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Personalisation as contribution-focused social work practice

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ABSTRACT

As a key driving force in adult social care policy in both the United Kingdom and internationally personalisation has wide-ranging implications for the social work profession. Yet its meaning can be elusive and is often contested. This article explores findings from a doctoral study which sought to explore the current meanings associated with the notion of personalisation, by asking those with lived experience how it is experienced by them. Unique features of the study's participatory and psychosocial research design, which placed lived experience at its centre, are outlined. Original findings from the study explored in this paper include a range of themes related to dependence, independence and interdependence, depersonalisation and reciprocity. Risks associated with contemporary practice models in adult social work, including strengths-based approaches are explored. Based on the findings a reorientation towards 'contribution-focused practice' within a relationship-based practice model is proposed.

KEYWORDS

Personalisation; social work practice; adult social care; independence; dependence; lived experience; reciprocity; psychosocial research

Introduction

There is growing recognition of the need for 'lived experience' to have a central place in research, policy and practice in social work (Beresford, 2021; Research in Practice, 2021; Sealey et al., 2022). Reflecting this development, lived experience features prominently in the professional, education and training standards of Social Work England (Social Work England, 2019, 2021). The study that is the focus of this article explored personalisation by focusing on lived experiences. Learning from the study included identifying a need to clarify terminology related to the concept of personalisation. There is no one shared meaning amongst policy makers, people with lived experience, social work practitioners and managers; for different people in different roles personalisation has different meanings. It is for this reason that this article begins by contextualising the findings and discussion that shall follow with an initial exploration of the concept and meaning(s) of personalisation.

Personalisation is a concept and social policy objective that has relevance to social work practice with adults in the United Kingdom and internationally. As Prandini (2018) observes, the trend towards personalisation is occurring in many parts of the world besides the UK, including but not limited to the United States, Australia, Germany, Scandinavia, Italy and the Netherlands. By way of example, Pozzoli (2018a), focusing on

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the Italian experience, indicates that vouchers and budgets in the name of personalisation have been part of the Italian care sector for almost twenty years. In the UK, some consider personalisation to be *the* principle underpinning contemporary social care policy (Wilson et al., 2011). Needham (2011) contends that a narrative of personalisation was established as a policy orthodoxy and that is presented as both self-evident and irrefutable. Needham and Glasby (2014, p. 3) declare that it is ‘one of the key themes of the past decade, and quite possibly one of the key agendas of the next ten years’. Focusing in particular on social work, Beresford (2014, p. 1) asserts that personalisation is ‘without question the dominating idea and development currently in social work and social care’. Furthermore, the *Care Act 2014* was regarded by some sector leaders and policy-makers as placing personalisation on a statutory footing. This landmark legislation modernised and consolidated most of the existing law in the area of adult social care (In Control, 2015). Commentators have described the *Act* as ushering in significant reforms to adult social work and heralding the biggest change to adult social care law since the *National Assistance Act 1948* (Community Care, 2014). The Association of Directors of Adult Social Services (ADASS) hailed the *Care Act 2014* as putting the right to a Personal Budget and self-directed support into primary legislation for the first time and furthermore note that the *Act’s* regulations and guidance set out that personalisation and self-directed support is now the expected norm of the care and support system in England (Association of Directors of Adult Social Services, 2017). What seems clear is that personalisation will remain a topic of relevance for social work practice with adults, nationally and internationally, for the foreseeable future.

However, in late 2017 Simon Stevens, independent disability and inclusion consultant, outlined his fears that personalisation is ‘dying’ because the current generation of social care professionals have forgotten what it is (Stevens, 2017). Stevens’ challenge is sobering and captures the despair that may be felt by many disabled people and service users, whose experience of adult social care is now anything but personalised. Yet, have social workers and other social care professionals forgotten what personalisation is or might it be the case that they never fully understood what it was? There is a veritable quagmire of jargon that necessitates a ‘jargon buster’ (Think Local Act Personal, 2018) to help service users, carers and social work professionals alike to make sense to personalisation. The ‘jargon buster’, defines personalisation as follows:

A way of thinking about care and support services that puts you at the centre of the process of working out what your needs are, choosing what support you need and having control over your life. It is about you as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations (Think Local Act Personal, 2018).

