The enablers and barriers to voluntary sector organisations providing personalised support through delivery of Self Directed Support

Part two: the experience of SDS implementation in local authorities

Andrew Eccles
Ian Cunningham

University of Strathclyde

About CCPS

CCPS is the Coalition of Care and Support Providers in Scotland. It exists to identify, represent, promote and safeguard the interests of third sector and not-for –profit social care and support providers in Scotland, so that they can maximise the impact they have on meeting social need.

CCPS
Norton Park
57 Albion Road
Edinburgh EH7 5QY

0131 475 2676
ccpscotland.org

CCPS is a company limited by guarantee registered in Scotland No. 279913 registered with the Office of the Scottish Charity Regulator as Charity No. SC029199.

Eccles, A and Cunningham, I (2018) "The enablers and barriers to voluntary sector organisations providing personalised support through delivery of the Self Directed Support (SDS) framework Part two: the experience of SDS in local authorities " CCPS/ University of Strathclyde
© May 2018. This document is copyright protected and may not be reproduced, in part of in whole, without the permission of CCPS.

Acknowledgements

We would like to note our thanks to everyone who gave up their time to participate in this piece of research and our thanks to the Scottish Government for fully funding it.

Design by Michael Coyle michaelcoyle.co

Contents

Executive summary 1

- Local authorities at different stages of development 1
- Internal barriers 1
- Sustainability among providers 1
- Impact of cuts 2
- Leadership issues 2
- Training and skills issues 2
- Staff resistance 3
- SDS Options 4
- Eligibility criteria 4
- Length of service and SDS 4
- Parallel policy agendas 5
- SDS Culture 5
- Addressing the issues 5

Introduction 6

Research strategy 7

- Ethical approval 8
- Research methods 8

Understanding of the aims of Self-directed Support 10

Perspectives around outcomes-based assessment 12

Training around understanding and using SDS 13

Skills gaps around SDS 14

Eligibility criteria 18

Community support and SDS 19

Working with other organisations 21

- The Care Inspectorate 23

Understanding and use of SDS Options 24

Take up of SDS 26

Changing purchaser - provider relations under SDS 29

SDS and local authority/voluntary sector purchaser- provider relationships 30
The Commissioning climate 31
SDS and links with austerity 34
Internal workforce issues 35
Areas of tension and resistance to SDS 37
Case load and work intensification 40
Resolving issues 41
Encourage smaller, flexible providers? 41
Encouraging Option 1 41
Paying the Scottish Living Wage for care workers 42
Making sense of SDS implementation 44
The window of opportunity 45
Recommendations 46
Workforce, leadership and management 47
Market facilitation 48
Scottish Living Wage 49
Workload 49
Policy context and buy -in 49
Tensions- eligibility, integration and SDS 49
References 50

Executive summary

This is the second tranche of research exploring the implementation of Self-directed Support (SDS) we have conducted for Providers & Personalisation programme (which is hosted by CCPS.) Following on from our first (Eccles & Cunningham, 2016) on the enablers and barriers in the voluntary sector, this report explored what was happening in local authorities. We interviewed thirty- five people with roles ranging across strategic, operational, commissioning and front-line positions, across five local authorities, which were in themselves reflective of a range of urban/rural mixes. The full details of our methods are available in the body of the report.

Local authorities at different stages of development

While it might be expected that local authorities would be at different stages of development, our findings suggest significant variations across localities. There are multiple reasons for this, not least that localities started from different levels of development. Other reasons include responses to parallel policy agendas (for example integration), internal organisational structures and local conditions for commissioning and labour supply. The picture is complex and some key findings are noted below.

Internal barriers

- Commissioners reported how the move to SDS was slow, noting a lack of innovation among providers, but also internal barriers within local authorities.
- Internal local authority barriers include the complexity involved in changes to practice for commissioning and finance staff.

Sustainability among providers

- Due to a lack of capacity in some local markets, commissioning staff reported that the stability of existing providers was seen as essential for the success of SDS.
- To help sustain providers, commissioners introduced measures such as retaining a degree of block funding and introducing predictability into hourly rates. In return providers were expected to be more flexible in their support provision.
- The implementation of SDS was undermined by widespread recruitment problems caused by low pay among networks of providers. In one area, recruitment problems were the main reasons why providers handed back contracts.
- Some service users in remote areas had to adopt Option 1 because there were no suitable provider agencies in their area.
- Smaller providers could come into conflict with the regulations set down by the Care Inspectorate.

Impact of cuts

- There was very little evidence of staff – at any level of organisation across the five sites – perceiving SDS to be primarily an exercise in cost cutting. It was viewed as something that came along at the same time, but not a project that was instrumentally designed to cut costs, albeit as discussed in the research, lower costs may have arisen through different approaches to commissioning.

- At a time of increasing demand for services, there were concerns that the capacity of local authorities to shield SDS services from further cuts due to austerity was diminishing.

- Some front-line social workers reported increasing difficulties in securing expenditure for SDS service users.

Leadership issues

- A significant internal barrier to change was perceived to be related to the variable quality of leadership within local authorities. Key limitations included:

  i. Variable 'buy-in' and commitment to the principles of SDS among some senior managers.

  ii. The status and skills of some SDS champions being limited.

  iii. Leadership of SDS could be a 'revolving door' with a high turnover of personnel due to restructuring and shifting priorities, such as the health and social care integration agenda.

  iv. Limited support or capacity for some SDS leaders within their authorities to implement required changes.

Training and skills issues

- Training and development within local authorities to prepare for SDS was seen to have a number of limitations.

  i. Training was limited to briefing sessions, with few relevant concrete examples relating to particular vulnerable groups.

  ii. Specific training sessions were sometimes pitched at the wrong level, either assuming too much prior knowledge or none at all.

  iii. There were inadequate resources devoted to training for SDS.

  iv. There was perceived to be a need for continuous training as an expression of SDS as a project rather than a legislative event.

- Skill gaps were emerging within local authorities, including dealing with risk and understanding and working towards implementing outcomes for service users. At the same time, particular specialisms such as those dealing with learning or physical disabilities had a better grasp of these issues, compared to those working with older people and children & families services.

- These knowledge and skill gaps were leading to varying degree of anxiety among the workforce regarding taking on SDS, especially among long-serving staff.

- Support functions such as finance departments were perceived to be particularly in need of support and training to prevent inappropriate questioning of certain expenditure related to achieving outcomes.

- A number of respondents were critical of the qualifications framework of the SSSC for not adequately preparing the workforce for engaging in person-centred planning.

Staff resistance

- Resistance from staff against the introduction of SDS came from a number of sources.

    i. There was a perception that some staff lacked the appropriate mind set to engage with SDS, seeing it as an additional burden, or were simply apathetic and unable to see its value.

    ii. Specific aspects of SDS such as understanding outcomes, changing eligibility criteria, and financial aspects of SDS were seen by some workers as potentially complex and requiring greater time for implementation and/or understanding and training.

    iii. Some workers saw merit in continuing with their traditional ways of working and relationships with service users.

    iv. Fears that some service users will misuse funds led to managers being reluctant to engage fully with SDS, and challenging expenditure and decisions around outcomes.

- Workload and work intensification was seen as a restraint on progressing SDS. Demand for ever more complex services meant increasing levels of work, accompanied by high sickness and turnover rates among staff.

SDS Options

- There was, at some localities, a perception that there was a need to evidence more Option 2 activity, with the implication that there was a performance expectation around moving across Options. This was raised in the interviews in the wider context of the need to understand that Option 3 in SDS is just that; an option, open to choice. Clarity around this issue would be useful for staff.

- In tandem with the findings of our previous report, there was a perception – although a systematic account was not available in any of the five sites – that Options other than Option 3 were the preserve of service users who had existing skills and particular social capital; for example advocacy, familiarity with the considerations of employment, and prior knowledge of what SDS might offer. These were usually skills of family members. This was a not a universal pattern, as Option 3 was simply not deliverable in some – predominantly rural – areas, but it was a pattern clearly identified in some settings.

- There was some concern that a pre-assessment element of Self-directed Support – namely community capacity building – lacked recognition as an SDS activity. Thus a number of projects were under way which allowed local communities to develop skills and support mechanisms to avert the need for SDS options, but these were under reported.

Eligibility criteria

There was limited development towards integrating an outcome focused assessment, and actual outcomes, beyond the framework of existing eligibility criteria. The picture here is very mixed; some areas had moved towards less critical funding of outcomes if there was seen to be an advantage to this longer term; that is, investing in low level needs to support greater independence and less need later on. In other areas there was still clearly a tension between outcome-focused approaches and eligibility frameworks. All five sites involved in the study were committed to trying to harmonise outcomes assessments and organisational frameworks for these outcomes to be achieved, although this was not a straightforward task. At its least developed, this dissonance between outcomes-based assessment and the delivery of these outcomes was effectively stymying the development of SDS, as frontline staff did not have confidence that an outcome focused approach would be viewed with the same sense of openness and creativity when it came to decisions around eligibility and finance.

Length of service and SDS

It was noted from the interviews that newer recruits to social work were more comfortable with the practice of a personalised approach. While there were no exceptions to this in the research, this did not imply that longer standing staff were resistant to the changes. There was some discussion in the interviews that SDS represented a return to values recognised by social workers, although it was also noted that the changes were being made at a time of significantly less resources.

Parallel policy agendas

As with other aspects of SDS implementation, there was a mixed picture of relations with other organisations and SDS. In some sites health colleagues were familiar with the four Options and, to a greater or lesser extent, the philosophy, language and understanding of personalisation. There was some concern that SDS development could be stymied by a future management structure where social work staff would be line-managed by health colleagues who were not so familiar with an SDS philosophy or approach, although we would stress that the 'buy-in' from health was variable across the five sites we explored.

SDS Culture

- There was varying evidence of an SDS culture taking hold across social work and social services in local authorities. Therefore, for some, SDS was part of a wider philosophical shift, whereas in other sites it emerged essentially as an organisational obligation that was not, so far, culturally embedded.

Addressing the issues

- A number of suggestions to resolve some of the above issues arose in the course of the research. These included:

  i. Improve leadership in SDS by encouraging more 'champions', with a guaranteed tenure, and highlighting the salience of SDS alongside other current agendas such as integration.

  ii. Undertake training needs analysis regarding SDS, including leadership skills, within local authorities.

  iii. Develop training that is nuanced enough to accommodate different levels of knowledge across specialisms.

  iv. Encourage the development of smaller, more flexible providers in remote communities, while ensuring they meet current regulatory requirements.

  v. Develop more support services among businesses in local communities for those choosing Option 1.

  vi. Paying the Scottish Living Wage (and hourly rates that are sufficient to deliver this) and beyond for adult care workers to resolve recruitment and retention issues, and protection of differentials for team leaders.

  vii. Examining the Scottish Social Services Council (SSSC's) accreditation and training model to assess its suitability for purpose.

Introduction

Although this report stands alone as a document based on research around Self-directed Support and local authorities, it is informed by some of the issues and ideas explored in our previous tranche of research material (Eccles & Cunningham, 2016) which examined relationships between SDS and voluntary sector support providers. More specifically we drew on the literature review, and on areas from the interviews and focus group with SDS Leads which alighted specifically on local authority practice. The literature from the previous report was substantial and covered three areas which impacted on the design and practice of SDS. These were (1) the overarching idea of co-production, and the challenges this philosophy presents for models of organisation and accountability which have been dominant in public services for the past twenty years (2) personalisation, which represents the policy dimension of co-production philosophy (3) SDS, which is the specifically Scottish approach to personalisation, incorporating as it does an Options framework. A summary reprise of the literature highlights some recurring areas of tension in relation to SDS:

(a) **The move away from New Public Management approaches of performance monitoring, in which centrally nominated targets for delivery were paramount, to more localised decision making** - in keeping with more of a co-production approach.

(b) **A philosophical argument about the intent of personalisation,** and the tension between a rights-based citizenship understanding of personalisation versus the view that personalisation, in essence, is the shifting of responsibilities from the State to the individual in a reshaping of the post-war welfare model. As is possible with any policy it could contain both these perspectives simultaneously, without this tension being explicit.

(c) **The complexities of moving from policy concept to implementation.** Here there were issues around internal organisational change, working across different organisations, eligibility for funding, and the supports that might be required around advocacy in order to facilitate service user participation. In addition, a number of issues around the reshaping of work emerged; terms and conditions, flexibility and patterns of work.

While our first report looked specifically at voluntary sector providers in relation to SDS, a recurring theme was the relationships between this sector and local authorities. A number of issues arose; legislative responsibility, finance, philosophical engagement with the ideas of SDS, cross-organisation relationships, and questions around risk and protection. Some voluntary sector and local authority relationships were developing apace; others appeared to be problematic. This, in large part, may have been because the principles of SDS were close to the values of the voluntary sector organisations with whom we did the research, a value base that tended to extend, culturally, throughout the organisations. We would stress that local authorities were not viewed by the voluntary sector organisations we consulted as having fundamentally different values, but were seen as variously less enthusiastic or active about engaging with SDS. There were notable exceptions to this, but this was a pattern which emerged from our focus group

discussion and from our more detailed interviews with organisations. It was thus agreed that local authorities should be the focus of the second tranche of the research around SDS implementation.

