

Social Workers' Negotiation of the Liminal Space Between Personalisation Policy and Practice

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As a result of a changing legal and policy context, statutory social work with adults in the UK has undergone a series of radical reforms.

Underpinning these changes has been an ideological shift in the way adult social care should be provided. A clear 'direction' including a focus on autonomy, self-determination and personal responsibility is being promoted. These represent changes for both social workers and people receiving services. However, it has been suggested that policy may not fully acknowledge the factors that may undermine the ability of some individuals to take control of and manage their own needs.

This paper draws on findings from two research projects, undertaken with social work practitioners located in statutory adult social care teams in the North East of England. The first explored the involvement of older people in adult safeguarding and the second considered capacity assessments and best interest decision-making by social workers under the Mental Capacity Act (2005). This paper presents key findings regarding how social workers attempt to reconcile the gap between the profile of the service user in policy and the reality of the people that social workers are supporting in practice. Key recommendations for policy, practice, and further research are also discussed.

Keywords: personalisation; social work practice; service users; social policy.

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Introduction

The last twenty years has seen a transformation of adult social care in the UK. Changes in legislation and policy have driven an ideological shift in the way services should be provided. This shift has had a significant impact on users of services and the way social work practitioners operate, due to the associated changes in the culture of state social work (Carey, 2008). In the UK this transformation has been driven by the personalisation policy as initially outlined in the 'Putting People First' policy (Department of Health [DOH], 2007) and culminating in the Care Act 2014. This reflects international policy development in some European and wider international social care systems (Ferguson et al, 2005; Spolander et al., 2016; Lymbery, 2014). This paper reviews the ways in which the policy context for personalisation has developed within the UK.

The paper draws on two PhD research projects, one with a focus on adult safeguarding, the other on the application of the Mental Capacity Act (MCA) 2005 by social workers. Both considered the profile of the service user and how social workers support people in their day to day practice. This paper argues that a policy agenda which relies heavily on an individual's self-reliance generates an inherent inequality in the way it is then implemented with some service users being left in a policy vacuum. This occurs because of what we argue is a liminal space; a gap that occurs between the one dimensional model of the 'ideal consumer' promoted in the policy and the reality of the diverse range of people social workers are supporting. In particular this paper explores how social workers face the challenge of negotiating this liminal space.

To demonstrate this the findings are considered in relation to two key areas:

1. The profile of service users.
2. Social workers' responses to differences across the service user group.

Through this discussion, some of the key challenges facing front line practitioners are exposed and explored with particular focus on how social workers have assimilated and made sense of these radical policy changes and their management of them. Given the parallel between UK policy development and that of other countries these challenges

are relevant to social work practice in the wider international context. Finally, this paper aims to promote further research into the reality of social work intervention in the neoliberal personalisation policy context and the implications for future social work practice.

Policy Context

Adult social care and social work in Europe are heavily influenced by prevailing political ideology and agendas. In parallel with other European nations since the 1970s, social care in the UK has been directed by a neoliberal agenda fuelled by concerns about the cost of welfare and individual citizens becoming dependant on state support (Harris, 2008). As an alternative to universal welfare services, it was proposed that the state should only provide a safety net (McDonald, 2006). This ideological shift saw a number of changes to state welfare, including local authorities becoming the commissioners of services from the private and voluntary sectors with the expectation that providing a mixed economy of care would produce a market that would meet the diversity of service user needs. In a collection of essays on globalisation Ferguson, Lavalette and Whittmore (2005) attributed this 'reform' to the influence of global financial institutions such as the World Bank, The International Monetary Fund and other key global players such as the World Trade Organisation influencing government policy at an international level. Within this, modern business practice and entrepreneurialism are seen as core to reforming the public sector (Newman, Glendinning and Hughes, 2008; Harris, 2008; Lymbery and Postle, 2015).

Managerialism and marketisation are characteristics of this reform, changing the role of social workers towards a greater emphasis on assessment and purchase of services within a new managerial culture of audit, efficiency and contract led practice (Carey, 2008). This increasingly managerialist approach to practice within Local Authorities has been criticised as leading to a bureaucratic, process driven social work with reduced professional autonomy, increasing workload, deskilling, and alienation of staff (Postle, 2002; McDonald et al., 2008; Trevithick, 2014). For example, Lazăr et al. (2019) found that social workers in Romania felt under constant pressure from regulation, which was amplified by increased workloads. Such pressures are shared in other international

contexts as well (see for example, Tasse and Boucher (2005), France; Grassi and Alayon (2005), Argentina; and McDonald and Chenoweth (2006), Australia).

