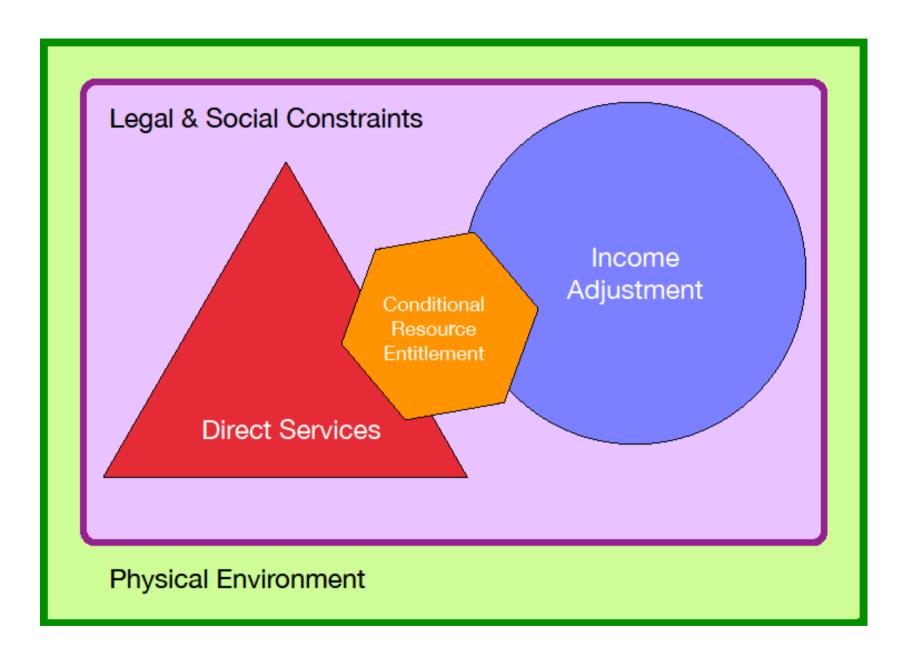
Self Directed Support Personal Budgets a route to citizenship

- In Control
- An overview of the system in the England.
- Some of the problems we set out to solve
- How we have worked to solve them
- The RAS (a bit of detail)
- Outcomes for people







1. Right to independent living

If someone has an impairment they should be able to get the support they need to live an independent life.

2. Right to a personal budget

If someone needs ongoing support they should be able to decide how the money that pays for that support is used.

3. Right to self-determination

If someone needs help to make decisions then decision-making should involve that person as much as possible and reflect that person's own interests and preferences.

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5. Right to flexible funding

When someone is using their personal budget they should be free to spend their money in a way that best makes sense to them, without unnecessary restrictions.

6. Accountability principle

The person with support needs and the government both have a responsibility to each other to explain their decisions and to share what they have learnt.

7. Capacity principle

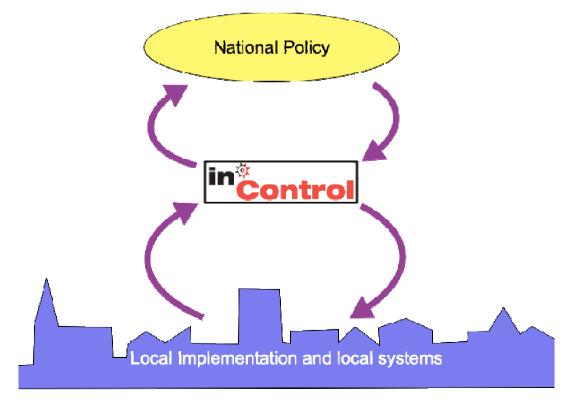
People with support needs, their families and their communities must not be assumed to be incapable of managing their support, learning new skills or making a contribution.



In Control

- Small influential charity
- Formed in 2003
- Ambitious Mission 'to create a fairer society where everyone needing additional support has the right, responsibility and freedom to control that support.'
- Build a community of learning
- Connecting Caroline's front room to the cabinet office.

Iterative development model





The system in the England

(SSR Devolved across the UK)

- 1.5 million people use state funded adult social care services.
- £17 Billion PA spent on Adult social care. (£60 billion unpaid care)
- Over 150 LA's Administer (each with local flexibility)
- Sector employs 1.5 million people
- 25k Providers across public private and third sector
- Demographic pressures, raising expectations, Static or reducing funding.

A complex social political system



- ninety per cent of the public said it was important that they should be able to stay
 at home if they develop a long-term health condition or disability
- eighty-seven per cent believe it is important that they are given the choice where they live, other than just residential care
- two-thirds of respondents agree it is important that support from social care agencies should enable them to stay in work.

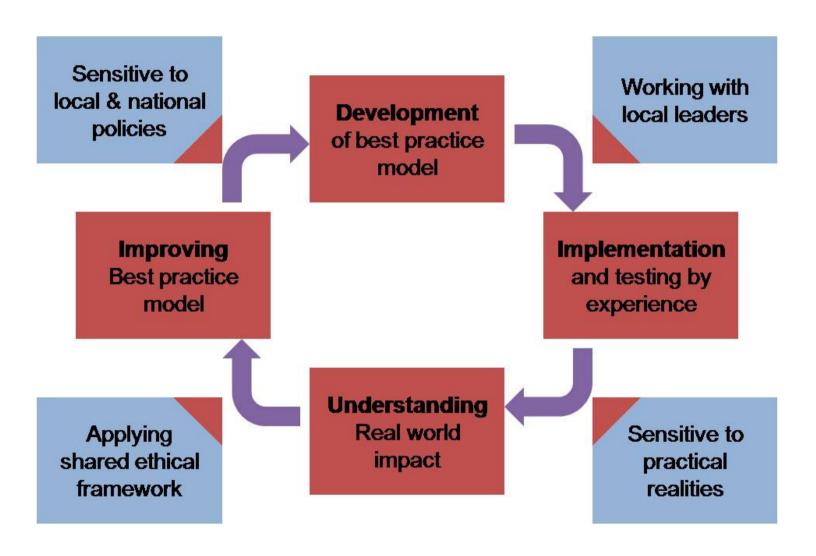
Ipsos MORI survey commissioned by DRC, Equal Opportunities Commission and Carers UK on public attitudes to care, July 2006.



only half of disabled people of working age are in work, compared with 80% of non disabled people.