We noted that while local authorities may have had limited experience in the delivery of services (this usually being the preserve of the voluntary and independent sectors) they were a key element in areas of SDS strategy, assessment and funding criteria. Based on our previous work with local authorities (Eccles, 2008; Eccles, 2013; Cunningham 2008), and a developing literature base, we already had a grasp of the complexities around the strategy and implementation of SDS which might arise. Included in this would be the competing strategic demands placed on local authorities, in particular the health and social care integration agenda and tightening eligibility criteria occasioned by an era of 'austerity'. We were also aware that social work departments in local authorities had been subject to external scrutiny and performance targets that might mean areas at the core of an SDS philosophy - for example reframing practice around risk - could prove to be complex.

Research strategy

The research strategy was based on three strands.

(1) It drew on the **literature review we conducted for the previous report** (Eccles & Cunningham, 2016) but framed more specifically for issues faced by social work services. We conducted a further literature search; this was not as systematic as the previous one, but essentially updated it. Of note here was research coming out around SDS implementation (Audit Scotland, 2017); decision making by professionals (Velzke, 2017); and specifically around the tension between SDS and eligibility (Slasberg and Beresford, 2017). We would highlight this latter document in particular, as questions of eligibility became a key issue from our interviews.

(2) Establishing key informants
Engagement was made with key informants around the broad areas underpinning SDS and social services. These informants included academic colleagues across other UK universities who are working in a similar domain, and established contacts in local government.

(3) Interviews with SDS personnel across five local authorities
Drawing on a combination of literature and key informants formed the basis for in-depth interviews with **thirty five participants across five organisations.** Interviewees included - across all the sites - **strategic personnel, operational managers, commissioning officers and front line social workers.** We used different interview schedules tailored according to the personnel involved. These categories were not always rigid, as operational managers might also have been engaged to an extent in some front line practice, but the categories were clear enough to allow for discrete coding of the data. Precise job titles within organisations have been, at times, made more generic in order to ensure anonymity.

We note that both obtaining a sample and, where obtained, being able to conduct research with that sample were much more difficult with local authorities than with voluntary organisations, the subject of our previous report. One obvious reason for this was that we were able to take advantage of a periodic meeting of SDS Leads in the voluntary sector to conduct a focus group and indicate our desire for a wider sample for more in-depth interviewing. Aside from that, there appeared to be particular stresses in engaging with local authorities, and moving the research from initial agreement to conduct the research (although even this was not always forthcoming) to completion of interviews. Personnel changes were evidently an issue here, and we discuss this in our findings and discussion around the different agendas competing for local authority prioritisation (in particular the drive towards integration with health) and the impact of this in personnel moving across areas. More generally there appeared to be organisational flux which meant that SDS 'champions' in local authorities were relatively short lived tenures, each incarnation coming with their own interpretation of SDS theory and implementation in practice. On reflection, we were struck by the (probably apocryphal) remarks of the Greek soldier Gaius Petronius Arbiter, in 66CE, who noted

> *'Every time we were beginning to form up into teams, we would be reorganized. I was to learn later in life that we tend to meet any new situation by reorganizing; and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency, and demoralisation'.*

All five local authorities we engaged with had, to varying, but often very significant degrees, been the subject of wider reorganisation. We were left in little doubt from the interviews that this had impacted, usually adversely, on the implementation of SDS.

We should stress, finally, that once access to local authorities had materialised, staff across all five localities were generous with their time, open with their approach, and the interview schedules were well organised.

Ethical approval

Ethical approval for the research was granted by the University of Strathclyde Ethics Committee via its delegated authority of the School of Social Work and Social Policy Ethics Committee. The ethics proposal laid out a comprehensive account of potential ethical issues (around risk, harm, confidentiality and ethical aspects of the research methodology).

Research methods

The purpose of these interviews was to explore the issues raised in the literature and from our previous research with groups across the voluntary sector, via focus group findings, survey data, in-depth interviews across voluntary sector organisations engaged with the implementation of Self-directed Support. We also drew on the academic literature around social work (and social care more generally) and personalisation, both in the wider context of citizenship (Beresford, 2014) but also changes to working

requirements and patterns of work. We supplemented these sources with the test cases conducted by a research team on behalf of the Scottish Government (for a summary see Manthorpe et al, 2015).

Interview sites were a gradation of urban and rural, according to Scottish Government classifications (Scottish Government, 2014). This was a deliberate choice as we were aware, both from the research and from our previous findings, that SDS was playing out quite differently in different settings and that this may have been influenced by geography and demographics. Our interview sites were thus drawn from five local authorities whose locations reflected Scottish census classification categories as follows:

Site A	'other urban'
Site B	'remote with key urban centre'
Site C	'large urban'
Site D	'other urban'
Site E	'very remote with key urban centre'

At each of these sites we interviewed staff in the following positions: strategic management for SDS; operational management for SDS; commissioning for SDS; front line assessors for SDS. While all these positions were interviewed at each site, the numbers involved varied slightly from authority to authority; thus sometimes more front line, sometimes more operational managers. This was entirely a function of the availability of staff and did not adversely affect the research, as the core sample was reached in each setting. Albeit this research and our previous report were with organisations and their workforces, a small number of interviews comprising people who are supported by these organisations also occurred in both tranches. These were opportunistic samples, and not part of the research design; nonetheless, as with our last report, we include relevant comment here where it illuminates the organisational issues under discussion.

The study is limited in scale, exploratory and non-generalizable, albeit the exploration proceeded on the basis of a structured, systematic approach across interview personnel and localities; as Rourke notes, studies such as this are 'a model for the acquisition of fundamental information' (Rourke et al., 2001, p.8) on which further research enquiry and research questions might be built. Given the methods used and the data collected, we would argue it offers just such a platform.

The interviews themselves were semi-structured, allowing the space to explore particular issues raised by interviewees and for corresponding flexibility in the interview enquiry, although core areas were consistently explored with similar staff groups across different settings. Interviews were supplemented by a number of discussions with key informants; these informed the research thinking but were not part of the research data itself. Interviews were recorded, following interviewee consent, and fully transcribed

before being analysed for key themes and information (see Miles and Huberman, 1994; Silverman, 2008).

Quotations from the interviews indicate the personnel involved but do not further indicate which local authority organisations were involved; given the sample size and the offer of anonymity to interviewees, specifying the organisations more clearly might compromise this confidentiality. Unlike the research from our previous report, the issues - particular enablers or barriers - raised in the interviews were not necessarily common to all the organisations; some were, but there were very significant variations. For this reason we have designated the five sites A to E, to allow a picture of particular organisations to be established across the piece.

The next section lays out the data we analysed, grouped around the key themes from the interview schedules and additional themes that emerged from the interviews themselves. These key themes are grouped around three broad categories explored in the interviews:

- the philosophy and aims of SDS
- operational issues; and
- commissioning and workforce aspects.

Understanding of the aims of Self-directed Support

> *What we've asked our staff to do is make a complete almost mind-shift in terms of how they think.* (Senior Manager, Site E)

> *SDS [has] been driven differently by different people and personalities at times that have caused it to be driven in different ways* (Operations lead, Site C)

A number of tensions are evident between the interaction of personalisation philosophy - as laid out in the SDS framework- and organisational structures. Thus the complexities of moving from a service-based approach to a personalised approach, while simultaneously still engaged in the organisation and delivery of care and support services, was a recurring feature of our research. Albeit the level of engagement with SDS in terms of a cultural shift was uneven - from a clear sense that it was now embedded in the philosophy of the local authority to a much more tentative sense of a conversation that was beginning to happen at most levels of the organisation - all five sites were engaging with SDS policy and its implementation. But underneath this there was a myriad of confounding issues; broader restructuring within organisations, compliance with other legislative agenda (notably the integration of health and social care), the impact of reduced budgets and the shifting needs of local populations, especially older people. The impact of these other agendas ought not to be underestimated. The responses here were very uneven across the five sites. We would broadly estimate from the interview data that two sites were in a position where an SDS

culture (in the fuller sense of a personalised approach, and beyond just Options 1-4) had taken hold, two more were intermediate (one coming from a stronger position but now not so fully engaged and one moving in the other direction) and one was only really beginning to move beyond the policy headlines to actual implementation. This makes an assessment of where SDS currently is at across Scotland - beyond being significantly uneven - inadvisable. The detail of this report will address the nature of this unevenness and some of the causes. Even across the two authorities where we estimate an SDS culture had taken hold there were inconsistencies; one more than another driven by necessity being the mother of invention rather than a philosophical position, and this necessity also played out, less elegantly in the authority now coming to terms more with the philosophy of SDS:

> *I think at times where Self-directed Support has been used - perhaps it's not been in the way that the Act has intended and not with the spirit of the Act in mind. It's almost been used as the last resort because care hasn't been able to be sorted through the traditional routes.* (Social Work Manager, Site C)

There were stark differences across our interviews on the issue of eligibility. We have noted already recent literature exploring questions around outcomes-assessment and eligibility (Slasberg and Beresford, 2017), and its prominence as a factor in the implementation of personalisation. Thus some local authorities in our sample retained a clear separation between assessment and the application of eligibility criteria. The tensions here were evident; given the (frequently expressed) uncertainties for staff who were assessing about what might constitute a good 'outcome' and the lack of connection to decision making around eligibility criteria, exploration of more 'out the box' thinking was, de facto, discouraged.

> *Because sometimes frontline workers will roll their eyes and say, why are you even speaking about outcomes? Why are we having this pretence?* [..] *It's a regular discussion.* (SW Manager, Site C)

In other sites assessment and decision making over eligibility were part of a much more connected process of discussion and exploration. But even here criteria came in to play; if only level four 'critical' assessments were being funded, it made little sense on the surface to advocate for much lower criteria funding given the eligibility structures. Yet it is precisely this lower level funding - investing now to save potentially heavier financial engagement later - that forms part of the logic of an outcomes-focused approach. Thus, for example, small grants to communities to explore their own, local, solutions to issues would be part of the logic of SDS, but would not necessarily be on the radar of existing eligibility criteria. An alternative argument - essentially that local authorities had been too quick to adopt the philosophy of SDS without thinking through the operational consequences - was also evident in, for example, the closure of day care centres (on the grounds that these were service driven, and not personalised) when they were popular with older people as meeting places (see also Bartlett, 2009, on the popularity of day care centres as a choice among older people). Subsequent to their closure, forms of 'personalised' activities which emerged appeared to be rather close in form to re-inventing the day-care wheel.

Perspectives around outcomes-based assessment

While some issues in our interview schedules were specific to particular job designations, we explored the area of assessment for outcomes with all staff – strategic, operational and front line - across the five sites. We were keen in our sampling to get a range of time in the job (i.e. from longer established staff to newer in post) and overall - but not always in each setting - managed to secure this mix. There were instances where newer recruits had experienced SDS as part of their social work education but also some reluctance on the part of more established workers to move from care management models, so we did not find a consistent pattern here. Several more experienced workers welcomed the philosophical change to SDS as a reflection of what they felt social work ought to be about. But there was still reluctance in engagement, for the most part linked to practicalities:

> *You then get [..] situations where the person themselves may not have the time or want to spend the time getting their head s around what is an outcome and how to identify that for themselves. The person who has undertaken that piece of work with them won't have a huge amount of time because they have got to get that piece of paperwork done in order to get it into the system for authorisation to go onto the next thing.* (Senior Social Worker, Site E)

The responses around SDS were, as the literature also suggests, mixed. There was, overall, support for the principles as laid out in the legislation but much more critical comment around implementation. We noted from the interviews that more recent recruits to the profession had prior knowledge of SDS from their degree studies and thus the principles appear to be embedded in the social work syllabus. One of the more recent recruits was also the most frustrated with the operation of SDS, as the dissonance between their studies and practice was evident. That said, this interviewee, when asked to reflect, could not recall any aspect of their studies which explored a critical approach to SDS, or literature which looked at the challenges of implementation. There is perhaps, therefore, an issue to be considered here for social work education. The most negative response to SDS came from a social worker with long service. But disentangling long run changes in the social work profession from the impact of SDS *per se* proved difficult in the analysis of this particular interview.

Even where there appeared to have been significant investment in introducing revised paperwork (other than an add-on outcome focused page) to move assessments towards an outcome approach there were still issues with exploring what this change of assessment might mean in practice:

> *People occasionally- not entirely- would say [..] the outcome is to get <u>services</u> or the outcome is to meet their needs. So moving from a kind of thinking about needs to thinking about outcomes has been a little bit problematic. I suppose people who are more used to the care management system find it harder to shift over [..] you can still put a needs-led kind of deficit model into any form you like if that's where your heads are.* (SDS lead, Site B)

Training around understanding and using SDS

Training across the different sites was variable. While all sites had engaged in some form of introductory sessions around SDS, continuous development thereafter was uneven. The initial training was also felt, particularly by more experienced social workers, to be essentially patronising (for example, that the values of user choice and empowerment would somehow be new to them) but also too broad when it came to the detail of implementation. In some authorities, there were criticisms of the format of sessions, with some seen as too informal and workshop based. In addition, it was felt that within these workshops there was limited detail, with little confirmed guidance, or too great a focus on principles and values as opposed to concrete examples.