When introduced, Putting People First (DOH, 2007) became a key driver of personalisation policy, supporting the UK governments' pursuit of neoliberal welfare reform. This remains the core community care policy and underpins the Care Act 2014 embedding it into the social care legal framework. The policy was promoted as enhancing choice for people needing services, maximising independence and self-determination, combined with the potential to provide services in a radically different way. The implication was that services would become more personalised, responsive to individual need and people would find their own solutions through the provision of advice and information. This in turn would enable individuals to determine their own support, participate in the community, and become active citizens (SCIE, 2010). It was envisaged that decision making would be transferred from the professional to the person themselves with an emphasis on 'self-assessment, person centred planning and self-directed support' (Parker and Bradley, 2014, p.35). This resonates with the social work value of promoting the autonomy of the individual. Critics, however, suggest this may in fact not be achieved due to the range of complex factors at play (Ferguson, 2007; Owens et al., 2017). Personalisation policy has developed alongside other important legislation such as the Mental Capacity Act (MCA) 2005, which promotes the autonomy of individuals who lack capacity and supports their right to make choices about how they live their lives.

Personal budgets (PBs) were the financial mechanism by which personalisation would be implemented with individuals having the option to choose a Direct (cash) Payment [DP] as all or part of their allotted budget. Similar models have arisen elsewhere in Europe. In Sweden, for example, service users can also employ personal assistants through funding provided by the Social Welfare Department (Harlow et al., 2012). Corresponding developments in other countries mean personalisation is now one of the most influential drivers of social care reform across Western Europe (Brookes, Callaghan, Netten et al., 2015).

Supporters of personalisation suggest it aligns government aims with those of service users and should be supported by social workers as it has values such as choice and empowerment at its core that parallel social work values (Duffy, 2010a). Certainly, the

social work value base does share some of the underlying principles of personalisation. There are, however, issues about its assumptions and implementation that mean social workers need to view personalisation with a more critical eye in order to understand its potential for either improving or compromising their practice. For example, Owens et al. (2017) question the ability of personalisation to promote social justice and autonomy due to its failure to address wider structural inequalities. This has implications for social workers attempting to uphold this essential part of their value base. Beresford (2009) has argued that policy makers see empowerment as encouraging people to take responsibility for themselves within a managerialist/consumerist model. For service users, Beresford argues, empowerment is more about achieving social changes through a redistribution of power. As such, there was a misuse of power by the state with misleading use of language which suggested a shared agenda with service user groups which was, at best, partial (Beresford, 2009). This came alongside a top down approach to planning whereby “service users and their organisations generally feel they have had little say in its shaping or development” (Beresford, 2009, p2). Ferguson (2007) also accused the government of trying to justify personalisation by aligning itself with the aims of the disability movement, arguing that personalisation is about transferring responsibility and risks onto the individual. This has led to a lack of clarity about responsibility for decisions and the dilution of collective identity and action which have been one of the key elements of the disability rights movement, with people moving from forced collectivism to forced individualism with the subsequent loss of the collective voice (Roulstone and Morgan, 2009).

Critiques of personalisation are well documented (Scourfield, 2007; Carey, 2008; Ferguson, 2007; Spolander et al., 2016; Lymbery, 2012). For example, Carey argues it has been evidenced that the ‘complex needs of vulnerable people fail to become a priority’ in a for-profit care industry (Carey, 2008, p. 920). For social workers this creates an ethically challenging environment in which to operate with the risk of business concerns overriding the needs of individuals. Carey also suggests that variations in standards and quality of services have created inequities in service provision, as what people receive is determined according to what people can afford to pay. Spicker (2013) challenges claims that marketisation reduces unnecessary bureaucracy, utilises resources more effectively or increases choice. The UK Government and other associated agencies have failed to identify any potential

problems with the marketisation of care services yet, as Marshall (1981) identified much earlier, if an organisation has to make profits to survive then this becomes the primary concern.

None of the discussion above should be interpreted as suggesting resistance to a welfare agenda that encourages service user empowerment and choice. What it does suggest is that claims about what personalisation policy can achieve need to be treated with caution as other dynamics are at play. As such, it is necessary to constantly explore and review the process and implementation of personalisation policy. This paper seeks to address this.