Development process not a fixed solution





Where are we now?

- At the end of a three year transformation programme.
- Personalisation sits at the heart of govt policy for social care.
- Personal budgets, co-production appearing in other policy areas.
- 250,000 people in control of their own support.
- Commitment from the new administration to further faster harder.



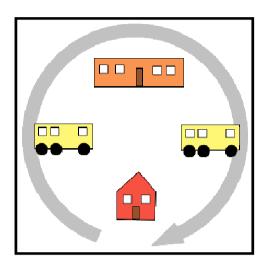
Top down reform had failed



Opening of Lennox Castle, 1936

Certified Institution for Mental Defectives

- •Peak population of institutions: 1970s
- Developed out of eugenic fear
- •Objective: to keep people away from ordinary communities and to stop them breeding
- Only very recently fully closed
- •Still have private hospitals (winterbourne view)

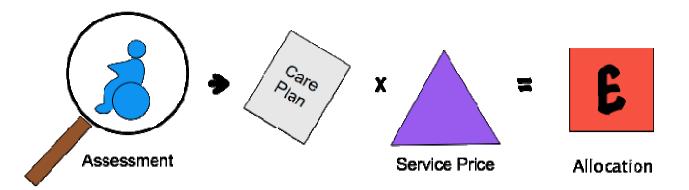


Community Care

- •No master plan: our best guess about what to do next
- Dominated by enforced group living and congregated day services
- Objective: 'care' in community
- Costing more...
- •We recreated Institutions within our communities

We had not rethought the power





Some of the problems

• Services rooted in institutions a legacy of eugenics (failed reform)

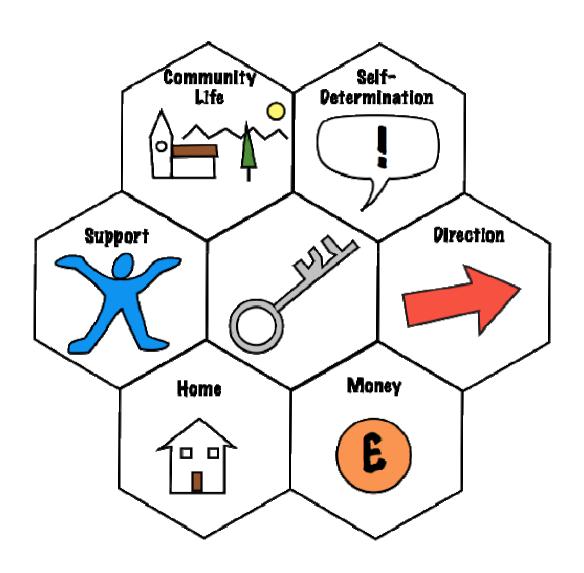
- Services granted as a gift to passive recipients
- Complex assessment leading to standard offer
- Expectations and entitlements unclear
- Correlation needs and costs low
- Low capacity for innovation flexibility
- High transaction costs (social work role confused)
- Enforced dependency (presenting needs)

Community Contribution yla Taxation Government Funding for Sarvices **Professional** Assessment and support Person in

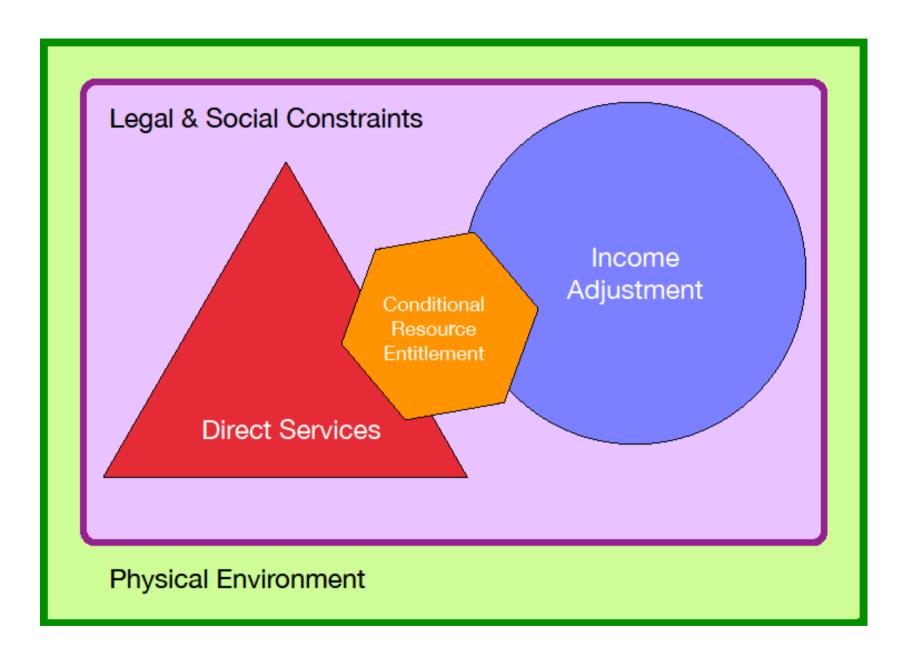
A reform that failed to deliver...

