

PERSONALISATION

Resource Pack

(Prepared as part of One-to-one support for Liverpool and Newham)

We suggest that you include various materials in the pack. What follows is a list of potential materials. It is your best judgement which of the suggestions will serve your purpose best. Also, we included a list of links to videos that we think are good and you may decide to use some of them with people in training.

In a separate file you will find summarised and 'compressed' information about some key aspects of the personalisation agenda, including definitions and messages from research. It also contains some resources; however, the best list of resources you can get from SCIE's *Personalisation: A Rough Guide*. Our list though contains a number of articles from Community Care that although not 'scientific' are very interesting in representing professionals' concerns and views on personalisation. Some of them would be good as discussion material, if you plan discussions.

The third file is a resource list with further clickable links to personalisation documents available on the Web.

One way to approach compiling that is to use

- **Multimedia.** Use this 14-min Personalisation video, as part of a group exercise <http://www.communitycare.co.uk/Articles/2008/11/24/110005/what-will-personalisation-mean-for-social-workers.html>

If there is time and need, you might wish to get In Control's DVD 'How to Be in Control'. The videos go through seven steps of directing your own support, followed by 16 stories of people's experience. Additional information about the DVD can found here <http://www.in-control.org.uk/site/INCO/Templates/General.aspx?pageid=879&cc=GB>.

Unfortunately, the web links to the stories section of the DVD are not working and the other videos are not working full-screen, so to use it for training purposes you might need to order it from In Control. On the same website, you might find Caroline Tomlinson's video interesting, too (<http://www.in-control.org.uk/site/INCO/Templates/General.aspx?pageid=888&cc=GB>)

Another video presentation that I find brilliant is Simon Duffy's (CEO In Control) on self-directed support available here <http://www.ssiacymru.org.uk/index.cfm?articleid=3131>. It is around 23-min long. However, there is no straightforward way to play it full screen.

1. A PERSONALISED SYSTEM

"We need a social care system that enables people to assess their own needs and to choose the right support"

Currently, local councils work out people's support needs by arranging a Care Needs Assessment, which is carried out by a social worker. This assessment tends to put the main emphasis on people's physical needs, above their social, emotional and mental health needs. And the assessment does not always give people the opportunity to say that their needs might change frequently or be unpredictable.

As a result, the care and support put in place are often either too intensive or too limited, and lack flexibility. They also take up a lot of professional time, which could be better spent working with people to help them meet their needs.

Many individuals are not only willing and capable, but are also the best person to assess their own care needs and decide how they should be met. Their choices may not be the same as a professional's, but that is the whole point. Their carers will also have valuable expert knowledge and should be seen as partners in care.

Older and disabled people should be able to access support to complete their own assessment of their needs, with professionals providing guidance and expertise where needed.

Self-assessment tools should be available to people at all levels of need, with support for those whose needs are still relatively low to bring in the services which will help them stay independent. Such support should also be flexible, so that people who have changing needs can be supported in a way that suits them.

© Community Care Editorial 2007. All rights reserved. Assessment and judgement of care for adults. England, April, 2007

*Based on 11 self-assessment tools approved by the Assessment Review Group. Details from the Social Services Inspectorate for Adult Services Report.


4

About 17,000 over-65s in England were using direct payments in 2006-7*

Being able to assess my own needs and support is so important

PAMELA'S STORY

Currently, only 7 per cent of local authorities offer people the opportunity to assess their own care needs!



PAMELA'S STORY

My name is Pamela. I have an inherited disabling condition which started quite slowly when I was about 18 and gradually deteriorated over the years. I was 63 when I had to give up walking altogether.

As my condition got worse, I eventually needed 24-hour care to stay in my own home. I have been using Direct Payments for about five years now. My borough gives me a set budget which I use to pay for two care workers. I have an arrangement with an agency which manages this for me.