This seemingly simple definition belies the highly contested and confusing territory that one encounters when reviewing the literature in this area. It is important to note that a number of principles and concepts, including self-directed support, co-production and personal budgets and notions of ‘choice’ and ‘independence’, typically fall within the ambit of, and at times are conflated with, personalisation.

Writing for this journal, Parkinson (2010, p. 247) suggests that ‘instead of thinking about services, the philosophy of personalisation invites us to start with the needs, wishes and capacities of the individual person’. According to Beresford (2014, p. 1), personalisation is ‘a term that has no clear or agreed meaning and does not have a place in many

established dictionaries'. Gardner (2011, p. 18) argues that personalisation is both a 'way of thinking and a way of doing' that is guided by an underlying philosophy and principles including 'self-determination', 'dignity' and 'choice'. As Needham (2011, p. 4) discovered in her analysis of personalisation policy, in place of a clear definition, there appeared to be a set of stories being told about how personalisation has transformed the lives of service users, which together 'constituted a narrative of public service reform' (Needham, 2011, p. 4). Some observers point to policy documents such as *Putting People First* (England, 2007) and *Independence, Well-being and Choice* (England. Department of Health, 2005) for a definition (Hamilton et al., 2016; Lymbery, 2014). While for Needham and Glasby (2014) personalisation is 'broadly (and often poorly defined)' but with two key 'mechanisms': direct payments and personal budgets (Needham & Glasby, 2014, p. 4). Pozzoli (2018b) describes personalisation as both a vision and a 'toolkit' which includes self-direct-support, direct payments, person-centred-planning (PCP) and personal budgets. This thinking follows a similar line to that earlier advanced by Duffy (2010, p. 254) when he sought to clarify the meaning and usage of the term by setting out three meanings of personalisation, 'rhetorical', 'technological' and 'policy', to allow for rational discussion.

It was, in part, an apparent need to interrogate meaning and recover focus in the contested and ambiguous policy context of personalisation that prompted the study that is the focus of this article. The views and experiences of research participants, which feature in the findings section later in this paper, bring a unique and, at times challenging, perspective to this discussion which is rooted in their lived experiences of social work practice in a policy context of personalisation.

Research methods

The study, a social work doctoral thesis, focused on lived experiences of people with experience of the adult social care system in England. A multi-method qualitative approach was utilised in the research, which included two key elements: semi-structured psycho-social interviews and a reflective group. Semi-structured, psycho-social interviews were undertaken with eight people. The participants were seven individuals with direct experience of adult social care, one accompanied by a family carer who facilitated participation and also contributed to the interview. Each participant was interviewed twice, with on average a period of two to four weeks between the initial and follow-up interview. The interview method was informed by the 'free-association narrative interview method' as described by Hollway and Jefferson (2013). The group element was a co-researcher reflective learning group with 'Experts by Experience'. The Experts by Experience included five people who had experience of, and an interest in, adult social care in a policy context of personalisation. The co-researcher reflective learning group analysed and reflected upon extracts from the semi-structured psycho-social interviews. During meetings of the co-researcher reflective learning group the intention was to encourage discussion and reflection in a manner similar to 'free association' in psychoanalysis, and to foster a creative atmosphere in which the frustration of 'not knowing' could be tolerated in a manner consistent with 'negative capability' (Hollway & Jefferson, 2013; Bion, 1970). In addition to sharing their own perspectives, associations and responses to the interview data,

the group were also encouraged to suggest questions for follow-up interviews, to challenge the researcher, to help maintain a focus on important issues for people with lived experience, and to help to refine the research methods. As interview participants were interviewed twice, this afforded an opportunity for initial data analysis and suggestions for further lines of inquiry to be identified with the co-researcher reflective group before the second interview took place.

