Personalisation: back to the future? Reflections on the 1968 Act

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Introduction

Personalisation is now a well discussed issue, in both policy circles and a critical literature, albeit it may still be understood in different ways across different sectors of social care and health. Our interest in exploring links between personalisation and the Social Work Scotland 1968 Act was based on a combination of research interests and practice experience, each of which had uncovered conversations that suggested personalisation could be viewed as, in some measure, a return to aspects of how social work had been practiced before the advent of care management; in its most optimistic expression, for example, to a more relational approach which drew on community strengths and afforded the opportunity for social workers to think imaginatively, use discretion, and be trusted as professionals. This struck us as an inchoate, and certainly under-researched, issue but one we were intrigued to explore in light of our interest in personalisation but also in the context of this collection of papers reflecting on the 1968 Act.

We viewed this with some caution; social work historiography points to the pitfalls of making broad assumptions about previous eras (Burnham, 2010). So our approach involved a small scale, but in-depth, set of interviews with participants who had practiced social work in the wake of the 1968 Act, around a broad research question; what resonances with the 1968 Act can be found in the current pursuit of personalisation policy in Scotland?

The chapter opens with a discussion of personalisation, based on the critical literature which has developed in recent years, much of which adroitly addresses some of the tensions inherent in the concept and, more recently, in its implementation.

Personalisation and Self-directed Support

There is now a substantial literature on personalisation and, within that broad rubric, a growing set of research enquiry around its legislative framework in Scotland, viz. Self-directed Support. Some of the key themes from this literature will be explored here.

Perhaps in something of an echo of 1968, Scotland is distinct in its policy around personalisation from developments in England. It focuses less on outcome targets (which have driven aspects of adult social care, in particular, south of the border) and offers greater flexibility for both users and implementing agencies. It also explicitly, as Pearson *et al* (2017) note, draws on background literature around aspects of democratization and participation. The available SDS Options range from the status quo - of what is largely existing service delivery - to individual budgets managed by users, budgets shaped by users but managed by local authorities, and an admixture of these. The preponderance of SDS activity has been in adult social care, although there have been examples of use in the areas of children and families and older adults. The picture across Scotland is uneven; in most areas there is a marked preponderance of users remaining with patterns of delivery based on local authority service providers but there are significant variations in different localities, usually based on users opting to control their own budgets. The absence of performance management and outcome targets from central government (the utility of which have been roundly critiqued in

recent years - see for, example, Caulkin, 2016) may, in part, reflect an awareness in policy circles that a target culture bridles against local initiative (as noted by the Christie Commission, 201) but may also be a reflection of the illogicality of offering 'choice' but then mandating outcomes for how this choice should emerge in practice. This absence of an overarching performance regime also allows greater scope for personalisation *not* to be enacted with much energy at a local level, notwithstanding the legal requirement embedding the choice of Options for service users. This unevenness of implementation may not just be about SDS policy, *per se*; resistance to its implementation may occur where other areas of significant policy change are simultaneously being pursued; in a Scottish context this would most obviously be the health and social care integration agenda (with its attendant expected outcomes), which, the research indicates, has often taken priority over SDS (Eccles and Cunningham, 2018; Pearson et al, 2018). Disentangling the reasons for slow adoption are, therefore, not straightforward.

The push towards personalisation in Scotland emerged from the *Changing Lives* (2006) report of the then Scottish Executive, which explored, *inter alia*, the dynamics of demographic change and provision to meet care needs. The pitch in the direction of personalisation was based, as Clarke and Smith (2012) note, on limited research evidence. The argument in *Changing Lives* – that personalisation was 'both an unavoidable and desirable direction for travel for social work services' (2006: 32) owes more to 'an idea whose time had come' (Kingdon, 1995) as a policy driver than to robust piloting. Subsequent to the policy push, The Scottish Government (as it had then become) set up test sites across three Scottish local authorities, from which emerged the report of Ridley *et al* (2011) *The Evaluation of Self-Directed Support Test Sites in Scotland*, leaving the transition to SDS to be negotiated locally, given the varying local contexts for its

implementation. Ridley *et al* noted, despite the challenges evident in its implementation, high levels of satisfaction experienced by recipients, 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). The trick, then, would be in scaling up, especially in a period where resources were under significant pressure and where there was still uncertainty over quite what personalisation might involve. One such definitional tension 'is between choice - an essentially consumerist understanding of user engagement 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' (Eccles & Cunningham, 2016: 15). Quite how this tension plays out in practice has been open to interpretation and has, accordingly, influenced the ways in which personalisation has been operationalised (Beresford, 2013; Needham and Glasby, 2014; Pearson et al, 2017).

