Public sector austerity, personalisation and the implications for the voluntary sector workforce

Professor Ian Cunningham
Professor Dennis Nickson
Department of Human Resource Management
University of Strathclyde
December 2012
# Table of Contents

- Executive summary of findings: 4
- The Local authority perspective on personalisation: 4
- The preparedness of the voluntary sector for personalisation: 4
- Changes to people management among providers: 5
- Threats to the security of voluntary organisations and their workforces: 6
- The impact of service cuts: 6
- Worker morale: 6
- Introduction: 7
- Section 1: Background: 7
- Policy context: 7
- Personalisation and employment: 7
- Section 2: Method: 10
- Section 3: A Profile of respondents and their approach to personalisation: 14
- Local authority participants: 15
- The climate of purchaser – provider relations and impact on personalisation: 15
- Personalisation and public sector austerity: 18
- Charging policies, and shrinking eligibility criteria: 18
- Preparing for personalisation and information sharing: 20
- Section 4: Implications for the voluntary sector workforce: 24
- The local authority perspective: 24
- Voluntary sector perspective: 25
- Recruitment and selection: 25
- Pay and conditions: 26
- Job security: 26
- Changes to working time: 29
- Skills and training and development: 31
- Performance management: 33
- Employee morale and commitment: 37
- Section 5: Discussion and conclusion: 41
- Recommendations: 41
- Joint recommendations: 41
- Resourcing issues: 41
- Policy recommendations: 41
- Future research: 41
- References: 41
Executive summary of findings

This report explores the introduction of personalisation in an era of austerity and its impact on workforce and service quality, reporting findings from a qualitative study of five local authorities (LAs) and five voluntary organisations (VOs). Key findings from the research are that:

The Local authority perspective on personalisation

- LAs reported that their motivations for change related to the passing of the Social Care (Self-directed Support Scotland) Bill 2012; assistance with making cuts in public services; and a desire to reduce welfare dependency and promote greater independence among vulnerable groups in society. At the same time, there were different levels of emphasis by each LA in terms of the priority given to the aforementioned motivations.

- LAs were implementing personalisation in different ways and at a different pace, but all agreed that change was necessary and represented a long-term (10 year) strategy.

- LA and voluntary sector relations and efforts to introduce personalisation were shaped by financial pressures, where the current austerity measures were on top of retendering processes and cumulative tight funding settlements.

- Although relations between LA and voluntary sector respondents had many positive aspects, the former recognised that tough financial settlements since the early 2000s had made the position of the latter difficult. Some LA respondents called for a more ‘intelligent’ approach to commissioning.

- LAs reported their own efforts to introduce personalisation were to varying degrees undermined by a lack of resources, skill gaps and other internal barriers to change.

- LAs anticipated a move away from block contracts to Direct Payments (DPs) as a key part of a radical marketisation of care. Voluntary organisations were expected to adapt or die. Some LA respondents predicted the end of voluntary organisations as large-scale employers and a move to brokering services and training and accrediting Personal Assistants (PAs). In contrast, voluntary organisations felt that they were already, to varying degrees, implementing or had already implemented aspects of personalisation and that it was not as radical a shift as some LAs anticipated.

- Other LA respondents felt there were barriers to such radical transformation related to the unsuitability of personalisation for certain vulnerable groups and labour market issues, for example difficulties in recruiting PAs.

The preparedness of the voluntary sector for personalisation

- Voluntary organisations were enthusiastic about the values and goals of personalisation and felt it fitted with their overall organisational mission and values. Each organisation was at different stages of development in terms of delivering personalised services.

- Voluntary organisations differed in their level of vulnerability to financial shocks brought about by LA moves to personalisation. A key factor being the level of resource dependency multiple providers. One organisation with a significant number of DP holders that claimed the move away from reliance on large block contracts to individual packages reduced financial instability.

- Voluntary organisation representatives and people who access services felt the introduction of charging and stricter eligibility criteria by LAs was risking exclusion of extremely vulnerable people from support.

- LAs needed to continue to improve their policies of information sharing regarding the market for care in order for voluntary organisations to have sufficient intelligence regarding the demand for services from DP holders.

- Voluntary organisations reported certain LAs continued to place too much emphasis on hourly rates and outputs, rather than ‘outcome based support’ when introducing personalisation.

Changes to people management among providers

- LA respondents felt that there were opportunities for up-skilling and more empowering forms of work from personalisation. However, other effects on the workforce would be quite significant with greater insecurity, calls for greater flexibility in working time, pressure on pay and other benefits.

- Voluntary organisations were at varying levels of progress towards providing people who are accessing services with participation in recruitment and selection decisions. Difficulties included managing service user expectations. Some changes to these HR policies were not a direct result of personalisation. The level of choice over key workers appeared to differ across organisations.

- Voluntary organisations displayed varying degrees of vulnerability to having to make changes to terms and conditions because of LA decisions. Vulnerability again was determined by the issue of resource dependency.
• Changes to pay and conditions were not solely linked to personalisation. Some voluntary organisations anticipated future pressure on pay and other conditions including sickness absence as pressure on hourly rates by LAs increased and DP holders became more demanding regarding consistency of support.

• Opinions were divided regarding whether personalisation would lead to an up-skilling of the workforce. Despite some emerging skill gaps and evidence of more rewarding work, some respondents feared there were stronger pressures to deskill and a move towards a less, qualified, poorly paid care workforce.

• Changes to performance management policies to involve people who are accessing services in appraisal and supervision were in the early stages of development. It was recognised that employees needed protection from arbitrary decisions by service users and their families.

Threats to the security of voluntary organisations and their workforces

• Personalisation was responsible for an increase in perceptions of job insecurity in voluntary organisations as they restructured due to changes in funding, suffered service cuts and experienced growing perceptions of an increase in power among DP holders as customers who could move their budget elsewhere.

• There was little enthusiasm among voluntary sector workers regarding taking on the role of a PA. Reasons related to concerns about service quality, but were predominantly focused on wishing to retain security of employment with an existing provider.

• Most people accessing services wished to stay with their current provider, but among them individuals were enthusiastic about DPs and wanted more information about them, and the support they could get in switching to them.

• The five employers did not greet the prospect of greater casualisation of the workforce with any enthusiasm, although two organisations had to move in this direction as funding cuts made it difficult for them to sustain permanent, full-time employment.

• There was a degree of mismatch of expectations between some workers and people accessing services regarding working time and flexibility. The former were particularly reluctant to work split shifts.

The impact of service cuts

• Workers, managers and people who are accessing services all recognised that changes to shift patterns were not solely related to user choice, but reflected cuts in services and more fragmented care packages and organisational efforts to ensure employees had sufficient hours of work.

• Cuts in services led to concerns that people accessing them had little choice regarding such outcomes. Some feared they would be left increasingly isolated with limited opportunities for social support or community integration.

Worker morale

• Employee morale and commitment was relatively robust, but could be significantly undermined by several factors such as changes to job security, working time, pressure on terms and conditions, concerns over service quality and the general drift towards the marketisation of social care.
Introduction

The purpose of this report is to explore the impact of the personalisation agenda on the voluntary sector and its workforce in the era of austerity. It addresses the following questions:

1. What is the role of local authorities (LAs) in introducing personalisation and how are they influencing organisational change in voluntary organisations?
2. How far is the personalisation agenda transforming voluntary organisations and reshaping their employment policies?
3. What is the impact of personalisation on changes to employee attitudes, behaviour and morale?
4. What is the role of service users and their families in transforming voluntary organisations, employment policies, the working lives of employees and their own service outcomes?

The report takes the following format. Section 1 provides a literature section that outlines the broader policy context in Scotland concerning personalisation, and current research on the employment implications of personalisation. Section 2 outlines how data was collected. Section 3 provides an outline of LA and voluntary sector views on personalisation. Section 4 provides an overview of the key findings with regard to workforce implications. Section 5 provides a discussion and conclusion with recommendations for policy makers and practitioners and for action and further research.

Section 1: Background

Policy context

The passing of the Social Care (Self-directed Support) (Scotland) Bill on the 28th November 2012 was welcomed by all political parties as a major step forward in continuing to transform social care in Scotland (BBC, 2012). However, whilst the Bill was passed with warm words for its transformational possibilities others have noted how self-directed support (SDS) remains a contentious issue. For example, a recent review of the likely costs of SDS concluded that: ‘it remains an area of significant debate . . . (and) the policy drive towards choice becoming the “default” position in social care policy in Scotland appears to require, to a certain extent, a “leap of faith” for all concerned’ (Rummery et al., 2012: 62). For example, on the specific issue of the likely costs of implementing the Bill there is a major disparity in the views of the Minister for Public Health, Michael Matheson, and COSLA. Whilst the Minister has suggested that the £23m pledged will allow LAs to successfully implement the Bill, COSLA estimates the true cost of the plan to be between £50m and £90m (BBC, 2012a).

As well as concerns about the likely costs of implementing the Bill there has been an on-going debate about the links between SDS and cost cutting. Rummery et al. (2012) note how a number of service providers and advocacy organisations have significant concerns about this issue (and see also Manthorpe et al., 2011; Unison, 2012). In addition to the debate about whether SDS is about cost cutting there is also much continuing debate about operationalising SDS and in particular implications for the workforce, and particularly the personal assistant (PA) workforce. These workforce issues will be considered shortly, though firstly there will be a brief description of the development of SDS and the intent to create greater choice in the provision of social care through the Bill.

The Bill was introduced in February 2012, though its genesis lay in the Scottish Government’s publication of Self-Directed Support: A National Strategy for Scotland in 2010. The Scottish Government (2010: 67) sees SDS as:

… the ways in which individuals and families can have informed choice about the way support is provided to them. It includes a range of options to exercising these choices. Through a co-production approach to agreeing individual outcomes, options are considered for ways in which available resources can be used so people can have greater levels of control over how their support needs are met (emphasis in original).

The national strategy notes how the policy and legislative landscape has increasingly sought to create greater personalisation in the provision of care services in allowing people to exercise greater choice and control. At the same time the strategy recognises that, ‘as yet, legislation has not been specifically developed in relation to self-directed support beyond existing legislation for direct payments’ (p. 11). The vision articulated in the national strategy therefore outlines how SDS, ‘should become the mainstream approach to the delivery of personal support’ (p. 15). Taking account of the Scottish Government’s intent to create greater choice and control for individuals in the provision of their social care needs, the Bill seeks to enshrine SDS into legislation and outlines four forms of SDS (SPICe, 2012):

- Direct Payment (DP) which is a payment in lieu of services provided directly to individuals assessed in being in need of community care services, to arrange their own support, through a Personal Assistant (PA) or by contracting directly with a service provider. The provision of DPs is already provided for in legislation, having been introduced in 1997, though take-up within Scotland remains relatively low.
- Directing the available resource (also called Individual Budgets, Individual Service Funds and Personal Budgets) so that the user selects the support that they wish, using the budget available for them. Unlike a DP the budget is held by a third party. The Bill places a greater duty on LAs to offer this option.
- LA ‘arranged’ support which is the traditional method of service delivery. Under this approach the LA selects appropriate support and arranges the provision.
DPs have been available since 1997 and are often seen as being synonymous with SDS. In the Scottish Government’s national strategy it is envisaged that by 2015 there will be a significant increase in the uptake of SDS, leading, in particular, to a much greater take-up of DPs (Scottish Government, 2010). DPs are therefore accorded a key role in encouraging greater choice and control (Howie Associates, 2010; Manthorpe, 2011; Rummery, 2012). For example, The Scottish Parliament Information Centre (SPICE) (2012: 11) recognises how DPs, ‘have been described as the first step on the road to personalisation as they seek to give service users more control through being able to purchase their own support’. The provision of DPs is not without debate. Rummery et al. (2012) note a number of concerns including; ideological and practical objections to the marketisation of support services; the supply and quality of PAs to meet demand; employment protection issues for statutory and agency home care workers; and the unsuitability of such schemes for particularly vulnerable users. Regardless of these concerns DPs are likely to be an ever more important vehicle to increase the control over individual’s social care.

