



CareKnowledge Special Report

Personalisation - the challenges.

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Personalisation – the challenges.

By Jerry Hall and Sam Newman

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1. Introduction

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Moving to a personalised system will take time, creative thinking and momentous change. This article will describe some of the wider challenges before looking in more detail at what might require innovation and change involving:

- people
- process
- commissioning and the market
- technology

Several articles about personalisation have been published in the national media recently. And while there is no doubt that most commentators believe putting people in control of their care is crucial, opinions differ about what this means, how it will work and what some of the likely problems will be.

Universal – and with control

The system has to be available to everyone, whether or not they receive a personal budget. As a result, local authorities will have to give up sole control of processes and information and find ways to support everyone in the community. The new system will have to recognise that a minority of people using it are eligible for state funding, but everyone will have an interest at some point in their life, either as a relative, friend or individual with support needs.

Putting the person at the centre of a personalised system has been an aspiration of the social care system for some time – hence the recent focus on initiatives such as person-centred planning. But these have not sufficiently changed the system.

The personalisation agenda and its new operating system of self-directed support, requires more than a paternalistic sign up to ‘person-centredness’. It requires a radical shift in the location of power – from organisations and institutions to citizens. If this is achieved, it could mean the end of ‘consultation’ – which is frequently regarded as tokenistic. People who are genuinely in control don’t need to be consulted about decisions being taken on their behalf – they are the ones making the decisions.

Such thinking requires a complete shift of choice and control to the person. The challenge is to ensure the right level of support is available to each person to enable them to exercise informed choice and control. This needs to include:

- finding and sharing information
- building a support plan
- identifying funding
- managing money
- organising support
- reviewing whether the plan is working.

All this should mean that using current complex assessment tools will be the exception rather than the rule and will depend on their proven value for service users.

So, how do you change the culture of the system from a welfare-based and practitioner-led one into a personalised one?

Whose money?

The level of control exercised by a local authority, where a person receives a personal budget, will inevitably be determined by how ownership of the money is viewed. Once a personal budget is agreed, is it owned by the recipient? Is it a right or an entitlement? Should it be treated like a universal benefit?

It is clear that the high level of audit control required around direct payments reduced its take-up. How do you achieve the right balance within the current fiscal rules and culture that exists within local authorities?

The current system has a curiously inappropriate and inverted attitude towards audit and control. Most direct payments systems are regarded as bureaucratic and built on an assumption that direct payment users should be feared as potential abusers of the system. But the system also pays out huge amounts of money in annual fees to residential homes for the most vulnerable people. Is the level of scrutiny and audit of such arrangements sufficiently in tune with the level of risk to people's lives and to the public purse?

Is it safe?

How safe is the current system? For example, if you are an older person in the highly regulated residential care system you have a 50/50 chance of suffering from depression, little access to a GP and are having the wrong medication. Are we really moving from a safe system to an unsafe one?

Process

There will have to be changes to local authority processes. The 7-steps approach, developed by in-Control, gives us a good starting point for what will be needed to deliver a personalised system. Although some of the processes seem familiar from current practice, they differ in that the person controls it, not the professional. This change will raise a number of questions, including:

- How do we deal with short-term need while a person develops their support plan?
- How do we enable the resource allocation system to provide a net figure, or personal budget, at the start of the process?
- How do we accommodate support plans that are developed using pictures, video and sound?
- How do we enable multiple ways for people to manage their budget and pay the people who provide support?
- How do we help a person gather their evidence for their review-and-learn process?
- How do we deal with duty of care where a person has made an informed choice to accept risk within their plan where that risk could be perceived as unacceptable in our current paradigm of risk aversion and paternalism?

There are many more questions around the process that underline the complexity and scale of change. If we expect people to work their way through the new system it must be simple to use and not overly burdensome – a real challenge for large bureaucratic organisations. It will be vital to involve people who will use the system in designing it – how do we do that?

People

Everyone involved in the current social care system will be affected by personalisation. As we have already said, people seeking support will need appropriate help and advice to navigate the system successfully. How do we encourage take-up, particularly within traditional user groups such as older people where pilots have found difficulty in engagement? How will the majority of people, who don't meet the need or financial criteria, access help and advice?

You can design and implement a process such as the one described above, which has the key components of a resource allocation system and an ability for people to design their own support plan and influence how it is organised. But this new system will need a different deployment of skills in different combinations and in different ways.

Fundamentally, people supported to navigate a personalised system will need to be offered help and assistance from support staff who have no agenda of their own about what is 'good', 'appropriate' or 'safe', but are committed to listening to the person's views about these and other issues. And have the skills to help turn individual plans into reality.

