

Centre for Policy on Ageing
Information Service

Selected Readings

**The Personalisation Agenda,
Direct Payments and
Individual Budgets**

May 2021

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2020

Caring relationships and their role in users' choices: a study of users of Direct Payments in England; by Ricardo Rodrigues.: Cambridge University Press, July 2020, pp 1469-1489.

Ageing and Society, vol 40, no 7, July 2020, pp 1469-1489.

User choice in care for older people has assumed that care is like any other commodity; which is in contrast with the concept of care defined by the feminist and ethics of care literature, which includes a relational component beyond care tasks - caring relationships. This study aims to understand how caring relationships impact the decisions of older users of care and their perceived satisfaction. Semi-structured qualitative interviews were conducted with 24 Direct Payments (DPs) older users, including proxies, in three Local Authorities in the Greater London area. Users fell into three groups according to their use of DPs: those purchasing care from agencies, those employing acquaintances as Personal Assistants (PAs) and those employing strangers as PAs. Decisions on and perceived satisfaction with care were both influenced by caring relationships. All users recognised that caring relationships can have instrumental value in improving care delivery or allowing greater leeway in negotiating tasks. Many users placed intrinsic value on continuity of care and the development of close caring relationships and clearly favoured employing PAs. The latter involved higher levels of uncertainty, emotional investment and reciprocal gift exchanges. Agencies were often chosen due to users' preference for more detached caring relationships. The findings confirm that caring relationships involving reciprocal emotional investment are an important outcome of care, with salient implications for user behaviour.

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

2019

The dynamics of co-production in the context of social care personalisation: testing theory and practice in a Scottish context; by Sarah Sophie Flemig, Stephen Osborne.: Cambridge University Press, October 2019, pp 671-697.

Journal of Social Policy, vol 48, no 4, October 2019, pp 671-697.

Increasing pressures on social systems have spurred innovations in service delivery models. One such innovation is an increased focus on co-production-based models of care, which focus on increased personal autonomy and service-user self-determination. However, there is little empirical evidence on how co-production interacts with other social policies, such as personalisation. This paper uses data from two qualitative case studies to explore the role of co-production for personalisation in the context of recent Scottish policy initiatives. This study uses Osborne et al's ('Co-production and the co-creation of value in public services: a suitable case for treatment?' Public Management Review, vol 18, 2016, pp 639-653) co-production matrix, to understand what forms of co-production are used in personalisation, what factors act as drivers and barriers, how co-production relates to outcomes, and how co-production theory can inform social policy and legislative reform on personalisation. (RH)

ISSN: 00472794

From : <http://www.cambridge.org/JSP>

Evaluating direct payments in residential care: the perspective of care home providers; by Daniel Lombard, Raphael Wittenberg, Stefanie Ettelt (et al): Policy Press, August 2019, pp 393-411.

International Journal of Care and Caring, vol 3, no 3, August 2019, pp 393-411.

This article reports findings from the evaluation of the Direct Payments in Residential Care Trailblazers in England (2014-16). It focuses on the perspective of residential care providers on implementing direct payments, which aimed to improve the level of choice and control over care available to their residents. The article explores the views of providers, using interviews and survey responses of care home managers and owners. Concerns expressed by providers include issues that have arisen in domiciliary care but also issues specific to residential care, especially challenges in facilitating greater choice and control in settings that provide care collectively for substantial numbers of residents. (RH)

ISSN: 23978821

From : <http://www.policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring>

Housing implications of individual budget home care models for older renters: an Australian case study; by Victoria Cornell.: Taylor and Francis, January-March 2019, pp 16-30.

Journal of Housing for the Elderly, vol 33, no 1, January-March 2019, pp 16-30.

Policies and programmes relating to successful ageing in place are premised on the fact that older people's housing is stable and suitable. Home-based aged care delivery models such as individual budgets (IBs) aim to deliver increased service flexibility, choice and control for consumers. Little attention has been paid to the

consequences of such models for older renters, who often have less stable housing tenure and restricted rights to modify their accommodation. This article reports on a project in Australia that explored the delivery and receipt of individual budget style models of home-based aged care services to older renters in South Australia, New South Wales and Victoria. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

Improving outcomes for people with long-term care needs through personalisation; by Lorraine Frisina Doetter, Francesco Barbabella, Montserrat Guillen (et al.): European Observatory on Health Systems and Policies, 2019, pp 6-9.

Eurohealth, vol 25, no 4, 2019, pp 6-9.

Population ageing and an associated increase in chronic conditions such as dementia have seen demand for long-term care (LTC) rise, with this trend expected to continue. At the same time, the supply of informal carers is expected to decline, leading to greater reliance on formal provision of LTC. These challenges have prompted strong interest from policymakers in implementing innovative solutions to increase LTC sustainability. One such innovation is delivery of personalisation approaches such as personal budgets, direct cash payments and vouchers. This article explores evidence on the effectiveness of personalisation, and provides examples of good practice from Europe. (RH)

ISSN: 13561030

From : <http://www.euro.who.int/en/about-us/observatory/publications/eurohealth>

Personalisation, customisation and bricolage: how people with dementia and their families make assistive technology work for them; by Grant Gibson, Claire Dickinson, Katie Brittain, Louise Robinson.: Cambridge University Press, November 2019, pp 2502-2519.

Ageing and Society, vol 39, no 11, November 2019, pp 2502-2519.

Assistive technologies (ATs) are being 'mainstreamed' within dementia care, where they are promoted as enabling people with dementia to age in place alongside delivering greater efficiencies in care. AT provision focuses on standardised solutions, with little known about how ATs are used by people with dementia and their carers within everyday practice. This paper explores how people with dementia and carers use technologies in order to manage care. Findings are reported from qualitative semi-structured interviews with 13 people with dementia and 26 family carers in North-East England. Readily available household technologies were used in conjunction with and instead of AT to address diverse needs, replicating AT functions when doing so. Successful technology use was characterised by 'bricolage' or the non-conventional use of tools or methods to address local needs. Carers drove AT use by engaging creatively with both assistive and everyday technologies, however, carers were not routinely supported in their creative engagements with technology by statutory health or social care services, making bricolage a potentially frustrating and wasteful process. Bricolage provides a useful framework to understand how technologies are used in the everyday practice of dementia care, and how technology use can be supported within care. Rather than implementing standardised AT solutions, AT services and AT design in future should focus on how technologies can support more personalised, adaptive forms of care.

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

Social care managers and care workers' understandings of personalisation in older people's services; by Martin Stevens, Jo Moriarty, Jess Harris (et al.): Emerald, 2019, pp 37-45.

Working with Older People, vol 23, no 1, 2019, pp 37-45.

This paper explores the impact of personalisation policy on the providers of social care services in England, mainly to older people, in the context of austerity and different conceptions of personalisation. The paper draws on part of a longitudinal study of the care workforce, which involved 188 interviews with managers and staff, undertaken in two rounds. Four themes were identified: changing understandings and awareness of personalisation; adapting services to fit new requirements; differences in contracting; and the impact on business viability. The paper reflects a second look at the data focusing on a particular theme, which was not the focus of the research study. Furthermore, the data were gathered from self-selecting participants working in services in four contrasting areas, rather than a representative sample. The research raises questions about the impact of a commercial model of "personalised care", involving personal budgets (PBs) and spot contracts, on the stability of social care markets. Without a pluralistic, well-funded and vibrant social care market, it is hard to increase the consumer choice of services from a range of possible providers, and therefore fulfil the government's purposes for personalisation, particularly in a context of falling revenues from local authorities. The research presents an analysis of interviews with care providers and care workers mainly working with older people. Their views on

personalisation have not often been considered, in contrast to the sizeable literature on PBs recipients and social workers. (RH)

ISSN: 13663666

From : <http://www.emeraldinsight.com/loi/wwop>

2018

Experiences of older people following the introduction of consumer-directed care to home care packages: a qualitative descriptive study; by Jenny Day, Ann C Thorington Taylor, Sharyn Hunter, Peter Summons.: Wiley, December 2018, pp 275-282.

Australasian Journal on Ageing, vol 37, no 4, December 2018, pp 275-282.

The objective of this study was to explore the experiences of older people receiving home care package (HCP) support following the introduction of consumer-directed care (CDC) by the Australian government in July 2015. 31 older people with existing HCP support from two service providers in regional New South Wales, Australia, participated in a face-to-face interview and/or a qualitative survey. Analysis revealed the theme of choices: preferences, constraints, balancing and choosing. Participants described choosing to live at home with HCP support; however they were constrained by poor communication and information about service changes and options, personal budgets and access to future care. HCP services remained largely unchanged during transition to CDC. Many aspects of the initial implementation of CDC were challenging for older people. Clear, relevant and timely communication and information about CDC and its consequences for consumers appear to be needed to enhance CDC. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

Explaining low uptake of direct payments in residential care: findings from the evaluation of the direct payments in residential care trailblazers; by Stefanie Ettelt, Lorraine Williams, Margaret Perkins (et al).: Cambridge University Press, July 2018, pp 505-522.

Journal of Social Policy, vol 47, no 3, July 2018, pp 505-522.

In 2012, the Government invited local councils in England to participate in a pilot programme to test direct payments in residential care. While the programme was set up to allow for comprehensive summative evaluation, the uptake of direct payments in residential care was substantially lower than anticipated, with only 40 people in receipt of one at the end of the programme. Drawing on qualitative data collected for the evaluation, this paper aims to understand better the barriers to implementing direct payments in residential care. Evidence from the use of direct payments in domiciliary care identified gatekeeping by council frontline staff as a major barrier for service users to access direct payments. The findings suggest that, whilst selectivity of both service users and providers was an integral part of the programme design, gatekeeping does not fully explain the poor take-up. Other factors played a part, such as lack of clarity about the benefits of direct payments for care home residents, the limited range and scope of choice of services for residents, and concerns from care providers about the financial impact of direct payments on their financial sustainability. (RH)

ISSN: 00472794

From : <http://www.cambridge.org/JSP>

2017

Do direct payments improve outcomes for older people who receive social care?: Differences in outcome between people aged 75+ who have a managed personal budget or a direct payment; by John Woolham, Guy Daly, Tim Sparks (et al).: Cambridge University Press, May 2017, pp 961-984.

Ageing and Society, vol 37, no 5, May 2017, pp 961-984.

Direct payments - cash for people eligible for adult social care and spent by them on care and support - are claimed to enable care to better reflect user preferences and goals which improve outcomes. This paper compares outcomes of older direct payment users and those receiving care via a managed personal budget (where the budget is spent on the recipients behalf by a third party). The study adopted a retrospective, comparative design using a postal questionnaire in three English councils with adult social care responsibilities in 2012-13. Included in the study were 1,341 budget users aged 75+, living in ordinary community settings. The overall response rate was 27.1 per cent (339 respondents). Three validated scales measured outcomes: EQ-5D-3L (health status), the Sheldon-Cohen Perceived Stress Scale, and the Adult Social Care Outcomes Toolkit (social care-related quality of life). The study found that direct payment users appreciated the control conferred by budget ownership, but in practice, for many it did not 'translate' into improved living arrangements. It also found no statistically significant difference in outcomes between direct payment and managed personal budget users. The paper argues that despite policy and other guidance and research evidence about effective

implementation of direct payments for older people, the absence of evidence for better outcomes may at least in part be attributable to values underpinning policies relating to personalisation and personal budgets. (RH)

ISSN: 0144686X

From : cambridge.org/aso

The impact of personalisation on people from Chinese backgrounds: qualitative accounts of social care experience; by Fiona Irvine ... (et al.): Wiley, May 2017, pp 878-887.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 878-887.

The purpose of this study was to provide an opportunity to hear the voices of people from Chinese backgrounds and their experiences of personalisation, with a particular focus on personal budgets. The study used individual semi-structured interviews and focus groups to collect data from physically disabled people from Chinese backgrounds who lived in England, were aged between 18 and 70, and received social care. Data were analysed using an iterative and thematic approach, with early analysis informing the subsequent analytical rounds. The findings revealed that personalisation has the potential to transform the lives of people from Chinese backgrounds, especially when tailored support is available for people to understand and access personal budgets and put them to creative use. However the impact of personalisation is barely evident because few eligible individuals access personal budgets or participate in co-production. This is related to a lack of encouragement for service users to become genuine partners in understanding, designing, commissioning and accessing a diverse range of social care services to meet their cultural and social care needs. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

Will direct payments make adult residential care more personalized?: Views and experiences of social care staff in the direct payments in residential care trailblazers; by Lorraine Williams, Stefanie Ettelt, Margaret Perkins (et al.): Wiley, December 2017, pp 1060-1078.

Social Policy and Administration, vol 51, no 7, December 2017, pp 1060-1078.

Direct payments, i.e. cash payments made directly to the individual in lieu of social care services, have become an established option in council-funded domiciliary care as a means to better personalise care and support. As part of its agenda to modernise social care, the Government tested their use in long-term residential care with 18 trailblazing councils in England. This article presents findings from the independent evaluation of this initiative. Interviews were conducted between September 2014 and November 2015 with project leads seconded to the programme in all participating councils, and with council and care home staff involved in implementing direct payments in residential care in five of the areas. The interviews explored professionals' views and experiences of personalisation in residential care, and their thoughts on the potential contribution of direct payments in promoting personalisation. Whilst there was agreement that good care takes personal preferences into account and that many care homes could provide a more personalized service, doubts were voiced about whether direct payments were an appropriate mechanism to achieve this aim. This was seen as particularly pertinent in relation to residents with very high care needs and limited capacity to exercise choice and control. Interviewees also identified a number of risks and challenges to implementation, including financial risks to care homes. The findings from these interviews suggest that the contribution of direct payments to personalising residential care may be more modest than expected. (RH)

ISSN: 01445596

From : <http://www.wileyonlinelibrary.com/journal/spol>

2016

Being self in later life: maintaining continuity in the face of change; by Gareth O'Rourke.: Emerald, 2016, pp 141-150.

Quality in Ageing and Older Adults, vol 17, no 2, 2016, pp 141-150.

This paper aims to build on existing knowledge of personalisation through an improved understanding of how the use of personalised social care services can support older people's sense of self. It contains perspectives that are helpful to the development of personalisation policy and practice, and to the future commissioning of social care services. The research involved a qualitative study with eight participants in two local authority areas in England. A series of three in-depth interviews conducted with each participant over a four to six week period explored their experience of using (in one case refusing) a direct payment to meet their social care needs. Ethical approval was obtained prior to the start of fieldwork via the research ethics committee of the author's home university. Two inter-related themes emerge from the findings. First, that the locus of personalisation resides within the interpersonal dynamics of helping relationships; participants experienced personalisation when carers helped to meet needs in ways that validated their narrative of self. Second, whilst the experience of personalisation is not strongly related to consumer choice, it is important that older people are able to exercise

control over and within helping relationships. This is a small-scale qualitative study conducted with only eight participants. Whilst it offers valid insights into what constitutes personalisation and the processes by which it was achieved for the participants, caution is required in applying the findings more generally. With the exception of one case, the study is focused exclusively on first person accounts of older people. Future studies might usefully be designed to incorporate the accounts of other involved parties such as family members and paid carers. The paper provides an alternative way of approaching personalisation of social care services for older people, by exploring it in terms of its impact on self. It identifies the development of accommodations of "special requirements of Self" in helping relationships as a key mechanism of personalisation. This offers a balance to the current focus on consumer choice and control through the development of market like mechanisms. (RH)

ISSN: 14717794

From : www.emeraldgroupublishing.com/qaqa.htm

Older people, personalisation and self: an alternative to the consumerist paradigm in social care; by Gareth O'Rourke.: Cambridge University Press, May 2016, pp 1008-1030.

Ageing and Society, vol 36, no 5, May 2016, pp 1008-1030.

Personalisation of social care for adults is a key policy objective in the United Kingdom (UK), as in many other welfare states, having gained wide acceptance as essential for the empowerment of service users and as a means of managing increasing population demand. The system of personal budgets being established in the UK pursues twin objectives: aiming to 'empower' individuals to achieve 'more for less'. However, there is mixed evidence that either objective is being achieved in practice. This is especially so in respect of older people who are less likely to accept a personal budget and more likely to be dissatisfied with their experience of using one. A qualitative study of eight cases in two local authority areas in England explored older people's experience of using a personal budget taken in the form of a direct payment. Data were elicited through a series of three in-depth interviews with each participant. The study was concerned with understanding the relationship between participants' experience of 'Self' and personalised services. Participants experienced personalisation when paid carers perceived and accommodated their 'special requirements of Self'. In most cases, this was achieved despite the consumerist aspects of personalisation rather than because of them, and often gave rise to risk and dilemma. The findings emphasise the importance of holistic assessment, and commissioning for quality over maximising choice. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

2015

Carers' roles in personal budgets: tensions and dilemmas in front line practice; by Wendy Mitchell, Jenni Brooks, Caroline Glendinning.: Oxford University Press, July 2015, pp 1433-1450.

British Journal of Social Work, vol 45, no 5, July 2015, pp 1433-1450.

Adult social care in England emphasises the service and support preferences of disabled and older people. Personal budgets (PBs) play a central role in this development. Carers in England have also secured rights to assessment and support in their care-giving roles. However, these policies have developed largely separately, with little consideration of the interdependencies between disabled and older people and their carers. There is limited evidence detailing current practice. This paper explores current practice, particularly how far social care practitioners recognise and balance the needs and interests of service users and carers, especially those with cognitive and/or communication impairments. The paper reports findings from nine qualitative focus groups (47 participants) conducted in 2012 with practitioners involved in service user personalisation and carer assessments from older people and learning disability teams across three English authorities. Findings indicate inconsistencies in practice. Although practitioners felt they sought to involve carers, practices varied between authorities, teams and colleagues in the same team. Clear and timely links between processes for service users and carers were absent. Practice was discussed most frequently around service user assessments; other stages of personalisation appeared ad hoc. Areas of confusion and tension are identified. Future policy and practice developments and challenges are also considered. (RH)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

Use of quality information in decision-making about health and social care services: a systematic review; by Agnes Turnpenney, Julie Beadle-Brown.: Wiley Blackwell, July 2015, pp 349-361.

Health and Social Care in the Community, vol 23, no 4, July 2015, pp 349-361.

User choice and personalisation have been at the centre of health and social care policies in many countries. Exercising choice can be especially challenging for people with long-term conditions (LTC) or disabilities.

Information about the quality, cost and availability of services is central to user choice. This study used systematic review methods to synthesise evidence in three main areas: (i) how people with LTC or disabilities and their family carers find and access information about the quality of services; (ii) how quality information is used in decision-making; and (iii) what type of quality information is most useful. Quality information was defined broadly and could include formal quality reports (e.g. inspection reports, report cards), information about the characteristics of a service or provider (e.g. number and qualifications of staff, facilities) and informal reports about quality (e.g. personal experience). Literature searches were carried out using electronic databases in January 2012. Thirteen papers reporting findings from empirical studies published between 2001 and 2012 were included in the review; nine papers had a qualitative design. The analysis highlighted the use of multiple sources of information in decision-making about services, and in particular the importance of informal sources and extended social networks in accessing information. There is limited awareness and use of 'official' and online information sources. Service users or family carers place greater emphasis on general information and structural indicators. Clinical or quality-of-life outcomes are often difficult to interpret and apply. Trust emerged as a key issue in relation to quality information. Experiential and subjective information is highly valued and trusted. Various barriers to the effective use of quality information in making choices about services are identified. Implications for policy and future research are discussed. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

2014

Can individual budgets have an impact on carers and the caring role?; by K Jones, A Netten, P Rabiee (et al.): Cambridge University Press, January 2014, pp 157-175.

Ageing and Society, vol 34, no 1, January 2014, pp 157-175.

The introduction of cash-for-care schemes such as individual or personal budgets in England has been seen as central to the personalisation agenda for reforming the delivery of adult social care. However, despite there being 5.2 million carers in England and Wales, the initiative concentrates predominantly on the needs of the service user. The implementation of individual budgets (IBs) was piloted within 13 local authorities during 2005-2007 and the Department of Health (DH) commissioned an independent evaluation of this pilot (IBSEN). The focus was only on the service user in the evaluation. Therefore, a separate but linked study was set up to evaluate the impact and outcomes of IBs on carers. Carers of service users who had consented to take part in the main IBSEN study were identified and invited to participate in a follow-up study aimed at exploring how IBs impacted on carers and the caring role. The study found that the receipt of the budget was significantly associated with positive impacts on carers' reported quality of life and, when other factors were taken into account, with social care outcomes. These outcome gains were achieved despite no higher costs being incurred to the public purse, thus suggesting that IBs for service users are cost-effective for carers. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Early experiences in extending personal budgets in one local authority; by Caroline Norrie, Jenny Weinstein, Ray Jones (et al.): Emerald, 2014, pp 176-185.

Working with Older People, vol 18, no 4, 2014, pp 176-185.

This paper reports on the introduction of individual personal budgets (PB) for older people and people with mental health problems in one local authority (LA) in 2011. It describes a qualitative study in which structured interviews were carried out with participants belonging to each service user group (7 older people and their carers, and 7 people with mental health problems). The study aimed to explore the following issues: first, service users' experiences of the assessment process; second, whether service users wanted full control of their budgets; and third, if personal budgets make a difference to quality of life. Service users found the personal budgets system and assessment process difficult to understand and its administration complex. Older people in particular were reluctant to assume full control and responsibility for managing their own personal budget in the form of a Direct Payment. Participants in both groups reported their continued reliance on traditional home care or day care services. These findings were reported back to the LA, to help staff review the implementation of personal budgets for these two user groups. Participant numbers are low due to difficulties recruiting: several potential participants were not interviewed due to their frailty. However, studies of this type are important for constructing local knowledge about national policies such as the implementation of personal budgets in social care. (RH)

ISSN: 13663666

From : www.emeraldinsight.com/wwop.htm

Personalization: from day centres to community hubs?; by Catherine Needham.

Critical Social Policy, vol 34, no 1, 2014, pp 90-108.

The article explores the relationship between personalisation reforms of social care services in England and the redevelopment of day centres for older people and people with a disability. Recognising the ways in which personalisation reforms have been driven by a rejection of institutionalisation, it considers how intersecting story-lines delegitimise the day centre model and promote alternative shared spaces such as 'community hubs'. Using responses drawn from a small survey of day centre workers and case study interviews with social care managers, the article argues that the personalisation narrative has been much more effective in legitimising the closure of day centres than in stimulating the emergence of new collective spaces. There are a range of possible explanations for this apparent disconnect between the narrative and the practice context, including a neo-liberal agenda which uses the community hub story-line simply as cover for retrenchment of the welfare state, or an assumption that the financial context has knocked the story off track. However, a broader explanation was considered to be more plausible, acknowledging the difficulty that ambiguous narratives have in marshalling resources and 'freezing' change. (OFFPRINT). (RH)

ISSN: 1461703X

Policies of personalisation in Norway and England: on the impact of political context; by Karen Christensen, Doria Pilling.: Cambridge University Press, July 2014, pp 479-496.

Journal of Social Policy, vol 43, no 3, July 2014, pp 479-496.

Within Europe, the Norwegian and English welfare states represent two different welfare regimes. Due to common demographic challenges of an ageing population as well as grassroots pressures, particularly from disabled people, significant changes in the delivery of long-term care services for older and disabled people have taken place. This article focuses on the change towards personalisation policies encouraging greater choice and control in regard to care services. It uses the case of 'cash-for-care' (which gives people an allocation of funding to meet their needs) to discuss conditions and implications of personalisation policies within different contexts. Based on a theoretical framework exploring a democratic and a market discourse of personalisation policies, the article provides a comparative analysis of the Norwegian and English cash-for-care schemes. While a crucial common change in the public sector's role towards at-arm's-length long-term care services occurred, significant differences remain. While English residents are given greater choice and control from the beginning of the allocation of cash-for-care, they also face more insecure circumstances due to the simultaneously stimulated care provider market. The Norwegian case, however, shows a possibility of increasing choice and control without a large diversity in a care provider market. (RH)

ISSN: 00472794

From : journals.cambridge.org/JSP

2013

Carers and personalisation: what roles do carers play in personalised adult social care? What roles do carers and service users want carers to play?; by Wendy Mitchell, Jenni Brooks, Caroline Glendinning, Social Policy Research Unit - SPRU, University of York; NIHR School for Social Care Research. London: National Institute for Health Research, 2013, 4 pp (Research findings, 12).

From January 2011 until December 2012, the Social Policy Research Unit (SPRU) examined how current English adult social care practice balances the interests of service users and family carers, in assessment, planning, on-going management and reviews of personal budgets (PBs), particularly when budget-holders have cognitive or communication impairments. A survey of councils in two typical English regions examined senior local authority perspectives, everyday practice by frontline staff and experiences of service users and carers. Although managers and practitioners reported that they informed carers of their rights to separate assessments, there was otherwise little consistency, and practice. There was little evidence that separate carer assessments were routinely conducted or linked to service user assessments, personal budget levels and support plans. However, carers were routinely involved in planning how the service user's PB would be used. Wider debate is needed, within on-going resource constraints, about delivering support to service users and carers that recognise both their independent aspirations for choice and control and their interdependent relationships. Such debate should inform further development of the 2013 Care Bill and subsequent practice guidance. (RH)

From : http://sscr.nihr.ac.uk/PDF/Findings/SSCRResearchFindings_12_.pdf

How far do managed personal budgets offer choice and control for older people using home care services?; by Social Policy Research Unit - SPRU, University of York; NIHR School for Social Care Research. London: National Institute for Health Research, 2013, 4 pp (Research findings, 11).

Research commissioned by the School for Social Care Research from the Social Policy Research Unit (SPRU) at the University of York suggests that many older people may be missing out on the benefits of personal

budgets (PBs), because they have limited opportunities to shape services to their personal preferences and circumstances. Older people are often unwilling to take on responsibility for managing a cash direct payment and employing their own carers. Therefore, most older people who used to pay for council-commissioned services (most commonly home care) have their PB managed by the local council. This in-depth study of three English councils (two unitary boroughs and one shire county) with large older populations and large proportions of people using managed PBs found that the main restriction on older people's choice and control was the level of the PB, which usually covered only essential personal care needs. The study also found that councils were retaining much of the decision-making power. Some restricted the tasks that home care agencies could undertake to personal care only, while others required any changes to care plans be approved by them. Flexible options for PBs such as time banking or Individual Service Funds were not fully utilised. Time banking, where time is saved from routine visits to use later on for alternative activities, was restricted in both availability and scope. This was due to fears by some home care agencies and older people that a PB would be reduced if the council perceived there was spare capacity that could be banked. Individual Service Funds, where budgets are held by home care agencies and managed in direct negotiation with users, did not appear to be fully operational in the study councils, as budgets were all still held by councils. (RH)

From : http://sscr.nihr.ac.uk/PDF/Findings/SSCRResearchFindings_11_.pdf

Improving personal budgets for older people: a review: phase one report; by Martin Routledge, Sarah Carr.: Social Care Institute for Excellence - SCIE; Think Local Act Personal - TLAP, January 2013, 38 pp.