These tensions are worth exploring further, as they underpin some significantly different views, conceptually, on the desirability of personalisation and also offer an insight into how well it can be delivered in the prevailing structures in, and discourses around, public services. Arguments supporting the advantages conferred by personalization include flexibility and choice (Manthorpe et al, 2011), the potential for these to be afforded by outcome-focused assessment (Miller, 2011) and the strengthening of participatory rights (Duffy, 2009) in this process. That said, MacIntyre (2012) notes the caveat of the need for ongoing support, the absence of which, in practice, has been highlighted (Needham & Glasby, 2015) and knowledge of which absence has deterred users from exploring SDS Options (Eccles & Cunningham, 2016). It has also shifted one-time advocates to a much more critical stance around its implementation (see

for example Duffy, 2014). Other broader critiques alight on the lack of creative engagement around outcomes with users (Roulstone, 2013), as personalisation struggles, at times, to be realised beyond the traditional bureaucratic structures of local government. All these issues were explored by Manthorpe *et al* (2013) in their *Embarking on self-directed support in Scotland: a focused scoping review of the literature*, the gist of which centres on the *capacity* for implementing agencies to alter their ways of working. Further conceptual tensions around personalisation have been well rehearsed in the literature: for example Ferguson (2007; 2012), who notes the way in which the State may disengage from the provision of welfare by transferring not just service provision but obligations and responsibilities onto the individual. In this sense the democratic potential of personalisation takes a diminished role to the consumerist angle, where responsibility and risk rather than power and control are given over to users. Lymbery (2012) offers a nuanced summary of these tensions, in an account which openly explores the merits or otherwise of personalised approaches, as does Scourfield (2007) when he argues that personalisation may, in some respects, embody important aspects of what social care should be about in terms of social work values, but noting also the potential for the individualisation of responsibilities, shaped around the role of 'active, responsible and enterprising' citizens (Scourfield, 2007:112). What happens to people who are not able to be 'active, responsible and enterprising' citizens (through issues of capacity or circumstance) becomes a moot point for Scourfield. This links to the research findings over the take-up of SDS Options, where the move away from local authority provision is made primarily by users who may be better able to understand the Options, handle financial matters, and articulate their wishes accordingly (Eccles & Cunningham, 2016; 2018). In this light also, Barnes (2011) observes that, in the development of 'active' citizens, care practices may be a marginalised. Of course, the notion that care might

potentially being a form of control over users' independence has been highlighted (Beresford, 2013), but there may be users of social care - such as some older people or people with long standing infirmities – who are less able to be active and engaged and thus risk being marginalised in a more consumerist approach to the personalisation idea, however democratising the language behind personalisation in Scotland appears. In this vein, and following through on Barnes' argument, personalisation has the potential to be *disempowering* for some more vulnerable user groups unless it is implemented with due awareness and sensitivity to its implications.

Aside from these more conceptual issues around user engagement and the availability of sustained funding for SDS outcomes, there have also been problems with commissioning and local labour supplies (Audit Commission, 2017; Cunningham and James, 2014) to facilitate personal outcomes. This takes us back to the *Changing Lives* report and the way in which personalisation was presented as 'both unavoidable and desirable' but which lacked, at that stage, a robust exploration of its tensions and complexities in practice. The pilot studies of Ridley *et al* and Manthorpe *et al* highlighted just what these might be, and subsequent research on the implementation of SDS in Scotland has reinforced this. To this end Social Work Scotland has offered exemplars of personalisation in practice (Critchley and Gillies, 2018) and advice on commissioning (SWS, 2018b) but these attempt to address, rather than rebut, the research evidence. The policy task now is to reflect on the complexities, engage with the operational difficulties and – where need be – change tack to take account of these. To do otherwise may mean the 'idea whose time has come' becomes an idea which has come and gone.

Research strategy

As noted above, our approach involved a small scale, in-depth, set of interviews with participants who had practiced social work in the wake of the 1968 Act. Sampling was based on two precepts: purposeful - interviewees had to have practiced in this period - and convenience, being based on current availability and location within central Scotland. It drew on ten participants; six male and four female. Eight had practiced social work in the 1970s; of the remaining two, one had started in 1983 and the other was an occupational therapist who had worked predominantly in social work services over the same period.   Participants had all practiced across central Scotland; the preponderance in urban areas but there was also practice experience gained in more remote settings. Albeit the areas of practice were clustered across the 'central belt' they covered experiences from six different local authorities. Interviewees had a range of specialisms to their practice, but all, at some point, had dealt with children and families.

Ethical approval for the research was granted by the University of Strathclyde Ethics Committee via its delegated authority to the School of Social Work and Social Policy Ethics Committee. The ethics proposal laid out a very comprehensive account of potential ethical issues, key among these being accounts of practice which could be deemed problematic in terms of unacceptable risk or poor practice. We heard accounts of practice which would not, currently, be regarded as 'best practice' but none which caused us to think these practices had been harmful to the service uses involved. Our interview questions drew on key areas of practice which would be relevant to the current personalisation agenda. We did not assume that interviewees would necessarily have an in-depth knowledge of this agenda (albeit our piloting of the interview schedule

suggested otherwise) and we were thus prepared to make links between aspects of historic practice relayed in the interviews and our own understanding of the current practice context. In the event all participants were knowledgeable - and often in considerable detail - on key aspects of personalisation and Self-directed Support, and were thus able to compare and contrast their historic practice to the aims and implementation of current policy.

