Whose risk is it anyway? Risk and regulation in an era of personalisation

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This paper:
- argues that 'risk' is often perceived negatively by people using services (used as an excuse used for stopping them doing something) – but risk needs to be shared between the person taking the risk and the system that is trying to support them;
- states that although some people fear that personalisation may increase risk, it could help people to be safer by putting them more in control of their lives, helping them plan ahead, and focusing our safeguarding expertise on those who really need it; and
- considers the fact that in an era of personalisation, approaches to risk and regulation will need to be equally personalised.

The Joseph Rowntree Foundation (JRF) commissioned this paper primarily to inform our own thinking, as we scope a potential new programme on Rights, responsibilities, risk and regulation. How do these four themes connect in the lives of adults who use care and support? How do rights and responsibilities feature when it comes to weighing up risk in the lives of people involved in caring relationships? What needs to change, for example in the protective shell of regulation, to enable people to have good lives?

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Contents

Key issues

The advent of personalisation raises a series of issues about risk and regulation – with increasingly polarised views. While some believe that direct payments and personal budgets could put people more at risk of abuse and exploitation, others feels that they may reduce risk by giving people greater control over their lives. Against this background, this paper argues that:

- Risk is important – but people using services often perceive this in a disempowering way as something that is imposed on them by the system.

- We make people safe not by segregating them, but by building their confidence and by more fully connecting them to their communities.

- We reduce risks if we identify them in advance and plan what to do in an emergency – and the support planning involved in personal budgets can help to improve this.

- We might protect people better if we could focus our safeguards on those people who really need it – rather than spreading our resources too thin by trying to put everyone through the same system (which can be unnecessary for some and not enough for others).

- Personalisation and safeguarding are (or at least should be) two sides of the same coin – although they are too often seen as separate processes locally.

- Adequate support is crucial and this must be fully tailored to the individual.

Overall, key messages for policy and practice are that:

- Risk should be shared between the person who takes the risk and the system that is trying to support them.

- Personal budgets and direct payments are not a panacea, and abuse and exploitation will still exist in an era of personalisation. Despite this, the different options available via self-directed support may give workers more of a spectrum of options and different ways of responding.

- Our approaches need to be proportionate to risk – but we often subject new ways of working to greater scrutiny than previous approaches.

- Similarly, regulation needs to be proportionate to risk – and people's willingness and readiness to take positive risks will vary according to individual context. We therefore need a system of regulation that can be as personalised as the services we are now seeking to provide.

- The current financial context could place people at risk by reducing access to practical and peer support, contingency funds and the availability of experienced professional staff when needed. While personalisation may help us to spend the money we have as well as we can, we have to invest to save – and some of the cuts that may be implemented in the coming months and years could prove to be a false economy if they prevent personalisation from flourishing.

- The biggest risk in the current financial and policy context is that we scrutinise and regulate personalisation to death, paying lip service to it but killing any scope for genuine creativity and gradually allowing the old system to recreate itself under the new language. This seems the worst of all worlds and something to be actively avoided.

The paper concludes with brief thoughts as to the implications of this for the work of the Joseph Rowntree Foundation (JRF).

Background

In the early twenty-first century, elements of the welfare state are in the middle of a 'transformation' process based on the concepts of personalisation and self-directed support. Beginning in adult social care, these approaches seek to recast users of state welfare away from being passive recipients of pre-purchased services towards a situation where they are active citizens with a right to control and shape their own support. Variously described as a form of 'co-production' or in terms of individuals becoming the 'micro-commissioners' of their own support, this has been seen as a shift away from a 'professional gift model' towards a citizenship-based approach, arguably more in keeping with other aspects of our lives (see figures 1 and 2).