However, I still need to top up my care and I am only able to do this because I have an occupational pension I pay for an additional member of staff to visit in the morning and evening to help the two in-care workers lift me. This isn't funded by the care package as I already use up the budget that I have been given, yet it is required due to the regulations on handling people.

Direct Payments are pretty good. I started using them after a main crisis in my condition which meant that my needs increased and a decision was made that I couldn't live at home without this package. I would never have got the same amount of care using traditional services.

Despite the flexibility of my care package there are still restrictions on my ability to make any decisions. I can't suddenly decide to call at a different time, start out late, or have a lie-in in the morning because of the extra staff coming in. Everything must be planned in advance.

When this package was put in place, I had a particularly good key worker who fought for me. But it was put in place when I was under 65 and I was still under the physical disabilities team, rather than the older people's team. I fear that I wouldn't get the same level of package if it was decided under the older people's team.

For people to be given the help they need the system needs a lot more money. It needs to be directed to the right places, care workers need to be better trained, and there needs to be an increase in the professional status and profile of care workers.

Being able to assess my own needs and support is so important. It means that I can live in my own home, I can employ the people and the agency that I choose. It also means that my package is quite flexible and allows me to do what I want – for example, have a part-time job and do voluntary and committee work.

WE SAY

Pamela's experience of care is better than most people's. She has a great deal of influence over her care package and can decide for herself what kind of support she wants. However, this is achieved only because she puts in her own money and is able to express what she wants. Even then, her care package is not perfect.

One of the problems Pamela faces is that there is too little room in the assessment process for taking account of her needs as a whole person. There is too much focus on her physical needs and not enough on her well-being. She is denied the ability to make basic decisions about how she lives her life, such as when to get out of bed, simply because she has a disability.

Too few people in our current care and support system get the chance to fully express their needs and choose services to meet them effectively. People like Pamela are pioneers, but others feel the barriers to taking on Direct Payments – such as lack of information, advice and advocacy support – are too great. We need to make sure that choice and control are a reality for all care users, no matter how much support they need to get there.

7



Alternatively or in addition to that you may decide to use Joe's Story (very good!) from the In Control Website available here <http://www.in-control.org.uk/DocumentDownload.axd?documentresourceid=20>.

5. An exemplary support plan – again from the In Control website available here <http://www.in-control.org.uk/DocumentDownload.axd?documentresourceid=3> and also attached with the current resources. This is very practical and will put the ideas in context. (It might be worth looking here <http://www.in-control.org.uk/site/INCO/Templates/Library.aspx?pageid=92&cc=GB> for an extensive links to additional SDS resources)
6. Some text highlighting the *debate around personalisation*. I think Community Care is a good place to look for such a material. For example, Simon Stevens’s blog entry ‘*My problem with trade unions*’ produced an unprecedented number of comments that strike at the heart of the personalisation debate. This kind of discourse brings the personalisation agenda to life for the audience.
<http://www.communitycare.co.uk/blogs/social-care-experts-blog/2008/06/my-problem-with-trade-unions.html>
7. Joseph Rowntree Foundation’s article *What Future for Care?* (2008) is a good reference point for raising difficult questions for a radical reform of the care services related to personalisation. Good discussion material!
<http://www.jrf.org.uk/knowledge/findings/socialcare/pdf/2290.pdf>
8. Depending on the audience, you might include materials from CSIP’s Personalisation Toolkit. The latter is aimed to support local authorities *organisational planning* for the personalisation agenda. Two possible documents to be included in the resource pack
 - Leicester City Council’s examples for Self Directed Support based on CSCI Outcome areas
http://networks.csip.org.uk/library/Resources/Personalisation/Personalisation_advice/Leicester_City_Council_-_Examples_for_Self_Directed_Support_based_on_CSCI_Outcome_areas.pdf
 - *Introductory self-directed support presentation: Change is inevitable*
<http://networks.csip.org.uk/Personalisation/PersonalisationToolkit/Initiation/?parent=3088&child=3255>
9. A reference list with additional resources about personalisation (attached here)