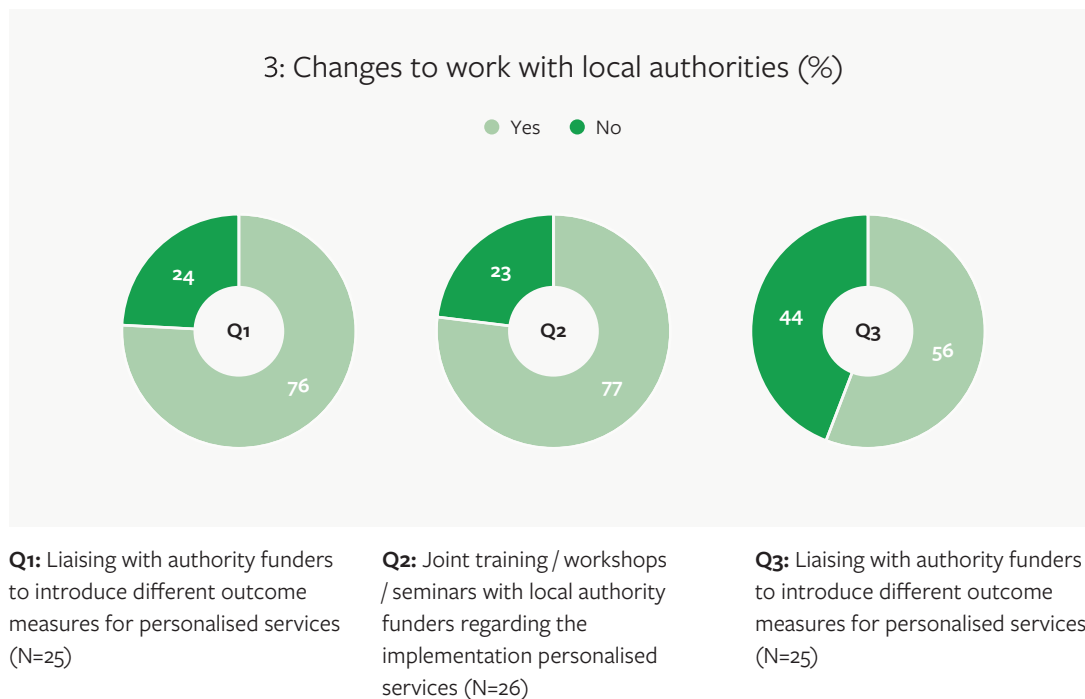**Q5:** Where relevant social work services have bought into the personalisation agenda.

**Q6:** I fear the current move towards personalisation is too strongly associated with the need for local authorities to cut public expenditure

**Q7:** This organisation is finding it difficult to balance the demands for savings with the need for greater focus on the personalised needs of people accessing services.

Given these figures it is no surprise that 89% of respondents strongly agreed or slightly agreed (61% and 28% respectively) to the statement *'There needs to be training of local authority purchasers in the principles of personalisation'.*

Irrespective of the above, there were senior representatives (i.e. Chief Executive Officers, HR Directors and Senior Operational Managers) of organisations who reported engagement with local authorities in specific initiatives. Figure 3 outlines joint activities with local authorities. Although the numbers of respondents from organisations are small it shows that there were efforts to develop outcome measures for personalised services (76% ), joint training/workshops/seminars with local authority funders regarding personalisation (77% ), and liaison with local authorities to assess future demand for direct payments and individual budgets (56% ).



3: Changes to work with local authorities (%)

● Yes   ● No

**Q1:** Liaising with authority funders to introduce different outcome measures for personalised services (N=25)

**Q2:** Joint training / workshops / seminars with local authority funders regarding the implementation personalised services (N=26)

**Q3:** Liaising with authority funders to introduce different outcome measures for personalised services (N=25)

## Efforts to improve Service user engagement

Participants were asked a series of questions concerning efforts to improve service user engagement in the provision of social care. Figure 4 outlines how the majority of organisations were undertaking changes to improve user-voice within their organisations as two-thirds had established or reformulated representative forums for people who access their services. Three-quarters were also developing and introducing outcome measures for personalised services. A much smaller proportion of participants (one-third) indicated that they used people from the service user group to research the wider group's needs.

Similar positive results can be drawn from Figure 5 (overleaf). Overall, 69% and 27% of respondents respectively either Strongly Agreed or Slightly Agreed with the statement *'This organisation offers people who use its services an opportunity to input their needs and contribute to the development of services'*, with only 4% indicating any level of disagreement. Moreover the majority of respondents (58%) indicated a level of disagreement with the statement *'Progress in my organisation towards pursuing the personalisation agenda is too slow'*. This compares to under a third who indicate some level of agreement with the statement.

At the same time, there needs to be some caution before assuming personalisation is entirely responsible for such positive results. The previous statement, regarding organisations offering people who use its services an opportunity to input their needs into service provision, may contain respondents from participant organisations that had always had high levels of user participation. Moreover, only a quarter of respondents agreed with the statement *'The opportunities I envisaged for clients as a result of SDS have materialised'*. This compares to over half of respondents (53%) indicating some level of disagreement.



**4: Changes to management functions (%)**

● Yes    ● No

Q1: 33 / 67
Q2: 25 / 75
Q3: 33 / 67
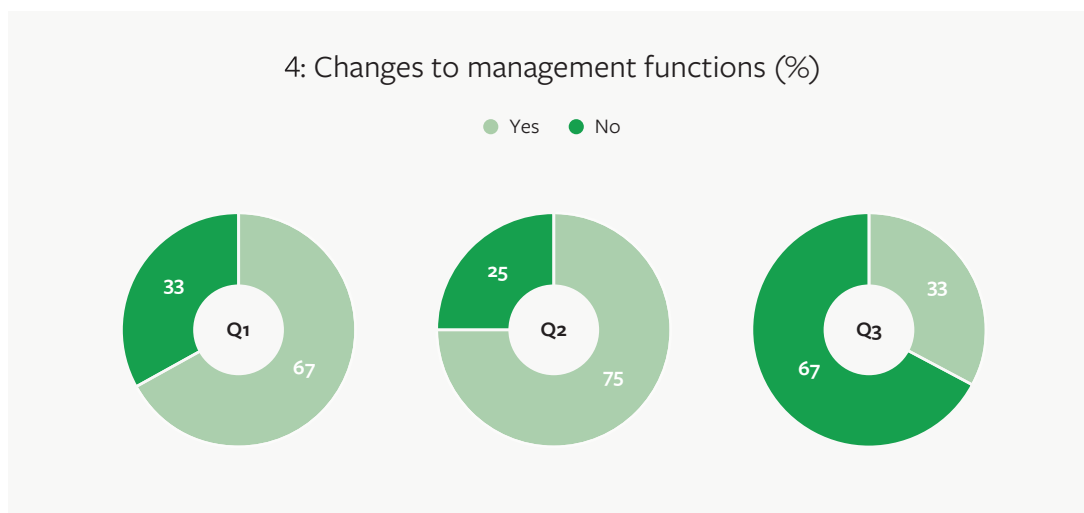
**Q1:** Establishing or reformulating representative forums for people who access services and their families to have a greater input into shaping services (N=27)

**Q2:** Developing and introducing different outcome measures for personalised services (N=28)

**Q3:** Commissioning people who use services to research needs of their wider user group (N=24)

## 5: Progress with Personalisation (%)

Legend: Strongly Agree · Slightly Agree · Neither · Slightly Disagree · Strongly Disagree

Q1: 7, 21, 15, 26, 32
Q2: 69, 27, 1, 0, 4
Q3: 2, 23, 23, 29, 24
Q4: 16, 25, 49, 8, 3
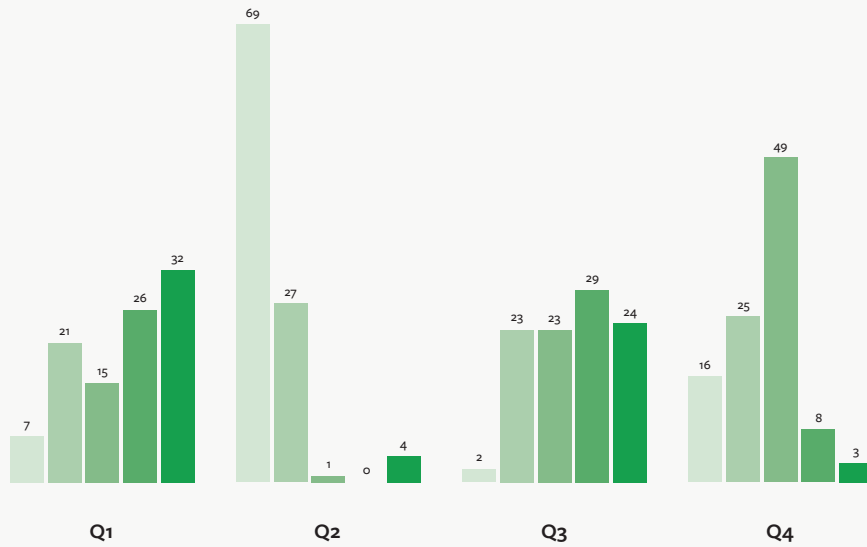
**Q1:** Progress in my organisation towards pursuing the personalisation agenda is too slow

**Q2:** This organisation offers people who use its services an opportunity to input their needs and contribute to the development of services

**Q3:** The opportunities I envisaged for clients as a result of SDS have materialised

**Q4:** In my view these changes have been an improvement for me as a worker



## 6: Changes made to management functions (%)

Legend: Yes · No

Q1: 43 / 57
Q2: 76 / 24
Q3: 54 / 46
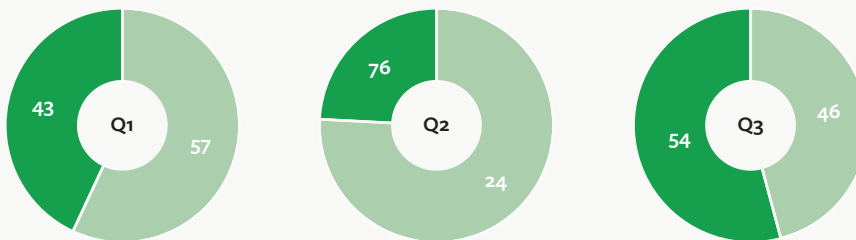
**Q1:** Establish a senior management team with oversight regarding the move towards personalisation (N=27)

