Social Work Scotland – SASW
Survey Analysis Report

Understanding the Impact of cuts and reductions to SDS Option 1 Budgets (Direct Payments)

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Contents

Introduction and Background

The **Social Care (Self-directed Support) (Scotland) Act 2013 (the Act)**, implemented on 1 April 2014, signalled a significant change in how social care is delivered in Scotland. The Act establishes a legal responsibility for local authorities to promote **four statutory** principles in their work with individuals throughout the support process: dignity and participation, involvement, informed choice, and collaboration. Central to the Act is the right for individuals (including adults, children, and carers) to choose from **four options** for their support)

1. **Option 1**: a **direct payment** enabling people to control how support is arranged;
2. **Option 2**: an **individual service fund** managed by a third party;
3. **Option 3**: **services arranged by the local authority**; or
4. **Option 4**: a **combination** of the above.

Authorities, principally local authorities must provide accessible information, guidance, and assistance to help individuals understand their choices and to effectively participate in the decisions that impact their lives. By enumerating choice, control, and person-centred planning in statute, the 2013 Act aimed to support people in achieving their personal outcomes and joining in community life as equal citizens.

Despite the worthy ambitions of SDS, there has been long standing concern that the policy of Self-Directed Support in Scotland (SDS) has been utilised as a mechanism for cutting funds and support to people with disabilities and other service users (Manji, 2018, Eccles and Cunningham, 2016:2018). Challenges for organisations and practitioners have also been well considered in research, including lack of understanding and training to support frontline staff in implementing SDS and limitations in the accessibility and/or suitability of SDS for all service users (Eccles and Cunningham, 2016: 2018, Baines and Cunningham, 2020). Baines and Cunningham (2020) further consider that the policy, implemented during a period of austerity, has in fact driven down terms and conditions for workers alongside concerns about quality and fragmentation of care. This is supported by Pearson, et al., (2018) who argue that introducing this new legislative directive during times of austerity actually resulted in less choice and control for disabled people and their families rather than increased opportunities for independent living.

It is within this context that Social Work Scotland and the Scottish Association of Social Work (SASW) aimed to explore both the lived experience of SDS and the experience of social workers responsible for implementing a reduction in Option 1 of the legislation, where the most significant concern over recent cuts was focused. Details of the lived experience of using a personal budget provided under the SDS Act Option 1 and the impact of cuts and reductions to those budgets can be found here.

At the same time as work was developed to gather the lived experience of service users, Social Work Scotland and SASW developed a survey to gather the views of social workers within statutory and third sector organisations on the impact of the reductions in personal budgets from SDS Option 1 for the profession and those they worked with (see Appendix A for details of survey questions). The survey was open from 20th to 30th October 2025. Links to the survey were circulated around a variety of networks including the SWS mailing list, SASW mailing list and was also promoted by the Independent Living Fund and via LinkedIn. It is therefore not possible to identify how many potential respondents received the survey invitation.

The following report outlines a thematic analysis of the data collected by the survey described above.

Section 1 - Methodology

In this section of the report, we do not describe the methods used to design or administer the survey. Instead, the focus is on analysing the data collected. Accordingly, we have not detailed the methodological approaches employed in gathering the data, but rather concentrated on the methods used in our analysis of it.

There are two separate sets of data, one quantitative around who responded to the survey and responses to closed questions. The other (and the focus of this report) is the rich, qualitative data generated by open questions. The qualitative data was analysed using Braun and Clarke's six stage process (2006, 2022). This included preparing the data for analysis, familiarisation with the data, generating initial codes, generating themes and identifying patterns across the data. Coding and initial thematic identification took place separately by both authors and was then reviewed and confirmed collaboratively.   This process allowed for consideration and exploration of any potential bias, cross checking themes and collapsing themes where appropriate.

Section 2: Findings

A note on respondents

It is important to establish at the outset whose perspectives are being explored within the survey and to consider any limitations therein. As noted above it is not possible to be explicit about the number of potential respondents who received the survey and therefore, we cannot know the percentage of those who responded.   What we can say is that there was a broad range of respondents from both local authorities and the third sector including social workers, social work managers, care co-ordinators and support workers. There were 153 responses to the survey, although not all respondents answered all the questions.

Around half of the 153 respondents were social workers which included representatives from learning disability, children and families and mental health and of those who were social work qualified 98% worked for a Local Authority. Those who responded to the survey overwhelmingly considered that there had been an overall increase in reviews and reductions in personal budgets received via SDS Option 1 within their local authority over the last five years, although as can be seen from the data presented below, there is a nuanced and complex picture of how these changes have manifest, been understood and experienced.

Understanding of role and purpose of SDS and its relationship with other services

At the start of this report, it is important to consider the ways in which social workers understand the concept of Self-Directed Support, its role and purpose and who is eligible to receive this. There appears to be a widely held view among those who participated in the study that SDS was less commonly available than it had been at its inception, via the 2013 Act. SDS, as originally conceptualised, was seen as a flagship social care policy in Scotland, rooted in social work values. It was thought to offer choice, control and person-centred care. However, it was argued that reductions in personal budgets via SDS Option 1 have significantly reduced the resources and flexibility to support individuals in exercising their rights.   Indeed, it was suggested that these SDS personal budgets received via Option 1 were now "rigid and planned" which goes against the flexibility of SDS. It was argued that SDS was increasingly being used for *"critical needs rather than creative thinking"*. One respondent argued that the nature of reductions to personal budgets via SDS Option 1 goes against the principles behind the legislation and undermines the human rights of people who use services and their families. One respondent commented that:

I query if it is ignoring Article 8 and Article 14 under the Human Rights and Equalities Acts. Ethically and morally, I feel it is wrong and I am torn. It goes against all of my personal and social work values.

It was suggested that SDS was meant to support people to overcome barriers and obstacles in their lives, but these challenges had increased as a result of reductions to personal budgets received via SDS Option 1. As discussed later in the report, there was a consensus that only those assessed as having critical or high levels of need would be deemed eligible for an SDS personal budget via Option 1. Concerns were raised that SDS no longer offers the opportunity for early intervention packages that might have maintained the independence of many people leading to an increase in crisis. Instead, only those with substantial or critical care needs, often associated with people already in crisis are being met. With specific reference to Option 1, respondents commented that only minimum levels of support were being offered via personal budgets. This meant that service users and families often use their own money to top up their budget to an extent that allows them to find, retain and pay any personal assistants that they wish to employ. Overall, participants felt that there was a general lack of clarity over the criteria for receipt of SDS and that this had a significant impact on service users. One participant noted that:

I would find it helpful if there was greater help available for SDS option 1 service users so that they could be educated on eligibility criteria and appropriate use of SDS option 1

Following on from this theme around lack of clarity one participant suggested that there was a fundamental misunderstanding over the purpose of SDS as it was originally intended. They suggested that the premise of an individual budget via Option 1 is that it can (and should) reduce over time, when safe and appropriate, as outcomes are achieved. It was suggested that the purpose of SDS is to meet unmet need, reduce social isolation and support citizenship. It is argued that support purchased should, in the longer term, reduce reliance on a budget or paid support:

The principle of SDS around maximising choice and control isn't necessarily around a static or increasing budget, as budgets could, and should reduce, whenever safe and appropriate to do so...I feel strongly that this has been lost somewhere in assessment, planning and co-production. For situations where budgets are essential to provide ongoing support and needs are likely to increase, or, at best, remain static, the only way to ensure affordability and sustainability, is to ensure budgets are not expected to increase "across the board".