Presently, there is a low uptake of DPs in Scotland especially when compared to England. For example, there are more DP users in Lancashire and Cumbria than the whole of Scotland (Rummery et al., 2012). Moreover, it is estimated that by April 2013 one million people in England will be receiving a DP (SCIE, 2010). The number of people in receipt of a DP in Scotland in the year to 31st March 2012 was 5,049, an increase from 4,392 in 2011, though the number of people using them remains low compared to the number of people receiving home care services (63,500). Around a third of the people receiving payments are over 65. Thirty seven per cent receive payments due to a physical disability, 24 per cent had a learning disability and 4 per cent had both a learning disability and a physical disability. A total of 2,188 (39 per cent) DPs were delivered by means of a PA contract, with 2,354 (42 per cent) being delivered by a service provider. A further 222 were delivered by some form of mixed arrangement, with an additional 298 classed as other (all figures from Scottish Government, 2012).

Whilst DPs and the other options outlined above are currently available, crucially, the Bill places, ‘a specific duty on local authorities to offer the different options, together with other obligations, such as providing advice to service users in order to support them in making that choice’ (SPICe, 2012: 9). Thus the key policy objectives of the Bill are to (SPICe, 2012):

- Ensure that services and support become more flexible and responsive to people’s needs.
- Drive a cultural shift around the delivery of support that views people as equal citizens with rights and responsibilities rather than people who receive services.
- Require LAs and the NHS (where social care functions are delegated to them) to ensure that the options for SDS and associated duties are part of the assessment and review process for every service user.

The challenge of achieving these policy objectives is highlighted in research undertaken by Manthorpe et al. (2011) which sought to evaluate some of the barriers and facilitators to SDS. In considering some of the barriers to SDS Manthorpe et al. recognise that ‘the research suggests that many of the barriers to the take up and use of self-directed support are experienced by service users, carers, practitioners and other stakeholders’ (p. 6). For example, they note that processes and systems have not kept pace with policy intent and the values incorporated under the umbrella term of SDS. In addition there are concerns with regard to the extent to which it leads to ‘creeping privatisation’ and may also lead to financial insecurity for service providers, issues also acknowledged by Rummery et al. (2012). Manthorpe et al. also highlight that some service users and carers are concerned by the administrative burdens of SDS and do not want the responsibility of managing their own money/services. This issue can be particularly acute in the management of PAs.

Personalisation and employment

The above policy context clearly has significant implications for providers of social care services and the management of the staff as the thrust of government policies increasingly link the needs of the service user/customer to workforce reform (Kessler and Bach, 2011). Personalisation is a force that has the potential to fundamentally transform the nature of provider organisations and the employment relationship it has with its workforce (Rubery, et al, 2011). Such reform suggests an up-skilling of the workforce so that front-line employees take on skills as advocacy, community building, counselling, brokerage and supporting people who use services to navigate the types of services they require (Leadbetter and Lowsborough, 2005). Yet, there has been limited research on the impact of personalisation on front line care workers and people who receive services, especially in voluntary organisations. This is an important gap in our understanding given voluntary organisations continue to provide a wide-range of services in social care in the UK and in Scotland in particular, and will continue to do so as people choose to have services delivered by agencies they are familiar with (Baxter, et al; 2010; NCVO, 2010; NMDF 2010).

Recent large scale studies in England into domiciliary services have considered the impact of personal budgets on HR policies to some extent but not fully addressed ‘users’ perceptions of care quality and the links between their perceptions and quality HR policies,’ (Rubery, et al, 2011:1). There is also a need to understand how SDS is transforming relations between voluntary organisations and their funders, and how this influences the traditional employment relationship with their staff, and whether these changes are leading to more positive outcomes for people accessing services. Baxter, et al (2010) provided a qualitative study of managers of 48 providers, revealing problems in terms of: financial stability and workforce recruitment and planning (including staffing rota); increased casualisation of work and unsocial hours; increases in staff turnover; subsequent increased recruitment and training costs; and difficulties retaining fully trained employees.
A study of Scottish voluntary organisations (Cunningham and Nickson, 2010) highlighted how factors that shape employment and service outcomes can be, to a great extent, outside the control of the organisation and the worker. These include a focus by LAs on introducing personalisation for reasons associated with cost cutting rather than individual needs. They highlight how progress toward personalisation is mediated by issues such as the health of service users and their willingness to engage with the challenges that greater choice brings to their lives. Workers, in turn, may face having to operate under newly designed performance management/appraisal systems that firmly place accountability for meeting service user needs in their hands. Budgetary cuts potentially decollectivize or even reduce their pay and conditions and threaten morale. The study also highlights problems in convincing some workers of the need for change, or, indeed, whether they perceive personalisation to be a significant change in practice. Alongside this is some evidence of limited choices for people who use services regarding who provides them with care, and suggestions that resource constraints limit their activities. Overall, questions emerged regarding whether organisations could sustain the necessary training and development and worker morale and commitment needed to deliver personalisation, given the greater casualisation of the workforce and strains on financial resources (Cunningham and Nickson, 2010).

While such studies are useful, they do not provide holistic insight. To do so, there needs to be a more thorough examination of the different perspectives and subsequent influence of the range of actors who shape employment policies and service outcomes in voluntary organisations, i.e. the purchaser, employer, employees and their representatives and people who use services.

In relation to LA influence, studies examining purchaser – provider relations across public service supply chains have increasingly recognised the influence of purchasers on employment in voluntary organisations (Marchington, et al, 2005; Cunningham, 2008). The actions of commissioning authorities will therefore be crucial in shaping employment outcomes in voluntary sector providers adopting personalisation. Some purchasers, for example, will push personalisation at a faster pace compared to others. There will also be a variety of motives in promoting personalisation, i.e. the need to make cost savings or for more value-driven reasons, or as likely in the current climate a blend of both. Irrespective of these motives, LAs will continue to wield considerable power over providers and their workforces because they control the level of resources devoted to DPs.

LAs, through several processes, help to define the day-to-day work of staff. The introduction of 'lighter touch' processes that involve less bureaucracy may allow frontline workers to spend more time working with those accessing services (SOCIE, 2010). There also remains scope for purchasers to assist in the transformation of voluntary sector providers through capturing purchasing information among those that use services. In doing so, they could then inform providers in the market about demand and assist in workforce planning. Here, there is the possibility of retaining collaborative partnership purchaser – provider working in an era of exceptional change and public sector cuts (NMDF, 2010).

The direct voluntary sector employer also remains a key actor through shaping employment policies and procedures in line with organisational mission and values that encompass many of the features of personalisation, but at the same time needing to offer an employment package sufficient to recruit and retain valuable skilled employees (Ridder and McCanless, 2008). It is significant, for example, that employee turnover in the adult care services sector currently runs at 18% (Skills for Care, 2010). Similarly, employees in the sector are generally found to be highly committed to the values of the employer and service provision but still require employment that provides them with sufficient income as they, and/or their representatives, will express discontent and resistance to changes to their employment conditions if employment benefits are threatened (Cunningham, 2008).

As people who use services take on DPs, they, in turn become actors in the new market for care (Kessler and Bach, 2011) in shaping not only their services, but the working lives of those who provide them in voluntary organisations. For people who use services who prefer working with an existing provider, this means they will potentially have influence over people management policies ranging from recruitment and selection, working time, the design of work, workforce development, performance management, and pay and conditions. The recognition of service users as ‘customers’ in the market will also have distinctive implications for employment conditions. Specifically, market mediated organisational employment practices are seen as leading to greater reliance on short-term contracts; agency workers and flexible working practices; intensification of work; fewer opportunities for training and development; and increases in insecurity (McGovern, et al, 2007). In the case of social care services delivered by the voluntary sector problems may arise where demand from service users requires more unsocial hours working for staff. As resources become tighter there is a question over whether and to what degree the input of people who use services and their families have significant influence over the trade-off over decisions regarding personal lifestyles of users and the proportion of organisational budgets devoted to training and pay and other terms and conditions of staff.

The notion of people accessing services as ‘customers’ links to broader debates about changes in the direction of the ethos of workers involved in delivering public services (Needham, 2007). It suggests SDS and its recognition of ‘customers’ rather than service users is an attempt to bring private sector language and standards of customer care into the provision of those public services delivered by the voluntary sector. This potentially represents changes to the traditional ethos of workers in the sector which has been built on altruistic orientations (Cunningham, 2008). The extent to which this leads to tensions among the workforce is unknown.

Finally, the above issues need to be understood in the context of provider organisations adapting to personalisation at a different pace. Types of providers may emerge along a continuum of outcomes. On one side of the spectrum would be services provided in the traditional care management format, while on the other the notion of the organisation as ‘broker’. In the latter case, this will involve organisations marketing themselves to people who use services as bodies that can provide them with a choice from a group of potential PAs, which they have provided training and support to. The PA is then directly employed and accountable to the person and their family. The organisation provides a safety net to both people and their families and PAs, through on-going training, advice and monitoring of the quality of support. It is debatable how far many voluntary organisations will travel.
along the spectrum of services or even if, any become full brokers. It is even possible that voluntary organisations will deliver a mix of approaches depending on the needs of individual service users.

The growth of PAs is also seen to be problematic. The Scottish Government (2010: 43) recognises how PAs have a ‘key role to contribute to increasing the uptake of DPs as a key option of self-directed support’, whilst also acknowledging that, ‘risk in SDS is most raised in relation to the employment of personal assistants’ (p. 16). Presently it is unclear exactly how many PAs are employed, with the Scottish Social Services Council (2012) noting in its annual review of the Scottish Social Services workforce data that no reliable data exists on their numbers. Recent research conducted by Howie Reid Associates (2010) on behalf of the Scottish Government has noted that ‘there is virtually no published information on the nature of the PA workforce in Scotland’ (p. 3).

To address this gap Howie Reid Associates conducted research not only into the experiences of PAs, but also the challenges associated with service users becoming employers. Howie Reid Associates (2010) report that most SDS packages ran smoothly and there are a number of good employers amongst SDS recipients. PAs also reported a number of positive aspects to their jobs including: flexibility to suit their circumstances; varied and interesting work; a high level of job satisfaction; the development of positive relationships; better conditions than some alternative employers; and opportunities to learn from their employers.

There were significant problems, however, for example, a number of employers noted difficulties in the recruitment process, centred on a low number of applicants, applicants not willing to work hours or times, not having the right personality and applicants not having appropriate work experience. These points highlight not only the issue around the suitability of available labour, but also the nature of PA work, for example the difficulties of finding people who were prepared to work for a small numbers of hours in a week as well as working a small number of hours each day. In addition, a third of PAs indicated they were dissatisfied overall with the level of pay, with many having to undertake additional work to supplement their income. Concerns were also expressed about expenses, provision of meals and subsistence and payments for travelling time to work, particularly in rural areas. Holiday provision was also potentially an issue, for example when PAs could take holidays or whether they would be called back from holidays because of the employers’ needs. Sick pay and pensions were also problematic with some employers indicating that they found it difficult to meet the costs of such provision (Howie Reid Associates, 2010). A further issue highlighted in the research was the training provision was also problematic with some employers indicating that they found it difficult to meet the costs of such training, supervision and related costs. Given the above, there is some doubt as to whether the social care workforce would trade their current relative security within established providers to become PAs.