The research generated three interrelated data sets: data from the semi-structured psycho-social interviews; data from the co-researcher reflective learning group meetings (which included participants' reflections on the semi-structured psychosocial interview transcripts and reflections/associations to their own lived experience) and researcher-centred observations and reflections. The data items that made up the data sets included transcripts from seven 60–90 minutes initial interviews and seven 60–90 minutes follow up interviews; transcripts seven 90–120 minutes meetings with the co-researcher reflective learning group and the researcher's reflective logs which were recorded after each interview/group meeting. Initial themes were generated with the co-researcher reflective group and once the group process had concluded a full cross-case thematic analysis was undertaken (Braun & Clarke, 2006).

The methodological framework of the study was 'psycho-social studies', which uses 'psychoanalytic concepts and principles to illuminate core issues within the social sciences' (Clarke and Hoggett, 2009, p. 1). The notion of 'researching beneath the surface', and in doing so considering 'unconscious communications, dynamics, and defences that exist in the research environment' is a key tenet of psycho-social studies (Clarke and Hoggett, 2009, pp. 2–3). Personalisation, as the focus of the research, is a broad policy rooted in the political and social realms which have an impact on psycho-social lived experiences. According to Adams and Manen (2008 as cited in Given, 2008, p. 616), the term lived experience derives from the German *Erlebris* – 'experience as we live through it and recognise it as a particular type of experience'. Boylorn (2008 as cited in Given, 2008, p. 489) conceptualises the exploration of lived experience in qualitative research as 'a representation and understanding of a researcher or research subject's human experiences, choices, and options and how those factors influence one's perception of knowledge'. The psycho-social framework provided

conceptual tools for surfacing and understanding unconscious factors associated with this important area of social work policy and practice.

Findings and discussion

On what is personalisation

The research participants' associations to personalisation traversed social inclusion, having choices and being able to exercise control. The initial associations that follow are broadly consistent with the meanings of personalisation written into key personalisation policy documents that were referred to earlier in this article.

For me, personalisation, in the purest form, means it's support that suits you; you have control of it, rather than something you fit into.

(John,¹ Interview #1).

Personal budgets and direct payments, as mechanisms to achieve more personalised care and support arrangements that facilitate independent living and wellbeing were highlighted. Direct payments in particular were held to be superior.

I was using Direct Payments [. . .] And I think I felt I had a lot more confidence, a lot more say . . . if I didn't like a carer, or I didn't get on with one [. . .] I'm the one paying, so I had more say and control in my care . . .

Researcher: It sounds like Direct Payments has given you more choice and control.

Absolutely. That's where it comes from. If you let the council do the work, the paperwork and . . . using agency [carers] . . . it will be regimented. And they rarely divert from the regiments. You're not at the centre of it, you have to adhere to it.

(Mandy, Interview #1).

This research participant was strongly in favour of direct payments, which she contrasted with experiences of regimented agency support. The Reflective Group had very clear views on what meanings personalisation held for this participant.

It means that she can organise her life how she wants. I mean, she talked about going to Bath. Lucky her! And she did that by saving her hours. So, actually, sort of saying: do I want this, or do I want that. And that's the whole thing about direct payments; you can just kind of say: I'll just stay in my pyjamas all day tomorrow, or something; because that then means I can go to Bath at the weekend. Or something. And I think that she understands . . . she's learnt very quickly and understands pretty well how to kind of manage things. (Reflective group meeting discussion #5).

Here one group member explores banking hours and using direct payments flexibly. Another agrees, saying '*Yes, she's working the system in the very best sense of the word, I think*'. So too another, who says '*I think the same . . . It means she can live more of the life she wants to live . . . [and] nobody wants regimented and institutionalised care in their own home*' (Reflective Group meeting discussion #5).

Another participant linked their experiences of personalisation to having a personal budget which enabled her to purchase support to help her to look after herself. There were some interesting perspectives about this which were explored by the Reflective Group.