The interview schedule was piloted, amended in light of some of the issues raised, and was supplemented by discussions with key informants which also helped shape its format. It used a semi-structured approach which offered scope for clarification, further exploration around the core issues and revisiting issues as they seemed relevant in the progress of the interviews; each interview lasted around seventy minutes; all were recorded, with interviewee consent, and fully transcribed before being analysed for key themes and information (see Miles and Huberman, 1994; Silverman, 2008). The study here, then, is limited in scale, exploratory and cannot be assumed to be generalizable across other areas of Scotland. Indeed, such was the absence of standardised guidelines for practice in the period under review, as became readily apparent from the interviews, that broader generalisations even within the West Central Scotland area would be difficult to make. However, 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 richness of the data we would argue it offers just such a platform. Drawing on the personalisation literature, discussions with key informants, and our piloting, four areas central to Self-directed Support were explored. First, the nature of community; its make-up, its capacity to offer support, and its current political conceptualisation. Second, the role of social work in the wider sphere of public

services; how it is viewed, its relationships with other organisations and how its values could engage in inter-professional settings. Third, finance; its availability and the decision making processes around resource allocation. Fourth, regulation and risk; regulatory frameworks, professional discretion and accountability and understandings of risk. We now take these areas in turn in testing our research question, viz. what resonances with the 1968 Act can be found in the pursuit of personalisation through SDS in Scotland?

Community

Although we were familiar with the period under discussion, the sheer scale of social and organisational change being wrought at the time was evident from the interview data. Foremost amongst the social changes was the reshaping of work and work-based communities in West Central Scotland with the massive – on any comparative analysis – deindustrialisation from the late 1970s, while the increase of women in the workforce changed their role (often combining work with family responsibilities) within these weakened communities. Albeit communities were often communities of necessity (in the absence of other forms of support) rather than necessarily choice, all our participants noted the availability of close family in the immediate community, or trusted neighbours who could be called upon - in the event, for example, that children within a family would need temporary removal from a home setting. As one participant commented:

> *I would say when I was working years ago there was much more of a sense of people living in communities that did things with each other and that people were friends with their neighbours. Next door neighbours would have keys for the person's house. There was much more a sense of cooperation and people knowing who each other were. I think a lot of that has gone for all sorts of reasons. People*

are much more wary of being involved in people's lives, which means that people who might benefit from some of that are a bit isolated and can be lonely really quickly even if they live close by to other people.

This form of community resource could afford immediate decision making, based on judgement and discretion, and minimal financial claim on organisational resources. For a variety of reasons – but primarily the shape of communities – this has changed significantly. The other transformative aspect of community engagement has been the deinstitutionalisation of people who were not, historically, part of a wider community; for example older people from geriatric hospitals and people with learning difficulties or mental health problems from secure units. The sheer scale of such institutional arrangements was noted by several participants (as was the dearth of robust procedures whereby people might be placed in them in the first instance):

From the local authority, their teams, the money was all locked up in institutions, the care homes, the long-stay hospitals. That's where the money was.

Thus a corollary to the shift into care management, and clearly defined eligibility criteria in the wake of the 1993 implementation of the Community Care legislation, was the magnitude of what social service departments had to embrace by way of a changed service-user base, allied to the funding arrangements which saw community care eligibility criteria being tight from the outset. We might note also that the 'community' element of community care was often figurative and essentially little more than a definition of arrangements that were simply 'not institutional' (Hadley & Clough, 1997; Symonds and Kelly, 1999).

It is worth noting – albeit it sometimes gets overlooked in discussions around the implementation of SDS Options – that the role of community, and community capacity building, is an integral part of the current shift away from traditional models of service delivery; indeed it emerges prior to the Options framework in the SDS policy 'maps'. The importance of the community aspect for personalisation has emerged in recent research around SDS (Eccles & Cunningham, 2016; 2018) and has been accompanied by chagrin by staff in some local authorities that it appears to be getting overlooked in the push to 'evidence' SDS activity (which is easier to measure, for example, via transfers across Options). As a result, our interviews alighted on understandings of community and whether or not the term carried the same meaning and currency in the wake of the 1968 act as it does now. The literature on the issue would suggest not (Hancock *et al* 2012; Turbett, 2018), pointing as it does to the hollowing out of community networks and the, often profound, loss of community identity through economic restructuring. We might add to this a much more recent phenomenon, the loss of spaces that could be identified as a community resource, with the closure of libraries and sell-off of local authority properties which might have use as community spaces, albeit Scotland has been shielded from the sheer scale of this activity in other parts of the United Kingdom.