Figure 1 Professional gift model (from the work of Simon Duffy)

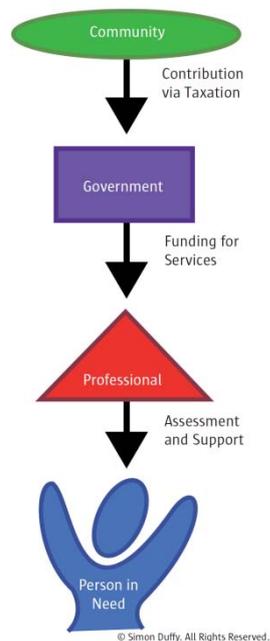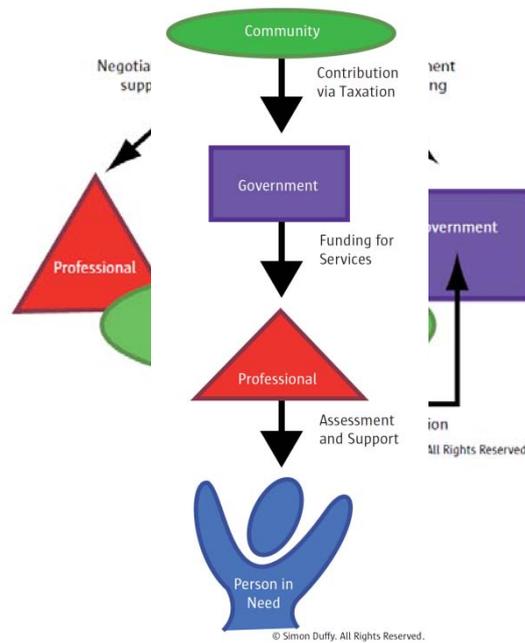

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Figure 2 Citizenship model (from the work of Simon Duffy)

Central to this agenda to date has been the concept of direct payments (pioneered by disabled people's organisations and developing in the UK from the mid-1980s onwards) and personal budgets (developed from 2003 onwards by a national social innovation network known as In Control). Beginning with 60 people in six local authority pilots in late 2003, there are now more than 250,000 people receiving a personal budget. The previous government stated that *all adult social care* will be delivered by this mechanism in future. This has since been reiterated by the Coalition Government, with a clear message that direct payments should be the preferred option (albeit that there is still a long way to go before this becomes the reality).

Although starting in adult social care, this approach is now being piloted in children's services and in health care, with several leading think tanks and commentators exploring scope to extend to other areas of state welfare (such as the tax and benefits system, housing, education, rehabilitation for ex-offenders, substance misuse services and support for young people not in education, employment or training). Given some of the very significant policy and financial changes taking place, it is possible that personalisation could become more of a key organising feature for the welfare state more generally, providing more of an overarching narrative about what public services are about and how they work. Although personalisation is a broad concept, this paper focuses in more detail on the direct payments/personal budgets end of the spectrum, as these are the areas that seem to evoke most debate around risk and regulation.

Rights, responsibilities, risk and regulation – an introduction

Against this background, a key debate among independent living campaigners, social workers, academics and policy commentators has been about risk and

regulation. Will personalisation and self-directed support make people safer by putting them more in control of their services and hence their lives, or make them more vulnerable to abuse, exploitation and poor care by fragmenting the current system, dismantling current safeguards and leaving people to sink or swim by themselves? Should we regulate new approaches so as to reduce risk, or should we support people to take their own decisions about the level of risk they do (or don't) want to take? Commissioned by the Joseph Rowntree Foundation as part of a broader series of papers on 'rights, responsibilities, risk and regulation' in adult social care, this paper focuses on these issues in light of the very rapid and potentially fundamental changes taking place as part of the personalisation agenda. Unlike more traditional research papers, the current contribution is written very much from a personal perspective and is based on experiences of working and debating key issues with service users, practitioners, managers, policy-makers and academic colleagues. It thus draws on the kind of questions these groups ask when in private and/or the instinctive reactions they have to different aspects of the current agenda, as well as on my experience training as a social worker. Designed as a think piece to stimulate debate, the paper is therefore deliberately provocative in places, and sometimes has to caricature a much more complex and nuanced reality in order to raise key issues. Because of this approach, the paper is not referenced like a traditional academic article – although there is a brief guide to further resources at the end and specific sources are quoted when a particular statistic or quote is cited.

