HOUSING SUPPORT & PERSONALISATION

HSEU SEMINAR

21 March 2012

Dr Ann Rosengard
1. Setting the Scene – Policy and Personalisation

- Policy shift and drivers to personalisation
- Principles and priorities that underpin new legislation on SDS, including:
  - Choice and Control
  - Co-design/ co-production
  - Focus on personalised outcomes
- Links with Housing Support, homelessness and older people’s strategy. consultation on allocations

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Personalisation and SDS

- **Personalisation** – stems from principles underpinning community care since 1993, with emphasis on person-centred approaches and devolving Control and Choice to service users.

- **Self-directed support (SDS)** – also stresses Choice and Control. It presents a systematic framework for implementing personalisation, often using a model developed by *In Control*.
  - SDS also builds on the aims of Direct Payments (DPs) to transfer control of funding to the service user.
New vision of Service Reform from 2000

  - Strategic role for local government in partnership
  - Personalisation, via use of Direct Payments (DP’s) & Individual Budgets (IB’s) to increase choice and control; clients/ patients to be considered “experts”
  - New models of delivery – tele-care; I.T, e.g. dementia
  - Connected Care Centres – ‘one stop’ models
  - Focus on “vulnerable adults” and multiple/complex needs.
Linked Definitions – Personalisation, SDS and Co-production

● **Personalisation**
  ● The individual is at centre of their assessment and support planning and of the services that they receive

● **Self-directed support**
  ● Involves support that they have chosen & controlled
    ● Often they will be allocated an IB to fund their support
    ● They can choose to have a DP which they manage themselves (*self-management*), or use a broker to do this
    ● Or they can choose to have a commissioned service (Individual Service Fund / ISF)
Direct Payments and SDS

- A key strand of SDS involves direct payments made under s12 of the Social Work Scotland Act, 1968. The law was amended to enable access to DPs:
  - for disabled people aged 18-64 (1996 Act)
  - for those aged 65 and over (since July 2000)
  - for disabled 16-17 year olds and disabled parents for children’s services (since December 2001)

- In 1st June 2003 it became a duty on L.A’s to offer DPs:
  - to all eligible disabled people aged 16 and over
  - to parents (or those with parental responsibility) for disabled children aged 15 and under.
Co-production

“Co-production refers to the empowerment of service users and frontline staff to achieve an agreed outcome or service”. Involves:

- Developing services 'with' & 'by' people; not 'for' them – including service users and staff
- Building relationships to share information, knowledge and experience and reach consensus decisions - not just about having service users join committees.

- Evaluation of Co-production Pilots with disabled people, (N.Lanarkshire and Argyll & Bute). (S.G. Dec 2011) Stressed need for leadership, development time and capacity building.
Self-directed support/ SDS

- SDS requires individuals and families to have:
  - Informed choice / access to information and advice
  - A range of options to enable choice to be exercised
  - Control of how their social care & support is provided.
- Starts with a **Self-assessment** or a **Self-evaluation**, sometimes coupled with a community care assessment
- A Resource Assessment System (RAS) may be applied to resolve the Individual Budget.
- Options include a D.P. or an I.S.F.
  - A DP can be managed by the service user, a carer or an agency e.g. Centre for Inclusive/Independent Living (CIL)
Policy on SDS in Scotland

- *A Personalised Commissioning Approach to Care & Support Services, Scottish Government, Mar 2009*
  - Personalisation thrust (Social Care)
  - Implications for commissioning, assessment, care and support planning
  - Movement towards integrated commissioning.
- *Implications for housing support?*
Scottish Government & COSLA
10 year strategy for SDS

“What individuals and families have after making an informed choice on how their IB is used to meet the outcomes they have agreed. SDS means giving people choice and control”.

- The process for deciding on SDS is via co-production
- Mechanisms for accessing SDS may involve a DP; or the person can decide how the Council allocates their IB to arrange support from a provider.

