



Right to Control Briefing Session

Personalisation

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What is Personalisation?

Personalisation is the Government's strategy for meeting disabled people's demands for independent living. It has been defined as:

“the process by which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive.” (Prime Minister's Strategy Unit 2007)

This means that a person's support is designed according to their individual needs and wishes. Traditional social care services tended to be provided on a 'one size fits all' basis, whereby disabled people were expected to fit in with where, when and how their support was provided. Through personalisation, the disabled person has choice and control over their own support.

Personalisation was introduced in 2007 by the Labour Government through their Putting People First initiative. This was in response to policy documents such as *Improving the Life Chances of Disabled People*, *Our Health Our Care Our Say*, and *Valuing People* amongst others, all of which talked about the need for disabled people to have control over the support that they receive and raised the idea of individual budgets to facilitate this. However personalisation is also a

priority for the current government, as can be seen by their *Think Local, Act Personal* initiative.

Leadbeater (2003) outlined five potential levels of personalisation:

1. Providing people with a more customer-friendly interface for existing services.
2. Giving users more say in navigating their way through services once they have got access to them.
3. Giving service users more control over how money is spent.
4. Users not just being consumers but co-designers and co-producers of a service: they actively participate in its design and provision.
5. Self-organisation: the public good emerging from society.

Therefore at a very basic level, personalisation could just be about making support services more user-friendly. However, logically the way to make services and support fit the needs and aspirations of the recipients is to involve them in the design, planning, implementation and evaluation. Therefore if personalisation is taken to its logical conclusion then disabled people will be no longer passive recipients of “care” but instead co-producers and co-deliverers. There is evidence to suggest that an effective, well-managed Centre for Independent Living controlled by disabled people is crucial to a local authority supporting a wide range of disabled people to access self-directed support.

Outcomes vs. Outputs

Personalisation means thinking about the whole needs of the person and delivering services in a holistic way to improve people’s overall wellbeing. Where local authorities continue to procure services, there will need to be a shift away from task and output-based models towards outcomes-based models which understand, reflect and measure the full impact services have.

Many people confuse the terms “output” and “outcome”:

- Outputs are support and services put in place.

- Outcomes are changes, benefits, learning or other effects that happen as a result of the outputs. They are the impacts or end results of the support put in place on a person's life. It's not what services do that matters, it's what is achieved for people, and with people, as a result of what they do.

So there is a crucial distinction between what a disabled person achieves (outcomes); and the support intended to bring about those achievements (outputs).

In the past, social care has tended to focus on outputs - "what we do and who we reach." Local authorities have done a good job of recording and counting activities and the numbers of people who have accessed them. However, the crucial question now being asked is "What difference does this support make?" In other words, "what outcomes have been achieved?"

The Process

A disabled person requiring support still needs to be assessed for local authority funding. Some authorities have moved away from the traditional methods of community care assessments towards engaging people more. However the local authority will have to check that the person meets the criteria for one of the eligibility bandings under Fairer Access to Care Services (i.e. low, moderate, substantial or critical). The current government's austerity measures have meant that many local authorities are now restricting support to only disabled people in high FACS bandings (in some areas only people with critical needs are getting support). This means that personal budgets are increasingly becoming off-limits to more and more disabled people.

The disabled person completes a self-assessment questionnaire (with or without help) which is then used to calculate the amount in their budget. There are two common methods of doing this. Either the Local Authority uses a Resource Allocation System, a computer system which allocates points on the basis of assessment questionnaire responses. The more points someone gets, the higher their budget will be. Alternatively the local authority decides, based on the assessment, what services they would have provided traditionally and allocates an indicative amount that equates to the cost of those services.

The person is then told the indicative amount of their budget. This is a ball park figure of what your support is likely to cost or be allocated to you. The intention was that this was to be an indication; however some local authorities are more flexible than others.

