

PERSONALISATION

1 Personalisation: Definitions

Personalisation means starting with the individual as a *person with strengths and preferences* who may have a *network of support and resources*, which can include family and friends. They may have their own funding sources or be eligible for state funding.

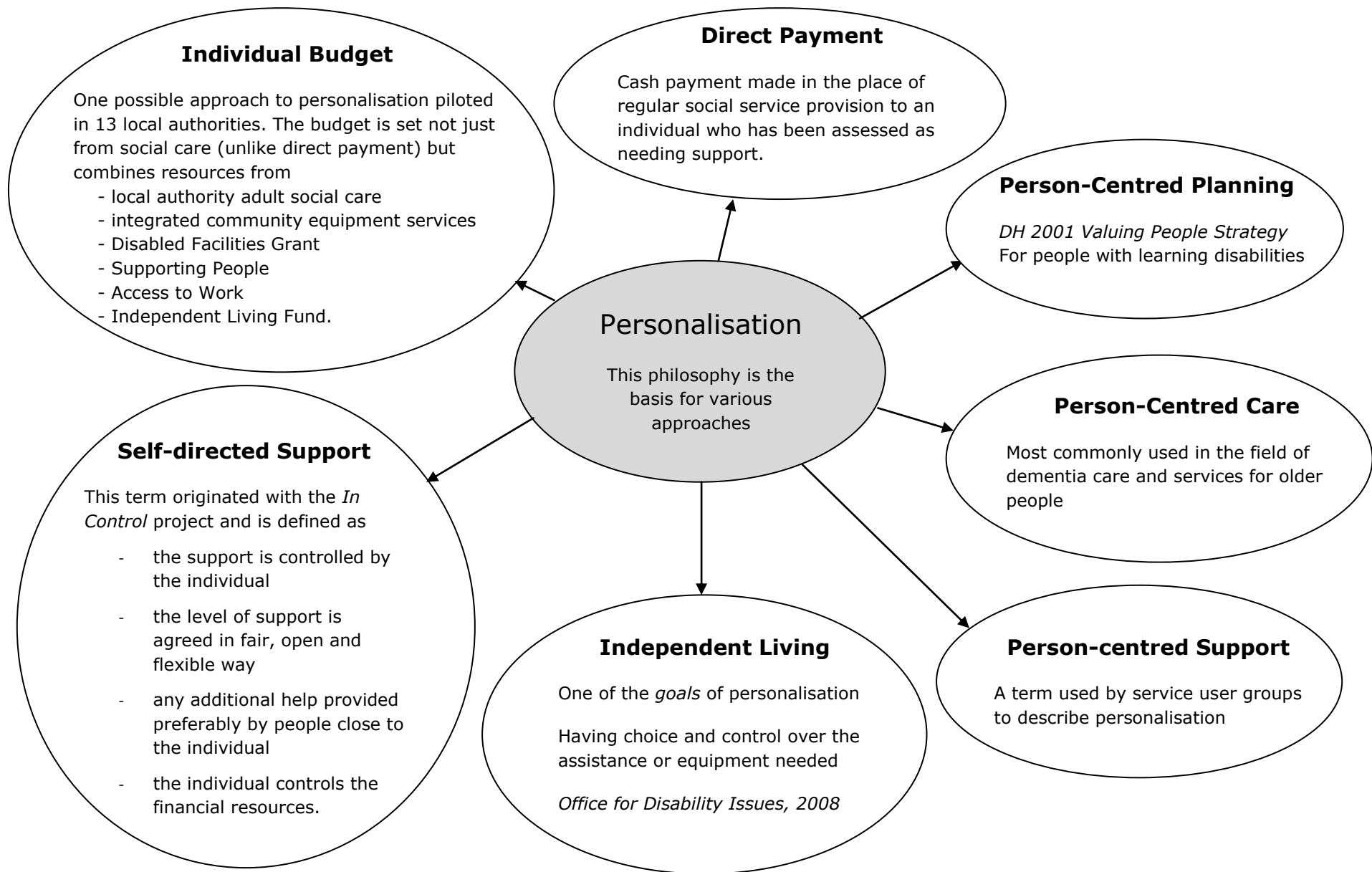
Personalisation reinforces the idea *the individual is best placed to know what they need* and how those needs can be best met. It means that people can be responsible for themselves and can make their own decisions about what they require, but that they should also have information and support to enable them to do so.