It is in the light of the above context, that a study exploring the implementation of personalisation in voluntary organisations was undertaken. The next sections outline the method of the study, key findings and recommendations.

Section 2: Method

The fieldwork for this report was undertaken using a qualitative methodology and involved two phases.

Phase 1 involved qualitative semi-structured interviews with representatives of five Scottish LAs. Participant profiles are outlined in Table 1. In total ten individuals were interviewed. The LAs were chosen on the basis of representing urban and rural constituencies, and also the extent to which they were actually engaging with SDS. Scrutiny was also made of relevant policy documentation and websites.

Phase 2 involved in-depth, qualitative case study research in five voluntary sector organisations. This comprised of semi-structured interviews conducted with senior and line managers, employees and their representatives, and service users –56 interviews in total. Organisations were chosen on the basis of some diversity in service provision, i.e. learning disabilities, mental health or multiple providers. We were unable to recruit any organisation providing services for those with physical disabilities or the elderly. Scrutiny was also made of organisational policy documents and websites. Interviews from each set of data were transcribed verbatim.
Section 3: A Profile of respondents and their approach to personalisation

Local authority participants

There were a series of common factors driving LAs to engage with the personalisation agenda. One obvious incentive was the advent of the SDS Bill, which would be a significant spur for individuals to lobby for greater personalised services and choose individual forms of funding such as DPs. A further common theme was a desire to reshape relationships between the state (in this case local government) and the individual. Respondents wished to reduce a perceived 'dependency culture' in society and promote independence among people who accessed services by giving them more choice in their lives.

We have made people dependent on paid workers to go and do the social bit. The rest of us wouldn't so it's about redressing that balance as well, because it's almost abuse at times that you make people dependent on paid workers for everything (Contracts Manager, VO 2).

LAs were approaching the phasing in of personalisation at a different pace, and a variety of ways, although all respondents identified it as a long-term (10 year) strategy. In LA 1, the rolling out of DPs was phased in, beginning with learning and physical disabilities, gradually followed by mental health services. LA 2 had experimented for a number of years with approaches to delivery that embraced personalisation, particularly within respite services, and was now attempting to consolidate various small-scale initiatives and develop a strategy. LA 3 was aiming to gradually reduce its reliance on block contracts and move to greater numbers of DPs. It had embarked on a programme of reform of care home, respite, sheltered employment and day centre services to move away from a 'one size fits all' approach. LA 3 reformed respite care and diverted some of the saved expenditure to provide resources for brokerage and advocacy, and the development of preventative services. Respondents reported LA 3 was moving towards a reduction in block contracts through a ‘tapered disinvestment programme’ so as not to destabilize providers (Contracts Manager, LA 3).

In the first instance, we would reduce it (block contracts) by x per cent with the expectation the provider will use that to generate and market themselves and if successful we would make a further reduction in block funding. Now that would work over five years over which we hopefully would not have any sort of block contract (SDS Lead, LA 3).

LA 4 established several pilot schemes for personalised services, appointing a committee charged with strategy formulation. LA 4 approached the community and allowed members of any client group to self-select to undergo the process of assessment for DPs. Providers were invited to submit ideas regarding how they planned to take their businesses forward to prepare themselves for personalisation. Six providers did so and each received a small amount of funding. Provider initiatives included alternatives to traditional day centres through the appointment of Community Link Workers who would look for new social activities and investigate the accessibility or otherwise of various community services. The biggest take-up of DPs was among adults with learning disabilities and the lowest from the elderly population – ‘so we have not achieved what we wanted to in terms of a broad mix of service users’ (Commissioning Manager, Adult learning disabilities). Nevertheless, the aim is to roll this process throughout the region.

LA 5's approach included establishing close working relations with two providers to develop Individual Service Funds. In doing so, the authority has drawn up a service agreement, which was seen as a three-way contract between itself, the provider and the people accessing services. The aim of the pilot was to begin to develop an approach among providers that resembles a brokerage model rather than direct service, where the organisations manage and assist the individual in financial matters, and also helps in developing other parts of the person's life through community engagement.

Table 1
Profile of local authority respondents

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Type of authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA 1 SDS Lead and Finance officer</td>
<td>Urban</td>
</tr>
<tr>
<td>LA 2 SDS Lead and Contracts Manager</td>
<td>Urban</td>
</tr>
<tr>
<td>LA 3 SDS Lead and Contracts Manager</td>
<td>Urban</td>
</tr>
<tr>
<td>LA 4 SDS Lead</td>
<td>Rural</td>
</tr>
<tr>
<td>LA 5 SDS Lead and two contracts managers</td>
<td>Rural</td>
</tr>
</tbody>
</table>
Voluntary sector participants

Table 2 outlines the nature of service provision, workforce numbers and details of interviews among the five voluntary sector participants.

<table>
<thead>
<tr>
<th>Service users</th>
<th>VO 1</th>
<th>VO 2</th>
<th>VO 3</th>
<th>VO 4</th>
<th>VO 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>Mental health, addictions, learning disabilities</td>
<td>Mental health</td>
<td>Learning disabilities</td>
<td>Learning disabilities</td>
<td></td>
</tr>
<tr>
<td>Number of local authority funders</td>
<td>1</td>
<td>7</td>
<td>14</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Workforce numbers</td>
<td>100 (approx.)</td>
<td>400 +</td>
<td>300 +</td>
<td>4500-500 (plus 80-90 casual employees)</td>
<td>1500 +</td>
</tr>
</tbody>
</table>

Senior management from all providers embraced the values of personalisation and felt it fitted well with their own organisational culture, philosophies and mission - ‘it’s what everybody would aspire to. It’s the bee’s knees. It’s exactly right’ (CEO, VO 2). Table 3 outlines key personalisation initiatives adopted by case organisations. Providers were at different stages of progress towards operationalising the principles of personalisation. Management within VO 1, for example, admitted that the organisation was in the early stages of development, and was at the time of the research being propelled into change by the demands of its single LA funder.

Management from the other organisations claimed to be making more progress to implementing change; of these, VO 3 and VO 5 were the most confident in their claims. VO 3 was aiming to operate at the premium end of the market in mental health services. Management felt that personalisation did not necessarily mean the use of DPs rather it would be the case that ‘you could have a standard service, but within that, the person should still feel that they’re getting an individual service’ (CEO VO 3). For example, a service that had won a ‘Care Accolade’ for its personalised approach was block funded. VO 5 did not perceive the move to personalising its services as a radical shift in its strategy. It had, for example, established ‘individual cost centres’ for each person accessing services; created national and regional advisory groups for people accessing services; and moved approximately 400 people to DPs or some other individualised funding. VO 4 was another organisation where significant proportions of people accessing its services held DPs, accounting for approximately, half of its income. This was a direct result of, several years ago, one of three LA funders restructuring its funding and purchasing, leading to VO 4 persuading the majority of people accessing services to choose a DP, while anticipating they would remain with their existing provider.

Table 3
Personalisation initiatives

<table>
<thead>
<tr>
<th>VO 1</th>
<th>Appointed temporary consultant to examine changes to marketing finance, HR and administration. Closure of several group support centres and move to smaller/individual approaches to support.</th>
</tr>
</thead>
<tbody>
<tr>
<td>VO 2</td>
<td>Appointment of ‘coordinator’ to advise people accessing services of their rights. Planning development of a brokerage role to advise on alternative providers, personal assistants and availability of internal services. Appointment of personalisation specialist to advise on implementation and training needs. Expansion of volunteers among those previously accessing services. Placing of adverts in specialist magazines marketing services. Involvement in pilots in several Scottish LAs.</td>
</tr>
<tr>
<td>VO 3</td>
<td>Reform of traditional day centre provision. Increased use of ‘peer support workers’. Creation of group championing personalisation made up of staff and people accessing services. Hiring a marketing company to construct suite of materials promoting values to distribute in the community. Audit of financial and administrative functions Winning of ‘Care Accolade’ for personalised service.</td>
</tr>
</tbody>
</table>
The climate of purchaser – provider relations and impact on personalisation

All parties in senior management in LAs and voluntary organisations generally welcomed the principles and provisions of the Social Care (Self-directed Support) (Scotland) Bill. Among voluntary organisations there were generally positive opinions regarding some or all of their relationships with LAs. Financial pressures, however, were key factors in shaping purchaser – provider relationships in recent years. LAs admitted to having problems passing funding increases to the sector. LA 4 reported a freeze in income/inflationary uplifts to voluntary sector providers over the last two years, while the remainder reported having similar problems over the last 3 – 4 years. There was awareness of the difficulties this financial situation caused providers.

I think it has been tough, there have not been any increments over the last three or four years. So we are expecting more for less just because of our whole budget has been reduced and that is a difficulty for our service providers to manage (SDS lead, LA 5).

Other respondents (LA 2, LA 3 and LA 5) acknowledged that the recent and on-going cuts were on top of processes of re-tendering services and cumulative tight funding settlements imposed on providers even prior to the onset of the financial crisis. LA 4 reported a freeze in income/inflationary uplifts to voluntary sector providers over the last two years, while the remainder reported having similar problems over the last 3 – 4 years. There was awareness of the difficulties this financial situation caused providers.

Before the real kind of hit, local authorities in general were very bad in their relationships with the sector in terms of constantly trying to screw down the price. Local authorities talk about how much we need to invest in our commissioning and intelligent commissioning, something that is not really just about driving down price. I think it has been a fair criticism. (Contracts Manager, LA 2).

And:

Some of us are getting increasingly irritable about holding providers to zero per cent uplift and that is a voice that needs to be heard really and is sometimes difficult to make because it is seen as a success in a local authority. But strategic commissioning is not holding providers to zero per cent forever (Planning and Commissioning Manager, learning disabilities LA 4).

Consequently, there were concerns about the future sustainability of some providers if additional large-scale savings were implemented in the next three years. LA 3, for example, reported how it had provided additional funding for certain organisations that had been seen to be drawing too heavily on their reserves to sustain services.

In commenting on the same funding environment, management respondents in voluntary organisations reported a ‘little season of heaven’ (Senior Manager, VO 4) in the early 2000s, characterised by income growth and less pressure on costs. Since that period, pressure on hourly rates by LAs up to the beginning of the financial crisis/recession in 2008 was common. From that point onwards matters deteriorated. VO 1 experienced successive funding cuts (on average by 4 per cent p.a.) over the four years of recession, but was asked to deliver the same number of hours of services. VO 2 had lost approximately 20 – 25 per cent of its turnover, while delivering the same amount of services, and was beginning to doubt the sustainability of some loss making projects.

There’s no spare capacity now. I’ve been involved in the voluntary sector for thirty-five years and this is without doubt the worst. In fact the period of Thatcher where everybody says ‘oh Thatcher was awful’ this is much, much worse in terms of its severity, the extent of it and the time of it (CEO VO 2).

Similarly, VO 4’s financial climate was becoming increasingly pressurised with the organisation refusing to bid for particular tenders because the funding made the service unsustainable. In contrast, although respondents in VO 3 and VO 5 acknowledged the broader climate of the sector, they reported a more stable financial position.

In explaining these differences, previous research has shown that voluntary organisations are more vulnerable, both financially and in terms of their capacity to shape their future in times of change when they are more resource dependent on a few, rather than multiple funders. There were varying degrees of resource dependency and vulnerability to changes in LA priorities in the above financial climate among voluntary sector respondents. Figure 1 outlines how, in contrast to the other two organisations, VO 1, VO 2 and VO 4 were potentially more vulnerable in this regard because of their reliance on fewer funders.