Anya: I think she'd made a good life for herself. And she has a personal budget, so I suppose . . . I think she's made choices, she gets on with her [siblings], she lives with one of them, she goes wherever she wants, she likes this [centre] very much, she has her friends, she meets them outside and she goes to the social club, she meets them at home. And . . . um . . . she's projecting an image of being content. So, I think for her, personalisation has meant that she can build up the life she wants, based on what's on offer around her.

Tom: That sounds to me like a rather rosy picture of the life she's got. She didn't sound to me so sort of fulfilled as you were I think implying then, Anya.

Anya: I felt she was fulfilled. But then, maybe, just because . . .

Tom: I think the thing that stuck in my mind was how many times she said – in different ways – if it wasn't for this [centre], I don't know where I'd be, I don't know who I'd be, or what I'd be doing. You know, there was a sense that she almost wouldn't exist, or would have

disappeared, or collapsed, or disintegrated, if it weren't for the [centre] holding her together. And it was almost, to my mind, as though the personal budget was just incidental to this. It just happened to be where some of the money came from; it wasn't that she was conscious of using it in any particular way.

Anya: That's why I qualified by saying: she's built a life for herself, using her personal budget, based on what she finds around her. So I wasn't saying she has the ideal life, I was saying based on what she finds around her, on offer. You don't usually get a thousand choices, you get maybe two choices or three choices ... (Reflective group meeting discussion #5).

Here, the Reflective Group, in dialogue, bring a significant degree of complexity to the analysis of what meanings personalisation may hold for this person. The functions of her personal budget are explored. Not only are notions of choice and control emphasised, but also some unconscious functions of the 'centre', which she accesses with her personal budget, are explored. While her personal budget may indeed be incidental, the personalised care and support that the centre provides to her were thought by some members of the Reflective Group to hold her together and prevent disintegration. Such ideas have resonance with the notion of 'holding' (Winnicott, 1964) in which the mother's provision of a trusting and safe holding environment enable a child's growth and development, later applied to therapy via a consistent therapeutic frame. Holding might, therefore, be one important meaning of personalisation for this participant, illuminated by the reflections of the Reflective Group.

When reflecting on their lived experiences of adult social care and personalisation, research participants were eager to stress that independence must include support. Indeed, research participants were wary, and at times dismissive, of the notion of independence.

And what I think, especially in terms of social care ... should be this idea that independence includes support. Like, it's not about going off and doing something on your own, but actually about you going off and doing something with the right support means you can do it.

(John, Interview #1).

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It could be allowing you to have a piece of equipment that helps you to ... erm ... be – I hate the word: independent – but independent in quotes, because I rely on my PAs [Personal Assistants] for everything, but I say I'm fully independent." (Reflective group meeting discussion #3).

Such views diverge from dominant narratives of adult social care in a policy context of personalisation, where independence is often prized if not idealised. However, there are some important distinctions to be made. Independent living and independence are often conflated and confused in adult social care, social work and personalisation policy discourse. The meaning and goals associated with the pursuit of independence are somewhat more ambiguous than the rights-based philosophy of the movement for independent living. Wilson et al. (2011, p. 520) situate independence as a policy objective within a wider context of contemporary social policy and note 'the interaction of the themes of independence, dependence and interdependence are not fully worked out [in social care policy] ...' and identify 'a lack of reality' concerning the policy. Similarly, Ferguson (2012, p. 57) argues that there is a 'very shallow and debased understanding of dependence and independence that lies at the heart of some influential versions of

personalisation', particularly an individual rights model. In short, it is essential to understand that the pursuit of independence can be markedly different from the pursuit of independent living as first conceptualised by the American Independent Living Movement (ILM) and subsequently adopted by UK-based disability activists. Perhaps there is awareness of the potential for the concept to be misunderstood and misused, as definitions of independent living sometimes explicitly seek to ground the notion in reality. Dickenson and Glasby (2010, p. 8), for example, assert that independent living 'does not mean doing everything yourself – in practice, no one is truly independent, and we are all interdependent on others to meet our needs as human beings'.