> [..] *a lot of the training was focused around the philosophy and the principles around SDS and personalisation and there didn't seem to be a very good link between that and practice and the operational side of things. So a lot of people would say well it's alright in principle and we understand the philosophy behind it, but actually the systems that we work within actually don't support us to put those into practice very well* (Senior Social Worker, Site E)

Training was thus more likely to be 'on the job' with reference back to appointed SDS champions within the different sites. In some cases this was viewed positively:

> I think there's also the ability of the SDS team- of which there's a few members on the ground -to talk around about local kind of policies and procedures if you want. So I actually think there's been a fair amount of input for workers and others to get their heads round it all. (Social Worker site B)

Here the problem lay with turnover in these positions, as staff moved out of localities or were moved internally within organisations. At its most critical, comment here was scathing about the consistency of advice from personnel to personnel, but a more resonant issue was the disconnect between the headline rubric of personalisation and training on the ground.

> *It's been something staff have continually asked for. It's been very ad hoc and the training hasn't really- it wasn't really listened to in terms of what people actually needed.* (Social Work Manager, Site C)

Thus a major problematic issue here was around outcome-focused assessment which essentially came down to 'how is this to be done' in any given situation.

> *I don't think it's so much that people are not wanting to broaden their role specifically* [..] *There's a fear and an anxiety of actually- you're actually giving people technical, financial, legal information that you're not an expert in and you might be giving them the wrong information, and that is potentially going to have a knock-on effect in terms of your reputation, in terms of the council's reputation, in terms of the impact on the service users and the families themselves as well.* (Social Worker, Site E)

The parameters of what was possible with individual service users emerged as a key issue, with organisational support for decisions inconsistent. In some cases assessors would discuss their recommendations with care managers; crucially this would involve a discussion of the 'bigger picture' in the service users circumstances, such that the future impact of outcomes agreed now would be factored in to decision making (for example investing up front in more support potentially to save longer term). Here the lines of liaison were clearly defined and open. Interestingly, social workers in these settings reported that their recommendations did not tend to meet resistance financially. In other settings (and this covers both urban and rural) there was a more marked separation of assessment and funding, without this space for negotiation. As one social worker noted, the public-facing workforce had tried to embrace the principles of SDS but the 'backroom' administration and finance departments in their organisation were not similarly tuned in.

> *Staff have had training from the SDS team* [..]*, but the goalpost keeps changing. So just when they think they've got their head around it, we change it again, and we change the paperwork etc.* [..] *Things that we at one point did support, we now don't support* [..] *I don't think we're clear enough on eligibility criteria to start with. Now we've got clearer and so we're stopping some things we used to do.* (Senior Manager, Site C)

This staff view was reinforced by an interview with a service user, who required continuous care, at the same site. We offer the detail of this here, with the proviso that this was not necessarily a typical response, but because it serves to demonstrate the weakness inherent in a lack of connectivity across the SDS process. Switching to an individual budget (Option A) had allowed this service user to exercise choice over their support workers and moved from a position of multiple workers in previous years to a stable rota of support workers with whom the service user had developed a good relationship. This service user was entirely reliant on this budget and evidently skilled in managing it (for example in organising wages schedules). But as printer ink was not classed as fundable in the organisation's eligibility criteria, payment was required for an outside agency to manage the administration of employment rotas, and this payment had to come from the service user's overall budget. This interviewee expressed frustration at not only the additional cost involved, but at the inability to use their own skills as part of their arrangements for support.

Skills gaps around SDS

As a consequence of the perceived shortfalls in training, respondents identified skills gaps among parts of the local authority workforce. Several respondents across the local authorities indicated that they were aware of colleagues who had no idea what the four SDS options were.

> *My direct line manager- this is no criticism of him- he didn't know what the options one to four were. 'What are they? I don't know about options one to four'.* (Senior Manager, Site C)

There were also perceived to be skills gaps regarding the implementation of Option 2 packages.

> *Someone's done a massive piece of work on option two and I don't know anything about it. I'm probably one of the first people that would be implementing it and no one comes to me and say 'let me tell you about this for twenty minutes' - it just doesn't happen.* (Social Worker, Site E)

Another skills gap was perceived to be in the area of risk taking and assessment. A lack of training in this area was seen to contribute to reluctance among some staff to think more creatively about possibilities for change in people's lives. One respondent described a mentality among staff of not wanting to 'rock the boat':

> *People clocking in, not physically clocking in, but mentally clocking in. 'Here's where I start my shift That's where I finish my shift, and in between, it's going to be steady state. I'm not going to rock the boat, I'm not going to make any suggestions.* (Senior Manager, Site C)

This view was shared by senior officers in other localities who felt that social workers focused too much on risks associated with change rather than appreciate SDS may bring individuals opportunities to change their lives in positive way.

Other skill gaps included an acknowledgement that much of the local authority workforce in social care had limited appreciation of what an outcome, as opposed to an output, was. At the same time, it was suggested that the lack of knowledge regarding outcomes was more common among social workers, whereas other occupations such as physiotherapists and occupational therapists possessed greater understanding.

Authorities further pointed out that there was some confusion over the terms 'person-centred' care and services being 'personalised'.

> *I keep going to our staff to say, yes but remember, remember, we're talking more about personalisation. People will say I've always done it that way. I'll say, no you haven't, because actually what we were taught to do way back then is not what we're asking you to do now because it's another stage of that continuum.* (Senior Manager, Site E)

The above respondent added that they envisaged it would be a number of years before her colleagues would finally accept or recognise the need to change.

The level of understanding of outcomes, risk and enabling SDS was reported to be dependent on the particular vulnerability or specialism local authority employees worked in. Respondents indicated that areas such as learning or physical disability had a good understanding of issues such as outcomes and risk, but there was poor appreciation within areas such as care for older people and children's services. Confusion was not helped by reports that indicated training was focused on good examples from learning and physical disabilities, which were difficult for workers from other areas to translate into their own practice.

People really struggled with the application in terms of how could I use this for my older people clients, who were predominantly their case load [...] *how does this fit in with an older client that needs to be gotten out of their bed to function. There were too many gaps there for people to fully embrace it and understand it was something that could work in their service* (Senior Manager, Site B).

One local authority had subsequently re-vamped its training and introduced a continuing programme. This included answers to frequently asked questions, and the use of real life cases for employees to run through. At the same time, it was of some concern that only a limited group of people had been exposed to this training and there was a perception that it needed to be rolled out across social services, especially in areas such as elderly care.

Although, as already noted, there was considerable staff turnover in key SDS personnel, which resulted in inconsistencies around the SDS 'message', there were good examples of mentoring and development between SDS Champions and front line staff. In one authority, staff were encouraged to have 'good conversations' with service users, beginning with joint visits with SDS leads to mentor staff through the process, albeit at the same time the SDS team was experiencing restructuring as part of a wider local authority reorganisation. As a result, this task was left to one individual who was considerably stretched trying to meet the demands for guidance from all front-line workers.

It was further acknowledged that in combination these skill gaps created a degree of fear among the workforce regarding the complexity of SDS.

Letting people choose- giving huge amounts of money, letting people basically go and secure their own care and all the risks that come with that in terms of having to be an employer, the pensions all those bits- it's very complicated for workers. (Social Worker, Site C)

And:

There's still a lot of confusion amongst frontline workers about what their role is and what they are to do... I think there's definitely an awareness of it, and people know that they should be doing it, but I think they're still not clear about what it is they should be doing. (Social Worker, Site C)

The above respondent added that the uncertainty among employees was especially the case when they were dealing with people (and their families) with the highest, most complex needs. In several local authorities there was a sense that SDS and its accompanying skill set was a niche, specialist area which mainstream social workers were not buying into.

The way SDS was adopted initially, it was seen as a separate team rather than working out how we're all about SDS. So I think that's probably translated to staff in terms of being seen as something quite separate and not necessarily something they've adopted as common practice or integrated practice ... so I don't know if that may be fuelled [by] people feeling they didn't have that specialist knowledge rather than thinking its knowledge we should all have. So I think lots of myths grew about it in terms of how complex it was. Social Worker, Site C

Knowledge gaps were further evident in support functions. Front line staff in two localities in particular reported a lack of awareness among staff in their finance departments, especially around finance officers questioning expenditure by service users on certain items. This was despite intervention by care managers who had confirmed such expenditure was part of delivering SDS-related outcomes. The result reportedly was that some service users, in the face of receiving unwelcome interventions from finance staff, began to doubt whether the use of personal budgets was worth it.

Another issue related to training and skills raised by respondents was the appropriateness of formal qualifications systems. Several respondents raised concerns regarding the 'fit' between the ongoing professionalization of the workforce through the SSSC and the skill set needed to develop a workforce that could undertake proper person-centred planning. Respondents argued that person-centred planning and the focus on outcomes was not the skill set that the SSSC was developing.

There's much more emphasis on the bureaucracy of being a worker, being registered, to maintain that registration. (Commissioner, Site A)

Respondents subsequently felt that what was seen to be lacking was the ability to have conversations with people, identify outcomes and turn the dialogue into a plan that had sufficient resources attached to it. Bureaucratisation of the skills of the workforce was seen to stifle creativity and the talents and attributes that lay outside of registration requirements that individual workers could bring to service delivery.

Another respondent raised the question concerning the lack of flexibility in the Scottish Vocational Qualifications (SVQ) accreditation system.

I don't know why we stick with SVQ apart from the fact that they [the SSSC] like it. [It is] very formulaic, takes a lot of work [..] SVQ have been around since God was a boy. We need to look - are they still fit for purpose? Are they fit for purpose for smaller, nimble, more modern organisations? (Commissioner, Site B)

Finally, in more than one authority there was the familiar problem with resourcing training, especially during austerity. Respondents indicated that trainers had either moved on or had been subject to restructuring. As a consequence, training had been left to one or two specialist individuals and was, therefore, stretched at a crucial time of the implementation process.

Eligibility criteria

Eligibility emerged as an issue in most settings; discussion here often noted the arrival of SDS as a policy initiative at the same time as there had been significant cuts to funding. Part of our interview schedules alighted on this issue of financial settlements and SDS. There were no claims from interviewees to SDS being a strategy to enforce reductions in funding, but it was evidently regarded as a major impediment to allowing SDS to develop the potential it might have, as essential needs were still prioritised over the creativity implicit in outcomes based approaches.

Here also there was a disconnect between administration and front line; one experienced social worker requested help with enabling an Option 2 approach with a service user and received a 77 page guide, internally administered, in response. This social worker's consistent theme was the additional responsibilities put on front line workers; to digest the operational aspects of SDS but also to absorb the impact of outcomes based decisions. Here the issue of 'inappropriate' use of outcome focused funding was broached. Two example were given by one interviewee at Site E; the purchase of new television by the parents of a child who was at the centre of the assessment for a direct budget, and the partial redecoration of a house of a recipient in similar circumstances. There may be an interesting discussion here around 'inappropriate' spending (for example, our previous report noted that a home redecoration has facilitated a service user to manage community support via friends and diminish reliance on direct services). The concern here for the social worker was the need to have a discussion with the recipients of the funding about the appropriateness of its use and the difficulties this involved around the long standing relationship between the social worker and the family.

Where there had been a move to a more dedicated outcome focused approach, the issue of congruence between outcomes and eligibility remained a work in progress:

> *A challenge that we have is that in terms of how we allocate our resources based on risk that often our management structure requires a deficit-based assessment as opposed to an asset based one. So your personal outcome plan is an asset –based assessment, but in order to make sure that funding is equitable and appropriate, you're often putting forward a deficit-based argument.* (Social Worker, Site B)

This thinking was echoed by another social worker at the same site, but noted the complexities of negotiating outcomes, needs, and risk:

> *I think there's a tension between the focus on outcome and the focus on risks. I think that we were wanting to try to get that kind of - move away from a deficit base* [..] *So we want to change the discussion and yet we still need to be aware of risks and we still need to be aware of needs as well to make sure that they're covered.* (Social Worker, Site B)

It was noted also, in this same interview, that there would need to be a reconceptualising of risk to be able to align with an outcome approach; a task made more difficult, according to the interviewee, by continuing reference to care management models of the issue:

> *But it's taking us a while to learn that language and I don't think our paperwork or processes have caught up with that yet have they. Because we're still very much thinking about risks in terms of harm and abuse as opposed to kind of melding them into a kind of system of, this is what matters to you, what do you want to get.* (Social Worker, Site B)

Community support and SDS

To varying degrees the need to engage with community support was emphasised as a key part of the operation of SDS. This ranged from working with voluntary groups, to a clear understanding, in one of the rural settings, that social work services were only to be involved after all other avenues had been exhausted.

Several issues emerge here; all would warrant further scrutiny. First, community based support (drawing on the wider issue of community capacity building) is an intrinsic aspect of SDS. This was discussed in our interviews with strategic personnel but also operational managers and had – for the most part – filtered into front line training. In some of our discussions – particularly more rural sites – community support would have been seen as essential, and perhaps the only, recourse other than residential care, given the complexities of organising support through care and support providers. This raises interesting questions about regulation. In some cases there would be attempts to blend community-based support with social services but at one of our sites – Site E – it was explicitly argued that social work would be a 'last resort' once community based options had been exhausted.

