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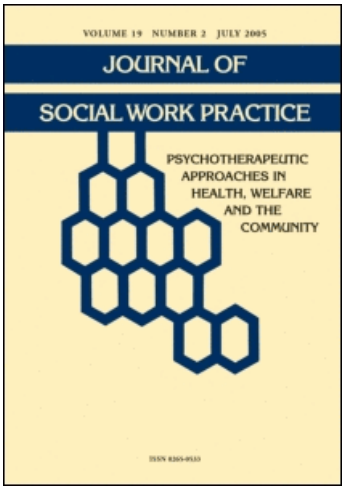

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Bronwen Williams and Andrew Tyson

SELF-DIRECTION, PLACE AND COMMUNITY — RE-DISCOVERING THE EMOTIONAL DEPTHS: A CONVERSATION WITH SOCIAL WORKERS IN A LONDON BOROUGH

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Self-Directed Support claims that it makes the social work task 'more personal' in its engagement with people's real needs and wants. This paper explores this claim through the record of a piece of group work with 11 social work practitioners in a London borough. A brief description of the roots of Self-Directed Support, the Independent Living movement, provides the context for the subsequent examination of themes arising from the group discussion, and the implications of the participants' experiences for practice, the profession and employing organisations. We find that despite system and resource issues, Self-Directed Support has enabled people to do 'real social work', re-connecting with values and practice which were obscured by care management. It requires letting go of power and control, without abandoning engagement: and it is essential that the change is underpinned by learning from and working with staff who work directly with people seeking support.

Keywords Self-Directed Support; care management; social work; histories; person-centred; place

Introduction

This paper concerns the way in which social work professionals describe their engagement with Self-Directed Support, and the impact this new way of working is having on their working lives. It suggests that 'social work qua care management' moved away from its core task: emotional engagement with troubled individuals and groups, with the core purpose of enabling and empowering these people to cope better (Duffy, 2007). In so-doing it degraded 'use of self', the social worker's central tool, and this led in turn to a loss of motivation and job satisfaction. As we shall see, the testimony of the social workers recorded in this paper gives early indications of

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a re-discovery of this core task and central tool as they respond to the expectation that they work in ways which are 'personalised', supporting citizens in meeting their self-defined needs.

We do not have the space to explore the history of self-direction in social care. This has been fully set out elsewhere (e.g. Glasby & Littlechild, 2002, 2009). However, a brief context is necessary. Self-Directed Support has its roots in the Disability Rights and Independent Living movement, which started in California in the 1960s, and has at its core the social model of disability. The origins of the Independent Living movement in the UK go back to the late 1970s. The first Direct Payments legislation was enacted in 1996 with practice guidance the following year (Department of Health, 1997). In 2003–2005, In Control started to pilot Personal Budgets and Self-Directed Support, initially with 60 people with learning difficulties in six authorities (Poll *et al.*, 2006).

By 2007, several thousand people in all 'care groups' across England had their own personal budget. A sample of 196 people from 17 local authorities were interviewed and recorded very positive outcomes across eight domains of life: in terms of general health and well-being; spending time with people they like; broad quality of life; taking part and contributing to community; choice and control; feeling safe and secure at home; personal dignity; and in terms of their economic well-being (Hatton *et al.*, 2008). In 2007, Self-Directed Support became de facto national policy through the government's *Putting People First* Concordat (Department of Health, 2007). By 2010, more than 30,000 people across 75 local authorities in England were in receipt of a personal budget, and many have spoken and written about how their lives improved as a result (In Control, 2010).

To investigate the impact of Self-Directed Support on practitioners, in June 2009 the two authors facilitated a one day workshop with 11 social work colleagues in a London borough. The purpose was to explore the practitioner experience of SDS in an authority that had become a subscribing member of In Control Total, and as such had elected to 'transform'. We aimed to create a space where practitioners could connect with and reflect upon their motivation and values, consider how these had been moulded as practitioners under Community Care, and then explore their experiences with the introduction of Self-Directed Support.