Personalisation and public sector austerity

Some LA respondents (LA 2 and LA 3) hoped that joint working with the sector on the personalisation project would heal rifts that had developed between themselves and providers. Nevertheless, LA respondents acknowledged that their efforts to introduce personalisation were in the context of continuing austerity. LA 1 directly linked the potential of personalisation to aid the process of cuts. Austerity measures had already led to savings in LA 1’s social service expenditure of approximately £8m, and the target for the next financial year was projected at £10.1m savings.
Personalisation itself is not about cuts, but there are cuts happening in the midst of it, budgets are getting significantly reduced (SDS Lead, LA 1).

The other LAs, in the main, were reluctant to make such links. LA 3, for example, announced 'efficiencies' from service providers prior to announcing its personalisation strategy and did not anticipate further large scale savings. At the same time, comments from LA respondents were remarkably similar to that in LA 1.

The perception may be that SDS is the way we are cutting back, but we need to make the cut anyway. So I think there is a bit of a myth there. (Contracts Manager, LA 3)

Similarly:

Cost cutting would have to have come anyway and it's a chance to be creative in terms of how we cut costs (SDS Lead LA 5).

This austerity also had implications for LAs. Respondents revealed that many initiatives, e.g. the appointment of personalisation leads were resourced within existing or reduced budgets (LA 3, LA 4, and LA 5). In LA 5, the SDS lead reported the existence of only 'small pots of money' in its pilot sites that 'have to be filtered off from other parts of the social work budget'. In LA 4 despite a number of people being successfully processed through the system of DPs and awaiting services, tightening budgets towards the end of the financial year meant that the authority could only fund services to those in critical need, delaying implementation of new personalised provision. Managers in LA 4 also observed that because of the generally lower allocation of resources to older people's services, the opportunities to fully personalise services for that group were limited. Resource constraints were significant because LA respondents identified further internal barriers to change that would potentially need expenditure to resolve, including:

- A need to re-educate LA staff in finance and administration to 'let go' the responsibility of purchasing power to people accessing services;
- Up-skill staff in terms of their understanding of new 'soft' outcome measures;
- The reorganisation of processes and systems to overcome the complexity of establishing DPs;
- Improve the capacity of SDS specialists to train staff in the principles and practices of personalisation; and
- Improve the capacity of internal LA staff to adequately communicate their knowledge to providers, service user and their families.

These resource challenges were also in the face of early indications from several respondents (LA 4 and LA 5) suggesting that personalisation pilots had not delivered the hoped for savings from reductions in 'red-tape' and bureaucracy.

Respondents also had a tough message to deliver regarding the impact of personalisation on the voluntary sector. LAs anticipated moving away from commissioning services through block contracts in favour of individuals purchasing services. Respondents, to varying degrees, advocated radical marketisation of care provision, where providers would have to be increasingly responsive to this emerging reality (i.e. attract individual budget holders to their services). Risk would fall predominantly on providers of services, and those unable to meet the challenge would not survive.

The best of them will remain and the ones that are not quite as able will not. To me personally, in some ways that is a good thing, because why should we have service provision that is stuck in the dark ages not moving forward. If they are not prepared to engage and see that they have to change then they are not going to survive. I don't see that as a bad thing, that is the competitive market (SDS lead, LA 5).

To survive in the market, LAs encouraged providers to 'reinvent themselves' becoming more collaborative through providing services with other organisations in co-locations, sharing administrative/management support functions, and possibly mergers. They were also encouraged to invest in more sophisticated approaches to marketing services to the community. At the extreme, it was argued this reinvention could lead to voluntary organisations no longer being large scale employers, but taking on a role that was more focused on brokering services for people in the market and accrediting and training PAs.

There were varying degrees of vulnerability among providers to this changing climate. Figure 1 reveals the range of funding relationships between LA and voluntary sector participants.

Figure 1

Key Funding relationships between participating LAs and voluntary organisations
VO 1 confirmed significant vulnerability to some of the financial shocks from the move to personalisation by its main funder LA 1. Cost savings were enforced through a significantly reduced hourly rate established under LA 1’s commissioning framework for personalisation. This linking of cuts in funding with personalisation was seen as having significant impact on the organisation’s survival, as VO 1 had to subsidise the new rate partially through organisational reserves. At the end of the period of fieldwork, the CEO of VO 1 reported an increasing recognition of the organisation’s difficulties, and the impact on jobs and services from personalisation by LA 1, leading to a ‘modest increase’ in the hourly rate. VO 1 was also pursuing business development opportunities to reduce resource dependency through additional charitable funding, different public sector sources such as health or employability sources, and using its own expertise to provide external training. The organisation still faced great uncertainty, however, because it reported insufficient knowledge regarding how many people were to access its services.

VO 2, VO 3 and VO 5 all had contracts with LA 1, and were experiencing the same pressure on their hourly rate. Yet their vulnerability to this pressure varied. The next most vulnerable, VO 2, was anticipating that LA 1 would, on average, cut the amount of funding to DPs by between 10 – 15 per cent, threatening an equivalent cut in organisational management costs. Such was the financial squeeze on VO 2 that it had actively sought to make further savings by proposing to merge (unsuccessfully) with other organisations to share overheads and shed any subsequent excess capacity.

Overall, VO 3 did not feel as threatened financially, as it was still able to negotiate decent hourly rates in some LAs. Its dealings with LA 1 meant similar pressure on its hourly rate in that region, however. LA 1 also reportedly required a single hourly rate despite VO 3 traditionally offering several depending on need. It was felt that as a result, people accessing services were being denied choice. Management in VO 5 also reported a challenging relationship with LA 1, which had led to – ‘dogfights to try and get people to the support that they were used to’ (CEO, VO 5). Managers spoke of efforts to develop a relationship with LA 1 as ‘a critical friend’ (Services Manager, VO 5).

FOR VO 2 AND VO 5, THIS RELATIONSHIP CONTRASTED WITH THAT OF ANOTHER COMMON LA FUNDER (NOT PARTICIPATING IN THIS STUDY). IN VO 2 THIS LA WAS LAUNCHED FOR ITS APPROACH WHICH REPORTEDLY HAD MOVED TOWARDS MUCH MORE RECIPROCAL OUTCOMES-BASED FORMS OF SUPPORT. RESPONDENTS FROM VO 5 DESCRIBED RELATIONS AS EXTREMELY COOPERATIVE AND SAW THE LA AS INTRODUCING PERSONALISATION IN LINE WITH THE PRINCIPLES OF THE IN CONTROL MODEL, WITH LESS EMPHASIS ON HOURS AND HOURLY RATES AND A GREATER FOCUS ON OUTCOMES, WHERE DIFFICULT FINANCIAL DECISIONS AND CUTS TO SERVICES WERE NEGOTIATED JOINTLY.

As Figure 1 reveals, VO 4 was potentially the next most vulnerable to any financial and structural shocks brought about by personalisation with only three funders, but the reality was slightly different. As previously mentioned the restructuring exercise undertaken by one of the VO 4’s key funders (LA 3), threatened the organisation’s survival. As a consequence

87% of people accessing service, that were funded by that particular LA, moved to a DP, with the remainder funded through smaller block contracts. Since those events, respondents reported how LA 3 was undergoing a change in attitude as recent meetings led to LA representatives recognising the need to sustain and develop the market and providers within it to ensure a successful move to personalisation. The CEO also reported how the move to DPs led to less financial vulnerability.

They can no longer hold this kind of cosh over our heads. The convenience of a steady stream of money coming in every quarter, which is what you get with bigger contracts but it comes with a hell of a price in terms of the power relationship, which is a very one-sided one. It’s always been to some extent an obstacle to working in a much clearer, stronger customer relationship with the individuals we work with. The main instrument of control has been the funder of the contract. That says what you can and cannot do. (CEO, VO 4)

All respondents agreed, however, that irrespective of the growth of individual funding, LAs retained considerable power because they controlled the allocation of funding to DPs and still negotiated largely around the concept of hourly rates, which were persistently under pressure – ‘they still hold the purse strings. They’re still giving the individual budget to the service user. They will have some element of control’ (Senior Manager VO 3). There was also considerable uncertainty regarding the direction of travel of personalisation, i.e. whether it would be tied inexorably with austerity or be based on an alternative, cooperative approach. This uncertainty was based on reports that many LAs were doing little to implement personalisation. Management in four of the organisations erred on the side of scepticism and felt austerity would be the dominant factor shaping LA strategies, but in VO 5 the CEO felt many LAs were watching carefully the outcomes of pilots in some LAs before proceeding.

Charging policies, and shrinking eligibility criteria

Other significant common problems cited by voluntary sector respondents with LA approaches to personalisation focused on the charging policies for services and tightening eligibility criteria. There were fears charges would mean some people refusing support as services became unaffordable, especially individuals accessing small packages of several hours a week, but who faced the same ‘client contribution’ as those with much larger provision. This threat added to the financial uncertainty facing organisations but also led to concerns relating to the general quality of services.

The shrinking of eligibility criteria, welfare reform, you know here is personalised support, but live your life in poverty. The shrinkage and the volume of support that is available to people its disappearing entirely because of the imposition of much stricter eligibility criteria. If the volume’s restricted it’s just enough time to get you out of your bed, but there’s no time to do anything, you might have got out of your bed in a personalised way but you’re sitting in the house in front of the TV for the next 12 hours (CEO VO 4).
Indeed, managers and/or workers in all of the organisations reported people refusing services because of charging policies. People using services feared that LA officers would make a superficial assessment of need because of their lack of knowledge of individuals. There were also fears that only the most serious conditions would be funded, while many others would be excluded or face charges.

They’ll be left. They’ll either have to go back to the NHS or they are lined up sitting in shopping centres all day or worse (Service user, VO 1, female).

Preparing for personalisation and information sharing

LA respondents revealed the extent to which they disseminated information to providers to help prepare for change. LA 5 had not made any progress in this direction citing other priorities taking up time and resources. In LA 1 the lead reported:

Our role is to provide strategic information… it will be about saying to the provider – ‘our reading of the intelligence is that service users want a, b, c and d. That is what you can expect them to buy themselves… your survival will be dependent on how responsive you are to individuals as opposed to command and control commissioning.’ (SDS Lead, LA 1)

LA 4 had run several provider ‘road shows’ to allay concerns and reservations regarding change. In addition, as part of its new commissioning framework, it would include statistics on the prevalence of particular groups of people potentially accessing provider services. Similarly, a respondent from LA 2 reported.

Our job is to support service users to ensure they have full knowledge and understanding of what is available out there and we need to support providers to understand what are the demands out there… We don’t yet do that, but it’s now time we provided that information (Contracts Manager, LA 2).

At the same time, a respondent from LA 2 indicated its capacity to deliver in this regard was undermined by cuts in the centralized capacity and expertise in the authority. LAs were also reluctant to provide any HR advice to organisations and people accessing services for fear that it would be construed as having an employment relationship with the worker/PA and thus be liable under employment law.

Voluntary sector respondents were frustrated regarding the level of information coming from LAs. The lack of market intelligence regarding potential DP holders meant that it was difficult to estimate not only income, but the impact on functions such as finance that currently operated on the basis of a few funders. Personalisation would mean a proliferation of financial relationships, but information was limited. Providers felt LAs should move from warning about the impact of personalisation and provide more detail regarding its implementation.

Section 4: Implications for the voluntary sector workforce

The local authority perspective

LA respondents acknowledged the detrimental impact on employment terms and conditions among providers from persistent calls for efficiencies in recent years. Personalisation was seen to lead to further changes in this regard. Respondents recognised some benefits for the voluntary sector workforce, especially opportunities for more rewarding work and improved training. This included ‘re-educating’ and empowering the workforce to fully engage with change and applying new skills to allow individuals to maximise independence.