> *So there the person working with them would then be responsible for looking at, well - what would you meet yourself? What would your community meet?* (Social Worker, Site B)

Whereas this approach could became problematic in other sites vis-a-vis eligibility criteria, at Site B there was a greater degree of linkage between outcomes and funding:

> *We haven't got a full blown eligibility criteria. I think that we put a threshold in there that said there's very low needs and risks, you're not going to get a service and that's pretty much it. It leaves quite a lot of wriggle room to act preventively and to think around about who the individual is and what we do [..] so it's not that there's different components of the services that we can provide that you can't get because you weren't significant or critical, it's not like that. Yet at the same time recognise when there are situations that really do need social work.* (Social Worker, Site B)

The four options follow on from engagement with wider community based resources. In the mixed rural urban setting there was disquiet and, we would stress from the interview material, perceived frustration that this element was not being adequately recognised in discussions with the Scottish Government, where focus was seen to be on use of the different options. The use of community-based resources could not as easily be measured in terms of activity (for example the number of service users who had moved across options), as community resources did not necessarily replace social care but may have been aimed at preventing the need for services funded by the local authority, and yet it was this aspect which formed the main thrust of some organisations' approaches to SDS.

> *So although we're accounting for the Options, what we're not doing is being able to capture all the other good work that's happening.* (SDS Co-ordinator, Site D)

Here we have an issue of how to measure activities - based around prevention- which are less readily measurable than numbers accrued on an Options category. An additional complication was the specific interest, as noted by interviewees, shown by the Scottish Government in 2017 into the policy outcomes of the legislation, and a sense in which senior managers were looking to 'evidence' SDS activity by having movement across options not only recorded, but actively encouraged. This area merits some further enquiry; in the same way in which 'unmet need' was recorded on community care assessments after eligibility criteria had been employed, there may be scope for a 'needs met via the community' element to be able to better evidence preventative work. It also raises a broader philosophical question about SDS; if the purpose is to facilitate choice, and service users choose not to explore beyond Option 3, why should this, necessarily, be seen as a deficit, as it was from our interviews, in policy terms? Of course the lack of movement away from Option 3 might be underpinned by reluctance, on the part of the assessor, to explore other options at the assessment stage; but that would involve cultural shifts rather than measurable outcomes, unless the measurement of outcomes in itself was presumed to encourage changes in cultural behaviour. There is a considerable literature around outcomes measurement which would suggest otherwise (Pell et al 2016; Miller, 2013; Seddon, 2008). We return to this later in the report.

This issue - the reluctance or otherwise of exploring outcomes at the point of assessment- emerged across different sites. In some sites it was felt that - some time into adopting the policy - there was a greater confidence among front line staff to consider alternatives to option 3. But it was stressed that this had developed as part of a broader SDS culture in their organisation, and the evidence from our research suggests that where this SDS culture had not been embedded in the organisation, outcome based assessments were less likely to take place. The reasons for these differences in culture were manifold - from the particular characteristics of SDS champions, to organisational restructuring. We were struck by the turnover in staff in this SDS champion post in one urban area, which brought with it the problem of differences in policy interpretation. We were equally struck by the apparently unreflective enthusiasm for SDS of an SDS champion at another site. This unreflective enthusiasm brought its

own problems for implementation, as the experience of the social workers on the front line who were interviewed at this site was one of dealing with unforeseen complexities and increased responsibility occurring via SDS. Their concern was not, it should be noted, one of baulking at the philosophy of SDS, but more that the unreflective aspects of 'championing' the issue did not sit easily with the practicalities of their everyday experience. This intra-organisational tension would need to be managed better if all parties were to 'buy in' to SDS strategy, but also its realities.

Working with other organisations

There were significant issues raised- and differences in their impact noted - across the five sites on the issue of working with other organisations. It is perhaps worth recalling some seminal discussion on this topic, Hudson's work on the context to inter professional working (Hudson, 1987). Here it was argued that success in inter-professional working would be harder to achieve where there was an inability to meet existing service demands and/or significant parallel organisational change. On both counts the current timing would be unpropitious, but policy makers might retort with necessity being the mother of invention. Either way, the inter-professional working agenda has considerable relevance to SDS, in a number of aspects. First, it has impacted on management of policy change; we note a very frank assessment of how momentum around SDS had been lost on one site as a result of key personnel being shifted to the integration agenda leaving management of SDS implementation in the hands of what were perceived to be less committed staff. A similar theme was expressed - albeit less pointedly, but more wittily- in another site:

> *There a sense in which it's got less prioritised in the last couple of years because there's another agenda coming along like, it was flavour of the month and then the integrated* [*sic*] *joint board's agenda came along* [..] *I think it's become the 'Option 3' of conversation if you will* [..] *part of that is because there's been a few SDS leads* (SDS Co-ordinator, Site D)

Second, there emerged significant variation across sites in the extent to which there was a common understanding around SDS, and the broader philosophy of personalisation, between health and social care. Four of our sites were part of Integration Joint Boards (IJB), while the remaining site was involved in a lead-agency model. Although the latter appeared to have a stronger understanding of the language and philosophy of SDS across disciplines, it was not unique to this arrangement, and front line staff at one of the IJB sites recorded a good working relationship around the SDS approach with health. But another IJB site explicitly noted this relationship as a potential stumbling block, arguing that the concept of personalisation was understood quite differently across disciplines:

> *I think Health think they've got it but they haven't* [..] *basically. To be fair to them again I think they've moved mountains in terms of getting to the person centred bit.* (Senior Manager, Site E)

In this light, there needed to be more work to embed SDS into the integration agenda, as creative work around outcomes did not easily translate when it came to IJB discussions around policy and resources:

> *In terms of the development of the integration model there was a lot of work whereby I think we [said] very clearly. Okay, you've got the public bodies legislation here. You've got SDS. Public bodies shouldn't trump SDS. SDS needs to be threaded right through everything.* (Senior Manager, Site E)

These relationships - between health and social care integration and SDS - would merit further research. Concerns that a lead agency model organisationally based around health might subsume social work appear to be unfounded, at least from our research, and there were marked differences across IJB approaches. Given the importance of language and common understanding to the operation of integrated working (see Eccles (2018) on complexities across assessment frameworks), being able to articulate the philosophy of the other major policy driver in the area of social care would be important not just to SDS, but for better outcomes in the integration agenda. We noted also the opportunities that arose across developmental work in both the integration and SDS programmes. At site C, SDS had prompted a (what was openly acknowledged as overdue) push to review existing packages of care. While we note elsewhere that this may have been as much about reconfiguring funding as exploring outcomes, there was also some explicit connection with the integration agenda:

> *Health are on board with that and we're trying to see when we're doing reviews in terms of we can involve allied professions much more.* (Social Work Manager, Site C)

A similarly varied picture emerged around relationships with the voluntary sector. In our previous report, we noted considerable frustration from SDS Leads in the voluntary sector about local authority engagement. These frustrations spanned low levels of engagement at a strategic level, uncertainty among front line social workers around outcome-focused assessments but also the sense in which SDS had become a 'political football' between central and local government around social care funding and implementation with, for example, explicit policy announcements in some Local authorities about the role SDS would play in meeting budget reductions. This dissonance now travels in both directions after the most recent research, with explicit comment around some voluntary sector providers being risk averse and unable - or unwilling - to move beyond a service provision model. We stress this is a very varied picture; liaison is often strong, but it is not uniform, neither across nor within the different sites we explored:

> *I think in terms of the third sector some of them have absolutely got it. Some of them are way ahead of us without any shadow of a doubt. I think some of them haven't quite got it and think it's something that it's not which is where sometimes the tension comes.* (Senior Manager, Site E)

There was a recognition that voluntary sector organisations were under fiscal pressure, such that the space for alternative and creative thinking - and its implementation might be limited. There is something of a paradox here; the cash limits on organisations may require radical solutions to social care demand, and yet these same funding issues are constraining the possibilities for creative thinking; as we heard from the interviews, change has to be implemented at the same time as existing service commitments remain, and so more radical thinking is tempered by an incrementalism borne of day to day service demands.

The Care Inspectorate

In our previous report we noted that relationships between voluntary organisations and the Care Inspectorate were uneven, in the sense that some personnel in the Inspectorate seemed significantly more attuned to the logic of SDS than others. We found less variation of relationship between Local authorities and the Care Inspectorate. We surmise that, philosophically, differences might be smaller because Local authorities and the Inspectorate are both more likely to be coming to SDS from a service delivery model, whereas the voluntary sector has long championed personalisation. It may also be the case that local authorities, in their care management function, are not engaged as much at the point of service delivery, where issues around risk and protection are more likely to come to the fore. Indeed, more often than not, enquiries in our interviews about the Care Inspectorate drew a blank, as these were deemed to be operational concerns for delivery organisations, rather than local authorities *per se*, although a distinction could be made between strategic and operational approaches:

> *If you look at the strategic inspection stuff I think they do get it in the sense of they're pushing on outcomes. However I think that's more a theoretical 'getting it' as opposed to a practical. Because then when you come down to things like regulated services the whole issues around what we're required to do doesn't fit. The whole bit about the regulated model doesn't fit being able to deliver more flexible, personalised approaches to people.* (Social Work Lead, Site E)

Thus the direction of SDS does hold potential tensions. In particularly rural areas, where there are no organisational providers *in situ* or willing to travel to engage given the costs involved, creative local solutions are required to maintain service users in their own homes, with an explicit acknowledgement that residential care is the only option unless such creativity can be considered. This might not always just involve use of personal assistants, but rather intermittent paid for contributions from members of an immediate local community. This raises questions around risk, protection, training and professional registration and yet may be the only viable solution to being able to offer the choice implicit in SDS legislation. Thus politically and organisationally, there may be a need to explore risk in light of the very rubric that brought personalisation to the fore in the first instance; namely the notion that 'traditional models' of service delivery ought not - or, logistically, could not - be maintained. If that is indeed the case, then traditional' models of risk and protection would also need to be re-examined. We argue this from the evidence from the interviews, particularly the struggles of front-line staff with the

idea of recalibrating risk to a personalised world. Some case studies, in future, on this area of tension would be worthwhile, as would (perhaps vignette-based) training around outcome- based assessment and risk. For staff to be comfortable with SDS, they need to be comfortable with its implications for practice, otherwise it will be employed with reluctance, or bypassed.

Understanding and use of SDS Options

An issue emerging from our previous report concerned the take up of different SDS Options; essentially that there may be a significant bias towards Options other than Option 3 being requested by service users – or their family members - who had greater levels of social capital at their disposal. By this we would include capacity to negotiate the requirements of SDS (for example managing finances) but also access to local networks that might facilitate take up. Our remarks in the previous report were tentative, based on comments from the interviews. In this part of the research we explored the issue more directly, via a question specifically about the social characteristics of those service users taking Options other than Option 3. Based on our interviews, a complex picture emerges, differing across the various sites, from no obvious pattern of take up to a very clear take up by service users with social capital. The latter is particularly to be found where there are clearer distinctions in social class across particular local authority areas, with those service users adjudged by interviewees to be middle class better able to understand SDS, articulate demands, and have access to a network of advice on negotiating an outcome focused approach. We need some caution here; not all sites observed this, but certainly no site observed significant take up by working class areas. As with other issues, there was complexity here:

> [..] *at this stage now I'm not sure that we could confidently say that was a more predominant group of people. What we do have* [..] *because of our unique geography, is we have got several pockets of people in community groups that are coming forward to say that they want to do something different as their community. That's kind of often based around their location.* (Social Worker, Site B)

A different take on this came from a social work colleague at the same location:

> *But in terms of the development of direct payments I imagine that it is moving out from that very articulate middle class kind of base. Because you would imagine that the most articulate and the most middle class will have been used up and we we'll be spreading it out a wee bit from there.* (Social Worker, Site B)

There is a useful critical literature on the issue of potential divisions between service users who can contribute, in part, in a co-produced way and those who are less able to do (see, for example, Barnes, 2011), and this current research alerts us again, perhaps, to the need for a more systematic study of take up of different Options. The implications are clear, in the sense of Option 3 being the default position of people with less social

capital, and other Options increasingly being used by communities with more social capital. We came across several examples of this across the different sites; for example

> *What we know about rural areas is that they are the consumers of services because they know where to get them, they know the language to use, their education is sharp enough to be able to understand what their rights are. Whereas in the cities* [..] *people are perhaps not so adept at that.*

And

> *I find it interesting that when* [..] *the big flash lights come up on over SDS, they pick the areas that are quite easy to exhibit good performance* [..] *because you don't often see a lot of Option 1in areas of deprivation, or maybe you do, I just don't see them.* (Social Work lead, Site D)

We make no further comment on this beyond noting its prevalence, the merit of further enquiry and the potential for Option 3 perhaps to develop into a residual option for certain communities. It was noted also by front line staff (albeit at a locality where these social capital distinctions were not obvious) that there was generous funding available at the outset of SDS from which creative outcomes were often able to be met. In essence, some service users could see the advantages of a personalised budget but not in a way in which it could easily then be disentangled from the advent of this initial funding. How these expectations were to be met as funding levels tightened was a preoccupation of some front line staff. A corollary to this was a sense that SDS had introduced an understanding to service users about financial discipline and costs beyond simply the traditional delivery of services.

We noted also from our interviews pressure from senior management - explicitly at one site - to move service users on to different options (Option 1, but increasingly also Option 2) accompanied by enquiries from senior management about the persistence of Option 3 numbers. A key question emerges from this. If SDS is, in large part, about choice and Option 3 is the choice of service users, why would this be an issue? It may raise a point about the willingness of assessors to engage with some service users in discussions around Options, or couching the possibilities in language around the potential complexities of other Options, designed to be protective rather than risk exploring but- unless these are systematic and demonstrable traits - the question remains: why the pressure to decrease the numbers of Option 3 service users? If there is an implicit strategy around this (in the absence of an explicit performance indicator) it might be advisable to have it more explicitly acknowledged. A further issue - explored elsewhere in this report - is the way in which preventative, community based solutions may have impacted on service users engaging at all with any Options, and thus a diminution of Options 1 and 2 might signal a wider commitment - beyond the Options framework - to fundamental SDS principles which are not so readily recordable.

