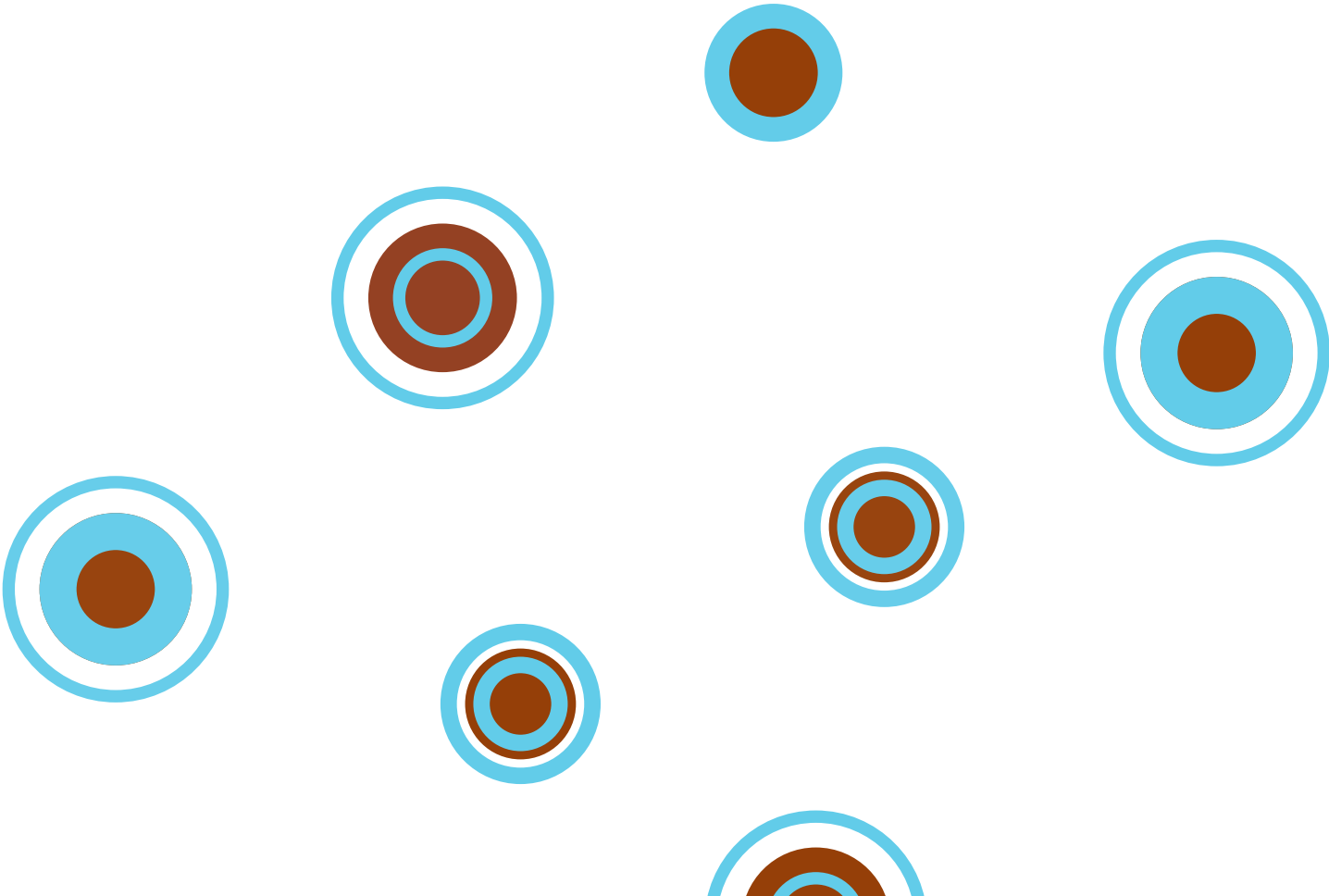
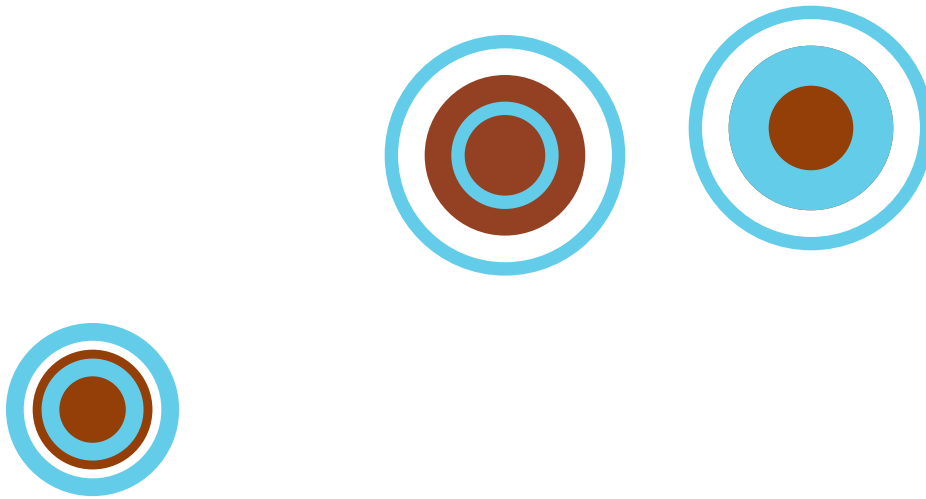