The workshop provided us with the material which forms the basis for this paper, and also served as a learning event for the 11 practitioners and ourselves with the extensive discussions of practice which took place.

First thoughts

The General Social Care Council (GSCC) states that:

> Social work is committed to enabling every child and adult to fulfil their potential, achieve and maintain independence and self-direction, make choices, take control of their own lives and support arrangements, and exercise their civil and human rights. It looks at people's lives and circumstances in the round, and works with them to personalise social care responses to fit their own individual situations. Its approaches and working methods aim to promote empowerment and creativity.
>
> (General Social Care Council, 2008)

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Our original hypothesis was that Self-Directed Support might create conditions for people to practise in the way described by the GSCC. We consider that this officially endorsed approach to social work may have been obscured by the practical implementation of the Community Care legislation, in particular the way that care management has evolved, but has endured in social work training. It can be conceptualised as the 'traditional' approach, exemplifying the ideas and values of two of social work's founding exponents: the psycho-social approach as expounded by Hollis (1964), and the ethical values as described by Biestek (1957).

For Hollis, social work was an activity which regarded people as whole beings in their environments; i.e. it had regard for both intra- and inter-personal, and the impact of 'social' factors (such as housing, economic status, employment or lack of) on the person's inner being. Biestek's ethical principles (individualisation, purposeful expression of feelings, controlled emotional involvement, acceptance, non-judgemental attitude, client self-determination and confidentiality) described the considerations governing the relationship between social worker and 'client'. While they have been challenged (for lack of clarity of specificity, and for obscuring the conflictual nature of potentially incompatible allegiances — to client and to the state), for people who trained in the 1960s and 1970s at least, they form almost a reflex thought pattern in consideration of the nature of the social work enterprise.

We thought that Self-Directed Support might embody the original motivating force that inspires many people to seek to become social workers, and enable the approaches and values described above to be re-enlivened.

For this reason, we thought that the experience of working with Self-Directed Support might prove liberating for social workers themselves as well as for the people they work with. We were mindful of claims in the literature that Self-Directed Support liberates and empowers practitioners as well as citizens; that it releases the practitioner from a role as bureaucratic functionary; and that it encourages re-connection with a much more emotionally healthy position, empowering citizens and satisfying the practitioner (Duffy, 2003; Tyson, 2008).

At the same time, we held in mind the fact that the implementation of Self-Directed Support also embodies major organisational and cultural change and is hence likely to evoke a wide range of emotional and practical responses over time. As we know, there are various conceptualisations of this, depending on the framework in use. One set of frameworks to explain the experience of those affected directly by change is derived from the loss and bereavement cycle, i.e. denial, anger, bargaining, depression and acceptance (Kubler-Ross, 1973). There is a whole body of literature [summarised in Morgan (1986)] which looks at organisational change more widely: why it is instigated; what it may be used to obscure; how it can merely create repetitions of previous organisational states; and so on. We lack the space to explore these issues in depth in this paper but are very mindful of their impact.

Who we are

We were also cognisant of the impact that our different roles would have on our approach to the work overall, in particular on the conduct and outcomes of the

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workshop, and on our shared reflections afterwards. Bronwen works in a London Borough as the strategic lead for Self-Directed Support at a senior management level. Hence she is required to be concerned with the synchrony between the implementation of Self-Directed Support and other strategic approaches and current preoccupations within the local authority. In this case that has meant an imminent restructure of the assessment and care management function, a need to plan to make considerable savings in the following year, and the preparation for an inspection. Additionally, her work has involved her in running meetings and training workshops: we have no doubt that this will have had an impact on the way that participants approached the discussion workshop. Andrew on the other hand works for In Control, a national organisation which is a social enterprise and works to change the culture and systems of statutory services and the welfare state, in particular to help the move to Self-Directed Support and personalisation. He has offered site support for this London borough amongst others that are members of the In Control Total Transformation programme. In Control is committed to ensuring that the national implementation of Self-Directed Support remains firmly attached to core values and an ethical framework. Andrew is now their policy lead. Andrew and Bronwen have worked together with leads from other boroughs across the country on a special project on Self-Directed Support and social work.

