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## Implementing safeguarding and personalisation in social work: findings from practice

Author for Correspondence: Martin Stevens: Social Care Workforce Research Unit, King's College London, Strand, London, WC2R 2LS. [martin.stevens@kcl.ac.uk](mailto:martin.stevens@kcl.ac.uk)

### Authors

Martin Stevens<sup>1</sup>, John Woolham<sup>2</sup>, Jill Manthorpe<sup>1</sup>, Fiona Aspinall<sup>3</sup>, Shereen Hussein<sup>1</sup>, Kate Baxter<sup>3</sup>, Kritika Samsi<sup>1</sup> and Mohamed Ismail<sup>4</sup>

1. Social Care Workforce Research Unit, King's College London, Strand, London, WC2R 2LS
2. Faculty of Health and Life Sciences, Charles Ward Building, Coventry University, Coventry, CV1 5FB
3. Social Policy Research Unit, University of York, Heslington, York, YO10 5DD
4. Analytical Research Limited, Station House, Connaught Road, Surrey, GU24 0ER

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# Implementing safeguarding and personalisation in social work: findings from practice

*250 words Abstract:*

## Summary

This paper reports on part of a research study carried out in three local authority adult social care departments in England, which explored links between adult safeguarding and personalisation. The study included statistical analysis of data on safeguarding referrals and the take up of personal budgets and qualitative interviews with managers, social workers, other staff working on safeguarding and with service users. The paper reports the findings from 16 interviews with managers and social workers, highlighting their perspectives and experiences.

## Findings

Five main themes emerged from our analysis: contexts and risk factors; views about risks associated with Direct Payments, approaches to minimising risk; balancing risk and choice; and weaving safeguarding and personalisation practice. Social workers identified similar ranges and kinds of risks to those identified in the national evaluation of Individual Budgets. They described a tension between policy objectives and their exercise of discretion to assess and manage risks. For example, some described how they would discourage certain people from taking their personal budget as a Direct Payment or suggest they take only part of a personal budget as a Direct Payment.

## Application

This exploratory study supports the continued need for skilled social workers to deliver outcomes related to both safeguarding and personalisation policies. Implementing these policies may entail a new form of 'care and control', which may require specific approaches in supervision in order to ensure good practice is fostered and positive outcomes attained.

## Keywords:

Personalisation; Direct Payments; Personal Budgets; Safeguarding; Social Work

## Introduction

Personalisation has been a prominent policy aspiration of the English Department of Health (DH) in recent years (DH 2008, Carr, 2012, DH, 2010b). The Care Act 2014 continues this policy emphasis, requiring local authorities to offer personal budgets to all those eligible for publicly funded social care. However, personalisation is defined in a number of ways. First, it may be seen as the creation of support tailored to individual needs, offering greater flexibility, choice and control over care and support than traditional services (Carr 2012). It has also been argued that personalisation, particularly the use of personal budgets and Direct Payments or cash-for-care, reflects a neoliberal agenda of reducing public sector expenditure and increasing commercial transactions that offer consumer choice at the expense of more universal entitlement and citizenship (Daly, 2012; Lymbery, 2014). Furthermore, personalisation has been implemented in the context of means-testing and high eligibility thresholds at a time when diminishing numbers of people are receiving local

authority funded services (Fernandez et al. 2013). This may suggest the individual has to take on more responsibility for the size and shape of care. As Slasberg and Beresford (2015) note, this trend leads to substantial unacknowledged unmet need.

However, Needham (2010) cites some research claiming that there is a 'potential for personalization to deliver cost-savings, through getting users to be more creative in their use of funds' (Needham, 2010, p136). Local authorities may therefore exert pressure on care managers to increase numbers of people on Direct Payments, which may lead to increased risk and some individuals struggling to organise and manage care. Lloyd (2010) argues that such consequences arise from an individualistic conception of choice and control, rather than acknowledging the centrality of relationships and an ethic of care.

A distinction is often made between 'person-centred care', meaning providing choice and control for individuals, and 'personalisation', representing the policy focus on Resource Allocation Systems, Personal Budgets and marketisation (Beresford et al, 2011; Woolham et al, 2015). The development of Direct Payments can be seen as part of a greater transfer of responsibility and risk from the state to the service user for the choices they make and their consequences (Ferguson, 2007). This paper examines some of the implications of this development of 'responsibilisation', reflecting neo-liberal theory where individuals are seen as self-directing and autonomous (Bondi, 2005, Clarke et al, 2007), in the context of risk and safeguarding imperatives.