In other words, this participant is arguing that for new service users to receive a personal budget under SDS Option 1 that they need to meet their social care needs, others may find that their personal budget needs to reduce. This can be difficult for people to accept, perhaps because there has been a lack of clarity over the purpose of SDS in the first place:

Because there is a misunderstanding of what SDS is, families are somewhat disheartened that they won't be awarded SDS...they hear about it from other users, they then think they are eligible or even entitled to it and then we assess them and then have to tell them, "well actually"...again SDS is being "sold" as something other than its intended

This quote highlights a somewhat common misunderstanding across the system which reduces SDS to a single option – option 1, with the other options often being overlooked.

The relationship between SDS and the benefits system

Survey respondents also reflected on the relationship between SDS and the benefits system. They recalled being asked to remove from care packages any items that could instead be funded through benefits. It is unclear from the survey data who requested that these items be removed. Building on the earlier discussion, participants noted that service users and families were sometimes reluctant to reduce their budgets, as they had become reliant on benefits and direct payments. Any reduction risked causing both financial and emotional strain. At the same time, benefits were seen to offset the shortfalls created by reductions to personal budgets via SDS Option 1. Service users and families were supported through benefits checks to identify additional entitlements, enabling them to pay for private support. This "jigsaw" approach to filling the gaps left by reductions and cuts to personal budgets via SDS Option 1 funding is discussed further elsewhere in this report.

Eligibility Criteria and SDS Option One Budget Reductions and Cuts

All respondents to the survey were asked to consider whether there had been changes to eligibility criteria and whether they had explicitly been asked to make a budget cut. The picture painted is one of nuance and complexity. Most participants (63.8%) felt that, overall, eligibility criteria had not changed but were being enforced more stringently. Participants were very clear that currently only those with high or critical levels of need were likely to receive services or support. As one respondent noted:

As an assessor, it's [the [service level budget] cuts] had very little impact as I have always tried to assess within the eligibility criteria and level of need of the service user...it does appear to be more difficult to get funding for social supports however I understand it is paramount to ensure basic needs are met first.

There were a smaller group of participants who felt that eligibility criteria were not only changing but changing on a regular basis, with some referring to recently updated policy documents and:

Criteria [that are changing] every few months...[this now means that I] have to go to a panel to justify what the family request and that what we have assessed is appropriate.

The council has changed eligibility criteria, and this has been detrimental to our families. Many of our families will not receive any supports and this is making life difficult for them. Families are at breaking point and have nowhere else to turn for some much-needed respite.

With specific reference to reductions to personal budgets via SDS Option 1 there were mixed views on whether participants had explicitly been asked to do this by managers, with some participants noting that they had not been asked to make any reductions Others discussed reviewing (rather than reducing or cutting) budgets and explained that this was not a new task. However, as with eligibility criteria they explained that while not new, it was undertaken with a great deal more scrutiny. It was further suggested that eligibility criteria have assumed heighted importance particularly where there is doubt about whether an individual meets the threshold for critical need.

We have been asked to review budgets of supported people. Whilst this in itself is not a new task, the level of scrutiny case workers and managers are being asked to apply is significant.

This led to wider discussions around what care is and it was argued that *"social work is currently dealing only with high-risk cases or needs"*. This suggests a very narrow definition of care, focusing only on critical needs rather than a more holistic and well-rounded approach more reflective of current policy and legislation in Scotland that focuses on prevention and early intervention.

Participants observed that their assessments of service users' and families' needs were often subject to change, and they felt they no longer had any control over whether these assessments were ultimately accepted. Concerningly, one participant noted that:

I've been asked to change my assessment to reflect the budget as opposed to assessing for individual needs without any opportunity to represent or advocate for the individual I've assessed. The process of budget authorisation is being held in a separate arena to frontline staff and simply fed back to us to deliver the news to individual families.

Participants felt that decisions about SDS personal budgets via Option 1 were not *"discussed at my level"* and that *"expectations are to reduce budgets at any cost"*. Importantly this appears to suggest that decision-making is no longer needs-led and has become increasingly resource- or budget-led.

However, other participants noted that reviewing budgets was a routine part of their role and that regular review of care packages was good practice. Indeed, it was suggested that reviewing packages to ensure that the care provided still met an individual's needs and intended outcomes was desirable and could result in a budget increase as well as a reduction.

Some participants argued that an ongoing review of care packages was necessary and that what was important was to ensure that there are clearer and fairer guidance for service users. It was argued that some of the current problems within the system were down to previous financial mismanagement. This meant that some service users had not been reviewed regularly and were therefore in receipt of a *"surplus of support [over-provision] from previous assessments...they are no longer in need of this support"* (this is covered in more detail below). This also related to points made by a small number of participants who discussed the appropriate use of SDS personal budgets via Option 1 with one participant noting that:

In our local authority I feel that as long as a person is using their [personal budget] appropriately then it will remain the same or even get increased with the cost of care...it is only when a person has misused public fundings there will be changes made.

Impact of lack of reviews on budgets

The process of review in social work practice is considered critical in ensuring that needs are met effectively and resources allocated appropriately (Parker, 2024). The lack of regular reviews within current practice, perhaps due to limited capacity within the workforce and increased vacancies, was thought to influence the current practice in

reducing the costs of SDS personal budgets via Option 1, resulting in service users and families experiencing any associated changes more keenly.

