

EiP FOR COUNCILLORS

Leading the change to self-directed support

This Councillors' Briefing builds on Councillors' Briefing 02 on self-directed support

'You need emotion as well as understanding to change' (John Kotter)

Change is risky, it destabilises things and it's expensive. If it doesn't go well, services get worse and the public suffers. If it goes really badly then it can take a long time to regain confidence. However successful change can bring great benefits. Adult social care is currently going through a period of unprecedented change, moving from delivering services through assessment and care management to promoting and enabling self-directed support. This briefing draws on research in practice *for adults*' work with the people implementing this change at the front-line. It brings together change theory, evidence and practice experience to:

- > understand the impact of change on practitioners
- > consider why they experience change in these ways
- > share what we know about what helps.

Practitioners are the people who ultimately have to do what is decided by leaders and put into place by managers. They have to make the new way of working understandable, attractive and successful for people who need social care. Understanding how they feel about the change, and what supports them to make it work, will help to make change successful.

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Leading the change to self-directed support

What is the change to self-directed support?

'It is a change in culture and a change in the way we think' (social care practitioner)

Personalisation is the Government's vision for adult social care developed in response to increasing demand for support and greater customer expectations. The vision was set out in *Putting People First* (DH 2007) and reinforced by *Transforming Adult Social Care* (DH 2008). The four elements of personalisation are:

- > universal services
- > early intervention and prevention
- > social capital
- > choice and control.

In order to achieve choice and control there is an emphasis on self-directed support, that is service users and carers taking the lead in deciding and managing their own support so they can live their life as they choose. This includes having control over:

- > assessments
- > personal budgets
- > support plans
- > how support is provided and paid for
- > reviewing how support works

To implement self-directed support, Local Authorities have introduced supported self assessment and outcome-focused planning, support planning and brokerage, Resource Allocation Systems and personal budgets, monitoring and oversight of expenditure, and outcome-focused reviews.

Direct payment, individual budget or personal budget?

Since the Community Care (Direct Payments) Act in 1996, Local Authorities have been able to make payments to people who have been assessed as needing social services, instead of providing care directly.

To increase service users' choice and control, in 2005, the Government committed to introducing individual budgets. These would give a clear cash or notional sum for people to spend in the best way for them, and would bring together a variety of funding streams.

Following the evaluation of the individual budget pilots, the term personal budgets was introduced to mean the delivery of social care funding to an eligible adult through self-directed support. This can be done by a direct payment.

This change entails new roles and skills for the workforce, including more emphasis on advocacy and advice, flexible support planning, brokerage of tailored support packages and positive risk enablement. The change in the way practitioners work requires leadership, management and active engagement of the workforce:

'The transition from traditional service provision to personalised, self-directed support services is well under way.'

It is clear that this change will have a widespread impact on many people... It is essential that we consider the many different elements that have come into play as a result of such a huge cultural shift and identify how best we can support service users, staff and providers throughout (Julian, 2009, 108)

What does this change involve?

The implementation of self-directed support requires changes to structures, systems, processes, roles, ethos, and relationships between social care and its customers. Councils were expected to have made significant progress in *Transforming Adult Social Care* by April 2011.

Putting People First Workforce Study, 2010

This survey shows the scale of change involved. It found that the majority of councils had carried out a major restructure of their workforce involving changes to front-line, management and senior management. In many cases this involved entirely new roles, the integration of teams and managers, or the transfer of staff to independent organisations.

As a result of these changes, Councils identified supporting staff through change and evaluating the impact of change on the workforce as priorities.

By March 2010, there were approximately 170,000 people nationally who had a personal budget (PB). This compared to approximately 950,000 people who received ongoing council-funded care and support. Half of PB holders were older people, and 82 per cent received a PB for ongoing services.

The change in government in May 2010 did not alter the political commitment to personalisation. In its *Programme for Government*, the Coalition emphasised choice and control, prevention, universal services, social capital; joint working; and support for carers (HM Government 2010).