First stage of a report requested by ADASS (Association of Directors of Adult Social Services) in order to explore challenges, identify positive practice and make recommendations for government action. The report drew on two surveys, namely the ADASS personalisation survey (2012) and the TLAP National Personal Budgets Survey (2011) as well as a review of relevant literature. The literature review identified challenges and potential solutions largely consistent with, and building on previous research. Key issue areas identified were: understanding what independent living means for older people; making choices and decisions; information and advice; direct payments support; understanding how PBs can be spent; budget management; monitoring and review; risk management and contingency planning; time issues (for decisions and planning, delays in process); continuity and consistency. (JL)

From : Download report:

http://www.thinklocalactpersonal.org.uk/_library/PersonalBudgets/TLAPImprovingPersonal_BudgetsforOlder_PeoplePhaseOne_D4.pdf

Improving personal budgets for older people: a research overview; by Sarah Carr, Social Care Institute for Excellence - SCIE.: Social Care Institute for Excellence - SCIE, January 2013, 25 pp (Adults' services SCIE report 63).

The report is an evidence overview of key pieces of UK research undertaken between 2007 and 2012 which focused on the implementation and uptake of personal budgets and direct payments (including those with dementia) in England. Some key themes examined in the literature overview included system and culture change in older people's independent living, choice and decision making, information and advice, direct payment support services, understanding allowance and spend, budget management, monitoring and review, risk management and contingency planning, time, continuity and consistency, and data and systems for older people living with dementia. The report concludes that older people and their families can benefit from personal budgets and direct payments if they have the information, advice and support they require to empower them to use their budgets to exercise greater degrees of choice and control over their care and support. (JL)

From : Download report: <http://www.scie.org.uk/publications/reports/report63.asp>

Individualising care: the transformation of personal support in old age; by Michael D Fine.: Cambridge University Press, April 2013, pp 421-436.

Ageing and Society, vol 33, no 3, April 2013, pp 421-436.

Recent decades have seen massive changes in the way that care is understood and provided. Yet in Australia, as in Europe, North America and Asia, we are still a long way from a stable state of agreed services and provisions. This paper consider developments in long-term care that are increasingly focused around the individual. Emphasising the social theory behind this shift, it is argued that understanding the individualisation of care cannot be reduced to a simple dichotomy of good or bad. Individualised care promises much, but the concept is applied to a wide range of phenomena, often in ways that conceal rather than reveal the character of the transactions involved. For individualisation to become meaningful, it must be developed as a condition of recognition that is equally applicable to those who provide and those who depend on care. It is also important to distinguish individualised care finance arrangements from real attainments in the practice of providing care. These distinctions are necessary if we are to distinguish its use as an ideological justification for welfare cutbacks and the restructuring of care provisions as markets from the liberating potential that the approach can

present when care practices are more truly based around the recognition of the individual concerned: those who receive and depend on assistance as well as those who provide it. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Inherently risky? Personal budgets for people with dementia and the risks of financial abuse: findings from an interview-based study with adult safeguarding coordinators; by Jill Manthorpe, Kritika Samsi.: Oxford University Press, July 2013, pp 889-903.

British Journal of Social Work, vol 43, no 5, July 2013, pp 889-903.

The shift within publicly funded social care towards personal budgets (PBs) and Direct Payments may present some risks as well as advantages to people with dementia. Following earlier surveys of Adult Safeguarding Coordinators, 15 ASCs were interviewed in 2011. Thematic analysis was used to identify three main consistencies in response. Most participants saw personal budgets as potentially risky, but outlined ways in which these risks could be minimised. They felt that the principles of risk empowerment could be used by practitioners to support people with dementia, carers and care staff and enable greater protection against financial abuse. Principles of the Mental Capacity Act 2005 were seen as offering some safeguards for when an individual lacks capacity, but not when vulnerable, mildly confused and less vigilant. Alongside a need for social work practitioners to be more alert to signs and risks of financial abuse, safeguarding practitioners urged regular reviews and monitoring that flag up inconsistencies in spending patterns. If not, system neglect may add to individual cases of abuse. (RH)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

Older people's experiences of cash-for-care schemes: evidence from the English Individual Budget pilot projects; by Nicola Moran, Caroline Glendinning, Mark Wilberforce (et al).: Cambridge University Press, July 2013, pp 826-851.

Ageing and Society, vol 33, no 5, July 2013, pp 826-851.

Cash-for-care schemes offering cash payments in place of conventional social services are becoming commonplace in developed welfare states; however, there is little evidence about the impact of such schemes on older people. This paper reports on the impact and outcomes for older people of the recent English Individual Budget (IB) pilot projects (2005-07). It presents quantitative data on outcome measures from structured interviews with 263 older people who took part in a randomised controlled trial, and findings from semi-structured interviews with 40 older people in receipt of IBs and with IB project leads in each of the 13 pilot sites. Older people spent their IBs predominantly on personal care, with little resources left for social or leisure activities; they had higher levels of psychological ill-health, lower levels of well-being, and worse self-perceived health than older people in receipt of conventional services. The qualitative interviews provide insights into these results. Potential advantages of IBs included increased choice and control, continuity of care worker, and the ability to reward some family carers. However, older people reported anxieties about the responsibility of organising their own support and managing their budget. For older people to benefit fully from cash-for-care schemes they need sufficient resources to purchase more than basic personal care, and access to help and advice in planning and managing their budget. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Putting people into personalisation: relational approaches to social care and housing; by Alex Fox, ResPublica; Hanover. Staines: Hanover, 2013, 27 pp (The hanover@50debate 7).

This is the seventh in a series of ten think pieces from leading UK think tanks to mark Hanover's 50th year in providing high quality housing and related services for older people. The author argues that traditional care services are impersonal, disempowering, and increasingly rationed. He proposes that relational and 'asset based' models characterised by mutuality and micro-scale are the best way to meet care, support and inclusion needs - and offer the best value. This paper attempts to put people back into personalisation, and explores the various ways in which human needs can be met and their skills harnessed by existing and new models of support. 'Demand side' reforms such as Direct Payments do not on their own result in a change of provision in the care and support market. It asks what 'supply-side' reforms might be needed in order to bring real choice - the choice about the shape of their lives - to those newly 'empowered consumers'. This item is also a chapter in 'Perspectives on ageing and housing: insights by leading UK think tanks' (RH)

From : Downloads at: <http://www.hanover50debate.org.uk/debates/thinkpiece-7-respublica-putting-people-into-personalisation>

Putting personalisation and integration into practice in primary care; by Michael Clark ... (et al): Emerald, 2013, pp 105-120.

Journal of Integrated Care, vol 21, no 2, 2013, pp 105-120.

The purpose of this study was to discuss the policy developments of integration and personalisation within the context of primary care, specifically an innovative memory service provided within a general practice. It examined how these policies worked together in this context to deliver a high quality service that was responsive to individual needs in an area of care: memory disorder or dementia, which had often relied heavily on secondary care services. This was a case study analysis of integration and personalisation in primary care, allowing for examination and elaboration of both concepts as applied in this setting and their contribution to a better quality care memory service. This innovative memory service operated as a person-centred facility, integrating expertise into the surgery that would traditionally be locked into secondary care health services. It made maximum use of locally available knowledge of the patient, their family and formal and informal sources of support and therapy through links which crossed agency boundaries. These links were identified and utilised in tailored support for individuals by the practice-based dementia advisor. Outcomes included improved dynamics of identification, diagnosis and after care, high satisfaction amongst patients and families and reduced utilisation and expenditure of other healthcare facilities. The authors conclude that personalisation and integration can be united in the development of innovative and improved memory services centred in primary care. Maintaining a focus on the needs of people within their social contexts (being person-centred) is a powerful means of driving better integrated care in primary care for people living with dementia and related disorders. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

2012

Personalisation and carers: whose rights? whose benefits?; by Nicola Moran, Hilary Arksey, Caroline Glendinning ... (et al).

British Journal of Social Work, vol 42, no 3, April 2012, pp 461-479.

Increasing numbers of developed welfare states now operate cash-for-care schemes in which service users are offered cash payments in place of traditional social services. However such schemes raise concerns about the extent to which they include and support carers. This study investigated the use of a cash-for-care initiative piloted in England in 2005 to 2007 - the Individual Budgets (IBs) pilot projects. Qualitative interviews were held with IB lead officers, carers' lead officers and carers of IB holders. Analyses were then undertaken of interviews with carers of IB holders and carers of people in receipt of conventional social care services. Findings revealed that, despite their primary aim of increasing choice and control for the service user, IBs had a positive impact on carers of IB holders. The authors conclude that the findings were important in that they have implications for the widespread roll-out of Personal Budgets in England, and may also provide lessons about policies aimed at promoting choice and control by disabled and older people. (JL)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org>

Personalisation through individual budgets: does it work and for whom?; by Ann Netten, Karen Jones, Martin Knapp (et al): Oxford University Press, December 2012, pp 1556-1573.

British Journal of Social Work, vol 42, no 8, December 2012, pp 1556-1573.

In England, personal budgets are being implemented at a time of financial austerity. They are part of a growing trend internationally to give users of publicly funded social care and support more choice and control. In the individual budgets (IB) pilot, people were allocated and had control over the way their IB was managed and spent, offering the opportunity to explore the potential of IBs to deliver better outcomes for people than conventional services and support. The authors describe how they measured outcomes, the effects they found, and how these varied between and within service user groups. For some groups there were clear benefits from IBs. However, it should not be a "one size fits all" approach; and if the potential benefits are to be achieved, it is also important to consider how best to respond to the particular challenges for older people, the effects on social work practice, and resource implications. Social workers may find themselves implementing a policy with considerable potential, but which may prove very difficult to achieve in the current financial climate. (RH)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

2011

Enabling risk and ensuring safety: self-directed support and personal budgets; by Sarah Carr.

The Journal of Adult Protection, vol 13, issue 3, 2011, pp 122-136.

This paper summarises key findings from a Social Care Institute for Excellence (SCIE) report on risk enablement and safeguarding in the context of self-directed support and personal budgets. It explores how the personalisation agenda and adult safeguarding can work together, and addresses frontline concerns relating to empowerment and duty of care. Research findings and emerging policy, principles and practice are used to look at how self-directed support and personal budgets can be used to enable people to take positive risks whilst staying safe. The paper suggests that person-centred working in adult safeguarding, along with self-directed support planning and outcome review, can support the individual to identify the risks they want to take and those they want to avoid in order to stay safe. Defensive risk management strategies or risk-averse frontline practice may result in individuals not being adequately supported to make choices and take control and, therefore, being put at risk. Practitioners need to be supported by local authorities to incorporate safeguarding and risk enablement in their relationship-based, person-centred working. The paper concludes by listing a number of key messages and recommendations arising from the report. (JL)

ISSN: 14668203

From : <http://pierprofessional.metapress.com/content/121398/>

A joined up approach to safeguarding and personalisation: a framework for practice in multi-agency decision-making; by Diane Galpin, Dorena Hughes.

The Journal of Adult Protection, vol 13, issue 3, 2011, pp 150-159.

Social work practitioners need to be able to work together with other professionals to make decisions that effectively balance risk, choice and rights with protection and autonomy, whilst maximising well-being and minimising risk of harm. There is a need for effective practice in multi-agency decision-making to be central to delivering a system of personalised care that both empowers and protects. The aim of this paper is to provide a simple framework designed to support practitioners in facilitating effective multi-agency decision-making. It uses the Harvard Business model which identifies the following key stages as being crucial to decision-making; first, establishing context; second, framing the issue; followed by generating alternatives and evaluating alternatives; and finally choosing the best option. The paper adds an additional step of identifying actions and those responsible for implementing them. The authors conclude that there needs to be commitment at an organisational and practitioner level to develop decision-making processes that ensure safeguarding and personalisation is interwoven as efficiently and effectively as possible. (JL)

ISSN: 14668203

From : <http://pierprofessional.metapress.com/content/121398/>

Making personalisation work for people with dementia; by David Moore, Kirsty Jones.

Journal of Dementia Care, vol 19, no 1, January/February 2011, pp 26-28.

Training and development officers from West Sussex County Council explain what the personalisation agenda means for people with dementia, and how the concept has been introduced in practice within the local authority. Personalisation, or self-directed support, enables service users to take control of the support that they need. (JL)

ISSN: 13518372

Personal budgets and the workforce implications for social care providers: expectations and early experiences; by Kate Baxter, Mark Wilberforce, Caroline Glendinning.

Social Policy & Society, vol 10, pt 1, January 2011, pp 55-65.

Explores the workforce-related impacts that adult social care providers envisage, and have so far experienced, from an increase in the number of people using personal budgets to purchase their social care support. Presents findings in relation to financial and workforce planning, care worker recruitment and retention, workforce training and service user-worker relations. Considers the potential implications for providers, care workers, service users and local authorities. (JL)

ISSN: 14747464

From : <http://www.journals.cambridge.org/sps>

Personalisation: perceptions of the role of social work in a world of brokers and budgets; by Janet Leece, David Leece.

British Journal of Social Work, vol 41, no 2, March 2011, pp 204-223.

In order to achieve a truly personalised support system, it has been suggested that a major reform of public services is necessary. This would help recognise service users' abilities to establish their own needs, and how these can best be met. This paper reports on research that investigated the perceptions of 66 disabled people,

carers and older people of the role social workers should perform in a personalised world. The study used data from a thread posted on eighteen internet forums. This methodology allowed access to hard to reach groups and encouraged participation by individuals whose contributions may be inhibited by more traditional research methods. Findings indicated that notions of power and autonomy were fundamental in understanding participants' views of social work with concerns raised about the power of social workers and statutory organisations. The authors suggest that these findings have implications for the recommendations made by the Social Work Task Force in 2009 for the reform of social work that argues for social work to have a greater professional status. (JL)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org>

Personalization: from story-line to practice; by Catherine Needham.

Social Policy & Administration, vol 45, no 1, February 2011, pp 54-68.

Personalisation has become a unifying theme and a dominant narrative across public services in England. A key to understanding the dominance of personalisation is the recognition that it is a story that is told about public services, their history and the roles and experiences of the people who use them and work in them. This article identifies five key themes as recurrent features of the personalisation story-line: personalisation works, transforming people's lives for the better; person-centred approaches reflect the way people live their lives, rather than artificial departmental boundaries; personalisation is applicable to everyone, not just people with social care needs; people are experts on their own lives; personalisation will save money. The author discusses the ambiguities of the narrative of personalisation, and argues that framing personalisation as a story-line rather than a clearly developed policy reform programme helps to explain the breadth and diversity of the reforms it has encompassed. (JL)

ISSN: 01445596

From : <http://www.wiley.com/bw/journal.asp?ref=0144-5596&site=1>

2010

Can personalisation be a reality for older people?; by Colin Slasberg.

Working with Older People, vol 14, issue 3, September 2010, pp 15-22.

While the future funding of social care currently has perhaps the highest public profile in the need to reform social care, not far behind is the agenda to transform social care from its prevailing rigid and service-centred culture to one that is personalised. The core driver used by the government to achieve personalisation is to give people 'choice and control' through the provision of personal budgets. This is the allocation of sums of money 'up front' to allow people to choose and commission their own support systems. The new coalition government has signalled its wish to not only endorse this approach, but to accelerate its implementation. However, there is growing evidence that while this will work very well for people and those around them with the will, the skills and the time to make a success of it, for most it will not result in real change. This is especially the case for older people. This article explores this issue, but carries the message that personalisation can and should be made a reality for all service users and all older people. However, it will require a commitment to a transformational change programme within councils that goes beyond simply achieving well against the former government's performance indicator of numbers with personal budgets. (KJ)

ISSN: 13663666

From : <http://www.pierprofessional.comDOI:10.5042/wwop.2010.0452>

Carers and personalisation: improving outcomes; by Bernadette Simpson, Robin Murray-Neill, Personalisation Team, Department of Health - DH.: Department of Health, 25 November 2010, 31 pp.

Practice examples of the carers as expert care partners are presented in this guide on emerging evidence on how the principles of personalisation have been applied. The value of finding what makes sense and works best locally is also illustrated by further practice examples on early intervention and prevention, improving outcomes, and services commissioned by local authorities from the market and other providers. Other examples not included in this document can be found at:www.puttingpeoplefirst.org.uk/Topics/Browse/Carers/ (RH)

From :

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122076

Contact: Elaine Edger, Carers Policy Team, Room 116, 133-155 Waterloo Road, London SE1 8UG.

The changing face of personalisation; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1814, 15 April 2010, pp 28-29.

The Social Care Institute for Excellence (SCIE) has updated guidance on delivering personalisation in adult social care in 'Personalisation: a rough guide' (<http://www.scie.org.uk/publications/reports/report20.asp>).

Personalisation aims to tailor support to people's individual needs, in which personal budgets (PBs) are central to delivering individual choice and control. This article considers the roles of the independent and third sectors, user-led groups, and statutory social care. Two 2009 publications from the Association of Directors of Adult Social Services (ADASS) are highlighted: 'Putting People First: measuring progress' and 'Personalisation and the law: implementing Putting People First in the current legal framework'. An introductory textbook by Jon Glasby and Rosemary Littlechild, 'Direct payments and personal budgets: putting personalisation into practice' (Policy Press, 2009), is also suggested. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

The costs of change: a case study of the process of implementing individual budgets across pilot local authorities in England; by Karen Jones, Ann Netten.

Health and Social Care in the Community, vol 18, no 1, January 2010, pp 51-58.

Individual budgets (IBs) form a key element in the objective of the English Government to promote independence among people with needs for social care support. The initiative was designed to provide greater user control, but the wider consequences, in terms of the implications for local authorities and their other responsibilities, remain to be addressed. An evaluation of the implementation of individual budgets in 13 local authorities was funded by the Department of Health (DH), using a mixed methods approach to explore the impact of individual budgets both in terms of service user experiences and the implications for the local authority social services. One aspect of the evaluation concentrated on the cost implications of implementing individual budgets for the local authorities. All pilot local authorities were invited to take part in an interview designed to obtain the resources required to implement individual budget. Twelve of the 13 local authorities were part of the study reported in this article. All quantitative analysis was carried out using SPSS 13. Excluding all expenses that might be at least in part associated with the pilot process, in the first year, the estimated mean average cost was £290 000 (median £270 000). This article describes the initial approach adopted in estimating set-up costs, followed by a description of the findings for the first year of implementation and likely subsequent set-up costs. The authors also identify the range of factors that might affect reported costs. (KJ/RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hscdoi:10.1111/j.1365-2524.2009.00873.x>

Cuts threaten transformation agenda: [Special report: Personalisation]; by Jeremy Dunning.

Community Care, issue 1819, 20 May 2010, pp 14-15.

While social workers fear personalisation may be at risk from impending government cuts, a survey carried out by Community Care with Unison finds the agenda is already facing pressures. While the charity In Control pioneered personalisation thinks that the policy is being used by some councils as an excuse to cut services, others comment on resources that are tied up in running existing services. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Developing new understandings of independence and autonomy in the personalised relationship; by Janet Leece, Sheila Peace.

British Journal of Social Work, vol 40, no 6, September 2010, pp 1847-1865.

The personalisation of adult social care has the potential to create support that is individualised, and it is the reality of this support relationship that forms the basis of this article. To date, there have been few studies that focus on the association between care users and their workers. Here, we consider research from a Ph.D. study that allows for comparison between two sets of relationships: between disabled adults and homecare workers employed by a local authority, and between disabled adults using direct payments to employ their own personal assistants. The research pays attention to the meanings attached to the concepts of independence and autonomy, with a model of autonomy applied to aid clarity and develop our understanding of complexities in support relationships. The research uses a grounded theory approach with qualitative interviews of matched samples of respondents, providing new evidence about the personalised relationship. Based on the research, we argue that direct employment of support workers appears to facilitate greater autonomy for disabled adults than traditional homecare relationships. However, the research goes on to suggest that greater autonomy for disabled adults may have a downside for support workers. (KJ)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org/doi:10.1093/bjsw/bcp105>

The doubts remain [research suggests bureaucracy and job changes cause concern for social workers]: [Special report: Personalisation]; by Mithran Samuel.

Community Care, issue 1819, 20 May 2010, pp 16-17.

Personalisation is changing the face of social care, but research by Community Care and trade union Unison suggests bureaucracy and job changes mean it is yet to win the hearts and minds of social workers. A weblink (www.communitycare.co.uk/personalisationsurvey) provides more detailed results of the survey. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Enabling risk, ensuring safety: self-directed support and personal budgets; by Sarah Carr, Social Care Institute for Excellence - SCIE. London: Social Care Institute for Excellence, 2010, 68 pp (Adults' services SCIE report 36).

The Putting People First concordat (HM Government, 2007) seeks, among other things, to give people more choice and control over their social care and support services, to enable them to lead more independent and fulfilling lives. One approach is to give people a personal budget, which includes the option to have a direct payment or managed budget as the individual chooses. This report looks at some of the research findings and principles and practice concerning risk enablement in the self-directed support and personal budget process, while also recognising the wider context of adult safeguarding in social care. The aim is to build an evidence base drawn from both research and practice to indicate what could work to promote risk enablement, independence and control, while at the same time ensuring safety. The report includes an overview of findings from recent UK and international literature relating to risk enablement and safeguarding in the context of self-directed support and personal budgets. The focus is on facilitating good practice and the promotion of choice and control with older people, people with physical or sensory disabilities, people with learning disabilities and people with mental health problems. The report builds on the findings in 'The implementation of individual budget schemes in adult social care' (SCIE Research Briefing 20) which showed that 'perceptions of risk, legitimate use of public funds and concerns about safeguarding and duty of care need to be debated as research is showing that these are potential barriers to implementation'. (RH)

From : SCIE, Fifth floor, 2-4 Cockspur Street, London SW1Y 5BH.

www.scie.org.uk/publications/reports/report36/files/report36.pdf

Encounters in close care relations from the perspective of personal assistants working with persons with severe disability; by Gerd Ahlström, Barbro Wadensten.

Health and Social Care in the Community, vol 18, no 2, March 2010, pp 180-188.

In Sweden, adults with major and sustainable disabilities can be granted publicly financed support in the form of personal assistance after assessment and decision-making in accordance with government rules. The purpose of the present study was to explore more deeply the encounters in close care relations between personal assistants and disabled people of working age, as well as the prerequisites for and obstacles to the success of such encounters, this from the perspective of the personal assistants. Thirty-two personal assistants (age 22-55) who worked for 32 people with serious neurological diseases living at home were interviewed. The transcribed unstructured interviews were qualitatively analysed using latent content analysis. The analyses resulted in five main themes: Perceptive awareness, Entering into the other's role, Mutuality, Handling the relationship, and Personal difficulties facing the assistant. These themes illustrated that a prerequisite for the encounter's being meaningful is that the assistant should be able to observe and understand the unique needs of the disabled person. The assistant must furthermore be able to put herself/himself into the other person's position. It is also important that the personal chemistry between the assistant and the disabled person should be good. Being able to share feelings and interests with the functionally impaired person provides the assistant with positive emotional confirmation of a good relationship. A distressing dilemma the assistant faces is that of distinguishing between the working relationship and the personal friendship. In this borderline area are found experiences, feelings and events that the assistant may view as negative or even unacceptable. This study contributes to the understanding of the complexity underlying the daily community care of disabled people with an extensive need for care and assistance. (KJ/RH)

ISSN: 09660410

From : [http://www.blackwellpublishing.com/hscDOI: 10.1111/j.1365-2524.2009.00887.x](http://www.blackwellpublishing.com/hscDOI:10.1111/j.1365-2524.2009.00887.x)

Financial management of personal budgets: challenges and opportunities for councils; by Audit Commission. London: Audit Commission, 2010, 56 pp (ref: HNR3661).

This report examines personal budgets in adult social care and considers the financial management and governance implications for councils. It reviews the approaches to transition from providing services to providing personal budgets, the choices for allocating money, and how councils can plan for the financial implications. It also considers changes in social care commissioning and the governance arrangements needed

for personal budgets. It is aimed at finance staff and staff in adult social care departments interested in personal budgets. The report includes a self-assessment checklist to help councils review progress in implementing personal budgets and identify areas for improvement. (KJ)

ISBN: 1862406006

Price: £15.00

From : Download report: [http://www.audit-](http://www.audit-commission.gov.uk/nationalstudies/localgov/personalbudgets/Pages/default.aspx)

[commission.gov.uk/nationalstudies/localgov/personalbudgets/Pages/default.aspx](http://www.audit-commission.gov.uk/nationalstudies/localgov/personalbudgets/Pages/default.aspx)Hard copy available, call 0800 50 20 30 or email : ac-orders@audit-commission.gov.uk

From independence to interdependence: integration means 'think family'; by Alex Fox.

Journal of Integrated Care, vol 18, issue 2, April 2010, pp 41-48.

This article reviews current policies and their impact on carers' lives, and highlights the potential limitations of a more personalised approach to care. Using some key research findings and illustrative case studies, the article argues that we should build on the achievements of the personalisation reforms, but not limit our ambition to offering individuals more choice and control over their services. Instead, there should be a focus on individuals achieving ordinary life chances and families achieving emotional and financial sustainability. For people to experience a truly integrated response to their needs, professionals must be able to achieve integration not only across service boundaries, but also across their responses to inter-linked individuals. Recognising this lessens the risk of offering care solutions that result in trade-offs over levels of independence between family members. (KJ/RH)

ISSN: 14769018

From : <http://www.pierprofessional.comdoi:10.5042/jic.2010.0135>

Getting in the know [social workers' understanding of personalisation]: [Special report: Personalisation]; by Daniel Lombard.

Community Care, issue 1819, 20 May 2010, p 18.