One participant argued that long gaps between reviews—sometimes up to ten years (although was considered exceptional) —created unrealistic expectations about what individual packages could or should provide. They suggested that this fosters dependency rather than independence, leading to anger and confusion when a more current review results in reduced services or supports and personal budget. It can also be considered to create an overprovision of services. In essence, service users may feel unhappy about losing support that they were no longer eligible for, or that they no longer qualify for, as needs change and outcomes are achieved. Such issues only become apparent once a review is carried out, even if delayed. It was further argued that the failure to conduct timely reviews has introduced inefficiencies into the system and overprovision, leaving service users disadvantaged, and that there is a responsibility to recover public funds when they are not being spent on assessed need. This has the unintended consequence of feeling punitive for service users. One respondent noted that:

> *As long as the review is done properly, what you call 'cuts' is a necessary thing and part of responsible management of resources.*

This was not a view shared by all participants and some felt that the review process was used as a mechanism to reduce personal budgets via SDS Option 1 regardless of need. A mixed message therefore emerges here: is the review process being used as a tool to reduce and cut budgets by refining eligibility criteria and more robustly scrutinising assessments of need? Or is this simply an efficient way to ensure public money is being used appropriately?

The implicit and hidden nature of budget cuts

The way in which reductions to personal budgets received via SDS Option 1 are perceived is influenced by several nuanced and intersecting factors. For example, several respondents noted the conflict between inflationary increases in support and service costs combined with no increase or reductions/cuts to personal budgets received via SDS Option 1 creating an impression of cuts, although the recognised need remained the same. The SDS personal budget allocated, therefore simply could not keep up with inflation and services and supports therefore required to be reduced, creating a real time reduction in what the service user received. In addition, the lack of local resources to provide support was also thought to impact on a perceptions of cuts taking place.

Not asked to directly reduce budgets, however due to rise in minimum wage, this has placed greater strain on trying to build packages which genuinely meet a need for families when recruiting a personal assistant because funding levels within local authority have not increased in line with this change.

Due to third sector increase in costs from 33% to 200% individual budgets are not able to access the services they previously had available to them.

Respondents also noted that lack of understanding and transparency over how personal budgets received via SDS Option 1 are constructed, caused confusion and concern for service users about why budgets had remained the same or were cut in real terms. This is usefully illustrated in the quote below.

Activities like swimming, art classes, music therapy, or social clubs are often deemed "non-essential" and excluded from funding. Travel to and from activities, appointments, or day services is unfunded, even when public transport is inaccessible or unsafe. Even when people are technically "within budget", they are restricted in how they use their funds, with limited choice or control over providers, activities, or support types

Redistributing challenges around the system or rearranging the deckchairs on the Titanic

An implication of reductions to some SDS personal budgets was reported by several respondents as simply moving any challenges through the system both organisationally and in terms of funding streams. For example, if an SDS personal budget via Option 1 is not available or reduced to meet identified need, where else might funds to meet this need be sought? There are examples in survey data of practitioners seeking support via welfare benefits (particularly for transport), housing benefit, third sector funded project support (e.g. befriending services) and ultimately the NHS, e.g. via hospital stays. This coincides with reports of people being moved to other parts of the system, e.g. from their own home to residential and nursing home care due to emergent crisis and reductions in personal budgets.

We offer to have support from free befriending services, however there is an extensive waiting time. Sending leaflets of services that can be paid privately. advising them to speak with the carers centre. Advising people to seek support from them to assist with benefits checks to see what other benefits they can get to pay for private support.

It can be argued that seeking alternative supports for service users is good practice, as making use of all available options across the system represents an efficient and effective use of existing resources. The difficulty arises, however, when such options are unavailable due to funding cuts or lack of resources locally. In these cases, service users are left with unmet needs because of strict eligibility criteria. This lack of support can heighten risks and lead to crisis interventions—ironically requiring even greater levels of funding, which may then be required to be drawn from a different budget within the local authority or broader social care system.

Impact on social work practice

Although there was mixed testimony around whether staff were being specifically asked to make cuts to personal budgets via SDS Option 1 and whether there had been changes to eligibility criteria, there was strong evidence that personal budget reductions, or the threat of them, was having an impact on social work practice. Survey respondents gave several examples of this including a reduction in person-centred practice. This resulted in people being left with unmet needs which:

> *Is the opposite of why we practice our profession. We are here to uphold people's rights to assessment and the provision of needs.*

> *Social work used to be positive and achieve choice and control. Now we are just taking stuff away and referring to community assets which are also under-funded*

Many participants noted social work has become increasingly crisis driven which has a negative impact on worker's ability to practice in a relationship-based way.   This has made it more difficult for workers to build trusting relationships and facilitate independence with appropriate support. One participant put this well when reflecting on the lack of attention given to early intervention:

> *There is no apparent understanding that social work can operate in the early intervention and prevention space, with it not just being the preserve of the third sector. It is a "manage the budget today issue and deal with the longer-term consequences when they arise" [approach]. This does not align with personal or professional values. It is a system that is surviving but not seeming to care about those who deliver services or those who receive them…*

This has led to many more people appearing in crisis situations with critical levels of need. Ironically, as some respondents pointed out, this has resulted in personal budgets received via SDS Option 1 needing reassessed and increased rather than decreased as

needs rise. This has led to an increase in service user complaints and a breakdown or fracturing of relationships between social workers and service users and families, where *"relationships have never been so poor or so difficult"*.

There was a notable perception held by some respondents that *"budgets sometimes come before the individual"* as the following quote suggests:

> *I feel that ethically, often budgetary considerations are coming across as more important than the individual (though not always) and this is difficult to work within as it does not always align with my values or ethics*

This led to some respondents suggesting that practice is now dominated by financial management and managing complaints. Indeed, according to one participant, *"instead of getting it right for every child, it's getting it right for every budget"*.

Overall, this has left workers feeling that this approach *"undermines everything I am trying to achieve"*. Some felt that this approach had led to high staff turnover with:

> *Social workers saying they have no choice, and it goes against everything they believe in. SDS was put in place to empower people, and they have weaponised the terminology to fit the cuts. This is failing staff and those who could have accessed support before [cuts took place].*

Challenges to Social Work Values and the Social Work Role

The values that inform the social work profession - dignity, choice, inclusion, empowerment, compassion - are at the heart of professional practice and it can be argued shape the identity of social workers (Webb,2017). It is unsurprising, therefore, that practice that stands in opposition to those values causes concern and moral injury for social work practitioners. This was reflected in the data collected within the survey.

There were several concerns raised about the impact of SDS personal budget cuts and on social work values. The perceived cuts and reductions to personal budgets, implicit or explicit, were thought to create a hierarchy of need. This hierarchy was represented as suggesting a division between deserving (personal care) and undeserving (social support) with only high-level needs being met. This suggestion of deserving and undeserving was felt to contradict person-centred and needs-led assessment at the core of social work practice and privilege funding over need. This approach was also considered to contradict policy exhortations focused on prevention rather than crisis intervention being the only available approach and to reducing choice rather than increasing control. The combination of this hierarchy of need and focus on crisis was believed to contribute to

increased social isolation and loneliness for service users.   Access to local community and resources was also reduced alongside potentially limited citizenship and human rights of services users. Reducing choice, increasing isolation and reducing opportunities for inclusion contradicts the role of social work and its values and proved concerning for many respondents.