**Q2:** Recruiting a specialist(s) charged with introducing / implementing personalised services (N=25)

**Q3:** Seeking external advice/ consultancy to help implement personalised services (N=26)

## Changes to organisational structures and management functions

The literature indicates how an enabler of personalisation is leadership from the senior management team. Figure 6 (page 30) outlines how organisations have introduced or established specialist teams or individuals to assist introduce personalisation. It can be seen that the most common approach is to establish a senior management team with oversight re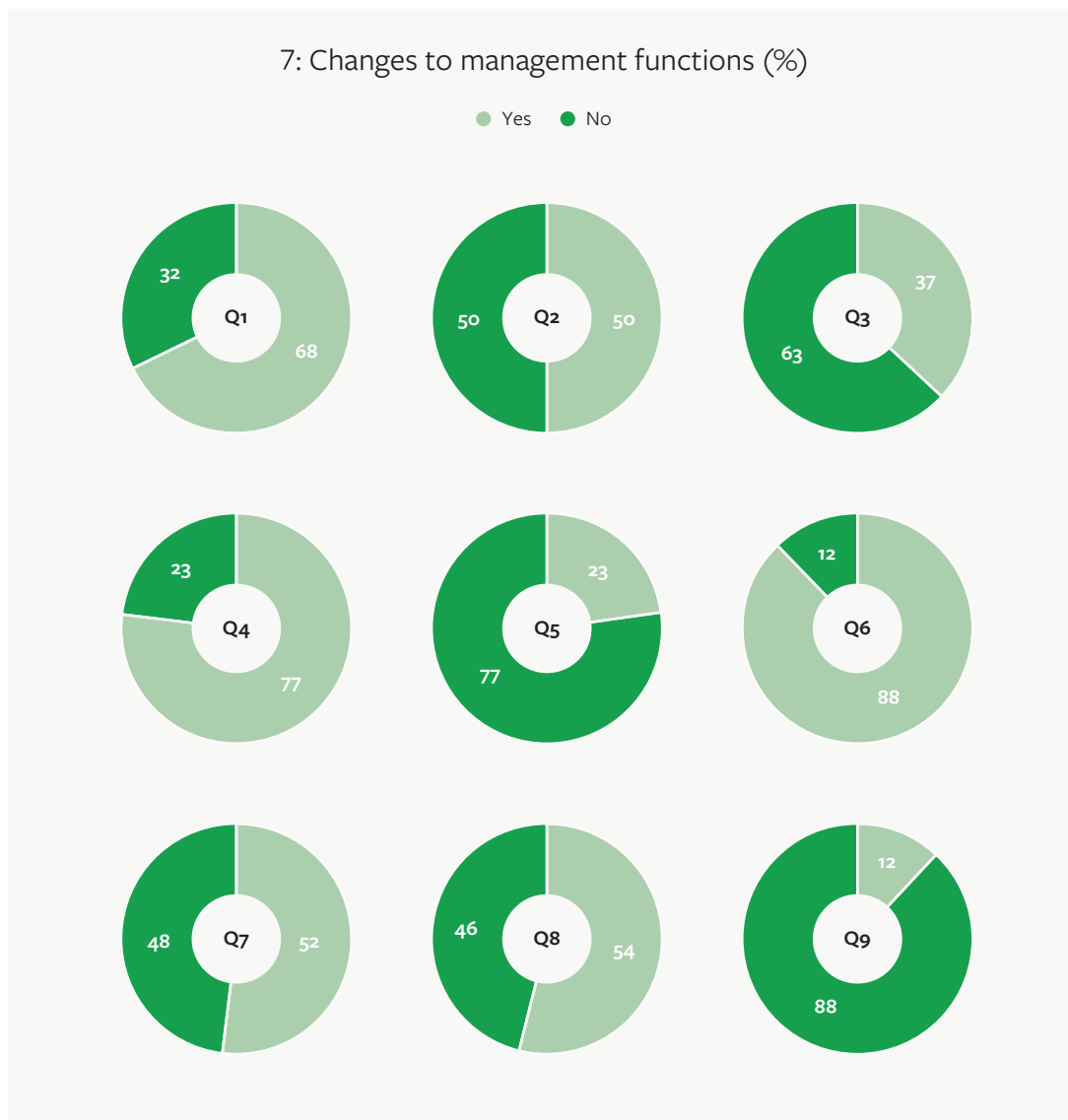garding the move towards personalisation (57%). Less common is reliance on recruiting specialists charged with introducing personalised services, although a significant minority seek some form of external advice or consultancy (46%).



7: Changes to management functions (%)

● Yes ● No

Q1 — 32 / 68
Q2 — 50 / 50
Q3 — 37 / 63
Q4 — 23 / 77
Q5 — 23 / 77
Q6 — 12 / 88
Q7 — 48 / 52
Q8 — 46 / 54
Q9 — 12 / 88

**Q1:** Adapting your invoicing and financial management systems to make them more accessible (n=25)

**Q2:** Establishing debt recovery systems for non-payment by accessing services (n=22)

**Q3:** Increase numbers of staff in your finance department (n=27)

**Q4:** Increased emphasis on marketing your services in the community (N=26)

**Q5:** Increasing numbers of marketing staff employed in your organisation (N=26)

**Q6:** Rewriting websites and marketing literature to make them more accessible to potential users of services (N=25)

**Q7:** Training your staff in marketing and promoting your services in the community (N=25)

**Q8:** Marketing to groups not normally served by your organisation and mission (N=26)

**Q9:** Use of software programs to predict and manage demand for services (N=26)

With regard to changes to specific management functions, Figure 7 (page 31) indicates the extent to which organisations were making changes to areas such as finance and marketing. The most common change to the finance function appeared to be the adaption of invoicing and financial management systems to make them more accessible, followed by establishing debt recovery systems (50%). Only just over a third of organisations increased their numbers of staff employed in their finance department.

In relation to changes to the marketing function, the majority of respondents indicated they had placed an increased emphasis on marketing their services in the community (77%). One of the key changes appeared to be rewriting websites and making them more accessible (88%). Just over half of organisations had also begun training their staff in marketing and promoting services in the community (52%) and marketing to groups not normally served by their organisation (54%). Again, only a minority of organisations (23%) undertook such changes with a larger resource through increasing the number of marketing staff in their organisations.



8: Recruiting for personalisation (%)
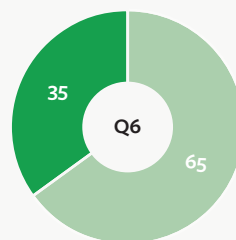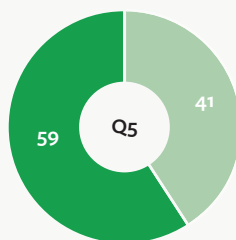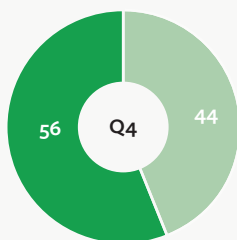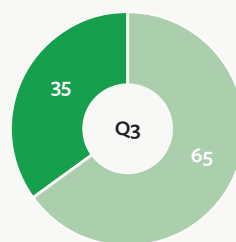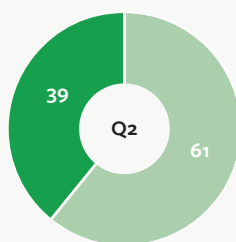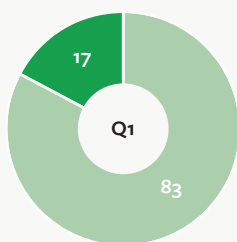
Q1: Involvement of people accessing services and their families in interviewing candidates (N=42)

Q2: Service visits by job candidates prior to appointments (N=41)

Q3: Tailoring job descriptions and person specifications to the needs of individual people accessing services.(N=40)

Q4: Using tailored/personalised recruitment materials to hire dedicated teams of workers to work with individual people accessing services. (N=34)

Q5: Recruiting specialists such as community enablers or inclusion coordinators (N=42)

Q6: When recruiting relief staff, using tailored recruitment materials reflecting needs/choices of person accessing services.(N=40)

## Workforce aspects: recruitment

All respondents were asked whether they had experienced problems in recruiting people into roles that were associated with personalisation. Across respondents (n=69) 58% reported they had experienced such problems.

Respondents were also asked the degree to which their organisations were involved in introducing any innovations in recruitment that reflected the greater personalisation of services. The results are outlined in Figure 8 (Page 32); they show how 83% of organisations involved people accessing services and their families in interviewing candidates. Nearly two-thirds of organisations (65%) had either tailored job descriptions and person specifications to the needs of people accessing services or in some way tailored recruitment materials for relief staff to reflect user choices and needs. 61% of respondents also used service visits by job candidates prior to appointments as part of their selection processes. Specialist roles, such as community enablers or inclusion coordinators, were also recruited by 41% of respondents.



9: Changes to training policies (%)
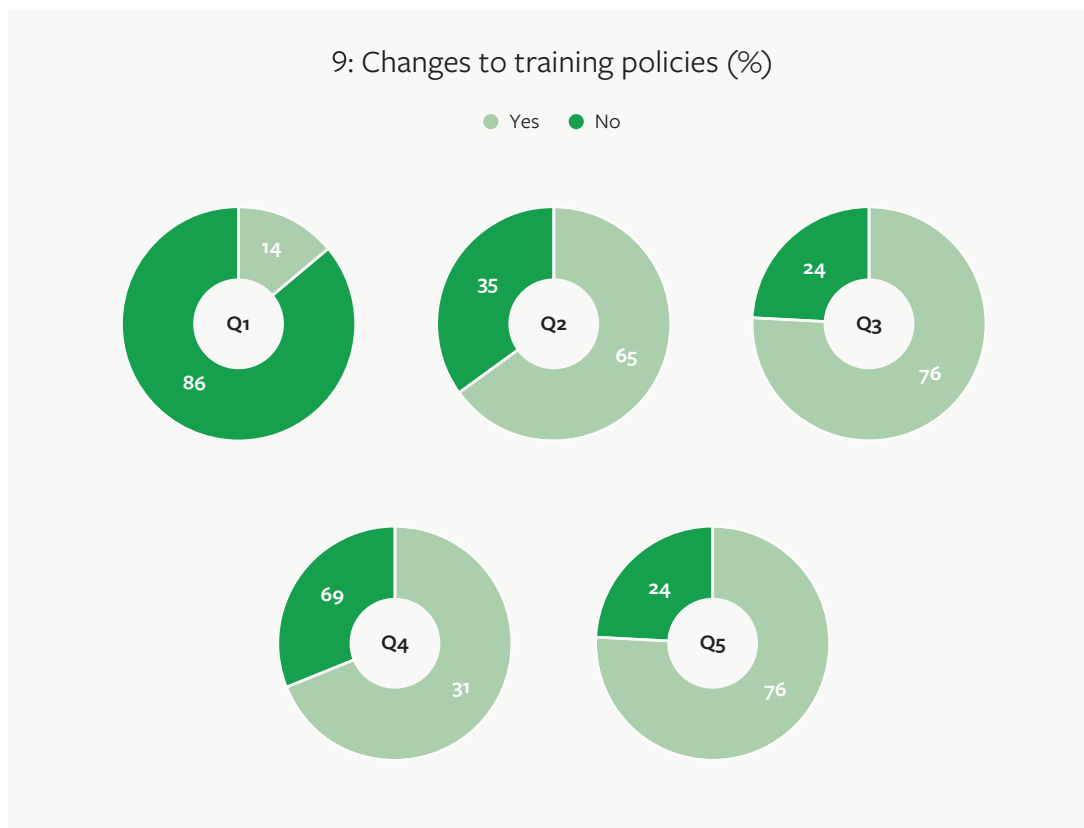
**Q1:** Recruit more internal HRD specialists.(N=40)

**Q2:** Introduce training initiatives for front-line staff in risk-taking (N=40)

**Q3:** Involving people who use services and their families in influencing training priorities.(N=41)

**Q4:** Involving people who use services as facilitators in the delivery of training to workers. (N=39)

**Q5:** Undertake a skills audit of existing front-line staff to identify gaps in competencies associated with personalisation (N=42)

## Workforce aspects: training and development policies

One of the key enablers of personalisation identified in the earlier literature review is the need for training and skills development of the workforce. Respondents were asked, irrespective of whether they belonged to the same organisation, whether in the last two years they felt they had experienced an increase in resources dedicated to training for personalisation, or whether it had decreased. Overall, 48% reported an increase in such resources. This compares to only 8% reporting a decrease, while the remainder reported it had stayed the same, suggesting a degree of stagnation in training resources for a significant proportion of participants.

Figure 9 (left) outlines other training initiatives linked to personalisation. It can be seen that the vast majority of providers relied on their existing training team to deliver the additional training that may be associated with personalisation, with fourteen per cent indicating they recruited more HR Development specialists. At the same time, there was evidence of undertaking skills audits for front-line staff (76%), training initiatives in risk taking (65%) and using people who use services and their families to either influence training priorities (76%) or as facilitators of training delivery (69%).

## Workforce aspects: skills shortages

Respondents were asked the extent to which they had identified skills shortages among three grades of staff – senior managers, line managers and front-line workers (support workers and support assistants). Figure 10 indicates that over half respondents felt that there were skill shortages at either line management or front-line support worker/assistant level, while a third identified shortages at senior management level.