There is little research on the impact of personalisation on safeguarding practice (for exceptions, see Manthorpe et al 2009; Hunter et al 2013). This paper presents findings from a qualitative interview study that sought professionals' perspectives, experiences and responses to balancing the sometimes conflicting demands of personalisation and safeguarding. Interviews were undertaken as part of a recently completed study that aimed to identify the impact of Direct Payments and personal budgets on safeguarding referrals and to explore practice approaches to managing risks in supporting people to use Direct Payments and personal budgets safely. The study explored the speculative concerns raised by local authority and other professionals in the context of earlier opinions and debates, such as views about personalisation improving or jeopardising safeguarding (Poll et al. 2005; Williams 2010; Warin 2010; Richards and Ogilvie, 2010), which has been also highlighted by users and carers (Anonymous 2008; James 2008; Jupp 2008) and contributors to the government's review of the policy guidance on adult safeguarding, No Secrets (DH 2010b).

Findings from interviews with professionals are presented and discussed in light of the themes raised in the literature, such as: the benefits and risks of self-directed support (Hunter et al, 2013); the power relationships implicit in Direct Payments (Leece, 2010); and the reported reluctance of some groups to report potentially abusive or neglectful care provided by family carers (Bowes et al. 2008). It concludes by discussing the degree of convergence between personalisation and safeguarding, which the earlier evaluation of Individual Budgets identified as initially operating largely on 'parallel tracks' (Manthorpe et al., 2009) and which potentially remains a contested area of practice (Schwehr 2010; SCIE 2010).

### ***The benefits and risks of personalisation***

There is a substantial international literature on the use of personalised care models, which involve the monetising of need and individualised purchasing of support (Manthorpe et al. 2014) although eligibility may be restricted by impairment or age. In England, the currently dominant cash-for-care model is personal budgets, as recently confirmed by the Care Act 2014. These offer eligible individuals increased control over the use of allocated money. They can be deployed in different ways: as a Direct Payment, where service users entirely or partly manage their personal budget as a Direct Payment; paid to a third party (an 'indirect payment'), usually a family member, who manages the budget on behalf of the individual; or wholly managed by a care manager or social worker, which is known as a managed Personal Budget, which some have argued offers only 'minor increases in opportunities for personalisation and choice' (Rabiee et al, 2013: p3). It is the government's intention that Direct Payments become the main form of deployment of personal budgets (DH 2010a).

There is much evidence about the positive impact of Direct Payments for certain groups of people, although similar evidence has not been found for managed personal budgets (Slasberg and Beresford, 2015). Outcomes for older people have been found to be less positive than for others (Netten et al., 2012). However, take up of Direct Payments remains low, especially amongst older people; only 15 per cent of older people receiving publicly funded social care take up a Direct Payment (ADASS, 2014).

Manthorpe et al. (2009) found that many practitioners and managers had concerns about the negative consequences of Individual Budgets (the precursor to personal budgets) for some people. Fears were expressed that using unregulated care workers or relatives may leave disabled or older people at greater risk of abuse (including neglect, physical and financial abuse/exploitation) or of receiving poorer quality support than people in receipt of conventional regulated services. Such fears are widely shared (Leece, 2010; Ferguson, 2007). Direct Payment holders are permitted to pay relatives (who live outside the home) to provide care and support and relatives are able to act as proxies by holding the Direct Payment when the adult concerned is not able to do so, for reasons such as severe dementia. Both of these developments may increase vulnerability to financial and other forms of abuse, as adult safeguarding managers have warned (Manthorpe and Samsi, 2013). Earlier research, however, suggests that people using Direct Payments and employing Personal Assistants (PAs) may report less abuse or poor quality care than those using conventional, council-commissioned services (Adams and Godwin, 2008), although this may be due more to low reporting levels rather than an indication of less abuse. Furthermore, some commentators have proposed that safeguarding is enhanced by greater choice and control (Tyson, 2010).

