

# The right policy at the wrong time? Austerity hampers the personalisation approach in social care

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2/29/2016

*The personalisation agenda has permeated many different areas of social policy across Europe over the last decade and none more so than in social care. **Charlotte Pearson** and **Julie Ridley** argue that whilst in many ways the ideas behind personalisation are progressive, the implementation of these ideas in a time of budget cuts has limited their ability to have a positive impact on people's lives. With large cuts to local authority funding continuing in the foreseeable future, this problem of resources will hamper any ability to promote transformational change.*



As with its predecessor – direct payments, offering a cash alternative to directly provided services – the meanings and roles of the personalisation approach are often seen as competing or contradictory. On one hand, its origins stemmed from disability activism and represented a radical, hard-fought and vital departure from paternalism in service provision. The experiences of many disabled people showed that direct payments could lead to greater self-determination and a pathway towards independent living, albeit it has been predominantly people with physical disabilities who have received direct payments. On the other hand, personalisation has its neoliberal admirers and the goals of cost efficiency and modernisation are never far away from policy speak. So when a major policy drive to mainstream personalisation in social care was set in motion in Scotland in 2014 amidst unprecedented cuts to social welfare budgets, questions were asked not only about whether this was the right policy for Scotland, but if it was [the right policy at the wrong time](#).



In Scotland, the somewhat tense relationship between cash-for-care and the market clearly impacted on the roll out of direct payments and ultimately, the move towards personalisation in social care took a slower route than in England. However, unlike the rest of the UK, legislation for Self Directed Support (SDS) came into force in Scotland from April 2014, promoting the importance of co-production, establishing a dialogue with users in identifying their needs and developing their care packages, and placing SDS firmly at the heart of how social care is delivered. In essence, the legislation meant that all users would be offered four different routes to SDS:

- **Option 1:** a direct payment
- **Option 2:** a selection of support by the user but arranged through the local authority or other agency on their behalf
- **Option 3:** support organised and provided by the local authority
- **Option 4:** a mixture of these options

Unlike previous policy incarnations, direct payments is only one variant of SDS. For some commentators, the direct payment option is the preferred means to move towards independent living – indeed, better outcomes have been [found](#) by several UK researchers for those using a direct payment to employ a personal assistant and have enough resource to meet their social and leisure needs. Yet despite the policy origins, which held independent living and co-production at the forefront of change, rolling out SDS at a time of major austerity cuts has led to many people receiving greatly *reduced* support packages, and to local authorities focusing on meeting only the most critical needs.

Substantive reductions in local authority budgets coupled with a year-on-year freeze on council tax has left social care resources significantly depleted. Perhaps unsurprisingly then, this has left many frontline practitioners

identifying SDS as a tool to manage the cuts.

Drawing on findings from [evaluations](#) of the Scottish Government's implementation of SDS test sites between [2009](#) and [2011](#) we found many frontline workers identifying negative impacts on users' choice and control. As a result of massive cuts in social care in the areas that were SDS test sites, frontline workers reported being unable to implement SDS in the true spirit or ethos of independent living, even though many continued to believe that personalisation was a 'good idea'.

While during the SDS test sites the most common form of SDS was via a direct payment (option 1), take-up figures for SDS since implementation of the 2014 Act show that the [vast majority](#) of those receiving SDS do so through support organised and managed by the local authority ('option 3'). This reinforces the sense that rather than radically transforming social care, SDS has begun life in difficult territory. At best, those who have been exposed to SDS systems in Scotland may have experienced greater involvement in the discussion about their needs. At worst, reassessment through SDS processes falls far short of co-production and, as our and [other research](#) has indicated, may result in reduced support packages which impact directly on people's quality of life.

Scotland's problems with SDS are by no means unique. As well as being replicated across the UK, personalised social care across Europe has been beset with similar issues. There is [overwhelming evidence](#) negatively linking austerity with effects on the well-being of a generation of disabled people. In countries with well established personal budget schemes like the Netherlands, Sweden and Belgium, access to support has been greatly restricted and in others such as Greece and Portugal, policies to support independent living more widely have been shelved.

It is difficult to argue against the principles of SDS or personalisation— choice, control, flexibility and self-determination in a framework of independent living are entirely the right cornerstones for progressive social care in the 21<sup>st</sup> century. However, it is clear that the will to promote transformational change is hampered in a climate of diminishing resources.

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