By Autumn 2010, 50 per cent of councils were reporting personal budgets (PBs) as 'mainstream' provision. By April 2011, the milestone was for 30 per cent of service users to have a PB. The Government's vision for adult social care *Capable communities and active citizens* (November 2010) set the aim of providing a personal budget for all eligible people by April 2013 and looked to PBs for health and social care being combined in the future.

The Government vision recognised that change will need:

'...a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so.'

Leading the change to self-directed support

Accompanying the Government's vision, social care leaders launched Think Local, Act Personal as a proposed sector-wide partnership agreement and stated that:

'Experience has shown that most progress in implementing personalisation is made where... local leadership focuses on cultural change, just as much as systems change (DH, 2010, 2)

The implementation of personal budgets and self-directed support in both health and children's services has also begun. Reports from Individual Budget pilots for children's services on six sites were due in March 2011. The interim report highlighted the need to embed change management processes (SQW, 2010). Personal Health Budget pilots across 20 sites around the country are due to report in 2013. Findings from the early experiences acknowledged the amount of cultural change that is required and identified workforce training as essential (PSSRU, 2010).

There is a great deal of discussion around the impact of self-directed support for different service user groups and the support that is required, particularly in the area of risk management and positive risk enablement. There is wide-ranging debate about how choice and control can be consistently provided to people with varying needs, strengths and social capital.

The body of evidence from practice of how support can be tailored to enable individuals to take control is growing. This indicates that a spectrum of roles, types of support and levels of practitioner-involvement are required.

An overview of the evidence around risk in personalisation was published in late 2010 (SCIE 2010). This acknowledged that evidence is limited and called for closer links between safeguarding and personalisation. A central message from the evidence is that a truly person-centred approach to both personalisation and safeguarding ensures that there is a focus on outcomes and that there is a balance between safeguarding and enabling risk.

Person-centred principles apply to both safeguarding and self-directed support:

- > the central focus should be the empowerment and well-being of the service user
- > at all times, listen to the service user and ensure that their voice is heard
- > service users have the right to make choices and decisions themselves - practitioners are there to support the decision making of the individual and to respect their rights.
- > processes should be service user led not professional led.

(Julian and Penhale, 2009, as cited in Councillors' Briefing 03)

The outcomes of self-directed support

The first and only large-scale evaluation of self-directed support was the *national evaluation of the Individual Budget (IB) Pilots Programme* in 2008. This found that individuals receiving an IB were significantly more likely to report feeling in control of their daily lives compared to those receiving conventional social care services.

IBs gave good psychological outcomes and outcomes for social care for mental health service users and physically disabled people. For people with learning disabilities, IBs were cost-effective only for social care, while for older people there was no difference in social care outcomes but IBs were more cost-effective than standard care and psychological well-being was higher.

In Autumn 2010, the social enterprise, In Control, which provided much of the initial thinking and pilot work relating to self-directed support, published findings from local evaluations undertaken so far.

Across the several hundred PB holders surveyed, the majority had reported positive improvements in several areas, especially quality of life and choice and control, and also in relationships, ability to participate and increased dignity.

A small number of carers had also been surveyed and again the majority reported improvements.

There is limited evidence that self-directed support can produce better outcomes for the same cost as traditional services. Good business processes, tailored services that achieve outcomes and drawing on individuals' strengths and networks should all support efficiency and effectiveness.

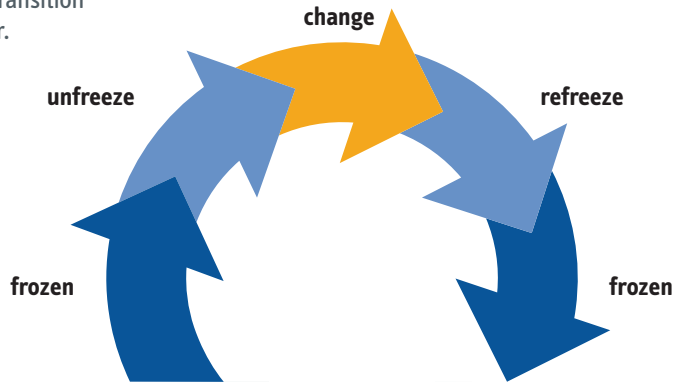
Leading the change to self-directed support

The experience of change

Change Theory tells us that change is a journey that is not necessarily a linear one and involves different stages, elements and experiences. A number of models give insight into the process of change.