Polarised views

From the beginning, the personalisation agenda seems to have divided a range of different people into two opposing camps, often at opposite ends of the spectrum. On the one hand, Oliver and Sapey (1999, pp.175) have described the advent of direct payments as holding out *'he potential for the most fundamental reorganisation of welfare for half a century'*, while Browning (2007, pp.3) has described the broader development of self-directed support as *'potentially the biggest change to the provision of social care in England in 60 years'.* In contrast, Ferguson's critique of the broader personalisation agenda argues that

> *In its uncritical acceptance of the marketisation of social work and social care; in its neglect of poverty and inequality; in its flawed conception of the people who use social work services; in its potentially stigmatising view of welfare dependency; and in its potential for promoting, rather than challenging, the deprofessionalisation of social work, the philosophy of personalisation is not one that social workers should accept uncritically.* (Ferguson, 2007, pp.400–401)

Although it is early days, views from the field seem equally divided. Thus, a survey of 500 social workers carried out for *The Guardian* suggests that 70 per cent feel that the *Putting People First* agenda will benefit both users and carers, with 59 per cent agreeing that this will have a positive impact on their own roles (Jackson, 2009). However, this contrasts strongly with regular articles in the trade press (see for example Samuel, 2008; Lombard, 2008a), which frequently convey a negative impression of current policy. An online survey of 600 social workers for *Community Care* magazine has also suggested that only 11 per cent view the plan to extend personalisation to all users as appropriate, with 96 per cent of local authority staff

feeling that it would make service users more vulnerable (Mickel, 2008, pp.28). There is also evidence of significant professional concerns about personal health budgets (NHS Confederation/National Mental Health Development Unit, 2011).

Although something of an oversimplification, some of the battle lines seem to have been drawn between direct payment/personal budget recipients and their allies on the one hand, and some social care professional bodies and broader public service trade unions on the other. There can also sometimes be disagreements between some service users and some carers, with each group potentially having different views about the balance between choice and protection.

Often, direct payment recipients emphasise the importance of choice and control, with disabled people having the right to design support of their choosing and employ personal assistants who they feel would be best for them. While they would want to be good employers and be safe, many direct payment recipients feel that the choice of support and of worker should ultimately be theirs, with a right to employ someone who is not 'registered' and/or has not had a Criminal Records Bureau check if this is the best way forward. An extreme but powerful example of this comes from an interview with the disability rights campaigner, Baroness Jane Campbell, talking about her driver:

> He'd served 16 years for armed robbery – I gave him his first job. Best driver I've ever had. Drove for the Richardsons [contemporaries of the Krays] – used to drive their getaway cars. Then I had him! Isn't that wonderful? (Birkett, 2009)

In contrast, other commentators express concern that a lack of support might leave personal budget holders and direct payment recipients at risk of poor care, exploitation from family members and abuse from unscrupulous workers. Care staff may also be exposed to risk in isolated and non-regulated/unionised roles, as may local authorities if things go wrong. Of course, in practice there may be scope for a range of other approaches somewhere in between – people choosing to pool their direct payments to do something collective or micro-enterprises collectively owned by people using services and those working in them. However, such options often seem neglected in a debate that can quickly become polarised.

As an example of those passionate about the potentially liberating impact of direct payments and personal budgets, Simon Stevens (an independent disability trainer and consultant, and regular columnist in *Community Care* magazine) has argued that:

> My attempts to quell my feelings about trade unions have not been successful. After realising that a system in which personal assistants are paid by disabled micro-employers is likely to be the way forward, they appear to have decided to abandon rational debate. Instead, they are beginning to spread 'caveman-style' propaganda that disabled people are naturally bad employers who will disobey their legal duties and abuse their staff… This is an interesting opening standpoint in what is clearly going to be a long and bloody battle between the rights of service users and indeed their staff with the demands of an external self-appointed 'god', making judgements on highly

complex issues about which they have little understanding. I strongly believe that if my staff were forced to join a trade union, I would be better off dead. (Stevens, 2008).

Shortly afterwards, a Scottish study by Unison was presented in the trade press as being critical of the workforce implications of self-directed support:

Personalised support schemes are breaching the employment rights of care assistants, Unison has warned. A Scottish study by the union found that some employees were failing to benefit from the minimum wage, statutory leave or maternity pay. Evidence from self-directed support schemes in Scotland showed care assistants hired by disabled people using personal budgets worked under conditions which broke employment law. (Lombard, 2008b).

Leaving aside the detail of these two stances, the way in which both were reported (and the reaction they generated) is probably more important than the original column and research study; what this suggests is that finding common ground in a way that brings people needing support together with those who provide it can be difficult, and that the issues can quickly become polarised. Of course, whether or not this is a bad thing probably depends on your point of view. On the one hand, consensus often helps things happen and reduces barriers. At the same time, perhaps the current system is skewed too much towards its own ends and a significant transfer of power needs to take place, and so expecting to find a win-win situation might be naïve. This might be a key issue for JRF to explore further, as the answer to this dilemma may well imply a different approach to future work: trying to build consensus between different stakeholders requires different products and ways of working to helping to shift and redistribute power.

