

Literature Review Summary

For more than two decades, local authorities across the UK have been developing and implementing schemes and support programmes under a range of titles. These include Direct Payments, Cash for Care, Consumer-directed Care, and Self-directed Support (SDS), which have often been categorised as being part the personalisation agenda. The essence of this is that governments across the UK, and indeed globally, wish to shift the manner in which services are delivered to disabled people requiring social care, and other support, thus allowing them to participate in daily life in a manner which ostensibly moves financial control into the hands of the individual. To this end, Self-directed Support was formally introduced in Scotland on 1st April, 2014, and emanated from the enforcement of the Social Care (Self-directed Support) (Scotland), Act, 2013. This gives people receiving social care services in Scotland the right to have the choice, control and flexibility, to meet their personal outcomes. Additionally, local authorities are legally bound to a duty to ensure that clients are presented with a range of choices with regard to how they receive their social care and support package (Scottish Government, 2018: 1).

Direct payments and in fact, Self-directed Support, are integral parts of the welfare system and support for disabled people in the UK, but the implementation of these practices across the UK varies markedly (Priestley, Riddell, Jolly, Pearson, Williams, Barnes, and Mercer, 2010). The Scottish Government's policy around SDS sets out a spectrum consisting of four basic options from which individuals can choose the option(s) which best suit them. All of this was a significant legislative move in line with phenomena which have become more prominent across social care, social work and health, during the past two decades

in the UK and more widely. With this intention of advancing the individualisation of funding for support in principle, opportunities for innovation open up. Yet, in common with many other large structural changes, there is also a degree of space for confusion, competing interpretations, priorities, and unintended consequences (Duffy, 2015: 46). Our study offers an analysis of this agenda in its historical context, and how it ties in to the wide spectrum of models of disability, discussing the links between these models, empowerment of disabled people, their right to equal participative citizenship, the potential impact of Self-directed Support on individuals, and the benefits to them and to society as a whole.

Previous research focusing on self-directed support has only really considered the costs and benefits in terms of direct service costs to providers of existing services. They have not assessed the cost or benefits to disabled people, carers, families or wider society. Further, such research has not considered the potential benefits of investing in services which meet disabled people's self-defined needs. As a result, Scotland's policy debate around this issue has been dominated by the spiralling cost of (limited) social care, and self-directed support, which can seemingly justify cuts to services for disabled people. This study scrutinises a wider range of costs and benefits to society, to ascertain whether investment, rather than service cuts, would achieve better social outcomes. Our findings will provide new models of SDS, to include its costs, benefits to wider society, and disabled people's priorities. This output will inform policy makers in Scotland, and potentially the rest of the UK when allocating funds to SDS services.