Personalisation and the Profile of the Service User

The arbitrary construction of the profile of the service user under personalisation is a core critique that this paper explores. Within this framework, the individual is presumed to have the freedom and ability to act and to challenge, but as critics suggest this may not be afforded to all. Scourfield (2007, p.107) argues that the modernisation agenda has 'required that the relationship between the state and citizen be reconstructed'. The person using or wishing to use services is now seen as free to make their own choices and control their own care to the point of purchasing and organising it themselves. He suggests this requires the person to be autonomous, managerial, self-determined and entrepreneurial. This reflects a shift away from social rights towards the state dictating what a citizen 'should be' (Scourfield, 2007 p.112). The citizen is seen as a consumer making active choices to suit their needs. This reduced commitment to social rights represents a further challenge to maintaining the social justice agenda as an integral part of ethical social work practice. Some users of services may indeed match this profile, but the research underpinning this paper suggests that many do not. Furthermore, Scourfield (2007) also argues the idea of the service user as a rational, calculating consumer does not fit with the quasi market which is constrained by the resource limits that exist within adult social care services. Stevens et al. (2018) also point to structural inequalities impacting on people with lower socio-economic status, linking this to more limited choices for service users, a view echoed by Brookes et al. (2017). Spicker

(2013) suggests other claims for personalisation may also be overrated, for example, personalisation does not guarantee that services may be more joined-up, flexible, or designed around the individual. In considering the profile of service users as outlined under personalisation Lloyd (2010) suggests the focus appears to be solely about the restoration of individuals to active citizens without sufficient acknowledgment of the diversity of individual needs as promoted by social work values. Such needs may involve them requiring support for deteriorating health and cognitive functioning and increasing levels of dependency.

Furthermore, research into the use of PBs and DPs suggests a mixed picture in relation to their success with some service user groups appearing to benefit more than others (Rabiee, Moran and Glendinning, 2009; Woolham and Benton, 2013). Some people, particularly those with limited capacity, may not be able to make their own decisions or direct their own support services in the way envisaged by personalisation (Lymbery, 2014). This is supported by Jepson et al. (2016) who suggested that inequalities can emerge between those with mental capacity and those with limited or no capacity if the person does not have a skilled family member to help them manage. This is not about denying a person's right to make their own decisions, rather it is about accepting the lived reality of people's experience which may mean that they require additional support to do so (Glendinning, Challis and Fernandez et al., 2008). In these cases, the use of advocacy should be to help people "increase their sense of power [...] to feel more confident, to become more assertive and gain increased choices" (Brandon et al., 1995, p.1). Under the MCA 2005 in the UK, Independent Mental Capacity Advocates (IMCAs) can be provided in cases where the person lacks capacity to make key decisions. However, evidence suggests that this provision is under-utilised (DH, 2015).

Original proponents of personalisation such as Leadbeater (2004) and Duffy (2010b) would argue that the emphasis on independence and choice is just to counter previous paternalistic attitudes and a change in culture was desired. There is perhaps some validity to that. Unfortunately, this has been coupled with a failure to understand the profile and diversity of service users, particularly for individuals where mental capacity is an issue or coping is a struggle in other ways. The 'one size fits all' approach challenges personalisation's underlying principle of individualisation and has limited the opportunity for a more robust dialogue around the diverse needs that exist and how they can be accommodated. Empowerment can be achieved in a number of ways, such

as a focus on personal development, collective action, and rights-based practice, but this is not acknowledged within the personalisation policy. This paper explores how social workers negotiate the liminal space between the profile of the people they are working with and the profile predominantly promoted by personalisation policy.

Methodology

This article draws on data from two PhD studies focused on social work practice in the areas of adult safeguarding and mental capacity. In order to develop this article, the key themes from both studies were reviewed which identified a number of overlapping findings related to the profile of the service user. The following sections give an overview of the two studies.

Study Overviews

Study one: Social workers' experience of assessing capacity and 'best interest' decision making under the Mental Capacity Act 2005

This study explored decision making under the MCA (2005) with the overall aim of understanding the factors which impact on social workers' decision making and their understanding of capacity and best interests. A qualitative research design was chosen using a hermeneutic phenomenological methodology. Twenty social workers were interviewed using a semi-structured approach and transcripts were analysed in line with the methodological approach. For full details of the methodology please see Southall (2017).