Balancing risk and safety – attitudes to human nature

Having debated these issues with a number of different service user, practitioner, manager and policy audiences, my own views draw heavily on Duffy's (2005) hard-hitting caricature of the current social care system and the potential of self-directed support to develop a more positive approach to managing risk (see Table 1).

Table 1 Social care v self-directed support

Beliefs for social care	Beliefs for self-directed support
Disabled people are vulnerable and should be taken care of by trained professionals	Every adult should be in control of their life (including the risks they wish to take/avoid), even if they need help with decisions
Existing services suit people well – the challenge is to assess people and decide which service suits them	Everybody needs support that is tailored to their situation to help them sustain and build their place in the community

Money is not abused if it is controlled by large organisations or statutory authorities	Money is most likely to be used well when it is controlled by the person or by people who really care about the person
Family and friends are unreliable allies for disabled people and should be replaced by independent professionals	Family and friends can be the most important allies for disabled people and make a positive contribution to their lives

(Adapted from Duffy, 2005, pp.10)

Interestingly, much of the debate to date on personalisation has centred around how well the agenda might work in different user group settings – with doubts raised as to how appropriate these ways of working may be for older people in particular. My own view is that personalised approaches are crucial for all user groups, but that it may be necessary to work differently/harder in some areas, due mainly to the history and culture of some of these settings. What is crucial is that we try to tailor support to individual circumstances, and later sections of this paper argue that we should also adopt our approach to risk and regulation on an individual basis. While some older people may have a different approach to risk to some people of working age, we can still tailor support and regulation accordingly (and indeed shouldn't assume that older people will necessarily be any different from anyone else). In this way, the remainder of the paper talks about adult social care service users generically – taking it as read that a system of personalised care and support will tailor what it does fully to individual circumstances, preferences and situations.

Six key principles

When I was training as a social worker, it felt as if the whole system had been designed on the assumption that most people were either untrustworthy or incapable or both (unless you could prove you weren't). It also assumed that people only had problems, not strengths. In contrast, personalisation and self-directed support assume that most people are either capable or trustworthy or both (unless there is clear evidence that they are not, in which case we can focus the skills of experienced social workers and our adult protection procedures on those people who really need them). It also assumes that people have assets, networks and a capacity for innovation that could lead to improved support and better outcomes. Although personal budgets are often seen as 'being about the money', the concept is underpinned by the notion of 'real wealth' (developed by Pippa Murray with help from Nic Crosby and Simon Duffy (see www.centreforwelfarereform.org/innovations/real-wealth.html). This focuses not just on money but on *what people really need in order to live good lives…: resilience, strengths, relationships, community and control'.* Viewed from this angle, self-directed support turns the traditional system on its head and changes the underlying ethos of services and the current burden of proof. Were I practising now, I would want to work in a system that began with a more positive view of human nature and took necessary action in cases where there was an exception, rather than working in a system with a fundamentally negative view of human nature. I would want to build on people's strengths and contributions rather

than focus only on their problems, and I would want to try my best to promote 'real wealth'.

Over time, my own response to issues of risk and safety has come to be influenced by six key principles (see below). My own belief is that personalisation could help us to spend scarce public resources better than we do now, and that it could lead to a more meaningful and fulfilling relationship between people needing support and their personal assistants. As a result, the remainder of this paper focuses on risk and regulation in relation to potential harm to the individual rather than on the experience of staff or the use of public money (which are separate topics in their own right).

1. Risk is important – but people using services often perceive this in a disempowering way as something that is imposed on them by the system
Taking risks is an everyday part of life – and life without risks would be very dull indeed. While it is important to try to identify risks in advance and reduce the likelihood of them coming to pass, this cannot be an excuse for preventing people from having choice and control over their lives. Too many of the service users I meet see 'risk' as an excuse that practitioners use when they are telling service users they cannot do something – a justification for inaction or for the system not being prepared to back someone's chosen approach to their services and their life. This cannot be a healthy way of operating, and some form of shared risk between the person and the system seems necessary. Rather than being risk averse, we need to work in a way that enables positive risk-taking – and we need to support practitioners and the organisations that employ them to do this without fearing that we will come down on them like a ton of bricks if things go wrong.