The findings relating to independence and dependence appear to highlight the prevalence of unconscious fear and denigration of dependency operating within an ostensibly personalised system of adult social care (Cooper & Lousada, 2005; Dartington, 2010). Those with lived experiences of personalisation appear to have encountered and rejected false notions of independence and dependence within the social care system. Indeed, the research findings challenge the notion of an independence/dependence binary and assert the reality of a mixed or more integrated state, one that might be termed 'interdependence'.

And as for the charity, it seems like it is a big support to her. But it's not in a dependent way. Because I'm sure the fact that she goes to the charity, and makes use of what they offer, that helps the charity as well. So it's not so much dependence, as inter-dependence [emphasised again], rather than independence. (Reflective group meeting discussion #4).

Interdependence is a term that is associated with social psychology; when used in that discipline it denotes a focus on relationships between people which is held to be as important as the people themselves (Kelley & Thibaut, 1978). It is also associated with systems theory, where meaning is located in the 'connectedness and interdependence of apparently discrete and separate experiences and actions' (Dartington, 2010, p. 20). In addition to applying this theory to large and complex entities, such as a business or indeed an adult social care department, we can also think of a 'person as a system' (Dartington, 2010, p. 20). The term is also used by O'Brien (2013) in relation to social role valorisation and person-centred support. The key characteristics of interdependence that emanate from the research data include notions of connectedness, mutual support and non-pathologised states of dependence. Interdependence in this regard closely approximates with Fairbairn's (1952) definition of 'mature dependence'. Mature dependence denotes a developmental progression from infantile dependence, characterised by a recognition of the other person as being separate (Gomez, 1997; Fairbairn, 1952). Mature dependence involves making choices on whom to depend, and a wish to give as well as to take (Gomez, 1997). By denoting it as a developmental achievement, Fairbairn's notion of mature dependence highlights the reality of our adult dependency needs and affirms interdependence, not independence, as central to healthy adult development. Viewed in this light, experiences of personalisation that are based on 'shallow and debased' notions of independence and dependence (Ferguson, 2012, p. 57) risk thwarting, rather than facilitating, service users' developmental progression towards 'mature dependence' (Fairbairn, 1952).

Reciprocity

Yes, family is important. Because they want to help me, and I want to help them.

(Nigel, Interview #2).

I've always wanted to write for kids, at the back of my mind. I just didn't know how. And I've gained a really great understanding of sort of the worries kids have, and particularly those with disabilities, who never see themselves in books or things like that. So, I would love to kind of take the experience that I've had, and tell a story about ... that included disabled characters, but had nothing about ... their disability getting in the way of things, but ... yeah ... something ... whether it's a book or a theatre piece ...

(Mandy, Interview #2).

Notions of reciprocity and giving back featured prominently in the interview data.

The theme was evident across all participant interviews. One participant spoke about the support he would get from colleagues who he would in turn informally mentor and characterised this as '*an investment we make, in each other*'. Another participant frequently emphasised the importance of taking care of family and looking after family and friends. He also emphasised the reciprocal nature of his relationships with his family. One participant took pride in making planters, shelves, a bed frame and other items for family and friends at a workshop he attended as part of a wood-work community project. Likewise, volunteering at a day centre and a local charity shop was important for one of the interview participants. She spoke about how she would greet people and answer the phone on reception and appeared to take pride in the contributions she was making. Finally, one participant set out how he is a trustee, volunteer director and disability activist – roles he undertakes alongside paid employment because he considers himself lucky and wants to help other disabled people to secure their rights and entitlements. The co-researcher reflective group also identified reciprocity as an important theme and related it to the importance of peer support among service users of adult social care.

And that led me to think, in terms of a social services organisation in a borough, it might be worth putting training funds and resources into training people to be better peer group supporters [...] Because I think all of us with experience of living with a disabling condition, or with disabilities, have got things to give to people in the same situation or worse, new to it. [What was said] made me think of peer support. (Reflective Group meeting #3).