“Some may choose to leave the decision on how their support is provided to the council.” (Scottish Government, 2010, p7)
Developments in SDS

- Since the 1990s DPs were used largely to fund personal assistants (PA’s) for people with a disability
- Move towards personalisation over past decade
  - In Scotland - 3 SDS Test Sites – Highland, Dumfries & Galloway and Glasgow (2009-2011) - initial focus was on learning disabilities. In Control was influencer, working with LA’s, plus support of other consultancies
  - Test sites were evaluated (Ridley et al, 2011).
The take up of SDS (DPs)

- To date Scottish Government statistics mainly cover the take-up of DPs, although the statistical framework is in process of revision.

- Key patterns to date -
  - Slow but increasing take-up of D.Ps
  - From 207 in 2001 to 3017 in 2009
  - Then 22% increase to 3678 in 2010
  - 19% increase to 4392 by 31.03.11
Other patterns in use of SDS

- Increasing Spend:
  - from £2.1 M (2001) to £50.2 M (2011)
  - from £39.8 M (2010) to £50.2 M (2011) a 26% growth

- Uneven use across areas to March 2011
  - Edinburgh – highest number and spend – 15% of Scottish total in 2011; more than £10 M
  - Eilean Siar – smallest number – 20 clients using DPs
  - Scottish Borders – highest proportion - 25.8 per 10,000 population

- Growth in numbers in all but 6 LA areas
### Service users & access to SDS/DPs – Scottish Gov. statistics

<table>
<thead>
<tr>
<th>Service users</th>
<th>Proportions</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with a Physical Disability</td>
<td>40 %</td>
</tr>
<tr>
<td>People with a Learning Disability</td>
<td>26 %</td>
</tr>
<tr>
<td>Physical &amp; Learning Disability</td>
<td>3 %</td>
</tr>
<tr>
<td>People 65 and over</td>
<td>33 %</td>
</tr>
<tr>
<td>People with Mental Health issues</td>
<td>5% (approx)</td>
</tr>
<tr>
<td>Frail older people</td>
<td>18% (approx)</td>
</tr>
<tr>
<td>Gender</td>
<td>53% women</td>
</tr>
<tr>
<td>Minority Ethnic (98% identified as white)</td>
<td>2% (approx)</td>
</tr>
</tbody>
</table>
## Types of provision through SDS

<table>
<thead>
<tr>
<th>Type of DP provision</th>
<th>SDS Packages</th>
<th>% of all SDS packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care</td>
<td>2918</td>
<td>52%</td>
</tr>
<tr>
<td>Health Care</td>
<td>181</td>
<td>3%</td>
</tr>
<tr>
<td>Domestic tasks</td>
<td>827</td>
<td>15%</td>
</tr>
<tr>
<td>Housing Support</td>
<td>535</td>
<td>10%</td>
</tr>
<tr>
<td>Social/Educational/Recreational</td>
<td>1062</td>
<td>19%</td>
</tr>
<tr>
<td>Equipment/Temporary Adaptations</td>
<td>31</td>
<td>1%</td>
</tr>
<tr>
<td>Respite</td>
<td>984</td>
<td>18%</td>
</tr>
<tr>
<td>Meals</td>
<td>147</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>334</td>
<td>6%</td>
</tr>
</tbody>
</table>
Draft Social Care (Self-directed Support) Bill 2010

- Local authorities to provide
  - Choice and control
  - Wider eligibility

- Consolidates and clarifies law on DPs
- Consultation
Social Care (Self Directed Support) (Scotland) Bill - Scottish Government’s response to consultation

- Broad agreement on the principles underpinning the Bill
  - SDS is “a means to an end …. (of) better wellbeing, independence and improved outcomes for people who use care and support. We want to deliver a social care system that empowers citizens, helps to prevent the escalation of need and harnesses the creativity of those who require to draw on support”.

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Vision of Scope of SDS Implementation in Bill

- **Health**
  - NHS Lothian Pilot sought to combine NHS and social care funding in packages of support which the person directs.

- **All ages**
  - Children and Young People - 16 and 17 year olds should be able to direct their own support if they wish.
  - Younger children should have a say in their support.
  - Older People, including those with dementia.

- **Housing**
  - Housing, housing support and allocations are recognised as playing a key role in shifting ‘the balance of care’ to ordinary living and in preventing institutional options.
3 Key Principles underpinning the SDS Bill

- **Maximum involvement and control**
  - "A person should have as much involvement in the assessment of the person's needs and the provision of services or support for the person as is reasonably practicable."