More social workers' understand the workings of personalisation than in 2008, but a big minority are still in the dark. While every council should be having core training on personal support, planning, advocacy and safeguarding, there is evidence of patchy provision as well as questions as to whether all social workers require the training. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Going for brokerage: a task of 'independent support' or social work?; by Peter Scourfield.

British Journal of Social Work, vol 40, no 3, April 2010, pp 858-877.

It is argued that for the agenda to 'personalise' social care in the UK to be successful, adequate systems of support brokerage need to be in place. Where brokerage is situated organizationally and ideologically is not inconsequential, both in terms of the accountability, profile and quality of the 'brokers' and the extent to which service users can feel properly in control of their own care or support. Many involved in support brokerage argue that independence from statutory bodies is a key principle. However, models of support brokerage have been suggested that propose brokerage as a possible function of the statutory social care sector. The paper traces how and why the 'new' language of brokerage has emerged in official discourses of adult social care. It also discusses the various ideas about what brokerage is and who is supposed to undertake it. It is considered whether support brokerage should be regarded as a form of social work, which is not currently the case. Were independent support brokerage to expand its role in the adult social care system, the question would arise of where that would leave social work with adults. These developments expose conflicts and tensions in New Labour's modernisation agenda. (KJ/RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.orgdoi:10.1093/bjsw/bcn141>

Implementing a community-based self care training initiative: a process evaluation; by Jane South, Frances Darby, Anne-Marie Bagnall (et al).

Health and Social Care in the Community, vol 18, no 6, November 2010, pp 662-670.

Within the UK, there is growing recognition that individuals will need to take increased responsibility for managing their own health for there to be improvements in population health. The current evidence base on self care interventions reflects an interest in enhancing self care knowledge, skills and behaviour in relation to the management of long-term conditions. In contrast, this paper reports on a community-based self care initiative that was designed to promote self care approaches in the general population. The principal component was a self care skills training course delivered to groups of lay people in community and workplace settings. Self Care for People was piloted in three primary care trusts and a process evaluation was undertaken. This paper examines

the feasibility, relevance and acceptability of the initiative. Qualitative interviews were conducted with a sample of stakeholders involved in implementation including coordinators, trainers and key informants from organisations hosting the course. In total, 40 interviews and two focus groups were conducted from 2006 to 2008 and the data were analysed thematically. The evaluation found that implementation was relatively straightforward with few major barriers reported. Recruitment to the self care skills training course took place in both workplace and community group settings, including in organisations supporting socially excluded groups. The course was seen to provide a valuable space for contemplation on personal health, however, participation could raise sensitive issues that needed to be dealt with by skilled facilitators. Motivations for involvement differed markedly in host organisations, and different strategies for marketing were adopted. The paper suggests that while Self Care for People was both feasible and relevant to different stakeholder groups, there needs to be flexibility in responding to the needs of participants in different settings. (KJ/RH)

ISSN: 09660410

From : [http://www.ingentaconnect.com/content/bsc/hsscDOI: 10.1111/j.1365-2524.2010.00940.x](http://www.ingentaconnect.com/content/bsc/hsscDOI:10.1111/j.1365-2524.2010.00940.x)

Making it personal: a provider's journey from tradition to transformation; by Steve Scown, Helen Sanderson, Dimensions; Helen Sanderson Associates. Theale, Berks; Heaton Moor, Stockport: Dimensions and HSA Press, 2010, 102 pp.

Government policy set out in the Putting People First concordat (2007) made it clear that services must be provided in a personalised way in future. Moreover, the Government has also announced that, from April 2011, all new entrants to social care will be offered control of their own personal budgets. As a major provider for people with learning disabilities and autism, Dimensions is now transforming its services to ensure it can respond flexibly to people with a personal budget who want bespoke support. This book is written for other providers and describes what Dimensions has been learning in developing a strategy that involves all sections of the organisation from family support to staffing, finances, marketing, IT and governance. Appendices include Progress for Providers, a tool that focuses on delivering personalised, individually costed services, and which has been developed by providers and commissioners (and can be downloaded from www.progressforproviders.org). (RH)

Price: FOC or download

From : Dimensions, 9-10 Commerce Park, Brunel Road, Theale RG7 4AB. Website: www.dimensions-uk.org HSA Press, 34 Broomfield Road, Heaton Moor, Stockport, Cheshire SK4 4ND.

Mental health champions spread word: [Special report: Personalisation]; by Jeremy Dunning.

Community Care, issue 1819, 20 May 2010, pp 20-21.

The Putting Us First project led by Mind to tackle the low take-up of self-directed support by mental health service users has returned some positive results. Run by the University of Bristol's Norah Fry Research Centre from October 2008 until March 2010, the project aimed to increase take-up of personalised care and to change professional attitudes to the policy. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Paths to personalisation in mental health: a whole system, whole life framework; by National Mental Health Development Unit (NMHDU); Department of Health - DH. London: Department of Health - DH, 2010, 52 pp (New Horizons).

Personalisation means recognising and respecting us as individual citizens, and members of families or communities with the informal networks that provide most of our support, most of the time. 'Paths to personalisation' is a whole system guide to help all those involved in developing personalised services and approaches for those with mental health needs to implement the necessary whole system changes effectively. It offers examples and pointers to good practice, and sources of advice and information on themes including: person-centred systems and approaches; support for managing personal budgets (PBs); support for carers; fair access and equality; prevention and early intervention; and workforce and organisation development. It is aligned to the vision and recommendations of New Horizons, a cross government mental health strategy published in December 2009. (RH)

From : Download from website: <http://www.its-services.org.uk/silo/files/paths-to-personalisation.pdf>

Paying the piper and calling the tune: power and the direct payment relationship; by Janet Leece.

British Journal of Social Work, vol 40, no 1, January 2010, pp 188-206.

Empirical evidence from original research has been used to investigate the impact on the support relationship of the direct employment of workers, by direct payment users. The study uses a grounded theory approach, with questionnaire to measure job satisfaction and stress, and in-depth interviews with respondents. It explored and compared the experiences of eight direct payment relationships with eight traditional service delivery homecare

relationships. The research reveals the importance of the concept of power in helping us to understand the effect of direct employment and, based on this research, makes some suggestions for policy and practice. (RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org/doi:10.1093/bjsw/bcn085>

Personal Care at Home Bill; by Carers UK. London: Carers UK, January 2010, 4 pp (+ correction) (Policy briefing).

Carers UK has been campaigning against excessive charging for care for many years, and so has welcomed the Personal Care at Home Bill as a first important step in the right direction in helping families who need care. This Policy briefing outlines progress on the Bill which has completed all the stages in the House of Commons and was having its second Reading in the House of Lords on 1 February 2010. It summarises how the legislation will work and how much money people will receive. It sets out issues that Carers UK believe should be addressed through guidance and regulation. The Department of Health (DH) is holding a consultation on the Bill (see www.dh.gov.uk/Consultations/Liveconsultations/DH_109139) which closes on 23 February 2010. Carers UK has already responded to this and to the Green Paper 'Shaping the future of care together' (see Carers UK website). (RH)

From : Carers UK, 20 Great Dover Street, London SE1 4LX.<http://www.carersuk.org>

Personalisation and housing in an age of austerity; by Bruce Moore.

Housing, Care and Support, vol 13, no 4, December 2010, pp 10-14.

Looks at the role of housing for older people in the context of a climate of public spending cuts in the UK and the government's Big Society agenda. Argues that 'third generation' retirement housing will be very different from the more traditional warden controlled, protection and dependence style, based as it was on good intention but demonstrating ageist assumptions and attitudes. Suggests that a wholesale shift towards the culture of personalisation will be necessary for providers, but will also present challenges and additional demands on both providers and commissioners of services. The article offers two particular principles that the provider Hanover is using to guide its approach to changing its relationship with residents and to give them the power to exercise control. The first is to 'provide clarity to allow choice' and the second 'to help people to make choices and help themselves'. (JL)

ISSN: 14608790

From : <http://www.pierprofessional.com/hcsflyer/index.html>

Practical approaches to safeguarding and personalisation; by Bernadette Simpson, Department of Health - DH. London: Department of Health, 16 November 2010, 35 pp (Gateway ref: 14847).

Personalisation is about enabling people to lead the lives that they choose and achieve the outcomes they want in ways that best suit them. It is important in this process to consider risks, and keeping people safe from harm. Safeguarding is a range of activity aimed at upholding an adult's fundamental right to be safe. Being or feeling unsafe undermines our relationships and self-belief, our ability to participate freely in communities and to contribute to society. Safeguarding is of particular importance to people who, because of their situation or circumstances, are unable to keep themselves safe. This briefing paper sets out how personalisation of support and more effective safeguarding can be mutually supportive. It shows how self-directed support can help to prevent or reduce the risk of harm and abuse. It is not, primarily, about how councils and partner organisations should respond to abuse. (RH)

From :

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121671.pdf Contact: Abigail Merrett, Social Care Policy Division, Room 116, 133-155 Waterloo Road, London SE1 8UG.

Putting People First: Personal budgets for older people - making it happen; by Putting People First Programme, Department of Health - DH. London: Department of Health, January 2010, 68 pp (Gateway ref: 13259).

This guide has been produced for councils and their partners to assist in developments for increasing older people's choice and control over their support. It particularly focuses on those elements of personalisation associated with making personal budgets work well for older people and their families. Although the main focus is on the flexible use of social care funding, there is huge potential for person-centred approaches to be adopted by services and organisations supporting older people who are not eligible for council funded support. The thinking and approaches to the guide were informed by a series of co-production events held in spring and early summer 2009. The aim was to learn from a diverse range of people what personalisation means to them, and how they are making developments associated with personalisation work well with and for older people. People leading local initiatives and new approaches, including older people's groups and networks as well as statutory,

voluntary and private sector organisations, worked together to identify features of practice that will help others. (KJ/RH)

From : Putting People First Delivery Programme, Department of Health, 310 Wellington House, 133-155 Waterloo Road, London SE1 8UG. Website: www.personalisation.org.uk

A report on in Control's third phase: evaluation and learning 2008-2009; by Andrew Tyson, Rita Brewis, Nic Crosby (et al), in Control. Wythall, West Midlands: in Control, 2010, 168 pp.

Personal budgets (PBs) are a key element of self-directed support and are central to the Government's policy to reform social care. The introduction to this report has examples of how three people are using their personal budgets (PBs). Part 1 of the report looks at the experiences of some of the leading local authorities adult services departments in developing how they operate self-directed support, and the implications for commissioning and providing services in specific localities. Part 2 is an evaluation of the impact of personal budgets (PBs) since 2005 and how take-up has been monitored. (RH)

Price: £20

From : in Control Support Centre, Carillon House, Chapel Lane, Wythall, W Midlands B47 6JX. Website: <http://www.in-control.org.uk>

Safeguarding in a personalised era; by Vern Pitt.

Community Care, issue 1842, 4 November 2010, pp 22-23.

The government's adult social care vision, due out shortly, is expected to be based around four Ps - partnership, prevention, personalisation and protection. The last two of these Ps have long been seen as being in tension. Personalisation is about allowing disabled and older people to make choices - and take risks - that others take for granted. Safeguarding is about preventing these same people coming to harm. The spectre of more disabled and older people receiving personal budgets, purchasing support not commissioned by the council, nor regulated by the Care Quality Commission, and handling money that may leave them open to abuse by carers, has obvious safeguarding implications. Action on Elder Abuse is advising the Department of Health on how safeguarding practice can be brought into line with this timetable. Meanwhile, councils have been developing ideas to ensure that personalisation and safeguarding are in step with each other, (examples in this article are given and include pre-paid cards by Barking and Dagenham Council; lone appointments by Kingston Council). (KJ)

ISSN: 03075508

From : www.communitycare.co.uk

The Scottish path to personalisation; by Jeremy Dunning.

Community Care, issue 1810, 18 March 2010, pp 24-25.

Scotland's government is pledging to make self-directed support central to social care, having published its own consultation in February 2010. The proposed strategy has 26 recommendations, and as in England, it promotes the use of individual budgets (IBs). The strategy will be informed by tests sites in Glasgow, Dumfries and Galloway, and Highland, which will be trialling different aspects of self-directed support until January 2011. The article includes a case study on Glasgow, where a pilot scheme began in 2003 testing provision of individual budgets to people with learning disabilities. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Services for people with multiple disabilities: [Special report: Personalisation]; by Melanie Henwood.

Community Care, issue 1819, 20 May 2010, pp 22-23.

There are 16,000 adults with profound intellectual and multiple disabilities in England. This article reviews research conducted by Jim Mansell at the Tizard Centre, University of Kent, 'Raising our sights: services for adult with profound intellectual and multiple disabilities'. His report makes 33 detailed recommendations to the government on what needs to happen for progress to be made with the Valuing People policy agenda. Melanie Henwood confirms that there is still a long way to go before the needs of this group of adults are fully met, although self-directed support points the way forward. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Snapshot of flexible funding outcomes in four countries; by Carmel Laragy.

Health and Social Care in the Community, vol 18, no 2, March 2010, pp 129-138.

This article reviews social participation outcomes identified in discrete studies of flexible funding programmes across four countries. The outcomes of an Australian flexible funding support programme were studied in 2007; a study tour of independent living programmes was conducted in England and Scotland during 2005; Swedish co-operatives and government administrators providing personal assistance to live independently were visited in

2006; and Australian independent living support groups operating for over 20 years were visited in 2008. Fifty-six interviews were conducted with people with a disability, families, support services, government administrators and researchers. A structured interview schedule was used in the 2007 Australian study and a semi-structured format was used in all other studies. Notes from the interviews were reviewed for themes related to social participation and their contributing factors. Ecological systems theory was used to identify what factors from the micro to the macro system level facilitated or hindered social participation. The key finding is that flexible funding did result in a range of social participation activities in each setting studied. The studies also indicate that social participation increases when people have access to information and support services; can choose their individual workers and move to a new agency if need be; and have adequate resources to meet their needs. The cultural and political context plays a large part in determining these factors. The implications of this study are that adequate resources are needed and the complex systems impacting on flexible funding need to be understood to achieve the intended outcomes. (KJ/RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hscDOI:10.1111/j.1365-2524.2009.00880.x>

Support planning & brokerage service for older people: self directed support; by Maureen Falloon, Deborah Fowler, Sally Prentice, Age Concern London - ACL; London Councils; Age Concern Bromley; London Borough of Bromley. London: Age Concern London - ACL, 2010, 49 pp (booklet) (+DVD 14 mins).

A toolkit developed by Age Concern Bromley in partnership with the London Borough of Bromley. The service provides self-directed support for older people who pay for their own care and support needs. Working with a third sector partner and their Community Volunteers Time Bank, the service enables local authorities and NHS Trusts to invest in preventative services to support a greater number of older people to continue to be independent. The toolkit consists of a booklet, which describes the partnership and provides guidance for local authorities and third sector organisations on commissioning and delivering a support and planning brokerage; and a DVD in which people discuss delivering Age Concern Bromley's service. The booklet presents the business case for local authorities and their strategic partners to invest in creating a support planning and brokerage service for older people delivered by a third sector organisation. Areas covered include creating a service, views from older people and the local authority, and equality issues. The DVD accompanying this booklet was commissioned by London Joint Improvement Partnership and produced by Age Concern Bromley to demonstrate examples of the service. (KJ/RH)

Price: FOC

From : Age Concern London, 1st Floor, 21 St Georges Road, London SE1 6ES. www.aclondon.org.uk

2009

Being in control: personal budgets and the new landscape of care for people with learning disabilities; by Edward Hall.

Mental Health Review Journal, vol 14, no 2, June 2009, pp 44-53.

A central element in the shift to a personalised care system in the UK is the opportunity for disabled people to hold and manage budgets for the purchase of care and support, to replace local authority services. The delivery mechanisms of Direct Payments and Individual Budgets have allowed many disabled people to control their care and support better, and have promoted their social inclusion. However, the particular contexts and issues for people with learning disabilities in holding personal funding have been little considered. This paper sets out the broad themes of the introduction of personalised care, and examines the limited use by people with learning disabilities of Direct Payments and the subsequent development of Individual Budgets. The paper considers the challenges to the nature, spaces and relations of care commonly used by people with learning disabilities that personal budgets present, in particular for those with more severe disabilities. The paper concludes by suggesting ways in which people with learning disabilities can use personal budgets, whilst maintaining the collective relations and spaces of caring desired by many. (KJ/RH)

ISSN: 13619322

From : Pavilion Publishing, Richmond House, Richmond Road, Brighton, East Sussex BN2 3RL.<http://www.pavpub.com>

A budget too far?: [direct payments for healthcare]; by Mark Hunter.

Community Care, issue 1786, 10 September 2009, pp 26-27.

Is the public ready for the next level of the personalisation agenda, direct payments for healthcare? The Health Bill going through the current Parliamentary session (2008/08) will bring direct payments in healthcare into force, paving the way for 70 pilot projects to test the scheme. Professional bodies such as the British Medical Association (BMA) view the scheme as a commodification of the health service, whereas those in the mental health field such as In Control have embraced it with some enthusiasm. This article cites examples of local

authorities working with service users and carers, where the transition to direct payments for healthcare are viewed positively. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Building Choices part 2: 'Getting Personal' - the impact of personalisation on older people's housing: overall project summary; by Jill Manthorpe, Sarah Vallelly, Housing 21; Tenant Services Authority (TSA). London: Housing 21, May 2009, 32 pp.

Personalisation is now the basis for social care policy: the focus is on what people want from public services. This project aimed to explore the implications of personal (individual budgets and the broader theme of personalisation for specialist housing for older people. This report starts with an overview of the key literature (specifically the Individual Budgets Pilot Programme Evaluation, IBSEN) along with changing policy. It reviews issues identified at the outset of the Building Choices project, and looks at how the views of older people in specialist housing settings can influence what happens, for example in terms of challenging ageism, and promoting inclusivity and age equality. (RH)

From : Download (16/6/09): <http://www.housing21.org.uk/downloads/building-choices-part2.pdf>

Captives of bureaucracy: [personalisation agenda]; by Bob Hudson.

Community Care, issue 1765, 9 April 2009, pp 30-31.

Recent research confirms that the mass of bureaucracy weighs heavily on social workers, with serious implications for personalisation. Two articles in the British Journal of Social Work during 2008 shed light on social work decision-making about whether or how to support service users. In 'Barriers to retaining and using professional knowledge in local authority social work practice with adults in the UK', A McDonald, K Postle and C Dawson ask "what to practitioners use to work with and make sense of complex cases? In the other article, 'Social workers in community care practice ideologies and interactions with older people' M P Sullivan considers how the practitioner's ideological frame of reference affects practice when meeting a client. The studies confirm evidence elsewhere that practitioners are not relying on their social work knowledge in their interactions with service users, and are bogged down by procedure. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Choice and control in specialist housing: starting conversations between commissioners and providers; by Sarah Vallelly, Jill Manthorpe.

Housing, Care and Support, vol 12, no 2, September 2009, pp 9-15.

In July 2007, Housing 21 began an exploration of how changes to the system of social care called personalisation might impact on specialist housing provision in England. Personalisation now forms the basis of English social care policy focusing the delivery of public services on what people might want or choose, in the context of eligibility criteria and means testing. It is designed to promote greater choice and control of the support that people receive. However, there have been concerns that the views of older people living in extra care housing settings have not been heard in the implementation of personalisation. In 2008-09, Housing 21 engaged older people and other groups with an interest in sheltered and extra care housing to debate the implications of personalisation for current and future housing, care and support services. This article discusses what arose from this consultation and its relevance to housing providers and commissioners. (KJ/RH)

ISSN: 14608790

From : Website: <http://www.pierprofessional.com>

Commissioning for personalisation; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1786, 10 September 2009, pp 32-33.

The Social Care Institute for Excellence (SCIE) examines recent publications and articles on how the service user led approach to purchasing is changing the role of commissioners. The use of personal budgets and people's own private funds means that some purchasing decision will transfer from councils to individual service users and consortia of people who use social care and support services. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Delivering public sector transformation: building the strategic relationship between housing, health and care; by Sarah Davis, Jeremy Porteus.

Housing, Care and Support, vol 12, no 3, October 2009, pp 12-16.

This article looks at the challenges for delivering personalisation across public services, the key for transformation of those services. Based on a recent publication, 'Housing, health and care' (Davis et al,

Chartered Institute of Housing, 2009), it argues that the policy context, performance systems and local frameworks are now possibly better placed than ever before to deliver the integrated working that can underpin sustainable communities and allow for really personalised services. (KJ/RH)

ISSN: 14608790

From : Website: <http://www.pierprofessional.com>

Department of Health fairer contributions guidance: summary [of] consultation response; by Elizabeth Feltoe, Age Concern and Help the Aged. London: Age Concern and Help the Aged, April 2009, 3 pp (Consultation response, Ref: 2109(S)).

Age Concern and Help the Aged comment on the consultation by the Department of Health (DH) on its proposals to define more clearly ways that individual in receipt of personal budgets (PBs) in lieu of care services are assessed and charged for a financial contribution. Concern is expressed that some service users could be charged £20 more per week, and in some circumstances be charged for services that are currently free or highly subsidised. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. www.ageconcern.org.uk
Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk

The emergence of the independent support broker role; by Steve Dowson, Rob Greig.: Pavilion, August 2009, pp 22-30.

Journal of Integrated Care, vol 17, issue 4, August 2009, pp 22-30.

A key element in the personalisation of health and social care is the upfront allocation of a budget to disabled and older people which they can use to obtain the supports they require. The benefit of this arrangement in increasing user choice and control will not materialise unless recipients can either acquire or access the skills of brokerage needed to plan and arrange their supports. The independent support broker is one important response to this need. However, the role needs to match the intentions of personalisation and avoid the undesirable characteristics that many social care users associate with the term 'professional'. This raises specific questions about the definition of the role and training requirements of brokers, and broader themes which are explored with reference to the findings from two recent projects undertaken by the National Development Team for Inclusion. The second of these projects was commissioned by Skills for Care London, and led to a set of proposals for the training and accreditation of support brokers. (KJ/RH)

ISSN: 14769018

From : <http://www.pierprofessional.com>

An evaluation of Hampshire's personalisation report; by Melanie Henwood.

Community Care, issue 1757, 12 February 2009, pp 30-32.

Melanie Henwood asks why more reference was not made to parallel national work in the report, 'Getting personal : a fair deal for better care and support' by Hampshire County Council's Commission of Inquiry into Personalisation. Her analysis leads her to conclude that the Hampshire Commission recommends retaining the Fair Access to Care system (FACS), and that there should be a single resource allocation system (RAS). She outlines these and other recommendations: a Universal Offer; free urgent care; a savings disregard; the legal framework; benefits; joint working with health services (including targeted early intervention and prevention); user involvement; carers; the market and infrastructure; risk, quality and outcomes; the workforce; and place shaping and community capacity. She concludes that while the report provides helpful material to inform the national debate around adult social care, whether there is anything unique or distinctive is less clear. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Explaining about ... individual budgets and self-directed support; by Louise Close.

Working with Older People, vol 13, issue 2, June 2009, pp 9-12.

As life expectancy continues to rise and people's expectations of the services they receive also increase, it has become apparent that the current social care system is in need of an overhaul. In 2003, In Control recognised this need for fundamental changes to the system and launched its first pilot of individual budgets (IBs) and the concept of self-directed support. The author explains how these early ideas have developed into a clear and common purpose for the future of social care. (RH)

ISSN: 13663666

From : <http://www.pavpub.com>

Getting more for less: efficiency in the public sector; by Jamie Bartlett, Demos. London: Demos, 2009, 50 pp.

For the next decade, the most urgent question facing government will be how public services can meet people's needs while costing less. The author argues that the route to public sector efficiency is to focus on effectiveness.

Effective services are personalised: driven by people's needs, they take aim at the causes of problems rather than the consequences, and they are delivered collaboratively. Services driven by these principles result in better outcomes for citizens, a better quality of service, and happier staff. They also save money because getting things right - and getting them right first time - always works out cheaper. As we face the tightest public finances in a generation, the author aims to demonstrate that getting more for less is possible and offers policymakers practical guidance on how to do it. (RH)

Price: £5.00

From : Demos, Magdalen House, 136 Tooley Street, London SE1 2TU. Website: www.demos.co.uk

A guide to co-production with older people: personalisation - don't just do it - co-produce it and live it!; by National Development Team for Inclusion - NDTi; Helen Sanderson Associates.: National Development Team for Inclusion - NDTi; Helen Sanderson Associates, 2009, 32 pp.

A small co-production design team involving older people and strategic leads from three local authorities worked with NDTi and Helen Sanderson Associates to produce a further related publication on understanding co-production and how to make it happen with older people. The guide describes how local authorities, older people and older people's organisations can work together to design and deliver opportunities, support and services that improve wellbeing and quality of life. (KJ/RH)

From : Download from website:

<http://helensandersonassociates.co.uk/news/files/2009/12/A4webbooklet.pdf>National Development Team for Inclusion, Magnolia House, 21A Stour Road, Christchurch, Dorset BH23 1PL.

How effective so far have personal budgets been?; by Alison Petch.

Community Care, issue 1777, 2 July 2009, pp 32-33.

The introduction of personal budgets (PBs) in five local authorities has been examined in separate reports, and mostly focusing on people with learning disabilities. These reports contribute to our knowledge of how self-directed support has continued to develop, and builds on earlier reports from In Control on pilot schemes. Following their evaluations, the authorities - Cambridgeshire, the City of London, Herefordshire, Northamptonshire and Worcestershire - are committed to ensuring that personal budgets are widely available. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

The implementation of individual budget schemes in adult social care; by Sarah Carr, Diana Robbins, Social Care Institute for Excellence - SCIE; Social Policy Research and Evaluation.: Social Care Institute for Excellence - SCIE, March 2009, 27 pp (+ addendum) (Research briefing, 20).

This is an update of Research Briefing 20, 'Choice, control and individual budgets: emerging themes' (SCIE, 2007), and incorporates some new findings from research published 2006-2008. It includes highlights of the In Control evaluation, the UK Direct Payments Survey, and the Department of Health (DH) Individual Budgets pilot. This briefing presents a mixed picture on individual budgets: the international evidence is mainly based on small samples; reliable evidence on the cost implications is not yet available; and there are advantages and disadvantages for carers and families. Research on personal assistants (PAs) indicate poor pay and conditions but higher job satisfaction. The addendum summarises the main findings of the IBSEN pilot study on the impact and outcomes of individual budgets (IBs) for service users or their carers and families. (RH)

From : SCIE, Fifth floor, 2-4 Cockspur Street, London SW1Y 5BH. www.scie.org.uk

Independent advocacy with older people: what will be the impact of personalisation?; by John Miles.