The challenge

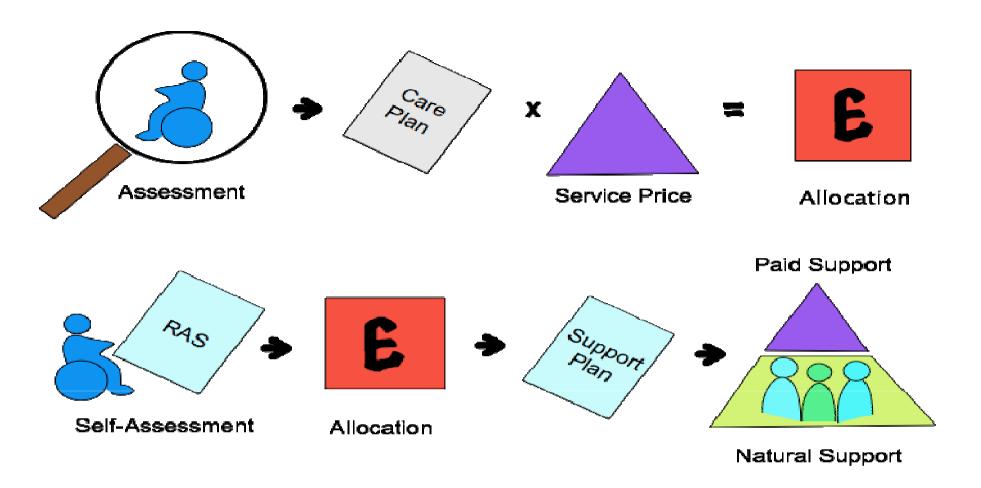
Build a sustainable system based on entitlement that promotes active citizenship









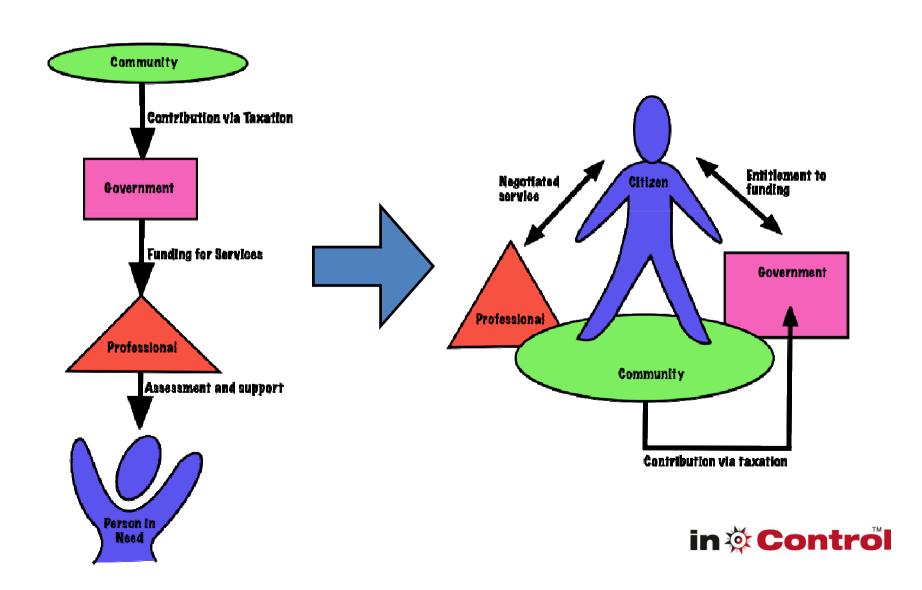


Personal budget elements

- know how much money they can have for their support
- Know the outcomes to be achieved
- be able to spend the money in ways and at times that make sense to them



Self-Directed Support





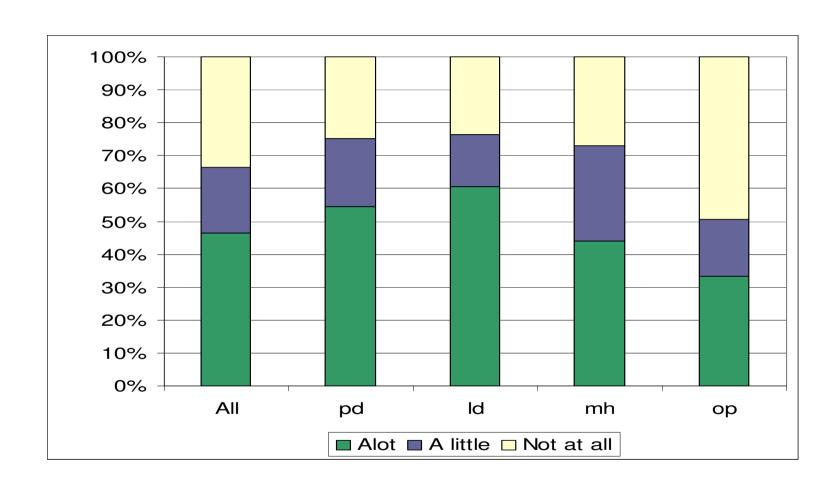
Councils pay for disabled to visit prostitutes and lap-dancing clubs from £520m taxpayer fund

Personal budgets can work in lots of places





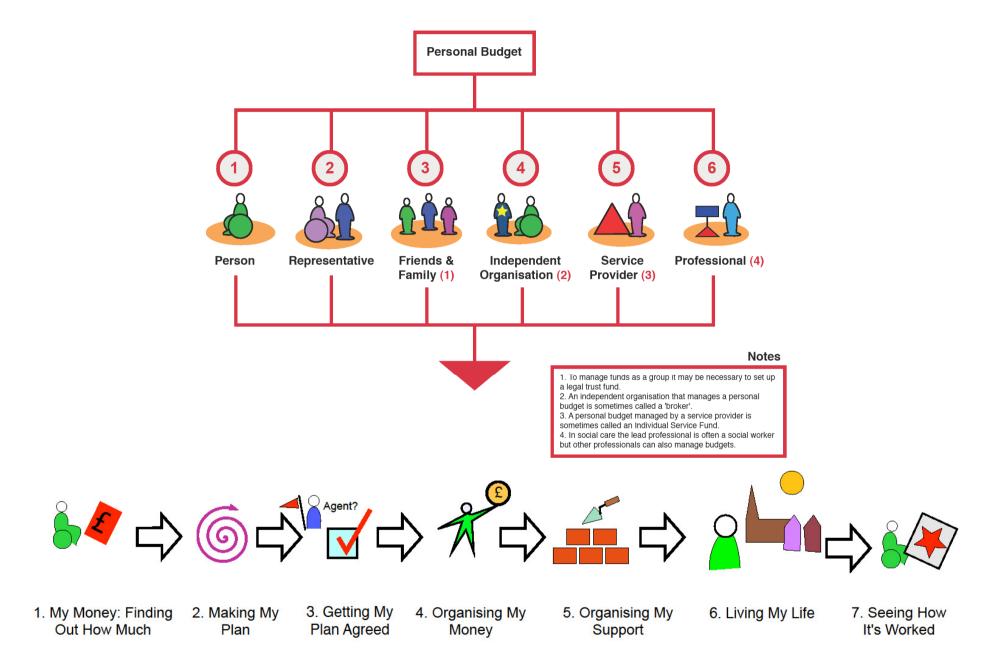
Has the IB process changed your view of what can be achieved in your life?