### **Methods and data**

The study took place from 2012 to 2014. It involved a review of Safeguarding Adults Boards' Annual Reports (Manthorpe et al, 2015), analysis of national and local data and interviews with professionals and service users. The study's findings are reported in Stevens et al (2015).

This paper draws on semi-structured interviews with professionals working in three selected English local authorities. The three sites were chosen to represent different types and size of

authority: one Metropolitan borough, one rural Shire county and one city council. Two had specialist safeguarding teams that undertook some or all safeguarding work. In the third site responses to safeguarding concerns were undertaken by any social worker. The size of the sites' general population's ranged from 200,000 – 500,000.

We interviewed 14 professionals (six social workers, five team managers and three senior managers) and two elected council members. Of these participants, only social workers have regular extended contact with service users, undertaking assessments and reviews. Team managers may have occasional contact, possibly only in resolving problems or in relation to safeguarding referrals. Senior managers have less contact still, again mainly when chairing meetings or possibly through consultative activities in relation to policy and practice (which may also be attended by elected members).

To preserve anonymity, quotations from the elected members have been labelled as 'Senior Managers', in the Findings Section. Table 1 presents some demographic details about sites and participants. While there was a mix of gender, we will refer to all participants as 'she' in order to protect anonymity; the names of the LA sites are not reported as a further assurance. Other possibly identifying characteristics have also been disguised.

Informed consent was obtained from all participants before interviews. The interviews sought views about the potential risks and opportunities of personal budgets and Direct Payments and the extent to which safeguarding was considered and if necessary addressed within support plans. Details about the link between safeguarding and personalisation practice were also explored. The interview guides are available from the authors. All interviews were digitally audio-recorded and fully transcribed.

Analysis was undertaken with the aid of the computerised qualitative data analysis software NVIVO. We used Framework analysis (Gale et al. 2013) as the method of analysis, which enabled summarising of data from each source prior to analysis by type/characteristics of study participants as well as by themes, both those derived from previous research findings and those emerging from the study.

**Table 1 Research participants**

Type of professional	Site			Total
	1	2	3	
Senior manager/elected member	2	2	1	5
Social worker	3	2	1	6
Team manager			5	5
<b>Total</b>	<b>5</b>	<b>4</b>	<b>7</b>	<b>16</b>

## Findings

Five main themes emerged from our analysis: contexts and risk factors; views about risks associated with Direct Payments; approaches to minimising risk; balancing risk and choice; and weaving safeguarding and personalisation practice.

### Contexts and risk factors

Public spending constraints were perceived by many participants as important factors in creating a more risky context for personalisation. Reductions in services or to budgets were believed by some to increase risk through exacerbating unmet needs among care users, potentially lower quality services (arising from a view that care providers were being paid less to provide the same service, resulting in lower standards) and higher eligibility criteria. However, the two elected members were less critical of cuts being made.

More generally, poverty was widely identified by participants as an important factor in relation to abuse. One senior manager suggested that this might create a risk as the Direct Payment would become an apparently necessary part of the family income and it might be difficult to ensure it was used by the person for whom it was intended. One social worker specifically identified poverty as a risk factor, citing the recent financial downturn as creating the circumstances in which Personal Assistants (PAs, including family members employed as PAs), might engage in abusive behaviour:

*I think, there were lots of cases to be honest, where people are doing things to people, bad things, that ordinarily they may not do if they weren't quite so desperate themselves.*

*Social Worker 09*

The degree to which personalisation had been embedded within a local authority was another important aspect of the context within which social workers practiced. The advent of personal budgets was felt to have offered a wider variety of ways of arranging support in addition to Direct Payments, including pooled budgets and legal trusts. Several dimensions were identified. First was the ability to choose from a wider range of services: most participants reported that all people who met the eligibility criteria were offered a Direct Payment. However, safeguarding concerns were sometimes given as a reason not to offer one:

*You'll be aware that really we have to offer a Direct Payment, unless there's a safeguarding reason not to.*

*Senior Manager 05*

How personalisation was being implemented locally was another important contextual factor. In each of the sites, participants expressed commitment to promoting person-centred services that promoted choice and control; indeed these were seen as an expression of social work values. There was a simultaneous perception that the focus on personal budgets reflected market-driven approaches that were designed to reduce the size of the public sector. This comment by a team manager typifies this tension:

*I think that social work values are really linked into being personalised and person-centred, but I think that personalisation is interpreted in a lot of different ways by social workers. I think...some social workers really embrace it and adopt it as part of social work. I'm probably a little bit more sceptical, I sort of see a more politicised version of it and, about sort of market forces.*

*Team Manager 11*

It was therefore unsurprising that participants expressed varying opinions about the impact of personalisation on risks of abuse and neglect. At times, this could lead to the same participant suggesting that Direct Payments were both increasing and reducing such risks, depending on context. We encountered many of the similar anticipatory fears reported by Manthorpe et al (2009) in the national evaluation of Individual Budgets (the IBSEN study). In this present study, however, these fears were set in the context of practice experience. Three participants reported experiences of Direct Payment users being at greater risk of financial abuse and exploitation from family members in the context of personalisation, whether users were managing a Direct Payment themselves or not.

A small number of social workers described the level of monitoring of Direct Payments as being less intensive in the current context and felt this increased risk of harm because problems may have gone unnoticed. One felt that, as a consequence of increased flexibility over 'personalised' social care, care accessed or arranged by Direct Payment users was more difficult to monitor than in-house arranged or provided services:

*Yes, quite possibly [there is increased risk], because when you have a conventional home care service, it kind of does what it says on the tin. You know, half an hour here and there. You'll put your tasks down, that sorts that out. You know, tasks on the care plan or support plan, whatever it's called these days. With somebody with a Direct Payment, you've got all sorts of other things that you need to consider.*

*Social Worker 09*

Only two participants mentioned increased risks from the employment of unregulated PAs, which were more commonly raised as concerns in the IBSEN study. However, participants emphasised the challenges that being an employer could pose for Direct Payment users. They referred to difficulties related to blurred boundaries arising from budget holders employing friends and family members. Social workers' lack of knowledge of who was being employed as a person's PA was also cited as a potential area of concern:

*It could be anybody. The risk is: who are they employing? What experience do these people [PAs] have?*

*Team Manager 01*

Seven participants perceived an increased risk when Direct Payments were managed by a third party such as a family member. However, one case was described where a social care provider, operating as a sole trader, was effectively offering a case management service, but was defrauding service users by not providing the service promised. Another case was reported where an unknown individual had offered care management services, paid for through a Direct Payment, which had caused concern. The main risks identified were financial exploitation and the person not getting the care or support services they needed. This social worker summed up such concerns:

*I think people are more at risk of exploitation. I'm not saying that they don't have a right to take that risk, but I think things will be missed. That's my*

*concern, that professionals won't always be aware of what's going on, especially in some of the cases where I've worked with family members who are exploiting the individual. Then it's actually, they're not getting more choice and control, they're getting less.*

*Social worker 08*

### **Views on risks associated with Direct Payments**

Five participants argued that Direct Payments would be a way to reduce the risk of harm. They attributed this to the increased control Direct Payments could give to people. Four of these were managers who suggested that Direct Payments might reduce risk primarily because of increased choice and control, but also because Direct Payment users were more likely to be supported in the community:

*I think that the evidence, I think the evidence that I've seen shows that where people feel more in control of their lives they are more likely to be able to keep themselves safe.*

*Team Manager 11*

However, another manager suggested that individuals using personal budgets may not always be in a good position to exercise control, because of the imbalance in power relationships between themselves and local authorities, and the questions about the availability of alternative providers of support. Glendinning (2008) argued that the increased potential for choice offered by Individual Budgets and Direct Payments would be likely to be limited by contextual factors such as resources, ability and strength of family networks; a view similarly expressed by a senior manager:

*I do believe that if you take a Personal Budget, you actually have more control over the decision making. It doesn't necessarily mean that you are in a personally strong situation where you can say, 'Actually, I don't want it anymore because I don't feel safe.' But I would hope that you at least have a say in what you have.*

*Senior manager 06*

In contrast, six participants thought that Direct Payments represented similar levels and types of risks as previous arrangements, or that any difference in risk was unknown or unknowable. These participants also reflected on the risk of abuse by regulated home care workers who regularly spent less time than contracted with the service user. For example, a team manager felt that Direct Payments holders were likely to suffer the full range of abuse:

*There's a real range, you know, from, financial and material exploitation or abuse, through to physical, sexual, acts of neglect. There's various cases that are kind of popping into my brain now as I'm talking about, which really reflect the whole spectrum of types of exploitation or harm.*