The Personalisation Agenda

Implications for Work and Employment





The Voluntary Sector Social Services Workforce Unit supports and promotes the development of the sector's workforce in Scotland through a range of information products, an enquiry service, events, research, networks and by influencing the national workforce agenda. The Unit is hosted by Community Care Providers Scotland in collaboration with the Scottish Social Services Council (SSSC). It is funded by the Scottish Government.



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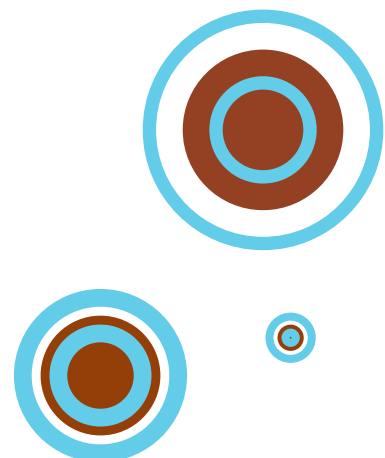


Introduction

The principles of personalisation are consistently described as central to the future of social care, often being described in transformative terms. For example, the Commission on Personalisation (2009: 1) note that ‘personalisation of public service represents one of the most significant reforms to the welfare state for decades’, with potentially far-reaching consequences for voluntary sector organizations.

Similarly for those working in social care, personalisation has equally far reaching consequences with the Department of Health (2008: 8) recently noting that ‘the vision for a personalized approach to adult social care has huge implications for the workforce of the future’. In order to fully understand these transformative changes that are occurring in the provision of social care, we will initially briefly consider the principles of personalisation and how it is operationalised through greater financial self-determination of how services are to be consumed.

Following this initial description of the process of personalisation we then move on to consider some of the likely consequences and emergent issues in terms of changes in the nature of work, particularly focusing on likely workforce development challenges in terms of the provision of appropriate skills to support the personalisation agenda. There will also be a consideration of some of the potential implications for terms and conditions of employment.



Principles of personalisation

The principles of personalisation embody notions of self-determination by the individual receiving services, rather than the service-based and prescriptive approach that has individuals as passive recipients of care. Under personalisation, users are empowered to make their own choices about when, how and from whom they receive care services.

Although a relatively new initiative in the UK personalisation and encouraging self-determination by individuals receiving services is common to most developed European states, where personalised services have often been implemented through allowing people to hold and spend their own budgets (Help the Aged, 2008). In the UK this process of personalisation has been done through the mechanisms of means tested 'Direct Payments', where the service user is given control of their care budget by a local authority and pays the service provider direct for social care (Help the Aged, 2008; Yeandle and Stiell, 2007).

Originating in 1997 as a result of the Community Care (Direct Payments) Act 1996 Direct Payments enable service users to use cash payments in lieu of community care services they have been assessed as needing, and are intended to give users greater choice in their care. Originally for those aged 18-65, since 2000 Direct Payments have also been available to those over 65 and carers and people with parental responsibility for disabled children and disabled 16 and 17 year olds (Glendinning et al., 2008).

Across the UK the number of people receiving Direct Payments is 58,505 (Samuel, 2009), of which 3,017 are in Scotland (Scottish Government, 2009). Around half (47%) of the people receiving Direct Payments in Scotland have a physical disability, with 26 per cent having a learning disability. The remainder were people with mental health problems, others and unknown client groups (Scottish Government, 2009). The value of these payments within Scotland was £30.9 million.