2. We make people safe not by segregating them, but by building their confidence and by more fully connecting them to their communities
One of the lessons from the long-stay hospitals was that we do not keep people very safe by segregating them. Although this was often done in the name of keeping people safe from the risks that awaited them in the community, we know now that this had the opposite effect for some people, exposing them to poor care and abuse in isolated settings with no way of challenging what was happening to them. This may be an extreme example, but it shows what can happen behind closed doors when we remove people from their networks, their friends and their families. Although services have changed dramatically with the development of 'community care' and 'care closer to home', some of our domiciliary services still seem to segregate people in their own homes rather than connecting them more fully with their communities. In the words of one service user when I was training as a social worker, *'all they've done is transfer the asylum from the hospital to my front room'* (personal communication). This is very similar to Simon Duffy's reflections on moving services out of hospitals and into community, that sometimes *'we'd taken the institution with us'* (Duffy, 2011, pp.7).

Although keeping people away from risk might seem like we are protecting people, my own view is that no system can reduce risk altogether. Ultimately we make people safer by connecting them to a wide range of other people, by making sure they are visible and present in local communities, and by building confidence and self-esteem. As a by-product, this might also help people feel more confident doing things that are not otherwise considered 'risky' when others (e.g. people not using

social care) do them. Although this can apply to the big decisions in people's lives, it might also be true of small decisions too, and the broader psychology literature suggests that people who do best in life feel that they can control what happens to them. Those who do less well often feel that life has taught them that it doesn't matter what they do, as things just happen to you anyway (and after a while you give up trying).

While all this remains a personal view, it is interesting that direct payment recipients say that they have been a lot less abused and exploited (physically, financially and sexually) using direct payments and employing personal assistants than they were in previous directly provided services (IFF Research, 2008), and this may be because they feel more confident, more connected to their communities and more in control. I also wonder if some colleagues concerned about possible exploitation place too much faith in current processes and paperwork – contrasting an overly positive view of how we currently do things with an unnecessarily negative view of how a new system might work. They might also run the risk of confusing safeguarding and other procedures with keeping people safe – and these may be subtly different things on occasion. Just because we used a regulated care provider, for example, doesn't mean the resulting service will be safe (even if in theory it should be). While risk will always be with us, perhaps high-quality support planning (see below for further discussion) is a better, fuller and more proactive way of identifying and responding to risk than some of our current systems.

3. We reduce risks if we identify them in advance and plan what to do in an emergency

When I was training, I felt as if directly provided services did not protect people very well because they assumed that things would be broadly OK and did not plan what to do if something went wrong. The directly provided service was 'plan A', and if this didn't work there did not seem to be a 'plan B' (particularly if an urgent situation arose out-of-hours when there was no one available in an emergency). In contrast, the early direct payment packages I witnessed seemed much better at handling risk, because the system was so nervous about this new way of working that it made sure practitioners and disabled people sat down to anticipate possible risk, find ways to reduce it and put in place contingencies. Thus, direct payments and personal budgets may help people to plan more carefully than they might with directly provided services (where there is perhaps too much dependence on, and confidence placed in, 'the system').

At the time I was very struck by a story I read in an independent living magazine about a personal assistant who turned up late at night to hoist a disabled person into bed – but turned up drunk. Fellow social work students often saw this as evidence of direct payments exposing people to inappropriate levels of risk. However, I always felt that a local authority home carer could just as easily have turned up drunk – and there would probably have been nowhere for the disabled person to turn in an emergency. Because this was a direct payments package, the person had planned what to do in an emergency and could seek alternative support, even out-of-hours. They had also received helpful advice from the direct payments support service and were using an employment contract that enabled them to terminate the person's employment immediately. Many direct payment recipients would also have some sort of contingency fund that they could draw on in a crisis and/or to meet any extra costs while they were seeking more staff and rethinking their support – and this seems

crucial if the experience of direct payments is to be a positive one (especially for people with fluctuating conditions). Receiving a direct payment and being an employer may also have increased the person's confidence so that they felt better able to deal with a difficult situation than if the home carer had been employed by the local authority or a private agency. Ironically, therefore, this person felt safer to me with a direct payment than with a direct service, even though my peers were using this case as a reason for arguing that direct payments were too risky.