While the advent of community care was often viewed positively by our interviewees – not least in terms of the scale of institutionalisation in the past – its organisational aspect was viewed as shifting decision making to a more centralised set of mechanisms, based around service supply, and away from community engagement. As one participant noted:

So, the whole Griffiths community care, care management I think pulled us increasingly towards a set menu of options, which really meant that if you didn't like working that way it was really hard to do anything else.

But a lot of people became quite comfortable working that way. Now what we're trying to do is undo some of that lack of thought, getting back to imaginative practice and confident practice [..] that's what we should be celebrating, because that can get us back to outcomes and empowerment and social justice.

As noted, our participants could identify wider family and neighbours who could be called upon in a given locality to offer help and support. A corollary to this was a profound knowledge by social workers of 'their patch'; that is, an understanding of the circumstances of families in a given territory, and the resources that might be available locally to offer support. Aside from the diminished prevalence of these community resources, the more regulatory framework of recent years has meant that use of the local community is much more complex to realise in practice. But the biggest shift around use, and understanding, of the term 'community' was more political. From our interviews, post 1968 community engagement was about empowering communities to be able to take control of shaping the lives of the people who lived in them, to challenge authority if need be, and to gain confidence in their own resources.

We were advocating for people an awful lot of the time around threatened evictions, around not getting their benefits, around electricity getting disconnected. These were big issues.

Most of our interviewees could not only reference the strategic aims of the Community Development Projects of the 1970s, and the politics that underpinned them,

but could offer examples of their own engagement in the political struggles of the communities in which they were involved, in particular offering solidarity with service users in tensions with housing (for example over rent arrears and housing conditions). It is a moot point – for another paper – whether part of the increasing 'professional' identity in social work - for example through the code of practice - would similarly offer space for such political engagement. Although user engagement and community participation has a democratic aspect in the conceptual thinking behind personalisation in Scotland, this is not particularly evident in the current implementation of SDS (Pearson *et al*, 2017). The use of 'community' in SDS veers less towards a political understanding and more towards functional utility; community as a resource which can offset the need for service delivery by proffering community based solutions to support needs (Eccles & Cunningham, 2018), and community as a way of filling the gaps left exposed by budgets in a time of austerity politics. Thus the current role resonates more with a 'big society' model outlined by government in 2010, but it is not an understanding of community engagement which empowers it to engage in political challenge. Thus in several senses – the altered shape of communities, increased geographic mobility as emerging generations move away from post-industrial habitats, and the philosophical underpinning of community empowerment, 'community capacity' building does not resonate with the community development from forty years ago. It became clear also from our interviews that rebuilding community capacity would not be straightforward, given the hollowing out of areas of previously high and or stable employment. The concern here is partly around capacity; although voluntary organizations have come to the fore in some local areas, there is a tension between this voluntarism and regulatory and inspection frameworks in social services, especially in rural areas, which will need to be explored if communities are genuinely able to be

participatory. A further aspect is around social capital; albeit the data is not comprehensive, and does not appear to be recorded systematically by governing bodies, there is evidence from the research literature of more strongly developed communities based on well organised networks of people with social capital in more affluent areas of local authorities (Eccles and Cunningham, 2016; 2018). Thus a shift to a greater reliance on community capacity risks the marginalisation of areas which do not have strong social capital to underpin the development of community organisation.

Working with other organisations

Although inter professional working has long been regarded as necessary (if problematic), from the recall of our participants there was little by way of initiative towards systematic, organisational working across professions after the 1968 Act. Several aspects stand out. Social Work after the 1968 had an inchoate presence, in its scope and organisation and amongst other professions, and so still had a very formative sense of its own identity. The Act itself had instigated some forms of integration, in that it brought together various service strands under the umbrella of social work. By default this also meant a range of professional dispositions coming together with their attendant inconsistencies in outlook (in this respect the perceived status of probation officers in the pecking order was particularly noted). Interviewees recalled particularly difficult working relationships with housing, exacerbated by the split between housing and social work across different tiers of local government after reorganisation in 1975 (despite the original schemata), and a lack of formal platforms to discuss housing conditions or arrears in rent. In this sense relations now were regarded as immeasurably better than before.

Current relationships with the police were also viewed as significantly better now than in the seventies (although this should not discount, as is evident from our data, some notably strong relational links between individual officers and social workers in the past). McConnell's remark that social workers in Scotland might be viewed as 'soft policemen' perhaps now has its current corollary in Cottam's query 'is modern policing social work?' (McConnell, 2004; Cottam, 2018). Organisationally, our respondents noted much better liaison (for example an expectation of consultation) now than before, although as Webb (2017) notes, these current arrangements do not necessarily mean a resolution of power differentials across the two organizations.