Working with Older People, vol 13, issue 2, June 2009, pp 28-31.

A trustee and founder member of the Older People's Advocacy Alliance (OPAAL) comments that the meaning of "advocacy" is not fully understood. John Miles comments that "advocacy" is frequently used in the sense of speaking up for an individual or a group. He reviews the position of advocacy with older people as the government pursues its transformation of social care. Among definitions applicable to older people he cites Andrew Dunning (1995): that advocacy involves a "partnership between a [trained] advocate and an [older] person who needs to secure or exercise [his or her] rights, choices and interests", and thus more appropriate. (RH)

ISSN: 13663666

From : <http://www.pavpub.com>

Individual and personal budgets; by Social Care Institute for Excellence - SCIE.
Community Care, issue 1778, 9 July 2009, pp 28-30.

The Social Care Institute for Excellence (SCIE) considers some of the research findings behind the development of personal budgets (PBs) and individual budgets (IBs). Most usefully, the article outlines findings on the effectiveness of the pilot schemes conducted by the Individual Budgets Evaluation Network (Ibsen) regarding user outcomes, staffing issues, support, brokerage, cost, carers, and rural issues. It suggests websites for further information and gives further details of the Ibsen study (carried out by Caroline Glendinning and colleagues at the Social Policy Research Unit, SPRU, University of York, 2009) and two other major studies: 'Rethinking social care and support: what can England learn from other countries?' (Joseph Rowntree Trust, JRF, 2008); and 'Dimensions of choice: a narrative review of cash-for-care schemes' (SPRU, 2008). (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Individual Budgets: impacts and outcomes for carers: [summary]; by Hilary Arksey, Caroline Glendinning, Nicola Moran (et al), Individual Budgets Evaluation Network - Ibsen; Social Policy Research Unit - SPRU, University of York; Personal Social Services Research Unit PSSRU, University of Kent. York: Social Policy Research Unit, University of York, February 2009, 4 pp.

Individual Budgets (IBs), piloted in 13 English local authorities, aimed to give greater flexibility, choice and control. Although primarily intended to benefit chronically sick, disabled and older people, IBs could also be expected to affect carers. The study investigated the impact of IBs on carers in terms of assessment, support, planning, costs and outcomes. This summary outlines findings regarding carers' receipt of support and services, and their involvement in assessment, support planning and managing IBs, as well as implications for policy and practice. The summary and full report are available from the websites of the Social Policy Research Unit, University of York and the Personal Social Services Research Unit, University of Kent, who conducted this follow-up study. (RH)

From : The Publications Office, Social Policy Research Unit, University of York, Heslington, York YO10 5DD.
Links to downloads at: www.york.ac.uk/spru or www.pssru.ac.uk

Individual budgets: lessons from early users' experiences; by Parvaneh Rabiee, Nicola Moran, Caroline Glendinning.

British Journal of Social Work, vol 39, no 5, August 2009, pp 918-935.

Within the context of modernisation, there has been a trend towards 'cash-for-care' schemes designed to bring choice and control closer to the service user. In England, Individual Budgets (IBs) are being piloted, with the aim of promoting personalised support for disabled people and other uses of social care services. This paper reports on the experiences and outcomes of early IB users two to three months after first being offered an IB. The users included adults with physical or sensory impairments, learning difficulties, mental health problems and older people. Semi-structured interviews were carried out with nine service users and five proxies. The findings suggest that IBs have the potential to be innovative and life-enhancing. However, achieving this potential in practice depends on a range of other factors, including changes in the routine practices and organisational culture of adult social care services and ensuring users have access to appropriate documentation and support. Any conclusions drawn from the experiences of these early IB users must be treated with caution. The findings nevertheless indicate some of the issues that will need to be addressed as IBs are implemented more widely to replace conventional forms of adult social care provision. (KJ/RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org>

Keeping it personal: supporting people with complex and multiple needs; by Melanie Henwood, Bob Hudson.: Pavilion, 2009, pp 8-15.

Journal of Integrated Care, vol 17, issue 3, 2009, pp 8-15.

As the social care system - and potentially the health care system and other public services - move increasingly towards a model of personalised support, questions arise about whether and how it can work for people with multiple and complex needs. The evidence is that it is possible to achieve this, and that the outcomes and quality of life can be dramatically improved. However, many councils and their partners have yet to move into demanding activity, and they face considerable obstacles in the form of conventional approaches to policy and practice if and when they do. This article draws on the findings of a special study undertaken for the Commission for Social Care Inspection (CSCI). Alongside some of the difficulties of personalising support for people with complex and multiple needs are inspirational stories of innovative developments which have transformed the lives of people and their carers. (RH)

ISSN: 14769018

From : <http://www.pavilionjournals.com>

A legal tangle?: [lack of specific legislation to support personalisation]; by Ed Mitchell.

Community Care, issue 1779, 16 July 2009, pp 26-27.

A lack of specific legislation to support personalisation means that local authorities are having to be creative in order to implement the policy. Currently, Section 51 of the Health and Social Care Act 2001 states that direct payments may only be made to a client who "consents" to them, thus making them unavailable to those without mental capacity. The Department of Health (DH) has consulted on draft regulations that would allow payments to be made to third parties. Another impediment to the policy is the NHS and Community Care Act 1990, which requires a local authority social worker to assess an individual's care needs; this makes self-assessment not legally possible. If enacted, the Welfare Reform Bill would allow regulations to be made that would give disabled people more control over the services they receive. The article refers to the DH personalisation guidance (LAC 2008(1)), suggestions in which are also not fully achievable. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

A matter of perception?: [personalisation agenda]; by Jon Glasby.

Community Care, issue 1772, 28 May 2009, pp 28-29.

A review of progress with self-directed support by the Care Services Improvement Partnership (CSIP) in 2007 described it as "potentially the biggest change in the provision of social care in England in 60 years". However, the rapid introduction of personalisation and personal budgets has met with mixed reactions from academics and social workers. The author looks at some of the arguments, by considering the differing reactions which he believes appear to have been influenced at least by these underlying issues: a misunderstanding of key concepts such as In Control and direct payments; not comparing like with like; attitudes to current services; and different views about what constitutes good evidence. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

'My big mistake: being too friendly with my PA': [personalisation case study]; by Anna C Young.

Community Care, issue 1784, 27 August 2009, pp 28-30.

The need for users of Independent Living Fund payments to keep relationships with their personal assistants (PAs) on a professional footing is highlighted in this article. The author, a wheelchair user and disability activist, was friends with her PA until she started demanding higher pay. This article explains what went wrong when the case went to an employment tribunal. Susan Craig, Legal Officer at Unison Scotland outlines findings of a survey commissioned with the Scottish Personal Assistant Employers Network (Spaen) which demonstrates the importance of seeking independent advice. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Neo-liberal individualism or self-directed support: are we all speaking the same language on modernising adult social care?; by Alan Roulstone, Hannah Morgan.

Social Policy & Society, vol 8, pt 3, July 2009, pp 333-346.

This article explores recent developments in the modernisation of adult social care through the lens of changes to English day services. Drawing on wider policy debates, it argues that Disabled Peoples' Movement and governmental ideas on self-directed support, although superficially similar, are growing increasingly apart. It is argued that in the absence of adequate funding and exposure to organisations of disabled people, day service recipients risk moving from a position of enforced collectivism to an enforced individualism characteristic of neo-liberal constructions of economic life. (KJ/RH)

ISSN: 14747464

From : <http://www.journals.cambridge.org/sps>

Personal health budgets: first steps; by NHS, Department of Health - DH. London: Department of Health - DH, 28 January 2009, 58 pp (Gateway ref: 11225)(+ circular letter) (High quality care for all).

The aim of a personal health budget is "to help people get the services they need to achieve their health outcomes, by letting them take as much control over how money is spent on their care as is appropriate for them". The idea builds on work with self-directed support, individual budgets (IBs) and personal budgets for social care. This document sets out the principles of personal health budgets, reports on early lessons, and invites expressions of interest in the pilot programmes for personal health budgets (by 27 March 2009). It outlines the evidence from self-directed support in the UK and international evidence on self-directed care. It

presents six key principles for personal health budgets and personalisation in health - for example tackling inequalities - combined with discussion on who, how much, what type, and what support an individual will need. It gives examples of practice and evidence that support this policy, which is subject to legislation in the Health Bill recently introduced by Lord Darzi of Denham. (RH)

From : Download from website:http://www.dh.gov.uk/en/Healthcare/OurNHSourfuture/DH_090018

Personal health budgets: the shape of things to come?; by NHS Confederation. London: The NHS Confederation, 2009, 16 pp.

The NHS Next Stage Review endorsed the proposal to include NHS funding within personal budgets, allowing people "to choose support which ensures their well-being and enables independent living". Two recent papers have warned that if individual budgets (IBs) only apply to social care, "the potential power of personalisation diminished" although "individual budgets could weaken the NHS". Thus, it is timely to consider further the key issues around the development of personal health budgets before piloting gets underway fully. This report follows two seminars, one held with key opinion leaders and one with NHS Confederation members. It explores the potential and benefits of personalisation, and is designed to stimulate further debate on how the development will affect mainstream commissioning and provision of NHS services. It sets out what we mean by personalised health budgets and what we already know about them, including evidence of similar experiences in Germany, the Netherlands and the USA. The second half explores the possible impact on the existing healthcare system and what still needs to be considered. (RH)

Price: £15.00

From : Download: www.nhsconfed.org/publications NHS Confederation Publications 0870 444 5841.

Personalisation - implications for housing providers: issues in supporting housing research, policy and practice; by David Walden.

Housing, Care and Support, vol 12, no 2, September 2009, pp 4-7.

Personalisation means thinking about housing, care and support services in an entirely different way. It means starting with the person as an individual. This article looks at what personalisation means for housing providers, for instance tailoring support to people's individual needs to enable them to live full and independent lives. The Social Care Institute for Excellence (SCIE) says that housing providers must now be focused on giving people much more choice in how and where they want to live, as well as being committed to ensuring that those homes are well-designed, flexible and accessible. This article explores the challenges associated with this significant transformation in adult social care and look at case studies where businesses and individuals are already geared up to put people first. (KJ/RH)

ISSN: 14608790

From : Website: <http://www.pierprofessional.com>

Personalisation and housing: connections, challenges and opportunities; by Jon Head.

Housing, Care and Support, vol 12, no 3, October 2009, pp 37-44.

This article refers to common values and principles underlying personalisation and housing, and the importance of personalisation for providers like Hanover (a leading provider of housing and support services for older people). It also refers to challenges that personalisation presents for supported housing services, such as extra care. Possible responses to these challenges include a re-emphasis on listening to what residents - as well as commissioners - want, an honest appraisal of the concept of choice and its implications, especially in services such as extra care, and asking whether people might still be asked to choose a 'package' of core services, in order to retain sustainable models that will support other people now and in the future. The article then describes the Housing Associations' Charitable Trust's (hact) Up2Us project, a key initiative to put supported housing service users centre stage in commissioning and purchasing care and support, in which Hanover and the London Borough of Barking and Dagenham are among the partners. (KJ/RH)

ISSN: 14608790

From : Website: <http://www.pierprofessional.com>

Personalisation and housing; by Martin Cooper (ed).

Housing, Care and Support, vol 12, no 4, December 2009, 44 pp (whole issue).

This special edition of Housing, Care and Support is devoted to a more in-depth exploration of the perceived challenges and implications of the personalisation agenda for users of services, commissioners and providers of housing, care and support services. The seven articles range from looking at the issue of the conflicting value bases for a state versus a market-driven vision of welfare services, to considering how providers need to adapt their service offers if they are to remain relevant in the emerging markets. The work has been supported by the Housing and Learning Improvement Network (HLIN) and also reflects a number of contributions to the OLM-

Pavilion Conference (2009) entitled 'Personalisation and Housing: Making it work for service users and housing providers'. (KJ/RH)

ISSN: 14608790

From : Website: <http://www.pierprofessional.com>

Personalisation and individual budgets: challenge or opportunity?; by Helena Taylor Knox, HQN (Housing Quality Network). York: HQN - Electronic format only, November 2009, 20 pp.

Personalisation implies that services should no longer be commissioned en masse for user groups, rather that services, information and support will vary greatly between individuals. This paper explores some of the implications for housing providers and commissioners of supported housing. It looks at individual budgets (IBs), how they differ from personal budgets (PBs), and whether they will work, referring to findings of the Individual Budgets Evaluation Network (IBSEN). It notes the different stages in the development of social care since the Green Paper in 2005, leading to the 'Putting People first' ministerial concordat in 2007, as well as the introduction of Supporting People in 2003. Using the "milestones" developed by ADASS for transforming adult social care services, it seeks to answer questions on how housing commissioners and providers should approach IBs and personalisation. (RH)

From : HQN, Rockingham House, St Maurice's Road, York YO31 7JA. www.hqnetwork.co.uk

Personalisation and joint working: OLM adult and social services survey; by Jim Kennedy.: Pavilion, August 2009, pp 39-42.

Journal of Integrated Care, vol 17, issue 4, August 2009, pp 39-42.

Earlier this year, OLM Group surveyed senior social services staff in councils in England and Wales to learn more about progress towards personalisation and more effective joint working with health. This article summarises their views on the major concerns about, and priorities for, making the new arrangements work. It outlines where the current obstacles and threats to success lie. (KJ/RH)

ISSN: 14769018

From : <http://www.pierprofessional.com>

Personalisation briefing: implications for carers; by Social Care Institute for Excellence - SCIE; Carers UK. London: Social Care Institute for Excellence, July 2009, 6 pp (At a glance, 10).

Personalisation for carers means tailoring support to people's individual needs and being part of the discussion about support for the carer and support for the person being looked after. Personalisation also means ensuring that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment regardless of disability. This At a glance briefing includes examples illustrating the views of individual carers on aspects of personalisation. (RH)

From : SCIE, Fifth floor, 2-4 Cockspur Street, London SW1Y 5BH.

www.scie.org.uk/publications/ata glance/ata glance10.asp

Personalisation briefing: implications for residential care homes; by Social Care Institute for Excellence - SCIE; Carers UK. London: Social Care Institute for Excellence, November 2009, 6 pp (At a glance, 17).

Personalisation for residential care homes means that person-centred and relationship-centred care and support should be at the heart of the service being offered. This At a glance briefing examines the implications of the personalisation agenda for managers of residential care homes, as expressed in the document 'Putting people first' (Department of Health, 2007). Personalisation means starting with the person, who should be at the centre of the process of identifying needs and making choices in about how when support is needed; consequently, care home staff and services should be aware of these things. Case studies illustrate how particular care homes have implemented aspects of personalisation to good effect. (RH)

From : SCIE, Fifth floor, 2-4 Cockspur Street, London SW1Y 5BH.

www.scie.org.uk/publications/ata glance/ata glance17.asp

Personalisation briefing for commissioners; by Social Care Institute for Excellence - SCIE; Department of Health - DH; Association of Directors of Adult Social Services - ADASS. London: Social Care Institute for Excellence - SCIE, June 2009, 6 pp (At a glance 06).

Personalisation is about giving people much more choice and control over their lives, and goes well beyond just giving personal budgets to those eligible for council housing. It implies considering the needs, preferences and aspirations of the person as an individual or of whole communities, to ensure that everyone has access to the right information, advice and advocacy to make decisions about the support they need. This 'At a glance' looks at these factors and other implications for commissioners: ensuring the right balance of investment between services; finding new collaborative ways of working (sometimes known as co-production); developing local

partnerships, particularly between health and social care; and commissioning prevention and well-being services. Also at the weblink given is 'Personalisation: a rough guide' (including an easy read version and Powerpoint presentations), looking at what personalisation is, where the idea came from, and its context within wider public service reform. (RH)

From : SCIE, Fifth floor, 2-4 Cockspur Street, London SW1Y 5BH.
www.scie.org.uk/publications/ataglance/ataglance06.asp

Personalisation within a housing context; by Jon Head.

Working with Older People, vol 13, issue 2, June 2009, pp 25-27.

What of the role of social housing in the personalisation agenda? The author explains Hanover Housing Group's approach to personalisation, and presents the challenges that the organisation faces in its implementation. He describes Hanover's involvement in a pilot project with Housing Associations' Charitable Trust (hact) that offers an exciting and innovative approach to this important agenda for housing providers and residents. (RH)

ISSN: 13663666

From : <http://www.pavpub.com>

Personalisation: consumer power or social co-production; by Bob Sang.: Pavilion, August 2009, pp 31-38.

Journal of Integrated Care, vol 17, issue 4, August 2009, pp 31-38.

The policies of personalisation and choice have reawakened the underlying policy debates about the relationship between the ideologies of service reform and the implementation of policies that affect disadvantaged people. Service users themselves are responding through a range of initiatives that link self-management, personal budgets, advocacy and the emerging aspiration for 'co-production'. By bringing together learning from a community of practitioners, this paper identifies both the opportunities for partnership, including with multi-disciplinary teams, and the threats of new forms of testing that have deep roots in social policy debates. In so doing it begins to identify the real choices that users, citizens and professionals now face. (KJ/RH)

ISSN: 14769018

From : <http://www.pierprofessional.com>

Personalising health - the West Sussex story; by Sara Weech.: Pavilion, October 2009, pp 26-30.

Journal of Integrated Care, vol 17, issue 5, October 2009, pp 26-30.

This article describes the journey that West Sussex PCT and County Council have set out on to test and experiment how personalisation in health can improve patient outcomes and experience of health care. The journey is far from over, but the article describes the importance of top-level commitment and leadership, the progress that has been made, the lessons learned, and some of the challenges ahead. It is about local action and learning, and does not presume to suggest it is the right or the best approach. The article is a case study to follow up the article about self-directed support in health by Rita Brewis in the previous issue of this journal. West Sussex is a provisional Department of Health (DH) pilot area for the introduction of personal health budgets, and is a member of the Staying in Control programme. West Sussex County Council has been an individual budget (IB) pilot site, and has nearly 2,000 people receiving individual budgets and a target that all adults receiving social care will be offered self-directed support by April 2010. (KJ/RH)

ISSN: 14769018

From : <http://www.pierprofessional.com>

Peterborough offers clients a choice: [independent living support service]; by Maria Ahmed.

Community Care, issue 1796, 19 November 2009, pp 26-27.

Service users in Peterborough are now choosing their own care providers. This article looks at how the independent living support service (ILSS) works. Peterborough NHS, the local primary care trust (PCT) is responsible for commissioning adult health and social care in the city, and has been influenced by guidance from In Control as well as the government's Putting People First agenda. Access to ILSS is through schemes such as an advocacy pilot run by Age Concern Peterborough. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Placed on the front line: [personalisation funding]; by Louise Tickle.

Community Care, issue 1785, 3 September 2009, pp 26-27.

Direct placement of students in the homes of service users can provide insights into personalisation funding. This article looks at the experiences offered to social work students by courses at four universities - Sheffield Hallam, Plymouth, Coventry and Bournemouth - and the evaluation of effectiveness of such placements. The importance of the learning opportunities afforded by practical work with users is highlighted. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Putting people first : equality and diversity matters: 3: Achieving disability equality in social care services; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection - CSCI, February 2009, 71 pp (CSCI 243).

InFocus, no 9, February 2009, 71 pp (CSCI 243).

This is the last in a series of three bulletins in the InFocus series designed to help service providers in considering the personalisation agenda in social care with regard to equality and diversity issues. It focuses on achieving disability equality in social care services. It uses sources such as National Minimum Standards to inform good practice in assessment, care planning, choice and control regarding service use by disabled people. Among key points highlighted are physical, communication, social inclusion and attitudinal barriers to equality in social care services. A checklist suggests how the good practice points and examples about disability equality could be put into action. (RH)

Price: FOC

From : Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF. Orderline: 0870 240 7535 csci@accessplus.co.uk <http://www.csci.org.uk/publications>

Safeguarding and system change: early perceptions of the implications for adult protection services of the English individual budgets pilots: a qualitative study; by Jill Manthorpe, Martin Stevens, Joan Rapaport (et al).

British Journal of Social Work, vol 39, no 8, December 2009, pp 1465-1480.

Cash for care or consumer-directed services are increasing in scope and size in Europe and North America. The English Department of Health (DH) initiated a pilot form of personalised support for adults (Individual Budgets) in 13 local authorities that aimed to extend opportunities for users of social care services to determine their own priorities and preferences in the expectation that this will enhance their well-being. This article reports on and discusses interviews undertaken with adult protection leads in the 13 Individual Budgets sites about the linkages to their work, their perceptions of the launch of the pilots, and the policy's fit with safeguarding and risk agendas. The interviews were undertaken as part of the national evaluation of the pilots, which aims to evaluate outcomes and identify the contexts and mechanisms of those outcomes. Findings of this part of the study were that the adult protection leads were not central to the early implementation of Individual Budgets (IBs), and that some of their concerns about the risk of financial abuse were grounded in the extent of this problem among current service users. The implications of their perceptions for the roll out of Individual Budgets are debated in this article with a focus on risk and the policy congruence between potentially competing agendas of choice and control and of protection and harm reduction. (KJ/RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org>

Self-advocacy for people with high support needs; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1790, 8 October 2009, pp 32-33.

The Social Care Institute for Excellence (SCIE) recommends self-advocacy as a way of ensuring that people with learning difficulties and complex needs are not left behind in personalisation reforms. Self-advocacy involves shifting the balance so that the views of people with high support needs are heard and their opinions are reflected in the services they receive. This review of the evidence base notes five models of self-advocacy: rights-based, person-centred, watching brief, witness-observer, and best interest. SCIE has concluded that person-centred approaches are central to effective advocacy. Three examples of recent research are cited, and a SCIE report ('Personalisation and learning disabilities'; SCIE Adult services report 22) is suggested. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Self-directed support in health: developing the concepts; by Rita Brewis.: Pavilion, August 2009, pp 16-21.

Journal of Integrated Care, vol 17, issue 4, August 2009, pp 16-21.

This article outlines the work being taken forward by In Control, an independent social enterprise and charity, with a range of innovative primary care trusts (PCTs) and local authorities, to explore how the concept of personalisation may be applied in health. The programme has been called Staying in Control, to reflect the need for joining together health and social care so that a person does not lose control when their health deteriorates and different funding streams and services come into play. (KJ/RH)

ISSN: 14769018

From : <http://www.pierprofessional.com>

Self-directed support: direct payments, personal budgets and individual budgets; by Age Concern England - ACE. London: Age Concern England - ACE, July 2009, (Age Concern Fact Sheet 24).

One of Age Concern England's comprehensive factsheets which are revised and regularly updated throughout the year. The printed factsheets subscription service ceased from April 2007 but current factsheets can be freely downloaded from the Age Concern website. To request individual printed factsheets, please call the Age Concern Information Line on 0800 00 99 66 (free call), 8 am - 7 pm daily. (KJ)

From : Information Unit, Age Concern England, Astral House, 1268 London Road, London SW16 4ER.<http://www.ageconcern.org.uk/AgeConcern/fs24.asp>

The state of social care in England 2007-08: executive summary; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection - CSCI, January 2009, 38 pp (CSCI 241).

This executive summary outlines the main findings from the fourth and final annual report from the Commission for Social Care Inspection (CSCI) to Parliament on the state of social care in England. It summarises progress made over the last six years in improving councils' performance and the quality of care services overall. Part 1 covers data and trends on the range, quality and availability of social care services across the public, voluntary and private sectors. It also looks at trends in the care market and the adult social care workforce (estimated in all at some 1.5 million). Part 2 outlines the evidence of a special study conducted by the Individual Budgets Evaluation Network (IBSEN) on personalised support for people with multiple and complex needs, to ascertain whether these people are benefiting from the personalised care agenda as described in 'Putting people first' (Department of Health, 2007). It finds that while all councils in the study were engaging with the challenges of personalisation, all were struggling with making the policy part of mainstream services. The subsequent summary report from the Care Quality Commission (CQC) has the title 'The state of health care and adult social care: a look at the quality of care in England in 2009'. (RH)

From : Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF. Email: enquiries@csci.gsi.gov.uk Customer services helpline: 0845 015 0120 or 0191 233 3323. Download link at: <http://www.csci.org.uk/default.aspx?page=2629&key=>

Towards a history of choice in UK health policy; by Ian Greener.

Sociology of Health & Illness, vol 31, no 3, April 2009, pp 309-324.

This paper examines health policy documents from the period in which the NHS was planned through to New Labour's reforms, to examine how the terms 'choice' and 'responsiveness' are used to position both users and the public in particular roles. It suggests that health consumerism is a process that has gradually appeared in the NHS through an extension of the choices offered to patients and the terms on which they were offered. Utilising Hirschman's classic framework of exit, voice and loyalty, it is suggested that although there appears to be a strong relationship between the introduction of choice with the aim of securing greater responsiveness, that does not necessarily work in the opposite direction. This is because the analysis of responsiveness suggests that there are other means of achieving this goal other than increasing choice through consumerist approaches to organisation. The implications of this analysis are explored for contemporary health service reform. (KJ/RH)

ISSN: 01419889

From : <http://www.blackwellpublishing.com>

Trading places: [Essex council and personalisation of service]; by Craig Kenny.

Community Care, issue 1789, 1 October 2009, pp 24-25.

Councils faced with cutting or changing services in the age of personalisation may be interested in following the example being followed by Essex, where a trading company has been established. However, trade unions remain to be convinced. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Training for change: early days of individual budgets and the implications for social work and care management practice: a qualitative study of the views of trainers; by Jill Manthorpe, Sally Jacobs, Joan Rapaport (et al).

British Journal of Social Work, vol 39, no 7, October 2009, pp 1291-1305.

Individual Budgets (IBs) are central to the implementation of English government policy goals in social care. Like other consumer-directed or self-directed support programmes operating in parts of the developed world, they are envisaged as a way of increasing individuals' choice and control over social care resources provided by the public sector. While the opportunities they provide for people using services have been identified prospectively in the English context and reflect positive outcomes internationally, little attention in England has been paid to the potential impact on the redesign of social workers' and others' current roles and practice and the training that might be necessary. This article draws on the Department of Health-commissioned evaluation of the thirteen pilot Individual Budget schemes, which aims to evaluate outcomes and identify the contexts and

mechanisms of those outcomes. The article focuses on a sub-set of the study that comprised an exploration of early training activities for social workers or care managers and wider stakeholders around the introduction of Individual Budgets. It is based on interviews with representatives from all thirteen pilot local authorities. What happens to social work in adult social services departments in England may be determined in part by these pilots; however, the article also highlights the role of those responsible for training in managing the demands upon social workers/care managers, in responding to their concerns and aspirations, and their possible responsibilities for training people using services in their new consumer roles. (KJ/RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org>

Understanding personal health budgets; by NHS, Department of Health - DH. London: Department of Health - DH, June 2009, 13 pp (292457).