There were perceived problems for the voluntary sector workforce, however. Fiscal restraint combined with the marketised philosophy of personalisation threatened increased job insecurity, poorer conditions of employment and more unsocial working hours. Several LA representatives (LA 1 and LA 3) predicted that the growth of individualised funding would lead to voluntary organisations being unable to continue to be large-scale employers with work becoming more fragmented and ‘flexible’ to meet the needs of people accessing services. The growth of PAs would contribute to this as a younger generation of people accessing services, with no experience of working with traditional providers, would increasingly choose to employ their own staff.

You can see the attraction of a PA because you know X will come every day and not half a dozen different people. So you can see the writing is on the wall for the workforce. The idea of organisations with workforces of hundreds is a dying model it is not sustainable. (Commissioning Manager, LA 3)

Other LA representatives identified potential caveats to this scenario. There were doubts regarding the appropriateness of DPs to areas of care such as services to the elderly, and alcohol/substance abuse. Respondents also identified labour market barriers. Care work had to compete for labour with alternative, similar paid work in sectors such as retail. In doing so, it would have to offer terms and conditions that were commensurate with the work effort, and challenging behaviour found in care, or workers would quit. This concern was seen to be pertinent as increasing numbers of young, male workers entered the sector. These workers were perceived to be less reliable and intolerant of the demands personalisation may place on them in terms of travelling time and work – life balance. These tensions were felt to be most acute in the high volume elderly sector. Other respondents reported how there would have to be some tempering of expectations within the community to take account of employee rights:

With control comes responsibility. I think if we give you that responsibility, it’s not about you getting everything you want, because that is not what life is about. It’s about us supporting you to take a flexible approach to your life, but we have to be realistic and can’t get somebody to come in and do something at three o’clock in the morning because that is when you want to go to bed (SDS lead, LA 5).
Voluntary sector perspective

The report now outlines data from voluntary sector providers with regard to changes to employment conditions in the light of efforts to bring more choice to people accessing services in an era of austerity. This is presented in terms of the key themes of recruitment, pay and conditions, job security, working time, opportunities for learning, sickness absence and performance management.

Recruitment and selection

Table 4 outlines current and planned initiatives by organisations, designed to expand choice in the lives of people accessing services by including them in recruitment and selection decisions. Common approaches were emerging, such as the establishment of plans to introduce dedicated relief staff receiving similar induction and training specifically to work with an individual/small group of people accessing services, to ensure that even in cases of absences and holidays there was a degree of consistency in personnel. In other areas organisations were at different stages of development, and differed in the degree to which they felt they needed to change. VO 5 appears the most proactive in terms of its recruitment processes, but respondents claimed progress in this area was regardless of the influence of personalisation. VO 4 and VO 5 were creating personal profiles of staff and people accessing services in order to match individuals. In VO 1 and VO 3, it was felt there was an already existing high level of user involvement in recruitment and selection, but respondents were reviewing processes to explore the scope for more opportunities. The HR Manager in VO 2 reported the organisation was in the early stages of developing plans to alter its recruitment and processes as a direct consequence of personalisation.

Such changes were not without problems. For example, it was not always easy to get people accessing services to participate in recruitment events. In VO 4 managers reported that it was difficult to manage service user expectations regarding recruitment, and some DP holders had to be educated in certain realities, such as having to have more than one support worker (SW) in order to cover absence and holidays. To manage these tensions several organisations were moving to the creation of dedicated small teams of employees.

Table 4

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Recruitment and Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes to recruitment and selection</td>
<td>Future plans</td>
</tr>
<tr>
<td>VO 1</td>
<td>Service visits.</td>
</tr>
<tr>
<td></td>
<td>User and family participation in selection panels.</td>
</tr>
<tr>
<td>VO 2</td>
<td>Service visits</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>VO 3</td>
<td>Service visits and user and family participation in selection panels.</td>
</tr>
<tr>
<td></td>
<td>Constructing small teams of workers specifically focused on needs of people accessing services. Dedicated relief/casual staff.</td>
</tr>
<tr>
<td>VO 4</td>
<td>Service visits.</td>
</tr>
<tr>
<td></td>
<td>Devolved recruitment to local managers to encourage local, targeted recruitment in the community. Dedicated relief staff.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>VO 5</td>
<td>Individualised job description &amp; person specifications.</td>
</tr>
<tr>
<td></td>
<td>Training for people accessing services in recruitment issues.</td>
</tr>
<tr>
<td></td>
<td>User and family participation in selection panels.</td>
</tr>
<tr>
<td></td>
<td>Development of database of personal profiles of current staff to match up with new service users.</td>
</tr>
<tr>
<td></td>
<td>Constructing small teams of workers specifically focused on needs of people accessing services. Dedicated relief/casual staff.</td>
</tr>
</tbody>
</table>

Employees expressed generally favourable views regarding how the above changes increased choice. There were some concerns regarding the ability of new service users to pick from existing workers, however.

I remember at one training session one member of staff saying she felt that if it came to service users choosing from a line-up of staff who they want, they were like ‘I just wouldn’t get picked’. It’s like gym class all over again (SDS adviser, VO 3).
Employees expressed generally favourable views regarding how the above changes increased choice. There were some concerns regarding the ability of new service users to pick from existing workers, however.

I remember at one training session one member of staff saying she felt that if it came to service users choosing from a line-up of staff who they want, they were like ‘I just wouldn’t get picked.’ It’s like gym class all over again (SDS adviser, VO 3).

Responses from people accessing services were mixed. The two individuals from VO 1 participating on selection panels asked questions, and expressed preferences in final appointment decisions, but did not see this as a direct consequence of personalisation as the organisation had run such events for a number of years. In VO 2, VO 4 and VO 5 respondents reported they could express choices in terms of their key workers. In VO 5, one person accessing services noted that after a relocation of her key worker she was able to approach the project manager and reverse the decision. There was also evidence that she had control over support in her wider team – it’s different workers I get but if there’s somebody I don’t like I tell xxx not to send them back into me and I want them off my support sheet (Service user, VO 5, female).

In contrast in VO 3, one individual noted that he previously had no choice regarding his key worker and expressed a preference to have a DP in order to have more control over who came to his home. He also expressed concerns regarding whether there was sufficient ‘fit’ between his needs and skills of particular workers.

Worker A is a very practical man. He’s a guy who could do a sort of plumbing job. He’s a bit lost when you go into abstract ideas. I think Worker B, listens more than Worker A does. She’s more interested in what I do. I’ll be honest with you particularly with Worker B talking is a major thing with me (Service User, Male, VO 3.

This individual also reported a recent argument with a worker, and felt that, in such circumstances, other employees would always take the side of colleagues. The individual also reported how he had a request for the person to be removed from the team refused.

Pay and conditions

In discussing changes to terms and conditions such as pay, there are distinctions between the effects of general austerity measures and those emanating from personalisation. Table 5 illustrates changes to pay and conditions over recent years by organisations, and assessments of the impact of personalisation on employment conditions so far, and future plans. There was a degree of optimism among VO 3 and VO 5 relating to pay and conditions in the future, borne out of their current comparatively stronger position in the market compared to the other three providers, and management’s confidence that they could only sustain and grow current business.

In contrast, VO 1 provided an illustration of the potential for personalisation to undermine pay and conditions. Austerity had already taken its toll in terms of its ability to award cost of living increases, and it was the only organisation that definitely planned to make cuts to pay and conditions as a direct consequence of LA 1’s cuts in the hourly rate under personalisation. VO 2 and VO 4 admitted to considerable uncertainty as to the future sustainability of their terms and conditions as DPs became more common and hourly rates were squeezed; although they also cited auto enrolment in pensions as a huge potential cost.
In terms of union responses to personalisation and its impact on terms and conditions, there was a perception that workplace officials (where available) had not focused on this matter as a priority bargaining issue because its implications were, as yet, not visible or widespread. Indeed, the union activist from UNITE in VO 4 pointed out that he did not feel that personalisation was as big a threat to terms and conditions, because the proliferation of funding sources through the DPs was less a risk than relying on one or two powerful LAs. Where there was intervention (VO 1), there was a small increase in union membership, but many members, while recognising the activities of the workplace and regional officials, were resigned to the relative powerlessness of collective organisation at this point in time as they felt that decisions around pay and conditions were taken out of the employer’s hands, and many other organisations in the sector faced the same tough choices.

Table 4
Recruitment and Selection

<table>
<thead>
<tr>
<th>VO</th>
<th>Pay</th>
<th>Other terms and conditions</th>
<th>Impact of Personalisation</th>
<th>Future plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>VO 1</td>
<td>No cost of living increase for previous four years.</td>
<td>Working week extended from 35 – 37.5 hours.</td>
<td>Cut in local authority ‘hourly rate’ leading to anticipated cuts in employment conditions. Loss of project managers, and twenty front-line posts.</td>
<td>5% pay cut across the board. Extend working week to 39 hours. Lose two days annual leave.</td>
</tr>
<tr>
<td>VO 2</td>
<td>Payment of non-consolidated lump sums since 2008.</td>
<td>Working week extended from 35 – 37.5 hours. Introduce waiting days for sickness absence. Changes to pensions.</td>
<td>No impact.</td>
<td>Uncertainty over whether current pay grades can be maintained if DPs increase.</td>
</tr>
<tr>
<td>VO 3</td>
<td>One pay freeze in five years, cost of living increase in others.</td>
<td>Tighter scrutiny of travel expenses, subsistence allowances and phone calls.</td>
<td>No impact.</td>
<td>Hoping to retain existing pay scales.</td>
</tr>
<tr>
<td>VO 4</td>
<td>Payment of non-consolidated lump sums for five years.</td>
<td>None</td>
<td>No impact.</td>
<td>Impact of continued pressure on hourly rates for DPs could lead to pressure on pay and other terms and conditions.</td>
</tr>
<tr>
<td>VO 5</td>
<td>Below inflation rates awards.</td>
<td>Changes to holiday payments.</td>
<td>Restructuring of management leading to redundancies.</td>
<td>Hope to maintain current pay and conditions, but monitoring sustainability.</td>
</tr>
</tbody>
</table>

In VO 3, there was recognition that persistent high, long-term absence could lead DP holders moving elsewhere. In VO 4 management had introduced the Bradford scoring system, but admitted absence was an on-going difficult issue to resolve, that would become pronounced as people became more demanding regarding their support. A small number of employees welcomed some tightening of absence procedures for those that they saw taking advantage of sick leave entitlement who were not genuinely ill and disrupted consistency in services. There were some concerns in VO 2 however, as several SWs reported that in a climate of tighter scrutiny of employee performance, issues such as absence would be increasingly used to determine redundancy selection.

**Job security**

In exploring issues regarding job security, management from VO 4 made interesting observations as a consequence of a greater reliance on DPs. Some management representatives felt that the widespread adoption of DPs diluted the risk of financial and employment insecurity.

People accessing services did express concerns about the impact on pay and other conditions for workers. Moreover, several identified direct implications from cuts to allowances and subsistence on their own activities. One individual from VO 3 reported the organisation had stopped transporting him and others around in cars on the grounds that it did not encourage independence, but suspected it was just a cover for cutting costs because public transport was cheaper and he was aware workers were under pressure to cut down on the mileage they could claim for.

Table 5 also shows changes to sick pay/leave, as initiatives to control costs, but also helping ensure people accessing services received consistent support. Organisations increasingly struggled to balance the desire for continuity of service for DP holders and their obligations as employers in providing sufficient scope for an employee to recover from genuine illness. In VO 2, there was a growing inability to sustain individual absences of more than two weeks, and managers had difficulties making adjustments (e.g. phased return to work, flexible hours, and inability to do sleepovers) for workers returning from absence, or with long-term chronic conditions/disabilities.