Study two: The Involvement of Older People in Adult Safeguarding

This qualitative study explored the involvement of older people in adult safeguarding with the overall aim of generating greater knowledge and understanding of why levels of involvement in this area are so low. The study utilised a retroductive methodology and eight social workers were interviewed using a semi-structured approach (other participants were also involved in the study, but only data from the social workers is reported here). For more information on the methodology and other study findings please see Lonbay (2015); Lonbay and Brandon (2017), and Lonbay (2018a).

Ethical considerations

Both studies gained ethical approval from the university's departmental ethics committee and appropriate permissions were also gained from the local authorities who engaged with the research. Butlers' (2002) key principles of beneficence, non-maleficence, justice and autonomy were adhered to throughout the research design and process. This meant, for example, that close attention was paid to developing and following a robust informed consent process. To maintain anonymity participants were assigned pseudonyms and these are used within this paper.

Findings

Analysis of data from both studies yielded evidence in relation to the profile of the service user in adult social care and the impact of this profile on social workers' practice.

The Profile of the Service User

Policy guidelines are not flexible enough to accommodate the diversity of the service user group. For example, Zara noted that 'It is a complicated process. I mean, you know, you can have your guidelines, but not everybody fits into boxes'. This results in an oversimplification of the social work role and a failure to recognise the complex situations they may have to deal with. While policy promotes users of services assessing their own needs, developing their own care plan and directing their own support, this had not translated into practice. Mavis summed up the thoughts of the majority of participants:

'At the end of the day personalisation is only for people who can make decisions, who have the capacity, they can take control and make choices and they can, they are free to do whatever they want to do but people that cannot make that type of decision who haven't got the capacity it's just impossible so we need to act on their behalf' (Mavis).

These findings suggest that social workers are still doing the majority of the assessment work and organising support packages. The main reasons for this were that either the

individual did not have the mental capacity to assess their own needs, their coping skills were poor or they preferred the social worker to take the lead in the process. It was also found that social workers were sometimes undertaking assessments and supporting people who did not meet the criteria of the team. Although mental capacity was not an issue, these people still needed the social worker to develop and coordinate support as their level of understanding made it unrealistic to take the role on themselves 'because they're just on that... that cusp. But actually their social functioning and their abilities are not very good' (Louise).

Centrally, a person's condition or medication may impact on their ability to function and take full control of their lives. Sally, a Mental Health Social Worker, noted that:

'And it may or may not be part of, their actual illness. It may be to do with the conditions at the time of other things going on around them, or the effects of medication or whatever and the sedative effect in particular of some anti-psychotics, for instance. ...I don't think are realised. You know, you have people who are quite sedated or they're thinking... They're not able to think clearly. They're not actively ill, in experiencing symptoms, maybe, but they're suffering in a different way. And it does affect how they're dealing with life. I also believe that the long term effects of illness and, medication... I mean, we use the term that people are knocked off from it – and it's absolutely right. Their ability to, understand and deal with life is severely, affected I think' (Sally).

Mental capacity, social functioning, impact of illness and treatment all effect a persons' ability to function in an independent and autonomous way. That is not to say that when the individual was capable of assessing their needs and directing their own support they were not given the opportunity to do so and there was a strong focus generally on listening to the views of the individual and what they wanted. A range of factors then impacted on the weight given to those views and whether they were acted upon.

Working within the Liminal Space: Social Workers' Responses

The diverse profile of the service user caused the social workers to identify certain key elements of their practice as particularly important. These were recognising and evaluating each person as an individual, assessing their ability to 'understand and cope emotionally' with the processes they are expected to be part of and acknowledging that 'no two situations are ever the same requiring a flexible approach' (Zara). The service user profile had a number of consequences for social work practice which are presented below.

The Views of Family

In cases where service users struggled to make decisions and determine and organise their own support social workers found themselves more reliant on the views of family members. For example, Fern commented that 'a lot of them tend not to have capacity, um, so therefore it's, you know, it is the families that are the initial point of call'. Katie also made the point that due to 'communication difficulties' people may have to 'have other people speaking up for them', effectively excluding them from decision making.

Involving family members could present some challenges. Even when the service user was present, there was a risk that the views of the family could dominate the discussion, as Katie explained, 'Your eye contact waivers from your client to the family member because they are more vocal'. On occasion social workers were left uncertain as to whose interests the family member was representing: 'You could say well they are advocating on their behalf because it's their son or daughter, but sometimes that might not always be in the persons' best interests' (Katie).