The idea for personal health budgets builds on work with direct payments and personal budgets for social care. A personal health budget makes it clear to users and the people supporting them how much NHS money is available for individual NHS care, to meet health and well-being needs. This pamphlet answers questions on personal health budgets and how they could work: as a notional budget; a real budget held by a third party; or as a direct payment. A change in the law with the Health Bill currently going through Parliament is required for direct payment options to be tested. More information can be found on the website (at <http://www.dh.gov.uk/en/Healthcare/Highqualitycareforall/Personalhealthbudgets/index.htm>), or by talking to a GP, care coordinator, or primary care trust (PCT). (RH)

From : Order: <http://www.orderline.dh.gov.uk> DH Publications Orderline, PO Box 777, London SE1 6XH.

Using Supporting People funding in individual budgets; by Kate McAllister.

Housing, Care and Support, vol 12, no 1, April 2009, pp 25-29.

Following the Department for Communities and Local Government (DCLG) pilot exercise, all sites remain committed to the concept of individual budgets (IBs). There are many positive stories of how IBs have made a real difference to people's lives, enabling the person-centred support and informed choices about integrated packages of care and support. There are also impressive examples of creative joint working where pilot sites have adopted pragmatic solutions and worked around obstacles wherever possible. Based on experiences to date, all the pilot sites feel that IBs have a key role to play, but they should not be considered as the only option to personalising housing-related support services and increasing choice. Commissioned Supporting People (SP) services can be responsive and person-centred, as well as providing consistent coverage over large geographical areas, and some authorities considered that commissioned SP services can work alongside IBs and promoted this model as a viable alternative. More work is needed to understand better how IBs can work together with commissioned services to deliver a seamless service. (RH)

ISSN: 14608790

From : Website: <http://www.pavilionjournals.com>

Voices for power - putting people at the centre of care quality: Care Quality Commission statement of involvement: [consultation]; by Care Quality Commission - CQC. London: Care Quality Commission, January 2009, 32 pp.

The Care Quality Commission (CQC) was established by the Health and Social Care Act 2008 to regulate the quality of health and adult social care and to look after the interests of people detained under the Mental Health Act. The Commission comes into operation on 1 April 2009, and brings together the work of the Commission for Social Care Inspection (CSCI), the Healthcare Commission, and the Mental Health Act Commission (MHAC). This consultation invites views (by 25 March 2009) on the CQC's statement of involvement and how people should be involved in CQC. Issues covered by the statement of involvement include: values and best practice; governance; how CQC will work in partnership with voluntary groups, specialist groups and with children; communication; involvement in policies, priorities and methods; assessing involvement; and measuring progress. The address for responses is: Statement of Involvement Consultation, Care Quality Commission, FREEPOST LON15399, LONDON EC1B 1QW. (RH)

Price: FOC

From : Care Quality Commission, 7th Floor, King's Beam House, 22 Upper Ground, London SE1 9BW.

Download link at: http://www.cqc.org.uk/consultations/user_involvement_consultation.aspx

Whole system working in the promotion of independence and well-being for older people; by Joe Pidgeon.: Pavilion, 2009, pp 26-33.

Journal of Integrated Care, vol 17, issue 3, 2009, pp 26-33.

Nottinghamshire has been one of the eight national pilot sites for LinkAge Plus, and this article explores the county's front-line experience of managing a whole systems approach in practice in implementing LinkAge Plus

in respect of older people's independence and well-being. The importance of ensuring the systematic engagement of older people in the process is emphasised. The article describes six learning areas which helped the development of preventative and well-being services in the context of whole-system working and older people's engagement. (RH)

ISSN: 14769018

From : <http://www.pavilionjournals.com>

2008

Back to the future: bringing about personal control in care; by Joan Beck.

Social Caring, issue 35, July 2008, pp 12-13.

A brief article exploring self-directed support, an inclusive phrase, encompassing Direct Payments, Individualised Budgets and Personal Budgets; all of these are more fully explained on the Care Services Improvement Partnership website (www.csip.org.uk). The implications of self-directed support for the future of social care are considered. (KJ/RH)

From : <http://www.socialcareassociation.co.uk>

Basics of personalisation; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1745, 30 October 2008, pp 36-37.

The Social Care Institute for Excellence (SCIE) explains the history and rationale behind the personalisation of services, which was introduced in 'Putting people first: a shared vision and commitment to transformation of adult social care' (2007). This article notes other key concepts for personalisation: independent living, participation, control, choice and empowerment; also the link with individual or personal budgets (IBs). It outlines examples of personalised approaches to care and ways in which personalised social care can be delivered. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Brokerage and co-operation: [personalisation]; by Melanie Henwood.

Community Care, issue 1734, 7 August 2008, pp 32-33.

There is a divide over how to deliver external support in the move to personalisation of services. This article reviews and compares the findings of two reports. The discussion paper, 'Choice and control: the training and accreditation of independent support brokers' by Steve Dawson of the National Development Team (NDT), considers NDT's earlier work on brokerage. The New Economics Foundation (NEF) paper, 'Co-production: a manifesto for growing the care economy' draws mainly on US literature and practice in which people are perceived in terms of the personal assets they can bring to their local communities, for example through "time banks" and social capital. The author of this article suggests that the two sides represented by the two reports are given more to evangelising than offering evidence. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Choice or chore?: carers' experiences of direct payments; by Carers UK. London: Carers UK, November 2008, 10 pp.

Carers have found that the services they have received from their local council since the introduction of direct payment schemes are better than those previously received. The results of a survey on the benefits of direct payments is presented. While the message is positive, 'Choice or control' also comes with a warning that proper support must also be in place to help carers manage direct payments. Case studies illustrate carers' positive and negative experiences; and a good practice example outlines what the Ayrshire Independent Living Network provides to direct payment users. Local authorities could improve their service to carers as follows: speed up the application process; make it a real choice; provide employment support; make sure all costs are covered; allow families to employ family members; don't back off, back up; value carers' administrative support; and keep commissioning highly specialised services. (RH)

From : Carers UK, 20 Great Dover Street, London SE1

4LX.<http://www.carersuk.org/Policyandpractice/Research/OtherResearch/ChoiceorChore-Carersexperiencesofdirectpayments.pdf>

A critical consideration of the cash for care agenda and its implications for social services in Wales; by Ann Nullanee James.

The Journal of Adult Protection, vol 10, no 3, August 2008, pp 23-34.

This paper considers cash for care as reflected in direct payments and the more recent development of individual budgets in England. While the momentum to roll out individual budgets gathers pace in England, Wales has embarked on a more cautious approach in wishing to evaluate the impact of individual budgets on social services. The paper identifies some of the far reaching implications of cash for care in general and individual budgets in particular, for service users, carers - both paid and informal - and for the social work profession. The policy incoherence in relation to risk and safeguarding is highlighted. This paper supports the approach currently adopted by the Welsh Government in relation to the 'rolling out' of individual budgets. The Welsh Assembly's 10-year strategy for social services focuses on the rights of citizens and the needs of communities. This paper argues that fulfilling that vision should not be wholly contingent upon an unproven extension into the field of individual budgets. (KJ/RH)

ISSN: 14668203

From : Website: <http://www.pavpub.com>

Deafblind people and families' experiences of direct payments: Deafblind Direct consultation report; by Sense. London: Sense, February 2008, 41 pp.

This report presents research into the experiences of deafblind people and families in relation to direct payments. The research was carried out as part of Deafblind Direct, Sense's direct payments project. A consultation with deafblind people and families was carried out from June to November 2007. Detailed information was gathered from those using direct payments or thinking about using them. The research covered particular aspects of direct payments, including some of the key factors that help or hinder the uptake of direct payments with this population group. Respondents had varying experiences of direct payments, making it clear that while some thought they benefited from receiving them, there are a range of challenges to face in using them. The research highlighted cases where it seems that the Department of Health (DH) statutory guidance documents on direct payments (2003) and the Deafblind Guidance (2001) are not being implemented correctly. The research also looked into other relevant initiatives, including Self-directed care initiatives and the Independent Living Fund (ILF). Respondents suggested a range of actions, and the report brings together recommended actions for Sense, other organisations and local and national government. (KJ/RH)

From : Sense, 11-13 Clifton Terrace, Finsbury Park, London N4 3SR.<http://www.sense.org.uk>

Department of Health consultation on draft Health and Social Care Act 2008 regulations: summary [of Age Concern England's response]; by Age Concern England - ACE. London: Age Concern England, November 2008, 2 pp (Policy response Ref: 2808(S)).

Age Concern England (ACE) comments on regulations on new powers to make cash payments to purchase care to people who are unable to direct their own care, and the extent to which local authorities have sufficient powers to deal with any misuse of the direct payments system on another person's behalf. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Download document at <http://www.ageconcern.org.uk>

Employment aspects and workforce implications of direct payments: research report prepared for Skills for Care by IFF Research; by IFF Research Ltd; Skills for Care. London: Electronic format - Skills for Care, May 2008, 253 pp.

The direct payments system introduced in 1997 positions direct payment recipients in the role of "employers". There is a need to understand how direct payments are affecting the nature of the social care sector workforce. This report presents findings of quantitative research conducted by IFF Research in 2007 on behalf of Skills for Care. The research comprised three survey elements: main employer survey; self-completion-survey of personal assistants; and a telephone survey of personal assistants. The report examines the implications of direct payments for: the quality of care and support received by employers; bringing new "employers" into the sector; the nature of the personal assistant workforce; and working practices and working conditions for personal assistants. Personal assistants' views on their current role and future intentions, as well as on training and staff development, are covered. Appendices include the questionnaires, and key findings by local authority for the employer and personal assistant telephone survey. (RH)

Price: foc

From : Download from website: <http://www.skillsforcare.org.uk/view.asp?id=1006>Contact details: Lorna Adams and Laura Godwin, IFF Research Ltd, Chart House, 16 Chart Street, London N1 6DD. Email: LornaA@IFFResearch.com (Website: www.IFFResearch.com)

Empower and protect: [personalisation and choice]; by Louise Hunt.

Community Care, issue 1732, 24 July 2008, pp 28-29.

Personalisation gives users more choice, but how should this be balanced with risk? This article looks at how Halton Council in Cheshire has dealt with implementing direct payments - which also has resonance for the government's review of the 'No Secrets' guidance in respect of safeguarding vulnerable adults. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Evaluation of the Individual Budgets pilot programme: summary report; by Caroline Glendinning, David Challis, José-Luis Fernández (et al), Individual Budgets Evaluation Network - IBSEN; Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit, University of York - Electronic format, 2008, 60 pp.

Individual Budgets (IBs) were first proposed in the report, 'Improving the life of chances of disabled people' (Cabinet Office Strategy Unit, 2005), and repeated in the Green Paper, 'Independence, well-being and choice' (Cm 6499). IBs were piloted as a new way of providing support for older and disabled adults and people with mental health problems eligible for publicly funded social care. The Department of Health (DH) set up IB pilot projects in 13 English local authorities which ran November 2005 to December 2007. The DH commissioned IBSEN to conduct this evaluation, which is the first robust UK study of the implementation and impact of personalisation approaches to social care. This summary report outlines the methods and the user sample. It comments on: the outcomes for individual service users; costs and cost-effectiveness; the funding streams used; eligibility, assessment and resource allocation; support planning and brokerage; risk and risk management; the workforce, providers and commissioners; and IBs and the interface with NHS planning and services. Discussion includes how we can understand the outcome findings for differing groups of services users. Although the DH has already announced extending personalisation across adult social care in England, the evaluation highlights policy issues for policy and practice that run counter to the IBs concept, such as Fair Access to Care Services (FACS) and charging policies. (RH)

From : The Publications Office, Social Policy Research Unit, University of York, Heslington, York YO10 5DD.

Link to download:<http://php.york.ac.uk/inst/spru/pubs/adult.php>

Evaluation of the Individual Budgets pilot programme: final report; by Caroline Glendinning, David Challis, José-Luis Fernández (et al), Individual Budgets Evaluation Network - IBSEN; Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit, University of York - Electronic format, 2008, 327 pp (+ appendices).

Individual Budgets (IBs) were first proposed in the report, 'Improving the life of chances of disabled people' (Cabinet Office Strategy Unit, 2005), and repeated in the Green Paper, 'Independence, well-being and choice' (Cm 6499). IBs were piloted as a new way of providing support for older and disabled adults and people with mental health problems eligible for publicly funded social care. The Department of Health (DH) set up IB pilot projects in 13 English local authorities which ran November 2005 to December 2007. The DH commissioned IBSEN to conduct this evaluation, which is the first robust UK study of the implementation and impact of personalisation approaches to social care. This report gives the methods and the user sample. It comments on: the outcomes for individual service users; costs and cost-effectiveness; the funding streams used; eligibility, assessment and resource allocation; support planning and brokerage; risk and risk management; the workforce, providers and commissioners; and IBs and the interface with NHS planning and services. Discussion includes how we can understand the outcome findings for differing groups of services users. Although the DH has already announced extending personalisation across adult social care in England, the evaluation highlights policy issues for policy and practice that run counter to the IBs concept, such as Fair Access to Care Services (FACS) and charging policies. (RH)

From : The Publications Office, Social Policy Research Unit, University of York, Heslington, York YO10 5DD.

Link to download:<http://php.york.ac.uk/inst/spru/pubs/adult.php>

Four messages of support: [personalisation agenda]; by John Bolton.

Community Care, issue 1743, 16 October 2008, p 30.

World-class commissioning is central to the personalisation agenda. John Bolton, Director of Strategic Finances at the Department of Health (DH) notes how his department's Putting People First highlights four main aspects of personalisation: access to universal services; early interventions to keep people independent; self-directed support; and supporting people to be part of the community. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Gaining independence: an evaluation of service users' accounts of the individual budgets pilot; by Guy Daly, Annette Roebuck.

Journal of Integrated Care, vol 16, issue 3, 2008, pp 17-25.

Coventry City Council has pursued an outcomes-focused approach to care planning. Researchers from Coventry University's Faculty of Health and Life Sciences present the findings of an evaluation of the impact on service users of that local authority's individual budgets pilot. The research suggests that these service users and their families see individual budgets as a very positive development. Service users have been able to gain greater control over their lives, not least in that they are able to determine to a much greater extent how they have their needs met. This facilitates service users' ability to engage more fully and on a more equal footing with their families and communities. However, a number of challenges remain before individual budgets - or personal budgets generally - can be introduced successfully across adult health and social care. (RH)

ISSN: 14769018

From : <http://www.pavpub.com>

Getting personal : a fair deal for better care and support: the report of Hampshire County Council's Commission of Inquiry into Personalisation and the future of adult social care; by Ken Thornber (chairman), Commission of Inquiry into Personalisation, Hampshire County Council. Winchester: Hampshire County Council, November 2008, 140 pp.

Personalisation means that support and care are built around the individual, taking account of personal needs. Comprising experts from a variety of organisations and interests, the Commission has produced a set of national recommendations and the formation of a complementary model for putting people first in Hampshire (Appendix E). This wide-ranging report includes comments on issues from self funders, support for carers, funding personalised care and social care, to the care market and regulation. The Commission proposes a new system for adult social care which must be underpinned by these principles: person-centred; fair and inclusive; clear, easy to understand and accessible; an expressed joint responsibility; and affordable and sustainable. The Commission makes recommendations on: a Universal Offer; free urgent care; a savings disregard; the legal framework; retention of Fair Access to Care (FACS); a resource allocation system; benefits; joint working with health services (including targeted early intervention and prevention); user involvement; carers; the market and infrastructure; risk, quality and outcomes; the workforce; and place shaping and community capacity. (RH)

From : Hantsdirect, The Castle, Winchester, Hampshire SO23 8ZB.tel: 0845 603 5625

Getting personal : a fair deal for better care and support: summary document: the report of Hampshire County Council's Commission of Inquiry into Personalisation and the future of adult social care; by Ken Thornber (chairman), Commission of Inquiry into Personalisation, Hampshire County Council. Winchester: Hampshire County Council, November 2008, unnumbered.

Personalisation means that support and care are built around the individual, taking account of personal needs. Comprising experts from a variety of organisations and interests, the Commission has produced a set of national recommendations, outlined in this summary as follows: a Universal Offer; free urgent care; a savings disregard; the legal framework; retention of Fair Access to Care (FACS); a resource allocation system; benefits; joint working with health services (including targeted early intervention and prevention); user involvement; carers; the market and infrastructure; risk, quality and outcomes; the workforce; and place shaping and community capacity. Also summarised is the Hampshire Model for the future of adult social care in the county. The document concludes by noting a "strong desire to ensure that the adult social care system is transformed and that this is underpinned by evidence that over time demonstrates a whole system change". (RH)

From : Hantsdirect, The Castle, Winchester, Hampshire SO23 8ZB.tel: 0845 603 5625

How personalisation stretches the law on adult social care: [personalisation agenda]; by Ed Mitchell.

Community Care, issue 1744, 23 October 2008, p 33.

This short article cites four areas of policy and practice that demonstrate how the drive to personalise services has exposed tensions between old and new social care legislation. First, direct payments are currently constrained by the Health and Social Care Act 2001, section 51 - that is, until an amendment in the Health and Social Care Act 2008 comes into force. Second, on individual budgets (IBs): a client who decides not to take all or part of an IB as a direct payment is currently unable to decide how this can be spent. Third, on self-assessment, the NHS and Community Care Act 1990 requires the local authority to assess a person's need for community care services. Lastly, on preventive services, the Fair Access to Care Services (FACS) eligibility criteria has been diverted away from preventive services in many areas. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

In Control? Making sure we're not out of control!: some issues for people considering a direct payment or individualised budget; by Anonymous family carer.

The Journal of Adult Protection, vol 10, no 3, August 2008, pp 14-22.

Individualised budgets or self-directed support allow people to design their own community care package and choose how they get support. Direct payments offer a cash payment in lieu of a community care service. These initiatives signal a move away from established services. At the same time, they may also involve transferring management responsibility from services to the individual service user or family carers - or in some cases, could involve setting up an unmanaged service. This article is based on experience of supporting a carer's son who has learning disabilities to move from the family home into a supported living scheme. This carer happens to work in learning disability services, and thus gets to see another side of the picture too. The article looks at some potential consequences of current policy, and highlights issues that users and family carers may need to consider when they are developing a support package for themselves or a family member or friend. (KJ/RH)

ISSN: 14668203

From : Website: <http://www.pavpub.com>

Increasing choice and control for older and disabled people: a critical review of new developments in England; by Caroline Glendinning.

Social Policy & Administration, vol 42, no 5, October 2008, pp 451-469.

This paper critically examines new policies currently being implemented in England aimed at increasing the choice and control that disabled and older people can exercise over the social care support and services they receive. The development of these policies, and their elaboration in three policy documents published during 2005, are summarized. The paper then discusses two issues underpinning these proposals: the role of quasi-markets within publicly funded social care services; and the political and policy discourses of consumerism and choice within the welfare state. Despite powerful critiques of welfare consumerism, the paper argues that there are nevertheless very important reasons for taking choice seriously when considering how best to organize and deliver support and other services for disabled and older people. A policy discourse on consumerism, however, combined with the use of market mechanisms for implementing this, may be highly problematic as the means of creating opportunities for increased choice, and, on its own, risks introducing new forms of disadvantage and social exclusion. (KJ/RH)

ISSN: 01445596

Individual budgets - the story so far: [personalisation agenda]; by Jill Manthorpe.

Community Care, issue 1746, 6 November 2008, pp 32-33.

The recent report from the Individual Budget Evaluation Network (IBSEN) found that IBs worked well for most groups. In the first of three articles, a Network member discusses the findings and suggests that IBs will be seen as central to the transformation of social care, being based on experiences of direct payments and In Control. Councils participating the IB pilots dealt with four main challenges: allocating resources fairly and appropriately; establishing boundaries in dealing with concerns about use of public funds; meeting responsibilities in safeguarding vulnerable groups; and problems with integrating funding streams. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Individual budgets and personalisation: a new model for integration?; by Melanie Henwood, Bob Hudson.

Journal of Integrated Care, vol 16, issue 3, 2008, pp 8-16.

The adult social care system will increasingly be characterised by "personalisation". Maximising choice, control and power over the support services that people access is to be achieved principally by development of personal budgets. Already there are signs that the Government wants to extend the model from adult social care and to apply it to other areas of public service, the most obvious being health services (particularly in respect of long-term conditions) and support for disabled children and their families. The authors draw on findings from their in-depth study commissioned by the Department of Health (DH), 'Here to stay? Self-directed support: aspiration and implementation: a review for the Department of Health' (Melanie Henwood Associates, June 2007). They highlight some of the challenges and opportunities which arise for authorities attempting to engage with personalisation and to develop more integrated responses to people's support needs. It is clear that the "Total Transformation" to which many aspire will not be achieved overnight, but equally this is an area of policy change which cannot be left to the enthusiasts. (RH)

ISSN: 14769018

From : <http://www.pavpub.com>

Individual budgets on the frontline: [personalisation agenda]; by Jill Manthorpe.
Community Care, issue 1747, 13 November 2008, pp 30-31.

The Individual Budget Evaluation Network (IBSEN) asked social care staff for their verdict on IBs. In the second of three articles, a Network member outlines the key findings. While there was a general welcome, in that staff thought that IBs could improve the lives of people using the services, there were also tensions between financial and other risks, concerns about the boundaries of social care expenditure, and matters of accountability regarding funding streams. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Knowing me, knowing you: [personalisation]; by Anabel Unity Sale.

Community Care, issue 1734, 7 August 2008, pp 28-29.

Self-assessment will be a key element of personalisation. Barnsley was one of the individual budget (IB) pilots (2005-2006). This article looks at how the authority is using self-assessment following a single assessment process (SAP), and has devised a basic awareness training scheme for health and social care professionals that will help clients in securing individual budgets. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Making it personal; by Charles Leadbeater, Jamie Bartlett, Niamh Gallagher, Demos. London: Demos, 2008, 105 pp.

A participative approach to services, self-directed services, is advocated in this report. Self-directed services allocate budgets to individuals so that they can have the support and services that are personalised to their needs for social care, education and health. The authors contend that self-directed services would be the best way of delivering the personalised approaches to care as set out in the concordat between government, the Local Government Association (LGA), the NHS and the Association of Directors of Adult Social Services (ADASS), 'Putting people first' (December 2007). They compare the merits of self-directed services with those of a traditional service model; and set out the benefits to individuals and for public services as a whole. They discuss the risks: will people spend their money wisely, or is this an inappropriate use of public money; and would such a system work for everyone (e.g. those living in rural areas)? Examples of the In Control and Individual Budgets pilots are used to indicate the extent to which "scaling up" to serve a mass market might work in practice. Appendices include comparisons of the cost of a care package before and after a personal budget in contrasting local authorities. (RH)

Price: £10.00

From : Demos, Magdalen House, 136 Tooley Street, London SE1 2TU. Website: www.demos.co.uk
http://www.demos.co.uk/files/Demos_PPS_web_A.pdf

Making personal budgets work for older people: developing experience; by Department of Health - DH; Individual Budgets Evaluation Network - IBSEN. London: Department of Health - DH, 2008, 12 pp (Gateway ref: 10733) (Putting people first: transforming adult social care).

This paper considers the findings of the 'Evaluation of the Individual Budgets pilot programme' by the Individual Budgets Evaluation Network (IBSEN) and the extent to which the programme provide insights into ensuring that personal budgets will work well for older people. It also reports on advances made since the evaluation was conducted, notably some key messages and examples of practice from the IB sites about older people and personalisation. These include: the importance of whole system change; start from the person; small things make a difference; solutions need to be flexible and individual; there needs to be a choice in how the money is managed; and good support is essential. The paper also refers to another recent paper from the DH, 'Moving forward: using the learning from the Individual Budget pilots: response to the IBSEN evaluation from the Department of Health'. (RH)

Price: download

From : Department of Health, Wellington House, 133-155 Waterloo Road, London SE1 8UG.
http://networks.csip.org.uk/_library/PersonalBudgetsOlderPeople.pdf

Market goods: [personalisation of care needs]; by Andrew Mickel.

Community Care, issue 1730, 10 July 2008, pp 30-31.

In the third of a series of articles on personalisation, this article looks at how Warrington Council has been encouraging providers to develop services for clients. 80% of services are provided by the independent sector; and the authority works with the 80 providers by means of a forum to encourage good practice. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Moving forward : using the learning from the Individual Budget pilots: response to the IBSEN evaluation from the Department of Health; by Department of Health - DH; Individual Budgets Evaluation Network - IBSEN. London: Department of Health - DH, 2008, 37 pp (Gateway ref: 10701).

The main questions that the Department of Health (DH) wanted the Individual Budgets (IBs) pilots to answer were: can IBs help people to get better outcomes from social care resources and services to improve their lives; and can improvements be achieved without additional costs? This response from the DH to the IBSEN research team covers: removing barriers to access for people with mental health problems; monitoring outcomes for individual service users; costs and sustainability; funding streams; eligibility and assessment; acceptable use of resources and managing the money; support planning and brokerage; risk and risk management; the workforce, providers and commissioners; and the interface with the NHS. The DH acknowledges that, in some cases, different user groups experienced less positive attitudes towards IBs; and that the report highlights challenges in ensuring benefits to everyone as well as financial sustainability. Overall, for the DH, the research shows that IBs have the potential to improve outcomes for people without increases in costs, and with increased cost-effectiveness; and that the personalisation agenda is moving in the right direction. (RH)

Price: download

From : Department of Health, Wellington House, 133-155 Waterloo Road, London SE1 8UG.
<http://www.dh.gov.uk/en/socialcare/socialcarereform/>

The national evaluation of the Individual Budgets pilot programme: [briefing]; by Caroline Glendinning, David Challis, José-Luis Fernández (et al), Individual Budgets Evaluation Network - Ibsen; Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit, University of York - Electronic format, 2008, 4 pp.