The other arm of the personalisation agenda in the UK is the Individual Budgets scheme, which builds on the experiences of Direct Payments (Glendinning et al., 2008). Individual Budgets¹ originally date from 2003 when the idea was first developed by the social enterprise In Control. By 2005 the Government had started to discuss Individual Budgets, eventually taking the idea forward with the publication of the Green Paper, Independence, Well-being and Choice (Department of Health, 2005).

The Green Paper led to the piloting of individual budgets in 13 English local authorities, all of which started to offer Individual Budgets in 2006. With Individual Budgets individual service users are not compelled to be wholly responsible for managing their care, but can direct a local authority with regard to how to spend the budget they have allocated to them and which particular agency should provide it.

Service users can also decide whether their budget is given to them in the form of cash or services or a mixture of both. Moreover, these budgets can be used to stream a series of separate funding packages rather than one specific fund as under Direct Payments (Help the Aged, 2008).

¹ The term 'personal budget' has also been used. Originally the term applied only to social care funding but now it is often used interchangeably with Individual Budgets. As Carr and Dittrich (2008: 8) note, 'it is the funding given to someone after they have been assessed which should meet their needs. They can have the money as a direct payment or can choose to manage it in different ways'.

Workforce consequences for the shift to personalisation

This shift to a more personalised approach is also having a significant impact on the social care workforce. For example, a recent Department of Health (2008: 8) document recognised that:

‘... in developing a more personalised approach, it is essential that frontline staff, managers and other members of the workforce recognise the value of these changes, are actively engaged in designing and developing how it happens, and have the skills to deliver it.’

In a similar vein Allen et al. (2009) note that across social care and health ‘there is a huge task in enabling existing staff to make a significant journey of change’, with likely impacts in terms of changes of role and job design, impacting on issues such as the skills mix of employees and nature of the workforce. For example, the same authors note how ‘not all tasks and roles for personalisation will be carried out by traditionally qualified professionals’ (p. 29).

Voluntary organisations will then need to ensure there is sufficient capacity within their workforce to deliver on the aspirations of the personalisation agenda and to identify the functions, skills and behaviours to meet these aspirations, so that staff training plans are shaped by the needs of service users (SCIE, 2009). Estimates of the range of skills for HR to develop as a consequence of personalisation include employees at the level of Social Worker increasingly involved in roles that focus on prevention; dealing with a multiple agencies; personal advocacy, brokerage counselling and risk assessment; and navigating service users to the type of services they require (Carr and Dittrich, 2008; Leadbetter and Lownsbrough, 2005). Other studies highlight the need to develop multi-skilled workers at all levels to create ‘hybrid roles’ where they would undertake tasks previously done by other professions concerning issues such as health, housing, leisure and employment (Carr and Dittrich, 2008). In addition, there is a need for agencies to enable workers to get their qualifications quickly to meet these challenges (Carr and Dittrich, 2008).

Emerging debate about the likely impact of personalisation on the social care workforce has tended to view the process in either optimistic or pessimistic terms. For example, Leadbetter and Lownsbrough (2005: 36) suggest that:

‘... personalisation should motivate social care staff and social workers in particular. A personalised system needs to work for the staff as well as the clients: it is a collaboration in creating better care. That should make work more satisfying for staff as well as leaving clients happier.’

Consequently it is argued that for social workers, in particular, the personalisation agenda has the potential to re-inspire the profession creating ‘creative, person centred roles’ (Carr and Dittrich, 2008: 17), though this cannot happen without a change in mindset. For example, social workers may have to give up some of their power and status in exchange for a better quality of work. There may also be some consequences in terms of the need to redesign their jobs. Amongst other things, one of the likely consequences of this is the need for further development of para-professionals, such as social work assistants and an expanded role for care workers, such changes, it is suggested, ‘would relieve some of the burden on social workers who sometimes seem to do the jobs they are over-qualified for’ (Leadbetter and Lownsbrough, 2005: 37).



A recent evaluation of Individual Budgets (Glendinning et al., 2008) found amongst other things that the role of care co-ordinators and social workers has been 'turned on its head' creating a significant shift in culture for them as professionals. The same evaluation, reflecting much of the discussion above, also notes differing views amongst social workers and care co-ordinators on the extent to which the shift to Individual Budgets was giving them the chance to rediscover traditional social work core skills or whether their introduction had, in fact, eroded social work skills.

More pragmatically continued voluntary sector involvement in providing personalised social services will have great significance for internal human resource practitioners with regard to a range of human resource practices. For example, personalisation implies a programme of change that fundamentally alters recruitment and selection procedures so that advertised job roles individually cater for each service user. This would also involve greater service user involvement in recruitment and selection (Carr and Dittrich, 2008; SCIE, 2009).