The implications of these challenges to social work practice were enumerated by respondents. They felt that there were reduced opportunities for relationship-based practice, and they were perceived to be working in opposition to the needs of service users. This created mistrust rather than an effective working relationship. Further, moving from needs-led to resource-led assessment because of funding cuts also undermined professional social work judgement and decision making, taking the assessment out of the hands of those who know service users best. This was perhaps best summarised by one respondent as *"unjust practice".*   This practice was also associated with a reduction in autonomy for social workers.

Respondents were committed to upholding their social work values but found it very challenging within this climate to implement them. One particular concern was around the value of empowerment when the process of being unable to meet needs was so demoralising for service users as noted later in this report. A further question arising from this data concerns the role of social work in its current form. Is the profession able to claim its value base within this current context?   The quote below illustrates effectively the concerns expressed by respondents.

> *I feel torn, trying to promote autonomy while enforcing financial restrictions. I feel like my approach is now 'defensive', especially in assessment writing. My assessments are more risk adverse. I feel as though I need to document and justify more thoroughly. Person-centred planning is restricted and I'm unable to do this in many cases. I have become more active in feedback through surveys as I feel angry on behalf of my clients who I feel are being discriminated against, I feel I need to advocate more and challenge more. It has been difficult to implement as I question the legality of the cuts and restrictions…Ethically and morally, I feel it is wrong, and I am torn, it goes against all my personal and social work values."*

This is not to suggest that social workers are unaware of the difficult financial pressures facing local authorities and HSCPs, or that they fail to recognise the need to use public funds wisely. However, many respondents highlighted that the processes used to achieve savings are shaping practices that conflict with social work values and have serious consequences for the well-being of service users, carers, and social workers.

Impact on social workers: we are the face of the cuts

These tensions meant that social workers who responded to the survey generally reported significant levels of distress and felt that their mental health had been impacted by cuts to personal budgets via SDS Option 1. This was a result of several different factors and staff felt that they were perceived as *"the face of the cuts".* This meant that often, staff had to convey difficult decisions to service users and their families around reductions to personal budgets or changes to their care and support packages. Often these were decisions that they themselves had played a limited role in making and, as a result, they felt they were caught in the middle of some very difficult conversations:

> *Cuts to budgets have meant very difficult conversations being had with supported people right from the start as you need to manage their expectations and explain why it is unlikely what they are requesting will be authorised*

In essence, those *"who hold the purse strings"* do not have to face families and there is a real sense that workers are left unprotected. As a result of this:

> *We have faced a lot of anger, abuse and outrage with the changes although they have been agreed and decided by the Board and not by us as practitioners.*

> *It's hard to be in the middle of explaining that cuts are due to eligibility and lack of funding/preparing for future cost projections and what families need to sustain themselves and have a good standard of living*

Alongside this, staff felt that their professional autonomy, judgement and decision-making were being undermined, as the following quote highlights well:

> *We have a new process in place in which all of our assessments are screened by team managers and other health care professionals across the health and social care partnership. This arena is completely separate to the front-line staff and we are not party to all the decisions made due to this, despite this being our assessment*

Assessments are increasingly scrutinised, and participants suggested that professional judgement is questioned and undermined, leading to deskilling and a potential erosion of professional identity.

> *You must submit your request to a panel who decide if funding will be approved. Assessments are heavily scrutinised with workers being constantly challenged about their assessment.*

> *These panels...leave workers unable to make a professional assessment based on a clients presenting need. The criteria seems to depend on who is sitting on the panel and decisions are made ad hoc. The panels are financially driven and can be ruthless.*

This also has implications for the relationship between workers and people who use services and their families which is increasingly undermined, with one participant describing these relationships as being *"destroyed".*

> *Having to make changes which aren't in line with what people really need or want is difficult and also impacts working relationships with clients, families and providers as they don't feel they are being fully listened to*

These changes have led workers to describe their work as *"demoralising"* and many have emphasised what they perceive to be a basic incompatibility between the work they are being asked to do and their professional, social work values as previously noted. This has led to a significant reduction in job satisfaction and respondents feel that their role has changed, with a shift from *"assessing need to balancing the books".*

Overall, workers suggest that reductions to personal budgets via SDS Option 1 have had a significant impact on their role and there is a strong sense of their current role bearing little resemblance to what they signed up to do as a social worker:

> *I came into this role to support and help people and unfortunately due to financial constraints I am being blocked from doing that.*

This has a considerable impact on the workforce with that data suggesting many leaving the profession or retiring as a result. Worryingly many of those surveyed described the significant impact that their current working conditions and practices have had on their mental health. Some described what was happening to them as emotional harm, while others described their situation as a form of moral injury. According to Norman and McGuire (2025) moral injury occurs when social workers take part in, or witness actions that conflict with their social work value base. It differs from burnout in that it causes deeper harm relating to guilt, shame, anger or disgust. According to Stokes-Williams (2024) this can result in reduced autonomy and ethical distress whereby workers feel constrained by organisational policies and knowing the right thing to do but being unable to do so. As one participant explained:

> *My values are sound. but it has been a real challenge implementing an eligibility criteria which results in meaningful supports being reduced. This has caused a great deal of stress in my professional life which impacts my private life.*

I feel that our social work values are eroded. It's the absolute bottom line - what can we provide to keep people alive. I also think that there is a significant difficulty in getting support authorised for people with autism where they do not have a learning disability. I have experienced requests for service not being authorised

This has had a horrific impact on me and my work. I feel like I am being made out to be incompetent with a panel of seniors scrutinising my work when I am already only assessing for critical need.

Moral injury has an impact on staff, both personally and professionally. Participants have explained that they do not always agree with the changes they are required implement yet are left to explain these to families and then be confronted with their *"anger, frustration and emotional fallout".*

One participant noted that they were left feeling that their role was pointless and this, in turn undermined their confidence and wellbeing. Mental distress was a theme mentioned by several respondents with one participant describing how they were left feeling that they did not want to get out of bed in the morning. Another described being prescribed anti-depressants. One participant described witnessing the impact that reducing personal budgets via SDS Option 1 were having on their colleagues:

It is difficult to see really great staff around you breaking down due to the pressures they are being placed under and the relentless curs to packages and difficult conversations with service users and carers. I have never seen so many staff leaving their roles, taking time off sick and reaching a point where they are dreading coming to work.