Frank also suggested that workers had to 'proceed with caution' in case family views are 'not in the person's best interests'. The concerns expressed suggest that social workers have to be alert to the problem of the service users' views being submerged beneath those of the family who may be better able to articulate their views. There was recognition that a 'good' family advocate could make a valuable contribution but workers also had the task of evaluating family motivations and agendas to determine if they corresponded with their own perception of the service users' best interests. This was of particular significance in safeguarding situations but was equally as relevant in general care and support interventions.

Resources

Concern was expressed that social workers were 'still resource-led' and that 'resources aren't there to achieve what you might want for somebody' (Samantha). This could create tensions in the social work role, leading some practitioners to feel that they were having to compromise when trying to meet people's needs.

'I'd would like to think I'd always worked in somebody's best interests, but I think sometimes, when you're [...] working within a budget, you don't necessarily feel as a practitioner that it's in the best interests, that it's perhaps a compromise. So I think that's just a tension that we have to live with all of the time in this work' (Irene).

When social workers were making decisions on behalf of others, they did not always feel that they could act in the person's best interests due to resource limitations.

'Taking the example of moving on, somebody might not have the choice about whether to move on. They should theoretically have the choice about where they move on to. But even that's going to be a constrained choice, depending on the time scale and the resources and their needs. It isn't an open choice, and they're not going to be able to view five different options and choose one, because that isn't the way it works. So... It can be quite difficult, actually, matching reality with what the act is expecting from us' (Samantha).

It was also highlighted that service users who could not manage a personal budget because they lacked mental capacity, or were deemed vulnerable to financial exploitation were given virtual budgets. This was managed by the social worker therefore reducing the choice and control for the individual promoted within the policy.

Timescales and organisational workload

The social workers reported needing to spend a lot of time ensuring they had communicated effectively with people and supported them to make decisions. Katie emphasised the time needed for effective communication and suggested this often does not happen:

‘Because of the communication I think people don’t put in the time. I think you need to spend a lot of time looking at how people can communicate effectively to get their point over and I think people don’t spend that time’ (Katie).

‘Sticking to [...] timescales’ for assessment were also highlighted as problematic due to the limited amount of time available to undertake the work needed. There is insufficient time to work with people and build a relationship, support them to make decisions, and help them to identify their own priorities and support needs.

Assessing Mental Capacity

Assessing a person’s capacity under the Mental Capacity Act (2005) is another area where social workers experienced time pressures, particularly if multiple assessments were required. Time was needed to support people to understand and identify their needs and wishes and where possible, make their own decisions. For example, Ann noted that considering and doing assessments of capacity was now an integral part of the assessment process:

‘Now, whenever I do a general community care assessment, the paper actually says does this person have any issues with capacity you want to discuss, do you want to generate a capacity assessment?’ (Ann).

Louise commented that ‘once they haven't got capacity on one thing they tend to not have on others – so it tends to roll into more (assessments)’ particularly in situations where capacity fluctuated or had the potential to be regained. There was some variation in the commitment to reassess mental capacity for potential changes. In addition blanket statements about capacity suggested the requirement for capacity to be assessed on a decision specific basis was not always fully enacted.

Some social workers adopted a rights based approach. As Lucy argued, ‘some people will be marginalised by not having capacity in terms of moving personalisation forward’. It was therefore important ‘to really support people without capacity to have the fullest set of rights in that sense around personalisation’ (Lucy).

Consultation and Advocacy

When social workers found a person's mental capacity prevented them from understanding and engaging in decisions they still attempted to consult and communicate with the individual concerned. Tracey explains:

‘As long as you try and consult with them as best you can, try and involve them in the whole thing as best you can, and be very honest, I suppose that's the best you can do, you know?’ (Tracy).

On other occasions ‘being an advocate for the person’ (Frank) or securing an independent advocate for them were identified as important roles.

Summary of findings:

The social workers did not reject personalisation outright, commenting that it is ‘working really well’ and that personal budgets could be ‘brilliant’. They valued principles such as empowerment, choice, and control over care. They found, however, that a significant number of people they worked with did not fit the profile of independent, self-determined individuals making active choices and directing their own care as promoted in policy. For example, those who lacked capacity, and ‘particularly where there's conflict about what is going to be the best support for them’ (Samantha).