There are concerns with the personalisation agenda in terms of funding issues and their potential impact on terms and conditions of employment. Studies have revealed that the use of Direct Payments, for example are characterized by cost containment, with estimates of savings of 30-40 per cent for local authorities, achieved through the encouragement of social care in the home, rather than residential health care. This emphasis on cost containment, again, raises the question regarding whether there will be sufficient resources available to the sector to fund the further necessary workforce development (Yeandle and Steill, 2007; Carr and Dittrich, 2008). Indeed, Allen et al., (2009) suggest that within a context of a deteriorating financial situation 'the budgetary imperatives of coming years may accelerate moves away from widespread deployment of expensive traditional professionals towards greater roles for support staff and non-traditional staff of various kinds' (p. 29).

There is also a broader question concerning terms and conditions of employment. (Help the Aged, 2008). Voluntary organisations securing contracts through individual budgets may receive financial resources that are smaller than offered through conventional contracts. This means voluntary agencies, again constrained by what is affordable within the contract price set by public commissioners, perhaps will have to look at either drawing additional funds from their own reserves or fund raising to supplement worker pay or offer inferior employment packages to employees who are providing personalised services.

Research reveals concerns over how working conditions under Direct Payment systems, such as pay, pensions and reasonable working hours are pitted against service users' demands for flexibility, autonomy and choice (Leece, 2008). Pay is also a concern, especially when workers in the sector engage in unpaid care work, on top of their contractual responsibilities (Dale, et al, 2003).

A sense of these potential challenges to voluntary organisations with regard to terms and conditions of employment is provided by a recent survey of Unison branches in the 13 local authorities who piloted the Individual Budgets (Unison, 2009). The survey highlighted a number of concerns arising from personalisation. For example, half of the surveyed branches identified new training needs as part of the personalisation transformation, particularly in terms of employment law for carers dealing with single employers.

The vast majority (90 per cent) of branches also believed that personalisation will have the effect of changing workloads (for example greater administration and increased isolation of employees) and roles of staff (for example concerns about carers' roles being privatised and erosion of conditions of employment). Reflecting these concerns the surveyed branches universally believed that personalisation will have a negative impact on members, with worries about job losses and expert work increasingly going to private and casual agencies.

Carr and Dittrich (2008) cite recent research commissioned by the Care Commission which found that Direct Payment employers who were using Personal Assistants (PAs), workers providing homecare support and often employed by third sector or private agencies, were very satisfied with their support, with a much higher level of satisfaction than services supplied by the local authority.

The same research also found that the vast majority (95 per cent) of PAs 'love their work', with over two-thirds happy in their current role, with many valuing the flexible hours of the job. In noting this positive picture Carr and Dittrich also recognise that while Direct Payments appear to be working well for Direct Payment employers and PAs, the research nevertheless also raised wider concerns about the workforce with regard to aspects such as pay, terms and conditions and training provision.

For example, despite the reported high levels of job satisfaction of the PA's the same research also found that one in three PA's felt underpaid and around 20 per cent felt they had to work too many hours. There was also concerns about training provision. As they note, 'these findings echo some concerns about the fact that PAs and homecare agency staff can work in conditions where they have little access to training, guaranteed holidays and sick pay, pensions or collective bargaining' (p. 22).

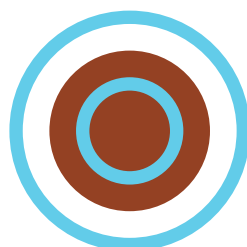
Clearly then there is a potential issue in terms of people employing workers using Direct Payments (or personal budgets) in terms of ensuring a fair and reasonable employment package and these issues should be addressed ahead of the planned increase in uptake of Direct Payments and the spread of further spread of personal budgets.

Some concluding thoughts

Clearly the personalisation agenda has the potential, and indeed intent, to transform the nature of social care with significant implications for voluntary organisations and their employees.

Emerging evidence suggests that some view this process as a source of optimism and an opportunity to transform the nature of social care and enrich the work of those who are responsible for delivering on the personalisation agenda. Others express concerns about the undermining of professionalism, particularly of social workers, and more generally whether the process of personalisation serves to undermine terms and conditions of employment.

To date, much of this work has tended to focus primarily on the work of social workers and there has been limited research on the experiences of front line workers, an omission that this research will seek to address in extending the analysis to not only include managerial and professional staff but also employees who will be at the sharp end of delivering the personalisation agenda.



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