They go off sick but what that then means is that the people we work for, they aren’t getting the consistent staff they should be getting so I’ve come back again and, ‘Well, they can’t stay there anymore,’ There’s a bit of conflict. But at a service level our responsibility is to the people we work for, so therefore we have to say, ‘If you’re not able to attend work on a regular basis, that’s no good to this individual, so you have to go and work somewhere else.’ Is that reasonable for the staff member? (Senior Operations Manager, VO 2).

In VO 3, there was recognition that persistent high, long-term absence could lead DP holders moving elsewhere. In VO 4 management had introduced the Bradford scoring system, but admitted absence was an on-going difficult issue to resolve, that would become pronounced as people became more demanding regarding their support. A small number of employees welcomed some tightening of absence procedures for those that they saw taking advantage of sick leave entitlement who were not genuinely ill and disrupted consistency in services. There were some concerns in VO 2 however, as several SWs reported that in a climate of tighter scrutiny of employee performance, issues such as absence would be increasingly used to determine redundancy selection.
The desire to have the security and relative certainty of an employment relationship with an employer.

In contrast, workers' responses revealed how more marketised employment regimes were increasing concerns about job security across organisations. In VO 1, a number of workers were being re-interviewed for fewer posts at a new support assistant (SA) level. Among them several seniors who had previously gone through the same interview process and had been downgraded to support worker, and faced the possibility of being demoted again to the SA level. In VO 5 the move to personalisation by one LA led to a restructuring in the organisation and the loss of some management jobs.

Another illustration of the impact of this marketisation, came from management in several organisations (VO 1, VO 3 and VO 5) reporting how personalisation brought a palpable sense of greater job insecurity from the risk of DP holders changing provider. Respondents did not necessarily feel that exposing workers to these risks was a bad thing because it could facilitate required attitudinal change by making staff more responsive to the needs of the service. DPs were seen as a powerful, useful and legitimate market-orientated tool to prevent services becoming institutionalised.

It allows people's perception to change...They [employees] are able to think actually while I'm getting paid through xxx in reality this person has got an individual budget. This person can decide if they don't like my support then they can say 'I would prefer some other organisation'. It allows an employer to reinforce the idea that there is a shift in power going on (CEO, VO 5).

Attitudinal change would lead to behavioural changes among workers, e.g. bringing an end to a 'café culture of social support'.

We encourage people to think about the person using the services that's having the same authority and power as a customer, as a buying customer...think of the individual in the same way as a paying customer who could direct you, and push and pull you around and tell you what they wanted, not what you thought they wanted. Who could then also turn at the end of the day and take the purchasing power and walk away saying 'cheerio, you aren't doing what I want you to do'. You have to work hard to keep customers loyal and you have to work hard to find new customers. (CEO, VO 5)

Employees were uncomfortable with these different aspects of job insecurity. In VO 1 those being re-interviewed for their jobs were particularly vocal.

The rug's been pulled from under your feet, you come into work and you speak to people and it's just pessimism; 'personalisation,' 'we're closing down.' That is what you feel. Colleagues in other teams are saying 'we'll be lucky to be here next year'. I say they are probably right (VO 1, SW, male).

The moves to individual funding from block contracts and cuts in hours of support also brought a sense of insecurity among workers across all organisations, but a degree of resignation for some as their options were limited in a sector where many employers were undergoing similar restructuring. Workers were also concerned about the impact of job cuts on service quality. In VO 2 respondents reported how cuts and subsequent 'lean' staffing levels made it difficult for them to adequately provide even the most basic needs, never mind more sophisticated 'outcome' based supports.

Respondents were also asked whether they would consider taking a leap into greater insecurity by becoming a PA. Only four respondents considered it favourably and one of these as a last resort. Respondents were concerned with the threat of a blurring of professional boundaries with people accessing services and the danger of unscrupulous individuals taking advantage of their position as PAs. Workers, also, however, outlined a number of reasons that were predominately concerned with aspects of security in work and included:

- The desire to have the security and relative certainty of an employment relationship with an established provider.
- Concern over the insecurity as PAs if individuals died, the relationship broke down, or recovery meant there was no further need for the worker.
- The demands of individuals may be too volatile, making it difficult to secure a stable income.
- Fears about the lack of clear demarcation lines between work and home life.
- The potential isolation of working as a PA, in contrast to working in their current teams with regular meetings and proper supervision.
- Uncertainty during illness or when taking sick leave.
- Doubts regarding long-term skills and development, and a preference to work within established providers with identifiable hierarchies and career paths.
- The desire for protection from an employer in dealings with family members of people they work with. The desire to continue with union membership and a perception that PA status would not facilitate this.

Worker concerns could, to some degree, be allayed by the general perception among people accessing services that they were on the whole happy with their provider and did not wish to move on. Some saw the advantage of DPs to give them more voice in shaping their services, but only a couple of respondents expressed any desire to hire a PA. There was also a general fear about the complexity and potential isolation from working with a PA among respondents.
Changes to working time

Management in case organisations were increasingly expecting workers to be more flexible in their working time to respond positively to choices expressed by people accessing services. There were differences in approach across the five organisations. VO 1 and VO 2 were considering the recruitment of increasing numbers of people on zero hours contract workers. These working patterns were not exclusively about service user choices, however. VO 1’s uncertain financial position meant it was becoming increasingly difficult to guarantee a standard pattern of full-time working hours. Management in VO 2 also anticipated more casualisation, but such changes were difficult as the HR manager reported that even at a time of recession and high unemployment, it was difficult to recruit people on zero hour contracts. Rotas and supervisions were also reportedly difficult to organise, and there were fears regarding employee loyalty, especially given the organisation would be less able to accommodate flexible working requests.

Senior Management in VO 5 anticipated fewer tensions around employee flexibility. For a number of years it had offered employees part-time hours, irrespective of employee working time preferences. This policy was adopted to ameliorate fluctuations in income from LA funders. It was felt that those that required full-time hours could normally work them because VO 5 had attracted sufficient business. In VO 3, it was hoped that its current core workforce, despite being on full-time permanent contracts was capable of greater flexibility. It was hoped that assistive technology such as Tablets, Apps, and mobile phones would facilitate this, by allowing workers to respond more rapidly to particular requests for activities/services. It was anticipated this would reduce the need for staff to work from a central office location, and travel from home to services under the coordination of managers. Pilots of such technology revealed their application to be more effective in urban rather than rural areas because of shorter travelling distances. It was also recognised that extensive use of such technology could be expensive.

The other organisations rejected increased zero hour contracts, preferring to retain the services of core employees and familiar relief staff. Management in these organisations identified difficulties in ensuring consistent service and sufficient training for a workforce that was casualised. They also recognised the need for greater flexibility from existing workers as it was vital in securing enough business. In VO 3, it was hoped that its current core workforce, despite being on full-time permanent contracts was capable of greater flexibility. It was hoped that assistive technology such as Tablets, Apps, and mobile phones would facilitate this, by allowing workers to respond more rapidly to particular requests for activities/services. It was anticipated this would reduce the need for staff to work from a central office location, and travel from home to services under the coordination of managers. Pilots of such technology revealed their application to be more effective in urban rather than rural areas because of shorter travelling distances. It was also recognised that extensive use of such technology could be expensive.

Senior Management in VO 5 anticipated fewer tensions around employee flexibility. For a number of years it had offered employees part-time hours, irrespective of employee working time preferences. This policy was adopted to ameliorate fluctuations in income from LA funders. It was felt that those that required full-time hours could normally work them because VO 5 had attracted sufficient business.

Employee reactions to the above working were mixed. On the positive side in VO 4 a line manager indicated how in several teams workers successfully negotiated directly with the people who accessed services on a weekly basis with regard to when support would occur.

I’ve got two ladies getting x hours a week and are capable of decision-making and I can say ‘do you remember I was meant to finish at six and I was still here at half seven, well I’m thinking I can get out half an hour early’. I’m really interested in that role, sitting and negotiating with the people you support (SW, VO 4, male).

Other workers felt that their flexibility would have to increase as ‘part of the job’, and acknowledged that the experience in their own workplaces mirrored that occurring elsewhere in the sector and so had little choice.

The majority of respondents expressed concerns, however. Tensions arose when demands for greater flexibility were linked to extensions in the working week, leading to intensification. Workers in VO 2, for example, had to bank their additional hours to cover requests by people accessing services to have day trips, which could last for fourteen hours. Some, but not all, workers felt that this was overly demanding, especially when working with people with challenging behaviour. There were also concerns regarding mismatched expectations.

You’re trying to say, there are limitations. Staff have rights as well. We’re not your mum and dad or your family, we don’t live here (SW, VO 2, male).

Split shifts caused a lot of discontent especially among those with caring responsibilities, and those spending significant periods of the working day traveling, unpaid on public transport. Even in a time of recession and scarce alternatives in the labour market, there were reports of workers leaving because of working split shifts. Some new working patterns were also rigid and inflexible because they had to fit in with increasingly demanding DP holders more aware of their rights as customers with little inclination to compromise. A line manager in VO 4 reported how some demands were ‘completely inflexible’ with DP holders reportedly saying ‘This is what I want every single week and I don’t want that to ever change’ (Line manager, VO 4).

Front-line staff also realised the implications for service quality emerging from the implementation of new patterns of working time. They acknowledged that the introduction of split shifts and more casualised employment contracts did not solely reflect emerging expressions of choice among people accessing services. They realised such changes reflected cuts in services and employer efforts to resource reduced and fragmented packages of care whilst ensuring employees had sufficient hours of work. Workers in VO 2, for example, reported how in one project, five out of seven people had their funding cut leading to some tensions with staff.

It’s just upsetting and so many of them have lost hours and some that have had support taken away from them, they don’t understand due to their learning disabilities. So we’re the bad ones. They moan, they are going to tell their family that we are taking their support away. It’s hard trying to explain that we have a reduction (SW, female, VO 2).

Split shifts disrupted continuity and consistency of care. In one project it was reported that several short shifts had to be covered by casual workers and this led, on one occasion, to nine different people working with one individual. In another project in VO 5 it was reported how casual staff were being put into services at short notice with no ‘shadow shift’ or handover.
There are absolutely no consistency anymore with the support that has been given because of the lack of funds and it's literally just moving people from A to B (SW, VO5, male).

There were also concerns about cuts to access to day centres and opportunities to join in group activities and socialise. In response, workers in VO 2 and VO 5 had established activity groups on the residential premises to make up for the loss of support. In VO 5 because of funding cuts and staff shortages there were reports that people were having to increasingly tolerate 'shared support' on weekends to fit staff rotas.

Like it or lump it, and they cover it with 'oh xxx will love going to darts, xxx hates darts but he is going to be sat there for hours watching darts because of the shared support. His choice has been reduced because of sharing. There's a party or a disco and then before you know it there is a ticket, but has xxx been asked if he wants to go? No, he's going to it and that is the end of it, it's in his diary and he's not given the choice because it fits the rota (SW, VO 5, male).

Workers were also concerned that some of the people experiencing cuts in hours were becoming increasingly isolated because of the loss in social support.

They [Social work] interviewed xxx and I was in that interview and xxx was saying 'I wouldn't want to lose my sleepovers because I would be too scared'. He was using those words 'too scared to be on his own' and he still lost his sleepover. We're leaving at eight o'clock he doesn't watch TV, he won't go out himself so that's pretty much his day over when we leave at eight, his day doesn't start until we arrive at maybe eleven. He was burning himself on the hot water so we put the kettle in the safe, but then we were coming in and he's actually sitting drinking cold coffee (SW, VO 5, male).