- **Enabling informed choice**
  - "A person should be provided with any assistance that is reasonably required to enable the person to make an informed choice when choosing an option for self-directed support."

- **Partnership and Co-production**
  - "A local authority should co-operate with a person in dealing with any matter relating to the services or support provided to the person.”
Process of enacting the SDS Bill

- The Bill is part of the S.G.’s 2011/12 Programme - timing will depend on wider issues affecting parliamentary business
  - Placed before Parliament – 29 February 2012
  - Call for written views – 1 March to 24 April 2012

- 3 stages in Bill’s progress through Parliament –
  1. Parliamentary debate
  2. Considered by a Parliamentary Committee
  3. Voted on (prior to Royal Ascent).
The SDS Bill

- Identifies 4 options for service users:
  1. To take a DP to arrange & fund their support
  2. To identify the support they want and ask the L.A. to arrange this for them
  3. To leave it up to the L.A. to make decisions
  4. To combine 1-3 above in a support package.
‘How far do you think housing support contributes to SDS-related policy aims already?’

and

‘Do you think housing support should become subject to SDS in the future?’
2. SDS in Practice - Evaluation of SDS Test Sites

- Implementation of SDS found uneven in Scotland
- DP system viewed as overly bureaucratic
  - Mainly used for physical disabilities; slow take up
  - Insufficient access to independent support needed
  - Seen as largely led by professionals; not user-led
- Test Sites – 3 Themes
  - To reduce red-tape
  - Leadership – culture change
  - Investing to save - bridging finance
3 Test Sites

- **Dumfries & Galloway**
  - Used *In Control* method to help transform social care
  - Community development to promote interest

- **Glasgow**
  - Built on the Council’s IB pilot for people with LD
  - Tested & refined assessment and allocation processes; informed by *In Control* model

- **Highland**
  - Primarily aimed to increase DPs
  - Initially promoted SDS for young disabled people
  - Adapted *In Control* model

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Early views on SDS

- **Leadership** - identified as key to achieving SDS aims and to promoting culture change

- **Cutting red tape** – “every penny has to be accounted for; there is a high level of scrutiny…” (Special Interest Group)

- **Investing to save** – “at a time when resources are diminishing…is there going to be any scope for bridging finance…” (Local Government Organisation)
Outcomes

- 132 individuals in total across 3 areas
- Mainly people with learning disabilities – 64%
- More men (52%) than women (48%)
- Age profile differed across areas
- All white British/Scottish
- SDS Option
  - 107 DPs (71 self managed, 36 managed by third party)
  - 24 Individual Service Funds (ISFs)
- Funding streams mainly SW + client contribution
- Only one test site reported use of housing funding
SDS Outcomes by March 2011

- Achieved flexibility & choice in support
- Broadly high satisfaction with outcomes
- Leadership – special resources, teams, infrastructure and systems
- Training – not all staff received this
- Irony – more bureaucracy to ‘reduce red tape’
- Bridging finance – not the big issue expected
- Slow progress in development phase, but gathering speed (since March 2011)
3. Housing Support & Links with Personalisation/ SDS

- Now extensive experience of housing support provision and its benefits for:
  - Meeting a wide range of support needs, including multiple and complex needs
  - Sustaining ordinary living
  - Containing Health and Social Care costs
  - Preventing homelessness & institutionalisation

- National Care Standards stress rights in relation to informed choice and person-centred approach
  - But are standards less explicit on issue of control?
SG SDS Test Site Evaluation – findings re housing support

- Research team was aware that people with disabilities and health issues often have housing related support needs
- Although the Test Site evaluation didn’t focus specifically on housing support, information was sought on housing (and health) contributions to individual SDS packages
- Found few mentions of specific housing/housing support funding
Some Housing Implications

● Some housing needs & preferences emerged from SDS Test Site study that reflected people’s changing needs and circumstances:
  ● left long-stay hospital care or children’s services
  ● new needs – adaptations, equipment, support
  ● moving from shared to independent housing
  ● accessed supported accommodation
  ● flexible support enabled positive community living