*Team Manager 10*

### **Approaches to minimise risk**

Many different interventions were discussed by social workers and managers as a response to concerns about risk of harm in relation to the use of Direct Payments. These included not

offering Direct Payments, or rescinding a Direct Payment when there were serious concerns about safety. As one senior manager put it: *'So it's choice as long as we agree with your choice'* (Senior manager 01). However, in contrast, one team manager also said that a Direct Payment could be introduced as a response to a risky situation, possibly as the only means of engaging with someone with very specific kinds of need. Other ways of managing risk included allowing only part of the personal budget to be taken as a Direct Payment and increased monitoring through the involvement of other agencies providing treatment and support, such as NHS community nurses.

Three managers and social workers described situations where relatives, companies or user-led organisations acted as third parties or offered an unofficial care management service. This was felt to provide additional protection by supporting the individual to make good decisions about using their Direct Payment. Where such arrangements were made, one senior manager described the legal safeguards required, such as a confirmation that the relative was a 'suitable person' to manage the Direct Payment on their behalf, which may provide some safeguards:

*If we are satisfied that we believe the person can manage the direct payment or a relative can manage it for them, and that relative appears to be suitable, then we will allow the direct payment to go ahead. And that's just part of general practice.*

*Senior manager 05*

However, problems with these processes and support planning have been reported (Laybourne, et al., 2014).

The importance of monitoring and reviews to identify potential risks of abuse and harm was mentioned by most participants. They suggested that this was more necessary when Direct Payments were involved. For example, some participants emphasised the potential of financial monitoring as a useful trigger for further investigation. These could be initiated if people using Direct Payments did not send their monitoring reports to the local authority for long periods, or if something untoward appeared in the reports, for instance how the budget had been spent. As an example, one social worker described how a financial report had identified that a Direct Payment user had used up their entire budget, which meant they had no money to cover annual leave costs and replacement care or to meet contingencies, which raised wider concerns about what was happening.

Two participants specifically mentioned recommendations that their local authority made to prospective Direct Payment users to help minimise risk. These related to vetting potential PAs to check if they had a criminal record or were barred from similar work. However, despite the descriptions of leaflets, factsheets, web information and direct advice, one social worker commented that people using Direct Payments (or family carers or friends) learned about what to do if something went wrong by *'word of mouth'* (Social Worker 11). No participants mentioned providing individuals with information about any specific risks associated with taking up a Direct Payment before a particular arrangement was agreed. This may have been because of pressure to achieve local targets for Personal Budgets, and a desire not to discourage Direct Payment take-up.

## Balancing risk and choice

Balancing risk and choice emerged as a strong theme from participants' accounts. Two specific aspects were identified: changes in relationships with Direct Payment and personal budget holders about risk management; and positive risk taking.

### *Changing relationships with Direct Payment and personal budget holders*

A range of perspectives about responsibilities for managing risk emerged in the interviews with the social workers and managers. Almost all stressed that the local authority had a responsibility to ensure that people receiving a Direct Payment remained safe. There was strong acceptance that greater individual responsibility for risk was inevitable and indeed, a positive consequence of increasing choice and control. However participants described having to balance the task of promoting autonomy with a duty of care, suggesting that the transfer of risk was only partial. Practitioners expressed a continuing sense of responsibility for people's safety or wellbeing, whether or not the individual had decision making capacity and/or was in receipt of Direct Payments. Several linked this concern with the fact that Direct Payments were public money:

*I think we need to be quite careful of having an attitude where we say quite blithely that people have a right to make unwise decisions. That is never going to remove the duty of care for [a] local authority where people are putting themselves in a position of harm and the fact that people are deemed to have capacity can sometimes give professionals, and sometimes local authorities, a seeming 'carte blanche' to remove themselves from any responsibility in that person's life, where they are, where they are making unwise decisions and putting themselves at considerable risk.*

*Team Manager 10*

Five participants also considered that the management of Direct Payments could be burdensome for the budget holder. Elements that created burden included the intensive responsibility of managing care for a spouse. As well as adding to pre-existing care tasks, responsibilities for training PAs or for employing staff were sometimes daunting for spouse carers and others:

*You see their faces change when people start saying, 'well actually, you'll be the employer', they'll go, 'what do you mean? I don't want to be an employer', you know. 'I worked in a factory all me life...'*

*Social Worker 05*

However, two social workers believed that many people were well placed to make good and safe decisions about their use of personal budgets and Direct Payments. This balance of approaches was summed up by one senior manager, who talked about the need to offer service users the same safeguards as those for people using commissioned services, whilst ensuring Direct Payment users maintained control:

*So it's putting in place those safeguards that, that we would have for any commissioned services, and, and not forcing it on people but giving them the access to those sorts of, of assurances that we would put in place.*

### **Positive risk taking**

For practitioners, the nub of decision making about risks appeared to be in balancing the likelihood of potentially positive benefits to be gained, such as self-determination, a valued relationship and choice of particular provider, against the likelihood and relative severity of harm. Illustrations provided by participants included situations where individuals with decision-making capacity, or possibly where there were doubts about capacity, chose to pay individuals to provide them with physical care and where concerns emerged about some kind of emotional or financial abuse. For example, one social worker described a case she classed as problematic in which a man was very keen to be supported by particular PAs, but there were concerns that they might have been harming him:

*But this gentleman was crystal clear, that he wanted these two people to provide the support as PAs rather than having the conventional care package that he'd had for a little while. And I thought, okay, this is potentially risky, you know, we have a referral about these people.*

*Social worker 07*

Despite the differences in relationships noted above, four managers and social workers reiterated the view that 'old fashioned social work', related to 'care and control' (Team Manager 03), was needed. In other words, they felt that the approach needed currently was not fundamentally different from social work before the implementation of personalisation policies. Additionally, the processes involved in agreeing whatever support was planned often involved management oversight, keeping another element of control within the local authority:

*So I think it's an interesting area about how you deal with, I don't know if, if risk is about, it's about conflict sometimes, difference, difference of opinion and different view, and that's, yeah, it's a bit of good old-fashioned social work, isn't it really? You know, working with people to come to, you know, a consensus and a view.*

*Team Manager 12*

### **Weaving safeguarding and personalisation practice**

Providing information about managing a Direct Payment and various risks was one of the strongest themes from practitioners once the decision about how to manage personal budgets was made. Information about personal budgets and safeguarding (mainly describing how to avoid financial exploitation) tended to be given after the initial assessments of eligibility and financial circumstances had been completed rather than at first contact

One senior manager, for example, described how safeguarding information, or at least information about risk management, was given after a safeguarding concern had been raised:

*I know that once it gets to the point of looking like it might be, for example, a safeguarding issue; some initial advice is given then before passing it to the relevant social work team to take forward further.*

*Senior Manager 07*

In all sites, there was evidence that safeguarding concerns were being woven into personalisation practice ('*safeguarding is everyone's business*' Senior Manager 01), although formal crossover of responsibility was at service manager level or above. However, in one of the sites that had a specialist safeguarding team, there was some concern that this might distort the practice of operational social work team members, who found ways to triage and not refer less serious concerns. Risks were assessed at many points in the process and through different types of work. Support planning appeared to be the part of the process whereby risks more relevant to safeguarding were identified and plans drawn up to minimise or ameliorate them. Alternatively, support plans explicitly recorded risky decisions being taken by service users. Participants thought that initial assessments tended to focus on more generic risks, such as falling:

*So, at that point it is the more generic risks, not the risks associated with, say, having a personal assistant via Direct Payment. ... at the point of support planning, then you're getting into that discussion with the person about how they want their care delivered, and that would start to get into the arena of how [to address safeguarding risks]*

*Senior Manager 07*

### **Safeguarding process**

In the main, the safeguarding process was reported as similar for all service users, regardless of whether they received Direct Payments or commissioned care services:

*I don't think it's changed the standard, and the guidance, and the policy that much, but I think it has, by nature, raised the awareness of staff to look out for different things in different situations.*

*Senior Manager 07*

They also noted that Direct Payment users rarely reported abuse. Some suggested that family carers should be made aware of what constitutes acceptable staff behaviour and inappropriate behaviour so that they can identify unsafe and poor care. However, because of the different kinds of relationships involved with Direct Payments, the content and focus of discussions may differ when discussing care quality. The ability of Direct Payment users to choose whom they employ potentially creates a double standard, given the requirements that apply to staff working for regulated providers where training and pre-employment checks for criminal convictions are requirements.