4. We might protect people better if we could focus our safeguards on those people who really need it

Although keeping people safe is crucial, I sometimes wonder if we spread our resources too thinly and sometimes do not keep people safe enough as a result. When I was a social work student, the care management process for older people in particular could feel like a conveyor belt – getting people in, giving them a package and getting them out again as quickly as possible. For some people, our systems seemed far too intrusive and disproportionate to the level of risk. For others, it did not feel as if we had enough capacity to provide the in-depth support that people seemed to need. Rather than treating everyone the same, personalisation might free us up to offer relatively minimal support to those who do not need much from us and can manage well by themselves, while at the same time focusing the time and energy of skilled workers on those people who really need it. This will depend on the individuals involved, but might include situations where people are assessed as lacking mental capacity, where people do not have natural supports and networks or where there are concerns about potential abuse and exploitation. If we could get this right, we might be able to protect people more by tailoring our support and our safeguarding for those who really need it – and we might also use the skills of experienced practitioners much better in the process. Crucially, we might also manage risk better if we know people well and spend time getting to know them – what they care about, what their life is like, what matters most to them. Managing risk without much context (as we often do now) is likely to be less effective.

5. Personalisation and safeguarding are (or at least should be) two sides of the same coin

In some authorities, there seems to be a personalisation lead encouraging people to take positive risks and a safeguarding lead encouraging people to be risk averse. Of course, this is a massive oversimplification, and it need not be like this at all. For me, personalisation and safeguarding are two sides of the same coin and need to be thought of and worked with together. This is about identifying the needs that the state feels it is legitimate to meet and the funding available, then supporting people to make choices and be creative about how these needs could best be met. By definition, this will be different for all of us, depending on our personal circumstances, prior experiences and relationships. For some people there will be significant risks to consider – and this could include a risk of exploitation from family members or other people from the local community. However, as suggested above, personalisation can free us up to engage in high-quality support planning for those who need it (and many may want to do this themselves or with friends and family). In this way, we could personalise *and* safeguard at the same time, rather than having separate systems and treating these as discrete tasks. My own view is that separating out these two agendas sets workers up to fail and frustrates service

users, and we have to be more imaginative and creative about how we conceive of and handle risk going forward.

6. We set people up to fail if they don't have enough support
Underpinning all the issues raised in this discussion paper is a belief that giving people choice without sufficient support merely sets them up to fail (and massively increases risk). Thus, the assumption throughout is that people need meaningful support to think through and exercise choice, and that this support needs to be just as tailored to their needs and individual circumstances as their subsequent 'services'. In many ways, personalisation is a journey for the person, the worker and the system, as we tentatively begin to ask more critical questions of how things currently are, start to think about what we want our lives to be like, begin to explore new ways of doing things and learn as we go. It often involves small steps as we gradually build our confidence, try things out, learn from what works and what does not work, make mistakes, grow and start to dare to believe that things could be different in future. For some user groups in particular this is even more challenging due to a history of low expectations (for example, in older people's services), a particular approach to risk (for example, in mental health services) or because they do not understand how current services work (and thinking how something could be different is difficult if you do not really understand how it works at present). All this takes time and it requires support – both practical support, but also peer support (to help share lessons that others in a similar situation have learnt informally and to provide positive role models to others). Throughout the development of direct payments, the evidence suggests that centres for independent living can be a crucial form of support for many people, and local authorities need user-led organisations locally to help with this agenda and to act as a critical friend to the system, challenging it constructively to do better. However, different people may well want different types of support, so there needs to be a range of options available. Certainly, personalising services but block-purchasing support seems ironic to say the least. Whatever the exact menu looks like locally, personalisation can be a way to improve safeguarding and can enable positive risk-taking – but only with adequate and tailored support. Whether or not this will be available in practice at a time of significant financial challenge remains to be seen, and this will be crucial to the roll-out of personal budgets and the impact they have.

Implications for policy, practice and regulation

The advent of direct payments, personal budgets and self-directed support raises crucial questions about risk and regulation. This involves some genuine dilemmas, and there seem few easy answers to unite a group of different stakeholders with increasingly polarised views. However, future policy and practice need to engage with at least seven key issues:

- Risk should be shared between the person who takes the risk and the system that is trying to support them. This has probably always been the case and in many ways the personalisation agenda simply makes this more explicit, shifting the balance of power and making genuine risk sharing more likely in future.