10: Personalisation and skills shortages (%)

● Yes ● No

Q1 — 33 / 67
Q2 — 54 / 46
Q3 — 53 / 47

**Q1:** Senior managers (N=36)

**Q2:** Line Managers (N=52)

**Q3:** Front-line staff (support workers and support assistants) (N=59)
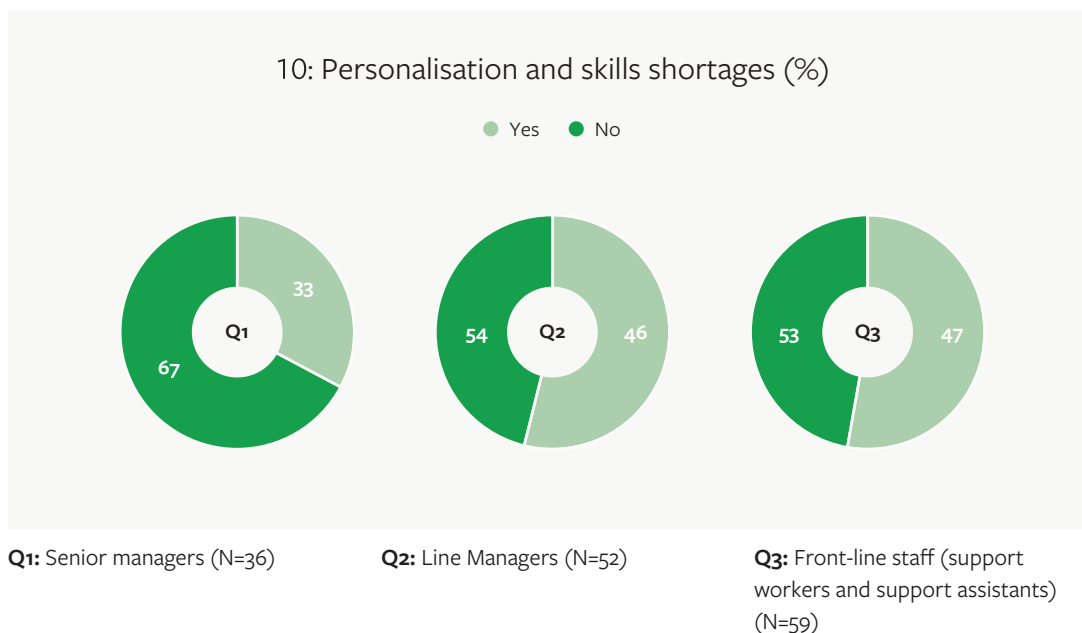
In terms of the particular types of skills that were missing, among senior managers respondents reported that they felt they lacked skills in developing a vision for change; change management; the development of financial systems and the recording of outcomes; limitations in terms of working with community based assets and integrating health and social care initiatives; sales and marketing skills; and coping with resource constraints while trying to meet the demands of integration with health services.

For line managers, respondents reported that they lacked skills in supporting/leading and coaching newly configured team structures; managing rotas and flexibility during a period of staff shortages; contracts and finances around individual budgets; negotiation; local marketing and sales skills; business planning; a general lack of knowledge around the principles of personalisation; thinking about outcomes, rather than hours of delivery; managing risk; and reporting and analysis of achieving outcomes. Of these, working with and understanding the consequences of moving towards outcomes based provision was the most common skills gap among line managers. This was followed by the need to lead and co-ordinate newly configured teams of workers in a climate of scarcer resources and recruitment problems.

For front-line staff, skills shortages included report writing & record keeping; understanding of values; working with services users in the co-design of training; maintaining a core of generic skills if the person they are recruited for moves on; helping people make their own decisions; the need to be flexible; familiarity with the principles of working with outcomes and their measurement; familiarity with health and social care integration agenda; enabling risk taking; dealing with clients with ever more complex needs; and information technology and how it can capture outcomes and organise rotas.

In terms of which of these was the most common skills shortage, the issue of familiarity with the principles of 'outcomes-based-support' was the most prevalent. One provider summed up the general direction of travel organisations were moving in:

> *'Front line workers are stretched and focus upon tasks directed by Care Managers.  We are about to introduce a new approach aligned to the principles of Personalisation that will make the focus of front line staff less about tasks and more about the individual and what they want to do with their support time'* (Senior operations manager)

These roles were seen as ever more demanding and calling for a greater calibre of front-line staff. For example, another respondent reported how their organisation's front-line worker would:

> *'Need to be of higher academic calibre. Need to understand fully how to produce support plans that are clear and understandable and embrace the outcomes of the individual.'* (Front-line manager)

Similarly another respondent added:

*'Some staff have been shown to have literacy problems and problems using new technology which has caused issues updating care plans. Lack of confidence encouraging service users to take positive risks.'* (SDS Manager/ Finance Manager)

Other respondents added that attitudinal change was also needed from staff:

*'Front-line workers are also accustomed to more traditional services - so a move to more flexible services which requires more initiative and creativity from front line staff is challenging for some.'* (Senior Operations Manager)

And:

*'We need a different kind of workforce removed from traditional 'care givers, young, enthusiastic, self-motivated and creative. Attitudes and values much more important.'* (Front-line Manager).

Figure 11 provides some further insight regarding these themes. For example, there is recognition that, despite the above skills shortages, multi-skilling has increased among providers with 57% of respondents reporting that 'Multi-skilling of staff has increased under personalisation'. At the same time, the attitudinal change required from staff which is hinted at above appears to be more elusive. Just under a half (46%) Strongly Agreed or Slightly Agreed that *'Some staff are struggling to exhibit the required behaviours and attitudes required of personalisation'*, compared with 29% who Slightly Disagreed or Strongly Disagreed with the statement.

## 11: Staff skills, behaviours and attitudes (%)

● Strongly Agree　　● Slightly Agree　　● Neither　　● Slightly Disagree　　● Strongly Disagree

| | Strongly Agree | Slightly Agree | Neither | Slightly Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| Q1 | 25 | 32 | 37 | 6 | 0 |
| Q2 | 9 | 37 | 27 | 18 | 11 |
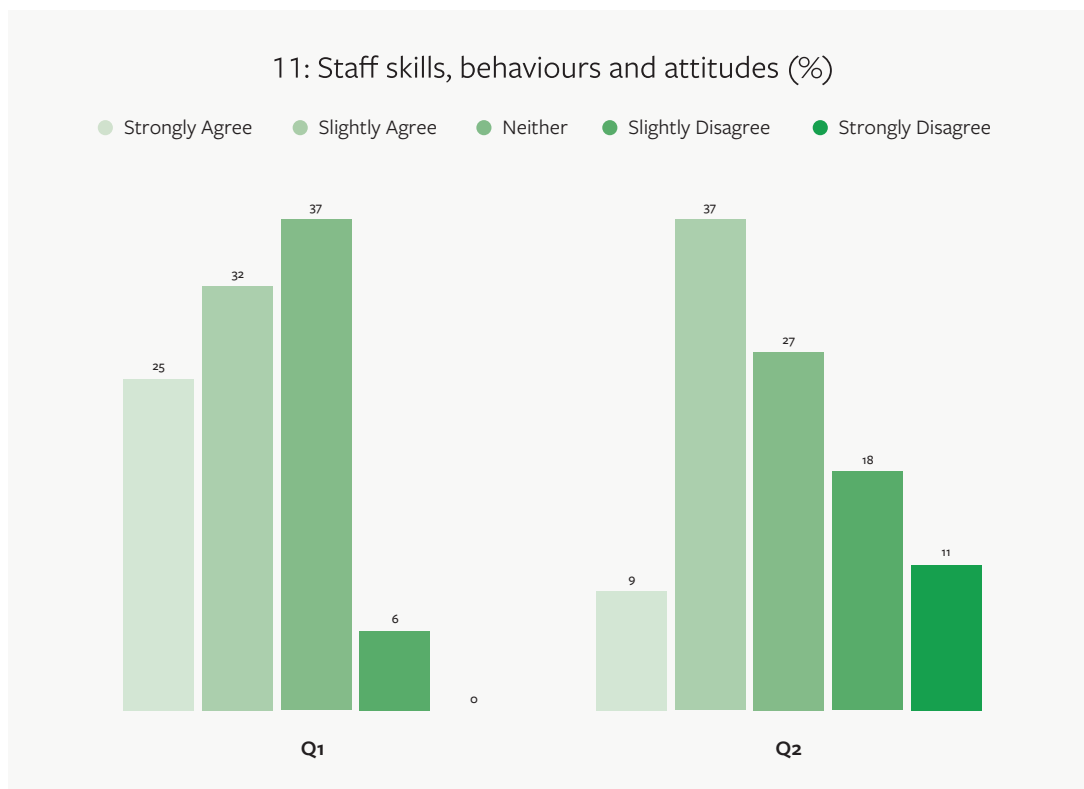
**Q1:** Multi-skilling of staff has increased under personalisation

**Q2:** Some staff are struggling to exhibit the required behaviours and attitudes required of personalisation

## Changes to terms and conditions and work organisation

The literature indicated that terms and conditions of employment and the organisation of work were important employment-related factors that secured workforce engagement with personalisation. Figure 12 indicates some cause for concern in this regard, with 41% of respondents admitting that their organisation is struggling to sustain existing pay and conditions from funding from Direct Payments (DPs) and Individual Budgets (IBs). Although cuts to terms and conditions from personalisation were recorded in only a fifth of organisations, this still represented a threat to front-line staff. Similarly, just over a quarter of organisations reported that there had been some fragmentation of pay and conditions due to personalisation.



12: Has the move towards personalisation led to issues regarding pay and conditions? (%)

● Yes   ● No

Q1   41   59

Q2   22   88

Q3   26   74

**Q1:** The organisation struggling to sustain existing pay and conditions from funding from DPs and IBs. (N=32)

**Q2:** Cuts to pay and other terms and conditions for certain staff (N=32)

**Q3:** A fragmentation of existing pay systems with some workers of the same grade receiving different rates of pay (N=34)

It is of no surprise then that some respondents raise concerns about worker rights and personalisation. In particular, in Figure 13 (page 38), almost two-thirds of respondents (64%) report some level of agreement with the statement 'When introducing personalised services there are tensions in balancing the rights of people who access services and those of staff working conditions'. This compares with only 11% who indicated some level of disagreement with the same statement. Moreover, a larger proportion of participants agreed with the statement 'Personalisation brings increased feelings of job insecurity among this organisation's workforce' (48%), than disagreed (21%).

**13: Personalisation - worker - supported person
tensions and job security (%)**

Strongly Agree    Slightly Agree    Neither    Slightly Disagree    Strongly Disagree
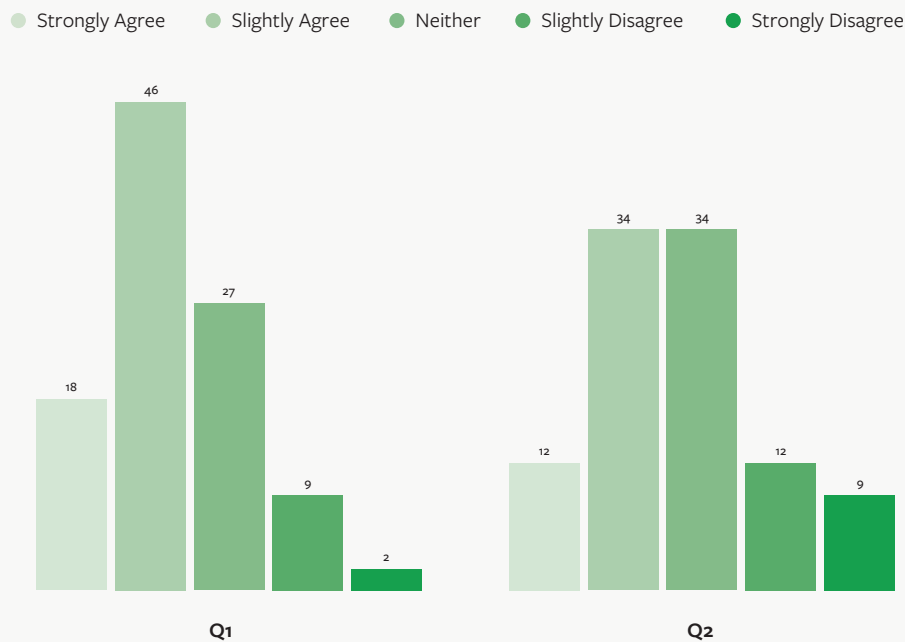
**Q1:** When introducing personalised services there are tensions in balancing the rights of people who access services and those of staff working conditions

**Q2:** Personalisation brings increased feelings of job insecurity among this organisation's workforce

## Changes to work organisation

At this juncture it is useful to explore how personalisation may have changed the organisation of work among practitioners. Respondents were asked to look at a range of job-related characteristics and indicate whether, since the advent of personalisation, they have increased, decreased or stayed the same. It appears that respondents have experienced some change with 64% indicating an increase in joint planning with service users and their families regarding outcomes, a greater focus on further integrating service users into the community (68%), providing support to help wider well-being of service users with clinical conditions (57%) and an increasing amount of interaction with the families of people they work with (44%).

During a period of austerity and public sector cuts, there is potentially an expectation that there will be demands for more or the same services from less resources. This implies a degree of work intensification for practitioners. As a consequence, we asked respondents to look at other job-related characteristics and, in relation to their own role, indicate whether personalisation had led to an increase, decrease or stability in these categories. It can be seen that work intensification was indicated in terms of respondents reporting an increased emphasis on the need to achieve efficiencies in service provision (87%), increases in the number of tasks individuals were responsible for (83%), the volume of work (81%), specific performance targets and indicators they were expected to achieve (74%), the level of responsibility they have (67%), the amount of form filling and paper work (66%) and the number of service users they worked with (58%).