Generally the take up of Option 2 across the sites involved with our research was at an early stage, with – as just noted – some perceived pressure to increase Option 2 numbers. Explanation for this lower take up appears to be straightforward; Option 3 has

been the norm, and moves away from this in recent years will have been to Option 1. So Options 3 and 1 are established and familiar territory. Option 2, despite the potential attraction for service users of greater flexibility without the individual responsibilities and risks attached to Option 1, brings its own set of complexities, as noted from our interviews:

> *Because it's about methods by which the local authority passes money over to another organisation. That's what's got in the way* [..] *all of the discussions around the contracts and stuff have been about, at the end of the day, who is responsible? Is it the providers? So if we're giving the provider money, are they liable? What is the relationship between the service user and the provider and the service user and us, and us and the provider?* (Social Work Lead, Site E)

Albeit Option 2 was represented - although predominantly only at one Site - as an area which needs to be seen to have greater recipients (and we note this indirectly from our research rather than from any clear organisational guidance in the Sites we explored) getting to this point would appear to be complex. As was argued at another location:

> *Option 2* [..] *up until about a year ago, we don't even mention that because it's not something we've got the capacity to deliver as an Authority.* (Social Worker, Site C)

Take up of SDS

There were fairly clear distinctions across the sites around the take up of SDS in particular areas of social work. People with learning disabilities were more likely to be recipients, with less take up in older people's services and very little in Children and Families social work. This is linked to the ways in which outcome-based assessments might be explored and configured, but- while some sites were open to, and developing, the idea of SDS in Children and Families social work - it was clear that this was not an option being actively considered in other localities. Thus a review of use in different areas of social services provision would need to unpack the extent to which outcomes-focused approaches had been explored, but not been taken up, and the absence of outcome focused approaches being offered in the first instance. The clearest sense of this distinction - that it could be offered in some contexts but was deemed inappropriate in others - came from interviews in the urban area. Here social workers noted discrepancies in take up across learning disabilities and older people which foreclosed engagement in the latter; sometimes assumptions around intellectual capacity but also the energy and willingness, for example of older people, to take on a personalised budget.

> [*It's*] *very learning disability focused. So, I think people really struggled with the application in terms of - how could I use this for my older people clients, who were predominantly their caseload.* (Operations Lead, Site C)

There was thus an inconsistency of approach to assessment depending on who was assessing; albeit the issues raised by SDS Options might be broached, there was professional gatekeeping by social workers in some instance which may have curtailed the conversation. This raises an aspect already explored in the literature, around social workers' hesitation in exploring SDS options given issues such as around risk and concerns around potential harm. It was also the view of some social workers, but also managers, that some of their colleagues were risk averse.

> *Because I suppose we're just concerned about how it had been introduced because - in terms of the low uptake* [..]*, it's a bit like if you do a certain facial expression or if you immediately write people off and go, it's a bit complicated.* (Operations Lead, Site C)

An alternative explanation was also offered by interviewees; that outcome focused assessments were time consuming (when time was clearly a limited commodity) but also awkward, in that recommended outcomes were not likely to be accepted given the eligibility criteria in place. This returns the discussion to the need for the different component parts of the organisation to have a connected understanding of how SDS might be viewed and implemented.

On some sites (both rural and urban) outcome focused assessments and availability of funding were discussed via negotiation, not least as traditional eligibility criteria might not readily be applicable. But where this was not happening - essentially where assessments were passed to a separate unit deploying eligibility criteria which were not readily negotiable - front line social workers had learned what was likely to be funded and what was likely to be rejected. This, of course, is not new; concerns that assessments were being resource-led in the foreknowledge that certain needs would not be met have been part and parcel of a care management approach. But existing eligibility criteria are arguably incompatible with an outcome-focused approach, as the outcomes agreed (including those that might lead to a reduction in service delivery) might be based on an initial up-front investment which did not meet eligibility criteria. So the 'back room wiring', to use the phrase of an interviewee with IT expertise, needs to be better connected. Even at the sites where our research led us to conclude that SDS was further developed - both in philosophy and practice - this issue remained:

> *The tension there is* [..] *between practice and say, for example, our finance colleagues. They will all - they come trotting over to me quite frequently* [*saying*] *tell me why somebody's spending that money on that? I'll say, well actually that's because there's an outcome there that they're trying to meet and that's right.* (Social Work, Site E)

It might also be worth looking at assessment design. One locality - Site B - engaged in a systematic rethink of assessment tools to tailor them to an outcome-focused approach:

> *So there was quite a radical change to the paperwork and that really reflected a different type of approach.* (Social Worker, Site B)

For the most part, however, other sites were essentially using an adjusted needs-assessment tool with an outcome element (for example an additional sheet) as an adjunct, which meant that approaches to assessment risked being informed by existing patterns of a needs-based rather than an outcome focused enquiry. This disconnection between outcome based assessments, eligibility criteria and decisions of the organisation's finance office were particularly acute in the urban area in our study. Here we encountered evidence of frustration not only around the inflexibility of eligibility criteria in an outcome focused approach, but a reported failure of the organisation's finance office to endorse funding for outcome focused decisions which had already been made by assessing staff, cleared in terms of eligibility, but were unfamiliar to the finance office in terms of billing.

> *The system is not ready to help a client travel through the whole process* [..] *because we didn't have the policies and procedures in place for Self directed Support, we weren't really very able to write a comprehensive charging policy, and the two hang together.* (Care Support Officer, Site C)

We would surmise that the bureaucracy of a large urban area might be more difficult to reorganise than smaller authorities, but it may also be due to reports of limited training and the slower development of a wider SDS culture in the organisation.

A very different picture emerged from site D, a more rural site, where there had been a strong emphasis on community-based solutions to traditional service delivery.

> *I don't meet any resistance from any managers ever about funding for these things* [..] *I never go to our manager looking for money and they say, well that's just silly, or, we're not going to do that, or, that doesn't meet the criteria. I think if you can justify it and you can quite clearly make a case for somebody receiving something like that I think* [..] *everybody's open to that* [..] *nobody ever has trotted out to me, where does that sit in eligibility criteria?* (Social Work lead, Site D)

That said, the scale of more innovative outcomes based thinking might be constrained by the nature of assessment and assessment tools. As noted, assessment procedures were often similar to a needs-based approach with an outcome focus added on. There may be a range of explanations here; for example the need to bridge, via familiarity, across the different philosophies, by adding SDS rather than introducing it wholesale, or the time involved in developing an outcome focused tool (albeit we were advised of various attempts to do just that). Most frameworks were essentially hybrid, to the dissatisfaction of a recent social work recruit at Site C, whose studies had been predicated on a putative world of personalisation in social work practice. Nonetheless, we were struck by data from Site D, where assessment and eligibility appeared to be open to negotiation without preconditions, to have had an interviewee offer the following comment and advice to assessors:

I've got to do an SDS assessment, but I don't know what I'm doing. I say well, you're doing exactly the same assessment as you always do, the assessment's not changed. (Care Support Officer, Site D)

This raises the question of whether or not the assessment has changed (to an outcomes focused approach) or whether the solutions to the issues raised in an assessment are more open to discussion based on outcomes. If it is the latter, then this may be a conservative approach (essentially the same as before, but different ways of thinking about support) rather than a more substantially outcomes focused reframing. Albeit these hybrid approaches might not pose some of the questions an outcome focused approach would, they may help deal with the resistance to engage, based on a lack of confidence with new procedures, which we recorded elsewhere.

This issue of the tension between outcomes-based assessment and eligibility is explored in recent literature (Slasberg and Beresford, 2017);it would perhaps make a good starting point for discussion and training across organisations.

Changing purchaser - provider relations under SDS

Since the 1980s public services in most industrialised countries have seen significant market-based reforms inspired by the principles of new public management (NPM).

While acknowledging debates about its coherence, NPM has been a central influence in public service reforms in recent decades, as well as local authority- voluntary sector relations. NPM seeks to remove differences between private, public and voluntary sectors. This erosion of difference is undertaken through introducing competition and private sector management techniques in the delivery of public services. In addition, it emphasises the principles of efficiency, value for money and greater service user/ customer choice (Hood, 1991: Bach and Bordogna, 2011). NPM also encourages the participation of external providers from the private and voluntary sectors to deliver services to vulnerable groups (Davies, 2011: Shields, 2014). Studies in the UK and Canada have revealed how for voluntary organisations participation on these terms has involved a re-ordering of their relations with the state. Specifically, there has been a requirement on the sector to be more pro-market - embracing competition, that, in turn, has increased financial insecurity and undermined terms and conditions of employment (Baines, 2004: Cunningham, 2008: Cunningham and James, 2009).

These trends are mediated by a number of factors or characteristics among service providers, however. These factors include: the capacity of providers to exercise degrees of resource independence through multiple contracts; the refusal to tender for unsustainable work; and the development of niche market activities (Cunningham, 2008). At the same time, a longitudinal study of purchaser- provider relations highlighted their fluidity with increasingly limited capacity of voluntary organisations to counter the efforts of the local authorities to sustain independence and employment conditions. A shift in the 'negotiated order' of inter-organisational relations in the social care market place (Truss, 2004) had taken place. Central to this shift had been a tougher financial

and competitive climate under austerity. Subsequently, purchaser- provider relations were characterised by more 'arm's-length', cost-based contracting (Cunningham and James, 2014).

More specifically, local authorities operating in a context of austerity have commonly been creating market dynamics whereby softer institutional pressures designed to forge collaborative relationships between purchasers and providers have tended to become subverted to meet the paramount objective of cost savings. In particular, they were shown to have been utilising Approved Provider List (APL) processes, previously designed to regulate quality standards and human resource policies and processes, to exert downward cost pressures (Cunningham and James, 2014).

SDS and local authority/voluntary sector purchaser-provider relationships

The literature on the impact of SDS on commissioning highlights dual threats to purchaser- provider relations from austerity and the extension of marketisation in social care. These dual pressures potentially represent a significant re-ordering of relations with voluntary sector and local government in Scotland. During the early years of Scotland's implementation of SDS, some local authorities advocated a complete marketisation of purchaser- provider relations based. Specifically, voluntary organisations would have to evolve to compete for thousands of individual packages of support from people with Options 1 or 2 budgetary arrangements. Those that were not sufficiently flexible would not survive. Indeed, it was suggested that the market would revert to thousands of individual service users increasingly resorting to hiring unregulated self-employed, personal assistants: ending large scale employment by voluntary sector providers (Cunningham, 2016)

Despite the aspirations of one or two commissioners in the above study, in the main change was much slower, with different Local authorities implementing SDS at different paces. Moreover, there was recognition that factors such as the capacity of different service user groups to engage with choice, labour market conditions and recruitment and retention difficulties and internal resistance from local authorities could present serious barriers to the SDS agenda, and prevent any radical re-ordering of provider status in the care market (Cunningham and Nickson, 2013).

At the same time, studies have highlighted the relevance of public sector austerity on the SDS agenda. Where SDS was implemented, the sum total of individual budgets would be less than the previously awarded block contract. In addition, there have been reports of narrowing of eligibility criteria, and the imposition of charges on service users. Provider terms and conditions of employment have subsequently been affected by budget cuts, and greater demands for flexibility in working hours to meet the demands of service users for services that matched their individual needs rather than a one size fits all provision (Cunningham, 2015).

It is unsurprising then that recent a study has highlighted how SDS has changed little in terms of the types of services people are receiving and that option 3 remains the dominant approach to delivery (Pearson, Watson and Manji, 2017). In understanding how the aspirations of SDS have stalled, the same study argues that one of the reasons for failure is that we are seeing a continuation of barriers related to commissioning practice, namely the ongoing influence of austerity on local authority decision-making (Pearson, et al, 2017).

The Commissioning climate

As mentioned, the earlier literature raised concerns regarding how the culture of commissioning would become more dominated by marketisation and austerity. Competition and the individualisation of budgets, and a downward spiral in costs would threaten the very stability of providers. Evidence from this study points towards slightly more positive outcomes for purchasers and provider relations.

Respondents in this study reported a move towards individual rather than block contracts. Yet all local authorities suggested the pace of change in commissioning SDS services to the third sector was slow. Several reasons were outlined by respondents to explain the slow pace of change. In some local authority areas, it was suggested that the voluntary sector itself was slow to adapt and was not sufficiently innovative with regard to working with the SDS options.

At the same time, respondents pointed towards some internal barriers to change. For example, the move to SDS was seen to involve significant complexity for commissioning and finance staff. One commissioner reported problems related to an option 1. Here, a young person wanted to remain in shared accommodation, but receive other forms of more individual support. To comply with this service user's choices, the commissioning team had to extract a proportion of funding from the block contract so that a team of personal assistants could be recruited, while retaining sufficient block funding to cover the cost of the shared residential facilities.

Another feature of purchaser-provider relations was that, in contrast to some of the pessimistic accounts questioning the survival of some voluntary providers under SDS, there remained a degree of stability. Indeed, for some commissioning respondents, the continued survival and stability of voluntary sector providers was seen as essential for the success of SDS. Commissioners in Site D recognised that provider stability had to be secured in order for the market to function properly. As a result, these commissioners recognised limits to the complete break up of block contracts into individual packages of funding.