Discussion

The findings presented above support the view that policy does not always meet the realities of practice. Whilst personalisation policy presents a picture of service users who are willing and able to make choices about their care and support needs, in reality many service users struggle to do so without additional time or support. This means that assessment and intervention processes are often more complex and time consuming than the policy acknowledges, but increased workloads and other pressures reduce the amount of time available for social workers to support decision-making. There is a continued high demand for the social work assessment and support role and. One of the reasons for this is the clear failure of the government to understand the diversity of the profile of service users. This has left social workers working with people who do not meet the profile of the ‘autonomous service user’. This gap between policy and practice

is identified within this paper as a liminal space; the gap between the profile of the service user in policy and the reality of the people that social workers are supporting in practice.

The profile of the service user

Our findings suggest that not all service users are able to engage as ‘active consumers’ in making autonomous choices. This appears to be particularly relevant when there are issues with mental capacity and social workers have to make decisions on the person’s behalf. In these cases, family members are often relied upon as proxies for the person, with independent advocacy used infrequently (Lonbay & Brandon, 2017).

Our findings cast doubt on whether the core principles of personalisation, can be enacted for everyone within the current practice framework. The findings support Branelly’s (2016) argument that those who do not fit the construct of an independent service user are sometimes excluded from decision making spaces. They also support Lymbery’s (2014) argument that the ‘notion of the ‘ideal’ consumer is far from the reality of the sort of people requiring services’ (2014, p. 71). Failure to acknowledge that a significant number of people do not meet this profile of an ‘ideal consumer’ has limited the opportunity for a more robust dialogue within personalisation policy regarding its application. A number of people are being left in a policy vacuum.

Fundamentally, there is no distinction in the policy between those who fit the profile offered by personalisation, and those who do not (Barnes, 2011). Some workers responded to this by shifting to a more rights based practice, but this was by no means universal. Rabiee’s (2012) findings highlighted ‘the importance of offering disabled and older people appropriate support in exercising choice if they are to benefit from the changed agenda for social care’ (p. 885), however, most participants acknowledged that even when service users could make choices, lack of resources could prevent them from doing so. This further undermines the core personalisation principle of choice. Overall, it is argued here that workers are left operating in a liminal space; navigating practice in areas which personalisation does not acknowledge.

The Liminal Space: Social Workers' responses

Lymbery (2014, p. 376) suggests the need for a social work that is creative and flexible enough to address individual need. Critics suggest however that personalisation and its 'McDonaldization of services' does not achieve this for service users and social workers are de-skilled and experience loss of professional identity (Spolander et al., 2016, p. 642). This paper asserts that social workers are having to respond to assessment and intervention processes that are increasingly complex, without this being reflected within the policy and practice guidelines that they work within. Stevens et al. (2018) argue that social workers are still highly influential in terms of the implementation of personalisation due to the need for them to balance managing risks and their duty of care. This creates an ethical dilemma for social workers around the need to promote empowerment versus some of the constraints they face in doing so. Workers had to invest more time in certain elements of their intervention, including effective communication and ensuring that consultation secured understanding. Whilst some workers felt that these areas of practice were still achieved, others were more cautious, suggesting that on occasion good practice could be compromised due to organisational deadlines and other resource constraints which limited how much time they could spend with the service user. This has also been echoed elsewhere. For example, Lazăr et al., (2019, p.333) found that social workers reported that "[...] procedures for benefits allocation [...] are labour-intensive at the expense of building relationships with clients". The views of family were valued but always questioned to ensure their choices were in the individual's best interests. Independent advocacy could be used to promote empowerment for individuals if necessary (Lonbay & Brandon, 2017).

Our findings suggest that social workers are being placed under additional pressure to accommodate and work with people who need support in order to be involved in decision making. This corresponds with other research which has found that social workers feel constrained within their day to day practice and have expressed a sense of negativity, frustration and discomfort about their loss of relationships with service users. Concern is also expressed about erosion of knowledge and skills and the lack of a "meaningful voice" for service users (Baines, 2007, p. 24; Pentaraki, 2017; Wallace & Pease, 2011).