14a: Change in job related characteristics since advent of personalisation (%)
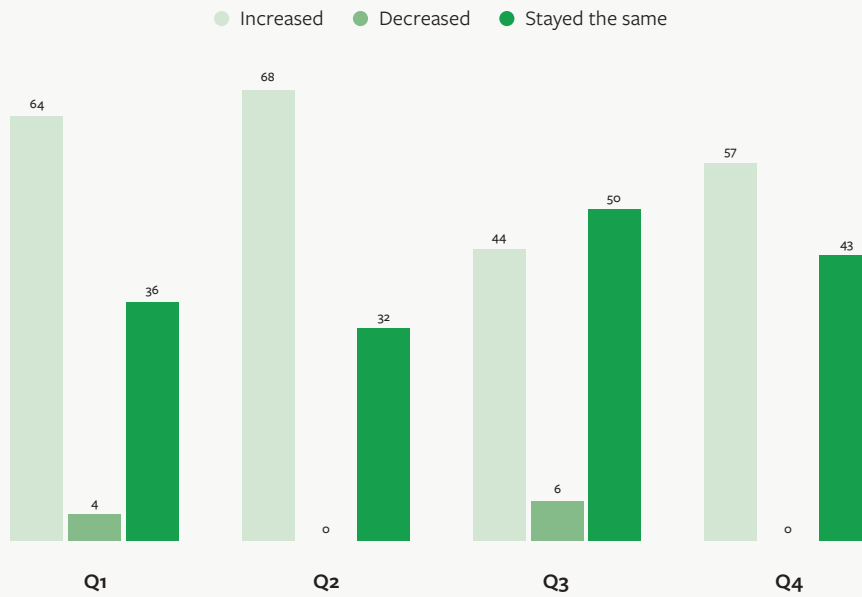
Q1: Joint planning with service users and their families regarding outcomes

Q2: A focus on further integrating service users into the community

Q3: The amount of interaction with the families of people you work with

Q4: Providing support to help wider well-being of service users with clinical conditions

Interestingly, in terms of changes to working hours and issues around work-life balance concerns, there was less increase in specific job-related tensions. Just less than half of practitioners reported an actual increase in working hours (46%). Slightly over a third reported increasing work-life balance problems (35%), while 29% reported increased working during unsocial hours. Incidents of people expected to work split shifts were clearly not on the increase. At the same time, 47% of staff reported an increase in work-related stress levels. Moreover, only 27% reported an increase in their level of satisfaction in the job, and nearly a fifth (17%) reported a decrease. Here there has to be care in an interpretation of this signifying any real problems with morale, as an indication of satisfaction staying the same may be at a high level.

# 14b: Change in job related characteristics since advent of personalisation (%)

Legend: ● Increased ● Decreased ● Stayed the same

**The degree to which you work in formal teams**
- Increased: 17
- Decreased: 10
- Stayed the same: 73

**Participation in person-centred training**
- Increased: 55
- Decreased: 8
- Stayed the same: 38

**The volume of work**
- Increased: 81
- Decreased: 2
- Stayed the same: 17

**The number of tasks you are responsible for**
- Increased: 83
- Decreased: 0
- Stayed the same: 17

**The numbers of service users you work with**
- Increased: 58
- Decreased: 9
- Stayed the same: 33

**Specific performance targets and indicators you are expected to achieve**
- Increased: 74
- Decreased: 0
- Stayed the same: 26

**The amount of form filling and paperwork**
- Increased: 66
- Decreased: 4
- Stayed the same: 30

**The level of responsibility you have**
- Increased: 67
- Decreased: 2
- Stayed the same: 31

**The number of working hours**
- Increased: 46
- Decreased: 2
- Stayed the same: 49

**Number of times you work split shifts**
- Increased: 0
- Decreased: 0
- Stayed the same: 100

**Problems with work-life balance**
- Increased: 35
- Decreased: 3
- Stayed the same: 62

**Times when you are expected to work unsocial hours**
- Increased: 29
- Decreased: 2
- Stayed the same: 69

**Incidences of dealing with challenging behaviour**
- Increased: 16
- Decreased: 11
- Stayed the same: 74

**The amount of working alone with service users**
- Increased: 25
- Decreased: 13
- Stayed the same: 63

**The need to achieve efficiencies in service provision**
- Increased: 87
- Decreased: 0
- Stayed the same: 13

**Work-related stress levels**
- Increased: 47
- Decreased: 0
- Stayed the same: 53

**Your level of satisfaction with your job**
- Increased: 27
- Decreased: 17
- Stayed the same: 56

# Interviews with staff in voluntary sector organisations

## Research methods

The purpose of these interviews was to explore the issues raised in the literature, focus group findings and survey data in more depth, across three voluntary sector organisations engaged with the implementation of Self-Directed Support. The organisations were drawn from different sectors; essentially mixed service providers and children's services.

Interviews were conducted with twenty personnel from various staff groups across the three organisations: 1. Strategic decision makers with responsibility for personalisation; 2. Human Resources; 3. Service Managers and 4. Front Line staff. These categories were not always rigid, as service managers might also be engaged to an extent in front line practice, but the categories were clear enough to allow for discreet coding of the data.

The sites were based on a convenience sample of organisations which expressed an interest in being involved in the research following approaches by P&P. A particular request from the researchers about the organisations was that they should each have relationships with more than one local authority, as differences in relationships with local authorities featured in the focus group research with personalisation leads and therefore seemed an important area to explore. The sites on which interviews took place were a mixture of urban and rural although with a greater representation of urban sites. These urban sites reflected a mix; some were post-industrial with significant indicators of deprivation with others more economically buoyant. The three organisations were engaged and personnel interviewed across geographical locations in which the organisations had a presence. In two of the three organisations, possible research sites were available at different geographical locations; this was then organised on an urban/rural basis but also where there was evidence of different levels of SDS activity across the two geographical locations. Therefore, although the study here is exploratory, the exploration proceeded on the basis of a systematic approach.

As noted, this interview based aspect of the study is limited in scale, exploratory and non-generalisable. But, as Rourke notes, studies such as this are 'a model for the acquisition of fundamental information' (Rourke et al., 2001, p.8) on which further research enquiry and research questions might be built; given the method and the data, it offers just such a platform. The interview findings are essentially a 'snapshot' (Henwood, 1994) of practitioners' views at a given point.

The interviews themselves were semi-structured, allowing the space to explore particular issues raised by interviewees and for corresponding flexibility in the interview enquiry, although core areas were consistently explored with similar staff groups across different settings. Interviews were supplemented by a number of discussions with key informants; these informed the research thinking but were not part of the research data itself. Interviews were recorded, following interviewee consent, and transcribed before being analysed for key information (see Miles and Huberman, 1994; Silverman, 2008).

Quotations from the interviews indicate the personnel involved but do not further indicate which organisations were involved; given the sample size and the fact the organisations were drawn from convenience sampling via P&P, it was decided that specifying the organisations more clearly might compromise the confidentiality of interviewees.

## SDS philosophy and strategy

A uniform theme across all staff groups in both the interviews and focus group was that the SDS legislative framework was consistent with the existing values of the organisation and the staff within it, which meant that little or no philosophical shift was required to undertake implementation of the policy. As one personalisation lead argued, organisations had been waiting for forty years, since the emergence of disability rights movements, for this approach to become legislated. This is significant, as policy implementation has historically often proven to be difficult due to challenges to existing philosophies of professions or organisations that are required to change (a perennial issue, for example, in inter-professional working) so this emerges here as a major enabler in the implementation project. There was no disagreement on this whether in the focus group or in individual interviews; indeed there was a strong emphasis about SDS being an idea that was close to the various organisations' philosophical core and essentially an argument whose time had come.

It was noted also that the options allowed for a significant degree of choice for clients. Since service user choice was the essence of the legislative framework, it was important that this extended to the ability of service users to choose not to move away from existing patterns of support, as outlined in the SDS Options. There is here a potential tension that, where a move to more decentralised budgets becomes a primary focus for local authorities, the option of remaining with a local authority service might be difficult to sustain in future, on the grounds of economies of scale in provision, or administrative infrastructure, or labour supply. This unpredictability of new arrangements under SDS became a core theme running through the research. It prompted the suggestion that local authorities were not equally intent on exploring all options; it was felt that some employed SDS in a way that best suited them, organisationally, rather than the service user. Others were seen as much more willing to engage across the four Options. Disentangling why this was – from the level of engagement with the underlying philosophy to organisational convenience - is not possible without exploring the issues with local authorities themselves. These very different arrangements made it more difficult for the organisations engaged with this research to work across different local authority settings. This became a recurring theme in the focus group and in the

interviews with personalisation leads and service managers: the difficulty of meeting such wide variations in arrangements across different local authorities, which put stress on financial management and organisational planning.

> *'In some tender processes - one in particular, which would be [Local Authority], they didn't want to specify an hourly rate for that tender process and it took about 18 months for the tender to work through that full tender exercise because they give you a case study, if you like, and you have to break down what each element in that case study cost.'* (Personalisation Lead interview)

## Input into SDS policy

The views of organisations in the shaping of the SDS legislation were represented in different ways at the policy formation stage; some had more direct access to the Scottish Government, some expressed their views through the Coalition of Care and Support Providers in Scotland (CCPS). There had been meetings subsequently with policy makers in the Scottish Government. In this sense it looks as if lines of communication around policy formation were open. That said, given the consistency of alignment between organisational values and the legislative intent behind SDS, there may have been a risk here of a conversation among the already converted; that is, policy protagonists easily aligned with providers. There was also a clear sense that the objectives of the SDS legislation had been outlined in various forums (notably the 'roadshow' which discussed the principles and philosophy). But what emerged from the interviews with operational managers was a significantly greater complexity of translating the policy aspirations of SDS into practical implementation across a host of areas; amongst others, financial management, marketing, flexibility across SDS options, differential understanding by local authorities, labour supply restrictions. Although there was piloting of the policy, these issues presented themselves as significant potential barriers across organisations dealing with multiple localities.

Subsequent communication between Scottish Government and voluntary organisations had taken place, although the impression from the data is that while problematic issues – as noted above - were acknowledged by civil servants, solutions were expected to be found locally; essentially between voluntary organisations, local authorities and supported people. One service manager gave an interesting view on this; while emphasis had been put on the choice aspect of SDS during the information roadshows (for example, *'the money could be used to buy tickets to T-in the Park'*), the day to day issues around SDS were more to do with staff availability, parents under stress in their lives and financial management. In that sense there was a perceived need to explore and discuss more about mundane aspects of SDS, as well as the headline 'selling points'.

## Reconfiguration of support

*'For some people, the budget has changed so much that we have to look creatively at how we manage our staff and what we do with our staffing complement.'* (Personalisation Lead)

*'Most budgets were reduced by at least 20-30% when the SDS assessments were completed for people, so providers really need to look at ways of keeping people safe and active and engaged within the community within that resource.'* (Personalisation Lead)

There were numerous examples from the interviews of ways in which traditional patterns of service delivery were being re-configured. The drivers behind this reconfiguration were varied and sometimes complex. Much emphasis was put on creativity in the use of time and budget allocations. There was explicit acceptance that resources were under pressure and that while the reconfiguration might, equally explicitly, be a way in which reduced resourcing was met this was not necessarily, in itself, deemed disadvantageous to service users.