We were approached independently to contribute to this special edition of the *Journal of Social Work Practice*, and decided that it would be worthwhile to research and write a piece together, reflecting and building upon our experience in the borough. In doing this, we were very conscious of the impact of our own roles and experience: we are both qualified social workers of many years experience, but we have both been 'away from practice' for some time. Bronwen is a senior manager in the authority, and Andrew works for a high-profile organisation with expertise and reputation in this area of work. We were conscious that these factors were bound to play a part in the group process.

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Terminology

We focus in this paper on 'social work', but in this London borough at least one of the lead practitioners is not themselves a 'social worker'. In the area of mental health work, where the term 'Approved Mental Health Practitioner' (a nurse or a social worker) has replaced the Approved Social Worker (who by definition could only be from a social work background), this will increasingly be the case. Wherever the term 'social worker' is used, we mean the person leading the work on behalf of the authority with the person seeking support. We use the terms 'citizen' or 'person' (pl 'people') rather than 'client', 'user' or 'customer'. Most of the practitioners still use the term 'service user' and we respect this in the direct quotes. We have used the term 'citizen' to imply a changed relationship between individual and state where the individual has rights associated with 'citizenship', and responsibilities which mean they are no longer positioned as a passive recipient of welfare services. We also recognise that there *is* a distinction between those paid to practise in social care, and those who are recipients of it, and the term citizen, in being applicable to both groups, both obscures and

illuminates: we are all service recipients in different contexts and this linguistic difficulty perhaps captures the changed relationship at the core of our discussion.

We use the term 'Self-Directed Support' to refer to the new 'operating system' for social care, pioneered by In Control. By 'Individual Budgets' we mean any form of 'social support' whereby the person receiving it knows the level of monetary value and exercises choice about how that sum is used (within limitations of safety, legality and meeting needs). And finally, by 'Personalisation' we mean the broader change in the culture and ethos of public services, described for example by Charles Leadbeater and colleagues (Leadbeater *et al.*, 2008) and set out in policy terms in the *Putting People First* Concordat (Department of Health, 2007). It is In Control's view that these terms are provisional and probably unsatisfactory, and that new terms to describe and respect professional staff and those they support are needed.

We refer to the borough by a fictitious name, Streatfield.

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The introduction of Self-Directed Support in this London borough

The borough is a member of In Control and has set a target for numbers of people to be receiving individual budgets by April 2011 in excess of the national targets. This target is included in the borough's Local Area Agreement. There is a vigorous approach to increasing numbers. There is also a rigorous set of documentation including policy statements, procedures and process guidance in place. This sets the ethical context for the work, embeds it within the borough's 'vision' for adult services, and provides guidance and tools for practitioners. These documents were created through a programme of workshops with key staff throughout the service. There have also been various training workshops and events, particularly about core principles and processes, and about support planning. Additionally, there is an ongoing meeting of a group of lead practitioners, some of whom have been released from their substantive posts for up to a year to enable them to take up a leadership role in relation to the implementation of Self-Directed Support.

Other simultaneous change

We have already mentioned the imminent restructure of the assessment and care management function: at the time of our workshop, however, this had not been worked through with staff. There was another significant change which had direct impact on the social workers. In parallel with the introduction of Self-Directed Support, the whole department, and in fact most of the council's staff, had recently moved from local offices around the borough to one common building. The previous offices had been known by names which were in common use in the local area: people living in Glowworm Green, for example, would be served by an office known as the Glowworm Green office. These descriptions were also administrative and electoral areas, which had resonance with local people. In contrast, the new office houses all teams regardless of the location of the people they serve. It is a large new building, located on an extreme edge of the borough, is far away from any shops and cafes. It is

shared with various commercial enterprises. The office is open plan, with most social work as other staff hot-desking, and has a 'clear desk' policy which is enforced. Desks are arranged in parallel rows and there are no central identifying points for teams. There is an understanding that citizens seeking social care support cannot be seen in the building.