In this way services should respond to the individual *instead of the person having to fit with the service*. This traditional service-led approach has often meant that people have not received the right support for their circumstances or been able to help shape the kind of help they need.

Personalisation is about giving people much more *choice and control* over their lives.

Text taken from SCIE (2008) *Personalisation: A Rough Guide*. London: Social Care Institute for Excellence.

Under the umbrella of personalisation there are various *personalised approaches* (see next page)



Based on *Personalisation: A Rough Guide* (SCIE, 2008)

3 History: How the Personalisation Idea Emerged

According to SCIE (2008), personalisation philosophy emerged from a few different sources

- social work values – respect for the individual and self-determination (BASW 2002)
- government’s agenda for public sector reform *Building on progress: Public Services*, ‘the process by which services are tailored to the needs and preferences of citizens’ (PM Strategy Unit 2007)
- *Putting People First: A shared vision and commitment to the transformation of adult social care* (HM Government 2007)
- *Strong and Prosperous Communities* (Department for Communities and Local Government 2006)
- *National Carers Strategy 2008*
- direct payments experience as a result of the *Community Care (Direct Payments) Act 1996*
- service user movement and the social model of disability, and in particular the work carried out by In Control on the use of *self-directed support and personal budgets*

in Control and Self-directed Support

Much of the initial thinking and pilot work relating to self-directed support can be linked to the organisation in Control. Originally a partnership made up of members from the Valuing People Support Team, Mencap, local authorities and a range of independent organisations, in Control was concerned to move from a concept of support as a professional gift to a citizenship rights model. The partnership devised a system of self-directed support, with individuals in control of the support they needed, which it started to pilot in 2003. For some this would be through managing their own support; others would manage their support with help from family, friends, brokers, Trusts, service providers or care managers.

The organisation pioneered the development of the resource allocation system (RAS), a method for transparent and fair allocation which is at the heart of any system of self-directed support. Following the completion of an individual’s self assessment, this determines the resources that should be allocated in order to access support.

Individual Budgets

The Individual Budgets pilot scheme was informed to some extent by the In Control pilots and there are some areas of overlap and commonality. They are however independent of each other.

Individual budgets were piloted as a new way of providing support for older people, disabled adults and adults with mental health problems eligible for publicly-funded social care. The Department of Health set up individual budget pilots in 13 English local authorities, running from November 2005 to December 2007.

Individual budgets are intended to give greater clarity about the resources available and more choice and control over how needs are met. Individual budgets aim to bring together the resources from several funding streams (see diagram on p2) for which an individual is eligible; these can be used flexibly according to individual priorities and desired outcomes (IBSEN 2008).

The commitment to piloting an Individual Budget scheme was first made in policy documents published in early 2005. These included *Improving the Life Chances of Disabled People; Opportunity Age; Independence, Well-being and Choice; and Our Health, Our Care, Our Say*. The principle of the Individual Budget continues that developed by the Direct Payment: individuals will have a clear idea of the resources available to them and will then make their own choices about how best to use the money allocated to them to design the support they want. Unlike Direct Payments, however, Individual Budgets do not have to be in the form of a cash allocation and embrace a wider range of funding streams.

Opportunity Age acknowledged that take up of Direct Payments by older people had been minimal. It suggested that a system of Individual Budgets could be devised that had the advantages of Direct Payments but without perceived deterrents, including the suggestion that some older people might be reluctant to manage a Direct Payment budget. This report also discussed the finances to be included in an Individual Budget. The proposal was made that unlike Direct Payments which only cover funds available from a social care budget, the piloting of Individual Budgets should look to bring together resources from beyond social care to include housing support and other funding streams.

See next section for some key outcomes of the evaluation of the individual budget pilot scheme.

4 The Research: evaluating outcomes of personalisation approaches

In this section three resources of evidence coming from the evaluation of personalisation approaches are presented:

1. Evaluation of in Control's self-directed Support
2. Evaluation of the Individual Budgeted pilot scheme
3. Carers UK survey on carers' perspectives

4.1 Findings from the evaluation of in Control Self-directed Support (2005-2007)

The research team interviewed 196 people asking them to report what difference, if any, having a Personal budget had made in various aspects of their life. The participants were asked to make a judgement as to whether things had improved in eight areas: health and well-being, relationships, quality of life, feeling of security at home, personal dignity and support, and others.

