

# Personalisation in Children's social work: An ethnographic study of practice in England

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## CASCADE Research Briefing

Number 5: September 2015



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### Key messages for policy and practice

- Families could realise control by undertaking the role of coordinator and orchestrator of services through managing direct payments. In theory this enabled them to choose how and when their child was supported.
- For families able to manage the reporting and administrative duties, personal budgets enabled them to employ personal assistants directly - providing flexibility and continuity.
- However, families still had to slot in around service providers - when activities were running, where they were located, how available workers were.
- So personalisation can only be delivered where there are services, support and people available to choose from - the market is under-developed and fragile.
- Social workers felt uneasy about turning assessments into personal budgets – at a practical and moral level. More support and guidance is needed to help them undertake this new commissioning role.
- Processes of costing and auditing budgets could leave workers feeling like accountants rather than social workers.
- Social workers expressed a fear of 'overloading' already stressed families with additional responsibility.
- The use of personal budgets to deliver choice and control in children's social work was contested and uneasy as professionals felt caught between market logic and the ethics of the social work profession.



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## What is Personalisation

Personalisation rejects the idea that public services should serve the 'average citizen' instead support should be tailored, reflecting diversity and responding to demand (1). Personalisation began in adult social care but the UK government has subsequently sought to implement personalisation in children's services. New Labour explored personalisation in children's services by piloting individual budgets for disabled children and their families as part of the *Aiming High* programme (2). More recently the previous Coalition government pledged to offer families of disabled children in England a right to request a personal budget (3). The reports on these pilots painted a mixed picture, highlighting the difficulties of joining up funding streams, of bureaucracy and some cultural resistance from staff (4). This study sought to build on these early evaluations to explore in depth how staff and families understood and experienced personalisation.

Currently around 30 English local authorities are trialling or rolling out these schemes geared to offering disabled children and their families' greater choice and control over their support. Choice and control are delivered by supporting families to articulate their experiences through self-assessment, to choose services that make sense to them and to lead on support decisions. Core to delivering on personalisation in England (5) is the use of personal budgets, enabling families to buy in support from an array of private and public goods and services through direct payments.

## Context

The study explored an English case of personalisation which was tied to the creation of markets in social care and emphasised the use of spending power to drive choice and provide control. Wales and other devolved nations are exploring tailoring family and disability services in different ways (5,6). For example, whilst the personalisation agenda has been a feature of the Welsh policy agenda for some time, the route to delivering choice for families is through Direct Payments and more person-centred planning. In Wales initiatives like the Families First remain whilst in England there has been a move away from holistic family support towards individualised commissioning for disabled children (7). Nonetheless, the findings presented here which explore the challenges of working out budgets, monitoring spending and being concerned with how funds are spent are likely to

resonate with colleagues working in Disabled Children's teams in Wales and those in the Third Sector working with Direct Payments. There are likely to be commonalities with professionals in Wales who may be struggling with the practical and cultural shifts entailed in the use of Direct Payments or who have experienced some of the joys and challenges faced by 'parent carers' when using Direct Payments.

## The Research Study

The research was carried out with a team of children's disability social workers in one English local authority over a 12 month period. The site is an early adopter of personalisation in children's services. The team were tasked with delivering personal budgets and developing bespoke support plans. The study observed staff in their offices, in meetings and in informal settings. Interviews were undertaken with all team members and managers and with parents in seven families who were asked about their experiences of personalised support.

## The professional challenge of choice

With regard to the challenges of delivering 'choice and control' one social worker succinctly put it,

*"The principles behind it contradict the practical side of things."*

Here, workers identified how ideas of freedom to choose were not a reality in practice. One basic yet significant challenge was the lack of suitable provision in the area for families to choose from:

*"Sometimes there's just not a service for some young people then it's hard because they've got a budget but they've got nothing to spend it on."*

Another practitioner added,

*"I'm worried that I'm setting families up for a fall. If I say it's about choice and then there is no choice!"*

During the research period social workers were "not practiced with money" as the group manager put it. In office observations, social workers were struggling to translate needs assessments into budgets and then to cost each element of the support. A child's needs became translated into a budget through an additional questionnaire that the family would complete. Yet the sum would often have to be increased as the questionnaire was unable to capture the specific contexts of family life. Some workers felt this was



undermining their professional judgement, whilst others saw the process as a way to promote equity.