This loss in support was confirmed by responses from people accessing services. In VO 2 in response to having the number of days she could attend a day centre cut from three to two.

I felt disappointed. It's kind of stupid now. That's kind of silliness not giving me three days now. That's kind of daft (Service user, VO 2, female).

In addition, when pressed on what she did during the day her response appeared to support the reports of increasing isolation.

Sometimes I do colouring in, or watch TV until they come in and ask me what I want for my tea or my dinner (Service user, VO 2, female).

In VO 5 there was also evidence of anxiety over cuts in the number of hours of support during weekends – it wasn't a good feeling to start with (Service user, VO 5, female).

There were also concerns about cuts to access to day centres and opportunities to join in group activities and socialise. In response, workers in VO 2 and VO 5 had established activity groups on the residential premises to make up for the loss of support. In VO 5 because of funding cuts and staff shortages there were reports that people were having to increasingly tolerate 'shared support' on weekends to fit staff rotas.

The individual also pointed out how she was saving up hours to do more social activities during the weekend. However, she found the banking of hours complicated and was conscious of the limitations and how there were tensions in finding the time to do social activities to 'get her out of the house', and receiving other elements of support, and was sceptical whether she would be able to have more choices.

Skills and training and development

Opinions were divided as to whether personalisation would lead to a significant up-skilling of the workforce. Managers and workers across organisations felt that the latter would have to develop skills in dealing with new people accessing services that were more complex and had multiple diagnoses. Managers in VO 2 and VO 4 reported anecdotal evidence of workers experiencing some up-skilling through their efforts to help people integrate into the community. This included workers helping establish intimate relationships in the face of resistance from families and demands from LAs regarding compliance with the principles of risk management. Management in VO 3 also anticipated up-skilling through a new, recently piloted job role, designed to coach people into recovery rather than maintaining service, through focusing on their strengths and capacity for self-development. Opportunities would arise for ‘practitioners’ to specialise in particular areas, e.g. youth work, or self-harm, in small teams along-side peer support workers.

They cover holidays for one another, so it becomes a, sort of, self-managing team, sub-team of a larger team. So the manager's having less to do about rotas, because you've delegated that, and again, we're giving more autonomy to the role (Director of Services, VO 3)

Not all workers were to be located in this cohort with more traditional support worker roles remaining, but VO 3 was aiming to develop a career structure for progression across the two grades. Front-line staff were also seen as 'ambassadors', responsible for promoting and selling services to potential customers, and with the help of a marketing company, was developing these skills among its workforce.

It's not me sitting here, or the chief executive sitting at the office that is actually going to be speaking to these service users, it's our support workers. Currently we win tenders, and the tender team will be senior managers. Now it's going to the individual making that choice…the only way we can get the information to them is we can market it, we can have websites, but it's really going to be the support workers...our front-line marketeers if you like.
VO 5 was moving towards employees working in smaller (four or five workers) dedicated teams. Each team would be responsible for one or several people. Team members would be expected to develop self-management skills around rotas and task allocation overseen by a team leader with responsibility of several projects. Establishing smaller teams was designed to make workers feel ‘much more of a commitment to the individual. It’s not just a job’ (Services Manager, VO 5). The preferences of people accessing services would also be taken into account regarding who worked in them.

Table 6 outlines the skill gaps among the workforce identified by management. It can be seen there are common gaps around dealing with complex, multiple diagnosis. Skill gaps that were particular to personalisation included developing understanding around working with ‘outcomes’, rather than outputs and the processes involved in implementing DPs and customer awareness. Respondents also raised concerns about the impact of a marketised employment regime on training and workforce skills. In VO 2 and VO 4 managers identified skills gaps and the calibre of new recruits diminishing.

Ten years ago we would be recruiting front-line nurses because our wages would be good enough… we couldn't remotely do that now. So the skill levels are vastly different (CEO, VO 2).

My opinion is support work is the new retail. Someone finds themselves out of work or made redundant and it's 'let's go do support work'. There are no barriers to entry; there is no training that you need to have as yet, so where people historically would go and work in pubs and shops and stuff like that, we are catching that bit of the workforce now (Union representative, VO 4).

Indeed, management in VO 1 had introduced a new grade of staff at Support Assistant (SA) SVQ 2 level to accommodate cuts in hourly rates, rather than the organisation's usual approach of employing people as support workers (SW) at SVQ 3 level.

What our funders are saying to us is that, yes we recognise you’ve got a well-trained, skilled workforce, but they can't afford to pay for that level of skill (CEO, VO 1).

Despite all organisations being awarded Investors in People (IiP), respondents doubted their capacity to resolve these generic and personalisation-related skill gaps. Block grants had contained resources for training but DPs brought a great deal of uncertainty. The CEO of VO 2 reported how training and development budgets ‘are always the first to go’. Indeed VO 2 experienced a number of issues including; being forced to run down a previously well-staffed (eight posts to two) learning and development function; it now required staff to make contributions to their SVQ training; it was experiencing problems meeting the training needs of its pool of casual staff beyond statutory minimum requirements; and reported difficulties in providing adequate training for the poorer calibre of people reportedly entering care.

There were also emerging concerns regarding the impact on care standards, with one recent inspection leading to the regulator noting that VO 2 was not providing the same level of training input into staff, and so downgraded a service from a five to a four rating. One senior manager also reported contradictory signals from various regulatory bodies, with one LA insisting that workers did not necessarily need an SVQ 2, irrespective of Care Inspectorate and Scottish Social Services Council (SSSC) requirements.

VO 1 had lost its HR Manager as a consequence of cuts over recent years and the training function, like other areas of people management, was merged into the responsibilities of a senior administrative manager. VO 4 had not made significant redundancies in the training department, but neither had the function grown, and the union representative reported how training was much more stretched and demands were higher as more inexperienced people were recruited.

A common factor that exacerbated these tensions was the ‘hollowing out’ of administrative, senior and line management functions. This had not occurred because of personalisation, but it did have significant implications. In VO 2, cuts in line management roles, meant lower skilled staff were being supervised by fewer managers. Indeed, the organisation was so ‘lean’ at senior management level that the CEO had to take turns at being ‘on-call’ for services; suggesting a tying up of senior talent and a distraction from more strategic issues. The slimming down of senior and line management structures was also seen to have potentially negative impact on quality. The CEO of VO 5, for example, reported it was usually the case that where support had gone wrong this stemmed from a lack of proper, visible management.

<table>
<thead>
<tr>
<th>Table 6</th>
<th>Employer perceptions of employee skills gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>VO 1</td>
<td>Dealing with multiple diagnoses. Understanding outcomes’-based processes.</td>
</tr>
<tr>
<td>VO 2</td>
<td>Skills and experience in care, e.g. understanding rights, risks, protection of vulnerable groups, therapeutic relationships.</td>
</tr>
<tr>
<td>VO 3</td>
<td>Community engagement. Customer awareness. The application of new technology.</td>
</tr>
<tr>
<td>VO 4</td>
<td>Skills and experience in care. Fundamental principles of SDS and customer awareness.</td>
</tr>
<tr>
<td>VO 5</td>
<td>Dealing with multiple diagnoses. Understanding ‘outcomes’-based processes and planning. Literacy skills and report writing.</td>
</tr>
</tbody>
</table>

Another issue related to user involvement. Management from VO 4 reported how since the move to DPs, some people accessing services had a growing sense of ownership of their funding and their own priorities, and did not want to contribute financially to mandatory training such as manual handling because it was not directly relevant to their needs.

These kinds of things are very much going to come into play, and how do you handle regulations which are generalised and service user needs which are individualised? There's a massive conflict there (senior operational manager, VO 4).
It was also noted however that input by people accessing services into training could be extremely positive. One management respondent reported how the training for a new DP holder was delivered by the person and a relative leading to extremely positive feedback from staff.

The workforce had mixed views regarding opportunities and quality of training provided by their employers. They felt employers were responsive to specific requests for training to accommodate new ways of working, but also acknowledged resource constraints. Workers in VO 3 were anticipating a degree of empowerment from the move to the aforementioned newly designed work roles, but others perceived there was a need for refresher training on the principles of personalisation.

In contrast, others were quite critical of the impact of personalisation on their skills. In VO 1 several workers reported that new services placed too much emphasis on personal care, leading to one worker leaving because she felt she was over-qualified for her new role. Another worker felt that although deskilling was not occurring at the moment, it was a possibility in the future if the organisation was desperate to gain business, and began to dilute services. Others felt work was becoming less creative, as it involved working more with individuals rather than in groups and while some skills were enhanced, others were diminishing. In VO 2 and VO 5 several workers felt staff shortages and excessive paperwork restricted the time they could spend with people accessing services and any opportunities to expand their skills.

The paperwork has to get done before you can actually support the person so there isn't a lot of time for you to have your own ideas or suggestions to help (SW, Male, VO 5).

Across case organisations there was a proportion of the workforce that reported that despite working in services where people controlled their own budgets, nothing had yet radically changed sufficiently for them to acquire new skills.

The couple of packages that have come through, there's nothing different about the support. We're calling it something different, but we're actually doing the same thing. They (LAs) are still just looking at tasks and not at the whole picture for that individual. It’s like they are just ticking boxes (Team Leader, VO 3, female).

There were similarities between worker assessments of skills gaps among the workforce and those of management. Some front-line staff (VO 1 and VO 3) felt colleagues needed basic information about the core principles of personalisation and the complex bureaucracy associated with DPs. Other respondents believed there were not any skill gaps because of the general drift towards a low paid, deskilled care workforce.

I don’t think that (training) is an issue; I don’t think people will have any difficulty taking on the role. It’s just whether it’s a valuable genuine role to have (SW, VO 1, female).

Indeed, several people accessing services did stress that they themselves could not detect any significant difference in their services, but felt that the existing provision did provide them with sufficient choice. They were also generally happy with the skills of the people who worked with them, but recognised some gaps similar to those identified by management and workers, in particular how several key workers had little idea of the concept of personalisation.

**Performance management**

Several organisations were in the early stages of scrutinizing performance management/appraisal and supervision as a consequence of personalisation. People accessing services across organisations generally feed back into the quality of services through internal representative structures. Involvement of service users in individual supervision or appraisal of workers was also being considered.

If you take co-production to its logical conclusion, actually the service user and the worker are giving each other feedback all the time, and supervision and appraisal is a way of formalising that and recording it and capturing it (CEO, VO 1).

VO 5 was running pilots to include people accessing services in appraisal and supervision. Emerging issues included finding sufficient numbers of people accessing services to be involved and complications when the family of service users request involvement and try to impose their views, e.g. the removal of staff. There were also seen to be tensions for the worker from this greater involvement.

People can feel accountable to the person they’re supporting, but they also know that they're formally employed by their provider organisation and they look to a degree of protection as well as enabling. People want to be enabled to get on with their job, they want to be supporting the person, but they also want to be treated fairly (LM, VOS, female).

LA 4 also reported difficulties in simultaneously developing matrices for staff which accounted for continuing generic performance and reporting requirements for LAs in contrast to the individual needs of people accessing services. Respondents from VO 2 reported how in recent years opportunities to undertake appraisal and supervision were curtailed in a climate of austerity and needed further development to adequately capture worker roles under personalised services.

**Employee morale and commitment**

Employee morale and general well-being is important for the success of personalisation. Morale, however, was being detrimentally affected by a number of factors. A small number of employees rejected the marketised aspects of the personalisation agenda.
I don't want to look at someone as a customer. I want to look at them as the individuals they are that need some help and support to get them through a period to where they recover and I don’t think 'customers' and 'money'. It's the one thing that's actually making me think of changing my career. I am not here to talk to people about money… I’ve worked in mental health since 1979 and I was saying to a friend 'oh this just isn't for me', I love what I'm doing. I would love to get involved in the bigger picture of SDS and I would love to see it going well but when you talk about money in care then it doesn't work (SW, VO 1, female).