- Personalisation is not a panacea. Managing and reducing risk involves a careful consideration of potential risks, discussion about possible options and significant problem-solving, creativity and imagination. It also involves balancing potentially competing perspectives and requirements, and making trade-offs. Personalisation does not change this in the slightest, and this will continue to be a complex and nuanced activity requiring significant skill, experience and a willingness to work in partnership.

- Despite this, the different options available via self-directed support may give workers more of a spectrum of options. Under direct payments, the options were very 'all or nothing' – you either had the payment or you did not, you were in control or you were not. With personal budgets, a local authority could support someone to receive a direct payment. If enough support had been provided, if the level of the personal budget was correct and if there was significant evidence over time that the person's needs were not being met due to concerns about family abuse, then the local authority could use a different approach, still giving the person a clear sense of the amount of money available, but insisting that this is held by a third party (perhaps a social worker). This does not stop some families being abusive towards each other, but it does give the person and the worker a range of options as to how best to respond. Maintaining this flexibility will be crucial. In spite of the government's commitment to make direct payments the preferred option, which is an important statement of intent, it will depend on individual circumstances in practice.

- Our approaches and safeguards need to be proportionate to risk. At present, we probably spend a large amount of time and money on things where we have no evidence that they work (and maybe even on some things that we suspect actively do not work), and yet we subject new ways of working such as personalisation to much greater scrutiny than the previous system. This was captured neatly in a study by Henwood and Hudson (2007, pp.51), where an interviewee observed:

  We don't worry about all the money we waste on crap institutional provision, but yet we will worry about giving someone £20!

- In a similar way, regulation needs to be proportionate to risk. For some things, it is important that workers are trained, skilled and experienced with appropriate codes of conduct, safeguards, peer support and lines of accountability. For other tasks and situations, these things might not matter at all. Similarly, different people vary significantly in their safeguarding needs (and it varies at different points in our life), perhaps depending on factors such as our wishes and preferences when it comes to risk-taking, mental capacity, mental health, availability of advocacy and support, informal networks and care setting. Rather than having a 'one-size-fits-all' system of regulation, we will need to find ways of being clear when certain safeguards are necessary and when these are simply not needed and only get in the way.

- Many of the approaches discussed in this paper – access to practical and peer support, contingency funds and the availability of experienced professional staff when needed – could be undermined by the cuts that are currently being introduced. While personalisation *may* help us to spend the money we have as well as we can, we have to invest to save – and some of

the cuts that may be implemented in the coming months and years could prove to be a false economy if they prevent personalisation from flourishing.

- Last but not least, the biggest risk in the current financial and policy context is that we scrutinise and regulate personalisation to death, paying lip service to it but killing any scope for genuine creativity and gradually allowing the old system to recreate itself under the new language. This seems to be playing out differently in different parts of the country, but there is a risk that some of the 'risk enablement panels' that are being set up to support personal budget holders and staff to take positive risks, could actually become too slow and risk-averse – leading to a re-bureaucratisation of the system. With hindsight, this agenda was at its most vulnerable not when it was a series of small-scale local pilots, but when it became national policy and was rolled out rapidly across the board. The history of adult social care is littered with things that looked promising at pilot stage but that we killed stone dead in the implementation. The challenge in the current context will be to find ways of working with some very real issues about risk and regulation without allowing this to happen again.

Implications for the Joseph Rowntree Foundation

In constructing a future work programme, the Joseph Rowntree Foundation could usefully consider:
- whether there is scope to build consensus between different stakeholders, or whether this is a topic where a redistribution of power is required and consensus won't be possible. Clearly this has implications for the ways in which future work might be conceived and designed.
- practical ways in which local authorities can bring together work around personalisation and safeguarding
- different options for delivering personalisation in between large economies of scale and individual approaches (for example, via user-led co-operative models)
- how best to design more personalised approaches to risk and regulation (including discussion with key stakeholders in adult social care as well as any international lessons or experience from other sectors)
- the impact of the current financial context on personalisation
- the implementation of personalisation and ways of avoiding the old system from recreating itself.

A guide to further reading

For background reading on the direct payments, personal budgets and self-directed support, see:

Carr, S. (2010) *Personalisation: A Rough Guide* (revised edition). London: Social Care Institute for Excellence.