Lewin - Model of Change

Karl Lewin, a scientist, saw change as a process of physical transition from one state to another.



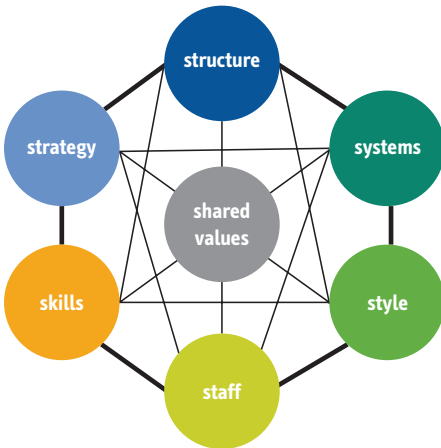
Kotter - Model of Change

In the business world, John Kotter presented change as a series of steps.



McKinsey - Model of Change

The consultancy McKinsey looked at change as a set of elements that need to be aligned around core values.



These models, alongside models developed specifically around social change such as the stages of grief and motivational behaviour change approaches, acknowledge that each step or experience of change involves an emotional response. Successful change prepares for these responses, recognises them, validates and understands them, and works with them.

The role of Councillors in the change experience

Councillors have a central role in the implementation of successful change. As leaders, they set the vision and ensure that this meets the aspirations of their constituents. They communicate the vision both internally and externally, and celebrate successes. As decision-makers, Councillors set the pace of change and ensure momentum builds. They agree the structures and systems to support change. As representatives, Councillors build relationships around shared values and ensure involvement and engagement with the change from all stakeholders.

Making sense of change

The Change Project *SDS360* focused on the experience implementing the change to self-directed support. Through this project, *ripfa* worked with practitioners to identify ten central feelings that they had about the change to self-directed support. Change theory, evidence and practice experience were used to validate these feelings, to make sense of them, and to enable reflection and identify actions to move on from that stage of change.

By understanding these feelings, what lies behind them and what helps, Councillors can both ensure they are prepared for responses to change and use their role to support those who are delivering this change to the public.

All elements of the organisation need to be aligned and work together to support the change. Frustration arises when people feel they are not fully involved and do not have a say in what is happening. Constant change with no periods of stability leads to people feeling overwhelmed, particularly if systems and processes are complex and bureaucratic. Change involves loss and raises levels of anxiety about future roles and job security. It involves risk and raises concerns about how this can be managed. Evidence shows that service users, carers and practitioners can all struggle with barriers and bureaucracy, and feel anxious about what is expected of them from self-directed support.

Each phase of change is disorientating and requires new information, knowledge and skills. People can feel off balance, ill-equipped and confused. Uncertainty arises when the values that underpin change are unclear and people cannot see the necessity for or the benefits of change. Other agendas, such as managing resources, increase uncertainty about the reasons behind the change. Lack of preparation and support increases the challenge of implementing change. Evidence shows that service users, carers and practitioners can all lack information and awareness of personalisation, have concerns about how it can be implemented with decreasing resources, and look for support to take the first step.

In the midst of change, people find themselves going backwards as well as forwards. Hope comes from remembering why the change is needed and what it will achieve. This is supported by focusing on outcomes rather than process. Evidence shows that service users, carers and practitioners do benefit from having aspirations and hopes, and will find strength to fulfill them if they are encouraged to do so.

When people see the change is having an effect then it can start to become part of the culture. Meeting goals makes people feel positive and keeps the momentum going. As more and more people get involved, the vision is shared more widely. Enthusiasm increases as people have permission to be creative and try new ways of working. The change is embedded through regular and repeated practice. When it is seen to make a real difference in people's lives it becomes part of the culture and people can see that the new way is better than the old. Evidence shows that service users, carers and practitioners benefit from the chance to be creative and to have control, and that personalisation can increase quality of life and reinforce core social care values.