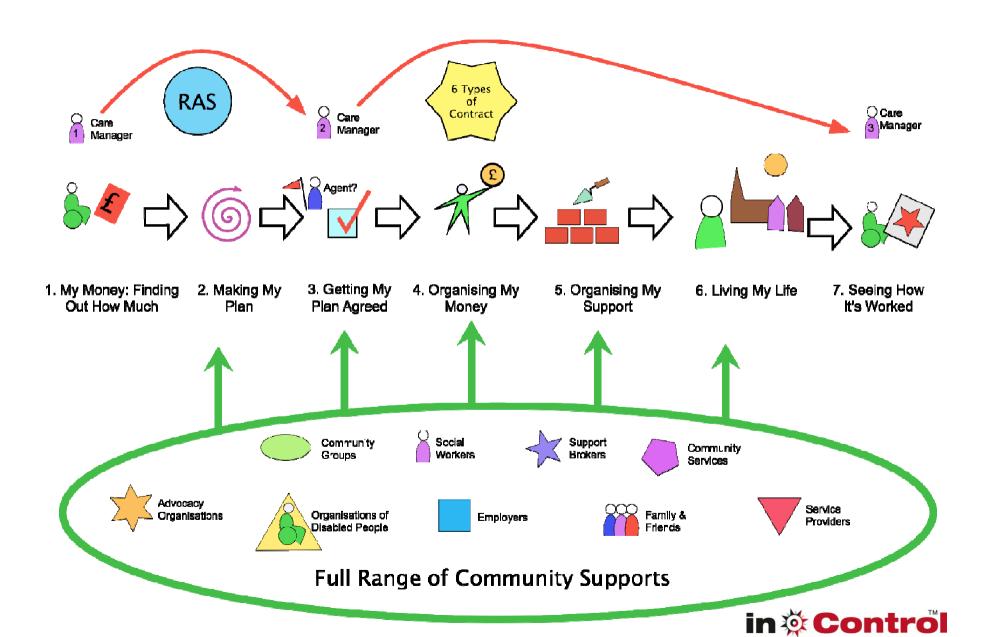


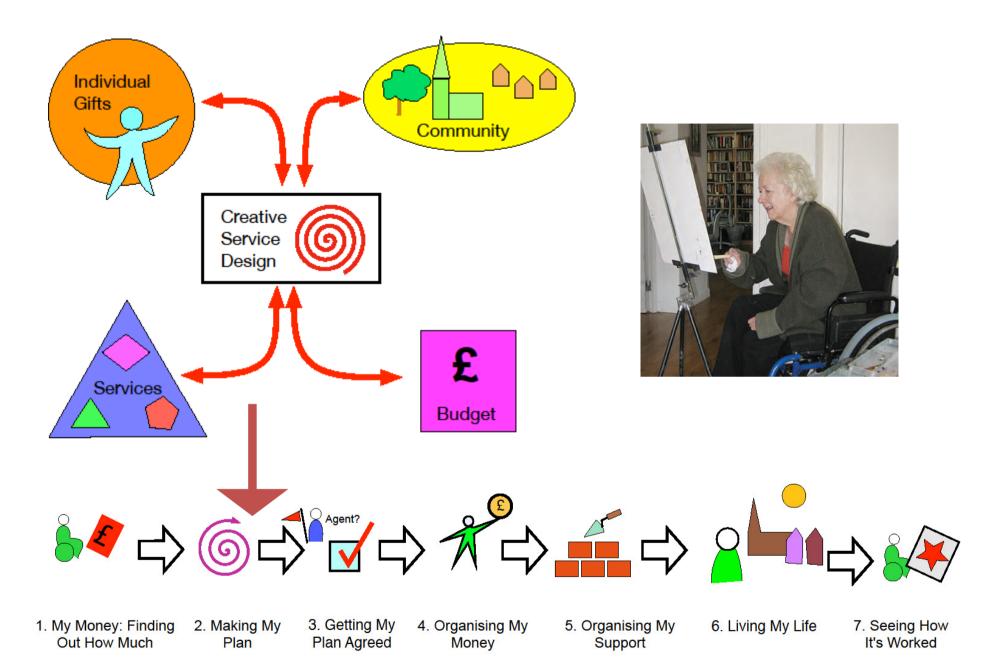
- 1. My Money: Finding Out How Much
- 2. Making My Plan
- 3. Getting My Plan Agreed
- 4. Organising My Money
- 5. Organising My Support
- 6. Living My Life
- 7. Seeing How It's Worked