SDS cannot be purely and clearly implemented in those situations where people are already in a block contract. If you took everything out of that block financially, you wouldn't make it workable because you could potentially cause a destabilising of the provider ... so you have to think in that of various levels to make sure the provider is safe as well. You can't extrapolate everything. That wouldn't be practical. (Commissioner, Site D)

In practical terms this meant that commissioners retained some block funding and shared support, while also encouraging one-to-one services through individual budgets. Interestingly, another commissioner from a rural area acknowledged the wider community impact of closing previously group-based services. Specifically, the transformation from traditional day centre to more personalised services had wider implications in the community in terms of employment in particular isolated communities, so closure of such facilities was not always the option, or had to be managed carefully.

Two local authorities (Site B and Site D) had moved to bring a degree of stability and predictability into the hourly rates for care that was paid to providers. Site B had introduced a single tariff, while Site D implemented urban and rural rates. The aim here was to bring some element of stability into provider finances. Local authority Site B's single tariff hourly rate was adopted to create a level playing field, reduce competition and under-cutting among providers, and improve purchaser- provider relations.

It is our view that traditional council approaches particularly were very much of a procurement style, and they were very much about driving costs down ...A lot of this meant that you had an adversarial relationship with whoever you were working with. (Commissioner, Site B)

The reported advantage to the local authority from creating a less competitive environment was perceived to be the reduction in risk, i.e. work would not be handed back by providers either because they would be forced out of business because hourly rates were so low or due to the original tender was unrealistic, but secured at a low price to beat the competition.

In return for this arguably more favourable re-ordering of relations, the local authorities demanded greater flexibility from providers. For example, providers would be expected to ensure services were still in place even after a service user had experienced an extended hospital stay. Commissioners further required providers to meet the demands of service users regarding when their support was delivered. In some instances (notably Site D) such requirements for greater flexibility could be written into contracts. In addition, authorities would expect providers that had secured a place on their approved list to develop specific localities with limited service capacity.

In Site B, commissioners developed an understanding that providers not only take the lucrative contracts, but those that were most challenging in terms of need, and location. In addition, the commissioners would expect providers to respond positively to requests to set up facilities such as community-based home care initiatives. This involved

established, larger providers assisting small community based operations with issues such as recruitment, training and other HR issues

The above efforts by local authorities, in some respects, were a matter of necessity. Commissioners reported ongoing problems with capacity in their local markets as providers left or refused to enter certain areas due to continued struggles to sustain services or reach remote communities. Problems of capacity were compounded by labour market issues as all local authorities reported difficulties in implementing SDS or even sustaining traditional services because of problems with staffing levels among their networks of provider organisations.

> *The caveat I suppose here is that recruitment is a nightmare to providers here. They really do struggle to retain staff.* (Commissioner, Site A)

The source of these recruitment problems included low pay and the existence of too many alternative sources of employment in sectors such as retail, awkward shift patterns and the continued squeeze on areas such as worker travel costs.

> *There's outlying areas where our normal care providers that we commission services directly from are not able to travel, or don't have the carers out in that area. It's not cost effective for them to travel.* (Care Support Officer, Site B)

One authority (Site B) reported closing a care home because of staffing concerns brought on by recruitment and retention problems, and the problems the provider had with not being able to attract the right staff to deliver the appropriate quality of care. Another (Site D) reported that recruitment issues were the main reason for providers to hand back services:

> *Packages do get handed back, but that's not necessarily price related* [..] *it's recruiting. We have a huge crisis. Bigger than anywhere else I think, because we're low in unemployment here. We're actually quite concerned about this because we're on the brink of something needing to happen. Commissioner, Site D*)

The same respondent added that one provider that had recently won a tender was informing the commissioning team that it was struggling to recruit, and there was a threat of a failure to deliver. Another provider reported that they may have to return more than one package and was actually turning away potential work because of recruitment problems.

According to one respondent, this situation was not helped by the local authority poaching providers' staff.

> *What they would do is they would get staff, they'd train them up to deliver it, and then we would poach them, because they were trained and we paid them more. It was pretty poor.* (Care Support Officer, Site C)

Yet a concern in another authority was that, in the face of withdrawals from services by external providers because of recruitment difficulties, the chief commissioner admitted that the capacity of their local in-house service to step in the void was diminishing. To redress these recruitment problems, the option of hiring agency staff was not considered possible for local authorities even for the short-term because of excessive cost. Finally, respondents reported incidents when service users were forced to accept the role of an employer reluctantly because their remote location meant that hiring a PA was their only choice, as no agencies were available. Recruitment problems were reported to be a problem for service users choosing Option 1.

> *I've got another family now who's struggling to get support workers, because they want to have a personal assistant...but there isn't anywhere they can go to. They're struggling. He's actually advertised on Gumtree to try and get staff and mum rang me yesterday in a panic saying 'I've got this one guy, who's got a criminal conviction on his PVC.' I'm like, okay let's not go down there that's not a good idea. But they are struggling to get staff* (Care Co-ordinator, Site C)

SDS and links with austerity

Despite evidence of efforts by some authorities to promote stability among providers, to facilitate SDS, public sector austerity was a continuing issue influencing its implementation. Interviews with commissioners in Local authorities did suggest some impact of austerity both internally and in their relations with providers, albeit mixed. Unlike other areas of Scotland, our five Local Authority sites did not identify specific savings targets associated with the implementation of SDS. These other areas reported that, in the balance between cost and quality when allocating contracts to providers, the latter continued to be the most influential with one authority claiming the balance was 70:30 in favour of quality. But the Commissioning respondent in Site A reported examples of outcome based reviews leading to significant increases in expenditure for individual service users, while others led to reductions. At the same time, the same respondent from Site A argued that change was emerging, with the capacity to shield services from ongoing, rolling, cuts in expenditure rapidly diminishing.

> *I think we have shielded by and large most people from the worst of any cuts that come so far. I think we are now in territory where we are talking about the deleting lines of services. So we're not talking about marginal changes around costs ... the overall pot of money is going down.* (Commissioner, Site A)

Linked to the above quote was an anticipation that the authority would have to revisit its eligibility criteria. The respondent further raised fears with quality from the impact of cuts, manifesting in fewer reviews of services, with implications for service user safety.

At Site B, it was reported that SDS could not escape the projected cuts in the authority's budget, so where waste was identified, it had to be eradicated. There was further recognition that even where budgets were not drastically reduced, demand was always increasing and resources never met the full level of need across the authorities.

There's always going to be more people to support which means that we do it within the same budget or less of a budget. (Commissioner, Site B)

Other respondents argued that cuts were part of the reality of SDS.

We live in a world of diminishing budgets. We've always tried to resist linking this directly to budget cuts. However, being realistic we also know that we're in there reviewing people's packages, their plans now as it were...where we're able to pull money back, we pull it back if they're not using it .. .it's perceived at times that it's about budget cuts. (Senior Manager, Site E)

In Site B respondents indicated that they wanted to see voluntary sector providers to engage in proportionate cuts in their management costs, as well as consider sharing services. Moreover, there was recognition that natural savings were possible within SDS because people receiving services were better at managing finances, and it was not unusual for monies to be returned unspent.

Perceptions of how cost and the need for efficiencies shaped SDS services even differed within local authorities . On the front-line, the application of austerity cuts could be more keenly felt. In contrast to some of her senior colleagues who reported limited financial impact on SDS services, a frontline social worker in Site E indicated that it was becoming harder to get approval for expenditures, even for those service users in critical need.

There's a mantra that you should never be requesting funding for something until you've exhausted every option...We're very much aware of that and we've all been trained ...But then once you get to the point where you are asking for funding, they're still trying to say, what other options have you looked at. I have looked at them all I promise you, otherwise I wouldn't be asking you. It's quite difficult in that regard. (Social Worker, Site E)

Internal workforce issues

Respondents revealed a number of significant workforce-related issues which were proving to be significant barriers to the introduction of SDS.

Despite the interviews including discussions with a number of highly committed people who were given leadership roles in implementing SDS, there were perceived to be several issues relating to the quality of leadership which contributed to undermining of the policy's implementation. Specifically, there were some concerns that there was limited buy-in and support for SDS from some senior management in local authorities. This reported lack of leadership resulted in the perception among several respondents from different authorities that their organisation had begun the process of implementing SDS quite late. One example indicated how this lack of commitment meant that while their individual organisation possessed a strategy, there was limited depth in terms of the cultural and systems change needed to implement SDS.

If you go into the website, our plan, all our health and social care plans are all written, but the detail underneath is not there (Social Worker, Site A).

As a consequence, SDS was described by one local authority respondent as a 'hollow shell' that lacked the detail of the changes in practices and processes required to implement it.

There were also concerns regarding the status and skills of some 'SDS champions'. Several respondents indicated their organisation lacked individuals of sufficient calibre. In some authorities, it was noted that responsibility for SDS could be a 'revolving door', with officials on secondments that come to an end, or senior managers leaving altogether. As a consequence of this turnover/churn of key personnel, there were concerns that the initial vision or impetus for SDS-related change could be lost.

People who were around it in the first instance, who had a particular vision of how we were going to implement and progress, which had a lot of external engagement a lot of engagement with individuals who use services - with providers. That was then replaced very quickly by a second cohort who were much more process driven, much more about the systems that we had in place already. (Planning Manager, Site C)

In several local authorities, the 'revolving door' was a consequence of what appeared to be perpetual restructuring, which brought changes in direction and emphasis:

'I think it just feels like you're always in that state of flux' (Planning Officer, Site C).

Albeit we have looked at front line training and skills in more detail elsewhere in this report, there were some worrying findings regarding the type of senior personnel with responsibility for implementing changes going through the SDS 'revolving door'. Respondents in one locality indicated how, after several rotations of staff in a SDS leadership role, the current occupant was placed in the position because 'it was an easy place to put [them]' and that SDS had turned into a bit of a backwater.

They passed it to somebody who was never going to be able to do the job...so I think it was problematic for us. (Senior Manager, Site A)

Again, this example was perceived to illustrate a lack of commitment by the most senior management team, as the individual did not enjoy the respect of his colleagues or peers from other local authorities. In another authority, vital knowledge about SDS was reported lost or forgotten because skilled and competent people were moved into the health and social care integration team, with new people assigned to SDS having to catch up. One respondent admitted they had to undergo a significant amount of catch up because their background was originally criminal justice.

When I took over - because it (SDS) was bolted on to my job! - I was like 'I don't even know what SDS is' (Social Worker, Site C)

Problems could begin at the early stages of the SDS transformation process too. In one authority respondents spoke of early opportunities being lost because of poor leadership.

> *There was a team set up initially that I don't think was particularly dynamic and wasn't particularly well-managed and could have achieved an awful lot more than they did. So I think where we started from, we could have started a lot further forward than we did* (Senior Social Worker, Site E).

Another issue was the lack of capacity and numbers among key personnel attached to SDS. Several local authorities placed considerable responsibility with SDS leads and provided them with limited support. In one authority (Site E), it was noted how the SDS team was initially charged with going out and assisting social workers with outcome assessments. After some time, however, this team was reduced from two staff to one, with the result that the remaining individual had to withdraw that particular aspect of her support to the front line because she was too stretched.

Another SDS lead who was the only specialist on the team along with several administrators, commented on feeling isolated without senior management support

> *You need the buy in from the top, because it's a change of culture isn't it. It's a whole culture that's changing. You can't do that on your own.* (Social Worker, Site C)

Areas of tension and resistance in SDS

Across the local authorities there was evidence of tension and resistance to SDS among some managers and front-line staff. This lack of engagement came from several sources, including attitudinal resistance to SDS, but also practical and professional problems, and uncertainty and insecurity among the workforce. In the first instance, there was reportedly a minority of employees who lacked the specific 'mind set 'to engage with SDS. Such problems with employee attitudes were not universal, as respondents reported a mixture of views on SDS, with some quite positive, while others more sceptical.

> *It's certainly not lack of knowledge because we've trained them until we're blue in the face. Literally we've thrown loads of training at them.* (Senior Manager, Site E)

Respondents reported how some staff felt that SDS represented an additional burden of paperwork. Others reportedly could not see the value in it or that it could actually transform people's lives, and were indifferent to whether it is implemented.

> *You have some people who are very aware of what SDS brings, why it's in place and the benefits. You also have other people who see it as a burden, extra paperwork, extra process for them to follow. They don't really understand that it makes any difference to people. Then you have these people who are just indifferent to the whole thing. In some ways, being blunt, they couldn't really care less. They are just in to do their hours and they're not really caring about why they're here, why they do their job.* (Senior Manager, Site C)

Resistance could involve those at the crucial service manager level. For example, one planning officer stated:

> *It's our service management level that, historically, have not bought into SDS. So instructions can come top-down, but they weren't going anywhere, they were almost sitting at service manager level. So our team managers, field workers were never hearing about things, they weren't getting the impression that SDS was our priority, or was something we should be doing.* (SDS Planning Officer, Site C)

Relatedly, the respondents indicated that there were workers who persisted and were comfortable with old ways of working, and traditional hierarchical relationships with their service users. This played out across different interview localities:

> *Often professional stakeholders who were social workers, who were nurses, who just did not want to get the need to change practice. Who did not want to consider that changing the relationship with the client fundamentally meant them changing their practice, and that having a conversation that was not about them as the professional knowing better than the person - that has been a long journey and it continues.* (Commissioner, Site A)

There was evidence of a degree of scepticism among some members of staff regarding the motives of those service users choosing to take up one of the four options. These suspicions were, again, reportedly held by a small minority of workers responding to some well-publicised cases where SDS funds had been misused. These suspicions had implications for the way in which certain SDS teams interacted with staff and service users. In describing the attitude of some colleagues, a manager reported:

> *There must be something going on here, because why would people want to do SDS? They must be getting something out of it. They must be ripping off the council in some way* (Social Work Manager, Site C)

The above examples of limited engagement and scepticism with SDS were not solely an issue with front-line staff, however. Across several local authorities there was a perception that a whole cultural change had to occur, including among support staff such as commissioning, finance and administration, which currently was lacking.