This key change is described here because it was an important theme in the day's discussions and has an awkward relationship to the overarching intent to develop Self-Directed Support, as we explore below.

Aims, structure and content of the workshop

The workshop commenced with introductory ('warm-up') exercises, designed to encourage a degree of self-disclosure and reflection on the theme of control, with the aim of enabling participants to bring their full selves into the day; to encourage them to think and speak from their private as well as their professional selves (Ward, 2010).

We then asked practitioners to share their career paths to date, in pairs, and to then bring their discussions back to the whole group. We asked them to particularly reflect on what motivated them to enter social care work and on any specific triggering life-events. They were encouraged to map their career path on flip-charts, noting what they were thinking, feeling and doing at key points. We were explicit about the resonance between this approach and person-centred planning and support planning, the heart of Self-Directed Support (see Helen Sanderson Associates' website, available at: http://www.helensandersonassociates.co.uk). We hoped people would connect with aspects of self which may be held in suspension during daily work, and that this would enable them to articulate the *personal* impact of different work practices, namely care management and Self-Directed Support, in the following set of discussions. Here, we asked practitioners to again work in pairs to examine any changes in their experience of their work since Self-Directed Support was introduced. We suggested that these discussions could be structured in terms of the steps of In Control's graphic which people were familiar with (see Figure 1). As before, we asked people to reflect on thinking, feeling and doing at each step. This activity was intended to focus discussion on the impact of Self-Directed Support on sense of self, in particular how effective practitioners saw themselves to be, and how satisfied they were in their work.

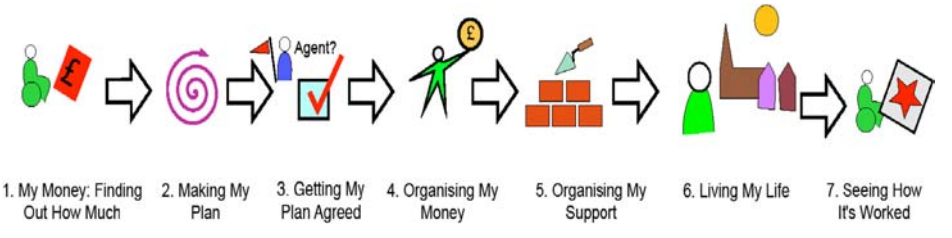

FIGURE 1 In Control's graphic of Self-Directed Support.

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Motivations, values, experiences, histories

The career path reflections produced a rich and diverse mix of biographies. The intention of the exercise was two-fold: to encourage the individual group members to begin to recollect and reflect upon their personal stories, hence upon their roots and their continuing connection with families, friends and communities; and secondly to remind ourselves that the central tool for social work is the 'self', through which we seek to assist those we work with to 'cope' with life's trials (England, 1986).

The range and depth of experience was striking. Several people had grown up overseas, with extensive experience before arriving in the UK, to find that on arrival this experience was largely discounted. Many had had to struggle to be able to practise as paid social care workers.

The way that personal experience underlies work choice has been explored elsewhere (e.g. Egan, 1975; Harrison & Ruch, 2007). People may be drawn to work in caring or helping professions because they offer opportunities to work through unresolved issues: this may be reparative activity, unconsciously or consciously intended to make up for earlier painful family experience. It would seem fairly self-evident that working in what is now described as a 'personalised' manner — as opposed to 'people processing' (Lipsky, 1983) — offers more opportunity for genuine and authentic use of self, and ultimately to a more satisfying experience (Obholzer & Roberts, 1994).