Unsurprisingly – and a persistent theme from the interviews - medical clinicians were perceived as being particularly powerful as a profession, with the instructions of consultants and general practitioners not readily open to challenge. This was most apparent, in attitudes to younger people with learning difficulties, who were, it was argued, routinely institutionalised at an early age by writ of a general practitioner:

> *GPs would say to families - your son's got a learning disability, I think he'd be better off in* [a local institution] [..] *we hadn't had any involvement. Decisions were made bilaterally between GPs, the institutions and parents. They weren't made by the social workers at all.*

Social workers in hospital settings would be expected to become suitably acculturated; not just in language or deference to status but, for example, in the expectation of dress code, and the wearing of white coats to designate a professional bearing. But in the area of child protection there was evidence of stronger professional relationships:

> *We did get quite good cooperation around* [..] *taking children into care. We had quite a good relationship with the paediatric service in* [the local] *hospital* [..] *around child protection, so there were pockets of good work..*

While professional differences – despite the current integration agenda – remain (indeed at times, abound) there has been a significant shift, at least procedurally, towards more collaborative working and a stronger role for social work in having its voice heard across social care and health settings. Nonetheless it is at the intersection of the current health and social care integration agenda with personalisation policy that further – new - challenges to professional values and working cultures may emerge (Eccles, 2018).

Some thirty years ago Hudson (1987) argued – in relation to inter professional working – that competing policy agendas may represent a threat to the success of implementation. The issue is clear; new legislation offers a stimulus in local authorities around the need to address its delivery, and thus where there are simultaneous significant shifts in policy, some of these risk being prioritised over others. The personalisation agenda in Scotland was followed – very soon after – by a renewed attempt at integration across health and social care. These are two major policy agendas. The integration agenda was accompanied by guidelines and some degree of performance measures (largely process, rather than outcome, perhaps given the raft of research pointing to the complexity of evaluating outcomes in this area). Personalisation – in its legislative guise of SDS – has not been accompanied by similar performance measures, in part because it remains essentially a shift in thinking more than organizational practice, but partly also because, in the nature of the personalisation agenda, prescribed outcomes simply do not make sense. If the idea is to engage in 'good conversations' with individuals – 'what matters' to people – then creativity and person-centred approaches would be order of the day. Self-evidently,

these do not lend themselves to an outcome regime, although in practice there have been expectations within local authorities around transfer across particular Options in the SDS framework. Accordingly research offers evidence of a focus on the integration agenda taking priority over personalisation – both as organizational but also senior staffing priorities, which aligns with the argument by Pearson et al (2017) about the slow adoption of SDS being, in part, a feature of 'policy overload'.

A further confounding issue here is the training put into a shift in attitudes in social work and social care towards personalised approaches, which is happening at the same time as leadership in this sector may simultaneously be shifting towards line management by health based professions. For all that health has its own take on person centred care, it is not understood in the same way as is being – however tentatively in some areas – implemented in social work and social care. 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, with this latter approach placing more emphasis on service users as 'experts' in their own lives. The tension, then is evident; social workers being managed by disciplines which do not have a shared understanding of what personalisation might entail; thus the dual policy agendas are not just potentially competing in terms of resources, but are potentially in conflict in terms of broader values.

A final remark here is needed about the unevenness of these relations and how they might be impacting on personalisation; there is no consistent pattern in terms of inter professional tensions. Under the rubric of 'local ownership' different localities are

at different stages of integration, and so personalisation policy will be impacted upon in different ways and to different degrees across Scotland. None of this is noted here to diminish some ground breaking implementation change and also innovative takes on integration; but it is to suggest that there are significant tensions to be resolved – or perhaps, at best, managed.

Finance and eligibility criteria

One dominant feature emerging from our interview data is the availability of funding in the period in which the newly passed 1968 act was being implemented. What was equally notable was the lack of a clear sense of precisely where this funding came from within social work departments. Section 12 of the Act became the by-word for the justification for funding, as it could appeal to the wider 'general duty to promote social welfare' statutorily placed on local authority social work. What came across from our interviews was the discretionary nature of decision making and funding. If – in the judgement of our participants – a family needed funds on a short term, temporary basis - the cost of not having this being significant hardship for the family - then funds would materialise:

> *We had Section 12 budgets, and we were quite - pretty creative. We were buying people clothes and beds. It was that kind of stuff we were spending money on, and children's services. It wasn't paying for an individual budget.*

If we compare funding allocated through Section 12 across the period – 1970s to the present day – we can see a clear difference; Section 12 as a generic source of finance is not used currently in any comparable sense. The additional responsibilities ushered in

via community care legislation saw a wholesale turn to eligibility criteria as a means of rationing delivery. The move towards personalisation sits in clear tension with these eligibility criteria. This is a consistent observation of recent literature on the area (for example, Slasberg & Beresford, 2017). If outcome-focused approaches to assessment – underpinned by the philosophy of personalisation – are to translate into meaningful support for the people being assessed, there would have to be a reshaping of funding criteria and a move away from established patterns of what can get funded at particular eligibility levels. As Eccles & Cunningham (2018: 11) note, in their research across five local authority sites in Scotland: 'There were stark differences across our interviews on the issue of eligibility [..] some local authorities in our sample retained a clear separation between assessment and the application of eligibility criteria'. The authors note the tensions arising from this, primarily for staff who were assessing for 'good outcomes' without any clear sense if these might get funded, thus discouraging some of the more creative thinking around assessment that personalisation was supposed to encourage. Equally, if only 'critical' needs were being funded, it made little sense to advocate for much lower criteria funding, despite this lower level funding potentially circumventing greater service needs at a later stage. It should be stressed how uneven this is across different localities: some have shifted from established eligibility criteria given these tensions; others have struggled to address this.