- very small numbers of participants reported things getting worse since the introduction of Self-directed Support, in any of the 8 areas of life they have been asked about
- across the whole group of 196 people, majorities reported improvements since taking up Self-directed Support in spending time with people they liked; the quality of life; taking part in and contributing to their communities; choice and control over their lives and personal dignity
- in the areas of general health and well being, safety and security at home and economic well-being, more people reported no change rather than improvements since taking up Self-directed Support.
- the support that people had in planning their Self-directed Support was associated with largely positive outcomes. However, Self-directed Support maybe more effective if family and friends – rather than social workers alone – are involved in the process
- people with learning disabilities and with physical disabilities were more likely to report improvements than older people (Poll and Duffy 2008).

For further information about the findings of this evaluation see Poll and Duffy (Eds) *A report on in Control's second phase: Evaluation and learning 2005–2007* (2008) <http://www.in-control.org.uk/DocumentDownload.axd?documentresourceid=282>

4.2 Findings from the Individual Budgets Pilots Evaluation (IBSEN)

The evaluation examined the initial implementation of Individual Budgets across the thirteen pilot sites. The study was designed as a randomised controlled trial, comparing the experiences and outcomes for those offered an Individual Budget with the experience of those receiving conventional social care. Data was gathered for 959 individuals, 510 receiving an Individual Budget and 449 in the comparison group. Interviews were also conducted with service providers, commissioning managers and implementation staff; topics included workloads, job satisfaction, training needs and adult safeguarding.

People receiving an individual budget were significantly more likely to report feeling in Control of their daily lives, welcoming the support obtained and how it was delivered, compared to those receiving conventional social care services. However, there were differences in terms of outcomes in between service user groups:

- mental health service users reported significantly higher quality of life
- physically disabled adults reported receiving higher quality care and were more satisfied with the help they received
- people with learning disabilities were more likely to feel they had control over their daily lives;
- older people reported lower psychological well-being with individual budgets, perhaps because they felt the processes of planning and managing their own support were burdens.

People who had higher value individual budgets had better social care outcomes – but so did people receiving higher value conventional services. Overall, holding an IB was associated with better social care outcomes, including higher perceived levels of control, but not with overall psychological well-being in all groups (IBSEN 2008).

For further information regarding the findings, including on the financial challenges of integrating the different funding streams, see IBSEN summary report available here <http://www.york.ac.uk/inst/spru/pubs/rworks/IbsenMAINsummary.pdf>

One of the evaluators' messages for practice is the following:

Implementing IBs [individual budgets] required major shifts in staff and organisational culture, roles and responsibilities. Intensive support and extensive training will be needed, particularly in developing specialist support planning and brokerage skills. Greater capacity in managing budgets flexibly within care management will also be needed (IBSEN 2008).

4.3 Carers' experience from Direct Payments

Here are some key messages from carers based on a survey carried out by Carers UK in 2008:

Positive	Negative
73% found that the care they purchased with the direct payment was better at meeting needs than their previous service.	79% did not have contingency plans in place in case something goes wrong (with the directly purchased service).
48% said they had more time for themselves to enable them to work or have a social life.	A worrying 21% said that they had less free time since taking on a direct payment (due to doing the administration of direct payment)

For further information see *Choice or Chore: Carers' Experiences of Direct Payments*
<http://www.carersuk.org/Policyandpractice/Research/OtherResearch/ChoiceorChore-Carersexperiencesofdirectpayments.pdf>

5 Personalisation: impact on social care services

According to Social Care Institute for Excellence (SCIE), the personalisation agenda will have a major impact on the services and on the roles of the workforce, in particular the role of the social workers and the social care staff.

The role of social workers

According to GSCC (General Social Care Council), social work skills were critical to achieving the ambitions of the personalisation agenda, precisely because of the profession's core values and principles. Social workers can also draw on their skills in counselling and community development to take forward personalisation.

The role of social care staff

Making the social care personalisation agenda a reality has implications not just for social workers but for all frontline social care staff. Increasingly people will make arrangements with private individuals to provide the support they need, and this will raise a range of issues about employment rights, pay, health and safety and safeguarding. This already applies to people who make their own private arrangements for care in their own homes without recourse to public funding.