Several people started out as volunteers, working on issues that they connected with and believed in. For example, one person having had personal experience of racism worked with an organisation of Asian people in the local community. Some began by working as unqualified care workers of various sorts, or experienced related professions such as teaching, benefits advice or health care. Several said that becoming a qualified social work professional had given them 'security' or 'stability'. Some focused on the nature of the task, enjoying the 'interaction with other professionals, service users and providers' and 'gathering information for the development of the project'. Some mentioned very specific experiences that had influenced their career choice: for example, as a child having a brother diagnosed with schizophrenia; or being absent at the death of an elderly parent and wishing to 'compensate'. Several described what seemed to be a difficult path to qualification, dealing with feelings of lack of confidence, difficulties in 'engaging with people in need' and of 'my own attitudes'. Overcoming these brought a sense of achievement.

Some talked explicitly about motivations, such as the wish 'to make a difference to people's lives'. Most mentioned or hinted at very strong feelings: the words used to describe the feelings, which occurred at various points on their career path included: 'scared', 'petrified', 'anxious' (several instances), 'limited', 'personal void', 'confusion', 'isolated', 'strange', 'fear of failure'. We were struck by a sense of the work as emotionally engaging and personally challenging in ways that reach deep into the soul and touch on issues of identity, intention and personal responsibility (Segal, 1985).

In summary, we had a sense of a group of experienced, mature people with complex and diverse motivations, who had variously struggled with oppression, discrimination, dislocation and personal and family issues, and had found a profession which enabled them to make the most of these experiences and to do work of value (Ward, 2010).

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Key themes and issues emerging from the discussions

The importance of place and community

The social workers' accounts of their experiences of migration, and the many references to the office move, illustrated the significance of place for people. One social worker commented that the extra travelling time created by the move had put her off visiting people, especially as if she arrived and they weren't in — as happened reasonably often — she now had no local home base to return to. So, ironically, whilst discussions during the day showed how direct contact with citizens continued to be most important in the 'new' way of working, it seemed that the office move, the other simultaneous major change, was acting against direct work with people. As we have learnt more about the new operating system (Self-Directed Support) it has become increasingly clear that 'community' and personal connection to place are fundamental, and this is reflected in the programme of work the Department of Health and In Control are now involved with (see for example Gillespie & Duffy, 2008). The Department of Health has recently launched a new work-stream on 'social capital', led by Martin Routledge.

Working in the organisation: systems, processes and resources

Some practitioners focused on what sounded like 'implementation issues', which were clearly causing some frustration: 'It's systems issues more than anything else [which create difficulties]'. One social worker complained that her team was now running two parallel systems for assessment, the old and the new (though this was challenged in the group by her colleagues). There was considerable debate about the new assessment process, and concerns both about whether it is too lengthy and detailed and also about whether it really captures all the necessary information. There was also a view that at this stage, setting up a Self-Directed Support package 'takes longer' than a traditional service.

Some spoke about continued resource constraints, and a desire by managers to control expenditure. Some team managers are said at times to be reluctant to approve indicative resource allocations, or to question the purchase of specific types of activity or service that differ from the norm.

A proper understanding of the citizen's needs

Another set of issues concerned the difficulty that citizens still sometimes have in getting their voice heard, and about the needs of specific groups of people. Some underestimate their own needs: the social worker must be sure to pick this up, and ensure that needs are properly represented. There were concerns about the support needs of those who have communication difficulties, and worries that it is sometimes the family carer's voice that is listened to, more than that of the citizen themselves. Social workers described how, when the family were not part of the assessment meeting, they would sometimes telephone afterwards challenging the outcome. This sometimes created conflict.

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Learning to practise

One group member suggested that practitioners need the opportunity to develop a better understanding of the rationale and intent of Self-Directed Support, and that they had been overwhelmed by the detailed written information pack on the new process. One consequence was said to be that some social workers do not see it as their role to challenge individuals who underestimate their own needs. One social worker complained that the new assessment process was 'too generic'. Another spoke about the difficulty some people had in completing a meaningful support plan, and yet another said that monitoring systems are not clear enough yet. Some spoke of the emotional impact of introducing new systems and processes, saying that 'we are not comfortable doing what we do not know'.