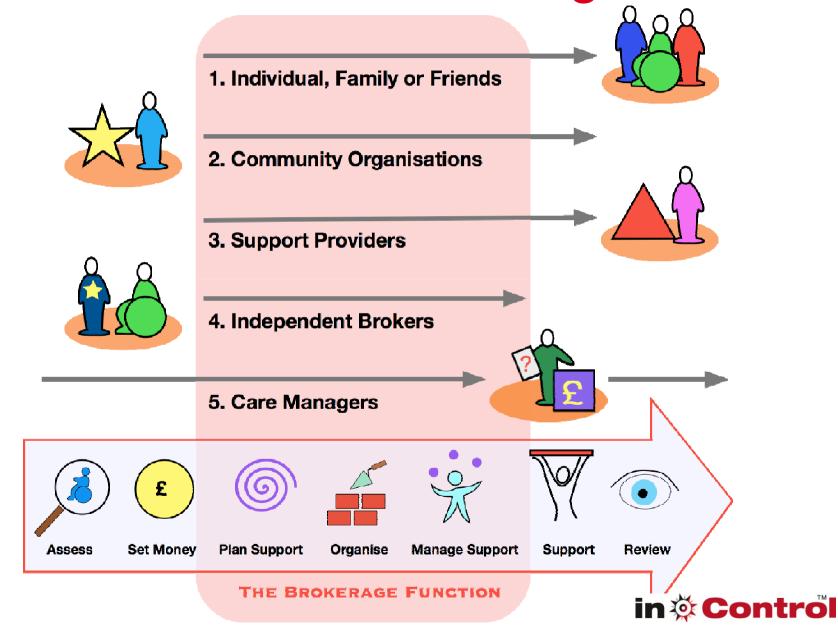








Different forms of brokerage:



RAS Development aims in 2003

Develop a resource allocation system that would:

- •Make a clear and open statement about what kind of needs would be matched by what specific levels of funding.
- •Enable people to make their own initial determination of their needs Self-Assessment
- •Reduce the disincentive for family and friends to positively contribute to the person's support
- •Work within existing funding and allow people to plan ahead for the future years within a coherent and rational framework



Parameters

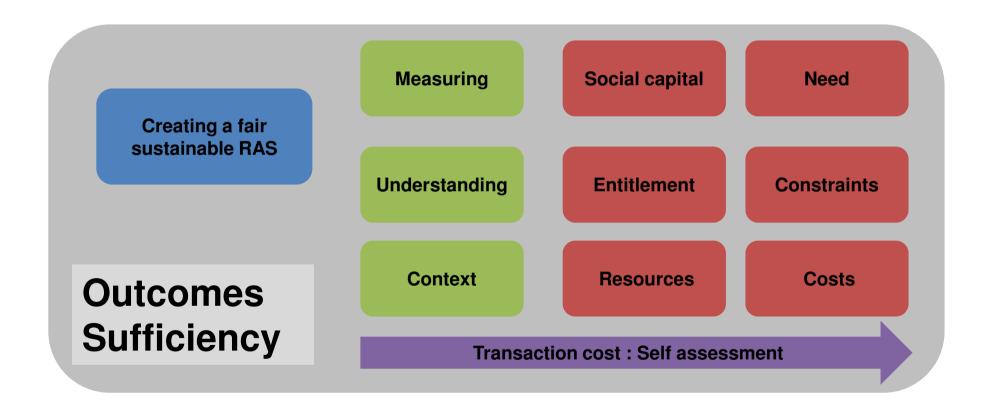
- •fit within existing statutory guidance and the existence of other systems
- create the lowest feasible transaction costs
- •be economically and practically feasible for any local authority to deliver
- •use definitions of need that are clear and make possible self-assessment of need
- •reflect the values and philosophy underpinning self directed support.



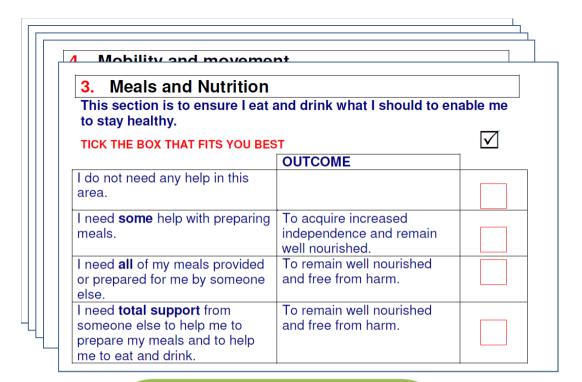
The RAS is aiming to define the rules of 'the deal'.

People need to understand;

- •How much money they can reasonably expect.
- •Why they are getting it and what they must achieve.
- •What they can and cannot do with it.







- 1. Health
- 2. Meeting personal needs
- 3. Meals and nutrition
- 4. Mobility
- 5. Managing a home
- 6. Making important decisions
- 7. Being part of local community
- 8. Family and caring roles
- 9. Complex needs and risks

10. Available Social support

Need

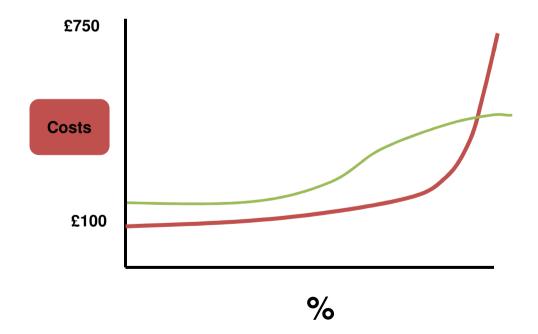
Social capital

Outcomes

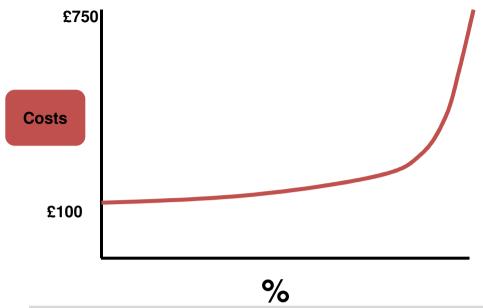
RAS Score





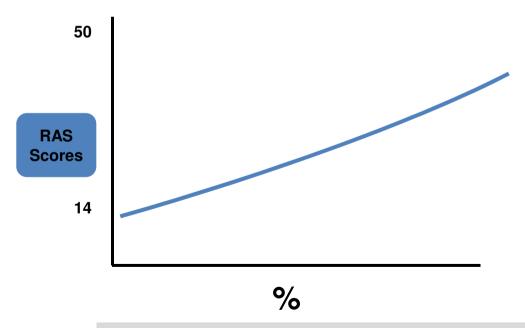






What amount	of money	is allocated	to at leas	st 10 %
vviiat amount	of filolicy	is anocated	to at icas)