One social worker described how the safeguarding team and learning disability care management team worked together on more complex cases in their local authority. She stressed the importance of particular circumstances in determining the relationship between safeguarding and support planning. For example, financial abuse may have little to do with care needs; therefore a safeguarding plan may focus on distinct elements:

*Sometimes they [Support plan and Safeguarding plan] are inextricably linked and you can't separate them but there are other times where people have got, maybe there's an incident of financial abuse, but it doesn't really link with their care needs.*

*Social Worker 08*

Some participants felt that safeguarding planning was complicated because specialist safeguarding social workers were usually not in a position to commission new services for individuals. This meant fresh arrangements were needed when a safeguarding plan required new services. However,, if the protection or safeguarding plan involved setting up an appointee to manage a service user's finances (benefits and/or pensions) as the only element of the safeguarding plan, an operational social worker was not needed to do this:

*Again, it's being proportionate and reasonable. It doesn't seem proportionate to pass it on to a social worker to do a full self-directed support plan. We've got all that information and all we're asking for is a very small service to manage the risk.*

*Social Worker 08*

### **Discussion and conclusion**

Other recent studies exploring safeguarding and personalisation have concentrated on safeguarding practitioners (Manthorpe and Samsi, 2013). Our findings suggest changes in approach and a reworking of traditional relationships between social workers (who, in our study, continued to be the main professionals involved) and people using services. Many of our findings explore tensions in policy and practice. While findings from interviews with service users (Stevens et al, 2015) complement the themes identified here, more research is needed in order thoroughly to explore in these tensions and to identify nuances in how they are manifested.

As noted in the introduction, some commentators (Clarke et al 2007; Ferguson, 2007; Scourfield, 2007) have pointed to the increased focus on individualisation as transfer of risks from the state to the individual. For example, Ferguson (2007) argues that the programme of personalisation started by the New Labour government, and continued by the Coalition government, resulted in a major transfer of risks from the state to the individual, along with greater focus on individualised services and the emphasis on individual responsibility for wellbeing. Like other aspects of personalisation, this has been perceived as both empowering and as 'radical individualism' (Burton and Kagan, 2006: 302), emphasising the individual rather than the social as the locus of responsibility. More 'able' individuals and those with access to greater financial and human resources (in the form of human capital) seem better able to make the most of this increased choice, thereby leading to better outcomes. As Clarke et al. (2007) argues:

*Inequalities of wealth and income, and of cultural and social capital, affect both the range of choice available and the ability to make desired outcomes materialise. (Clarke et al, 2007: 249)*

Users of publicly funded social care services tend to be among the poorest, which means they may find it difficult to make the most of the anticipated effect of choice and control. They may lack support to make the best decisions, or choices may indeed be limited. There was some discussion in the interviews about the extent to which people can exercise choice, or are merely given theoretical choice. This was felt to be relevant to the degree to which use of Direct Payments could improve service users' abilities to keep themselves safe. For example, the combination of high eligibility criteria and stringent financial assessments may mean that some people with needs for care and support get small or no budgets at all, thus making it much harder to exercise choice. A similar distinction has been drawn in community development, between psychological and political empowerment (Sadan, 2004). Psychological empowerment reflects individual ability and confidence to make decisions. Political empowerment requires the existence of the right kinds of societal support to execute decisions made. This distinction seems especially apposite for safeguarding situations, which may affect both an individual's ability to take, or more importantly implement, decisions. For example, if PAs or family members consistently undermine a service user's confidence this will limit their ability to make and implement choices.

While individualisation may be helpful conceptually in discussing the primacy of choice and control, our findings suggest that the concept of responsabilisation may be more fruitful in analysing the interface of personalisation and adult safeguarding for practitioners. Our findings further conclude that the importance of being 'responsible' is not solely applicable to service users but applies to practitioners and managers who see their role as being responsible for spending public money, for the wellbeing and safety of vulnerable adults, and for promoting effective safeguarding measures. The idea of responsabilisation is seen by Roulstone and Morgan (2009) as distorting the aims of self-direction and management, allowing for a more victim blaming discourse. As Lewis and West (2014) argue, the tension that sometimes exists between established standards of quality and the choices that are made by Direct Payment users, can create an added problem in managing risk. They further point out that the decrease in public funds available for adult social care creates an added problem for Direct Payment users in securing sufficiently high quality care, another factor likely to affect safety and wellbeing.