Some caution is required here as these are limited comments in a small exploratory study. However, service managers noted the way in which existing service provision could – with the agreement of all parties – be deemed open to reconfiguration, where significant existing hours of care might be removed as alternative ways of configuring support were explored. This could be due, for example, to perceived over-provision of care services (which may have been historic but not fully reviewed) or a movement towards provision of support on a collective, rather than individual basis (based for example on service users coming together in a resource centre therefore removing the need for individualised support). This is an interesting finding, for a significant strand of critical literature around personalisation has alighted on the individualisation aspect of the project and the move away from the notion of collective provision. Here the collective aspect was explicitly organised on the basis of resourcing; individual support was no longer financially sustainable and so collective arrangements were put in place. The design of this type of collective support appears to reflect the kind of thinking which draws on community capacity building (Scottish Government, 2011) or asset-based contributions from a community engagement perspective (Scottish Government, 2015) rather than collective provision from a collective consumption model (Dunleavy, 1982) where the State takes explicit responsibility for provision. In this sense, there is a shift in models of responsibility taking place, which are explicitly based on modelling SDS provision on the melding of an underlying co-production philosophy with available resources. Whether or not this approach could lead to service users relying much more substantially with community engagement as a primary means of support is moot:

*'In some areas.... not, in others it depends on the complexity of the health of the people that we're supporting because we work across every client group. '* (Personalisation Lead)

## Creative engagement

Further examples of reconfigured types of support emerge from the research here; for example a move towards respite provision which is based on 'outward bound' type provision for children, freeing up reliance on the need for fixed assets – that is, buildings based respite. Two implications of this which would now need to be negotiated would be staffing levels (and grades) and risk assessments. Another aspect of this arising from the interviews with service managers was the use of an SDS budget by a supported person to refurbish, in part, their property. The key acquisition was the purchase of a new carpet, which had boosted the recipient's confidence to invite friends to visit, an arrangement which offered the potential for non-formal support, by these friends, at certain times. Discussion with service management in another locality of the same organisation centred on the creativity of using part of a budget to fund a swimming coach in order to facilitate not only a desired outcome but also an asset in the client's health.

These reconfigurations of service provision were also problematic and would be worth much further enquiry. Attempts, for example, at 'banking' existing support (that is, foregoing support on occasions in order that the costs could be saved and banked towards larger 'one off' purchases, such as a holiday) were not easily negotiated. According to interviewees, service users had been informed by their local authority provider that banking on some occasions could lead to the withdrawal of that (specific level of) support since the service user deemed it possible, on occasion, to go without. This seemed to the relevant service manager to be against the spirit of the SDS Options and the flexibility implied in the policy. In this particular local authority area there emerged – from the perspective of the service manager being interviewed– a tension around what might be considered reasonable expenditure based on an outcome-focused approach. This tension emerges, to different degrees, across different areas and need to be explored further; in essence it revolved around different parties coming to terms with an approach based not just on immediate need but longer term outcomes (for example, investing in capital expenditure to reduce support longer term, or banking resources for vacations) while obvious needs could simultaneously be identified in other parts of the local authority. Relationships with this particular local authority were perceived, comparative to the local authorities across which the organisation had contact, to be particularly problematic, although *individual* social workers within the authority were seen to have very different receptivity to outcome-focused approaches.

## Relationships with other organisations: the Care Inspectorate

> '…they talk about outcomes but am I convinced that they think about them? No I'm not. They still see the need to think about making sure that we've got gloves for people. I think they have an approach that's quite a medical model … my sense is they're quite risk averse at times.' (Service Manager)

While the absence of a performance regime laid down by the Scottish Government has been noted, there remains for organisations in the sector accountability via the Care Inspectorate. There were mixed responses from interviewees (in this case personalisation leads and service mangers) about the relationships they had with the

Care Inspectorate around SDS. These differences were essentially about interpreting the implications of SDS; while the broad thrust of the legislation was understood by all parties, there were quite different responses to questions of risk and the exploration of alternative ways of offering support. This may be down to personnel within the Inspectorate rather than an institutional disconnect, as there was evidence of individuals in the Inspectorate open to exploring outcomes, risk and creativity away from more traditional practice. Nonetheless the clear picture was of the need for a better understanding across these different sectors of how SDS was developing.

*'The Care Inspectorate struggle very much with personalisation in general ...because of inspection methodologies. Maybe sometimes (the Care Inspectorate) have (sic) not understood and (approaches) may be seen as being an unsafe practice. What constitutes good support is complex.'* (Personalisation Lead)

*'Up until a couple of years ago the Care Inspectorate didn't grasp what SDS was all*

*about. They tended to inspect on the way we were always previously inspected against set standards with not a lot of flexibility; in recent inspections with the work the community engagement team are doing because they see that people are then being valued within communities. They're starting to make the shift....'* (Personalisation Lead)

## Relationships with other organisations: Local Authorities

The relationship with local authorities proved to be crucial as an enabler or barrier towards SDS implementation. Given the research focused on three organisations across six geographical sites, it is able to offer some indication of what these relationships are. One immediate caveat is that these views are of personnel in the organisations where the research was conducted; they have not been triangulated with reference to local authorities themselves (nor was this an expectation of the research at this stage). It goes without saying that a local authority perspective would be essential in the event of further enquiry.

Relationships with local authorities were uneven, in part organisationally but also philosophically. Whereas there was perceived to be clear 'buy-in' in some areas to the SDS principles, other areas were seen to be working to different priorities for SDS implementation. On this question of whether or not there was inconsistency across different local authorities:

*'Absolutely, hugely. '* (Personalisation Lead )

And on local authority priorities:

*'Some local authorities have made no bones about using SDS as a vehicle for making cuts .... so parents loved the idea but heard horror stories of how once reassessed they would get a third less than currently receiving not in all areas but majority.'* (Personalisation Lead)

In essence some had embraced the personalisation philosophy and implementation via SDS much more readily than others, albeit the reasons for this are not uniform.

## SDS 'by-in' across different parties

As was noted in the literature review, there may be significant conceptual reasons for a lack of 'buy-in'; the task here is to record the data and offer explanations. Factors here included evidently different lines of, and quality in, communication across different sites. These difficulties could be attributed to perceived philosophical differences about personalisation or, more simply, administrative tensions in getting SDS operational. In five of the six sites of local authority engagement the research explored, there was perceived to be productive philosophical buy-in at a strategic level and clear lines of, and generally helpful quality of, communication. These positive strategic relationships could, however, be more problematic at operational level. This emerged in the data as an issue of operational management at one site and as a variable factor at the front line level in four of the six sites. So there is a complex picture here which revolves, at the front line level in particular, around relationships with particular personnel in local authorities with which the voluntary organisations' staff are engaged. Some comment here from interviewees included noting that more recently qualified social workers were apt to better connect with the principles behind SDS. So, as the literature notes, there may be scepticism around SDS among longer qualified social workers; exploring the reasons for this would need enquiry with social workers themselves but, again based on the existing literature, it may be a reflection of changes to ways of working at a time of existing work pressures, challenges to value bases in terms of the policy logic of the personalisation project (the duality discussed in the review of the literature) or the process of acculturation to a different way of working which needs time to bed in. Discussion around personalisation will now also be a mainstream element of any social work education and therefore be a more familiar proposition to recent social work recruits. But there was evidence also from the interviews of positive engagement with the principles of personalisation by long- standing social work employees, who *absolutely get it'* (Service Manager).

## Organisational resources

A further reason for differential engagement appeared to be largely administrative and organisational. Again, as the literature review noted, local authorities have had competing demands on their time and resources from which, in essence, SDS implementation has had to sit in tandem. This came across as an issue more evidently where there had been historic differences in strategic adoption of SDS within corresponding local authorities. Therefore, by some measure, the least problematic engagement for the voluntary sector organisations was where the local authority had an existing bias towards personalisation as a strategic approach over a longer period of time. Here there was an evident harmonisation across the different organisations in terms of philosophy, understanding of outcomes-focused assessment and transferring the logic of personalisation concepts to practice. A willingness to engage also emerged in other local authority areas but discrepancies arose which may have been procedural; in essence 'getting up to speed' with what amounts to a significant shift in policy, with two of the six local authorities regarded as having barely begun the process.

## Organisational issues

A key issue in one of the six local authority sites engaged with by the providers in the sample was labour supply. This was the most rural of the areas researched. Although there was flexibility already evident in the labour force of the organisation, SDS brought an added dimension to this. Therefore current arrangements had a continuation of block contracts with the local authority but some SDS supply in addition to this. It was perceived that there was a willingness to explore SDS further on the part of the local authority, lines of communication were strong, and the voluntary sector 'buy in' was evident. But logistically the transition from existing arrangements to the flexibility that might be required of an outcome-focused approach was compromised by labour supply issues - either through actual availability or the need for geographic flexibility. Here, in particular, there had to be negotiation between outcomes desired and supply possible, although a similar process of negotiation was evident in a much more urban area.

Labour relations are discussed further on in the report, but noted here is the need for negotiation to meet a more consumer-based model of demand and the logistics of supply. It was on this more rural site that difficulties in operational management being able to translate the headline rules of SDS into practice were most clearly noted. Discussion here alighted on the complex lives led by parents of children who required respite and the parents need, often, for a break from engagement rather than additional complexities or responsibilities implied by more creative ways in which budgets could be used. Further discussion noted the costs of SDS based personal assistants and how these more tailored outcomes might prove prohibitively expensive for clients for some activities which were previously collectively provided (for example the provision of staff accompaniment, as personal assistants, on outings).

It is evident that continuing negotiation with local authorities around implementation of SDS is required. One issue raised alighted on the move from a direct payment approach by the local authority to an SDS approach:

> '(The local authority) *didn't just throw these budgets out to anybody; they gave it to certain families who they knew wouldn't be overly problematic, that… could manage that budget. They recommended and steered families towards certain providers that in their minds could manage their kids, or that they could afford to pay.* ' (Front Line )

## SDS Options

There was a sense that, for the most part, flexibility across Options was still under development; getting the SDS process started was the current priority in most cases. But the specifics of SDS options emerged in some of the research interviews, as transferability across Options was not as fluid as the SDS prospectus intended. One example was the flexibility afforded people with mental health problems who, for the most part, were capable of financial administration and organisation to suit their preferred outcomes (eligibility aside). The problem arose on the often infrequent, but nonetheless unpredictable, occasions where their mental health suffered a setback and more provider based support was required at short notice. An implementation

framework to deal with resourcing and managing this transfer across Options was not yet in place. There are a number of issue here which will need time for implementation; ease of transfer across budgets, labour flexibility and organisational responsiveness.

The research noted, however, a different type of transfer, which seemed worth noting. In this case the service user had required support from a young age and been known to the organisation in their role as providers of respite. The service user was now living independently and studying at college, but still required support with aspects of daily living. Here, the service user had used his SDS budget to employ one of the respite organisation workers in the capacity of a personal assistant. This arrangement required a degree of organisational flexibility but allowed the service user to maintain a long standing relationship (based on trust and familiarity) with the worker from the organisation in a *support*, rather than a respite, capacity.

How this specific issue of transfer flexibility across Options plays out as implementation proceeds would be worth monitoring across different localities.

## Who uses SDS?

Prompted by discussion in the focus group of Personalisation Leads, the interviews explored the issue of who was most likely to engage with the availability of SDS as an option. The issue here was the propensity of SDS to be accessed by people with the resources to be able to do so. These resources would primarily be human and social capital; for example time to engage in decisions about choices, an understanding of how new systems work, the ability and willingness to express demands. The small scale of the research project means that remarks here are tentative. But worth noting also is the Scottish Government's commitment to monitoring the impact of policy on inequalities and so this is an area worth exploring. The approach was to enquire about who was taking on SDS options either in full or beyond the status quo of their existing service arrangements. None of the interviewees in service management had monitored this aspect systematically. For the most part, when discussed, this was a non-issue, largely based on issues of capacity of service users independently to approach organisations about SDS options in the first instance. The exception was in respite support for parents of children with complex needs. Here, reflection on the service users being supported pointed to enquiries about SDS, and the subsequent shaping of outcome focused support for children, being from people who were articulate, confident in their ability to question and who carried into the discussion some prior knowledge of SDS policy. It was noted that there had been no enquiries from families in more disadvantaged areas and that, when the subject of different approaches to support was broached, there was no demand for a change of support arrangements. This is offered here as an observation (as the study here is too exploratory to draw any more systematic conclusion) and suggest that further exploration (around issues of social capital, or competing demands on parents' resources) would be worth exploring, both in terms of the implementation of policy but also the wider implications of the turn towards co-production itself. It should also be noted that SDS does not necessarily work well for some people:

*'...and two of them have said that they would basically stop SDS, felt it's not worked for them. One of them feels it's a fob off in terms of social services, that it's a wee bit like, here you go, try and organise it all yourself and if you can't get the support, it's your fault, we've given you the money, and the same, the other parent feels the same.'* (Service Manager)

The longer term issue here is whether or not there remains a high quality of service to re-engage with, if local authorities were to disengage from aspects of what were once large scale service provisions, and the ease with which there can be transfer across Options for service users to return to a more traditional service provision position. Given that SDS is in its early stages, consideration needs to be given to how these issues will play out once the project is significantly scaled-up.