Reciprocity was an important meaning associated personalisation in the research findings that appears to be marginalised and under-represented in policy and practice frameworks.

Depersonalisation

Such a revolving door of carers, who just didn't want to be there. A lot them would say to each other, speak like I'm not in the room, they would talk about how much they hate the job, or they hate other clients [...]

... And it was just sort of my lowest point. Sort of, feeling like, not just a burden, but something more subtle, that it was disgusting. . . disgusting that I need to use the toilet, or need to empty my bowels, because they'd talk about how much they hated doing that with other clients. So they must hate doing that with me as well. Like, I was just sort of made to feel, like, you were . . . yeah . . . a disgusting burden.

(Mandy, Interview #2).

...

Since austerity, we've had a change of social worker, and we've also . . . they've had changes in management every few years. So no one ever gets close to you, because by getting close to you, I think it makes it difficult for delivering bad and difficult messages.

(Mike and Karen, Interview #2).

... [W]hen you receive a letter, then you're going to have an assessment. It starts the worry: Oh my God! Are they going to cut my care and support? You know. What demands are they going to put on me? Are they going to tell me that I have to use alternative services? Are they going to cut the support, so I'm going to have to make my PAs redundant? How am I going to pay for that? Who would I get in their place?

(John, Interview #2).

The findings revealed countless instances where interview participants recounted experiences that seem to run counter to the whole philosophy of personalisation. Interview participants and members of the co-researcher reflective group appear to be describing encounters with a social care system that appears unreal, detached from reality and emotionally numb. Such a phenomenon might best be characterised as 'depersonalisation'. In psychiatry, depersonalisation refers to a mental health condition in which one experiences feelings of detachment and unreality (Baker et al., 2003). There is no clear theorisation of depersonalisation in personalisation discourse. While personalisation implicitly seeks to overcome depersonalisation by, for example, seeking to put the person at the centre of social care policy and service provision, there is little theoretical consideration of why depersonalisation manifests and why personalisation is not a normative state across the social care system. While it seems likely that depersonalisation, as described above, might be amplified by austerity and fragmented models of care driven by costs, it also seems clear that the phenomenon pre-dates the advent of austerity and indeed the current cost of living crisis. There have been growing critiques in the last decade about 'care management', a model of social work practice associated with community care policy which entails a care manager (social worker) commissioning and having oversight of services provided to a service user (Wilson et al., 2011). A care management approach is typically short term, involves minimal direct contact and limits the capacity for the formation of a relationship between the social worker and the service user.

Holder (2002, p. 114) argues that care management is an individualising model that 'implicitly downplays the significance of relationships, personal contacts and continuity of care . . . emotional needs of users may be neglected'. Care management might, therefore, be characterised as a deliberately de-personalised approach to social work practice. Despite a care management model being widely abandoned, more general concerns about stultifying managerialist approaches in social work persist; what Maclean et al.

(2018, p. 95) suggest could be described as ‘conveyor belt social work’, which prioritises case management, accountability, targets and evidence-based practice. What seems apparent is that the characteristics of a care management model and its depersonalising impacts may endure, albeit in a system now ostensibly committed to its opposite.

It seems plain that a *deliberately* de-personalised approach to social work practice would run counter to social work values and ethics. Neoliberalism and its effects could be interrogated on this basis. What of the emotional and psychological impact on people who encounter the phenomenon when accessing, or trying to access, adult social care? It left Mandy feeling disgusting and fragmented: ‘*reduced to bodily functions*’. Depersonalisation, as described in the research findings, has features of what Bion (1967, pp. 116–117) refers to as ‘nameless dread’. Bion (1967) notion is that if the projected anxiety of the infant is not taken in and understood by the parent then, in place of understanding, what the infant experiences is ‘nameless dread’ and the parent is experienced as a ‘wilfully misunderstanding object’. In this formulation it does not matter whether deliberate or not, if projected anxiety is not understood the impact is the same: nameless dread and feeling wilfully misunderstood. Repeated experiences of an adult social care system in the grip of depersonalisation are likely to have adverse emotional and psychological impacts.