Next, services were to be bought with each element costed in a new form. This was a complex process as services had different pricing structures, for example, one agency could charge £25 per hour for a support worker, another £11, some youth clubs were costed by the quarter, others by the hour. Social workers could become stressed by this process. Several practitioners told me this made them feel deskilled as professionals

*“it’s an admin job. I mean we did social work, now we do costings.”*

They also complained that personalisation was reducing the time available to spend with families face to face.

### Process layering and audit

The problem for staff and for families was that the promise of choice did not release them from pre-existing layers of process and paperwork now commonplace in social care. In fact, personalisation added new layers of bureaucracy to the work of the team. Social workers were tasked with calculating, costing and commissioning bespoke plans, providing institutional records along the way. Families too had new responsibilities.

### Family Experiences

In the site two families involved in the study used their personal budgets to employ a personal assistant. It worked well, assistants were liked and trusted by the child and could provide an extra pair of hands for parents. Families would take days out together and access extra support to do basic things like shopping and the school run. The relationship enabled the family to access support when they needed and with someone they could maintain a continuous relationship with. Yet to realise these benefits, parents had to take on the role of employer and this is no small task - there are matters of tax, insurance and payroll to consider. In the team at the time, there was a worry about this additional responsibility. Social workers identified the changing status of parents through personalisation. Many were concerned that these responsibilities would render personalisation suitable for the few, not the many.

*“It’s ok perhaps for those with a low end level of need maybe, but not those that have got a lot*

*going on and it’s imposing more stress on the family.”*

Everyone with a personal budget had to report quarterly on how they spent their money - receipts and bank statements had to be kept, financial monitoring forms had to be completed. If they didn’t, their direct payments could be stopped. If they didn’t spend their budget by the end of the year, the authority could claw it back. If a family stated they would use a service and then didn’t, the authority could restrict access the following year. Because the personal budget ‘belonged to the child’ if a family had two children entitled to support, they could find themselves operating and accounting for two separate bank accounts. This could and did cause problems. On the positive side, for parents who had the capacity to manage the process, personalisation was really valued. One mother wrote in her assessment,

*“knowing that we can arrange overnight support with a reliable and familiar carer provides us with strength and momentum to continue to care for him ourselves.”*

### Conclusion

The study found a number of cultural barriers to implementing personalisation alongside a significant number of practical challenges to making choice and control real for disabled children and their families. In summary these are:

- Bureaucracy – the personalisation process increased paperwork as needs had to be translated into budgets and then costed in detail.
- Realities of choice – in an austerity hit and fragile market it was often practically difficult to find carers and services for families to ‘choose’ from.
- Cultures – professionals commented that they felt ‘deskilled’ by the administrative elements of personalisation and were often resistant to more creative family spending for fear of professional reputational damage.
- Family pressures – families who opted to employ personal assistants had new management responsibilities. Whilst a number of families benefited from the arrangement, there were concerns that for many families the additional pressures would cancel out any benefits.

## Further Details

This research project was undertaken as part of a funded PhD studentship at the Institute of Applied Social Studies at the University of Birmingham. An electronic copy of the full thesis is available at: <http://etheses.bham.ac.uk/5678/>

## References and Notes

- (1) Department of Health. (2008). Commissioning for Personalisation: A Framework for Local Authority Commissioners. London: Care Services Improvement Partnership.
- (2) Department for Children, Schools and Families. (2007). *Aiming High for Disabled Children, Better Support for Families*. London: The Stationery Office.
- (3) Department for Education. (2011). *Support and Aspiration: A New Approach to SEN and Disability*. London: The Stationery Office.
- (4) Thom, G. & Prabhakar, M. (2011). *Individual budgets for families with disabled children Final evaluation report: Recommendations and implications*. London: Department for Education.
- (5) The Welsh government is exploring collectivised approaches including time-banking and sponsoring the creation of mutualised services between professionals and service users in order to better tailor support (6).
- (6) Welsh Government (2011). *Sustainable Social Services for Wales: A Framework for Action*. Cardiff: Welsh Assembly.
- (7). Whitaker, E. (2015). 'Personalisation in children's social work: From family support to 'the child's budget'.' *Journal of Integrated Care* (forthcoming).



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