To summarise this section; there is differential engagement across local authorities but also complexity in the reasons for this. It is noted that, at a strategic level, there is broadly strong buy-in and co-operation, with an exceptionally strong buy-in in one case for historic reasons - and that this extends for the most part in local authorities to service management (interviewees at four of the six sites offered positive testimony to working relationships with local authority service management; for example clearly identifiable personnel with whom SDS arrangements could be explored and problems discussed).

However, patterns of engagement below this level are inconsistent. As part of the broader picture of discrepancies in disposition of front line personnel across agencies, there appeared to be an unresolved tension around assessments. Essentially this centred on the shift to outcome focussed assessment and what might constitute agreed outcomes across all parties (that is; funders, voluntary organisations offering clients' support and clients themselves). For example, interviewees discussed, in their experience, the therapeutic benefit of a holiday for an individual but there remained a tension around traditional concepts of need in relation to such expenditure, and 'banking' of support to facilitate it (essentially accumulating current expenditure towards future capital purchases), and so a significant element of the discussion coming across was a desire by organisations for a more thorough exploration of the implications of outcome based assessments versus existing understanding of 'needs'. Particularly worth further exploration, from the interviews and discussions with key informants, was the framework through which SDS outcomes were funded. There was evidence of a lack of clarity around eligibility criteria and potential for inconsistencies in outcomes. These inconsistencies are, conceptually, to be expected (given the person-centred nature of outcomes) but more enquiry in to decision making processes around eligibility would be warranted.

## Performance regimes

Noted earlier, in the review of the literature, was the way in which personalisation resonated more broadly with the overarching philosophical shift away from New Public Management (NPM) towards co-production - with its emphasis not only on active engagement of all participants but the engagement of resources – in whatever form – across all participants (Bovaird, 2008). If the essence of NPM was control (targets and performance indicators to the fore), co-production is in part a recognition that this model may not only not deliver effective outcomes, but may indeed be counter-productive (see Dunleavy and Magretts, 2010). Implicit here is the notion that 'command' models do not deliver and that decisions must be more localised (either in the sense of individuals or communities). Although this takes us into more conceptual rather than front-line territory, aspects of this conceptual shift need to be explored in further research, given the impact they have on front line implementation of SDS.

In discussing the absence of performance indicators, the distinction should be made between organisations' own performance indicators (which are still present) and the notion of an overarching performance *regime* to accompany the legislative framework.

Compared to other major legislative changes in recent years this is a distinctly 'hand offs' policy initiative. Conceptually this makes sense; if SDS is being rolled out as part of a wider commitment by Government to the principles of co-production, it would be counter intuitive to have a performance regime attached to it (in essence, how can an essentially individual or community-based approach to the support of clients be subject to a performance regime from a central perspective).

> '.... in order for empowerment to really take hold you've got to have a relatively non directive approach from the top' but it's an interesting social experiment if you like. Why isn't this being audited? Where are the indicators for its success? And at the same time you can understand that in order for some really really creative things to happen it's really difficult to have performance indicators.' (Personalisation Lead)

This absence of a centrally driven performance regime is all the more reconcilable in implementation terms given the options framework of SDS in Scotland; aside from monitoring how patterns of options are panning out, Options, by definition, cannot be directed from a centralised perspective. Nevertheless it becomes apparent from the research here that the (conceptually consistent) absence of a central performance regime is proving problematic in terms of implementation, as different localities are pursuing different approaches, organisationally, in terms of time frames, and in their exploration of the use of options. This led one Personalisation Lead to argue for some kind of overarching performance management to bring consistency to the implementation.

*' I don't see any benefits of there not being strong performance indicators linked to the implementation because what's happening ....every local authority is looking at it very differently.  So that means the provider across 10 local authorities, you're looking at potentially 10 different approaches to delivering SDS.  But The Scottish Government (is) very clearly saying that they can't enforce local authorities to - they can only guide them through the implementation process.'* (Personalisation Lead)

Two arguments emerge here. First, the variations in approach across different localities require specific forms of organisation at each local level, which is very resource intensive. Personalisation Leads noted either the extra staff required to manage these localised arrangements or the additional loading on existing staff to take on these roles, particularly financial planning, but also marketing since organisations were now in what is essentially a more open market place for contracts. So a greater consistency of local authority approaches would help organisationally for the voluntary groups we researched, althought this sits uneasily with the notion of co-produced solutions to SDS implementation. This greater consistency might extend to two areas:  1. where the various parties to SDS implementation are at, in terms of roll out and 2. where the various parties are at in terms of interpretation of the meaning of the policy, including the use of Options and flexibility of transfer across Options. So there is an area of compromise to be explored between directing how and when policy should be implemented and the specifics of implementation on the ground. This would not necessarily be a problematic issue were there not such marked discrepancies across these areas. Given SDS is being implemented in a period of financial stress (and is being discussed explicitly in some local authorities as a mechanism for dealing with this stress) it may be that devolving implementation to localities is part of a wider devolution of responsibilities from the central State - and with it the political pressures that accompany responsibility for welfare policy (Pickvance and Preteceille, 1991).

Amongst other suggestions from Personalisation Leads was the need for much fuller discussion over issues around implementation in smaller, more tailored settings, with the other agencies involved in specific localities; in short, less 'grand forums' and more detailed consultation on the complexities that organisations were encountering. The research here suggests that the organisation of implementation, questions of eligibility, and flexibility across Options would merit further significantly more exploration.

## Changes to work and employment

The literature review identified a number of key areas of employment policies that are identified as enablers in introducing the personalisation of services (Cunningham and Nickson, 2013: Cunningham, 2016). These enabling policies included changes to recruitment, training, team working and performance management. In scrutinising the HR policies of providers for these enablers, we identify an ad-hoc rather than a strategic approach to implementing such changes among the case study organisations. The following section examines changes to HR policies and procedures.

## Recruitment and selection

In examining recruitment, change was evident in each of the organisations. At the same time, change did not follow the path of some providers in the sector that hired workers for the sole purpose of working with one individual. In other providers, the recruitment of bespoke support workers implied that if the individual service user moves on, the worker would have to either secure work through redeployment to another suitable individual service user or potentially lose their job. None of the organisations in this study embraced such an approach.

> *'We still believe that we want to recruit permanent staff and we want to be able to move them about in line with the ebb and flow of personalised referrals.'* (Human Resources)

In the above mixed service provider, any matching of worker skills was to services, rather than individual users. The reasons for this rejection of recruiting bespoke workers to match service user interests and lifestyles included managers' concerns that individual matching can raise inappropriate and unrealistic expectations among service users. In particular, it was felt that service users could express preferences that were in contradiction to equality legislation by wanting to not hire people on the basis of race, sexuality or age. Where such circumstances occurred, the organisation had considered withdrawing from a service rather than compromise its position as an equal opportunities employer. Moreover, although not central to the organisation's concerns, it was reported that the organisation's position on this issue made relations with their union less conflictual as Unite (the trade union) had some concerns about providers choosing an approach to recruiting that included individual matching.

Users were involved in participating in recruitment processes in each organisation. This involved consulting service users regarding their notion of the qualities that constituted an ideal support worker. The mixed services organisation also undertook service visits by prospective candidates. A novel addition to this was a Karaoke evening involving service users, workers and candidates: the aim being to see how the latter interacted with the service.

The HR Manager from the mixed services organisation added that the goal of their recruitment process was to present as realistic an impression as possible of what was involved in working in personalised services. This included emphasising to candidates that there would not be any definite place of work, nor would the employer be able to guarantee them a stable rota. In the latter case, it was recognised that personalised services introduced into the employment relationship a significant degree of intangibility and unpredictability. This demand for greater flexibility meant significant re-orientation and re-education of parts of the organisation's existing workforce and a need to introduce a degree of realism in its recruitment process so that new starts understood the demands of the job.

> *'We want to make sure that from day one they're under no misapprehension that there's going to be an element of variability, flexibility required for people who carry out that role and want people to have a realistic perception of what that's going to involve referrals.'* (Human Resources)

As part of the objective of building realistic expectations among new starts, the mixed service organisation drew lessons from a private sector employer and introduced a *'realistic job profile'* (RJP) onto its website. Prospective candidates were provided with a series of online questions where at the end the candidate can either rule themselves out of pursuing an application or continuing. The aim was to possibly reduce organisational turnover by deterring inappropriate candidates from applying. Once in post, the organisation also was working towards placing new starts in a range of services in the first year, and then coming to a collective decision regarding the most suitable location for that worker, depending on their specific skill set and where there was demand in the services for support workers. Another initiative was to fill the recruitment gaps by tapping into the older male workforce.

In terms of recruitment, the HR Manager reported how the organisation was attempting to *'move to a proper rather than a tokenistic involvement for our families and our service users'.* Service user involvement in recruitment was variable and ad-hoc across services. The new initiatives included young people becoming involved in constructing job profiles by being asked who they enjoyed working with and why, what qualities their favourite worker possessed, or what is it about the person who works with them that inspires them. The aim was to identify common characteristics that will inform future decisions regarding job candidates. The organisation claimed, however, to be maintaining its commitment to recruiting people with the right qualifications and continue to abide by its job evaluation system. At the same time, the organisation wanted candidates to:

> *'Bring your heart, your humour, whatever those things are.'* (Human Resources)

There were also efforts to make adverts more engaging and take some of the corporate language out of the organisation's recruitment material, while also allowing some local input from project managers. The adverts would include profiles of relevant young people. In doing so, the organisation was undertaking change in a similar vein to the mixed services provider in trying to paint a realistic picture of what the job entailed.

> *'Put that information in the advert so that people think 'oh that sounds fantastic. I'd love to work with those kids'. So they get more drawn into it. So we can stand out a little bit, but also that they're more committed...my aspiration is that they may only get ten applications but they could shortlist all of them because they all meet the requirements because we've been open and honest about the expectations of the post. We've given them as much information...from the workers point of view, of the challenges you can face. You don't know what you're coming into each day...that it does mean you have to work weekends. '*(Human Resources )

The children's services provider also stepped back from the 'befriending' model of personalisation, where the personal dislikes or likes of the worker were matched to the service user. The organisation accepted that there would be some element of matching, but did not want to make this a central requirement. Befriending activities were perceived to be more suitable for volunteer roles. In addition, many of the services were not as yet individualised, but rather configured around bulk respite provision where SDS users would join non-SDS users in various activities. In addition, there were concerns about the job security of workers.

The only exception was with a group of Educational Support Workers who supported children in mainstream schooling, or in the organisation's own school. Here, there was the possibility of redundancy situations if the child left school or no longer needed the support. If a suitable alternative child was not found, then the worker could be vulnerable.

Finally, despite the demands on the workforce for greater flexibility in working time, the organisations in this study generally preferred not to move to the widespread use of zero-hour contract (ZHCs) workers to staff their SDS projects. Respondents felt that ZHCs were increasingly subject to bad publicity. Respondents, therefore, introduced either full-time or part-time contracts, which in the latter case would normally contain the possibility of flexing up or down depending on demand.

## Induction and Training

The children's service organisation was becoming involved in attempting to personalise induction. The aim here was to begin induction even when those who had accepted a post were serving their notice with their previous employer, the aim being to get the recruits engaged from the earliest possible point and to make them aware of what their new roles involved. This approach to induction would involve the distribution of emails and newsletters concerning the service they were going to work in.

Each organisation reported some changes to training, but not all necessarily connected to personalisation. The organisations in this study undertook general workforce-wide briefing sessions and training events concerning personalisation and its impact on services. Within the mixed provider of services a new training facility was opened, which was open to staff and the people they worked for. At the same time, there was limited interaction in the space between the two groups. Service users were not directly involved in staff training beyond exceptional workshops set up by individual projects. There was also no service user involvement or input into any of the statutory training. For the children's services organisation any initiatives around training were to come from the *In Control* project, which was in its early development, with other organisation's in the project undertaking pilot work around this theme, which would be disseminated once completed.

What did come across in the research was the collegiality of some staff teams; in essence interviewees had colleagues they could, consistently, turn to for support or advice on a day to day basis. This may be the result of the philosophical 'buy in' among staff, as this might not always be the case, organisationally, in different areas of policy

implementation; nor indeed was it perceived, in the organisations we researched, that there was a similarly consistent approach to 'buy-in' across local authority staff.