Why might depersonalisation, as described above, manifest? As outlined earlier in this paper, defences against anxiety associated with dependency are a prominent feature of the adult social care system (Cooper & Lousada, 2005; Dartington, 2010). Depersonalisation, as it manifests in the social care system might, therefore, describe individual and organisational defences against anxiety associated with dependency. Consistent with the original social systems as a defence against anxiety thesis advanced by Menzies Lyth (1960), depersonalisation functions to protect the system and the staff working within it from unbearable anxiety associated with encounters with dependency, need and being confronted with the reality of one’s own mortality. During the co-researcher reflective group meetings, participants seemed to be working through, individually and collectively, some painful realities about life, of living with a disability and/or long-term condition, and the shared reality of our dependency. While personalisation may be liable to defensive appropriation at a policy level, the findings suggest that the concept is not inherently antithetical to realistic and truthful conceptions of dependence and independence. The lived experiences of personalisation that were explored and given voice in the research refute the independence/dependence binary and assert the reality of interdependence.

In order to overcome the widespread phenomenon of depersonalisation in the social care system, practitioners and organisations must be equipped with the necessary resources and skills. This includes the theoretical and practical tools to work with their own and others’ anxiety that stem from psychoanalysis and of particular relevance to social work, theories and models of relationship-based practice. Relationship-based practice approaches (Hennessey, 2011; Megele, 2015; Ruch et al., 2018) build on earlier psychoanalytic and psychosocial social work models, notably Hollis (1964). Such models emphasise the centrality of the relationship between social workers and service users (Ingram & Smith, 2018). They can assist in the identification and examination of feelings and inter-subjective dynamics occurring between the practitioner and the service user. Personalisation and relationship-based practice

approaches would appear to share a common set of aims and values. I am inclined therefore to agree with Parkinson's (2010, p. 250), assertion in the last special edition on this subject that there is congruence between personalisation and relationship-based social work and the potential for psychoanalytically informed social work practice to help 'navigate the pitfalls and possibilities of personalisation'. The findings suggest that this is important particularly in relation to experiences of independence and dependence encountered in adult social care and social work in a policy context of personalisation.

Denial and strengths-based practice – a cautionary note

Strength-based approaches as a practice model for social work have been gaining traction and have been promoted by sector leaders in recent years (England. Department of Health, 2017; England. Department of Health and Social Care, 2019; Hardy, 2018). Allied with the pursuit of unrealistic and unattainable states of independence which predominant in the resource-scarce context of adult social care, strengths-based approaches may risk denying or obscuring dependency needs. Indeed, might strength-based approaches unwittingly be a new guise for the pursuit of independence in adult social care? Social work practitioners need to be alert to how a focus on strengths might unconsciously collude with their own psychic defensive mechanisms that function to defend against painful encounters with dependency. Such encounters can be painful because they stir anxieties associated with one's past and inevitable, future experiences of dependency. In this sense, strength-based approaches can function as a defence against anxiety, legitimised as a practice model. So too, a focus on strengths might imply that needs and dependency are 'weaknesses'. While strengths-based approaches are somewhat vague, they nonetheless seek to focus practitioner attention on 'strengths', 'personal assets' and 'sustainable solutions' (England. Department of Health, 2017, p. 4). These are not inherently bad aims. However, the research findings suggest that strengths-based approaches may have some adverse implications for service users and disabled people who are learning to live with impairments, and who may be working through their own emotional and psychological processes of adjustment. One participant for example, explained how she would minimise her needs and overstate her capacity for independence in assessment processes. Vague or loosely defined strengths-based approaches offer little guidance to social work practitioners meeting with such complexity. Indeed, they may be counterproductive if deployed reductively and translated into tick box assessment forms or questions on a checklist that narrowly focus on strengths. The vagueness of strengths-based approaches may also be problematic in a context of austerity, with limited resources amplifying local authorities' gatekeeping and rationing functions. The experience of personalisation policy, also often regarded as vague, might function as a cautionary tale. What is of paramount importance is that any practice models in social work facilitate working with people who have needs, including facing the realities of dependence and interdependence.