Leading the change to self-directed support

Leading successful change

Practitioners identified factors that supported positive experiences of change and reduced negative feelings and responses. These are supported by evidence that looks at successful change, including evaluations of the implementation of self-directed support.

Involve:

'Ask us, we all have knowledge and experience.'

Listening to staff and valuing their contribution increases trust and ownership of the change.

Reflect:

'Time is needed; you're changing the whole system.'

Improving systems and processes helps to overcome barriers and create space for people to reflect and get change right.

Support:

'We get strength from each other.'

Reassurance and support allows people to talk about their concerns and identify how to overcome them.

Clarify:

'We need to understand it so we can explain it.'

Regular updates, information and training are essential to support staff with new roles and practices.

Communicate:

'It has to be done for the right reasons.'

Honest communication helps to overcome scepticism and clarify the values that underpin change.

Direct:

'We need a road map.'

Leaders inspire and guide others by setting the direction of change and practicing what they preach.

Encourage:

'Everyone is focused on the outcome even though it is really tough at times.'

A clear, achievable vision motivates people and increases self esteem and commitment.

Share:

'We get that strength from real people on the ground.'

Involving service users ensures that the focus is on them and the change remains relevant and effective.

Innovate:

'Creativity is very important in change.'

Giving permission to people to innovate and try new ways of doing things increases their autonomy and helps the change to progress.

Celebrate:

'Seeing good results keeps me going.'

Success stories from people who have been through change and made it work provide inspiration and support for others.

key documents

DH (2010) *A vision for adult social care: Capable communities and active citizens*. London: DH http://www.cpa.org.uk/cpa_documents/vision_for_social_care2010.pdf

DH (2008) *Transforming Adult Social Care*. London: DH http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_082139.pdf

DH (2007) *Putting People First: a shared vision and commitment to the transformation of adult social care*. London: DH http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081119.pdf

Glendinning C, Challis D, Fernandez J, Jacobs S, Jones K, Knapp M, Manthorpe J, Moran N, Netten A, Stevens M and Wilberforce M (2008) *Evaluation of the Individual Budgets Pilot Programme: Final report*. York: Social Policy Research Unit, University of York <http://www.york.ac.uk/inst/spru/pubs/pdf/IBSEN.pdf>

Julian G (2009) *From service provision to self-directed support*, in A Petch (Ed) *Managing Transitions*, Bristol: Policy Press

Julian G and Penhale B (2009) *Safety Matters: developing practice in safeguarding adults*. Dartington: research in practice for adults

Putting People First (2010) *Think Local, Act Personal. Next Steps for Transforming Adult Social Care. A proposed sector-wide commitment to moving forward with personalisation and community-based support*. http://www.puttingpeoplefirst.org.uk/_library/PPF/NCAS/Partnership_Agreement_final_29_October_2010.pdf

research in practice *for adults* (2009) *Councillors' Briefing 03: Safeguarding Adults*. Available at: <http://www.ripfa.org.uk/publications/councillorsbriefings>

research in practice *for adults* (2008) *Councillors' Briefing 02: Self-directed support*. Available at: <http://www.ripfa.org.uk/publications/councillorsbriefings>

Useful websites

www.ripfa.org.uk

www.in-control.org.uk

www.scie.org.uk

For additional guidance and resources on supporting the change to self-directed support visit

www.changecards.org

Leading the change to self-directed support

key questions

1. How do you ensure that you hear the views of all groups involved in implementing self-directed support?
2. Do you know how long it takes for a practitioner to arrange a personal budget and what is being done to make that process as efficient as possible?
3. Do you know how positive risk enablement is being supported in your Council?
4. Do you have a workforce strategy to ensure staff are supported to acquire the necessary knowledge and skills to implement self-directed support?
5. Are the underlying values of choice and control clearly stated in all of the Council's communication about self-directed support?
6. Do you have a clear plan with measurable goals for implementing self-directed support?
7. Does your Council have a short definition of what self-directed support means for service users?
8. How do you ensure that the views of service users and carers are included in planning and implementing self-directed support?
9. Does your Council have a culture of learning from experience or does it have a blame culture?
10. Do you gather evidence of what is working and share it to increase learning and celebrate successes?

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