## Performance management

Changes to organisational performance management systems and process from personalisation were also limited. The multi-user agency had developed an outcome assessment tool for the people they worked for. These outcomes were then subsequently cross-referenced with the targets of key workers assigned to particular individuals. At the same time, the HR Manager cast doubt on whether there had been a sea change in how performance management was undertaken. Links between outcomes and individual staff performance was more informal. An explanations for this lack of progress included resistance from line managers in operationalising the new assessment tool.

The children's services employer was attempting to establish a closer link between the individual outcomes of service users and performance appraisal and supervision. The organisation wanted to establish 'planning circles' made up of frontline workers, the line manager and service users, where targets and outcomes would be discussed and agreed. Ultimately, the aim was to have service user and family input into appraisal and supervision processes. This would be a change from current feedback mechanisms which focus on the overall service, rather than individual workers. At the same time, there were concerns that users would be reluctant to report back on the performance of individuals they work with. Line managers and the front-line workers also reportedly needed further training concerning what constituted 'outcomes' within a system of personalised care, and how a young person can be progressed towards achieving them.

## Team working

Two of the organisations recognised that the introduction of forms of self-governing teams and team working were being introduced in other providers to facilitate personalised services. Yet these organisations were reluctant to introduce this approach to work organisation. The multiple-user provider reported that the organisation was too wedded to existing hierarchy and layers of management to undertake such change. The HR Manager felt this structure had served the organisation well in terms of good Care Inspectorate reports.

> *'A lot of the pride in (this organisation) is around achievements recognised by the regulatory bodies of high levels of quality of care, and what comes with that or how it's been attained thus far is actually quite a high degree of control from managers actually. I think there would be a certain reluctance to give that up because of the risk, the business risk that that poses. The direct business risk of stepping back without adequate systems in place to ensure we're not going to have a negative impact on quality.'*

## Impact of public expenditure cuts

Each of the HR respondents did report how SDS was to a degree being undermined by the current climate of public expenditure cuts. One HR Manager reported that in the current climate reassessments and re-tenders, whether associated with SDS or not, were always associated with reductions in funding. At the same time, there were clear suspicions that the motivations of local authorities in introducing SDS did in large part involve making savings.

*'I would like to think that there was some good wholesome motivation for personalisation and it's not entirely cost...look at who grasped it first did they do that because they were so on board with the concept of personalisation? Or did they do it first because actually they really needed to make some savings and by making a big change to how that was awarded then that segued nicely into reducing the amount of expenditure? '* (Human Resources).

Another HR Manager added:

*'This (SDS) is about cuts. 'We (local authorities) give you a smaller budget, and then we make it a more competitive market out there, because you are not guaranteed the business anymore. Then you have to cut your costs'.*

These cuts could cause tensions. The HR Manager from the mixed services provider reported how there were industrial relations issues whenever there was a move to SDS work away from block contracts. This was because such a move was normally associated with the elimination of tiers and grades of senior support staff and/or team leaders and line managers. In the case of senior support staff, the manager reported how traditionally these were clearly differentiated (in terms of salary and tasks) from support assistants. A combination of SDS and cuts, along with upward pressure on support assistant salaries from the Living Wage movement was making these differentials less tenable.

## The Employee perspective

Due to the ad-hoc nature of HR change, unsurprisingly across the organisations there was limited evidence that personalisation was making any difference to the working lives of individual employees. Changes to HR policies designed to enhance employee engagement in processes of change associated with personalisation, such as performance management and supervision and training appeared to be in the early stages of development. At the same time, there were areas that employees expressed support or reservations regarding changes to HR policies.

## Training and development

The extent to which employees felt they benefitted from relevant training in skills associated with the delivery of personalisation varied across providers. In the children's services provider there was a general consensus that the training was timely and relevant. Particular areas of value for employees was the training designed to equip them with the ability to accurately relay to service users their rights as recipients of SDS. At the same time, it was suggested that there needed to be some degree of refresher

training/information for the workforce. Indeed, one long-serving employee from the mixed provider reported that they initially had training in the early days of SDS but had received nothing since. Refresher training was seen as vital because respondents across all the organisations increasingly complex and demanding roles associated with SDS.

> *'Previously it was maybe just kids with autism or ADHD. We're now getting kids, or kids with learning difficulties and 'we're now getting kids that haven't just got that.'* (Front Line worker)

Moreover, other newer members of staff in the children's service provider were still awaiting training. Similarly, in the mixed services provider respondents reported initial introductory training when SDS was first implemented but reported uncertainty regarding whether there would be any follow-up. Indeed, another respondent felt that the training was more information sharing through 'roadshows' conducted by senior management rather than any systematic organisational effort to upskill the workforce.

> *'We had a meeting earlier in the year and it (SDS) was discussed. No training as such. It was basically just information on what SDS is and how we can promote it and almost the benefits of it.'* (Front Line worker)

> *'It's about time - flexibility in working time'*

Given that much of the effort regarding workplace reform within organisations was focused on enhancing working time flexibility, front-line employees were asked their experiences of these changes. Employees reported being subjected to increasing pressure to attend work at times they found disadvantageous. This pressure came from several sources. In the children's voluntary organisation, for example, it came from more assertive parents. One respondent reported:

> *'I suppose it (personalisation) has changed things. I think the flexibility part – again, I would say I think parents who have a package are far more likely to get in touch directly and email or just phone the service, whereas other families would go through social work and maybe not phone the service so readily. We have one or two parents who are quite happy to phone up the service and say 'no, these dates don't suit me'.* (Front Line worker)

Another added:

> *'Once you put money into people's hands – and this is just from the parents that have mentioned it to me it's – 'I want my son on this day, I want this'. They seem to prefer that because they are making more of a decision in their child's life... They will query any discrepancy in it.'* (Front Line worker)

This individual added that there was a marked contrast with other parents who did not hold budgets and appeared content with services provided through social work.

Some workers exhibited a growing awareness that they were working with people who had their own individual budgets and so felt increasingly obligated to them. This included attending and not missing an interaction or session with a service user.

*'I'm very aware of it when you're doing one to one work, or you're providing something…if there's not something within that frame, in the four hour frame, I feel a bit guilty…because they're paying for that.'* (Front Line worker)

At the same time, the above respondent indicated that this represented only a marginal shift in his own understanding about how to apply his professional practice, and that the change to his working life was not too significant.

Others reported greater flexibility so that absenteeism was covered. Workers had close relationships with families who had their own budget and were also very aware of the type of crisis they could find themselves in and the consequences of any disruption in service.

*'It's not that I particularly want to work the extra hours, but you can see how much of a crisis they're in and how much the respite or outreach or whatever it is means to them. So you feel obliged to step in at times when you really don't want to be working over the hours you're contracted.'* (Front Line worker)

Overall, however, there were quite widespread perceptions that the enhanced flexibility demanded from employees could have negative effects. With regard to work – life balance, for instance, some employees reported how their employer successfully struck a balance between service user need and worker working time preferences.

*'We have quite a few staff who need certain flexibility for childcare and we work it out. There are times when it just can't happen, but I wouldn't say that is directly impacted from the SDS.'* (Front Line worker)

Other front-line staff reported quite different experiences, however. They claimed their employer, because of the desire to attract additional income from SDS service users, could demand frequent and disruptive changes to their working patterns.

*'Our rota can change very, very quickly and it does sometimes. I've got a rota that tells me the next few months. It's almost redundant as soon as it's out, because you have people phoning up and saying 'I'd like such and such on this day because' – so immediately my rota will change and it will say well actually you were meant to be on seven o'clock to two o'clock that day. Because such and such is coming in and you're very good with that particular child, I'll put you in nine o'clock to half past five'.* (Front Line worker)

Subsequently, there were respondents who experienced disruption to their home life.

*'I'm 49, me and my wife had kids late on, so we've got two young children. So she's a stay at home mum just now. So for things like child care…I did a long shift yesterday, so today I want away early to do some chores. So things like that it does have a slight effect.'* (Front Line worker)

Other workers reported how the employer could be more coercive in its control of working time. One respondent suggested that there was an element of 'forced availability' in their employment relationship in order to fit with user demands.

*'If you're asked to do something, you're kind of expected. Most of our terms and conditions I think state your shifts can be changed, your annual leave can be taken off you should the service require you...it's more prominent now than it was before. So there's a stronger expectation for you to suit either the person you're working for or the service.'* (Front Line worker)

This tendency within parts of the case study organisations to enforce greater flexibility revealed a tension within the SDS programme that could have negative impacts on services and worker morale. In particular, it was felt that because service users had choice and could take whatever quantity of hours they wanted within their budget this led to a degree of intangibility in demand and so working hours. Work for many prospective employees or new-starts was reportedly perceived to be too fragmented, involving split shifts. The following extended quote from a long-serving front-line worker encapsulated a lot of the problems and tensions around SDS and its capacity to exacerbate already difficult recruitment and retention problems among providers.

*'Parents are kind of wanting support at the same time which is out of school hours. So I think that becomes problematic where you're asking somebody to work for an hour and half a day or an hour in the morning, an hour at night or whatever. It's tying up their day for very little reward...they're working here all weekend and maybe they've got a couple of outreaches during the week at night. Then the parents want them in maybe on a Monday after school, on a Thursday after school. So they haven't got a day off work, but they're not actually working a lot of hours. So that part probably prohibits people from agreeing to it I would think. The travel, they might have to travel 20 miles to do an hour's work and 20 miles back. They feel it's not worth their while... The way it's working it's almost like zero hours contracts isn't it? It's like, well we'll want you when we need you, but when we don't need you, we don't want you. So I think we need to look at protecting the workers' hours more, making them contracted hours.'* (Front Line worker)

It is interesting that the above quote illustrates a working pattern very much like that reported for those working under ZHCs, without actually formally being employed on one. The employer's ability to flex up or down on a part-time contract is arguably just as disruptive to an employee's working life as a ZHC. The dilemma for employers in this context is that they have to acquiesce to the demands of the parents or users, or other advocates holding the budget because under SDS *'customers'* can go elsewhere if dissatisfied.

Requirements for flexibility could also impact on workers' well-being.

*'It can be quite difficult. I personally suffer from anxiety, which I don't particularly like to manage with medication. I like to control it using exercise. So I'm a member of a gym (for which) we have to book classes a week in advance... If something was to change at the last minute and then I would no longer have access to the gym... so that has a big impact for me personally.'* (Front Line worker)

This impact on health and well-being was reportedly exacerbated by services that were perceived to be under-staffed. This meant responsibility for cover for absence or failure to recruit new team members was put on a diminishing number of long-serving staff.

> *'This service, along with other services I know of, is run on the goodwill of the staff. There's not enough staff at times, it's hard to recruit now and people are always having to step up and do extra shifts when they really don't want to.'* (Front Line worker)

## Enabling flexibility in working time through negotiation

There was some suggestion from the data that a potential key to overcoming tensions around working time under SDS involved enabling processes of negotiation between management, service users and staff. Workers appeared much more amenable to additional responsibility, covering shifts and greater flexibility, if there was real two-way dialogue with their employer. One worker revealed how:

> *'Before the rotas done they have a choice from the start. This is the dates you are getting – is this okay? If there are any problems, then we'll change it. So we know if there is going to be any changes.'* (Front Line worker)

At the same time, such negotiations should not be limited to employer and employee; several workers spoke of the benefit of developing better relationships with clients or their advocates. In the children's voluntary organisation, workers revealed how parents of SDS funded service users engaged in these negotiations in a positive manner, with relationships resembling notions of co-production.

> *'We'll meet up with the parents – what would be best for that child?...A lot of the ones that have got the SDS they seem to listen to what we say as well... we'll phone them before we do the rotas. 'Is there any days that you can't do? Is there any days you want? Because obviously we can't please every single person...They understand as well there's things if there are certain days that they want and we maybe just can't do that, they understand that... if the staff can't do it because of other commitments then they would be told – the parents would be told 'I'm really sorry, we've tried. Got a really good relationship with the parents. I think because we phone them a lot and we and see them. You need to build a relationship I think and some of these SDS I don't think would work if you didn't.'* (Front Line worker)

Workers in the mixed provider reported how negotiations of this type could be tense at times, especially during busy periods, but were always preferable to the imposition of changes to rotas or 'forced availability'.

In addition, tensions around working more unsocial hours could also be ameliorated by more tangible rewards. In particular, in the children's services organisation the HR Manager felt that much of the controversy and tension around asking workers to attend during periods of unsocial hours were prevented by staff still receiving some level of additional payment for such activities.