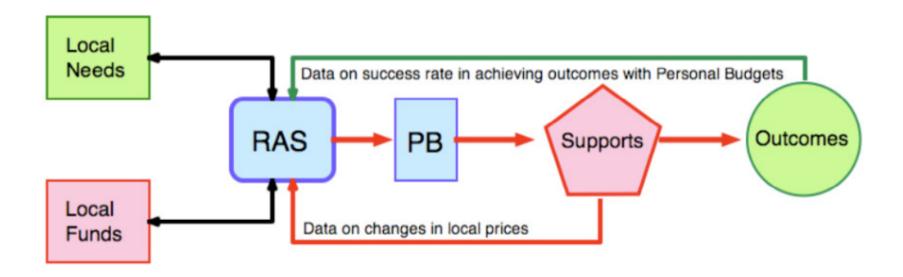
Points	Allocation		
14	£100		
15	£102		
16	£105		
49	£700		
50	£750		



What score is reached by at least 10%



Calibration of the RAS





What factors are associated with positive outcomes for personal budget holders?

Process easier

People reported more positive outcomes across the board if they felt their council had made all aspects of the personal budget process easier

How personal budgets are managed

How personal budgets are managed is robustly linked to outcomes for personal budget holders. People with direct payments paid directly to them tended to report more positive outcomes across eight of the 14 outcome domains. Conversely, people with personal budgets managed by the council tended to report less positive outcomes across four of the 14 outcome domains.

Budgets for longer

People who had been using their personal budgets for longer reported increasingly positive outcomes

Size of budget

A greater weekly amount was associated with more positive outcomes across 11 of the 14 outcome domains.

no differences in outcomes according to gender, ethnicity or religion

What factors are associated with positive outcomes for personal budget holders?

variation across councils

There is pervasive variation across councils on 13 of the 14 outcome domains. This suggests that councils can have a major impact on outcomes by considering how they help people through all stages of the personal budgets process. This is reinforced by the findings that people reported more positive outcomes across the board if they felt their council had made all aspects of the personal budget process easier.

Basic information

People who did not know how their personal budget was managed or did not know the amount of their personal budget tended to report less positive outcomes across 12 and 13 of the 14 outcome domains respectively.

The support planning process for the personal budget is critical.

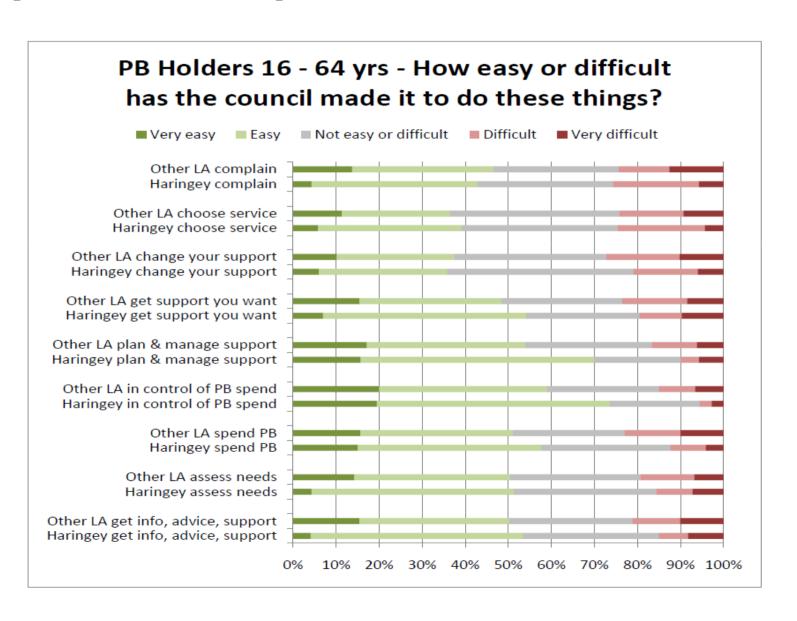
People who felt their views were more fully included in their support plan were more likely to report positive outcomes across all 14 outcome domains. The source of support for planning with the most positive impact appeared to be getting help from someone independent of the council or NHS – people getting help from this source reported more positive outcomes particularly relating to getting and controlling better paid support.

Older people

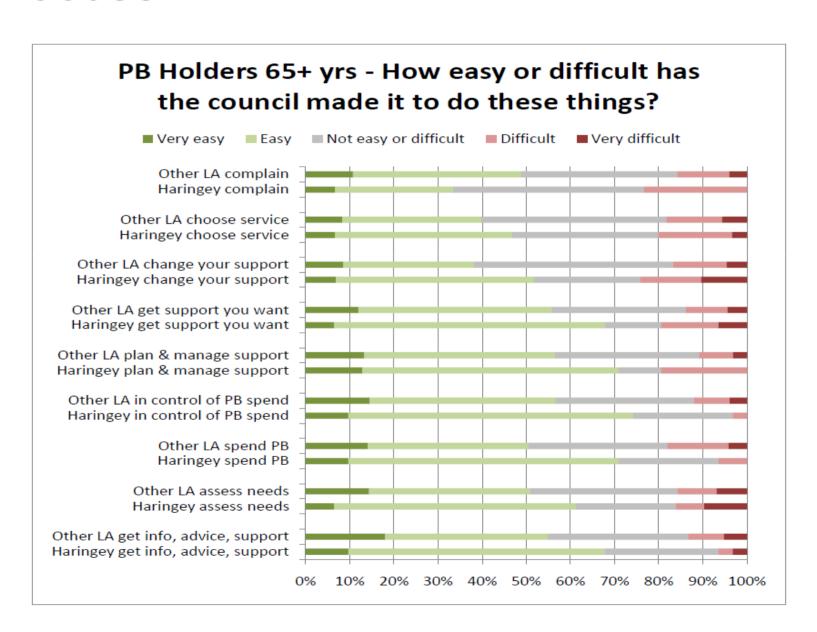
In terms of social care need groups, older adults tend to report less positive outcomes than other social care need groups in six out of the 14 outcome domains. However, these differences are ones of degree (older adults are more likely to record personal budgets as making no difference; they are not more likely to record personal budgets as making things worse).