Our argument here, to connect the interview data to personalisation, suggests the need for a return to the more discretionary funding arrangements prevalent in the immediate years of the implementation of the 1968 Act, as this would better allow for innovation and flexibility, based on the co-production of 'what matters' to the client. There were resonances of this from our interviews:

There was a Section 12 initiative in [a local authority] *which actually was really, I suppose, an early attempt at, when you think about it now, about individual budgets where families, with some money available, you can make application for families to get some money to do things differently. [..] It was a small scale thing [and] probably pre-empted the SDS notion. But [..] that was quite radical because this was seen as giving the bad kids and their families money, so the kids were buying a guitar and stuff like that and it was - why should the bad kids get the guitar, what about the nice kids that don't go and break into people's houses?*

Eligibility criteria would get in the way of this, and yet eligibility criteria still permeate thinking not only in resource allocation but assessment, as front-line staff are aware of what will and will not be funded. We stress again that this is not a universal pattern: there are areas of Scotland where SDS has moulded new ways of looking at resource allocation. Eligibility remains the elephant in the room here, compounded by the significantly changed landscape of localities: there are more people living in the community who need support in a post-institutional climate, and significantly greater longevity, especially for people with multiple morbidities. Thus the terrain on which personalisation will operate, compared to the post 1968 period, is so changed that shifting from eligibility criteria of care management arrangements is not straightforward. This conundrum has yet to be resolved, although, as noted, there is evidence from some local authorities that radically rethinking the nexus between assessment and funding – not least around assessment that would be considered low priority in a set of eligibility criteria - to try to meet preferred outcomes and possibly prevent future intervention, is currently underway.

Regulation and risk

Regulation and inspection are areas of policy and practice which have been continually reinforced over the last fifty years. As Murphy (1992: 165) notes, the 1968 Act gave local authorities 'very wide responsibilities for child care, child life protection, the support of families in difficulties, the welfare of the elderly and physically handicapped, services to mentally ill and mentally handicapped persons, services for offenders, the organisation of home help, and the provision of residential or day establishments serving these various organisations.' It was Section 1V of the Act which outlined regulation and inspected accordingly; but in terms of the standards of regulation there was a strong reliance on local decision making and discretion. One of our interviewees talked of a '*laissez faire*' approach to regulation of practice; another added some verve: *it was like the wild west.*

The advent of professional registration of social workers and the social care workforce by the Scottish Social Services Council (SSSC) did not take place until 2001. From our interviews with social work staff spanning the two periods, professional registration was a welcome move. Albeit participants noted that they had, since qualifying in the 70's and early 80's adhered to a set of professional values, professional registration via the SSSC was seen as an attempt to position social work on par with doctors, nurses and teachers. For one it was

> *long overdue in terms of getting us recognised as having a profession [..] we weren't just 'do-gooders' that knitted their own shoes [..] that we were actually trained proper people*

While for another:

'Social workers now have a sense of identity [..] there's clear levels of

qualification, that you expect a certain standard that probably wasn't there before.'

One respondent had at times been appalled by the disregard social workers had for colleagues in home care services. Albeit the regulating code of practice is a catch all across different workforces and levels of skill, it was perceived from our interviews as a challenge precisely to these older attitudes by covering the social care workforce more generally. Subsequent to the regulatory changes with the advent of the SSSC, our participants reflected on the whole process with more scepticism, viewing an increase in regulatory procedures, in part, as '*box filling*', but also harbouring a shift in purpose:

I think registration and inspection have been very powerful drivers for

peoples' practice. I think certainly, personally, you have a heightened sense of

insecurity in your job, being very vulnerable to anybody making any criticism,

however, specious.

This view – the duality between being receptive to attempts at social work professionalization and critical of a later accretion of procedures - emerged across our sample, often with emphasis. It chimes with the literature on the broader issue of the purpose of regulation; Cooper and Lousada (2005: 12) note how 'quality assurance systems replace professional self-regulation' and how the management and development of the *genera*l conditions necessary for supporting delivery of health and social services have become 'disastrously fused' with managing *particular* activities and contexts for the delivery and use of services. Further critique (Ayre and Preston- Shoot, 2010: 42) notes how responsibility is steadily being shifted to the front line: national government writes guidance for local authorities, which then writes guidance and

procedures for their managers, who in turn write guidance for their staff. If anything then goes wrong, each can say: 'I told you what to do and you failed to comply'. There was no argument – at all - for a return to the perceived '*wild west*' of the post 1968 period and there was consistent support for social work having developed a more professional standing. But the critical comments around regulation resonated with the literature on the issue, as did the feeling that decision making around regulatory enquiries into social workers' practice was slow and impacted on workers' morale (see also Whyte, 2016). In a countervailing view it was also noted, from the interview data, that the SSSC had started shifting its stance more recently, for example by holding employers to account and taking a more supportive approach to Fitness to Practice matters.