There has been suggestion by some (e.g. Spolander et al., 2016) that the personalisation agenda would dilute the role of the social worker. However, this does not appear to be the reality. Social workers are still very much involved in assessing, decision making, and having to create and organise care plans. Where they are able to, they are supporting people to take on these roles for themselves, as the policy suggests, but there is currently no acknowledgement that in a number of cases this is not what happens. This further undermines the positioning of the service user as a consumer. There is therefore a need to reconsider the model within which we are delivering social care.

Recommendations: Challenging Policy and Supporting Practice

Rabiee (2012) and many others have highlighted the importance of ‘understanding the great variation of individuals with whom social work is engaged and the contexts within which people make choices as their circumstances change.’ (p. 885). However, this paper has provided evidence that this diversity within the service user group is not acknowledged sufficiently within the personalisation policy. This presents challenges for social workers as without recognition of this the complexity of their role is underestimated within policy and practice guidelines.

Based on our findings we present four key recommendations. The first is that personalisation policy needs to be reviewed so that it reflects the diversity of the service user group. Any review should ‘attempt to address imbalances between government and individual perspectives’ by adopting a participatory approach (Lonbay, 2018b, p. 213). Such approaches offer a way for people to contribute to and shape social policy, helping to ensure that it ‘acknowledges and addresses [...] diversity’ ((Lonbay, 2018b, p.219). Such a shift will be a step towards closing the gap between the policy construction of the ‘ideal consumer’ and the reality of the profile of people in need of social work support, but it will not fully address the ideological divide between the market driven foundations of personalisation and the rights based approach within which social workers operate. Our second recommendation is therefore that the model within which we are delivering social care should be reconsidered. The market provision/consumer approach does not appear to be responsive to the range of needs that social workers are encountering in practice.

As personalisation has progressed the ongoing role of social work in adult social care has been widely debated (Johns, 2007; Manthorpe et al., 2008 (a and b); Lymbery and Postle 2010; Scourfield, 2010). In developing the personalisation agenda there has been a serious failure to understand the nature of the social work role and its importance in assessing and supporting individuals. This may be linked to the profile of the capable service user identified earlier and an underestimation of how many people would need significant help operating within the personalisation process. The findings from this paper and others support our third recommendation that the value and complexity of the social work role under personalisation needs to be explicitly acknowledged.

The fourth and final recommendation is that the use of advocacy is promoted within these areas of practice. Both the Care Act 2014 and the MCA 2005 make provision for advocacy. However, uptake is limited suggesting that further promotion and consideration of advocacy provision is needed ((Lonbay & Brandon, 2017). There has been a suggestion that the advocacy role of social workers has increased under personalisation (e.g. Lazăr et al., 2019), but our findings also suggest that family members are often used as a proxy for the person. Whilst family may have the individuals' best interests at heart, they do not necessarily advocate for that person's own needs and wishes. Greater use of independent advocacy would help to promote the empowerment of service users.

These four recommendations reflect the underlying need to acknowledge the variation of ways in which social workers need to practice and the benefits of independent advocacy, as well as the associated time that is needed to undertake the social work role properly and support people to make choices. If we do not start to acknowledge the practice realities within our policy then we will continue to exclude people. We need to challenge what Branelly (2016, p. 306) and others have referred to as “the ‘choice and control’ or ‘care and protection’ dichotomy”. Such positioning means that policy is directed solely at one or the other (e.g. choice and control in personalisation and care and protection in adult safeguarding policy), rather than acknowledging the diversity within the service user group as a whole.

Conclusion

Whilst the explicit ethos underpinning personalisation is laudable, there are many facets to this which require further deconstruction and attention. It has been argued within this paper and elsewhere that the personalisation agenda is underpinned by a focus on consumerism, rather than values such as autonomy and empowerment. Regardless of the key drivers, a central tenet of the policy is service user choice and control. Service users are positioned within this policy as autonomous beings with the rights and opportunities to make choices and decisions about their own health and social care needs. However, this does not reflect the reality of the service user profile that social workers often encounter. This has left social workers operating in a liminal space. They are caught between a policy framework which assumes service users are able to manage their own services and a reality in which many service users face structural barriers, need additional help and support, or in some cases need to have decisions made on their behalfs and in their best interests. Whilst social workers attempt to continue to work in line with social values and to promote empowerment, in reality often decisions are made without the person, even in cases where additional time and resources (in particular, advocacy) would have enabled more direct engagement. Overall, there is a core need for the policy to be updated and more nuanced in order to reflect the diversity and intersectionality of the service user group and for social workers to be able to practice in more creative and flexible ways.

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