It is also important to note that less positive outcomes for older adults may not be a function of age as such, but could reflect the fact that older adults are less likely to use personal budgets in ways that are associated with positive outcomes. For example, older adults are less likely to use direct payments, less likely to know how their personal budget was managed, and more likely to have a personal budget managed by the council – all these factors are associated with less positive outcomes (see below).

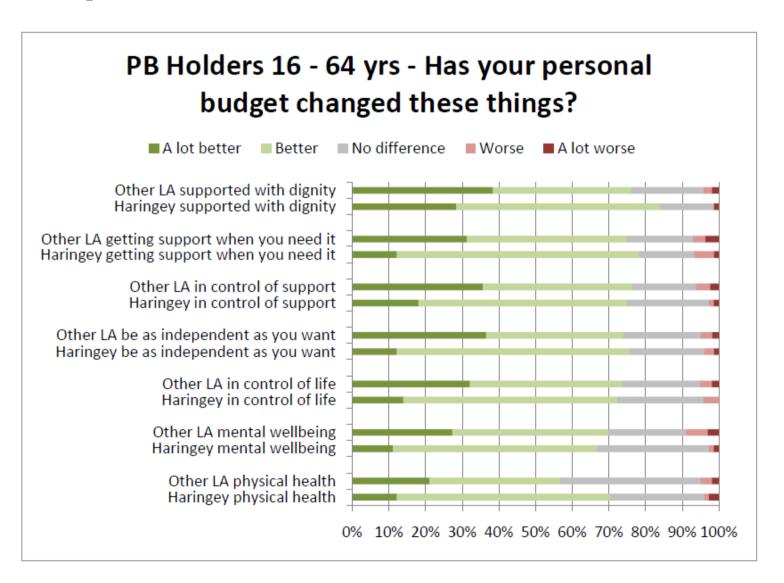
Experience of process



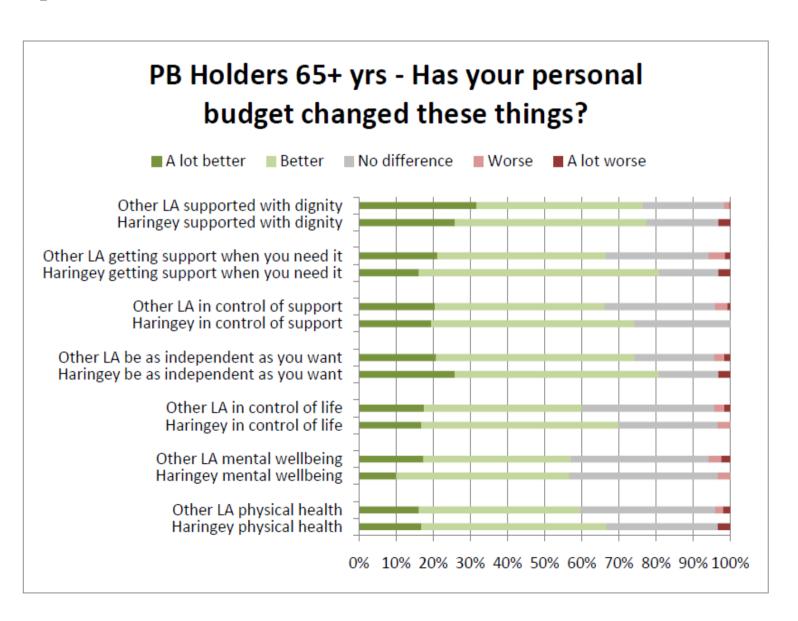
Process



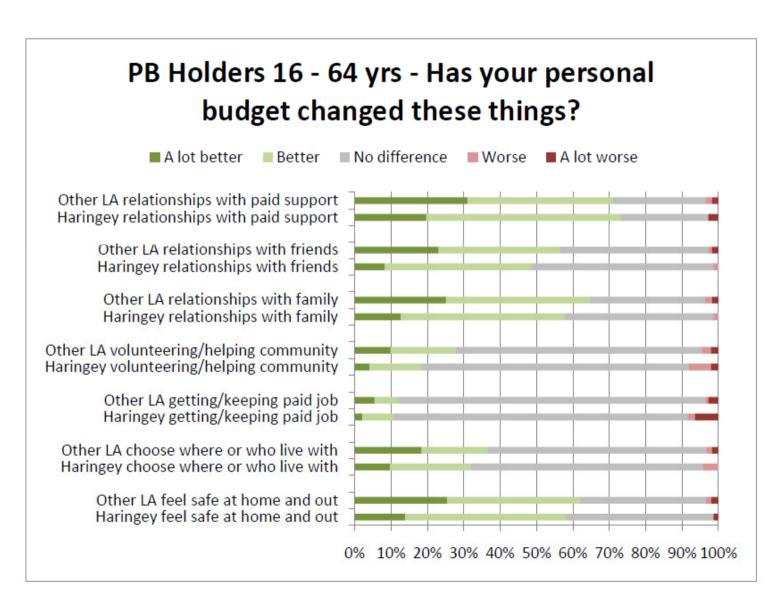
Impact on life



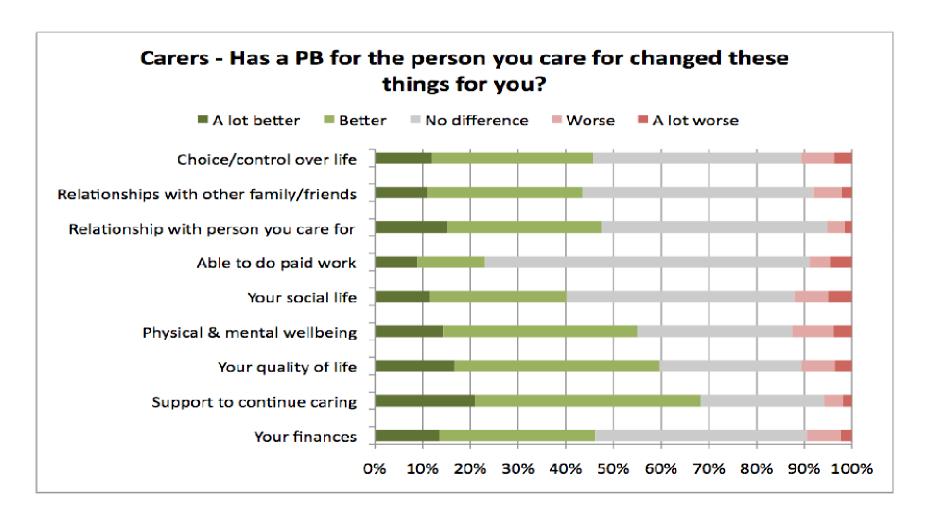
Impact on life



Impact on life



Impact on carers





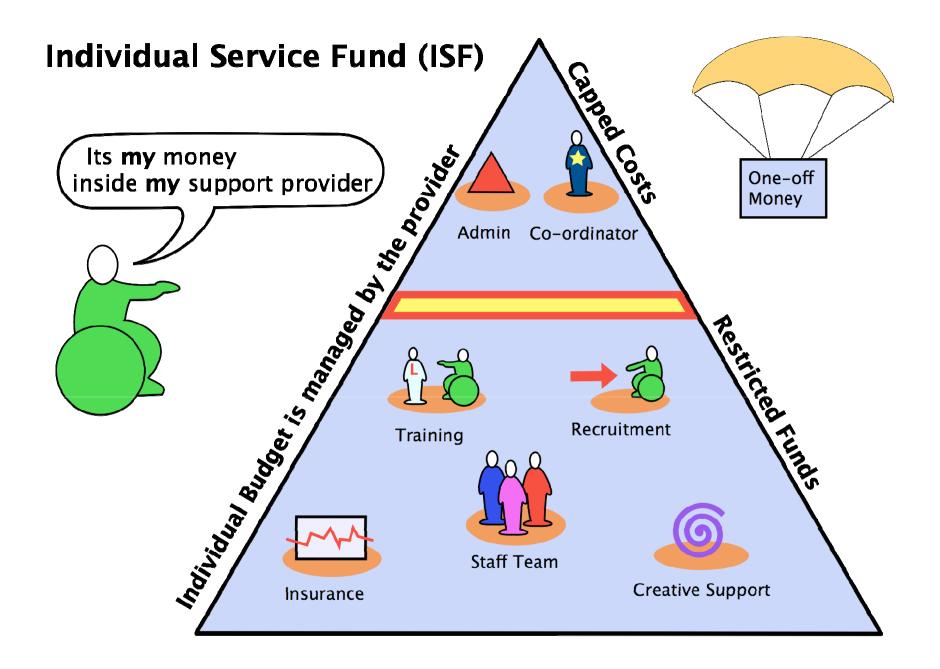