The Individual Budgets (IBs) pilot programme tested new ways of giving people who use social care services a greater say in the assessment of their needs; a better understanding of how resources are allocated to meet these needs; and greater flexibility in using resources to meet individual needs and priorities. The evaluation found that IBs were generally welcomed by users, because they gave them more control over their lives. The variations in outcomes between user groups are outlined. Older people reported lower psychological well-being and found the management processes of IBs burdensome. In contrast, mental health service users reported significantly higher quality of life; physically disabled adults were more satisfied with the help they received; and those with learning difficulties were more likely to feel they had control over their daily lives. This briefing comments on costs and cost-effectiveness, the eligibility criteria, planning support arrangements, and the funding system, as well as implications for policy and practice. (RH)

From : The Publications Office, Social Policy Research Unit, University of York, Heslington, York YO10 5DD.
Link to download:<http://php.york.ac.uk/inst/spru/pubs/adult.php>

The national evaluation of the Individual Budgets pilot programme: experiences and implications for care coordinators and managers: [briefing]; by Caroline Glendinning, Nicola Moran, Martin Knapp (et al), Individual Budgets Evaluation Network - Ibsen; Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit, University of York - Electronic format, October 2008, 4 pp.

The Individual Budgets (IBs) pilot programme tested new ways of giving people who use social care services a greater say in the assessment of their needs; a better understanding of how resources are allocated to meet these needs; and greater flexibility in using resources to meet individual needs and priorities. Among other findings, the evaluation of the pilot programme found that IBs presented a variety of challenges and opportunities for the practitioners involved in their implementation. This briefing comments that while many staff on the frontline of care management welcomed the aims of IBs and thought there was potential to improve the lives of service users, they had concerns such as managing potential financial and other risks when responsible for safeguarding vulnerable adults. The briefing summarises findings on: the implications for practitioners' roles and responsibilities; eligibility and assessment; resource allocation; support planning and brokerage; and integrating funding streams. (RH)

From : The Publications Office, Social Policy Research Unit, University of York, Heslington, York YO10 5DD.
Link to download (research findings for care professionals):<http://php.york.ac.uk/inst/spru/pubs/adult.php>

Not throwing out the partnership agenda with the personalisation bathwater; by Helen Dickinson, Jon Glasby. Journal of Integrated Care, vol 16, issue 4, 2008, pp 3-8.

The personalisation agenda currently appears as a key strand of the Government's approach to health and social care services. On the face of it, this offers an exciting new future where service users drive the way services are joined up. Given the paucity of evidence to show that the organisationally-driven partnership working of the

past decade has delivered real and tangible outcomes for service users, this may be welcome news. There is some suggestion that in future, any talk about partnerships will be this citizen-state interaction, rather than one between health and social care agencies. This paper argues that there is a real danger in suggesting that personalisation negates the need for health and social care agencies to work together in partnership; instead, this interface is more imperative than ever. The authors provide an overview of the debates around personalisation and partnership. They set out the case why partnership should not be forgotten, and indeed will be key in the success of the personalisation agenda. (RH)

ISSN: 14769018

From : <http://www.pavpub.com>

Person centred approaches to care; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, August 2008, 3 pp (CPA briefings 2008).

Person centred approaches are ways of helping older people to live in their communities as they choose, that commission, provide and organise services rooted in listening to what people want. Services strive to adjust to the person, not the other way round. The Centre for Policy on Ageing (CPA) is working to advance person centred care for older people and all adults requiring support. This briefing looks at two aspects of delivering person centred care - the Single Assessment Process (SAP) for older people, and the Common Assessment Process (CAF) for adults - and how these relate to policy implementation. It also draws attention to the CPA's national CAF/SAP learning and development resource (at www.cpa.org.uk/sap). (RH)

From : CPA, 25-31 Ironmonger Row, London EC1V 3QP. <http://www.cpa.org.uk/policy>

Person centred support: a guide for service users: useful information for service users who got involved in the Standards We Expect project about person centred support; by Peter Beresford, Catherine Bewley, Fran Branfield (et al), Standards We Expect Project, Centre for Social Action, De Montfort University; Shaping Our Lives, National User Network; Centre for Citizen Participation, Brunel University. Leicester: Standards We Expect Project, Centre for Social Action, De Montfort University, March 2008, 32 pp.

The Standards We Expect Project - which began in 2005, ending in June 2008 - was funded by the Joseph Rowntree Foundation (JRF), and looked at services for people with disabilities from the barriers and equalities approach. The Project thinks that person centred services are about helping people to live their lives as they want to. It found eight important things about person centred support: choice and control; setting goals; good relationships; listening; information; being positive; learning; and flexibility. This information pack is for service users who came to the training workshops and took part in the Project. It aims to share ideas and provide access to information on rights, services, money support (e.g. direct payments and individual budgets) and housing. (RH)

From : Standards We Expect Project, Centre for Social Action, De Montfort University, The Gateway, Leicester LE1 9BH. (Website: www.standardsweexpect.org). From July 2008, contact: Shaping Our Lives, National User Network, BM Box 4845, London WC1N 3XX. (Website: www.shapingourlives.org.uk)

Person-centred support: what service users and practitioners say; by Michael Glynn, Peter Beresford (et al), Joseph Rowntree Foundation - JRF; Shaping Our Lives; De Montfort University; Centre for Citizen Participation, Brunel University; Values into Action - VIA. York: Electronic format - Joseph Rowntree Foundation - JRF, 2008, 93 pp.

Person-centred support means putting the person rather than the service at the centre of the process in providing services: the aim is for provision to be shaped by people's rights and needs. This research asks what person-centred support means to people who use, work with and manage services; what barriers exist to making services person-centred; and how the obstacles might be overcome. The report builds on new evidence from the national Standards We Expect Project (which was funded by the Joseph Rowntree Foundation - JRF), bringing together for the first time direct experiences in 20 areas of the UK from different service sectors and a wide range of service user groups. Some of the findings are drawn from a Get Together day attended by service users, practitioners and managers involved in the project, and confirming the participatory nature of the research. (RH)

From : JRF, The Homestead, 40 Water end, York YO30 6WP. Download document :

<http://www.jrf.org.uk/knowledge/findings/socialcare/2258.asp>

Personal budgets and self-directed care: direct payments and individual budgets: Help the Aged policy statement; by Help the Aged. London: Help the Aged, 2008, 9 pp.

Help the Aged supports all schemes and service changes which result in improved outcomes for older people and their carers, and strongly agrees that the central focus must always be whether the support available to older people meets their needs. This policy statement summarises the development of direct payments and individual budgets, but comments that they have not proved to be popular with older people. It looks at the positive aspects of personal budgets (PBs) such as the emphasis on personal well-being. Among drawbacks highlighted are

complexity, lack of information, the shortage of personal assistants (PAs), and reservations on the part of professionals. (RH)

From : Download: <http://policy.helptheaged.org.uk/NR/rdonlyres/0C0F59E6-0BA2-45A8-8996-005BDDFCBC3F/0/selfdirectedcare210408.pdf>

Personal choice in sheltered / retirement housing: a workshop: University of Sussex, Brighton, Friday 26th September 2008; by Peter Lloyd, School of Social Sciences and Cultural Studies, University of Sussex; Sussex Gerontology Network.: School of Social Sciences and Cultural Studies, University of Sussex, 2008, 3 pp.

Two ways in which personal choice might be exercised were explored in this workshop. First personal budgets (or individual budgets, or self directed support), for which West Sussex was one of thirteen pilot sites. The complexity, innovativeness and risks of the system are commented on. The second, a service menu, involved residents in one locality (North Somerset) selecting a "menu" of different levels of support (low, medium or high). More than two-thirds chose the low level, and only 5% the high level. While sheltered housing schemes retain their managers, there remains a question mark as to whether this choice could be denied to residents who may only be able to choose items on "the menu". (RH)

Price: £3.00

From : Professor Peter Lloyd, School of Social Sciences and Cultural Studies, University of Sussex, Brighton BN1 9SN. Make cheques payable to Sussex Gerontology Network.

Personalisation: is it really a catalyst for innovation and change in the care sector?; by Des Kelly, National Care Forum - NCF.

IN: National Care Forum annual review 2008, 2008, pp 74-76.

A short document launched in December 2007, 'Putting people first: a shared vision and commitment to the transformation of adult social care', brought together no fewer than five Secretaries of State, the Chief Secretary to the Treasury and organisations such as the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). Although it summarises adult social care visions and values, Des Kelly questions the aspirational, upbeat language used. He also notes the "apparently new money" being provided by the Social Care Reform Grant of £520 million over 3 years. He also refers to the Demos report, 'Making it personal' (2008), which suggests that personalisation should become part of mainstream policy and provision, but is cautious about self-directed approaches to care. He concludes that more consideration needs to be given to the transitional phases in introducing new systems, and to the stakeholders including service recipients. This article appeared in the April 2008 issue of Care Management Matters (www.caremanagementmatters.co.uk). (RH)

From : <http://www.nationalcareforum.org.uk>

Personalisation in social care: progress in the UK and abroad; by Help the Aged. London: Help the Aged, 2008, 19 pp.

The concepts of self-directed care and personalisation originate from the In Control movement, which brought together partners from the Valuing People Support Team, Mencap, local authorities and a range of independent organisations. In Control highlighted the benefits of giving social care users who have learning difficulties a single cash budget in lieu of their traditional service packages. This paper briefly introduces the systems of social care provision in France, Germany, the Czech Republic and the Netherlands, all of which operate on the basis of personal budgets. In France, "l'allocation personnalisée d'autonomie" (APA) was introduced in 2002 and is available for all people over 60 who have difficulty with normal daily activities and are less independent as a result. The Czech Republic began a new system of health insurance in 2007, which since 2002 has been devolved to local government, along with social care provision. Making a contribution to a health insurance scheme is compulsory for all. In Germany, Pflegeversicherung, a system of long-term care insurance was established in 1993. In January 2006, the Dutch healthcare system was radically reformed, establishing a compulsory healthcare insurance scheme with private providers. These systems differ in the details, but are linked by the common principles of user choice and control to which the UK currently aspires. The report discusses what can be learnt from these countries and the key issues to date in developing personalisation in the UK. (RH)

From : Download from website (23/6/09): http://policy.helptheaged.org.uk/NR/rdonlyres/5CC8D359-0790-4DD1-B8D8-A495558EBA79/0/personalisation_soc_care_060309.pdf

The personalisation of adult social care in rural areas; by Jill Manthorpe, Martin Stevens, Adult Social Care Workforce Research Unit, King's College London; Commission for Rural Communities. Cheltenham: Commission for Rural Communities, 2008, 44 pp.

This study was commissioned by the Commission for Rural Communities as part of its programme of work on rural disadvantage and access to services. The aim is to inform debate about the transformation of social care

and to produce a set of specific messages about and for rural communities on evidence from rural areas. The study is based largely on 33 interviews with people living and working in rural areas of England in early 2008. Some knew a great deal about individual budgets (IBs) and were asked to think about the rural implications of the personalisation of social care based on their experiences, while others thought about the implications of the personalisation of social care for rural communities. The focus was on people aged 75+, and participants' experiences and expectations. Lessons of the study for older people themselves, for voluntary and community groups, and for private sector and statutory service providers lead to recommendations on "rural proofing", research and monitoring the personalisation programme, and implementing initiatives in rural localities. (RH)

From : Download (16/9/08):

<http://www.ruralcommunities.gov.uk/files/CRC%2078%20Adult%20Social%20Care.pdf> Commission for Rural Communities, John Dower House, Crescent Place, Cheltenham, GL50 3RA. E-mail: info@ruralcommunities.gov.uk Website: www.ruralcommunities.gov.uk

The power to hire and fire: [personalisation and employment issues]; by Andrew Mickel.

Community Care, issue 1729, 3 July 2008, pp 28-29.

Is it really liberating for service users to directly employ their carers? And how does it feel for personal assistants (PAs) to provide intimate care? The author comments on examples of the unsatisfactory nature of such employment arrangements and the lack of protection both for services users and those directly employed by them. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Putting people first : equality and diversity matters: 2: Providing appropriate services for black and minority ethnic people; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection - CSCI, August 2008, 59 pp (CSCI 232).

InFocus, no 8, August 2008, 59 pp (CSCI 232).

This is the second in a series of three bulletins in the InFocus series designed to help service providers in considering the personalisation agenda in social care with regard to equality and diversity issues. This bulletin focuses on black and minority ethnic people using services. A number of sources of information were used to write this bulletin: the National Minimum Standards; focus groups using a range of services; individual interviews with the user group; a representative sample of Annual Quality Assurance Assessment (AQAA) forms (n=400); and discussion groups with service providers. A summary of key points of benefit to both service users and providers suggests ways in which points and examples of good practice may be put into action in developing a strategy for race equality in service provision. (KJ/RH)

Price: FOC

From : Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF. Orderline: 0870 240 7535 csci@accessplus.co.uk <http://www.csci.org.uk/publications>

Putting service users in control: [personalisation in social care user-led organisations (ULOs)]; by Bob Hudson. Community Care, issue 1710, 21 February 2008, pp 34-35.

The success of personalisation in social care will depend in part on the strength of user-led organisations (ULOs). This article reviews research which looked at the effectiveness and sustainability of ULOs, and the factors inhibiting or facilitating OLUs. The research described is 'Mapping the capacity and potential for user-led organisations in England: a summary of the main findings from a national research study commissioned by the Department of Health', carried out by Sue Maynard Campbell, Alice Maynard and Maggie Winchcombe. This article outlines the study's main conclusions on current availability of ULOs, success factors, barriers to success, and future development. The research is available in a range of formats at www.tinyurl.com/3dtvoq. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

A report on in Control's second phase: evaluation and learning 2005-2007: edited by Carl Poll and Simon Duffy; [with evaluation by] Chris Hatton [and] John Waters; by Chris Hatton, John Waters, Simon Duffy (et al), in Control; Institute for Health Research, University of Lancaster. London: in Control Publications, 2008, 144 pp.

In 2003, in Control began work on developing a new model for social care, its main aim being independent living, to have choice and control in how support needs are met. The organisation's earlier work is analysed in a report on its first phase, 2003-2005 (document 0218 or for summary, 0219 on its website). The present report continues the story: more than 100 local authorities are in Control members and are implementing self-directed support for people from all "social care groups". The report is in two parts, Part 1 being an evaluation. Part 2 contain seven chapters in which different authors reflect on lessons offered by in Control's work in important

subject areas: Self-Directed Support - a universal system; economics; support planning and brokerage; children and young people; community; commissioning and provision; and in Control's role. An appendix presents a joint statement by in Control and the National Centre for Independent Living (NCIL), whereby the two organisations work in partnership. (RH)

Price: £20.00

From : in Control Publications, 4 Swan Courtyard, Coventry Road, Birmingham B26 1BU. E-mail: admin@in-control.org.uk Website: www.in-control.org.uk

The rise of the personal assistant; by Alison Petch.

Community Care, issue 1732, 24 July 2008, pp 30-31.

Personalisation promises to extend career opportunities for personal assistants. The author reviews 'Employment aspects and workforce implications of direct payments', by Lorna Adams and Laura Godwin of IFF Research, whose study was commissioned by Skills for Care. Their survey was based on face-to-face interviews with 526 people in receipt of direct payments in 2007 and self-completion surveys returned by 486 personal assistants. Issues discussed range from job satisfaction and satisfaction with care, to experiences of abuse and the need for training and staff development. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Rural areas and personalisation: [personalisation agenda]; by Jill Manthorpe.

Community Care, issue 1744, 23 October 2008, pp 34-36.

How have individual budgets (IBs) fared in rural areas? The author summarises the lessons from her recent study (researched with Martin Stevens) of the views of social care staff involved in implementation, published as 'The personalisation of adult social care in rural areas' (Commission for Rural Communities, 2008). She comments on the frequently mentioned changing nature of rural populations and communities, and difficulties of finding personal assistants and the transport costs associated with their employment. While rural social care services may benefit from personalisation, the question will be, at what cost? (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Self directed support and individual budgets; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, August 2008, 2 pp (CPA briefings 2008).

The Centre for Policy on Ageing (CPA) is working with the Older People's Project (OPP) and Helen Sanderson Associates (HSA) on an 18-month development programme designed to initiate and support eleven small scale projects to apply to the principles and practices of self-directed support with and for older people. The project 'Practicalities and Possibilities: person centred thinking and planning with older people' aims to develop a shared understanding and approach to establishing person-centred thinking and support planning with older people. This briefing outlines the project and its three key components: shared learning, practical support, and capacity building. A national "how to" guide is planned for early in 2009. (RH)

From : CPA, 25-31 Ironmonger Row, London EC1V 3QP. <http://www.cpa.org.uk/policy>

Self-assessment and self-managed care; by Oliver Mills.

Working with Older People, vol 12, issue 4, December 2008, pp 31-34.

Since the government published "Putting People First", there has been a raft of circulars, pilots policies, reports and strategies bringing the personalisation agenda ever closer. In this article, the author describes the complex challenges and barriers that local authorities face as they piece the jigsaw together that will transform the adult social care system for good. (KJ/RH)

ISSN: 13663666

From : <http://www.pavpub.com>

Self-directed support: grounds for optimism; by Melanie Henwood.

Community Care, issue 1722, 15 May 2008, pp 34-35.

In Control service users have reported improved quality of life. The author looks at the findings in 'A report on in Control's second phase: evaluation and learning 2005-2007'. She questions the confusing use of terminology in this field, which particularly concerns those with mental health problems, for example "self-directed support" rather than "personalisation". (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

So, how do we change?: [personalisation agenda]; by Colin Slasberg.

Community Care, issue 1744, 23 October 2008, pp 30-31.

Personal budgets alone will not make personalisation work for everyone. The author of this short article suggests that the commissioning style begun with the community care reforms in the early 1990s needs to be changed. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Super patients should use their powers wisely: [personal budgets and informed choice]; by Anna Dixon, Rebecca Ashton.

Health Service Journal, vol 118, no 6121, 28 August 2008, pp 14-15.

One outcome of Lord Darzi's next stage review of the National Health Service (NHS) is that the government is set to empower patients with personal budgets for care in a pilot programme being launched in early 2009. The authors comment that clear rules must guarantee that choices are well-informed and cost-effective. They suggest that if personalised care planning were better resourced, then there would be no need for a personal budgets policy. (RH)

ISSN: 09522271

From : <http://www.hsj.co.uk>

Turning the tables: [people with learning disabilities and the personalisation agenda]; by Louise Hunt.

Community Care, issue 1744, 23 October 2008, pp 32-33.

The Connect Works training programme has been devised by a group of people with learning disabilities who are part of the charity Connect in the North (CitN) based in Leeds, to train personal assistants they might later recruit. This article reports on how control is being transferred to the service user, and how Connect Works could be replicated elsewhere. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Well-suited or stitched up?: [support for family carers]; by Alex Fox.

Community Care, issue 1725, 5 June 2008, pp 16-17.

The government's rethink on family carers envisages early, tailored support. This article comments on findings by the Commission for Social Care Inspection (CSCI) in its 'State of social care' report on Fair Access to Care Services (FACS) which appear to be rationing rather than providing support for carers. Policies such as personalised care services should be helping carers, particularly the special needs of young carers. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

What's the outlook for adult care: [personalisation agenda]; by Andrew Mickel.

Community Care, issue 1744, 23 October 2008, pp 28-30.

Personalisation is the headline topic for adult social care. However, a survey conducted by Community Care has found that social workers are divided equally on whether the personalisation agenda is the right direction for social care. Of the 600 social workers who responded, only 11% view the plan to extend personalisation to all users as appropriate; and 95% of those staff working local authorities fear the risk that users may become more vulnerable. Two experts give their views. Whereas Jill Manthorpe comments on positive aspects such as reducing loneliness and isolation, Gary Fitzgerald (Action on Elder Abuse, AEA) has concerns about those who are vulnerable, also that personalisation has too narrow a definition. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Why is everyone talking about personalisation?: an ICN discussion paper; by Integrated Care Network - ICN, Department of Health - DH.: Electronic format, November 2008, unnumbered.

This document provides an overview of the key issues on the topic of personalisation within health and social care services. It highlights some of the comments made by speakers and delegates at a series of Integrated Care Network seminars held in 2008. It draws attention to models of care such as In Control and Self Directed Support, also to the Resource Allocation System (RAS) used for deciding on the size of each Personal Budget (PB). Until November 2008, the ICN was part of the Care Services Improvement Partnership (CSIP), and is now part of the Department of Health (DH). (KJ/RH)

From : Download from website:

http://networks.csip.org.uk/_library/Resources/ICN/ICN_advice/An_ICN_discussion_paper-_Personalisation.pdf

Why local plans are crucial: [personalisation agenda]; by Andrew Cozens.

Community Care, issue 1744, 23 October 2008, pp 30-31.

In this short article, the author suggests that current concepts of personalisation do not go far enough in transforming services. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

A work in progress: [personalisation]; by Jill Manthorpe.

Community Care, issue 1748, 20 November 2008, pp 30-31.

The recent evaluation of individual budgets (IBs) found disquiet over safeguarding and transition plans. In the last of a series of articles, a member of the Individual Budget Evaluation Network team (IBSEN) comments on potential financial and individual risks of harm for IB holders. While this article suggests that there are no losers in personalisation of care, it is more difficult to assess the gains and losses overall. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

'The world opened up': [self-directed support in action in West Sussex]; by Emma Bowler.

Community Care, issue 1728, 26 June 2008, pp 32-33.

In the second in a series of articles on personalisation, the author looks at self-directed support in action in West Sussex. The authority was one of 13 pilot sites for individual budgets (IBs) in 2006-2007, and successful outcomes for staffing and user satisfaction are reported. The Department of Health (DH) will be publishing findings from the 2-year pilots later in 2008. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

2007

Champions can leap hurdles: [obstacles to uptake of direct payments]; by Paul Swift.

Community Care, issue 1689, 6 September 2007, pp 32-33.

Direct payments were introduced eleven years ago, but few people who are eligible to use them do so. The author analyses the obstacles to higher uptake of direct payments from the points of view of professionals and users, and suggests ideas for good practice in access. The possibility of direct payment "champions" who can speak up for and represent the needs of particular care groups is suggested. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Choice, control and individual budgets: emerging themes; by Social Care Institute for Excellence - SCIE.: Social Care Institute for Excellence, January 2007, 11 pp (Research briefing, 20).

The development of individual budgets (IBs) in England would increase service options in ways which have been found to be very popular with many service users. They do not replace care management or direct payments (DPs), but add choice and extend autonomy. This briefing is about themes emerging from the British and international literature relating to the development of IBs for adults currently receiving services in England. These include older people, people with learning disabilities, people with physical and sensory disabilities, and with mental health needs. The briefing is specifically intended as background to the evaluation of 13 pilot individual budget schemes running in selected sites between 2006 and 2008. It also offers practical messages for service users, carers and practitioners involved in the pilots or in developing similar schemes in their areas. It comments that questions of cost-effectiveness and risk management are not yet fully dealt with in the existing literature, and that more evidence is needed about equity and service quality. (RH)

From : Download at: <http://www.scie.org.uk/publications/briefings/briefing20/index.asp>

Commissioning for personalised care: speech by Dame Denise Platt, Chair, Commission for Social Care Inspection, [at] National Commissioning and Contracting Conference, Derbyshire, 10 July 2007; by Denise Platt, Commission for Social Care Inspection - CSCI.: Commission for Social Care Inspection, 2007, 11 pp.

The baby-boomer generation now entering "old age" have expectations which are more demanding than those of previous generations. Therefore, the starting point for this speech is that if personalised care is to be made a reality, ways in which services have hitherto been commissioned will have to change. Commissioned

personalised care will have to be defined in terms of: ensuring quality; meeting people's needs; promoting independence; providing choice; and commissioning cost-effectively and for better outcomes; and supporting the whole community. Denise Platt's assessment is that while commissioning is improving, the following must be borne in mind: involving the public and people who use services; encouraging flexibility and innovation; and working out what effective joint commissioning will look like in the future. (RH)

From : [Link to download:http://www.csci.org.uk/about_us/speeches/commissioning_for_personalised.aspx](http://www.csci.org.uk/about_us/speeches/commissioning_for_personalised.aspx)

Credit where it's due: [implications of direct payments for disabled people to open and use a bank account]; by Mark Hunter.

Community Care, no 1660, 15 February 2007, pp 24-25.

The system of direct payments has highlighted how difficult it is for disabled people to open and use a bank account. Pressure from users has led to some banks offering new facilities for visually impaired people, wheelchair users, those with hearing impairments and other disabilities. This article looks at these developments in banking services, also a recent report from Leonard Cheshire highlighting the problems with using chip and PIN for card payments. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Direct payments and disabled people in the UK: supply, demand and devolution; by Mark Priestley, Debbie Jolly, Charlotte Pearson (et al).

British Journal of Social Work, vol 37, no 7, October 2007, pp 1189-1204.

Direct payments have brought new opportunities for self-determination and independent living for disabled people in the UK, featuring prominently in government strategy and the 2006 White Paper, 'Our health, our care, our say'. However, ten years after direct payments legislation, take-up remains low and implementation varies greatly. Rates of take-up in England remain more than double those in other parts of the UK, raising questions about devolution and equity. This paper presents data from a national study to examine some of the mechanisms underlying uneven outcomes for disabled people in different parts of the UK, with particular reference to the politics of devolved governance. The analysis focuses on scope for interpretations of policy; resources for information and training; the impact of mandatory duties and targets; extensions to new user groups; and the role of support organisations and disability activism. The evidence suggests that local variations have been produced not only by "local" factors, but also by different opportunity structures for policy development in England, Scotland, Wales and Northern Ireland. This raises questions about the impact of devolution on equity and opportunity for disabled people in the UK. (RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org>

Direct payments and social work practice: the significance of 'street-level bureaucracy' in determining eligibility; by Kathryn Ellis.

British Journal of Social Work, vol 37, no 3, April 2007, pp 405-422.