Glasby, J. and Littlechild, R. (2009) *Direct Payments and Personal Budgets: Putting Personalisation into Practice* (2nd ed). Bristol: The Policy Press.

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Hatton, C., Water, J., Duffy, S., Senker, J., Crosby, N., Poll, C., Tyson, A., O'Brien, J. and Towell, D. (2008) *A Report on In Control's Second Phase: Evaluation and Learning 2005-2007*. London: In Control Publications.

Needham, C. (2010) *Commissioning for Personalisation: From the Fringes to the Mainstream.* London: Public Management and Policy Association.

Needham, C. (2011) *Personalising Public Services: Understanding the Personalisation Narrative.* Bristol: The Policy Press.

Poll, C*.,* Duffy, S., Hatton, C., Sanderson, H. and Routledge, M. (2006) *A Report on In Control's First Phase, 2003-2005*. London: In Control Publications.

Tyson, A*.,* Brewis, R., Crosby, N., Hatton, C., Stansfield, J., Tomlinson, C., Waters, J. and Wood, A. (2010) *A Report on In Control's Third Phase: Evaluation and Learning, 2008-2009.* London: In Control Publications.

For key policy documents, see:

Department of Health (2010) *A Vision for Adult Social Care: Capable Communities and ActiveCitizens*. London: Department of Health.

Department of Health (2011) *Think Local, Act Personal*. London: Department of Health.

HM Government (2007) *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care*. London: HM Government.

Prime Minister's Strategy Unit (2005) *Improving the Life Chances of Disabled People*. London: Prime Minister's Strategy Unit.

For more critical accounts in the broader literature, see:

Ferguson, I. (2007) 'Increasing user choice or privatizing risk? The antinomies of personalisation', *British Journal of Social Work*, Vol. 37, pp. 387–403.

Rummery, K. (2006) 'Disabled citizens and social exclusion: the role of direct payments', *Policy and Politics*, Vol. 34, No. 4, pp. 633–650.

Scourfield, P. (2007) 'Social care and the modern citizen: client, consumer, service user, manager and entrepreneur', *British Journal of Social Work*, Vol. 37, pp. 107–22.

Spandler, H. (2004) 'Friend or foe? Towards a critical assessment of direct payments', *Critical Social Policy*, Vol. 24, No 2, pp. 187–209.

For specific material on personalisation and safeguarding/risk, see:

Carr, S. (2010) *Enabling Risk, Ensuring Safety: Self-directed Support and Personal Budgets*. London: SCIE.

Department of Health (2010) *Practical Approaches to Safeguarding and Personalisation*. London: Department of Health.

Duffy, S. (2011) *Safety for Citizens: Personalisation and Safeguarding (draft working paper 2.0)*. Sheffield: Centre for Welfare Reform.

Littlechild, R., Glasby, J. *et al* (2011) 'Risk and Personalisation', in Kemshall, H and Wilkinson, B. (eds) *Good Practice in Assessing Risk: Current Knowledge, Issues and Approaches*. London: Jessica Kingsley.

Manthorpe, J. *et al* (2008) 'Safeguarding and system change: early perceptions of the implications for adult protection services of the English individual budgets pilots – a qualitative study', *British Journal of Social Work*, Vol. 39, pp.1465–1480.

Manthorpe, J. *et al* (2010) 'Individual budgets and adult safeguarding: parallel or converging tracks? Further findings from the evaluation of the individual budget pilots', *Journal of Social Work*, [online] available at: http://jsw.sagepub.com/content/early/2010/09/18/1468017310379452.abstract (accessed 23 May 2011).

Useful websites include:

Centre for Welfare Reform: www.centreforwelfarereform.org

In Control: www.in-control.org.uk

National Centre for Independent Living: www.ncil.org.uk

Social Care Institute for Excellence: www.scie.org.uk

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Jackson, L. (2009) 'The choice is yours', *The Guardian* Society, Social Care supplement , 28 January, pp. 2.

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Mickel, A. (2008) 'What's the outlook for adult social care?' *Community Care*, 23 October, pp. 28-30.

NHS Confederation/National Mental Health Development Unit (2011) *Facing up to the Challenge of Personal Health Budgets: The View of Frontline Professionals.* London: NHS Confederation/National Mental Health Development Unit.

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