How do the roles of social workers and care managers change in a personalised system?

There is significant debate around this; some view the change as an opportunity to return to core social work values, while others see it as a threat to job security. Whatever happens, the current role expectations around resource rationing and practitioner-led assessment will have to change. Questions include:

- How is that to be achieved?
- What will the new role or roles look like?
- Will we see the development of separate, support planning and brokerage roles?
- Will the local authority continue to be the principal agency providing these services?

Working with partner agencies is an essential part of good social care practice, but what will be the impact of personalisation for them? We have seen the Choices agenda emerge for the NHS, but the culture shift required towards personalisation looks a lot bigger than for social care. Will this make joint working harder in the short to medium term? How does a pooled budget work when the local authority effectively has no single budget, or at least a significantly reduced one alongside a myriad of personal budgets?

Commissioning, the market, and the community.

Whether you are an authority that uses the independent sector to provide some or all of your services or provides services in-house, personalisation will force significant change. Evidence shows that where people can exercise choice, they tend to move away from existing services and providers.

Authorities will no longer be able to block contract in the way they have if support is be tailored to individual need. So:

- How do you transition from the existing commissioning environment into one that must meet individual need?
- What does 'commissioning with the money' mean?
- How do you support independent and voluntary sector providers to move into this new way of working?
- Are there additional costs?
- If an in-house service is unable to attract users and is no longer viable, how will that be managed?
- What are the political implications along with the financial and personal ones for employees?

The local authority will be responsible for ensuring that a system exists for everyone to use to access support, but is also responsible for ensuring adequate supply of support and services within the community for all people in need. If, as social care director-general David Behan has suggested, personalisation presents the opportunity for community-based groups and organisations to emerge to provide genuinely local and tailored services, what is the local authority's role around financial and other support, standards and risk?

Local authorities have little information about the current 'self-funding' market and activity, but to plan for the future effectively more information will be needed. How do we get that information? Will the concept of self-funder, as distinct from a person receiving support from the local authority, remain valid? If someone receives a personal; budget and controls how they use it, aren't they technically a self-funder too?

Technology

If people are to exercise choice and control over their support, they will need information – and lots of it. It will need to be accurate, up to date and easily accessible. People will need to be able to ask questions, perhaps through live on-line chat, to add comments and experiences of using services, and to access communities of interest – say around dementia or other specific long term conditions. People will also need to carry out a self-assessment, develop their own plan, find services, organise them and manage their money. All the tasks associated with self managed support.

Existing case management systems are not able to deliver this kind of experience, so new systems will be needed that are built around the needs and skills of people who need support.

- Who will develop these systems?
- How will they be paid for?
- How do we make sure the user experience is reflected in the final system?

Martin Routledge, CSIP lead for personalisation, has already said that the individual budget pilots were hindered by the lack of functionality in existing case management systems. This is not surprising as they were built to support care management, as were all other processes authorities operate currently. Even in a personalised system, local authorities may need such systems to enable them to transition and manage the support of people who choose the local authority to do so on their behalf.

- What will existing systems need to function in a personalised system?
- What will their relationship be with new systems?

One issue of governance and ownership of data comes into sharp focus from a 'self management' model.

- Who owns the personal data recorded in the system, and how is it shared?

Conclusion

We make no apology for revisiting some discussions from the earlier articles or leaving lots of questions unanswered. We wanted to highlight some of the challenges that lie ahead. We are all at the beginning of a long journey where we will get some things wrong, but will make other things work. We will all need to pull together to achieve the vision of Putting People First, to establish personalised systems – and above all to develop the right support to enable people to achieve their goals and live their lives as **they** wish.

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Consultation from the Department for Education and Skills on a review of the law pertaining to physical punishment of children by their parents. [15-Jun-2007]
- [Working across children's and adults services: creating seamless services in the post-ECM world](#)
Speech by Beverley Hughes to an LGA conference in which she highlights the need for good joint working between services for children and adults. She looks at disabled children's transitions, young carers, safeguarding children, and whole family approaches. [14-Jun-2007]
- [CareKnowledge Commentary - 3rd Quinquennial Report to the UN Committee on the Rights of the Child - United Kingdom](#)
This CareKnowledge Commentary provides an overview of the lengthy submission to the UN Committee on the Rights of the Child, which provides an exhaustive coverage of developments over the past five years. [01-Jun-2007]
- [Care Careers: the Work and Family Lives of Workers Caring for Vulnerable Children](#)
Summary of research carried by the Thomas Coram Research Unit on behalf of the Department for Education and Skills. [31-May-2007]

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