Specifically around personalisation, interviewees remarked on the challenges faced by both the SSSC and the Care Inspectorate, especially in how they will regulate more personalised, outcomes-based assessment and delivery, where these are underpinned by a workforce which may younger and more agile across types of employment which, in itself, may be more transient. The move away from service based standards by the inspectorates, to broader, sector-wide outcome-focused Health and Social Care Standards was seen as an acknowledgement of this need for more flexibility, as was the use of 'Open Badges' introduced by the SSSC in response to changing patterns of work and delivery and access to key areas of knowledge and skill through digital platforms. Whether this approach to developing the sector in Scotland can also meet the regulatory requirements of the SSSC and inspection regimes remains to be explored.

Thus our interview data offered a mixed response to regulation and inspection, largely in line with the critical literature; it was clearly felt to have improved professional identity and standing, not least in a world of working across professional boundaries with other disciplines. But there were cogent views on how this had become bureaucratised into an organisational arrangement engaged less in support, as had been the intention, than what was perceived to be additional scrutiny. Key issues remain; in particular how regulatory and inspection frameworks respond to outcomes that are not standardised, that may involve greater degrees of risk taking and which involve negotiating a labour supply required to deliver 'flexible' outcomes may mean quite different patterns of work (Cunningham, 2016). At best, addressing these complexities is a work in progress. We were struck with the resourcefulness of our participants' social work practice in the early days of the 1968 Act in relation to negotiation, advocacy and discretion in decision making (which included plenty recall of unorthodox initiatives). Perhaps as important was the sense from interviewees that decisions would be supported by colleagues and management across the organisation, and that sometimes the greatest risks were taken from positions of leadership (for example funding, from Section 12 of the Act, for the families of striking miners in 1984). If SDS is about creative assessment of outcomes, where users may want to take more risk specific to their own circumstances, then the balance of decision making between risk and enablement needs to be addressed, with a regulatory and inspection regime able to accommodate this.

Conclusions

We started with the research question - what resonances with the 1968 Act can be found in the current pursuit of personalisation in Scotland – in response to data from interviews and broader conversations with social workers which, on occasion, talked of the potential for personalisation to return social work to a former style of working, where there was more creativity and discretion. We noted the difficulties posed by historical comparison; just because some aspects of the 1968 Act might offer the possibility of resonance across the decades does not, in itself, offer evidence that current contexts could facilitate this in practice. Hence our approach; an exploratory account based on interviews with workers who were familiar with the implementation of the 1968 Act, from which we could draw inference. As it turned out, our participants also had a detailed understanding of personalisation and thus could readily connect their own practice, post 1968, to aspects of current policy.

The terrain across these decades is often so different - in terms of the current scope of social work engagement, changes in communities, the advent of regulatory frameworks and the procedures of resource allocation – that connexions to past practice are difficult. But some findings from the data do resonate. The clearest of these is around conceptions of community; the changed nature of communities, the politics of community development in the seventies contrasting with – so far in SDS – the use of community to offer support but also substitute for unavailability of what might have been previous service delivery. We note also how the social capital this depends upon is not equally available across localities. Moves away from eligibility criteria for services to more creative thinking and discretionary funding around outcomes are underway, but this is again uneven. The resonances with Section 12 were of interest here; an appeal, in principle, to preventative, rather than reactive, funding which would

need to overcome the current strictures of eligibility criteria. But our interviews also alighted on the way in which regulatory frameworks and vocational qualifications for practice in social care may not sit easily with outcomes which encourage risk taking and working practices which may be more flexible and work itself transient. Professionalization and regulation were seen as positive developments which had become bureaucratized, at the point when SDS calls for creativity and more discretion in ways of realising outcomes for people. Finally, while – organisationally – there was clearly better liaison across professions, embarking on two such significant policy initiatives – SDS and health and social care integration - simultaneously may have stymied the personalisation project, either through challenging the capacity of social work to deliver on both fronts or through the tension that integrated structures may bring around conceptions of personalisation across the different professions. Again this is uneven; there is evidence (Eccles and Cunningham, 2018) that health and social care have shared understandings of the issue in some localities, although clearly not in others. But the enduring resonance across the interviews was of the broad palette of Section 12 of the 1968 Act 'to promote social welfare' and to also engage in preventative funding to forestall future crises. Perhaps these aspects could be revitalised, less through legislating to bring about change and more through an emphasis on communities and social workers being able to re-engage with the scope, creativity - and palpable sense of optimism - recalled by our participants of their engagement with the 1968 Act.