A report published by the Commission for Rural Communities says that 'the personalisation of social care will also have an effect on the social care workforce ... as many participants observed. Some were optimistic that new employment opportunities would emerge and saw this as a way to sustain local economies and communities. Others foresaw greater instability and disadvantages for care workers. Local authorities need to manage these risks with partner organisations and local needs assessments' (Manthorpe and Stephens 2008 as cited in SCIE 2008)

For further information and for considerations about the impact on the third sector, the private sector and the service user organisations, see pp24-37 of *Personalisation: A Rough Guide* (SCIE 2008) <http://www.scie.org.uk/publications/reports/report20.pdf>

6 Resources

- Carers UK (2008) Choice or Chore: Carers' Experiences of Direct Payments
<http://www.carersuk.org/Policyandpractice/Research/OtherResearch/ChoiceorChore-Carersexperiencesofdirectpayments.pdf>
- CSIP (2008) *Making personal budgets work for older people: developing experience*
http://networks.csip.org.uk/_library/PersonalBudgetsOlderPeople.pdf
- CSIP (2008) *Moving Forward: Using the Learning from the Individual Budget Pilots. Response to the IBSEN evaluation from the Department of Health*
http://networks.csip.org.uk/_library/DH_response_to_IBSEN_evaluation.pdf
- CSIP (2008) *Personalisation Toolkit*
(<http://networks.csip.org.uk/personalisation/PersonalisationToolkit/>)
- Dickinson H and Glasby J (2008) Not throwing out the partnership agenda with the personalisation bathwater, *Journal of Integrated Care*, 16:4, 3-8
- IBSEN (2008) Evaluation of the Individual Budgets Pilot Programme
<http://www.york.ac.uk/inst/spru/pubs/pdf/IBSEN.pdf>
- HM Government (2007) *Putting People First. A Shared vision and commitment to the transformation of Adult Social Care.*
(http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndguidance/DH_081118?IdcService=GET_FILE&dID=156660&Rendition=Web)
- Hayes D (2008) Personalisation: examples of the use of direct payments and individual budgets. *Community Care*, 21 October 2008
(<http://www.communitycare.co.uk/Articles/2008/10/21/109746/personalisation-examples-of-the-use-of-direct-payments-and-individual.html>)
- Hunt L (2008) Personalisation: people with learning disabilities train assistants. *Community Care*, 21 October 2008
(<http://www.communitycare.co.uk/Articles/2008/10/21/109741/personalisation-people-with-learning-disabilities-train-assistants.html>)
- Ivory M (2008) Personalisation: threat or opportunity? *Community Care*, June 2008
(<http://www.communitycare.co.uk/Articles/2008/06/06/108450/personalisation-threat-or-opportunity.html>)
- Leece J (2008) Personalisation: who cares about personal assistants? *Community Care*, November 2008
(<http://www.communitycare.co.uk/Articles/2008/11/24/110064/personalisation-who-cares-about-personal-assistants.html>)

Manthorpe J (2008) Personalisation in rural areas. *Community Care*, October 2008
(<http://www.communitycare.co.uk/Articles/2008/10/20/109734/personalisation-in-rural-areas.html>)

Mickel A (2008) Personalisation: exclusive poll of social workers' views. *Community Care*, October 2008
(<http://www.communitycare.co.uk/Articles/2008/10/22/109761/personalisation-exclusive-poll-of-social-workers-views.html>)

Poll, C. and Duffy, S. (eds) (2008) *A report on in Control's second phase: Evaluation and learning 2005–2007*, London: in Control publications, available at <http://www.in-control.org.uk/DocumentDownload.axd?documentresourceid=282>

Right Care Right Deal (2008) It's Everybody's Business: Care and support for the 21st Century http://ww2.rightcare.org.uk/resources/everybodys_business_report.pdf

Sale A U (2008) Commissioning is key to personalisation agenda. *Community Care*, November 2008
(<http://www.communitycare.co.uk/Articles/2008/11/20/109996/commissioning-is-key-to-personalisation-agenda.html>)

SCIE (2008) *Personalisation: A Rough Guide*. London: Social Care Institute for Excellence. (<http://www.scie.org.uk/publications/reports/report20.pdf>)

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