

Frequently Asked Questions about Individual Budgets (Self-Directed Support)



The questions are related to the following themes :

1. Self-directed support
2. Money
3. Risk
4. Families
5. Support
6. Support brokers
7. Individual services
8. Challenges for Local Authorities

1. SELF-DIRECTED SUPPORT

Q : Isn't this just Person-Centred Planning by another name?

A : No. The model certainly incorporates Person-Centred Planning (PCP) into the process. But, it is evident that if a person has a plan, but they don't have control of their funding and support, and if social care is commissioned and provided as it is now, then that person is unlikely to really be in control of their life.

Q : Isn't this just Direct Payments by another name?

A : No. Direct Payments are one important option for making funding individual. This model of Individual Budgets (or self directed support) includes Direct Payments, but it goes much further.

We hope that we can develop a system that will work for everyone. Everyone should be able to get self-directed support, even if they don't want to manage a Direct Payment. There are other forms of individual funding available including Indirect Payments, funding held by trusts, and Individual Service Funds. Even people who want their support purchased by their care manager should be receiving support that has been designed to fit them and their life – this is self-directed support.

Q : What's the difference between Individual Budgets and Direct Payments?

A : The In Control (see www.in-control.org.uk) model is quite clear in placing Direct Payments as one of a number of payment methods within the overall system.

The resource allocation system – the heart of Self-Directed Support – is obviously independent of Direct Payments. Nonetheless, the question continues to be asked

In some places (West Sussex, for example), local initiative in getting the best out of Direct Payments has expanded their responsiveness to individuals. In other places, it's more difficult to see how they can be confused.

So what's the difference?

- Direct Payments are an important mechanism for people controlling their support money. But they aren't the only one – Indirect Payment, Trust, Individual Service

Fund (and the Care Manager holding the money for a few) – are the others. DPs don't suit everyone.

- However, Direct Payments remain a very strong tool in the hands of people with disabilities, and, though we rightly emphasise the other payment options, being seen as the person with the cash grants status.
- The model we are piloting offers a whole system – with policies and procedures for resource allocation, support planning, supported decision making etc.
- Direct Payments currently operate outside of a system of Self-Directed Support – they are not dependent on there being a resource allocation system like the model within Individual Budgets.
- So Direct Payments in themselves, don't offer any transparency or equity in the allocation of funds to individuals – they generally come at the end of the care planning process, one in which the individual may have little presence. In some places at least the care management process may allocate money unfairly, unequally, or quirkily. Certainly, the rules and assumptions about the status of the individual are very different and far from the principle of entitlement to a share of the community purse as with the Individual Budget concept.
- However, Direct Payments, viewed from the perspective of someone about to get one, are completely in tune with a resource allocation system – that person just wants to know how much they are going to get.
- Direct Payments within the model of Individual Budgets can be so much more powerful, because they are a payment method for an amount which has been known since the first stage – assessment and resource allocation.
- Most Direct Payments are used to buy support from Personal Assistants. Though this can be valuable, we emphasise that natural and informal supports are critical in a support mix which enables people to play a full role as equal citizens.

2. MONEY

Q : Where's the money going to come from to pay for Self-Directed Support?

A : There is no new money for Self-Directed Support. If Self-Directed Support could only happen when large amounts of new funding become available, it is unlikely that it would happen at all. So, the money will come from that which social services are already spending on social care. However, this approach should also help people identify and use other sources of funding (e.g. the Independent Living Fund, Benefits, Employment, Community Services, Health, Education and grants).

Q : But what if the money's not there?

A : We maintain that, overall, it is possible for people to direct their own support without new monies being found. Experience in Scotland, the US and elsewhere show that, for the amounts of money people would have got anyway, they can create supports which suit them better.

Q : Is this really just a way to do things on the cheap?

A : Self-Directed Support isn't cheaper, but it can be more creative and make better use of the money available, so that someone gets more for their money.

Q : How accountable will individuals be for the use of the money?

A : You will be accountable. The Support Plan and the Individual Contract together say what you agree to do with the money – they form a contract. Any big changes must be agreed with the local authority.

Q : We know about Direct Payments. But are there other ways that someone can have control of their money?