Has the IB process changed your view of what can be achieved in your life?

Table 6.2 Aspirations of people accepting the offer of an IB

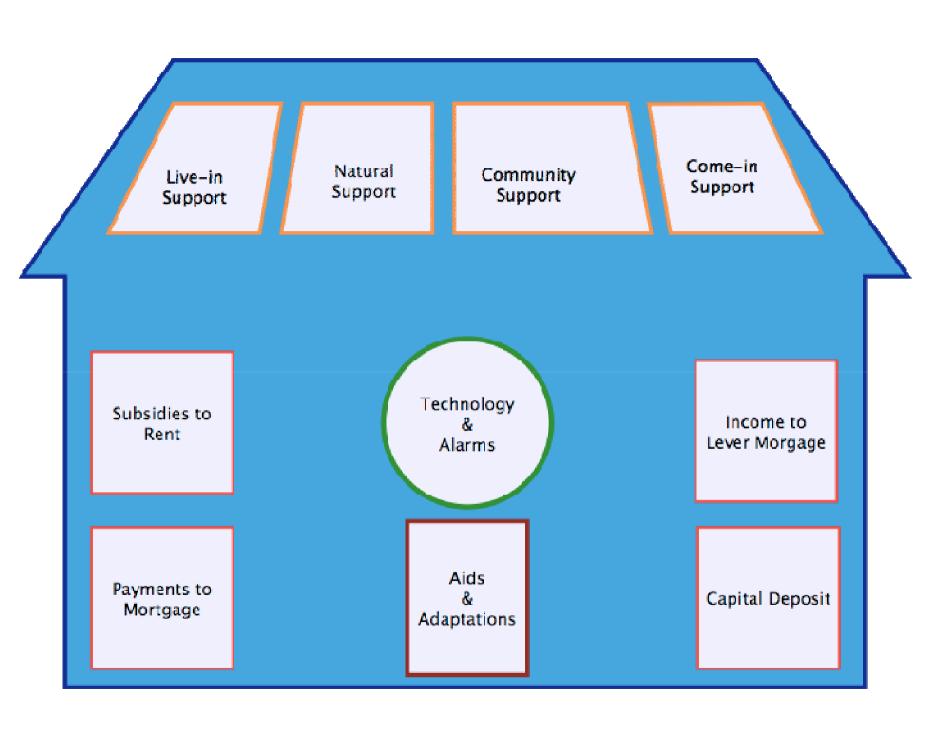
IB-acc group (al	l user	PD	LD	MH	OP
_	oups) I=302	N=97	N=70	N=46	N=89
IN .	1-302	IN-91	11-70	11-40	14-09
	(%)	(%)	(%)	(%)	(%)
Has the IB process changed your					
view on what can be achieved in					
your life?**					
A lot	47	55	54	44	33
A little	20	21	14	29	17
Not at all	34	25	31	27	49

Note: Significance Level: **p< 0.01.

People who reported that the IB process had a big impact on their view of what could be achieved in their lives were more likely to be either extremely or very satisfied with the support planning process



Inclusion Glasgow









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