

## Self-directed solutions

*The theory behind self-directed support is sound, but careful consideration is needed to make it work effectively in practice, says Rob Bailey*

Greater control and flexibility over assistance with personal care, domestic tasks and accessing social and educational activities has obvious benefits for adult care service users.

Self-directed support – including direct payments and personal budgets – is a central plank of the Government's Putting People First initiative. As of next month, every council in England is expected to have started to offer personal budgets to anyone receiving council funded adult social care services. By October, personal budgets must be given to all new users and carers, with a recommended benchmark for all councils to achieve 30% take-up on Local Area Agreement (LAA) National Indicator 130 in 2010-11. Currently 81 councils have included NI 130 in their LAA priority list. The recently published National Strategy for self-directed support provides a framework for significant changes in the way support is provided in Scotland, although a timetable is yet to be confirmed.

As ever, some councils are leading the way, while others are making slow progress. A Local Government Association and Association of Directors of Adult Social Services survey last March predicted that by this month one in five people receiving non-residential council support would have a personal budget. The definition of what constitutes a 'personal budget' used for this survey was, however, less strict than that used by 'In Control', an independent charity advocating self-directed care. Feedback from initial pilots in 13 local authorities was unconvincing and anecdotal evidence from social workers trying to implement self-directed budgets on the ground suggests caution about preparedness to meet targets.

Many types of council are eager to implement self-directed care and give users as much say as possible over matters that affect their lives deeply. But there remain a number of issues to be considered in practice to make self-directed support work effectively.

The first is resources. A report on the individual budget pilots in 13 authorities in October 2008 found little difference in average costs compared with traditional models, but highlighted that roll-out would require substantial investment. While personal budgets are less onerous on the service user than direct payments, all self-directed budgets bring added complexity to service delivery – increasing bureaucracy and negating many of the

assumed savings. Multiple benefit streams from the health service and local authority also need to be brought within a unified funding structure.

Self-direct support could also mean cost advantages currently delivered through economies of scale are lost. Changes to commissioning and contracting arrangements, including fewer block contracts could fragment further a still under-developed market. This will mean less predictability when planning for provision and local authorities may have to further reduce day care facilities if funding streams become more uncertain which gravitates against the laudable aims of 'independence well being and choice'.

Risk, safeguarding and monitoring issues require very sensitive and careful consideration. A particular risk is that those in receipt of direct payments may be vulnerable to pressure to employ relatives or spend their budget in ways that may not be entirely productive.

Pilots have revealed that different service user groups respond differently to self-directed support. While it is beneficial to adults with physical disabilities, for example, older people were found to struggle, particularly as they tend to access services at times of crisis. Personal budgets are welcomed for those who are adept at managing them effectively. Many older people however wish to access care but do not want added responsibility for organising it however.

Self-directed support requires significant investment in social worker training to ensure service-users are fully versed in taking control over their own budgets to achieve the best outcomes.

Another personnel issue is that those employed directly by service users in receipt of direct payments are likely to be more vulnerable to unfair dismissal, have limited, if any, sickness pay and paid leave compared with those employed by larger organisations. This fragmentation of front-line staff is not only bad for the workforce, but may also impact upon standards of care. Local authority providers invest heavily in care training and skills but where will be the incentive for an individual to do this at their own cost? At a time where care skills have finally been recognised as a priority issue we risk losing the momentum to up-skill the care workforce.

Self-directed support makes sense for many service users and the will to make it work is certainly there among politicians and professionals. This is not necessarily going to be cheap or easy however and the recent wrangling over future funding of care for older people demonstrates that we are a long way off any kind of consensus on how the finances will stack up. Careful consideration of these issues is needed as a matter of urgency if it is to stand a chance of being effective.

**Rob Bailey is principal advisor on social care at the Association for Public Service Excellence (APSE).**