## Cost constraints and budget cuts

It was apparent that tensions and barriers within organisations implementing SDS were not confined to issues around flexibility in working time. On the front-line there were concerns raised by some staff regarding the implications of ongoing cost cutting in public expenditure and its impact on personalisation. Workers brought to our attention cases where finite individual SDS budgets meant services could simply stop.

> *'There was a young lad that we get in during holiday time and apparently his package of care was used up, the money was used up and that was SDS. A social worker said, your budget's used up, that's it. I think we had to stop it.'* (Front Line worker)

Nonetheless, there was no significant evidence of these cuts raising perceptions of insecurity among the workforce, in terms of job tenure. There was recognition among some workers that service users were 'shopping around' for cheaper options among alternative providers because they were holding budgets that represented a cut in their previous provision. Workers raised concerns regarding the quality of services offered from some of these alternative providers, and whether they were sustainable in the long-term for the price offered.  Of further concern were reports that, in order to save money, families of vulnerable children were being steered to cheaper providers by local authorities.

> *'Some families have actually said that they have been, in their words, round the houses before they eventually arrive at us. They've been around all the cheaper service providers and it hasn't worked. It's where they've been steered by social workers or the authority.'*  (Front Line worker)

Other concerns regarding quality related to management's response to insecurity in funding. One respondent raised concerns that in order to secure the ongoing survival of particular projects, management just tried to grow income with little consideration of the suitability of the child to the particular project team.

> *'I personally get the feeling that they'll just agree and take on any service, agree to anything and it's not for the benefit of all the children that come in here always. You've got combinations of children that don't work and children that maybe need medical needs... it feels like the job is getting harder and harder.* (Front Line worker)

Indeed, when liaising with social workers from local authorities, some workers reported how the actual level of choice open to service users was constrained by extremely limited resources.

> *'They're frustrated at the lack of resources that they have and the lack of choice they have in offering people choice.'* (Front Line worker)

Several employees across the case studies also reported that the difficulties with staff shortages and retention were associated with this squeeze on resources and the accompanying impact on pay.

*'They're not staffed enough at times it's hard to recruit people now and people are always having to step up and do extra shifts when they don't really want to... it's got worse lately, I think it's because wages have been stuck for quite a while. (This organisation) used to be ahead of the field as far as wages were concerned and I would say they're not now. So it seems harder to recruit.'*
(Front Line worker)

## Summary of workforce enablers and barriers

Despite social care being a labour intensive sector, the use of HR policies and processes as enablers of change in the workplace to progress personalisation was patchy and ad-hoc. Any changes to areas such as recruitment, training, induction, performance management and team working were in the early stages of development. Nevertheless the above findings did suggest some potentially useful initiatives or *enablers* which other providers may wish pursue. In recruitment, two of the providers did not embark on recruitment processes designed to match individual service user interests and tastes. Instead, the emphasis was on providing realistic assessments of the nature of work in personalised services with the aim of helping staff retention. There also appeared to be calls from the organisations for up-to-date or provide refresher training on personalisation, as well as sessions devoted to training staff in the nature of 'outcomes' under SDS and their implications for performance.

One of the strongest changes advocated by organisations to implement SDS appeared to be around the employer requirement to increase flexibility in working time among new starts and current employees. It was also noticeable that the use of zero hour contracts was not seen as the answer to the demand for greater flexibility from staff. Yet, this demand for greater flexibility appears to be one of the key tensions and, at times, potential *barriers* to the successful implementation of the SDS programme, as 'forced availability' coerced employees to attend work during unsocial hours, undertake additional shifts to cover for absent or employees who quit and led to a fragmentation of work and some problems with work – life balance. Evidence above further indicates that this drive for flexibility can detrimentally effect employee health and exacerbate recruitment and retention problems. In terms of resolving this tension, employees identified genuine dialogue and negotiation between the parties as a key *enabler* where the interests of each are properly aired, and compromises built.

Much of this enabling dialogue concerning working time appeared informal within participating organisations and it was noticeable that each of the cases were not developing self-governing teams similar to the Buurtzog model to deliver services. Such approaches to work organisation in health and social care are designed, among other things, formally to devolve responsibility for rotas and shifts to the workforce. Further research is perhaps needed on whether these forms of self-managing teams or traditional hierarchal forms of work organisation constitute the best way of facilitating the necessary dialogue between managers, service users and staff towards resolving of tensions around working time.

At the same time, there remain concerns raised from the intangibility and variability in services under SDS that fragment the working day, which may not be easily resolved simply by dialogue. Employers may have to think more carefully about other factors regarding the organisation of work such as location, availability and convenience of transport links for workers. There is also the issue of unsocial payments for additional shifts and cover of absenteeism.

Public expenditure cuts continued, however, to be a factor that loomed over the success or failure of SDS as managers and workers identified clear connections between the two which affected jobs, pay and other conditions. In turn such factors were clearly associated with problems around recruitment and retention in the sector, and ultimately service quality. Policy-makers, therefore, have to think carefully in the coming years about the resource base that underpins SDS in order for its aspirations to be met and sustained.

# Focus group research with SDS based service users

The primary focus of the research was around enablers and barriers to the provision of SDS. Substantial involvement of service users, at this stage, was not envisaged; the research inquiry was around organisational arrangements and the experiences of different tiers of staff. That said, it was decided to pursue engagement with clients on a limited basis, primarily to gauge the potential for future research involving a much more substantial service user involvement. To this end, a small focus group of three service users  who had, to varying degrees, an awareness of SDS  and were able to discuss the implications, and the experiences of, moving towards an SDS approach, was organised. It should be noted that the focus group was made up of a convenience sample of participants organised by one of the voluntary organisations which was part of the wider research. The data is thus, again, not generalisable, but represents an exploratory account.

All participants were currently on either Option 2 or Option 3. There was a clear awareness around the conceptual thinking behind SDS but also the limitations of realising the principles in practice. These limitations for the most part came down to staffing levels but also existing patterns of work. Thus exploring a greater range of options and activities might (as the literature acknowledges) involve greater levels of investment which was not likely to materialise in the current climate. All respondents had concerns about the ability for their outcomes to be maintained after their next review with social work services.

Availability of support had been perceived to decrease around the same time as service users had gone on to SDS Options. About the timing of changes to this level of support:

> *'Not always been the case....this year.....added on so many service users.* (Service User)

Prompted on the possible reasons for this, the interviewee said:

> *'No one explained. Why are you taking on so many people? It's head office'.* (Service User)

Two service users had negotiated levels of support in order to facilitate short holiday breaks. These holiday breaks were very well received and the reduction in support to release funding for the breaks. In one case this negotiation involved a reduction in support from 26 hours per week to 19. Asked to comment on whether or not this new arrangement was manageable, the interviewee remarked:

> *'Better. I need time to myself to relax …. gives me time to think about what I want to do.'* (Service User)

One service user was keen to have a holiday but was aware that the level of support that would be required was greater than that required by the other respondents, and thus would require greater negotiation of existing support. This interviewee was not prepared

to take that risk, as she did not feel confident that she could go without existing support levels. In this case, the flexibility of budget use was limited around the service user's circumstances.

All three of these respondents had concerns about the potential for support to be withdrawn (on the grounds noted elsewhere in this report that if it was not required at the time of its 'banking', it could be argued it would not be required in future). Respondents were keen to stress that, while withdrawal of support *could* work well, support *might* still be required given that they all lived with circumstances which could require support on an unpredictable, and so uneven, basis; in short, there needed to be confidence that reduced support was reversible. This came across as a crucial issue with both staff in their interviews and with these service users; that is, the need for a framework where there could be space to explore different arrangements and more flexibility, but also retain the option of greater support where and when it might be required. As it stood, those interviewees who had had their hours of support reduced in order to release funding for more creative activities had adjusted to this by developing activities in their own living space.

All three interviewees had outcome focused approaches to their support, but the kinds of things that one interviewee wanted could not be realised. This interviewee, was keen to spend more time outside the immediate area where she lived and had recreation. This was deemed difficult to realise, as the existing organisational policy required her to have one to one support outside her immediate environment; this was, in terms of current staffing, not possible. Of the outcome focused approach that had been used to discuss this, the interviewee remarked:

> *'They tried that but it's not working.'* (Service User)

Interviewer: Why's that?

> *'Because there's not enough staff.'*

The service user had suggested staff support for a simultaneous small group of service users , but the one to one policy remained in place. A second interviewee explained this was policy in case confidential issues needed to be discussed in the course of the time spent outside. But the original participant  felt both willing to be part of group excursions and willing to forgo the discussion of confidential issues during this time if need be, an approach that she felt had still not been given consideration.

> *'I think you should be able to join, like, with one other service user ....we're not allowed to do that here. It's one to one and that's it.'* (service user)

Thus there appeared to be organisational guidance around this issue, but it not in a way that had a clear rationale for the service user. This point segued into a broader discussion around knowledge more generally, where there was a strong appreciation across the group of citizenship rights and a willingness to argue for these rights if policy on the ground was perceived to be out of kilter with the legislative intent.

# Chapter 7:
# Conclusions and points for consideration

All policy implementation involves a policy context. It would be naïve to try to separate out implementation as somehow just an administrative *process* rather than a more politically complex 'policy to action' continuum (Hill and Hupe, 2010). The exceptionalism of SDS policy compared to the dominant policy arrangements of the past twenty years - that is, the absence of an overarching centrally commanded performance framework and the reliance instead on local organisational arrangements and negotiation - has already been noted.

Whereas implementation theory has been rather side-lined in the era of New Public Management, with its focus on delivery of central defined performance and use of policy instruments to achieve this, SDS returns us to an era where policy was offered as a set of broad parameters from which implementation would proceed in locally shaped contexts. To this end, there are some clear resonances with classic implementation theory discussion which prove useful in unpacking to what extent and why there are enablers and barriers to SDS delivery.

There was strong representation in the focus group with Personalisation Leads that SDS has become, in part, a 'political football' amidst wider tensions between central and local government in Scotland. Thus, in the approach to implementation, not least the explicit expression that SDS was felt to be a mechanism whereby local authorities were enacting budgetary cuts, the principles of SDS were felt to be, at times, subsumed by wider politics. This is, of course, one of the reasons why there was a move towards the centralised control of delivery via policy instruments (for example performance regimes, etc.) that were the hallmark of the New Public Management era; the attempt to bypass local discretion which might manifest itself as local resistance to policy implementation. In this sense there are echoes here of previous policy (for example the Griffiths Report based Care in the Community legislation, which was delivered alongside resource management models and an acknowledged failure adequately to fund transitional costs of delivery).  This takes us back to the discussion in the literature review about the contested ways of seeing personalisation itself as a concept; as about citizenship and meaningful engagement or a shifting of responsibility for welfare obligations from the State to a series of co-produced (and co-resourced) local arrangements. It can of course, in the essence of policy complexity, have elements of *both* simultaneously (reminiscent of the way in which Care in the Community was perceived as both a resource management mechanism and transfer of responsibility, and also a significant shift towards citizenship rights at one and the same time). The research here reveals some frustration on the part of the organisations with which the research was undertaken, and from Personalisation Leads, about the pace of change (slow in some cases), the constraints of eligibility for funding, and the inconsistencies of approach across different localities. Disentangling the organisational complexities (finance, marketing, labour supply, customer relations, questions about eligibility) from the politics of engagement (ways of implementing fiscal stress, resistance to reshaping the

administration of existing arrangements or resistance to the concept of individualisation of welfare) are not straightforward and not always observable through standard research instruments. This issue is noted here because it was raised in the course of the research; that barriers to implementation might be operational, or political, or both according to locality and, as such, this ought to be acknowledged as the implementation of SDS proceeds.

The research also notes that where there was greatest harmonisation over the implementation of SDS across providers at specific local levels, there was a shared conceptual and organisational understanding in place which had been developed over a considerable period of time (indeed, clearly predating the legislative framework of SDS). It is an understandable temptation to look to existing models of 'what works' in a manner that decontextualises the specifics of local arrangements. While these existing exemplars have their uses, there needs to be a caution against looking to them as, in themselves, solutions to implementation complexities elsewhere. As the parallel legislative framework of integration across health and social care should note, it is the development over time of trust and understanding of working cultures, rather than structural adjustments, which will prove more durable instruments of policy change. In this sense, for many localities, SDS policy implementation is just setting out.

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