A : Yes – someone that a person trusts can look after the money for you. Or a Trust can be set up – a group of people who have a set of rules for looking after the money. Or an organisation you trust can keep a persons money in a special account just for them give them support that is just for them.

In all of these, you should have the real control (with help, if you need it).

Q : What if someone can't open a bank account for their funding?

A : Under the Disability Discrimination Act it is illegal for banks to refuse to open an account for someone because they have a disability. However, someone must be able to understand what the account is for. If they can't, someone else – a representative or a trust – can open the account or they can have a joint account.

Q : Will it affect benefits?

A : Receiving money for support does not affect benefits.

Q : If someone works, how does this affect their funding for Self-Directed Support?

A : The money you get for support is the same if you are working or not working.

Q : If there are extra costs in the transition process, will there be extra funding?

A : Someone might need more funding at the beginning and the Council will take this into account when saying how much money someone can have.

3. RISK

Q : How can we make sure the person understands what's involved in Self-Directed Support and that decisions are made which are the person's?

A : There will be new policies established as part of this pilot for example a policy on Supported Decision Making has already been written which sets out how to make sure of this.

Q : How can we be sure that someone is consenting to participate?

A : There are guidelines for example in the Policy on Supported Decision Making. A Supported Decision Making Agreement should be made between the person, any representative and the Council based on the principles in the Policy.

Q :Aren't individual services open to abuse?

A: Disabled people may be at extra risk of abuse. But, there is no reason to think that Self-Directed Support is less safe than living in hostels, group homes or other services. Self-Directed Support should be organised to minimise the risk of abuse by:

- Putting the person in control of their life
- Making sure people who love the person are enabled to stay in touch
- Designing an agreed system of support and safeguards that fit that person's preferred lifestyle

Being known to many people in a local community can be the best safeguard for vulnerable people.

A Health and Safety Policy has been developed which answers many questions about risk of abuse.

Q : Might families abuse the finances – or the person? For example, what happens when families absorb the person's benefits into the family income and won't release it for the persons own use?

A : A Supported Decision Making Agreement will say if the person has a representative and who that is. The Policy on Supported Decision Making sets out clear principles about who should represent someone and how they should be represented. The approach recommended in these documents should prevent such cases of abuse, but the actions of the representative must be monitored.

The local authority must ensure that the Agreement and the person's circumstances are regularly reviewed. Ideally, the person will have a Circle of Support or an advocate.

From experience to date, there is little evidence that families representing someone in directing their support will abuse their position. Indeed, in most cases, family members show great integrity and care.

4. FAMILIES

Q : What happens if someone's family won't support them in their wishes and plans?

A : The person who wants to be in control is the most important person. If the family won't help, then the Council can arrange for that person to get other help – we are wanting to develop independent support brokers as a part of this pilot.

Q : How does this all fit in with the carer's assessment?

A : A Carers' impact assessment is part of the assessment to determine eligibility and level of funding that someone will get.

Q : It seems as though family support may be taken for granted. That doesn't seem right.

A : Self Directed Support is an attempt to change the system as it exists. Family support isn't paid for in the current system of care. If we said that we should count in family support 100% - effectively pay for all of it – it would, as a national system (or even at a local authority level), break the bank and mean that the move to Self-Directed Support would never get support from local authorities.

Q : What if a family isn't capable of playing a leading role?

A : It will, of course, be good if all agree that a family member can represent someone and hold a bank account - if that's what they want and need. But there are other ways that people can get this support – through support brokers or circles of support, for example. For a small number of people the Care Manager may still be the best person to take the lead.

When it comes to managing the funds, there are a number of other ways of dealing with this – a Trust can be set up, a trusted organisation can hold an Individual Service Fund, or the Care Manager can hold the funds.

Q : What about on-going support in training for families?

A : Local authorities will need to be creative in fostering supports for families through, for example, mentoring arrangements or mutual support networks. Families may also be able to benefit from training which Social Services is organising anyway.

Q : What will happen if the family can't play a lead role anymore?

A : The local authority will need to provide someone who can play this role or provide support which will enable the family to continue.

Q : We haven't got the admin back-up to do it.

A : There shouldn't be too much admin to manage the support. Where services like payroll and legal advice are needed, the costs of these can be written into the Support Plan.