Sponsored both by government intent on fiscal restraint and user movements keen to extend choice and control, "cash for care" schemes are replacing direct services across mature welfare states. Recent legislation on direct payments, which has enacted the UK version of cash-for-care, has attracted considerable research interest in the UK. Previous studies point to a number of tensions for social workers in the implementation process which give rise, in turn, to considerable uncertainty, even hostility, on the part of front-line staff. This article discusses findings of a study of assessment and care management practice in one English council. It seeks to make sense of social workers' approach to the allocation of direct payments by reference to Lipsky's (1980) theory of "street-level bureaucracy". The author concludes that despite ten years of managerialism - in the course of which professional practice has been routinised and regulated - Lipsky's work is still useful in analysing front-line behaviour around direct payments. (RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org>

Direct payments in England: factors linked to variations in local provision; by José-Luis Fernández, Jeremy Kendall, Vanessa Davey (et al).

Journal of Social Policy, vol 36, part 1, January 2007, pp 97-122.

"I see direct payments, personal cash budgets, and other ways of extending choice and control as key to developing social care in the twenty-first century." This quote by the Parliamentary Under Secretary of State for Community Care at the Department of Health in 2004 indicates direct payments' move to the heart of the government's drive for increased user choice. At the same time, implementation has remained disappointing. This article explores the demand, supply and related factors associated with patterns of local variability in

uptake and intensity of care package provision. Statistical analyses are conducted for key client groups - people with physical disabilities, older people, people with learning disabilities, and people who use mental health services - using data for England from 2000/01 to 2002/03. The results suggest that direct payments variability reflects a complex array of factors, both within and beyond the control of local public sectors. In particular, while local policy preferences appear to shape the extent of direct payments growth, the results also demonstrate that understanding levels of activity requires attention to local circumstances. (RH)

ISSN: 00472794

From : <http://www.journals.cambridge.org>

The economics of self-directed support; by Simon Duffy.

Journal of Integrated Care, vol 15, issue 2, April 2007, pp 26-37.

There has been growing international interest in the idea that social care would be better organised as a system of self-directed support, where people control their own budgets for their own support. While there is significant evidence that this approach brings benefits to disabled people and those older people who need support, there is still an active debate about the efficiency and affordability of this approach. In Control has led work in England on piloting this approach, and has gathered some early evidence on the economic sustainability of self-directed support. This article outlines the economic case for self-directed support and some of the practical issues that will need to be confronted in order to implement self-directed support successfully in the UK. In particular, it argues that the current service-focused system of social care is structurally inefficient, and that self-directed support makes much better use of the resources committed through public taxation. Finally, it contends that a rethink of the health and social care boundary will inevitably follow. (KJ/RH)

ISSN: 14769018

From : <http://www.pavpub.com>

Evaluating personalised services; by Andy Smith.

Journal of Integrated Care, vol 15, issue 2, April 2007, pp 41-48.

The article describes the Five Dimensions of Person-Centredness, an evaluation tool developed specifically to explore supported living and inclusion-orientated organisations. It explores some of the learning gained from using the evaluation process with four organisations in Scotland, and includes identification of common themes that make the difference when personalising support. (KJ/RH)

ISSN: 14769018

From : <http://www.pavpub.com>

Evaluating the individual budget pilot projects; by Caroline Glendinning, David Challis, José-Luis Fernández (et al).

Journal of Care Services Management, vol 1, no 2, January/March 2007, pp 123-128.

Individual budgets are being piloted in 13 English local authorities. The implications are potentially profound, for the users, commissioners and providers of social care and other services alike. This paper outlines the challenges involved in evaluating the pilot projects; major questions need to be asked before a decision can be taken about "rolling out" individual budgets more widely. (RH)

ISSN: 17501679

From : <http://www.henrystewart.com>

Evaluation of the self-directed support network: an overview of key messages: a review for the Department of Health; by Melanie Henwood, Bob Hudson, Melanie Henwood Associates.: Melanie Henwood Associates, June 2007, 10 pp.

The Department of Health (DH) commissioned the authors to conduct research into the development of the self-directed support network. This evaluation notes the results of two studies, one reviewing progress with the introduction of self-directed support (SDS) in a sample of 10 authorities (6 Individual Budget (IB) sites, 4 In Control sites); and an in-depth cases study approach to three local authorities reflecting the range of engagement with SDS or "personalisation". This evaluation comments on: progress in preparation, planning and implementation; then infrastructure and network support; individual budget funding streams; support and brokerage; commissioning and market development; and risk assessment. The authors comment that both studies of local SDS conclude that there are potential barriers to the transition to SDS, but that the transition needs to be made if the aim of independent living is to be achieved. This research is available in a range of formats at www.tinyurl.com/2rue2e - along with other reports from the Individual Budgets pilot programme of the Care Services Improvement Partnership (CSIP) (RH)

From : Link to this and related items: www.tinyurl.com/2rue2e

Here to stay? Self-directed support: aspiration and implementation: a review for the Department of Health; by Melanie Henwood, Bob Hudson, Melanie Henwood Associates.: Melanie Henwood Associates, June 2007, 82 pp.

The personalisation of social care will require a new contract between staff, service users and the state. The Department of Health (DH) commissioned the authors to conduct an independent evaluation of progress with self-directed support (SDS), also known as "personalisation". The evaluation included in-depth qualitative case studies of three localities, to provide an understanding of the variation of progress in implementing SDS. The report examines conceptual and cultural issues; the preparation and planning carried out by the three authorities; and infrastructure and implementation issues. It identifies some ideological obstacles to the concept of SDS, ranging from the staff view that SDS runs counter to fair access (FAQ), to mistrust on the part of service users. This research is available in a range of formats at www.tinyurl.com/2rue2e - along with other reports from the Individual Budgets pilot programme of the Care Services Improvement Partnership (CSIP) (RH)

From : Link to this and related items: www.tinyurl.com/2rue2e

How to loosen the strings?: [Independent Living Fund]; by Melanie Henwood, Bob Hudson. Community Care, no 1664, 15 March 2007, pp 32-33.

In 2006, the Department for Work and Pensions (DWP) commissioned the authors of this article to review the Independent Living Fund (ILF), a forerunner of "cash-for-care" programmes in the UK. However, the programme now has to co-exist with a wider range of similar programmes and initiatives. The authors summarise the case for radical change that is proposed in their report. They note that they evaluated the operational framework of ILF against six criteria: equity, transparency, accessibility, self-determination, flexibility, and values and outcomes. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

I'll do it my way: [person-centred planning]; by Lynn Vickery.

Housing, Care and Support, vol 10, no 1, August 2007, pp 12-17.

Providers and service users associated with supported housing are increasingly using tools to measure outcomes against targets with indicators that equate change with progress. This article reports and reflects on a small research project undertaken by London South Bank University for Carr Gomm, using the World Health Organization's (WHO) Quality of Life Application Model to assess outcomes of support in relation to person-centred planning, the chosen principled support approach adopted by Carr Gomm. The evaluation is based on a small number of case studies which serve to prompt providers and commissioners of supported housing to ask what constitutes quality of life from the client's perspective, and how in turn this challenges the priorities inherent in the supported housing service. (KJ/RH)

ISSN: 14608790

From : Website: <http://www.pavpub.com>

The Independent Living Funds: what does the future hold?; by Melanie Henwood, Bob Hudson.

Journal of Integrated Care, vol 15, issue 4, August 2007, pp 36-42.

At a time when there is much debate about the nature of self-directed support and the development of individual budgets, the role of the Independent Living Fund (ILF) comes into question. This article reports on the findings of an independent review of the ILF undertaken for the Department for Work and Pensions (DWP). It is argued that, while in many ways ahead of its time at its creation in 1988, the ILF is no longer at the leading edge of policy and practice in supporting independent living, as promoted under the auspices of In Control, for example. There is much that can be done to improve the operation of the ILF and people's experience of using it; the report made multiple recommendations for change. However, in the longer term the case is made that the ILF should not have an ongoing and separate existence, and there is a presumption of full incorporation within individualised budgets. (KJ/RH)

ISSN: 14769018

From : <http://www.pavpub.com>

Individual budgets and tailored services: putting service users in control; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1679, 28 June 2007, pp 36-37.

The rationale for individual budgets is to enable a person being supported or given services some control in deciding on what support services are needed. The Social Care Institute for Excellence (SCIE) analyses findings relating specifically to personalised care. It provides annotations for four articles variously in issues for 2007 of the Journal of Care Service Management, the British Journal of Social Work, the Journal of Clinical

Psychological Counselling, and the Journal of Integrated Care. Attention is also drawn to the Individual Budgets Pilot Programme website (www.individualbudgets.csip.org.uk). (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Individual budgets evaluation: a summary of early findings; by Individual Budgets Evaluation Network - IBSEN; Department of Health - DH. York: SPRU, University of York, June 2007, 4 pp.

Individual Budgets (IB) build on Direct Payments, in Control, and other approaches to provision of self-directed support. Researchers from the Social Policy Research Unit (SPRU), the Personal Social Services Research Unit (PSSRU) and the Social Care Workforce Research Unit comprise the Individual Budgets Evaluation Network (IBSEN) team conducting an evaluation of the 13 Individual Budgets pilots. This summary outlines the findings on: the first phase of implementation; training and development; the cost of setting up IBs; and early experiences and views from the first IB recipients. Results gleaned at the initial stage (covering July-November 2006) find both positive and conflicting views being expressed by training managers, frontline staff, and the service users and their carers. (RH)

Price: FOC

From : Contact: Mark Wilberforce (IBSEN Coordinator) - mw535@york.ac.uk Download from website: <http://www.ibsen.org.uk>

An integrated approach to commissioning for personalised care: speech by Dame Denise Platt, Chair, Commission for Social Care Inspection, [to the] Care and Health Conference, 'Raising the stakes - commissioning on the edge', 31 January 2007; by Denise Platt, Commission for Social Care Inspection - CSCI.: Commission for Social Care Inspection, 2007, 11 pp.

The baby-boomer generation now entering "old age" have expectations which are more demanding than those of previous generations. If personalised care is to be made a reality, ways in which services are currently commissioned will have to change. Commissioned personalised care will have to be defined in terms of: ensuring quality; meeting people's needs; promoting independence; providing choice; commissioning cost-effectively; and supporting the whole community. While commissioning is improving, Denise Platt suggests that the following must be borne in mind: involving the public and people who use services; encouraging flexibility and innovation; and effective joint commissioning between social care and health. (RH)

From : Link to download: http://www.csci.org.uk/about_us/speeches/an_integrated_approach_to_comm.aspx

Older people's services and individual budgets: good practice - examples and ideas; by Angela Nicholls, Self-directed Support Network, Social Care Programme, Care Services Implementation Partnership - CSIP, Department of Health - DH.: Care Services Implementation Partnership, May 2007, 19 pp.

Judith Whittam, Individual Budget Pilot Adviser for the Care Services Implementation Partnership (CSIP) commissioned Angela Nicholls, a CSIP consultant to write this paper. It is based on discussion with representatives from eight of the Individual Budget pilot sites: Bath & North East Somerset, Barking & Dagenham, Barnsley, Kensington & Chelsea, Lincolnshire, Manchester, Oldham, and West Sussex. It notes examples of good practice on specific issues in relation to implementing IBs for older people: promoting a positive culture for introducing IBs; engaging older people; how IBs can make a difference to older people; how older people choose to use their IB; older people's preferred model of support; increasing the resources available through IBs; making the best use of staff resources; the role of brokers and support planners; simplifying processes and reducing bureaucracy; ensuring older people have access to accurate information; involving voluntary organisations and older people's groups; and the impact of IBs on providers. (RH)

From : Download

(AC):http://icn.csip.org.uk/_library/Resources/Personalisation/Personalisation_advice/Older_People_and_IBs_May_07_Angela_Nicholls_CSIP.pdf

Personalisation: an agreed understanding; by Service Development Change Programme, Service Development Group, Social Work Scotland.: Electronic format only, July 2007, 5 pp.

Personalisation is seen as a key driver in shaping public services in Scotland. Changing Lives, the report of the Scottish review of social work services highlights this and recognises the challenge ahead to design and deliver such support and services. In taking forward its work, the Service Development Change Programme already indicated that the key theme will be that of personalisation: what it is, embedding this principle in practice, looking at approaches to delivery, considering constraints, and contributing to how these might be overcome. This draft paper aims to help establish a shared understanding of what personalisation is about and the issues it raises. (KJ/RH)

From : Download from website - www.socialworkscotland.org.uk

The road ahead: [personalisation of social care]; by Melanie Henwood, Bob Hudson.
Community Care, issue 1699, 15 November 2007, pp 32-33.

The personalisation of social care will require a new contract between staff, service users and the state. Melanie Henwood and Bob Hudson conducted a review for the Department of Health (DH), 'Here to stay? Self-directed support: aspiration and implementation'. They discuss the changes and preparations that are demanded of local health and social services, and whether there is sufficient finance to implement the policy. The cited research is available in a range of formats at www.tinyurl.com/2rue2e - along with other reports from the Individual Budgets pilot programme of the Care Services Improvement Partnership (CSIP) (RH)
ISSN: 03075508

From : <http://www.communitycare.co.uk>

Schemes providing support to people using direct payments: a UK survey; by Vanessa Davey, Tom Snell, José-Luis Fernández (et al), Direct Payments Survey group (DPS), Personal Social Services Research Unit - PSSRU, London School of Economics and Political Science - LSE.: Personal Social Services Research Unit, London School of Economics and Political Science, on behalf of the Direct Payments Survey group, September 2007, 126 pp.

Direct payments give greater control to people assessed as needing social care or support, and form a key part of the agenda for the developing social care system. However, they also raise many challenges for all involved, be they users or scheme administrators. This report sets out the main findings from a survey of schemes providing support to direct payment users, by identifying their capacity to respond to the needs of different user groups. The focus is on the main parameters of supply: staffing levels; income and expenditure; extent and ranges of services provided; levels of service utilisation; and factors aiding or hindering the implementation of direct payment. The survey represents the combined efforts of three multidisciplinary research teams involved in national studies of direct payments: a team from the Personal Social Services Research Unit (PSSRU) at the London School of Economics and Political Science (LSE); a team from the Universities of Leeds, Edinburgh and Glasgow; and a team from the Health and Social Care Advisory Service (HASCAS), the Foundation for People with Learning Disabilities (FPLD) at the Mental Health Foundation and the Health Services Management Centre (HSMC) at the University of Birmingham. (RH)

Price: £12.00 (download FOC)

From : The Administrator, Personal Social Services Research Unit, London School of Economics and Political Science, Houghton Street, London WC2A 2AE. Free download available from DPS web pages:
www.pssru.ac.uk/dps.htm

Seizing the day on person-centred thinking and planning with older people: speech by Dame Denise Platt, Chair, Commission for Social Care Inspection, [at the] 'Practicalities and Possibilities' Conference, Birmingham, 9 July 2007; by Denise Platt, Commission for Social Care Inspection - CSCI.: Commission for Social Care Inspection, 2007, 10 pp.

The conference included the launch of 'Person centred thinking with older people: practicalities and possibilities' (Helen Sanderson Associates, and the Older People's Programme, OPP), a book which offers ideas for promoting person-centred care to all older people. The Chair of the Commission for Social Care Inspection (CSCI) comments on the differences between what services offer and what older people say they want from social care. Personalised care is central to public services, personalisation being "the process by which services are tailored to the needs and preferences of citizens". To bring about "quality personalised care" requires transferring good practice from one area of care to another, and changes in how services are commissioned. (RH)

From : Link to download: http://www.csci.org.uk/about_us/speeches/seizing_the_day_on_person-cent.aspx

2006

Being "In control": individual budgets for older people in West Sussex; by Jane Goldingham.

Working with Older People, vol 10, issue 3, September 2006, pp 19-23.

Nowhere is the thrust towards taking personal responsibility for our own care more evident in government policy than in the introduction of individual budgets. The author reports on progress in West Sussex, one of the 13 authorities piloting individual budgets, which if successful, will be introduced nationally. (RH)

ISSN: 13663666

Care inquiry: 10th report, 2006 (Session 2), Health Committee, the Scottish Parliament: Vol 1: Report; by Health Committee, Scottish Parliament. Edinburgh: Scottish Parliament, 13 June 2006, 140 pp (SP Paper 594, Session 2 (2006)).

The three main areas of inquiry were free personal care for older people, regulation of care for older people, and direct payments. The Committee concluded that the policy of free personal care introduced by the Community Care and Health (Scotland) Act 2002 has been a success, and has been widely welcomed. On the regulation of care, the Committee recommends that the Scottish Executive should continue to develop the Care Commission as the primary agency for that purpose. On direct payments, these should be promoted and made available more proactively. Annexes include a report to the Committee on "The implementation of direct payments for people who use care services. (RH)

ISBN: 1406123110

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From : Blackwell's Scottish Parliament Documentation, Blackwell's Bookshop, 53 South Bridge, Edinburgh EH1 1YS. tel. 0131 622 8222. e-mail: business.edinburgh@blackwell.co.uk Health Committee Weblink: <http://www.scottish.parliament.uk/business/committees/health/index.htm>

Care inquiry: 10th report, 2006 (Session 2), Health Committee, the Scottish Parliament: Vol 2: Evidence; by Health Committee, Scottish Parliament. Edinburgh: Scottish Parliament, 13 June 2006, 303 pp (SP Paper 594, Session 2 (2006)).

Oral evidence and associated written evidence gathered by the Committee, February to May 2006 on the report's three main areas of inquiry: free personal care for older people; regulation of care for older people; and direct payments. (RH)

ISBN: 1406123126

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From : Blackwell's Scottish Parliament Documentation, Blackwell's Bookshop, 53 South Bridge, Edinburgh EH1 1YS. tel. 0131 622 8222. e-mail: business.edinburgh@blackwell.co.uk Health Committee Weblink: <http://www.scottish.parliament.uk/business/committees/health/index.htm>

Care revolutions in the making?: a comparison of cash-for-care programmes in four European countries; by Virpi Timonen, Janet Convery, Suzanne Cahill.

Ageing and Society, vol 26, part 3, May 2006, pp 455-474.

Cash-for-care programmes offer cash payments or vouchers instead of services-in-kind for older people. This article describes and evaluates four such programmes, namely, Home-Care Grants in Ireland, Direct Payments in the UK (England), Service Vouchers in Finland, and Personal Budgets in The Netherlands. The purpose is to raise understanding of the background and reasons for the introduction of cash-for-care programmes and their impact on the countries' care regimes. It is argued that while the motives for introducing cash-for-care programmes in the four countries are similar - namely to promote choice and autonomy, to plug gaps in existing provision, to create jobs, and to promote efficiency cost savings and domiciliary care - the relative importance of these goals varies. Current programmes have comparatively modest coverage as compared with direct service provision; and they provide no more than an optional, supplementary source of care in three of the studied countries. Such schemes have not radically transformed the care regimes in Finland, the Netherlands or the UK. In Ireland, however, the restricted availability of cash-for-care might shift care provision significantly towards private provision and financing. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

Cash for care lifts off: [direct payments and Independent Living Fund]; by Melanie Henwood, Bob Hudson.

Community Care, no 1634, 27 July 2006, pp 34-37.

The Independent Living Fund constituted the first cash for care programme in 1988, and paved the way for subsequent developments, such as direct payments and individual budgets. An external review of the ILF has been commissioned by the Department for Work and Pensions (DWP) from independent consultants Melanie Henwood and Bob Hudson. They will be considering whether a non-departmental public body such as ILF continues to be the best way to deliver the service and, if so, how delivery of those services can be improved. This article outlines development of the ILF and how some of the issues are to be examined. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

"The council is picking on us": [Wiltshire County Council's decision to cut direct payments for leisure opportunities]; by Gordon Carson.

Community Care, no 1635, 10 August 2006, pp 30-31.

There is anger at Wiltshire County Council's decision to cut direct payments for leisure opportunities such as attending local adult education courses. This article reports on reactions to how these cuts have affected older and disabled service users and staff. The county's former director of adult and community services had promoted independent living through direct payments. The new director is having to make cuts, in part to meet the shortfall in the local NHS budget. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Developments in direct payments; by Janet Leece, Joanna Bornat (eds). Bristol: The Policy Press, 2006, 305 pp. Contributors are academics, from the voluntary sector, or direct payments users, and so present their cases in different writing styles. Section 1, "Setting the scene", identifies the main characteristics of direct or personalised payments in three different welfare systems: England and Wales; Scotland; and Canada and the US. Section 2, "Policy into practice", compares the experience of take-up of direct payments among different groups of users: older people, people with learning difficulties or mental health problems, and parents of disabled children. Section 3, "Voices of experience", is an anthology of writing commissioned especially from users of direct payments and by people working as personal assistants. Section 4, "Reporting from the field" includes contributions from people who are directly engaged in implementation and take-up of direct payments. Section 5, "Working with direct payments", looks at the roles and understandings of different groups of practitioners involved in direct payment provision. The last section, "Developments in direct payments", comprises three chapters that each raise issues for the future settlement of direct payment as a form of support in the UK. (RH)

Price: £19.99 (pbk); £55.00 (hbk)

From : Marston Book Services, PO Box 269, Abingdon, Oxon OX14 4YN. E-mail: direct.orders@marston.co.uk

Direct payments: creating a two-tiered system in social care?; by David Leece, Janet Leece.

British Journal of Social Work, vol 36, no 8, December 2006, pp 1379-1394.

In 2003, the UK government placed a mandatory responsibility on local authorities to offer direct payments to eligible people. Given the extent to which the government is committed to extending the number of people using cash payments and research that shows the enormous benefits to users, then some areas of research into the take up are sadly neglected. For example, is it the case, as some literature suggests, that direct payments are being disproportionately utilized by middle-class, affluent disabled people, effectively creating a two-tiered system in social care? The research in this paper provides some insight into this question by reporting a unique study to look at statistically significant differences in the financial situation of direct payment users compared with users of traditional services. (KJ/RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org>

Direct payments : freedom from abuse?; by Phil Madden.

The Journal of Adult Protection, vol 8, no 4, December 2006, p 32.

While direct payments and individualised budgets have the potential to empower the service user, there is an increasing awareness of how vulnerable people might be abused when using the services obtained through direct payments. The problem identified by Phil Madden is that service provider organisations are not necessarily free from abuse. It is therefore important that such services use Criminal Records Bureau (CRB) and POVA list staff checks in order to prevent abuse. Greater understanding is needed of why abuse occurs, and how to prevent and contain it, which applies to all service models. (RH)

ISSN: 14668203

From : Website: <http://www.pavpub.com>

Direct payments : freedom from abuse?: responses to Phil Madden's viewpoint; by Leo Quigley, Gary Fitzgerald, Paul Swift.

The Journal of Adult Protection, vol 8, no 4, December 2006, pp 33-38.

Leo Quigley, Service Manager for Adult Protection, Sheffield sympathises with the views expressed by Phil Madden, and the difficulties of reconciling efforts to counter abuse with the potential of direct payments to empower vulnerable people. Having put the case for protection and preventive work, Quigley concludes that empowerment implies people controlling their own lives - which won't be achieved if only the 'need' for protection is seen. Gary Fitzgerald, Chief Executive, Action on Elder Abuse (AEA) supports both the rights of

adults to exercise informed choice and control over their lives, and the principles behind direct payments. Rather, there is a need for a balance between autonomy, rights, self-determination and protection and safety. Paul Swift, Research Fellow at the Foundation for People with Learning Disabilities acknowledges that there is a tension between the objectives of choice, independence and control that are behind direct payments, and the duty of local authorities to protect vulnerable adults. (RH)

ISSN: 14668203

From : Website: <http://www.pavpub.com>

Direct payments and personalisation of care; by Charlotte Pearson (ed). Edinburgh: Dunedin Academic Press, 2006, 79 pp (Policy and practice in health and social care, 2).

Direct payments are cash payments made in lieu of social service provision to individuals who have been assessed as needing services. Ten years after the implementation in 1997 of the Community Care (Direct Payments) Act 1996 in Scotland, this book provides an overview of the key issues, including the experiences of two local authorities. Also considered are: the role of support organisations; the marketisation of care in Scotland; the views and experiences of direct payment users; and the future of direct payments in Scotland. Contributions are based on an Economic and Social Research Council (ESRC) study which was set up to examine differences in direct payment policies, implementation strategies and practices in Scotland, England, Wales and Northern Ireland. (RH)

Price: £13.50

From : Dunedin Academic Press Ltd., Hudson House, 8 Albany Street, Edinburgh EH1 3QB. Website: www.dunedinacademicpress.co.uk

Extending direct payments to those who lack capacity; by John Dow.

Journal of Integrated Care, vol 14, issue 6, December 2006, pp 32-33.

Direct payments were introduced in 1997 following implementation of the Community Care (Direct Payments) Act 1996. The White Paper "Our health, our care, our say" (Cm 6737; TSO, 2006) states that the Government is wanting more people to enjoy the benefits of direct payments. This short article looks at the Government's proposals for extending direct payments to those who lack capacity. (RH)

ISSN: 14769018

From : <http://www.pavpub.com>

The implications of individual budgets; by Simon Duffy.

Journal of Integrated Care, vol 14, issue 2, April 2006, pp 3-10.

This article outlines the idea of an individual budget, which is now being promoted and tested by central government. It defines the idea, and describes the practical and policy consequences that may flow from its implementation. It also sets out some of the policy choices that will necessarily emerge from these developments. It further notes that an individual budget is not an alternative to a direct payment: rather, the direct payment is one of the ways in which an individual budget can be managed. This article follows on from an earlier article by the author, "Individual budgets: transforming the allocation of resources for care" (Journal of Integrated Care, February 2005). (RH)

ISSN: 14769018

From : <http://www.pavpub.com>

Individual budgets: on the launch pad; by Martin Stevens.

Journal of Integrated Care, vol 14, issue 6, December 2006, pp 23-31.

Central to the White Paper "Our health, our care, our say" (Cm 6737; TSO, 2006) has been the piloting of individual budgets, the aim of which has been to test ways of providing personalised care and its funding. This article presents plans to evaluate the individual budget pilots in England. It describes the setting up of the 13 pilot projects in England, and outlines the evaluation's questions and approaches. The article outlines some of the central challenges being encountered as the pilots get under way. (RH)

ISSN: 14769018

From : <http://www.pavpub.com>

It's all at the co-op: [direct payments]; by Jon Glasby.

Community Care, no 1608, 2 February 2006, pp 34-35.

The system of direct payments is a key component of the government's vision for the future of social care. However, progress has tended to focus on the payments as an individual way of working. In contrast, this article argues that there is scope for much more imaginative use of direct payments through group approaches and mutual or co-operative models. This draws on work already undertaken by Co-operative UK, and challenges social work practitioners to think about direct payments in new ways. (RH)

ISSN: 03075508

A stark choice: [direct payment systems in the UK and Norway]; by Karen Christensen.