Impact of cuts on service users, families and carers

Survey respondents also detailed at length the impact that budget cuts had on the service users and families that they worked with. The direct views and experiences of people with lived experience are documented extensively in a report that accompanies this one which can be found here. However, it is important to acknowledge here that social workers demonstrated deep concern and empathy towards those they worked with. They noted the additional stress that cuts to SDS personal budgets via Option 1 placed on individuals and families, and several made reference to families at "breaking point". The experiences of families meant that they were perceived to have lost all faith in social work and participants felt they were causing unintentional distress and harm to

service users and their families, further contributing to their sense of moral injury, discussed above.

Participants noted a significant impact on unpaid carers both in terms of exhaustion and burnout and deteriorating mental health with an increase in depression and one example of an increase in suicidal ideation. These negative impacts have contributed to an increased risk of family breakdown because of crisis situations:

This has been seen in a rising number of crisis situations where parents who are caring full time for children are threatening to abandon them...clearly the impact on familial relationships is deteriorating...

Taking local authority support away places responsibility on families who are already burnt out and in distress. People are crumbling as carers as they can't work and look after their own needs never mind their families caring needs...there is no time for self-care. People's wellbeing has significantly declined as they have been abandoned and given excuses.

For service users, several issues were identified. These ranged from a lack of choice in service provision, longer waiting lists, to the removal of support for lower or medium level needs, often including social support. Respondents were aware that this was likely to have a significant impact on the physical and mental health of service users, due to an increased risk of loneliness and isolation. The removal of transport costs was thought to be particularly significant here, meaning that people could not participate in or engage with their local communities in the way they may have done previously.   This was exacerbated by an increase in day care costs and the removal of long-term housing support, making it more difficult to maintain their independence and increasing vulnerability. Participants suggested that non-essential tasks and activities are no longer funded, with a significant impact on quality of life.

[budget cuts] made me feel that I was taking away an important aspect of that individual's life, where they were previously able to depend on the service to get to work. This meant that they had a feeling of pride and independence as they were able to make a small income and contribute to the local community

...increased isolation, missed opportunities and reliance on unpaid carers has an impact on emotional regulation, physical health, social isolation, increased distress, reduced quality of life. Families are often expected to absorb these costs privately, which is unsustainable and inequitable, especially for those already facing economic disadvantage. The removal of meaningful routines and social

connections has led to increased anxiety, low mood, and behavioural challenges in some cases.

Importantly, several participants noted that by reducing budgets to support lower or medium level needs, service users were likely to place increased demand on services in future, as the following quote suggests:

It is a crazy set up as those who need little support will end up coming to social services in substantial or critical need therefore if support for low or moderate need was supported, this would stop crisis happening in the future

Indeed, it was acknowledged that if service users wished anything other than critical level needs to be met, they would need to top up these costs from their own funds, creating an inequity. All of this has a cumulative impact on the life of those who use services, with an increase in mental health issues, evidenced by an increase in referrals to mental health services as well as a negative impact on community, relationships, friendships and wellbeing. With specific reference to children and young people it was noted that:

[there are] more referrals for CAMHS than previously and family members are facing more mental health issues now than ever before

Of note is the impact on community life for those who use services, and people with learning disabilities specifically.

I fear [budget cuts] have put learning disability work back by decades for those who are not eligible and have to have cuts implemented...they will be less visible and less part pf their community, in direct contradiction to all our policies and plans

Recent cuts to SDS [Option 1] have significantly affected individuals' wellbeing by reducing their choice, control and independence. Many can no longer afford the same level of personal assistance, leading to a loss of valued relationships, reduced community participation and increased isolation

This fairly lengthy quote sums up the impact of cuts to SDS personal budgets via Option 1 on individual service users and families well. They refer to the impact of cuts as being the *"tip of the iceberg"*.

People's lives are being drastically changed with undue pressure being placed on unpaid carers who are already struggling. Supported people are virtually becoming prisoners in their own home as funding to help them access community

activities or to provide them with respite has been decimated. The impact on the mental health and wellbeing of both the cared for person and unpaid carers is significant. We are seeing an increased number of people talking openly about assisted dying or taking their own lives. We have also seen a rise in the number of Adult Support and Protection concerns... People are exhausted, in many cases devastated by the changes and the longer-term impact on their mental and physical health is not being considered - or their human rights.

This quote, from a third sector representative raises several salient points that emphasise the potential impact of personal budget reductions or cuts. Clearly, the impact on the mental health of people who use services is significant, as is the increase in risk, evidenced by an increase in Adult Support and Protection referrals. This speaks to an important point raised elsewhere in the report that suggests that as levels of need reach crisis levels (as would be the case for those in severe distress or at significant risk of harm), the cost of care is likely to rise, suggesting that this current approach may have unintended consequences, not only for people who use services and their families but for the cost and organisation of care overall. We finish this section using the words of one of the survey participants who suggested *"we are no longer looking at what can give people a good life, only at the bottom line".*

Human Rights and Inequality

The impact of reductions to personal budgets received via Option 1 on service users and their families is fundamentally a human rights issue and promoting and upholding human rights underpins all social work legislation and policy in Scotland. Upholding rights is consequently a significant responsibility for social workers in their day-to-day practice (Biziewska and Palattiyil, 2023). Experiences from the survey suggest the reality may in fact stand in opposition to this assertion. The current system, particularly the way the reduction in SDS Option 1 personal budgets are being experienced, may be limiting the rights of both workers and service users by reducing their opportunities to participate fully as active citizens. Respondents highlighted that these cuts disproportionately affect groups who are already disadvantaged and marginalized—such as individuals with learning disabilities, those experiencing mental health difficulties or addictions, and disabled children along with their families. People living in geographically isolated areas were also seen as especially impacted, due to the limited resources available in many rural communities and the recent reductions in transport funding noted above. This challenge was well articulated by one respondent as below:

As a social worker, I am guided by values such as respect for human rights, empowerment, advocacy, and social justice. Budget reductions have at times compromised my ability to fully uphold these principles. For example:

- *I may be unable to offer individuals the full range of support options due to limited funding.*
- *I sometimes have to prioritise "critical" needs over "desired outcomes," which conflicts with the principle of promoting independence and choice.*
- *Administrative pressures to reduce costs can shift focus away from relationship-based practice toward resource management.*
- *This creates a values conflict between my professional commitment to empowerment and the organisational requirement to operate within financial limits.*

These constraints often lead to feelings of moral distress, as I am aware of what would constitute best practice but am unable to deliver it. It challenges my sense of professional integrity and can lead to frustration, guilt, or disillusionment"

A further inequality was addressed in the survey with those service users with greatest knowledge of systems and ability to advocate effectively for themselves in complaining were most likely to get their needs met.   This leaves the most vulnerable and isolated in an unequal position within the system, less likely to be able to challenge any reductions to their personal budget or have the knowledge, confidence and ability to pursue the local authority to change their decision. Further, they may be less likely to be able to afford to pursue alternative financial options to meet their needs. Having less financial power also limits choice if you have a reduced access to a personal budget via SDS Option 1. The quotes below further demonstrate this key point:

There is also inequality as those better off financially can afford to buy care privately.