5. SUPPORT

Q : If it all goes wrong, what happens? Where does the person go? Will they keep the benefits money?

A : There is no guarantee that any kind of support will work for someone. This is no different with Self-Directed Support. But, there is a lot of flexibility with Self-Directed Support, so you can make big changes. If having this kind of control really doesn't suit someone, they can use the ordinary council arrangements of care planning and commissioning.

Q : What will happen to people remaining in grouped services?

A : If people want to leave existing grouped services then this will create a real challenge for Councils. Local authorities will need to put in place plans to help this shift towards individual funding.

In recent years the trend has all been in this direction and it seems likely that people will continue to choose more individual forms of support as they get the chance to do Person Centred Plans. However if people want to pool their individual funding to purchase support together then this is fine too – as long as it is based on what people really want to do with their funding.

Q : What happens if I change my mind?

A : You can always go back to having the Council organise your support for you.

Q : What happens if I want to live with someone who lives in a different council area?

A : This is hard to answer – it depends on where the other person lives. Different councils say different things. Councils are waiting for the Department of Health to tell them what should happen. However, if that is what you want to do, your Council will talk to the other Council and see what they have to say.

6. SUPPORT BROKERS

Q : Where is support brokerage on the national agenda?

A : The Government's Green Paper on Adult Social Care explores various roles which could help people to plan and organise their support. A number of possible terms are floated – 'care navigator', 'care manager' etc. We strongly believe that 'support broker' is the best term at the moment to capture the role.

Q : What is support brokerage?

- A broker can't be someone who commissions or provides services
- Someone might work for a provider agency and be a broker so long as the brokerage function is somehow put at arm's length from the provider's other interests – there will be some national events for providers to encourage providers to consider how to do this.
- Not everyone needs a broker – some will plan and implement the plan themselves. Others will need help. But this shouldn't automatically be provided by professional brokers – family, friends, or a circle of support can provide this support, too.
- 'Isn't it just good care management?' is often asked. Care managers can't be brokers as such. But, in a menu of options for people getting support to plan and implement their support plan, care managers might still, for some people, be the best placed to help

- ‘Support broker’ is the best title we’ve come up with after much consultation. The Green Paper’s ‘care navigator’ or even ‘community matrons providing care management’ are titles which, in themselves, carry meaning and will determine, I think, an unhelpful direction in the development of support.
- Brokers must add value. Not everyone needs one, and the usefulness of brokers will be decided in the marketplace in which people controlling their own support budgets are the customers. If local or national systems are created in which everyone has to have a broker, much public money which could be given to people for their support, will be wasted.
- There is no single way to do brokerage, and we know relatively little about it. So, authorities should exercise caution when thinking of setting up a brokerage project – a project will offer something to some individuals but not others. Flexibility and responsiveness to the requirements of individuals should be the watchwords. In practice, we need to be careful of putting all our eggs in one basket. Instead, we will be thinking of a variety of arrangements – perhaps some independent brokers alongside any agencies set up for the purpose, and brokers who specialize in e.g. housing.
- There is an increasing body of knowledge through the In Control pilots (especially Essex) and this is being disseminated through the brokerage network facilitated by Alison Short at In Control.

Q : How can we be sure that service brokerage will genuinely serve the person’s interests?

A : The best way is to see if the person gets support which is individual to them and which is better than that they would have got through the ordinary care planning and commissioning method.

Q : How can I get support brokerage?

A : Support brokers are people who help to plan and organise support. There aren’t many support brokers in England yet. But a number of councils are starting to build up support brokerage arrangements.

7. INDIVIDUAL SERVICES

Q : Doesn’t this mean we’ll have to close all the day centres?

A : If people can choose the life they want and do not choose day centres, this may, indeed, mean that day services will have to change radically. But this is required by Valuing People anyway. All local authorities will have strategies to manage this change.

One of the principles of Self-directed support is that people get the same kind of consumer power that anyone has when choosing where to spend their money. This inevitably means that those providing services must pay attention to what people are willing to buy.

Q : Aren't individual services socially isolating?

A : There is no reason that this should be the case. Directing your own support means that you can get closer to a life that is right for you. Usually this will mean wider not narrower networks.