● Some indication that SDS assessment process a catalyst to housing gains?
Housing Support for Independent Living

- Sue was living in a shared flat but was keen to live independently and to work. She accessed SDS through a day service and was supported throughout by a health professional who was convinced her situation could be improved. Since embarking on SDS a year ago she accessed her own housing association tenancy with support and she works and receives training in a community café run by the local neighbourhood centre. She was very positive about her support and feels her life has changed for the better. She feels part of the local community. Housing and housing support were important.
Housing support to stay at home

- John is in his 40s has learning disabilities and a brain injury. He lives at home with his parents with support - which SDS (including housing support) helped to improve. Change in his parents situation required additional 24 hour support. The package took time to resolve. Funding included SDS, SP, ILF and DPs, and it covered 7 workers. The family felt that “SDS is better than DPs” – they have more communication with the SDS team than previously. They said housing support funds had been included in the DP. They felt informed about the budget and feel they can cope with employing staff, using advisors.

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What do you think are the lessons and implications for housing support from the SDS Test Sites?
4. Older People

- Programme on **reshaping care for Older People** wants services to focus on:
  - the outcomes that older people want
  - personalised care and support
  - designed to optimise independent living & well-being

- Where O.P. and carers want more choice and control, they should be empowered to do so.

- The **Dementia Strategy** suggests there is a rising demand for SDS for people with dementia.
More re Older People & SDS

- **New standards** require statutory bodies to ensure that people with dementia and their carers are given information about SDS (e.g. DP’s) and are given assistance to access this.

- **Alzheimer Scotland**
  - Stresses that few people with dementia or their carers in Scotland have real control over their support - DP’s have been the main route to date.
  - Has researched how DPs are working in practice for people with dementia and their carers.
Older people & Dementia
- Alzheimer Scotland study

- Low take up of DPs in Scotland – 600 maximum
- Knowledge - Most found out about DPs through informal routes and by chance
- Uneven access - DP systems vary by LA’s; there is uneven take-up; and systems are over bureaucratic

Need for:
- transformational change in and across services, e.g. integrated health and social care funding
- streamlined systems
- better information, advice and support
Older People – Links with Housing Support & SDS

- **Housing support** currently plays a small but significant role in supporting ordinary housing solutions, independence and wellbeing
  - e.g. Handyperson services/ Care and Repair projects; social networks and telecare services.
  - *Note - high level of HS funds have been used for O.P. e.g. sheltered*

- **Priorities include:**
  - To find ways to extend access to Care and Repair, handyperson and housing support, including social enterprise models;
  - “Showcase role of housing support in building community capacity and supporting social networks for older people; and
  - Develop and mainstream telecare use via Change Fund
HACT – **Up to Us Pilots (England)**

- **Six up2us pilots areas** aim to explore how social care users can jointly buy services in the new SP & Social Care environment (2010-2013)
  - Funded by Dept of Health, Communities & L.G.
  - Managed by a partnership of RSL’s, advocacy services and providers
  - Build groups of IB holders to enable people to access the support & resources they need to be in control
  - Focus is on the impact of personalisation on RSLs’ tenants/ service users & housing / support providers.
‘Should SDS go beyond traditional housing support to cover housing issues?’
5. Housing Support and Homelessness

- There is now considerable evidence through evaluations of the SP programme and wider research that housing support plays a key role in addressing & preventing homelessness, e.g. for:
  - people who have experienced abuse; refugees and those leaving institutions
  - homeless people with health or multiple needs
- This awareness influenced the 2010 Scottish campaign to establish a duty to assess the support needs of unintentionally homeless people.
The locus of Housing Support in the 10 Year Strategy

- Section 2.6 stresses the need for a co-ordinated approach to personal and housing support
  - Recognises that personalisation and choice are core values within housing support services

  “Some people have direct payments that include funding for housing support, allowing them to take a holistic approach to arranging their personal and housing support”. (p.25)
Homelessness, Housing Support & Personalisation