There are massive inconsistencies with option one with people who file complaints being allowed bigger budgets or more flexibility within their budgets than those who do not complain

Impact of cuts on other services and availability of resources.

There were several effects noted on other services and the availability of resources across the country. Perhaps the most prominent topic noted by respondents was the cut in transport costs, which seemed to be the first thing to go in reducing personal care budgets. This was of particular concern in rural areas where the lack of transport led to

increased social isolation and loneliness and an inability of service users to maintain connections within their local communities.

Opportunities to secure support from third-sector and private organisations have also diminished. Providers increasingly prioritise higher-level care packages, as lower-level options are often not financially viable, which further restricts availability and choice. In addition, hospital discharges have been affected by the shortage of local resources. It has been suggested that providers have reassessed their services and are now directing support primarily toward individuals with the most complex needs. One participant noted:

> *Service users are having to use long term care and hospital support or community alarms to access vital services*

This further suggests the potential for services to be used inappropriately to fill gaps created by cuts to personal budgets via SDS Option 1 and for individuals to reach crisis while waiting on decisions.

> *The person may well be at the centre of our work but our ability to put robust and meaningful packages in (place) is becoming less possible and the waiting times for packages can lead to people hitting crisis and needing admission to hospital or to a care home.*

Personal Assistants

It is important that we consider briefly the impact of budget cuts on personal assistants. Many might argue that they form the lynchpin of SDS, an important resource that can facilitate choice, control and independence for people who use services and their families. Data from the survey suggests that their role has been significantly affected by reductions to personal care budgets via SDS Option 1 in several ways. These reductions were thought to make it more difficult to recruit PAs who could now only be employed for a few hours, making the role less appealing for them. Some respondents suggested that people who use services now need to top up as well as find, retain and pay their own personal assistants as they now charge more than the basic rate that is offered by the Scottish Government. There was also some concern about the number of Personal Assistants who may potentially be made redundant because of budget cuts. Redundancy costs are normally covered by the service users personal budget although, if there are several PAs the local authority may approve a one-off payment.

It is important to note that not all participants were aware of PAs being made redundant or were able to provide examples of this. In addition, one respondent suggested that in cases where a PA was no longer assessed as being needed, and this was then reflected in a reduction in the number of hours, this should be considered as the *"nature of the job"* and should not necessarily be viewed as *"being made redundant because of the cuts"*. This highlights the subtle complexity of what is going on currently.

Importance of support for social workers

The impact of implementing cuts to personal budgets provided via SDS Option 1 on social workers is documented throughout this report, in this section we consider the impact of support for social workers in managing and reducing anxiety about this process. Unsurprisingly there is clear evidence that where supervision and peer support is limited, this further reduces confidence and well-being of social workers. Conversely where supervision is strong, this aids in reducing anxiety and impact of deteriorating relationships with service users, as described above, however this does not reduce the feeling of distance from senior management where it was felt decisions were being made.

There were mixed views on whether staff felt supported to deal with the impact of SDS budget cuts. The value of peer support was significant in the responses, as illustrated in the examples below:

> *Registered with peer support coaching service (for support):*

> *In control Scotland have supported us along with SWS, the peer support groups for Children & Families SDS have been excellent*

Support from managers was less consistently noted as positive. For example:

> *We are having to complete SDS assessments in full and extremely detailed with the service users and their families which can be an extremely upsetting process for them all but also in the knowledge this will then be scrutinised by managers who have no knowledge of SDS eligibility (NHS) and for these to be refused or reduced in the amount of hours being requested. We are basically being asked to complete SDS Assessments, identifying these service users meet critical need and then not being able to uphold these although the assessments identify that the person or their carers meet critical need and the free Personal Care or Carers legislation. How do we explain this with no back up from Senior management.*

However, there were also very positive examples of support being provided by Team Leaders and other managers. Supervision as a tool for working through the anxieties and tensions caused by the process of assessment and budget allocation was highly praised where it was regular and consistent.

One area where several respondents felt they required more support was in how to deal effectively with complaints from service users and that existing systems were perhaps not as transparent for service users and therefore the responsibility of guiding people through the systems fell to workers, despite them feeling distanced from decision making.

Many workers expressed concern that they were not well supported by management, this in particular, took the form of Senior Managers not taking responsibility for perceived changes/reductions in budgets and process. An example often used was where decisions were taken to refuse packages or aspects of these and this was then left to the social worker to communicate to the service user and deal with their anger, confusion and upset, noted elsewhere in this report. This distance from the decision making whilst having to deal with the consequences was viewed as disempowering for workers and led to the feeling of being unsupported by management.

A further area of training that would be supportive identified by respondents was in financial management. This was despite many respondents not considering this an appropriate social work role.   Finally, additional support from SDS Scotland would be welcomed.

> *Practical tools for navigating budget constraints while upholding legislation and values- might be helpful.*

Importance of transparency and organisational support.

Organisations support for workers alongside transparency of decision making and effective communication to the public was considered of significance to respondents. There was a perceived lack of transparency on how changes to the system were being decided and implemented. It was noted that *'shifting the goalposts'* without explaining the how and why creates divisions between workers and service users and reduces confidence within and out with local authorities. More open and honest communication was considered critical to ensure the distance between management, staff and service users could be reduced. Giving information to service users in an accessible format on a regular basis so that they understand why things are changing was recommended.

There has been no transparency or collaboration meaning people are in distress and shock.

I feel exhausted, burnt out and have repeatedly asked for transparency and support from senior management to the public, to date very little has been communicated and what has been communicated is unclear, inaccurate or vague leaving front line workers again bearing the brunt of complaints, hostility and questions from the community.

There was a significant view that senior managers had to take responsibility for the decisions being made and not put this responsibility solely onto the social workers who are on the ground working with families. The consequence of this disconnect is that social workers are on the receiving end of abuse, hostility and anger from families who do not understand why things have changed. Respondents noted that management should support staff in communicating outcomes, particularly where these are negative, by providing clear communication as noted. This would lead to a feeling of shared responsibility, rather than distance.

Maintaining an honest and transparent approach has emerged as an important theme although ultimately participants raised concerns that they had not been provided with the tools they needed to communicate change effectively to the service users they worked with. Indeed, many noted the promise of information to communicate with service users that does not materialise. Ultimately, one participant noted that:

I find clarity and honesty around this matter the most important of all, allowing the supported individual to express how they feel with the situation and helping them navigate to find other local resources to fill in the gaps of a reduced budget...I find...giving realistic answers to their questions...helps them peruse other alternatives while still having grounded expectations.

