Personalization Agenda in Relation to Social Work with Vulnerable Adults in the UK

The key discourse in relation to personalisation agenda is based on giving service users ‘control’ in order to have independence to decide in the ways their social care should be managed (Beresford, 2014). The approach personalisation has taken is regarded as a transformation in United Kingdom’s social care system as it has changed from a monopolistic ‘one size fits all’ to a more specifically ‘tailored’ service. The implementation of the policy was launched with the purpose to promote empowerment of the service users and improve social cohesion. This was to be done through (mention the aspects). Moreover, the Department of health (2018) has effectively done this by incorporating improved service user provision in giving more advice on information about care, supporting their families, promoting independence within the community and making investments in efficient services to improve delay in service user need. The social work profession regards personalisation to be in line with its core values as it promotes empowerment, respect for individual choice and dignity (SCIE, 2009). However, discourse around the radical neoliberal ideology that it is embedded in has created debate as to whether it has genuinely personalised vulnerable users. Moreover, there are arguments as to whether the embedded neoliberalism has put social work profession in a position of dilemma and challenged when working with service users. This paper will demonstrate the key aspects of the personalisation agenda in relation to the social work profession when working with vulnerable adults in the United Kingdom.

Personalisation evolved from the 1970s ‘civil rights movement’ which advocated for the importance to enable disabled people to acquire autonomy, control and power over their lives instead of involuntary institutionalisation (Gardner, 2014). Inversely, prior to the launch of the agenda, the universal welfare state system was perceived to have a more paternalistic approach in service which services users deemed to be patronising and dismissive towards their choice and desires. As a result, the personalisation agenda became widespread after the government’s publication of ‘Putting people first concordant’ was released in order to securely give control in developing a system of ‘care and support’ that would be in regard of the user base full involvement in order to meet their unique tailored needs (HM Government, 2007).

Additionally, the implementation of the policy intended to create more cost efficiency through personalised services. Consequently, service users would have been expected to have a direct vested interest by encouraging the resources to be spent more efficiently hence recognising money directly allocated to them to be more effective (Stainton et.al., 2009). For instance, rather than a local authority pursuing an inflexible private-sector service which would charge on ‘hourly’ basis, service users would be more flexible in the care working arrangement gradually reducing the overall cost and effectiveness. For instance, instead of putting social workers in a position to sign post services that would charge for care by the ‘hourly rate’, service users would be given control, and this would be more flexible in their working arrangement but also cost effective. Although this is rationale and can be assumed to put service user

Self-directed support

Critics such as Beresford (2014) argue that unlike the disabled movement which was a far more democratised by committing to giving service users choice and control, self- directed support seemed to be related to a top-down managerial and consumerist agenda. He further argued that this was because the disabled direct payments were seen as social movements whereas self-directed support was linked to ‘third sector’ models that were based on ‘professional expertise’ and provision driven by the market. Consequently, service users would play a role as part of the ‘social value’, hence acting as social entrepreneurs by co-producing together with their local authority and charities through their contributions as innovators. Inversely, by doing this, service users will be active citizen members of social care’s quasi market. Nevertheless, the controversial discussion placed by critics such as Beresford, implying that central government’s motive to implement personalisation is as a result of cost cutting and driven by a profit making agenda rather than genuine interest to promote empowerment, pose a question as to how far the social work profession play a part in contradicting as well as challenging their professional values of liberation and empowerment.

Likewise, self-directed support in personalisation was aimed to simplify the allocation system in social care. This was done with the intention to reflect the transformation and replacement of social care from ‘paternalist’ care management to ‘self-directed support’ (SDS). Self-directed support would be tailored through a resource allocation system, whereby social workers will provide a ‘self-assessment questionnaire’ to service users and this would help them tailor their own care (Power, 2017). Correspondingly, a decision regarding the service user’s care needs would be made through making a comparison between the actual care needs and a set of ‘nationally agreed criteria’. In this process, social workers would have to consider in what ways the needs would be assessed and also how it could affect the general wellbeing of the service users. By social workers supporting services users during both assessment and review, in order to self-direct their support through the self-assessment questionnaire, Power (2017) argues that the purpose of the policy if reflected by promoting choice and control at every stage of the process.