- Recognised role of Housing Support in resettlement, sustainability and prevention
- There is a range of provision from low level, flexible support to more intensive active outreach
- The methodology of HS aims to be person-centred e.g. assessment and outcomes focused
- Research has found positive outcomes
- It is always worth reviewing whether a service may involve better options as well as more choice and control for service users - *all models can stagnate.*
Links between Allocations, Housing Support & SDS

  - Considers how people with health problems or disabilities may require priority in allocations as well as suitable support
    - i.e. to improve or stabilise their condition and enable independence with the same choice, control and freedom as any citizen
  - Stresses that practical assistance should be based on the person’s own choices and aspirations. (Section 6.4.1. para 202)
Are there particular challenges when service use may be of a temporary nature?
New developments in Housing Support

- New duty on LA’s to assess the housing support needs of unintentionally homeless applicants, or those threatened with homelessness, and who are in priority need. (Housing (Scotland) Act 2010 section 158)

- The LA “needs to ensure that housing support services are provided to those assessed as being in need” and to assess whether “any other person residing with the applicant” needs prescribed housing support services”.

- Scottish Government is currently consulting on the need for Regulations and on the form that these should take
  - Shelter Scotland – recent study on likely implications of the duty
Capacity to Innovate through Personalisation/ SDS

- Housing support & Homelessness services have started to engage with personalisation/ SDS.
- In England the Dept of Communities & Local Government funded 4 Personalisation Pilots
  - e.g. in City of London in 2010
- Some homelessness providers have worked to develop more personalised homelessness services
  - Look Ahead Housing & Care; Tower Hamlets, London 2010
- Evaluated at an early stage. (Hough & Rice, 2010)
Evaluation of the City of London pilot

- A Pilot project in City of London tested how personalisation might benefit Rough Sleepers in the context of policy to end rough sleeping by 2012.

- The model that was adopted:
  - Did not use a structured formal assessment and Resource Allocation System (RAS).
  - Consulted potential personal budget recipients about what they needed to access and set up a home.
  - Required participants to work with a broker to help them negotiate and access help.
  - Only allowed personal budgets to be spent on things which would help them move in and stay in accommodation.
Processes & Outcomes

- New resources were used for I.B’s
  - up to £3,000 per individual
- Some positive outcomes identified:
  - 15 were offered an IB and 13 took this up.
  - 11 moved into accommodation
  - All linked with a Personalised Budget Coordinator (former outreach worker) and a Broker
  - Participants generally engaged with support and most had sustained accommodation using agreed help/support at end of evaluation
Implications of personalisation / SDS for Housing Support

● A Multi-pronged approach
  ● Commissioning strategies and inspections may increasingly check how far existing services are personalised in their approach
  ● Providers could usefully look afresh at their systems and processes. E.g. How far do assessment & support planning empower people by focusing on assets, not deficits? How far do they involve co-production?
  ● Homelessness services - Homeless Link Guidance offers helpful tools and information. It suggests personalisation can help address complex needs better by starting from the person’s views and situation
  ● Wider needs - There is a range of more general guidance on SDS
  ● SDS assessment - Where SDS is already in process, Self-assessment/evaluation systems should address/identify housing support needs
  ● SDS monitoring – Should clarify the extent to which there is a Housing Support element in support packages
Opportunity to Innovate

- Personalisation is ongoing – we are at an early stage but there is a gathering momentum of change
- SDS requires and encourages innovation - options to explore may include:
  - shared service models e.g. HACT; social networks; joint activities
  - restructuring and small-scale additions to people’s options for support to meet their wants and needs
- It is important to monitor and reflect on SDS.
Some references

More references

- Rosengard A and Jackson AA (2012) Supporting homeless people - *Exploring the Implications of the new duty to assess the Housing Support needs of Homeless People and to provide Housing Support.* Summary of Report to Shelter Scotland (Forthcoming)
- [http://www.scottish.parliament.uk/S4_Bills/SocialCare(SelfdirectedSupport)(Scotland)Bill/Bill_as_introduced.pdf](http://www.scottish.parliament.uk/S4_Bills/SocialCare(SelfdirectedSupport)(Scotland)Bill/Bill_as_introduced.pdf) - Social Care (Self-directed support) (Scotland Bill