Mitigating impact

The data from the survey provides clear evidence of the challenging organisational context in which social workers are currently operating and provides powerful examples of the impact of these challenges on workers as well as on service users and families. However, it is also important to report on the range of attempts made by workers to mitigate the impact of reductions to personal budgets via SDS Option 1 and challenging circumstances. Workers outlined some of the practical steps that they might take which include signposting to the third sector and considering whether outcomes can be met via

universal or local services, at a lower cost (although as considered elsewhere in this report, this might represent challenges in other parts of the system).

Some workers also noted the importance of building and maintaining good relationships during these challenging circumstances:

> *I feel it is and has been extremely difficult, cutting a person's budget that they feel they require. It has been very important to ensure I have built a good relationship with that person and am able to explain to them that this is not a negative and support them to make alternative arrangements and support them to see the bigger picture. Most people have been reluctant in the beginning but have adapted very well.*

This quote shows that by maintaining relationships and ensuring that there is openness and transparency, some service users, in certain circumstances may come to understand that changes to their care package and budget may not always result in negative outcomes.

Other workers note the importance of adopting an assets-based approach that moves away from a mindset that considers the Local Authority as the main provider of support to focus on other assets and strengths that might be available. According to one participant:

> *This might result in care plans being reduced but this would only happen if the support was no longer required or if there was evidence that this did not meet the eligibility criteria*

Participants spoke of the need to maintain transparency while at the same time continuing to advocate for service user rights. They also discussed the need to adopt more creative approaches and solutions, considering what might be done differently. Participants also highlighted the importance of advocacy, not only for individual services users but also to challenge *"structural change, aligning with the core social work mission to promote social justice".*

Section 4 – Discussion and conclusions

The survey findings reveal a complex picture of overlapping factors contributing to stress and anxiety, particularly in relation to budget cuts and the reduction of personal budgets via SDS Option 1 within Scotland's social care system. Impacts have been identified at strategic, operational, and service-user levels, as outlined above. From this, several key challenges emerge—both for social work as a profession and for the wider social care sector—shaping the future implementation of SDS in Scotland.

The data suggests that professional judgement and decision making are being eroded by a focus on finance rather than person-centred needs led assessment and care planning. This clearly conflicts with the social work role and the underpinning value base on which the profession is built. The core principles of the legislation to promote, choice, control and empowerment also appear to have been undermined by the range of processes in place to reduce personal budgets via SDS Option 1.

This is not a straightforward picture and while it is recognised that financial resources within the system are limited, respondents highlighted instances of over-provision combined with delayed or insufficient reviews. As a result, some service users have continued to receive outdated support packages that may no longer meet their needs. Additional challenges include the failure to keep pace with inflation, which has affected what services can deliver and what support can be purchased, alongside the need to ensure best value for public funds. These issues appear to be exacerbated by a lack of transparency in decision-making, particularly between organisations, managers, and staff, and by poor communication with service users about what they can reasonably expect.

Staff have reported facing significant ethical dilemmas and have found that current working practices directly conflict with their social work value base. This has had a significant impact not only on professional practice and identity but on individual social worker's mental health and wellbeing. Some participants conceptualised this as a form of moral injury, which is multi-dimensional in nature and can occur across all areas of social work – from direct practice to more senior strategic roles. To tackle this, change is needed across the system. Individuals require support to address the impact that current practices have on their wellbeing, but this must be accompanied by organisational reform, including opportunities for training on ethical budgeting and decision-making alongside spaces to reflect. Indeed, many survey respondents noted

that supervision, where it existed, was useful, but many felt that not enough priority was given to this and that it was not sufficiently targeted to reflect current challenges.

While cutting budgets or reducing the availability of option 1 for service users and families across Scotland may offer a short-term fix by reducing budgets the data from the survey shows that this might result in several unintended consequences that might drive costs up. By stringently applying eligibility criteria that mean those with lower or medium level needs cannot access support, social work organisations are not only reducing the opportunity to offer preventative support but are increasingly the likelihood of crisis situations arising as a result of an increase in mental illness and distress and a significant increase in risk and future costs. This suggests a need for an increase in social care spending across Scotland rather than relying on local measures such as reducing personal budgets via SDS Option 1, to prevent increased costs further down the line. The data further suggests that a return to focus on prevention and early intervention would also aid in the prevention of increased costs.

In addition to this, service users and families are being forced to seek support from other parts of the system. We have referred to this here as jigsaw funding, or shifting deckchairs on the Titanic. The consequences of this are that other parts of the service system landscape are required to plug the gap left by reductions in social care funding via SDS Option 1. There is a significant likelihood that the third sector, welfare services and the NHS will have to make up the shortfall, at a time when they look to make their own budget cuts and efficiency savings. This is simply moving the problem upstream and will result in less choice and control and greater dependence on services in the medium to longer term.

One lasting message from this survey should be the concern of social workers to ensure that the needs and rights of service users are well protected, despite the challenging environment they currently find themselves in. There also needs to be a realistic understanding of the financial constraints on the health and social care systems. The key disconnect appears to be in understanding what SDS is, what it can realistically offer and transparency over eligibility criteria and decision-making processes. Clearer and more transparent communication between health and social care organisations and the public over what can realistically be expected and provided would alleviate some of the pressures on front line staff and on service users and carers.

Ultimately, the findings highlight the need to reconsider priorities within Scotland's social care system by balancing financial realities with the core values of social work and the principles of SDS. Without such reform, both service users and social workers risk being

undermined by a system that fails to deliver on its legislative promise of choice, control, and empowerment.

Section 5 – Recommendations for Consideration

- Strengthen transparency and communication by establishing clear guidance on eligibility criteria and budget decision-making processes.
- Improve communication between local authorities HSCPs and service users to ensure realistic expectations of what SDS can provide.
- Protect social work values and professional autonomy by reprioritising needs-led assessment rather than budget-led decision-making.
- Provide training and reflective spaces for staff to explore ethical dilemmas and refocus on social work values.
- Ensure supervision is prioritised and targeted to address current challenges, including moral injury and wellbeing.
- Invest in preventative and early intervention approaches to reduce reliance on crisis intervention.
- Recognise the long-term cost savings of early intervention compared to crisis-driven responses.
- Improve review processes by promoting regular, timely reviews of SDS packages to ensure support remains appropriate and outcomes focused.
- Develop national guidelines on review frequency and standards to ensure consistency across local authorities.
- Support workforce wellbeing by providing support for social workers who are experiencing stress, anxiety or moral injury.
- Recognise the impact of cuts on professional identity and take steps to rebuild trust and morale.
- Coordinate with third sector, NHS and welfare services to avoid shifting problems upstream.
- Develop joint strategies to manage demand and ensure that cuts in one area do not destabilise others.