So, things are far from straightforward or unproblematic. Despite this, the overwhelming emotional tone of the discussion was positive and enthusiastic.

Creative possibilities

Several practitioners used the word 'creativity', one saying that the key to the whole process was the person knowing how much money they had in their personal budget allocation before they plan. Several examples were referred to: for example, one case where a man with physical disabilities had wanted to learn to drive, and this is now able to happen by being included in the support plan: with a care plan under the pre-existing system, this would not have been thought about. Others spoke about the emotional impact on the personal budget users themselves, one talking about people 'crying ... for the first time they felt someone was listening to what they want'.

Doing real social work

The impact on social work practitioners was profound in almost every case: 'now social work is coming into its own', said one. And for most, the opportunities created by the new system far outweighed the difficulties: 'There is the time to give them the choice to co-ordinate, advise, inform ...'. We now feel we can say to a carer 'You have the right to an assessment, but I am here for your son or daughter or father ...'. One said that 'social work has shifted from the nanny type of social work'. Another: 'probably it's what social work should be; supporting people to be more independent and to do what they want to do on a day-to-day basis'.

Summing up, one practitioner said:

> The introduction of Self-Directed Support in 2008 challenged me in various ways. I thought there would no longer be the duty of care by local authorities. I thought the system would be open to abuse; I also felt that I would be dis-empowered as a social worker and that the new way of delivering services might promote conflicts between social workers and service users. Today, having completed a few cases, I feel differently about Self-Directed Support and my role. I have realised that I am still relevant in the scheme and that service users have become involved in their own affairs and that the conflicts I had perceived are non-existent.

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Another said

> I sometimes felt that I was limited in what I could do to bring about the desired change in vulnerable people's lives by resource-driven service provision and delivery (managers have become more like finance controllers). I was therefore thrilled by the introduction of Self-Directed Support/Individual Budgets as a more flexible alternative to the existing Direct Payments; especially in leaving users in control of how services are delivered and in the assessment of their own needs.

But then she warned: 'this envisaged flexibility has been hampered by the use of systems such as performance indicators and target-setting in the work environment; which limits the time of interactions with service users, a crucial social work function'.

A third said:

> I feel that I am doing holistic social work: making a difference. I feel that service users have more say, that they are empowered, being independent and being valued. Some people say that social workers are no longer required, however we feel that it is now that social workers *are* required because we now *empower* clients; before it was mechanical in the way that a comprehensive assessment was completed and a care plan drawn up.

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Reflections

Discussion: implications for practice, the profession and employing organisations

Our reflections and arguments below must be read in the context of our roles in relation to Self-Directed Support as described earlier. We are both working to 'make it work' and this is reflected in the stance we take here.

So, what do these comments and impressions tell us about the place of social work practice under a system of Self-Directed Support, and in particular about the emotional task of engaging with citizens in a new way, making use of a system designed with the explicit intent of enabling them to take control? What do they tell us about the changing relationship between citizen and local state, and in particular about the task the local state requires of its employers to meet re-shaped expectations?

Naturally, at this early stage our answers to these questions are provisional; they are however, powerful. The following observations are proposed.

Social work is difficult emotional work. This is inherent in the General Social Care Council statement quoted above. It is also absolutely crystal clear from the rich biographies our colleagues from Streatfield so generously shared with us in the early part of our day with them. 'Use of self' is often regarded as the social worker's central tool: this somewhat glib phrase neglects the truism that each 'self' is a mass of contradictory emotions and impulses, often poorly aligned, and invariably confronted with issues of loss, conflict and our own mortality. While most — perhaps all — practitioners enter the social work profession with a determination to do the best by those who need help, this intent is easily lost when faced with the long slog of a career in local authority social work.