Other sources of tension were more practical, and related to the reality of front-line work. For example, respondents reported how difficulties in negotiating changes

with family members of the people receiving services could be an issue for staff. In particular, the development of outcomes was seen as the cause of tensions with the family members of service users who would have a fixed notion of what was good for their relatives. There were other reports of workers being reluctant to have difficult conversations with family members who had misspent some SDS funds for their own purposes. Giving social workers responsibility for accounting for misspent funds was seen as damaging to quite fragile relationships in the communities they serviced.

> *At what point can I still be the social worker when I'm having to say, 'you're not allowed to spend the money on that'...there's two people who will have nothing to do with me because I had to go in and say 'you're not allowed to do that, you shouldn't have done that'* (Social Worker, Site E)

There were also areas of uncertainty and ambiguity among the workforce. One such uncertainty reportedly came from a perception that SDS was only appropriate for those with physical or learning disabilities. In one authority (Site C) it was suggested that SDS was stalled because of the difficulties associated with convincing those operating in service domains outside of physical or learning disabilities that SDS should and could be transferred to their operational area. This problem possibly links to the aforementioned issues with the quality of training in SDS, that is, there are insufficient positive cases and examples of good practice outside of physical and learning disabilities in current training materials.

Workers were also uncertain about proceeding with SDS because of their experience of shifting eligibility and the complexities of sorting out financial issues. There was also recognition that workers would be reluctant to take risks with service users because of the existence of blame cultures in their authorities.

> *Even when they say that they want to enable risk, you do have that fear that someone's going to come after you. I think historically, we have had very much a blame culture as an organisation ... that sticks in people's minds. So they are a bit more careful. That's very difficult for the individuals that you're supporting, when actually they've a very valid reason for doing what they want to do and it would make a difference to their life.* (SDS Planning Officer, Site C)

It was further reported that across local authorities and among providers, there was a proportion of workers who viewed SDS as a source of insecurity in their jobs. Subsequently, the notion of empowering service users to be more independent in their lives and in the community was not seen as an opportunity to think creatively and change, but a threat. This was coupled with reports of low morale among the Local Authority workforce faced with austerity, and public service cuts, perpetual restructuring, staff shortages and having to 'act up' to cover posts that are not being replaced.

Case load and work intensification

In addition to the above problems, several respondents indicated that the workload of front-line social workers was a key restraint on progressing SDS. One respondent stated:

> *For the social workers to be creative and thinking in terms of what alternatives could be put in to make this still happen, but actually is cheaper, these guys don't have the time. They are chasing their tails. They are fire-fighting. These guys are on their knees all the time … they are under-resourced, they are stressed.* (Commissioner, Site D)

It was stressed that outcomes and then planning how to implement them with providers, staff, and service users involved a significant amount of time. Workloads were high, but also the needs of service users were increasingly complex and often involved critical need or dealing with crisis. As a consequence, it was felt that social workers did not have the time for 'the nice stuff, or even work with people who were not in crisis. In addition, these problems were seen to be exacerbated by increasing levels of sickness and quitting among social workers who were buckling under the strain of intensifying workloads.

> *So the social work role is just clogged up with pressures in terms of volume and complexity...people just don't have the head space. I think the skill is there, but a lot if it is just headspace.* (Commissioner, Site D)

In another Authority, a service manager indicated how the volume of service packages made it difficult to keep up with annual reviews. The respondent indicated that there were thousands of people the authority was unable to review, because of the sheer volume of work it would entail. Subsequently, the opportunity to review and base that process on SDS outcomes was seen to be unlikely.

The aforementioned section on leadership reported problems for SDS leads working alone in authorities and the burden this left them with. In response to a question relating to workload one such lead stated:

> *Don't ask me that question [laughs). Yeah, there's only me for every social worker, operational care co-ordinator throughout the whole county. It's always a struggle. It's always a struggle just being the one person.* (SDS Lead, Site D)

For front-line workers SDS was also part of an ever-increasing workload that was difficult to cope with.

> *The majority of it (SDS) has created more work for me. It's increased the burden of responsibility. It's turned me more in a processor of procedures and paperwork.* (Social Worker, Site E)

Resolving issues

Respondents discussed a number of approaches or policies that they felt would help resolve some of the above issues. At the same time, it was evident that none of these solutions provided easy answers to what were perceived as complex problems.

Encourage smaller, flexible providers?

Respondents indicated that one suggestion that may help resolve provider capacity, included several more rural authorities (B and E) attempting to encourage the development of a small, highly flexible group of community-based providers. Smaller providers were seen to be able to establish services in rural communities where larger organisations struggled.

> *We have some really, really remote areas that a lot of the agencies just can't cover. The bigger agencies just can't cover. We need these small agencies.* (SDS Lead, Site E)

The development of small providers was not a straight-forward solution, however. One SDS lead reported how such providers were having difficulties becoming registered with the Care Inspectorate, because of their size and their limited capacity to provide the information required for registration. There were also problems of internal capacity to cope with issues such as recruitment and registration of the workforce.

Encouraging Option 1

As well as the above, there were several ideas from respondents regarding resolving labour shortages in the sector. These focused on Option 1 and creating relationships between service users and workers that were characterised by an employment relationship. This issue was particularly pertinent in rural communities, where provider capacity was limited and recruitment and retention problems were particularly acute.

> *So more vulnerable people, more older people might be prepared to take a budget if they didn't have to take on that employer role, and they could pay a selfemployed personal assistant.* (Senior Manager, Site E)

To encourage such growth, several respondents felt that local authorities should embark on educational/training initiatives in the community to dispel some of the perceived myths surrounding direct payments, and employing PAs. For example, it was felt people were discouraged from taking up Option 1 because of issues related to the management of personal budgets (direct payments), and service users becoming employers. Respondents indicated part of their approach to encouraging the take up of Option 1 was to dispel the myth that service users had to become employers with full tax, auto-enrolment for pensions, sickness and payroll responsibilities. In one authority, respondents indicated the need to build capacity among local business (accountancy firms) to manage these tasks for service users. The costs of these professional services would be part of the service user's budget.

There are choices; you can do that if you really have a burning desire to do that, or you can go with a local accountant, you can go with a bigger organisation who can manage it more for you. It's about giving them the information about the choices that are there to run that. (SDS Lead, Site E)

At the same time, it was recognised that there remained complex issues to resolve for service users. Staff in local authorities were reportedly unsure with regard to giving advice in these areas because of the complexity involved in understanding the roles and responsibilities of service users as employers of PAs. There were reportedly emerging areas of complexity relating to maternity leave, extended sick pay, and tax and national insurance rebates causing particular confusion and frustration among service users. Here, service users reportedly had to liaise closely with the provider of payroll services to ensure that it was also able to deal with these issues.

Moreover, there were regulatory barriers facing those that wanted to hire self employed personal assistants. Specifically, it was reported that when many of these relationships were scrutinised by the HMRC through their status decision tools, the self-employed, personal assistant was often classified as an employee. This led to a degree of frustration in some rural authorities.

I totally understand where they're coming from to protect people from rogue employers who say: right, now you're all self-employed, phew I'm off the hook. But with Self-directed Support you do need that as another string to your bow, whereby you might have a self-employed personal assistant who takes on three or four people. Absolutely perfect, but the HMRC won't stand it. (SDS Lead, Site E)

In addition, respondents from another authority indicated that the hiring of self-employed PAs was more likely to find favour among people who had themselves been self-employed, and were subsequently more comfortable with taking on the responsibilities. Another group, where it reportedly found favour was among younger people who want to build a very different lifestyle than traditional service provision.

Paying the Scottish Living Wage for care workers

The research was undertaken in the context of another major Scottish Government policy- the payment of the Scottish Living Wage (SLW) for adult social care workers in Scotland. As well as providing workers with much needed additional income, it is felt the policy will help providers alleviate their recruitment and retention problems by making the sector a more attractive employment option.

There is not the space here to fully analyse the impact of the policy, but interviews did reveal some interesting points regarding its implementation. It was generally perceived to be a tool with which to attempt to alleviate recruitment and retention problems among providers and therefore assist in making efforts to introduce SDS services sustainable, especially in rural communities, or those with low unemployment.

Longer term, it's a good policy because in theory people should begin to choose between going to Aldi, Lidl and a care job. (Commissioner, Site D)

Support was apparent from all respondents for the policy, which is unsurprising given a Commissioner from one authority (B) reported that even when paying enough to providers to fund the SLW, his organisation was able to make sufficient savings from outsourcing the service compared to relying on internal provision:

I've got to say – economically - this makes loads of sense, bizarrely. It used to be that I could get two hours of independent sector care for one hour of my own. Now what I can get is I can get three hours for two of my own. I'm still quids in! (Commissioner, Site B)

Several respondents, however, saw limitations in the policy because paying the SLW was just a first step in terms of providing adequate rewards for social care workers.

The issue is about the rate of pay obviously. Where's the scope (if any) to go beyond the Scottish Living Wage? That in itself has been a really positive move, but it's probably not far enough for what you're asking people to do ...We're having a new [supermarket in Site D]. A couple of providers probably lost half their social care staff because [the supermarket] will come in, offer then a better rate of pay. Why would you not go and work for them! (Commissioner, Site D)

There were diverse approaches to implementing the SLW. Site E, for example, recognised that different providers had variable wage structures, and workers either some distance or close or at the SLW. As a consequence they settled according to need, but this approach involved considerable time and complexity. Furthermore, there were concerns that the application of the SLW created further layers of bureaucracy between authorities and providers as the former have to check and audit whether the policy is being implemented among providers.

In addition, it came at a time when additional costs were being incurred due to recent employment tribunal decisions regarding the payment of the National Minimum Wage (NMW) for those undertaking sleepovers. Indeed, one authority (Site A) committed to paying the SLW for sleepover rates, effectively doubling their budget for this provision.

Further concerns about the SLW policy were raised regarding the impact on differentials within provider pay scales, especially between front-line staff and team leaders. A narrowing of these differentials was seen to threaten further recruitment problems among team leaders, as their pay became less competitive in relation to non-management, front-line workers.

Erosion of differentials is going to be hugely challenging because it could begin to impact on the quality of people you get at team leader level. They're so important for the quality in terms of service delivery. (Commissioner, Site D)

If you're a supervisor in the third sector and you're managing a large group of staff and there's a 25p differential between you and your colleague then I kind of get that. (Commissioner, Site A)

At the same time, some commissioners were less than sympathetic to these issues:

Frankly my answer to that [differentials] is, that's not my problem. If I'm paying you the money to pay the living wage, then get over it. (Commissioner, Site C)

Making sense of SDS implementation

This final section offers some input from an academic perspective, given our interests in policy change and policy implementation. To that end we offer an explanatory framework which might help unpack the complexities of translating SDS policy into SDS practice. A number of models can be drawn upon to help theorize about the policy process (see Cairney (2013) for a detailed overview). Across these different models there is some overlap, but also considerable debate. Indeed, the desirability of 'models' of policy theorizing has been challenged (John, 2012) as almost inherently contrary to the actual messiness of how policy and policy implementation operate in the 'real world'. Nonetheless, we were stuck, in our review of the literature, policy documents, and the data we had gathered of how it resonated with the analytical framework of a Multiple Streams Approach (MSA) (Kingdon, 1995) to understanding policy formation and implementation. The MSA approach has been used in related fields (see Exworthy et al (2010) for example on health care policy change); its strength lies in the conceptual space it affords for thinking through how well particular policy has progressed according to its initial objectives and where difficulties might lie. Although conceived as a model to illuminate primarily an understanding of policy formation, it has also been employed to explore, in addition, policy implementation (which can, in any case, rarely be separated out from policy itself); see Boswell & Rodrigues (2016) and Ackrill et al (2013) for its application in this sphere. One of the critical reflections on MSA (Cairney, 2013; Rawat & Morris, 2016) is that its broadness may not highlight some of the specifics and complexities of a given policy between policy and its implementation. But this broader approach allows capture of enough overall understanding to make some initial explanatory work possible, but also accessible. As is the purpose of analytical models, it allows us to see the wood, and not just the trees as constituted by the research data.

What struck us in particular about using the MSA approach in relation to SDS was the phrase from the MSA literature, viz. 'an idea whose time has come' (Kingdon, 2014: 1). The MSA approach goes on to argue that this notion of 'an idea whose time has come' may underplay the complexities of actual policy change and the limited 'window of opportunity' wherein this policy change might have a significant impact.