References

Audit Scotland (2017) *Self-directed Support: 2017 progress report.* Edinburgh.

Ayre, P. and Preston–Shoot (2010) Children's Services at the Crossroads
Dorset. Russell House Publishing

Barnes, M. (2011) "Abandoning Care? A Critical Perspective on Personalisation from an
Ethic of Care." *Ethics and Social Welfare,* 5(2). 153-167.

Beresford, P. (2014) *Personalisation* Bristol. Policy Press

Boswell, C, Rodrigues, E. (2016) "Policies, politics and organisational problems: multiple
507–24
Cooper, A. and Lousada, A. (2005) Borderline Welfare: Feeling and Fear of Feeling in
Modern Welfare. London. Karnak

Caulkin, S. (2016) "Everything You Know About Management is Wrong" in Pell, C.;
Wilson, R. & Lowe, T. (2016) *Kittens are Evil; Little Heresies in Public Policy.* Axminster.
Triarchy Press

Cottam, H. (2018) Is modern policing social work
http://www.college.police.uk/News/Newsletter/April_2018/Pages/social-work.aspx

Critchley, A and Gillies, A (2018) Best Practice and Local Authority Progress in Self-
Directed Support. Edinburgh. Social Work Scotland

Cunningham, I. (2016)" Non-profits and the 'hollowed out' state: the transformation of
working conditions through personalising social care services during an era of
austerity." *Special Section, States of Work, Work, employment and society* 30 (4), 649-
668.

Cunningham, I. and James, P. (2014) Public service outsourcing and its employment
implications in an era of austerity: The case of British social care. *Competition and
Change*, 18 (1) 1 – 1-15.

Duffy, S. (2014) *Personalisation was supposed to Empower Vulnerable Citizens. It Failed.*
The Guardian https://www.theguardian.com/public-leaders-
network/2014/jan/30/personalisation-social-care-support-bureaucracy-service-
failure

Eccles, A. (2018)"Integrated Working" in Cree, V. & Smith, M. (eds.) Social Work in a
Changing Scotland. London. Routledge

Eccles, A. and Cunningham, I. (2016) *The enablers and barriers to voluntary sector
organisations providing personalised support through delivery of the Self Directed Support
Framework*, Coalition of Care and Support Providers in Scotland, Edinburgh.

Hadley, R. and Clough, R. (1997) Care in chaos: frustrations and challenges in community care. London. Cassell

Hancock, L., Mooney, G. and Neal, S (2012) Crisis Social Policy and the Resilience of the Concept of Community. *Critical Social Policy* 32 (3) 343-364

Hudson, B. (1987) "Collaboration in social welfare: a framework for analysis." *Policy and Politics* 15(3) 175-182

Kingdon, A. (1995) *Agenda, Alternatives and Public Policies* 2nd edn NY: Harper Collins

Lowndes, V. (2003) 'Getting on or getting by? Women, social capital, and political participation', British Journal of Politics and International Relations, vol. 6, no. 1, pp. 45_ 64.

Manthorpe, J. Martineau, S. Ridley, J. Cornes, M. Rosengard, A. and Hunter, S. (2015) "Embarking on Self-directed Support in Scotland: A Focused Scoping Review of the Literature." *European Journal of Social Work*, 18(1), 36-50.

McConnell, A. (2004) Scottish Local Government. Edinburgh. Edinburgh University Press

Murphy,J. (1992) British social services: the Scottish dimension
Edinburgh. Scottish Academic Press

Pearson, C.; Watson, N. and Manji, K (2017) "Changing the culture of social care in Scotland: Has a shift to personalization brought about transformative change?" *Social Policy and Administration*, 52, 662–676.

Ridley, J. Spandler, H. Rosengard, A. Little S. Cornes, M. Manthorpe, J. Hunter, S. Kinder, T. and Gray, B. (2011) Evaluation of Self-directed Support Test Sites in Scotland. Edinburgh: Scottish Government.

Roulstone, A. (2014) Personalisation – plus ca change? in Bersford, P. *Personalisation.* Bristol. Policy Press

Slasberg, C. & Beresford, P. (2017) "The need to bring an end to the era of eligibility policies for a person-centred, financially sustainable future." *Disability & Society* 32(8) 1263-1268

Social Work Scotand (2018) Self-directed Support and procurement best practice: Key points and myth busting. Edinburgh. Social Work Scotland

Symonds A and Kelly A (eds) (1998) The Social Construction of Community Care. Macmillan

The Scottish Government (2014) *Scottish Government Urban/Rural Classification 2013 – 2014.* Edinburgh. Crown Copyright.

Turbett, C (2018) Community social work in Scotland: a critical history. Edinburgh. Iriss, SASW and Social Work Scotland

Velzke, K.D. (2017) "Exploration of Choice for Older People with Daily Care Needs: Scottish Professionals' Perspectives on Self-Directed Support."
Journal of Gerontological Social Work, 60:1, 7-31