The disabled person must then (with or without help) write a support plan to say how they are going to spend their budget to meet the outcomes they have agreed with their local authority. If they find that the indicative amount is not enough to pay for their support then they can make an appeal, providing they can justify why they need more support than is in the budget.

The local authority's 'panel', a group of people from Social Services who make decisions about disabled people's support packages, are then sent the support plan for approval. Disabled people are not normally allowed to attend panel meetings. The panel should check that the support plan contains nothing 'illegal or immoral' and both meets the outcomes and keeps the disabled person 'healthy, safe and well'.

A panel is not a statutory requirement; merely the method many local authorities choose to use to make decisions.

Once the support plan has been agreed, the disabled person will get their personal budget to spend. However they must keep records of all the expenditure.

There are a number of different ways in which disabled people can manage their budget:

- Direct Payment – A cash payment paid directly to the person to acquire their own support.
- Direct Payment (agent) - the agent looks after the money on behalf of the disabled person. Support Brokers can be agents if appropriate.
- Direct Payment (Trust) – A group of 3 or more people who work together to look after the disabled person's money.
- Individual Service Fund – an Individual Support Provider is an organisation that looks after someone's money in a separate

account. This money must not be mixed in with organisation's finances and must only be used for the individual support of the person. This can work well for disabled people without family or close friendships.

- Social Services – a Care Manager may be the best person to manage someone's budget.

Funding Streams

An individual budget (in theory) could be made up of money from the following:

- **Local authority social care** – money from the council for training packages as well as the money that is otherwise spent on residential care, supported living, day services and other kinds of social care.
- **Supporting People** – this is money to help people live in a house or flat.
- **Independent Living Fund** – this is money to help disabled people live in the community
- **Disabled Facilities Grant** – this pays for changes to your home like a stair lift or a ramp.
- **Integrated Community Equipment Services** – this pays for equipment you might need, like a raised toilet seat or a grab rail.
- **Access to Work** – this is money to pay for support for disabled people in work.
- **Work Choice** - this provides supported employment for disabled people.
- **Disabled Students Allowance** – money for disabled people in higher education to pay for support.
- **The NHS** – the government has piloted personal health budgets in some areas and stated that it intends to implement them more widely.

Jargon Buster

Here are some common terms associated with personalisation and their meanings:

Broker	Someone who helps individuals choose and access the support they need to be independent. They can also help write a support plan.
Direct Payment	A cash payment paid directly to the person to acquire their own support, rather than having support delivered by or on behalf of their local authority.
Individual Budget	An indicative amount of money that combines several funding sources which you can use to purchase services and supports from the public, private and community and voluntary sectors.
Personalisation	The process by which local partnerships can work together to ensure that services and supports are responsive and personal to people's needs
Personal Budget	Like an Individual budget but is solely made up of Social Care funding.
Person-centred Planning	An approach to support which puts the individual at the centre of planning for their lives. There is an emphasis on the individual's choice and control and listening to what is important to them, both now and in the future.
Personal Assistant	A person employed by a disabled person to provide support in a way that they choose.
Resource Allocation System (RAS)	Used by local authorities to calculate the amount of money in each person's personal budget. The system must therefore give an indication of how much money should be made available to the person in their personal budget and say clearly

what outcomes should be achieved through the use of that money.

Self-Assessment Questionnaire (SAQ) A standardised assessment carried out by an individual to identify their own needs and eligibility for support. The questionnaire is part of the Resource Allocation System and helps determine, through a points system, how much money an individual is entitled to.

Self-Directed Support Support that is determined and controlled by the person who needs it.

Support Plan Describes how a person wants to be supported and how they will use their budget to make this happen. Their local authority has to agree their support plan.

References

Leadbeater, C. (2003) *Personalisation through Participation*. Demos, London.

Prime Minister's Strategy Unit (2007) HM Government Policy Review – [Building on progress: Public services London: Prime Minister's Strategy Unit](#) (p.33).