The window of opportunity

The key to this approach, although Kingdon himself acknowledges that this is often an imprecise schemata, is the simultaneous congruence of three separate streams which combine to make this 'window of opportunity' viable. These are the problem stream, the policy stream and the political stream. The problem stream is where, amidst a myriad of potential policy claims, particular policies develop momentum. This is sometimes in response to an impending crisis and will be aided by the ability of policy advocates to demonstrate that a viable policy solution is available at hand. In SDS the problem stream identified itself in the Changing Lives report (2006) which explored social work in Scotland in the 21st Century. It is here we see an explicit commitment to a personalisation, based on a perceived problem ('we cannot go on as before') and a thought-out solution in the shape of a personalised approach (despite the evidence for this as a policy solution being limited). The policy stream is where this perceived solution takes hold among policy makers and, as Greenhalgh et al (2012) note, may start to emerge as a prevailing discourse in the policy field. This discourse is bolstered by the reinforcing notion of 'an idea whose time has come' - which has certainly been the case in Scotland over the past decade. Thus the policy takes on the mantle of being self-evidently something that ought to be pursued, which may tend to foreclose space for a more reflective approach based on accounts from the front line of the implementation stage - where much of the political processes are played out. By the time it comes to implementation, the problem has been identified and the policy pursued; thus policy makers have the motive and opportunity to pursue the ideas toward actual policy on the ground.

The politics of the implementation stage usually involve the use of policy instruments to try to ensure compliance, given that the gap between policy and implementation (Pressman & Wildavsky, 1973) is a well-recognised phenomenon. These policy instruments have, in recent years, been most evidently the use of performance regimes with attendant performance indicators. While this approach has been roundly critiqued (Seddon, 2008; Caulkin, 2016) it has been a mainstay of 'delivery' culture in the past two decades. Alert to its deficiencies - in Caulkin's phrase, the witlessness of politician, rather than service user-facing targets - the Scottish Government has taken some heed of calls to relax this approach. Nevertheless, it remains a significant part of policy thinking, particularly in relation to health. But, notably, it is not present in the SDS agenda in the same way, where much of the politics element of implementation has been left to individual local authority areas to develop. Crucially, the MSA approach argues that these three streams of problem, policy and politics have to operate simultaneously in a 'policy window' to be successful and, as Exworthy (2008: 322) notes, 'The ability of policy-makers to 'fix the window open' [..) will largely determine the long-term viability of the policy'. So the variables here will be the co-incidence of the three different streams within a given window of opportunity. It is the absence of congruence, across these variables, which presents a challenge to policy success. In our reflections on SDS, we can see strong congruence between the problem and policy elements - a common understanding of the issues and the development of a common language to describe these issues - but much less congruence at the level of politics locally, where SDS will be administered.

In short, the policy of personalisation, as embedded subsequently in SDS, was assumed to have buy-in to both the perceived problem and policy streams narratives. These narratives included the necessity for change and a particular model of how that change might take place. The evidence here from the political stream (the implementation stage) is that SDS policy is perforated with ambiguities and uncertainties about how this policy 'whose time has come' ought to proceed in practice, not least in a period when constraints around eligibility are to the fore.

In an ideal world, from a policy making perspective, local authorities would be able to alter their philosophy to reflect SDS priorities, change their organisational arrangements to operationalise these priorities, and carry out a comprehensive review of what works and what does not. In the event, SDS has arrived at a crucial juncture, when services will be under unprecedented pressure.

It may be that SDS offers up some interesting solutions to these service delivery pressures, but that is not always straightforward for local authorities to contemplate under the day to day pressure of continuing responsibility for meeting people's care needs. Thus implementation has been uneven and often piecemeal. Areas which were chosen as SDS test sites have had the considerable advantage to be able to embed thinking and processes in advance, and thus we suggest caution in assuming much value in making comparisons across different localities.

There remains, drawn from the reflections in our research, an overarching tension for SDS implementation across local authorities. This tension comes from the wider organisational changes in public services - aimed at meeting the challenges of demographic change and resourcing - which are currently underway. These other organisational changes may cut across, and at times impair, implementation of delivering support (via SDS) which might precisely help meet these challenges in the first instance. Paramount here is the integration agenda, in which a shared understanding of the objectives of SDS appears to be variable across different locations, and where the parties to integration are largely still operating under different performance regimes, with the more co-productive approach of SDS sitting alongside a target driven culture in health policy. In essence, the integration agenda needs to find space to appreciate some of the cultural shifts, emerging via SDS, in local authorities and accommodate organisational arrangements that take account of this.

Recommendations

We end the report with some recommendations based on the data from the interviews and discussion in the literature.

Our first recommendation is for the need to appreciate some of the complexities involved in the implementation of SDS. While there is, as was noted in our previous report (Eccles & Cunningham, 2016), some trenchant critique of personalisation on the grounds that it represents a shift away from an existing welfare state model to a more individualised approach - which also shifts responsibility onto the individual - arguments

in this vein did not emerge from our research with local authority staff, aside from comment around saving resources. The difficulties that arose were both conceptual and operational: the need for a greater understanding of how the 'headline' policy ideas of SDS are to translate into actual practice, and the need to reshape existing organisational arrangements within local authorities to operationalise SDS. Neither issue emerged, from our interviews, as a straightforward task. We note also the local discretion afforded to the implementation process and the inevitable unevenness that attended this. This unevenness is underpinned by multiple factors: SDS lead-in times, organisational arrangements, working cultures, local labour supplies, changes to resourcing, discussions around service contexts in which SDS might be deemed more or less applicable, tensions between outcomes and eligibility, and the extent to which other organisations with which local authorities engage are similarly minded around SDS, especially in the context of health and social care integration. These issues do not sit in isolation, and so the rather linear thinking that has accompanied some policy implementation in the past two decades does not augur well; in short, the research does not suggest a 'quick fix' solution to the issues. But our research also encountered innovative thinking, a willingness to engage in outcome approaches, shifts towards an SDS organisational culture and – notably – an emphasis on locally based community initiatives to issues that were once the preserve of service delivery models. It is a distinctly mixed picture.

The current regulatory context does not fully map onto the aspirations of SDS but there are dangers in allowing significant deviations from the current regulatory framework. As such we do not recommend the need for a substantial increase in opportunities to expand the 'gig economy', bogus forms of self-employment or unstable models of service delivery into Scotland's care system. Rather, there should be expansion where required, for example among certain demographic groups in hard to reach locations.

Similarly, the research does not indicate the need for further deregulation of the care and support system. It is important that small providers, however niche and nimble, are required to adhere to the same standards under the Care Inspectorate, although our previous report suggested that the Care Inspectorate's approach to SDS initiatives on the ground was uneven.

From the foregoing discussion we suggest:

Workforce, leadership and management

1. The research revealed concerns among some respondents regarding the appropriateness of the current SVQ framework to the workforce skills required under personalisation. In the light of such concerns, consider the SSSC workforce accreditation model and make some assessment of its fitness for purpose regarding developing the right Self- directed Support skills set among the workforce.

2. Given the evidence highlighted in this report regarding the quality and accessibility of appropriate leadership around SDS implementation, we recommend local authorities to encourage stronger senior management buy-in to SDS. This may involve linking its implementation with the integration agenda with the NHS, further awareness and training sessions.

3. The research highlighted the issue of the 'revolving door' of SDS specialists and leaders, and questions over the skills of some of those in senior positions. As a result of these findings, the report recommends local authorities to recruit better and more SDS champions to develop a network of peer leaders. Recruitment and consistency of implementation could be strengthened through some minimum guarantee of tenure or time in SDS lead posts.

In the light of the above shortfalls in knowledge and skills, and practical and attitudinal barriers among some of the workforce, we recommend local authorities to undertake/ update their training needs analysis (TNA) of SDS. This should be in areas of basic knowledge of legislation, developing greater understanding of SDS values, managing risk, assessing outcomes, giving advice regarding the employment of personal assistants (including tax etc.) TNAs should also assess knowledge gaps in specialist service areas outside of learning disabilities and physical disabilities. Part of this will be to develop training materials that are bespoke and relevant to specialisms such as mental health, older people and children's services.

The multiplicity of training needs suggests a one size fits all approach is not appropriate. Training packages need to be developed that take account of specialism, position in hierarchy, length of service and the differing needs across front line and those in support functions.

Market facilitation

Given the identified difficulties of supplying provision in some parts of some rural authorities, it would be useful to encourage the further development of local organisations. The aim would be to encourage them to develop specialist areas of advice to those people accessing personal budgets.

The development of business expertise could be undertaken through the provision of small grants to local authorities which are then distributed to enterprises within the community.

The research identified a lack of fit between the Care Inspectorate's regulations and the reality of provision from some smaller providers in rural communities. Further research should be undertaken to explore ways in which assistance can be given to smaller providers so they can meet the regulatory demands of the Care Inspectorate. Moreover, such research should further investigate the degree to which the Care Inspectorate's inspection regime can develop, without losing any of its rigour, some flexibility to facilitate the growth of smaller providers. .

Scottish Living Wage

To help in the continued struggle to overcome recruitment and retention problems, there should be continued funding of the Scottish Living Wage for external providers of adult services. Furthermore, attention should be given to the efficient implementation of this policy at the level of local authorities, joint health boards and within providers. Thought should also be given to raising sufficient resources to ensure that there is protection for differentials between front-line support workers, and senior support workers and team leaders.

Workload

Explore issues of case/work load among social workers and how it impacts on the capacity of local authorities to offer Self-directed Support.

Policy context and buy-in

Given the variable engagement with SDS across localities – and within local authorities themselves - the Scottish Government could consider a relaunch of SDS in terms of re-emphasising its purpose and values and how it fits with plans for health and social care (including integration) and its relevance to all user groups. This would need to be accompanied by a stronger engagement with the complexities of implementation in the current fiscal climate. as was noted in the literature review of our previous report, personalised approaches often depend on stability of resourcing and a recurring theme from the research was the tension between outcomes and eligibility, noted below.

Tensions - eligibility, integration and SDS

The Integration and SDS agendas are potentially in tension. At an organisational level this may be due to management personnel moving across the different development programmes and so leaving SDS relatively less prioritised. We would assume this is down to the Integration agenda having a particular status in terms of policy, but also greater performance indicator pressure on the Integration Joint Boards. Albeit there are signs of alignment across philosophical issues between health and social care, SDS presents its own challenges, as while organisationally IJBs integrate, philosophically SDS may make that integration more complex.

There remains a tension - in most sites we have explored - between assessment and eligibility. This takes one or both of two forms (1) a mismatch between the outcome-focused assessment approach and other aspects of the local authority (for example eligibility criteria which do not reflect outcome assessments and/or finance departments that are not yet linked in to an SDS culture) and (2) matching outcomes to funding which may pitched only at critical levels of engagement. Without rethinking the outcome/eligibility link, non-critical funding at an earlier stage to meet outcomes may have longer term benefits. This does raise wider questions around rethinking the assessment and eligibility link and we encountered examples of this taking hold in some authorities.

References

References here are specific to this document. Our previous report (Eccles & Cunningham, 2016) includes a detailed literature review.

Ackrill, R., Kay, A. & Zahariadis, N. (2013) "Ambiguity, multiple streams, and EU policy" *Journal of European Public Policy 20(6)*

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

Bach, S. and Bordogna, L. (2011) "Varieties of new public management or alternative models? The reform of public service employment relations in industrialized democracies." *International Journal of Human Resource Management,* 22 (11) 2281-2294.

Baines D. (2004) "Caring for nothing. Work organisation and unwaged labour in social services." *Work, employment and society* 18(2): 267-295.

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

Bartlett, J. (2009) *At your service: navigating the future market in health and social care.* London. Demos

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

Boswell, C, Rodrigues, E. (2016) "Policies, politics and organisational problems: multiple streams and the implementation of targets in UK government" *Policy & Politics* 44(4) 507–24

Cairney, P. (2012) *Understanding public policy.* Basingstoke. Palgrave

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

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

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

Cunningham, I. & James, P. (2009) "The outsourcing of social care in Britain: what does it mean for the voluntary sector workers?" *Work, employment and society*, 23, (2), 363 – 375

Cunningham, I (2008) "A Race to the Bottom? – Exploring Variations in Employment Conditions in the Voluntary Sector." *Public Administration* 86, (4), 1033-53.

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

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

Greenhalgh T.," Procter R., Wherton. J, Sugarhood. P, Shaw S. (2012) The organising vision for telehealth and telecare: discourse analysis." BMJ Open 2012:2: e001574 doi:10.1136/bmjopen-2012-001574

Hood, C. (1991) "A Public Management for all Seasons" *Public Administration* 69 (1) 3-19.

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

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

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

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

Pell, C.; Wilson, R. & Lowe, T. (2016) *Kittens are Evil; Little Heresies in Public Policy.* Axminster. Triarchy Press

Pressman, J., & Wildavsky, A. (1973) *Implementation*. Berkley, Ca. University of California Press

Rawat, P. and Morris, J. C. (2016), "Kingdon's "Streams" Model at Thirty: Still Relevant in the 21st Century?" *Politics and Policy,* 44: 608–638.

Seddon, J. (2008) *Systems Thinking in the Public Sector.* Axminster. Triarchy Press

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

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

Truss, C. (2004). "Who's in the driving seat? Managing human resources in a franchise firm" *Human Resource Management Journal*, 14: 4, 57-75

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

p&p

Providers & Personalisation
(P&P)

Company Number
SC279913

Scottish Charity Number
SC029199

Registered office
Norton Park, 57 Albion Road
Edinburgh EH7 5QY