Despite its good early intentions and many apologists, care management as a system for delivering support to vulnerable people was at very best a limited success, and in many places and for many people, a failure. This was because it was premised upon a largely managerial model which suggested that people needing social care support could readily be served in the same way as can customers for train tickets: there is a bewildering array of tickets and fares, but the ticket clerk has the information to find people the best solution for their needs (or so it is claimed). The community care system failed citizens in a second more profound way: it neglected their deep concerns and interests, their gifts and their offerings, and by doing this it alienated them, and sometimes in fact confined them to a version of 'institutional care' which did nothing to encourage or nurture them, or indeed give them due respect or dignity, or to make the most of the contribution of those who loved and cared for them. The number of old people dying on entering residential care homes is witness to this. Social workers were given the job of assessing needs and sourcing care and it is to their credit that many did this well, while others left the profession or rebelled in other ways.

Care management developed *as a process and a system* and hence was ill-equipped to enhance practitioners' creativity and skill [see for example the critique of care management in Dustin (2007)]. Self-Directed Support is different in that it has the potential to empower practitioners and citizens alike. For this to happen, the employing organisation needs to provide guidance and new systems as a 'container' for practitioners. This will enable creativity to be released as people have space to think and speak their minds. The risk is that this containment can be experienced as merely replacing one set of unhelpful 'rules' with another.

The task of enabling people to direct their own support does of course run counter to some main currents in bureaucratic local authority organisations. Despite its shortcomings, some authorities actually made the Community Care system work well. In part, this was because they proved to be good at creating the procedures, processes and contracts it required. In many respects, Self-Directed Support is much more difficult for local authorities to manage: those of us who like uniformity and order in particular struggle. But as the remarks from colleagues in Streatfield testify, for many of those attracted to the 'helping professions' this way of working has huge intuitive appeal: we see people flourishing and realising their aspirations, and our hearts open. 'Use of self' — that difficult phrase — must be easier when you are going with the grain, as Self-Directed Support can do. And even for those who are attracted to orderly systems there is comfort in knowing that if done properly resource allocation is much fairer, more equitable and rational than under the pre-existing system.

Having created systems and guidance to support Self-Directed Support, as well as listening to their end-users, the employing organisation also needs to create space and time for conversations, discussions, workshops, training, supervision, team meetings and other interactions with practitioners, so that they are able to ensure that the systems and guidance remain clear, fit for purpose and relevant.

The organisation then needs to deliver quite a sophisticated message about the transformation to personalisation and Self-Directed Support. They need to present this change to their staff and to local people as one which brings something that is new, different and empowering; whilst it also brings with it a set of professional practices that enable social work staff to revivify core values and thereby become more effective paid helpers.

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Practitioners and citizens together are shaping the development of Self-Directed Support in practice, and employing organisations will need to create structured opportunities for this practice wisdom to shape policy and guidance (Curnock & Hardiker, 1979). In Streatfield, the organisation is approaching this in a very positive way by providing numerous opportunities for staff to feed back their experience of the work, via service area project group reports, reports to the overarching Steering Group, informal weekly meetings between service leads, and monthly meetings with wider groups of lead practitioners. Examples of local practice have been integrated into training, and a series of workshops where practitioners are interviewed about their work using an appreciative enquiry frame have been run in partnership with Research in Practice for Adults (Fraser & Matthews, 2008; Research in Practice for Adults, 2008).

Practitioners in Self-Directed Support work with people to enable them to make choices about how they meet their needs. This involves letting go of power and control, without abandoning engagement. It involves using the social work relationship to support people without either 'over prescribing' in the way care management required, or abandoning engagement with the person on the assumption that the professional has nothing to contribute to someone's thinking and planning. One practitioner spoke about how she had been able to engage with someone who was working on her support plan, to enable her to think about *why* she wanted to develop her support in a particular way, which was strikingly without any reference to her extensive and local family members. It emerged that there had been events in the family which had resulted in this woman disassociating herself from the others. The social worker was able to use her engagement in the process to find a means to enable the person to begin to address the family issues: consequently members were able to come together in a new way.