Key implications for social work practice include the need to take a critical stance and problematise notions of independence and strengths when encountered in personalisation policy and practice. Interdependence is a notion that can assist social work practitioners to overcome an independence/dependence binary. So too the model of

‘independent living’, which is based on a much more clearly defined set of principles that originate from the disability rights movement and self-directed support are likely to better accord with social work values. Above all, social workers can play a positive role in facilitating service users’ development, including a developmental progression towards ‘mature dependence’, by acknowledging and facilitating interdependence. Arguably, such models implicitly pursue such aims by virtue of their determined focus on citizenship and social inclusion.

Reciprocity and contribution-focused practice

The research findings assert the importance of reciprocity. Indeed, it was central to participants’ conceptions of personalisation. Reciprocity is a notion that is linked to relationships and interdependence. The implication is that enabling reciprocity as part of social work practice in a policy context of personalisation thus becomes an important focus. The importance of reciprocity is also reflected more widely in the literature. There are links with reciprocity to principles of social inclusion and social role valorisation. Enabling people to have valued roles in the community and society is its primary objective (O’Brien & Lyle O’Brien, 1988; Wolfensberger, 1972, 1983). Similarly, Duffy (2010, p. 263) includes ‘contribution – giving to others through family and community’ as one of the six keys to citizenship. Reciprocity is thus acknowledged to be an important constituent of citizenship. Members of the co-researcher reflective group highlighted the potential for reciprocity to be enabled via peer support. The emphasis in this regard is not about replacing professional support with peer support, but rather that it can be an adjunct form of support that also enables people to help others by sharing their knowledge, skills and experience. Reciprocity can also find expression in the professional relationship between social workers and service users. Reciprocity is something that service users want and require and is an important aspect of citizenship. The implication, therefore, is that social workers have a pivotal role to play in enabling reciprocity to be realised for service users of adult social care.

Current social work practice models do not adequately address service users’ need for reciprocity. Strengths-based approaches could conceivably satisfy the need for reciprocity, but care must be taken in how they are translated into social work practice. It seems important to avoid a crude identification of ‘strengths’, whilst unwittingly denigrating dependency as ‘weakness’. For this reason, I propose a conceptual reorientation towards a focus on ‘contribution’. In practice, this would entail placing greater emphasises on consideration of what and how a person can contribute as part of a support planning process. Such contributions might be to one’s family, peers, local community, or society at large. Specific examples identified in the research include paid or volunteer work, peer support and sharing tasks or responsibilities with family members. Co-production, at any level, also provides opportunities for contributing, for example, in the development of a support plan or in the design and commissioning of services. A focus on contribution provides a means for the development and utilisation of people’s strengths, whilst avoiding some of the pitfalls associated with some of the vague strengths-based models currently being applied in practice. It is proposed that this approach, whilst still embryonic in its elaboration, be termed ‘contribution focused practice’.

Conclusions

The findings from this research highlight the important role of social work in adult social care in a policy context of personalisation. Learning from lived experience provides guidance for social workers in how to achieve a more realistic, more integrated, or depressive position (Klein, 1946) approach to practice in adult social. Social workers can enable choice and control for service users whilst asserting that it is only one aspect of personalisation. Social workers can put reciprocity and contribution at the centre of their practice, recognising that it is fundamental to service users' sense of self-worth and citizenship. Finally, social workers have a positive role to play in challenging unrealistic notions of independence, recognising and normalising dependency and affirming the reality of interdependence. Such conclusions are grounded in learning from lived experience and putting them into practice will improve peoples' experiences of adult social care and social work.

Note

1. Pseudonyms are used in this article to disguise research participants' identity.

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No potential conflict of interest was reported by the author(s).

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