Appendices

Appendix A –Survey Questions

A survey of practitioners, managers and leaders of social work.

The Scottish Association for Social Work (SASW) and Social Work Scotland want to hear from you. We are hearing reports that in some areas, people who get their support through self-directed support option 1 (Direct Payments) are having their support budgets reviewed.

Whether you are a social worker, social work assistant, manager or leader, your experiences and insights are vital in helping us understand what is happening and how it is affecting the social work workforce across Scotland. Whilst this issue is part of wider issues with eligibility criteria, service funding and local government finance, we want to quickly gather some evidence about:

- The impact of cuts to SDS budgets on practitioners, managers and leaders involved in reviews and/or reductions of budgets

- What impact practitioners are seeing of cuts to SDS budgets on people who need support

- How cuts to SDS budgets may be impacting on employers of personal assistants, including arrangements when a personal assistant is being made redundant.

When you submit this form, it will not automatically collect your details like name and email address unless you provide these yourself.

Your responses will remain confidential, and any quotes used will remain completely anonymous. The information you provide will be held by Social Work Scotland, and we will only provide an anonymised version to a third party consultant for analysis.

Understanding the impact of cuts and reductions to SDS Option 1 budgets (Direct Payments)

Q1. Which option below best describes you

Social Work Assistant
Social Worker
Social Work qualified manager within local authority or HSCP social services
Social Work qualified senior leader within local authority or HSCP social services
Other (please specify)

Q2. If you work in a local authority, which description best matches your specialist area?
Children and Families
Adults

Justice
Other (please specify)

Q3. To what extent do you agree that there has been an overall increase in reviews and reductions of Option 1 (Direct Payment) budgets at your local authority over the last financial year?

Q4. Over the last financial year, have you seen changes to eligibility criteria for people who need support to access an assessment or budget?

Yes
No
Unsure

Other (please specify)

Q5. Over the last financial year, have you been asked to implement reductions or cuts to SDS Option 1 (Direct Payment) budgets? Depending on your role, that might be reviewing budgets of supported people, or it might be facilitating or deciding those reductions. We're keen to hear about this experience from all levels of social work.

Yes
Unsure
No

Please explain:

Q6. If you answered Yes to Q5, please outline any impact this work has had on your professional approach and social work values.

Q7. If you have been involved in implementing this work, what are your routes for professional support, if any - and what would help?

Q8. If you currently manage a case-load and you have been involved in reviewing and reducing SDS budgets in the last financial year, what has changed as a result? Please tick all that apply:

None of the above
Minor reduction in support
Significant reduction in support
Loss of personal assistant support
Increase in need for unpaid carer involvement

No longer eligible for support
Other (please specify)

Q9. If you currently manage a case-load and you have been involved in reviewing and reducing SDS budgets in the last financial year, how have you seen the impact on people?

Not impacted   Minor impact   Moderate impact   Significant impact   Major impact

Accessing the community
Accessing work
Attending to self-care
Accessing learning opportunities
Maintaining relationships
Keeping well and healthy
Other (please specify)

Q10. Are you aware of any personal assistants being made redundant or being put at risk of redundancy in your local area, because of cuts to SDS budgets?

Yes
No
Unsure
Other (please specify)

Q11. If you answered yes to Q10, who covers all or parts of the related redundancy costs? Please tick all that apply.

The local authority
The supported person
Unsure
Other (please specify)

Q12. Please indicate the impact of any cuts to SDS Option 1 (Direct Payment) budgets that you have seen on supported people's wellbeing:

Strong negative impact
Some negative impact
Mild negative impact
No impact
Unsure

Please explain your answer:

Q13. Please indicate the impact that you have felt on your own wellbeing of being involved in cuts to SDS Option 1 (Direct Payment) budgets:

Strong negative impact
Some negative impact
Mild negative impact
No impact
Unsure

Please explain your answer:

Q14. What support have you been given to communicate about reductions to SDS budgets and/or implement reductions? Please tick all that apply

Training
Supervision support
Decision making tools
Standardised documentation (e.g. forms, letters, or materials explaining the changes)
Linking with local Independent Support organisations

No specific support
Other (please specify)

Q15. As a social worker, we're keen to understand how empowered you feel in the role that you carry out. Please rate the statements below:

Strongly Agree   Agree   Neither agree nor disagree   Disagree   Strongly Disagree
          N/A

I have little or no influence over reductions to SDS budgets

I feel able to influence which SDS budgets have been reduced
I have been able to use my professional judgement when managing SDS budget reductions
I have been able to mitigate negative impacts of SDS budget reductions of supported people
I feel confident and able to raise concerns about the impact of SDS budget reductions with my manager or organisation more generally

I feel able to practice according to Self-directed Support legislation and standards

I feel able to practice according to my professional social work values and principles

I feel hopeful about the future of social work in Scotland

Q16. Is there anything else you'd like to tell us about, related to your personal or professional experience?

Q17. If you'd like to leave your contact details, please do so here:

References

Baines, D., & Cunningham, I. (2020). Understanding austerity: its reach and presence in the changing context of work and employment. In *Working in the Context of Austerity* (pp. 3-26). Bristol University Press.

Biziewska, D., and Palattiyil, G. (2023). Promoting human rights or increasing expectations? Effects of self-directed support on the realisation of human rights in Scotland. Disability and Society, 38 (8), 1283-1303.

Eccles, A. and Cunningham, I. (2016). The enablers and barriers to voluntary sector organisations providing personalised support through delivery of self-directed support.

Manji, K. (2018). 'It was clear from the start that [SDS] was about a cost cutting agenda. 'Exploring disabled people's early experiences of the introduction of Self-Directed Support in Scotland. *Disability & Society*, *33*(9), 1391-1411.

Norman, S. B., & Maguen, S. (n.d.). Moral injury. National Center for PTSD. U.S. Department of Veterans Affairs.

Parker, J. (2024). Social work practice: Assessment, planning, intervention and review.

Pearson, C., Watson, N., & Manji, K. (2018). Changing the culture of social care in Scotland: Has a shift to personalisation brought about transformative change? Social Policy and Administration, 52(3), 662–676. https://doi.org/10.1111/spol.1235

Reamer, F. G. (2022). Moral injury in social work. Oxford Research Encyclopedia of Social Work. https://doi.org/10.1093/acrefore/9780199975839.013.1629

Stokes-Williams, C. (2024, March 18). Moral injury among social workers? ABCSW Daily Planet Blog. https://www.abcsw.org/index.php?

Webb, S. A. (2017). Matters of professional identity and social work. In *Professional identity and social work* (pp. 1-18). Routledge.