Community Care, no 1630, 6 July 2006, pp 32-33.

The direct payment systems in the UK and Norway face a similar dilemma: more local control risks growing inequality among service users. This article looks at direct payments from a Norwegian perspective, by making some key comparisons with the UK. Although in Norway direct payments are organised more paternalistically, the system still satisfies the needs of disabled people and their assistants. The evidence is drawn from a continuing qualitative comparative research project in London and Bergen. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Your care, your choice: Direct payments working for you; by Age Concern England - ACE. London: Minamon Film (Producer), 2006, DVD (running time : 18 mins).

This DVD features older people in receipt of direct payments who feel that their lives have been enriched by being able to access the types of activities and support that they have chosen. It also shows how direct payment support services can help. This film is designed to be shown to groups, followed by a question and answer session led by a local expert from a Direct Payments Support Service - and supplemented by "A guide to receiving direct payments from your local council : a route to independent living", a free booklet from the Department of Health (DH) who gave a grant towards production of this DVD. (www.dh.gov.uk/publications). The DVD is available in different languages - English, Sylheti, Punjabi and Urdu.KJ

Price: FOC

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.

katharine.orellana@ace.org.uk<http://www.ageconcern.org.uk>

2005

The abuse of direct payments: useful websites; by Brian Williams.

The Journal of Adult Protection, vol 7, no 3, October 2005, pp 38-39.

When direct payments were piloted in Norfolk in 1997, the research noted finding no evidence of abuse, despite concerns. The author reviews the direct payments and abuse content of websites run by the Joseph Rowntree Foundation (JRF), Glasgow City Council, the National Autistic Society (NAS), Action on Elder Abuse (AEA), Age Concern, Research into Practice, and the Welsh Assembly. (RH)

ISSN: 14668203

From : Website: <http://www.pavpub.com>

Developing the role of personal assistants: researched and compiled for OPARATE - a Skills for Care pilot project examining new and emerging roles in social care; by Margaret Flynn, New Types of Worker Project, Skills for Care; University of Sheffield.: Electronic format only, October 2005, 50 pp.

"Personal assistants" describe those who are employed by direct payments recipients (DPRs) - that is, people with assessed community care needs who are receiving direct payments to buy support for themselves under the Community Care (Direct Payments) Act 1996. This study focuses on the circumstances of 16 such people in north-west England (9 men, 7 women), 2 of whom were older people. Of 14 personal assistants interviewed, 12 were women. The report outlines findings on people's direct payments experiences, and on their perceptions of what skills and knowledge their personal assistants should possess (e.g. personal care and household tasks, listening, and sharing activities). The study also gathered information about DPRs' views about training, personal development and accountabilities of personal assistants over time, and how personal assistance is defined and what is expected of it. Occasional references were made indicating "unsought" (i.e. undesirable) characteristics. Recommendations reflect the positive and negative aspects (e.g. inadequate pay and conditions) of the study's findings. (RH)

From : Download document : <http://www.skillsforcare.org.uk>

Direct payments; by Peter Scourfield.

Working with Older People, vol 9, issue 4, December 2005, pp 20-23.

Direct payments were first introduced in 1996 in order to allow local authorities to make cash payments in lieu of services to those people eligible for community care provision. In this article, the author reports the findings of research carried out amongst care managers and older people about their attitudes towards direct payments, and comments on what could be done to better connect older people with this new way of paying for services. The research was carried out by the Institute of Health and Social Care at Anglia Polytechnic University (APU) in partnership with Age Concern Cambridgeshire. (RH)

ISSN: 13663666

Direct payments: answering frequently asked questions; by Social Care Institute for Excellence - SCIE; National Centre for Independent Living - NCIL; Centre for Social Action, De Montfort University. Bristol: The Policy Press, 2005, 44 pp (Adult services resource guide, 05).

Direct payments are an essential feature of independent living; however, take-up has been low in England, particularly among black and minority ethnic (BME) groups. This guide has been written with support from the National Centre for Independent Living (NCIL). It aims to offer creative and innovative examples of how the legislation of direct payments can successfully be applied to achieve positive outcomes for those who use them. It answers a range of questions through a series of examples, which have been captured by a practice survey undertaken by the Centre for Social Action at De Montfort University. The guide is designed to answer specific questions on direct payments easily, as well as to provide access to useful websites and give practice examples. It is hoped that the guide will inspire health and social care staff to embrace the principles of independent living and to think more freely in applying direct payments to a wider audience. (RH)

From : Download from website: <http://www.scie.org.uk>The Policy Press, Fourth floor, Beacon House, Queen's Road, Bristol BS8 1QU. tpp-info@bristol.ac.uk

A guide to receiving direct payments from your local council: A route to independent living; by Department of Health - DH. September 2004 London: Department of Health - DH, October 2005, 75 pp (ref. 40475).

From April 2003 every local council must offer people who need help to stay in their own home money instead of arranging services for them. These direct payments will enable people to choose how they organise the help needed in a flexible way. This guide offers advice to people who are planning to get direct payments from their local council. More detailed advice on direct payments is available from the Department of Health. There are three appendices, the first of which looks at employing staff and the other two are further information and other sources of help respectively. (KJ)

Price: FOC

From : DH Publications orderline: tel: 08701 555 455email: dh@prolog.uk.com

Implementing direct payments in mental health; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, February 2005, 4 pp.

Findings, 0105, February 2005, 4 pp.

Direct payments increase the choice and control that people have over the support they receive. The take-up of direct payments by people experiencing mental health problems has been extremely low in many parts of the country. This project, New Directions, was undertaken by the Health and Social Care Advisory Service (HASCAS). It draws on a range of discussions with more than 250 service users and staff, the aim being to identify what needs to happen for direct payments to be implemented successfully. These findings summarise the full report, "Direct payments and mental health: new directions", by Karen Newbigging and Janice Lowe, and published for the Joseph Rowntree Foundation (JRF) by Pavilion Publishing. The report on the national evaluation, "Implementing direct payments in mental health: an evaluation", by H Spandler and N Vick, is available from Centrevents. (RH)

ISSN: 09583084

Price: FOC

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. <http://www.jrf.org.uk>

Implementing the Community Care (Direct Payments) Act: will the supply of personal assistants meet the demand and at what price?; by Peter Scourfield.

Journal of Social Policy, vol 34, no 3, July 2005, pp 469-488.

Direct payments are becoming an important means by which disabled people can arrange their care in ways that give them more choice and control over how they are supported. A key part of this new freedom is the ability to employ personal assistants (PAs) on terms laid down by the direct payments user. While endorsing the basic principles underpinning direct payments, this article raises questions over whether the employment market in suitably skilled and competent PAs has been sufficiently well researched. For example, with demand set to grow, will there be an adequate supply of reliable workers to employ? It is possible that raised expectations will not be able to be met adequately. The article also raises questions about regulation and training, particularly in relation to how best to ensure that the needs of vulnerable people are met, that risk is managed effectively, and that the principle of leaving key decision making with the employer is retained. (KJ/RH)

ISSN: 00472794

From : <http://www.journals.cambridge.org>

Individual budgets: transforming the allocation of resources for care; by Simon Duffy.

Journal of Integrated Care, vol 13, issue 1, February 2005, pp 8-16.

This article challenges local authorities, primary care trusts (PCTs) and other funding bodies to reflect on the efficacy and the justice of the way they allocate funds for individual care. It describes how greater cost-effectiveness is being combined with better care in a number of authorities where a new approach is being piloted. The article follows up on a contribution to the special issue of the Journal of Integrated Care in December 2001 which focused on user empowerment, and aims to take thinking beyond the implementation of direct payments. (RH)

ISSN: 14769018

From : <http://www.pavpub.com>

Open and shut case?: [report of a seminar on direct payments and their possible extension to the NHS]; by Jon Glasby.

Community Care, issue 1592, 29 September 2005, pp 34-35.

Direct payments have given social care service users more choice and greater power. Consequently, some policy-makers and practitioners are starting to question the fact that people with both health and social care needs can receive direct payments for the latter but not the former. Yet the National Health Service (NHS) now emphasises issues such as "the expert patient", "long-term conditions", and greater "personalisation" of services - all of which could benefit from the choice and control offered by direct payments. This article reports key themes from a national expert seminar held to explore whether direct payments should be extended to the NHS. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Organising and supporting direct payments: case study for the Housing Learning and Improvement Network; by Housing Learning and Improvement Network - Housing LIN, Change Agent Team.

Housing, Care and Support, vol 8, no 4, December 2005, pp 28-33.

Social services in Hampshire pioneered a forerunner of direct payments in the 1980s, known as the Self-Operated Care Scheme. That scheme was set up in response to plans drawn up by a group of residents who wanted to move out of a care home, to increase housing opportunities for themselves and for other disabled people. This case study describes how the scheme has developed since the formal introduction of direct payments under the Community Care (Direct Payments) Act 1996. The scheme is managed by the County Council in partnership with users of direct payments, carers, and two voluntary sector support agencies: Southampton Centre for Independent Living, and Carers Together. (RH)

ISSN: 14608790

From : Website: <http://www.pavpub.com>

2004

Customer experience of Direct Payment: a report of research carried out by IFF Research Ltd on behalf of the Department for Work and Pensions; by Lorna Adams, Karen Bunt, Danielle Bright, IFF Research Ltd; Department for Work and Pensions - DWP. London: Department for Work and Pensions, 2004, 35 pp (Department for Work and Pensions In-house research report, 150).

Increasing use of Direct Payment (payment of pension and benefits into an account) forms a key part of the Government's modernisation agenda for public services. The purpose of this survey was to obtain a quantitative assessment from a wide variety of DWP customers regarding their experiences of receiving entitlements by automated credit transfer (ACT) into a bank or Post Office card account. The aim was to measure the level of customer satisfaction with the direct payment process; and to identify any improvements to the process which might encourage take-up. A telephone survey was conducted in June and July 2004 with 1510 customers receiving working age, disability, carers or pension related benefits by direct payment. Respondents were selected on the basis of having two or three months experience of being paid in this way. (RH)

ISBN: 1843883449

From : Social Research Division, Department for Work and Pensions, 4th Floor Adelphi, 1-11 John Adam Street, London WC2N 6HT. Website: <http://www.dwp.gov.uk/asd/>

Developing direct payments in the North East of England; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, June 2004, 4 pp.

Findings, 624, June 2004, 4 pp.

The Community Care (Direct Payments) Act 1996 allows local authorities to offer disabled people cash in lieu of care services, a facility now also available to older people and carers. The study reported in these findings

explored the range of practice and experience in the delivery of direct payments in three local authorities in North East England. It was prompted by evidence that implementation of direct payments is, on average, slower in this region than in others. Hosted by Disability North, the Direct Payments North project covered two local government regions: Yorkshire and Humberside; and the North East. The full report, 'Making direct payments work: identifying and overcoming barriers to implementation' by Frances Haler with Angela Stewart, is published for the Joseph Rowntree Foundation (JRF) by Pavilion Publishing, from whom a supplementary booklet, 'Smooth routes to direct payments' is also available. (RH)

ISSN: 09583084

Price: FOC

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. www.jrf.org.uk

Direct payments; by John Dow.

Journal of Integrated Care, vol 12, issue 2, April 2004, pp 20-23.

This legal column looks at the new duty to make direct payments to more groups of people (including carers) and the associated regulations and guidance. The implications are considered in relation to Best Value, mental capacity and employers' liability. (RH)

ISSN: 14769018

From : <http://www.pavpub.com>

Direct payments: what are the barriers?; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection, 2004, 24 pp.

Direct payments is the policy whereby people receive cash in lieu of social services, which they are assessed as needing, in order to arrange their own care and support. This report includes the findings of a consultation event and follow-up policy seminar held by the Commission for Social Care Inspection (CSCI) in June 2004. The purpose was to collect evidence and opinions about factors that were limiting the successful implementation of direct payments. The report outlines people's experiences, views and comments, and the reasons for low take-up. Recommendations are made for purposeful action by central and local government to improve take-up of direct payments. (RH)

From : Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF. Enquiry line 0845 015 0120. E-mail: enquiries@csci.gov.uk www.csci.gov.uk

Direct payments for care; by Kathryn Willmington.

Working with Older People, vol 8, no 1, March 2004, pp 32-35.

Direct payments for care is the system whereby local authority social service departments (SSDs) offer cash to people living at home who want to arrange their own care services. The author explains the system, its benefits and drawbacks. (RH)

ISSN: 13663666

From : <http://www.pavpub.com>

The importance and availability of peer support for people with learning difficulties accessing direct payments; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, December 2004, 4 pp.

Findings, D64, December 2004, 4 pp.

New regulations which came into force in 2003 (and similar measures in Wales in 2004) mean that local authorities do not just have the power to offer direct payments, they now have a duty to offer them to eligible people. In theory, this should mean many more people receiving direct payments, including those with learning difficulties. However, key to take-up is the availability of effective support in accessing direct payments. Research by Values Into Action (VIA) looked at the availability of peer support for and by people with learning difficulties. The full report, "Helping ourselves: direct payments and the development of peer support", by Catherine Bewley and Linsay McCulloch, is published by VIA. (RH)

ISSN: 09583084

Price: FOC

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. <http://www.jrf.org.uk>

Making direct payments work for older people; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, February 2004, 4 pp.

Findings, 234, February 2004, 4 pp.

In February 2000, the scope of the Community Care (Direct Payments) Act 1996 was extended to older people. However, scepticism remains about older people's desire and ability to use direct payments. A new study examines the way older people use direct payments, how they make them work, and the role of local authority care managers and direct payments support services in making direct payments a real option for older people.

These findings outline the research that was carried out in three local authority areas in England, which are described fully in 'It pays dividends: direct payments and older people', by Heather Clark, Helen Gough and Ann Macfarlane, published on behalf of the Joseph Rowntree Foundation (JRF) by the Policy Press. The research suggests that direct payments are a positive option for older people, giving them greater choice and control, and improving their quality of life, and their emotional, physical and social health. (RH)

ISSN: 09583084

Price: FOC

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. www.jrf.org.uk

2003

Direct payments for older people in Wales survey; by Jackie Dix, Age Concern Cymru.

Generations Review, vol 13, no 1, January 2003, pp 26-27.

Since June 2000, social services departments (SSDs) in Wales have had the discretionary power to offer direct payments to people aged 65+ who are in need of care services. This short article reports results of a survey of all Welsh local authorities by Age Concern Cymru to ascertain how many are offering direct payments and the extent to which older people are choosing the option of direct payments. 14 of the 22 authorities are providing direct payments, with another about to launch a scheme. The author notes that while direct payments offer an additional choice to older people allowing them more control over their care, such schemes need to be actively promoted by local authorities. (RH)

ISSN: 09652000

2002

Direct payments, direct control: enabling older people to manage their own care; by Help the Aged Seminar on Direct Payments and Older People. London: Help the Aged, 2002, 10 pp.

From April 2002, local authorities have a duty to offer Direct Payments to service users. The seminar aimed to identify why few older people have taken up the Direct Payments option. It highlighted examples of good practice to encourage delegates from a wide range of local authorities to consider developing schemes for older people. This report is a record of three presentations delivered from the perspectives of an older service user, a local authority representative, and a researcher. Help the Aged believes that, with appropriate support, many older people will try Direct Payments as an alternative to more traditional services, as this will offer them more independence and control over their lives. (RH)

ISBN: 0905852699

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. E-mail: info@helptheaged.org.uk

Website: www.helptheaged.org.uk

2001

Direct payments: the crucial role of support workers; by Heather Clark.

Care Plan, vol 7, no 4, June 2001, pp 22-25.

Direct payments in lieu of community care services can now be made to older people, although few authorities seem to be using this option to promote independent living. The author describes a pilot study in Portsmouth which points to the need for support workers and peer support systems, if direct payment schemes are to be a success. (RH)

ISSN: 13550454

2000

Bridging the gap: using direct payments to purchase integrated care; by Caroline Glendinning, Shirley Halliwell, Sally Jacobs (et al).

Health and Social Care in the Community, vol 8, no 3, May 2000, pp 192-200.

This paper reports on a study of disabled people with receiving Direct Payments who were able to purchase assistance in ways that cross conventional boundaries between health and social care. Most of the users reported purchasing help with aspects of health care through their Direct Payments, including physiotherapy, management of incontinence, and chiropody. They chose to purchase this help from their personal assistants because statutory services were not available, had been withdrawn, or because they were able to retain greater independence and control over their lives compared with receiving conventional services. Many Direct Payment users wanted more opportunities to purchase a range of health-related services, although this also raised questions about training, supervision and the professionalisation of flexible personal assistance. The paper

concluded that health purchasers may need to consider contributing to Direct Payments in acknowledgement of the health care which such schemes are currently providing. (AKM)
ISSN: 09660410

Community Care (Direct Payments) Act 1996: policy and practice guidance; by Department of Health - DoH. [2nd ed] London: Department of Health, February 2000, 30 pp.

The Community Care (Direct Payments) Act 1996 came into force on 1 April 1997. This policy and practice guidance sets out the Government's view of what local authorities should do if they choose to exercise power given to them by the Act. Social services departments will be able to make direct cash payments to some individuals in lieu of community care services they have been assessed as needing, to enable them to secure for themselves the relevant services. The practice guide advises on how local authorities might implement the Act. This policy and guidance now replaces that which was issued in 1997. Additionally, there are now two annexes: A: Care plan for direct payments and B: Further information. (KJ/RH)

Price: FOC

From : Department of Health, PO Box 777, London SE1 6XH.

Community Care (Direct Payments) Amendment Regulations 2000; by Department of Health - DoH. London: Department of Health, 7 March 2000, 2 pp (Local authority circular LAC (2000)1).

The Community Care (Direct Payments) Act 1996 came into force on 1 April 1997 but this amendment comes into force on 1st February 2000. The regulations amend the 1996 Act so that persons to whom direct payments may be made under the Community Care (Direct Payments) Act 1996 may include persons aged 65 or over. Two copies of the policy and practice guidance on direct payments also accompany this Circular. (KJ)

Price: FOC

From : Department of Health, PO Box 777, London SE1 6XH.

Direct payments and older people: the principles of independent living; by Frances Hasler, Gerry Zarb. Research, Policy and Planning, vol 18, no 2, 2000, pp 7-12.

The paper begins with a look at some of the broader issues around independent living (IL) and older people, for example, what is known about appropriate models of IL and older people's views on direct payments. The paper's main focus is on the extension of the Community Care (Direct Payments) Act to older people, drawing on research carried out by the Policy Studies Institute (PSI) and the National Centre for Independent Living (NCIL), as well as the NCIL's development work on IL and older people. The paper then considers specific issues of: interpreting key direct payments criteria such as consent and "willing and able"; models of assessment compatible with IL principles; and putting in place appropriate forms advice and support to enable older people to manage their own support arrangements. (RH)

ISSN: 0264519X

Implementation of the Community Care (Direct Payments) Act; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation, April 2000, 4 pp.

Findings, 430, April 2000, 4 pp.

Implementation of the Community Care (Direct Payments) Act has created new responsibilities for both local authorities and people receiving direct payments. While Department of Health (DoH) guidance is available, many of the detailed aspects of managing direct payment schemes will be left to the discretion of individual authorities. This project (carried out jointly by the Policy Studies Institute, and the National Centre for Independent Living) sought to fill gaps in knowledge and understanding about the management of direct payments by developing - in partnership with local authorities and user organisations - a practice guide highlighting the priorities. The project included a national survey of local authority practice and consultations with those using and running schemes. The practice guide, "Direct routes to independence: a guide to local authority implementation of direct payments" was published by PSI and NCIL in 1999. PSI has also published three supplementary reports: Local authority implementation of the Community Care (Direct Payments Act): first findings" (1997); "Key issues for local authority implementation of direct payments" (1998); and "Implementing direct payments: findings and policy issues" (2000). (RH)

ISSN: 09583084

From : JRF, The Homestead, 40 Water End, York YO30 6WP.

Implementing direct payments; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, November 2000, 4 pp.

Findings, no N60, November 2000, 4 pp.

The Community Care (Direct Payments) Act 1996 introduced direct payments, allowing some disabled people to purchase the provision of their own support. In 1997, a pilot project was established in Norfolk, to consider

the implementation of direct payments in a largely rural county. The Joseph Rowntree Foundation (JRF) supported the pilot scheme, by funding a researcher to assist with an evaluation of the project. The full report, "Independent successes: implementing direct payments" by Carol Dawson, is published by YPS. Findings are summarised concerning consultation and user involvement, the uptake of direct payments, and the administration of payments by social work staff. The evaluation concludes that a direct payment scheme which involves disabled people from its inception and throughout its operation can provide a very positive alternative to direct service provision, and one which empowers disabled people to live their lives as they choose, with no additional cost to the social services department. (RH)
ISSN: 09583084

1999

People with learning difficulties and their access to direct payments schemes; by Joseph Rowntree Foundation - JRF. York: JRF, June 1999, 4 pp.

Findings, 649, June 1999, 4 pp.

The Community Care (Direct Payments) Act 1996 came into force on 1 April 1997. It empowers local authorities to make cash payments to people so they can purchase their own support services, instead of arranging community care services for them. Recent research has found that few people with learning difficulties know anything about direct payments. A project undertaken by Values Into Action (VIA) has set out to inform as many people with learning difficulties as possible about direct payments. A second part of the project, led by Andrew Holman, looked at the progress people have made in their attempts to gain a direct payment. A major part of the study concerned the provision and advice to self-advocacy groups. The research concludes that if people with learning difficulties are truly to have access to direct payments, then they need to be involved at the outset. "Funding freedom 2000: people with learning difficulties using direct payments" by Andrew Holman and Catherine Bewley is the detailed report containing this and other related research, and is published by VIA. (RH)

ISSN: 09583084

From : JRF, The Homestead, 40 Water End, York YO30 6WP.

1998

Community Care (Direct Payments) Act 1996: a draft guide for people who receive direct payments : consultation paper; by Department of Health - DoH. London: Department of Health, 1998, 39 pp.

The Direct Payments Act, which came into force on 1 April 1997, allows local authorities to give some people cash payments, instead of arranging the social services they have assessed them as needing. Those people who receive direct payments will be able to use the money to purchase the care they need, allowing them to say how and when their care is provided. This guide in its draft form - for which there was a very short period for comments to be made - offers advice to people who are getting direct payments from their local authority social services departments.

Price: FOC

From : Department of Health, PO Box 410, Wetherby LS23 7LN.

"Extend direct payments to over 65s"; by David Brandon, Anglia Polytechnic University; Age Concern. Care Plan, vol 5, no 2, December 1998, pp 14-16.

A review of direct payments was announced by the Government in April 1998.

ISSN: 13550454

1997

Age Concern England's response to the community care direct payments, draft policy and practice guidance consultation paper; by Age Concern England - ACE. London: ACE, 1997, 8 pp (Briefings, Ref: 0197).

This briefing paper expresses concern that because of financial pressures on local authorities and the discretionary nature of direct payments, they may well be offered only to people in very limited circumstances or not at all by some authorities. Age Concern's comments relate to service issues (covering points about consultation, assessment and information), and financial issues (cost effectiveness, charging, financial monitoring and repayments). Guidance states that local authorities which choose to offer direct payments will need to do so within their existing resources - which would be severely limited, as there would be extra costs involved in monitoring and setting up administrative systems.

Price: FOC

From : Information and Policy Unit, Age Concern England, 1268 London Road, SW16 4ER.

Community Care (Direct Payments) Act 1996: policy and practice guidance; by Department of Health - DoH. London: Department of Health, 1997, 51 pp.

The Community Care (Direct Payments) Act 1996 came into force on 1 April 1997. This policy and practice guidance sets out the Government's view of what local authorities should do if they choose to exercise power given to them by the Act. Social services departments will be able to make direct cash payments to some individuals in lieu of community care services they have been assessed as needing, to enable them to secure for themselves the relevant services. The practice guide advises on how local authorities might implement the Act. This policy and guidance has now been superseded in February 2000.

Price: FOC

From : Department of Health, PO Box 410, Wetherby LS23 7LN.

Community Care (Direct Payments) Act 1996; by Department of Health - DoH. London: Department of Health, 14 March 1997, unnumbered (Local authority social services letter, LASSL (97)9).

The circular draws attention to a training materials pack which will assist local authorities in disseminating information to their staff on direct payments under the Act. The pack includes a video commissioned by the Department of Health (DoH), entitled "Independence pays". (RH)

From : Department of Health, PO Box 410, Wetherby LS23 7LN.

1996

Community Care (Direct Payments) Act 1996; by Department of Health - DoH. London: Department of Health, 10 November 1996, unnumbered (Local authority social services letter, LASSL (96)11).

Notification that the Act comes into force on 1 April 1997. Also describes regulations which will be laid under the Act and other materials to be produced.

From : Department of Health, PO Box 410, Wetherby LS23 7LN.

Community Care (Direct Payments) Act 1996: draft policy and practice guidance: consultation paper; by Department of Health - DoH. London: Department of Health, 1996, 23 pp.

Sets out the Government's view of what local authorities should do if they choose to exercise power given to them by the Act. Social services departments will be able to make direct cash payments to some individuals in lieu of community care services they have been assessed as needing, to enable them to secure for themselves the relevant services. The practice guide advises on how local authorities might implement the Act. The consultation (until 10 January 1997) covers England only (there are separate consultations for Scotland, Wales and Northern Ireland).

From : Department of Health, PO Box 410, Wetherby LS23 7LN. Comments to: Paul Woods, Room 211, Department of Health, Wellington House, 133-135 Waterloo Road, London SE1 8UG.

Community Care (Direct Payments) Bill: consultation paper; by Department of Health - DoH; Scottish Office; Welsh Office; Northern Ireland Office. London: Department of Health, 1996, 18 pp.

Explores how the system of direct payments, which will enable local authorities to make payments to people to enable them to purchase community care for themselves, will operate, and seeks comments on a number of issues to be contained in regulations and guidance.

From : Department of Health, PO Box 410, Wetherby LS23 7LN.

Personal assistance support schemes and the introduction of direct payments: a report and recommendations; by Disablement Income Group. London: Disablement Income Group, 1996, 15 pp.

Summarises the key issues involved in the introduction of direct payments through the Community care (Direct Payments) Bill, and the development of support services.

From : The Disablement Income Group, Unit 5, Archway Business Centre, 19-23 Wedmore Street, London N19 4RZ.