From this study of the perspectives of social workers and their managers it appears that they are reconciling possibly competing policy objectives and adapting their role accordingly. The professional participants appeared to be wrestling with a new emphasis on autonomy, while retaining a strong sense of duty of care, reflecting the tensions identified by older people participating in Leece and Leece's (2011) study. This appears to have strong echoes of the well-known and longstanding tensions between care and control (Parton, 2000) or protection and autonomy (Stevenson, 1993). This study suggests the importance developments in the balance of emphasis in these kinds of tensions, which may underlie practitioners' enduring fears about risk, desire to maintain monitoring and to constrain care choices.

This exemplifies the argument made by Stevens et al. (2011) that there are multiple motivations behind personalisation. First, the goals of the disability movement in increasing self-realisation and autonomy through greater choice and control, which were seen as closely aligned to professional aspirations, but second, a desire to reduce the public sector

and implement market-driven solutions were less broadly supported by practitioners. There is increasing concern about the dominance of a neoliberal standpoint, driving the focus on reducing public spending, increasing marketisation and privileging individualism over collectivism (Ferguson, 2012).

Participants identified concerns about the invisibility of abuse among Direct Payment users, as well as a desire to instigate 'normal safeguards'. Our study suggests that social workers continue to exercise discretion as 'street level bureaucrats' (Ellis, 2007, citing Lipsky, 1980) and thereby affect policy implementation. This arises from the limited scope they retain to decide whether or not to offer a prospective service user a Direct Payment or to offer a 'partial' Direct Payment, as well as their possible discretion over the way they decide to work with individuals to manage identified risks and set in place monitoring requirements.

However, social workers are responsible for implementing safeguarding policy and procedures. The Care Act 2014 creates a duty, for the first time, on local authorities to undertake inquiries where there are safeguarding concerns. While this is mainly strengthening existing policy, rather than being a new duty or power, the symbolism of a statutory requirement is important. It sends a strong message about professional roles. Consequently, social workers are working across policies that appear still to be in tension, as Manthorpe et al. (2009) noted. This may allow more space for discretion in implementation, particularly as a result of increasing public unease about cases where concerns were unaddressed, for example, the Stephen Hoskin serious case review (Flynn, 2009). The mantra that 'safeguarding is everybody's business' (Dunn et al. 2009) adds to this sense that all social workers, whether directly involved in safeguarding or not, have a responsibility to minimise risk of harm, even where people have capacity to make decisions including decisions seen as risky or unwise. Further research may point to practice solutions, to such dilemmas.

### ***Limitations of this study***

This study was limited in scale and scope. It took place in three sites and whilst these reflected differences in type of authority, geographical location and local demography, they are unlikely to be representative of all English authorities. The small number of participants may have had strong opinions which may or may not have been typical and they may not have had substantial experience of Direct Payment and safeguarding practice. Nonetheless, this research, building on previous studies, especially the IBSEN study completed in 2008 when practice and provision of Direct Payments were still unclear, provides up-to-date rich data about social workers' experience and views about personalisation and safeguarding practice.

### ***Conclusion***

This study suggests that social workers and managers are more aware of the links between safeguarding and personalisation practice than Manthorpe et al. (2009) found at the time of the Individual Budgets pilots in 2006-08. It also identifies a continuing tension between these policy objectives in practice. However, this tension is inherent in social work practice, requiring practitioners to engage with a new form of the familiar balance between 'care and control' (Weinberg, 2014). Managing this new balance may require reorientation of practice, as practitioners negotiate the potentially divergent requirements to promote

autonomy, whilst remaining responsible for safeguarding. This suggests a need for training or skills development, good supervision and official acknowledgement of the tensions that social workers are managing. Overall, the study supports the continued need for skilled professional involvement in personalised social care and safeguarding, given the complexity of some of the judgements that need to be made, especially in interpreting the relative importance of family dynamics and other relationships as pointers to potential abuse.

### **Research ethics**

Research ethics approval was received from the Dyfed Powys Research Ethics Committee (Ref 12/WA/0191) and each local authority research site gave Research Governance approval.

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