Q` : How can organisations respond? What will they do if Self-Directed Support is really how all social care is organised?

A : Organisations need to look at how they can change what they do to suit a more 'customer-driven market'. What will people need? For a start they will need support brokers, help with payroll, legal advice, and help to recruit workers who are individual to the person, support to get involved in communities.

Q : Aren't individual services too expensive?

A : There are lots of precedents which show how people can have individual support at no extra cost. People can, with the help they need, usually get greater value from the money that would have been spent on traditional services.

Q : What's the difference between Self-Directed Support and Supported Living?

A : There are some things which are the same about both – in supported living and Self-Directed Support you should have control over who supports you. You should have control over the important decisions about your life.

But supported living is about living in your own place with the support you need.

Self-Directed Support is having control over the money for your support. And it's about having control of your support.

In supported living you will always have your own place to live. But you may not have control of the money for support – the Council might still buy in the support.

In Self-Directed Support, you could be living at home with your family.

8. CHALLENGES FOR THE LOCAL AUTHORITY

Q : If we do this, will families constantly challenge our assessment?

A : The Resource Allocation System is designed make entitlements to funding clear and open.

Q : How do we monitor/safeguard? How will we know people are safe?

A : There will be an Individual contract and Support Plan and Care Managers will need to review how well the Plan is working – how much the person is being supported to reach their objectives set out in the plan.

The close involvement of family, friends, local people, circles of support or support brokers will also be important in ensuring that someone is safe day-to-day.

Q : Will there be enough care managers to do the assessments?

A : Yes because the assessment for funding is not complicated and won't usually take long.

Q : What will happen to care managers? Will they have a role?

A : Care managers are usually overstretched and often don't have the time to spend on the important detail in individual cases. Self-Directed Support should allow care managers to spend time on the people who have the most complex support needs. They will also have an important role in ensuring good resource allocation, checking that people produce good plans, monitoring and reviewing.

Q : How does the Resource Allocation System work?

A : Councils start by examining how they spend their money at the moment. People with particular needs tend to get certain levels of funding spent on them. These levels are used to make a resource allocation system. Care Managers look at the circumstances and needs of a person and decide quickly what level of funding the person is entitled to. The person can then go off and plan knowing how much money they have. If, when they've produced a costed plan, it becomes clear that they need a different level of funding, they can discuss this with the social worker.

Q : Will we have a legal challenge because it's inequitable?

A : The allocation of funding isn't inequitable. This model is simply a way of telling people openly about what they are entitled to - and the Resource Allocation levels are based on what people get anyway.

The model is not challenging the Fair Access to Care guidelines, and there is no basis for a legal challenge.

Q : Care Managers have to meet performance standards. Could family involvement compromise these standards?

A : There's no reason to think family involvement would produce outcomes which are not as good as those achieved at present. The achievement of outcomes set out in the Support Plan will be clear evidence of good 'performance'. The pilot sites will be receiving assistance from the Care Services Improvement Partnership to help with these discussions with Government departments .

Q : We can't change all our policies to allow this to happen.

A : The pilot sites will be working through policy issues which arise from using Self-Directed Support. So far, all indications are that it is perfectly possible to bring local policies into line with the policy framework proposed.

Q : What level of compromise is acceptable in making the finances of a support package/RAS work?

A : The Resource Allocation System in each local authority will follow current patterns of spending. This means that the levels allocated through the RAS will fit the

circumstances of most people. However, when the support planning process reveals that the level allocated really doesn't fit the person's circumstances, it is possible to review the allocation.

Q : Can we do it en masse?-Will we be expected too individualise all funding for social care? Will it get support at a national policy level?

A : At the moment we must remember that this is a pilot whereby we are asked to help 130 people receive an individual budget by December 2007. We will be learning lessons along the way. However, there is every expectation that this will work and, as local authorities develop this new way of working, it will become increasingly easy to offer Self-Directed Support.

At a national level there is considerable interest and support. The Valuing People Support Team supports this programme. There is a national Steering Group which is tackling overarching policy issues. The Care Services Minister, Liam Byrne has a keen interest in Self-Directed Support and is watching the progress. The Number 10 Strategy Unit is also in dialogue with In Control.

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