The idea of helping people think about the reasons for their choices is an interesting re-framing of the older, 'traditional' social work conceptualisation of 'presenting problem' and 'underlying issues'. The support plan enabled needs to be met and outcomes achieved: the process of developing it enabled underlying issues to be shifted. This story illustrates in a clear and simple way the continuing importance of relationship-based social work.

Practice under Community Care legislation has required social workers to seek to distinguish wants and needs, the latter being the 'eligible' elements under the Fair Access to Care Criteria which can legitimately be addressed by service provision, with the former being seen as extras which the local authority cannot help with. Distinguishing wants and needs has thereby become a key tool to enable the local authority to control social care spend. However, this distinction runs counter to peoples' experiences of their lives: our needs can be met in ways that we want: our needs are not experienced as distinct from our wants. Self-Directed Support enables a move away from this distinction, as a support plan can be created to meet one's identified needs in a way that also fulfils one's wants.

Self-Directed Support enables social workers to contribute in the process of creating new resources to meet needs, instead of fitting needs into services. The role now, is amongst other things, to 'negotiate, co-ordinate, advise, inform ... put things together' (see the discussions quoted in the previous section), to judge the extent of the support and involvement which is wanted, to promote active reflection and planning, and by doing all of this to practise with confidence.

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The impact of the new office environment on the social workers seemed to be in absolute contradiction with the values and modalities of working needed for Self-Directed Support. This is an area which we may return to at another time, as it suggests a range of possibilities including 'ambivalence' in the organisation about the values of Self-Directed Support, turning a blind eye to the needs of staff while supposedly seeking to better meet the needs of other citizens, a reliance on front line staff to promote change, and a lack of attention to the impact on individuals of wider organisational change.

The new freedom and positivity felt by most of the social workers in our group might (we hope!) model and create a similar sense of freedom and positivity in the people they work with. It is a truism that the conscious and unconscious emotional state of the practitioner has a powerful impact on the person they are seeking to help: working in ways that are open, honest, creative and reflective can only improve the emotional status of all parties in these important transactions.

Self-Directed Support proposes a new 'operating system' (see for example Poll *et al.*, 2006) and in some ways this is its primary innovation; but as many of the leading local authorities are now discovering, the heart of the transformation process is not in resource allocation systems or any other types of system, it is in the 'organisational culture'. The word culture is from the Latin *colere*, the same root of the verb 'to cultivate', an active word. Citizens are the best, most creative and trustworthy managers and budget holders when it comes to their own lives. If the new contract between citizen and local state is to succeed, then local authorities also need to invest in and trust their workforce to 'deliver outcomes' through making good use of the new systems and processes. The 11 practitioners we met with in Streatfield demonstrated enormous enthusiasm, commitment, maturity and belief in the task of citizen empowerment and in the values and skill set inherent to professional social work. It is now for organisations to line up behind these invaluable and dedicated employees to empower them so they are able in turn to empower the rest of us.

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Postscript

Ten months after the workshop which forms the basis of our paper, Self-Directed Support continues to progress in this and other boroughs. In Streatfield, it is increasingly now seen as part of wider developments in personalisation: as part of a spectrum of work led by the council (in partnerships) to include universal services, prevention and reablement. The service restructure is also now underway: a workforce strategy is in development; and there are discussions across the organisation about how to position the social work role to enable the best service to citizens. This will require enabling social workers to practise as we have described and promoted here; while recognising also that there will be people in need who may want and chose to be largely supported outside the social care system. It will be important to bear all this in mind in the service redesign taking place as in many other boroughs. It would be interesting to reconvene the group with whom we worked sometime in the months ahead, for a reflective discussion about Self-Directed Support in practice one year on.

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