Issues around pay were not all attributed to personalisation, but these and other changes to terms and conditions and work organisation (including deskilling job insecurity) affected morale.

There is generally a low feeling among people about what the future holds because there is so much uncertainty. We hear about changes to terms and conditions now that is what worries people (SW, VO 1, male).

The HR Director in VO 2 indicated how for the first time its last staff survey revealed growing dissatisfaction with pay and conditions and the respondent felt the organisation had gone about as far as it could go in terms of any further cuts for fear of the impact on morale. The implementation of increased hours with no additional pay was particularly an issue of discontent for some employees, as well as some feeling insecure in the light of recent redundancies. Moreover, there were reports of workers struggling financially because of the lack of cost of living rises for several years.

There were less explicit expressions of low morale in VO 3, but there were some who felt that there should be more acknowledgment of the consequences for the workforce from moving to SDS.

We've all got bills to pay, mortgages, rent, whatever. We've all got families and I think sometimes, don't get me wrong, self-directed support is a great idea, but there isn't being as much consideration given to the support staff already in place (SW, VO 3, male).

In VO 4, the organisation had experienced problems with morale in previous years because of the uncertainty over re-tendering. Morale among the workers interviewed in the organisation was generally positive. The union representative did point towards the incidence of high turnover among newer members of staff and saw this as a reflection of the changing pool of labour increasingly drawn from unskilled workers not wholly committed to care. Reasons for leaving were seen to be linked to low pay, the intensity of the work and dealing with people with challenging behaviour, and such views were not confined to the union representative.

I really do think we are at a point whereby we could lose that faith, that motivation because we cannot ask people to continue to work with no increase in pay from a level which has now become quite a gap between what it would be if they were working for the local authority in the same area doing the same type of job. There comes a point where there's nothing left to save. You have risk of having people who are not as motivated or a mistake will happen (Board member, VO 4).

In VO 5, workers were generally positive about their roles, but as with the other organisations their morale could be affected by threats of job insecurity. There was also a suggestion that concerns about reductions in the quality of support were also leading to morale problems.

I love my job, I love it to my bones but if somebody offered me a full-time job in something else that I think I could do… now I would go straight away. I can't see light at the end of the tunnel. I can't see things improving much. There has been so much of a decline, because the amount of things that have been going wrong recently in the last six months with the shift mix ups and just so many mistakes getting made (SW, VO 5, male).

At the same time, respondents emphasised how this did not lead to any lack of effort or commitment to providing services, and led to some 'trying to keep a face on because they know service users get upset' (SW, VO 1 female).

Section 5: Discussion and conclusion

LA and voluntary sector respondents generally supported the values inherent in personalisation. This report, however, has highlighted how many of the fears of commentators regarding how personalisation is under-resourced and inexorably linked, directly or indirectly, to the current climate of public expenditure cuts (Manthorpe et al., 2011; Rummery, et al; Unison, 2012) are a reality. It is recognised that LAs in this study and across Scotland have a difficult circle to square in terms of implementing personalisation, especially given their own resource constraints, and need to develop their own staff to be ‘SDS ready’. Nevertheless, both parties in the study acknowledge that, for the voluntary sector, financial austerity arrives on top of years of purchaser – provider relations characterised by the former persistently calling for ‘efficiencies’, savings and cuts to funding driven by failure to provide adequate cost of living increases and squeezing hourly rates (Cunningham, 2008: Cunningham, 2011). Within this context, the findings indicate that some voluntary sector providers are potentially extremely vulnerable to financial shocks that occur from a combination of public sector austerity and the marketisation of care through personalisation, including questions regarding their survivability. As with previous research (Cunningham, 2008) such vulnerability can be associated with high degrees of resource dependency by providers on only a few funders: VO 1 being the main example of this while others with much more dispersed resource bases are currently able to absorb financial shocks more effectively.
On a positive note, there is some evidence from the experience of VO 4 that the move to DPs may be a route to reduce such risks to survival as relationships are with a multitude of service users, as well as LAs. There are caveats to this point, however. There was a great deal of uncertainty among providers regarding which direction a significant proportion of Scotland’s remaining LAs will travel when engaging with personalisation. If many apply personalisation directly to the need to make cuts, then even those organisations with a wide resource base may be gradually worn down by unrelenting pressures on the hourly rate provided through DPs as austerity continues. The hope expressed by respondents in the sector is that personalisation is implemented through focusing on outcomes rather than hours and rates.

With regard to the transformation of providers into brokers rather than large scale employers of labour, voluntary organisations showed little appetite for such change, and instead appeared to be moving towards forms that included elements of brokerage, but were still located in mainstream service provision, albeit moving, at varying speeds and to varying degrees, towards personalised provision. The extent to which organisations move towards brokerage forms that accredit PAs depends on a number of factors. This includes normative pressure from central and local government, where in the latter case among LA participants there seemed to be a division of opinion as to desirability and practicality of such an outcome. Moreover, this report has indicated that the current voluntary sector workforce is aware of the pitfalls of the move to PA status raised by the Howie Reid Associates report (2010) and finds it an unattractive option. The findings from this report in this regard may support the idea that the two roles (PA and SW) are more different than they appear. Being a PA is essentially doing what the supported person tells you (explaining the high uptake in physical disability). A support worker particularly in learning/intellectual disabilities and mental health involve behavioural issues with people they work with. This latter role is about working towards a person’s outcomes which may not be the same thing as doing what the supported person wants.

With regard to the transformation from personalisation of voluntary sector people management policies such as recruitment, involvement by service users in interviewing and service visits, etc. had been in existence for some time, and organisations were making extensive use of relief staff that were specifically recruited to fit with people using services. Other policies such as tailored adverts, job descriptions and person specifications and profiles of workers to fit service user needs are similar to changes identified in earlier studies (see Cunningham and Nickson, 2010) and suggest some emerging common approaches in the sector. Changes to performance management appear more tentative and in the early stages, and represents an extremely sensitive area given the need for employees to have protection against arbitrary decisions by people accessing services and their families. At the same time, greater marketisation of care and the emergence of notions of ‘customer care’ will probably ensure progress in this area continues.

Findings also illustrated how personalisation is intensifying the pressures on the workforce from an already marketised employment regime (McGovern, et al, 2007). There was uncertainty among providers with regard to the future sustainability of current terms and conditions of employment. Pressure was increasing with regard to job security, both through restructuring, cuts to services and the market philosophy of personalisation and the accompanying shift in power to the service user. Working time was also becoming more fragmented as a consequence of service user choice and cuts in services, causing tensions over work-life balance. There appeared to be contradictory findings with regard to opportunities for learning. VO 3 appeared to be confident in its market position and offered workers new roles and learning opportunities. Within other organisations, a proportion of both management and worker respondents felt there were stronger pressures for deskilling as a consequence of changes in the labour market, the funding environment and lean management functions. Worker morale continued to be relatively robust in the main, in terms of commitment to service users. However, a small proportion of workers did object to the marketised aspect of personalisation and how it changed relationships with service users. There also was considerable anxiety in relation to pay, increasing working hours, job security, changes to working time and threats to service quality, especially in VO 1 and VO 2 where there was more vulnerability to austerity and changes in funding brought about by personalisation.

For people accessing services, there was evidence of choice increasing in some areas of their lives. On a positive note, this was most apparent in VO 4 where the proliferation of DPs was in parallel with a more vocal and confident group of people who were increasingly aware of their power as customers. There was also evidence across all organisations that people accessing services were active in recruitment and selection decisions, and having choices over key workers in their teams. There were issues of concern, however, as cuts in services suggested that although some people were coping perfectly well with change, others were becoming isolated as parts of their support diminished. There were also suggestions that some recipients of these cuts were unaware of the reasons behind them and did not understand why they were no longer able to do certain activities. This raises the question regarding whether a line in the sand is being crossed with regard to reductions in service, because arguably no-one who is incapable of being aware of the rationale for cuts and the general economic climate should be subject to reductions. Other issues highlighted were how cuts, and subsequently greater fragmented time slots for services, could lead to a lack of consistency in terms of the availability of familiar staff. In addition, there were suggestions of an increased reliance on shared support, with choice fitted into the convenience of staff rotas and organisational shift patterns.
**Recommendations**

**Joint recommendations**

1. Promotion and sharing across LAs of approaches to personalisation that embraces an ‘outcomes’-based focus, rather than traditional hours of service and outputs perhaps making further use of the Self Directed Support Leads Network and the Joint Improvement Team work on outcomes based approaches.

2. LAs make efforts to provide more market intelligence to non-profit providers regarding DP holders and their preferences.

3. Continuation and further development of dialogue among unions and employers regarding pay and conditions, including a specific focus on the potential and actual implications of personalisation.

4. Encourage dialogue between employers (including umbrella organisation), unions, representatives of people accessing services and their families to produce guidelines, examples of best practice etc. to overcome some of the tensions regarding the implementation of personalisation, in areas such as working time, work – life balance, training needs, long-term sickness absence and performance management.

5. Draw from examples of best practice from the rest of the UK and overseas in relation to implementation of personalisation with regard to LA processes, transformation among providers and changes to HR policies.

**Resourcing issues**

6. Voluntary organisations should continue to explore alternative/multiple sources of funding to reduce resource dependency on single or only a few funders.

7. There needs to be an investigation into the adequacy of the level of resources provided to LAs to implement personalisation, with a special focus on whether they are sufficient to overcome internal barriers to change and facilitate cooperation, guidance and advice with providers and people who access services.

**Policy recommendations**

8. Campaign to protect resource and extend areas of regulation such as training of the care workforce employed with providers and research into the working lives of PAs.

9. In the light of the evidence in this report regarding pressure on organisational training budgets make a commitment to provide sufficient funding to sustain resources to meet the learning needs of the voluntary sector workforce regarding personalisation.

10. Periodically review the implementation and progress of the four forms of SDS in voluntary sector providers, with a particular focus on identifying innovation.

**Future research**

There are possible future research areas that can draw from the above study.

1. A broader examination of LA personalisation strategies across Scotland, with possible comparative work undertaken in England to ascertain the degree to which such policies are shaped by cost cutting and other factors, and how this effects relations with providers.

2. Longitudinal studies regarding the degree to which the growth in reliance on DPs for funding by providers of social services leads to a reduction in financial insecurity in organisations.

3. Explorations into the lifestyles and outcomes in terms of health and well-being of those refusing services as a consequence of the application of charging policies, shrinking eligibility criteria in care.

4. Longitudinal studies of changes to the organisational structure and workforce patterns of voluntary organisations to ascertain movement towards brokerage models of provision.

5. Investigation into the effects on the delayering and leaning out of middle and senior/administrative functions. Specifically, the attitudes and working lives of survivors of such restructuring, and the impact on subordinate skills, supervision and performance management, morale and commitment from.

6. Longitudinal studies into the outcomes in terms of greater choice for service user from personalisation among those accessing support from traditional providers.

7. Explore skills, aptitudes and orientations to work of new entrants into the care workforce in comparison with longer-serving staff.

8. Examine reasons why people accessing services leave providers and what are their experiences once they switch to alternatives, either employing a PA or purchasing support from another organisation.

9. Explore the balance of relative risks and rewards from transitions from paid employment with provider organisations to employment as a PA.
Further study into how far private sector notions of ‘customer care’ are being imbued into the ethos of voluntary sector workers and its effects on attitudes, behaviour and care outcomes.

References


