



Information, advice, advocacy,
support planning and brokerage

Self-directed support and older people



Age Concern England and Help the Aged are intending to join together to form a single new charity dedicated to improving the lives of older people.

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Introduction

A quiet revolution is taking place in social care and support – what has been heralded as the most significant change to the Welfare State since its inception sixty years ago. It is transforming the nature of State support to all disabled people and it will have major impacts on older people and service providers. The language has shifted from consultation and participation, relatively passive concepts, to that of power and control. It is about individual disabled people having direct control over the resources available for their care and support, control which enables them to tailor support to their individual needs and preferences.

Speaking at the launch of the report on *in Control*'s pilot projects at the end of 2006, Ivan Lewis, the Care Services Minister said:

“It was always wrong that power and control was in the hands of providers and professionals instead of those who use support... This is the direction of travel. It’s about values and mission, about the kind of society we want to live in. It’s about social justice.”

In Control, Direct Payments and Individual Budgets should, he said, be brought together in a single powerful programme:

“These are the ingredients of the next social care system.” And he ended his speech with a blunt message to sceptics: **“Get on the train, join us on the journey.”**

Speaking at the Community Care Live conference, in May 2007, Ivan Lewis, said:

“So ‘people power’ and more control for users of services and their families will be at the heart of a new social care system. It is not a series of experiments, of tests, of pilots. We do have the thirteen local authorities participating in the Individual Budget pilots, but the message is clear, all the way from the Secretary of State, the Chancellor, Gordon in the beginning of his leadership campaign: this personalisation, this greater level of control for those who use

services and their families will be mainstream in the future. In the period ahead, let us not just have a debate about a long term funding model; let's also have a debate about how we are going to make a reality of putting those who use services and their families in control of social care services."

The change has been relatively slow to develop, particularly for older people, but it now has an inexorable momentum and is picking up speed.

Local authorities and service providers need to understand this change to ensure that the interests of older people, who are major consumers of social care budgets, are not overlooked, that adequate information, advice, advocacy, support planning and brokerage services are accessible, and that the promised services – including preventive services and new models of support and care – are available for them to purchase.

Summary

This booklet provides an overview of some of the issues relating to support for older people in the context of self-directed support. It focuses on information, advice, advocacy, support planning and brokerage which are key to the successful transformation of social care for both state funded older people and those who pay for the support and care services they access.

This booklet starts by providing some background about the various mechanisms for self-directed support. It explains why information and advice services are so significant for older people, and goes on to describe advocacy, support planning and brokerage services and the value of these. Finally, it presents case studies of two brokerage services, one for people who qualify for a personal budget and one for self-funders.

Relevant websites and other resources are also listed.

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Self-directed support: a potted history

Across Government, the shared ambition is to put people first through a radical reform of public services enabling people to live their own lives as they wish.

Personalisation, including a strategic shift towards early intervention and prevention, is to be the cornerstone of public services, according to *Putting People First* published in December 2007. The Government wants every person who receives support, whether paid for by the state or funded by themselves, to have choice and control over the nature of that support.

Direct Payments, Individual Budgets and the work of *in Control* are crucial to delivering greater personalisation, choice and improved quality. As indicated by the quotations from Ivan Lewis in the introduction, these were not separate initiatives or experiments, but fundamental components of a future social care system. Personal budgets and self-directed support are set to become the mainstream model of social care within a very few years.

Direct Payments (DPs) have transformed the lives of many people who are able to organise much more effective and efficient care, tailored to their personal needs and preferences.

From April 2003, Local Authorities (LAs) have had a duty to offer DPs and to provide them if the person is willing and able to manage them, with or without assistance. DP take-up was later made a performance measure for LAs and take-up has risen significantly in recent years.

From the outset there was a low uptake of DPs, particularly amongst older people¹ and they are not without their problems. Recipients must account for every penny: the focus is on process, inputs and outputs rather than on outcomes. DPs can also involve onerous responsibilities

1 By March 2007 only 40,600 adults (including older people) in England were in receipt of DPs. Although, in 2005-06, older people's services accounted for 61% of social care gross expenditure, DPs only accounted for £2 in every £100 of the total gross costs of adult social care. CSCI (Jan 2008) *The state of social care in England 2006-07*

which can be a major burden for people already coping with the challenges of impairment. Direct Payment Support Services have been shown to be crucial in reducing these burdens, but in many areas they are very poorly resourced.

Because DPs evolved out of the concerns of a relatively small number of severely disabled people in receipt of complex, high cost care packages, LAs have not yet developed the experience of making DPs work for the much larger numbers of older people in receipt of smaller care packages.

In 2003, the *in Control* project set out to address and resolve many of the problems identified with DPs. Working with people with learning disabilities, it was based on the presumption that people really do know best how they can be most effectively supported.

The process starts with self-assessment and moves on to planning a package of support based on what matters to the individual. Many people need assistance, 'support brokerage': to self-assess; to identify the support that will meet their needs and preferences; to organise and manage this support; to review, learn from experience and make adaptations. But at all stages, it is the individual who calls the tune. At the heart of *in Control* is a Resource Allocation System which lets people know **'early and up front how much money they might reasonably expect in their individual budget'**².

The money can be taken as a DP, or can be managed by someone else on behalf of the individual, perhaps through a User Controlled Trust. It can be held by the Local Authority, which then arranges and pays for support on behalf of the individual. Or it can be a mixture of these approaches.

The original *in Control* project (2003-2005) was a great success, with satisfaction levels across the experimental group doubling. The findings in the report of the project's second phase (2005-2007) are the strongest evidence yet that self-directed support does work. Most reported improvements in time spent with people they liked, quality of life, and taking part in and contributing to their community. Three-quarters

2 Waters, John (April 2007) *Resource Allocation System (RAS) Discussion Paper, in Control*

experienced improvements in the choice and control they had over their lives. Almost half of the people reported improvements in general health and well-being. In his foreword, Care Services Minister Ivan Lewis says of *in Control*:

“Its innovative and ground-breaking work has been a major factor in ensuring that self-directed support and personal budgets are now at the heart of a radical social care transformation.”

The *in Control* method is now used with a wide range of social services clients, not only those with learning disabilities, and the aim of *in Control* is ‘to create a new system of social care in which everyone who uses social care services can control their own support’.

Picking up on the success of *in Control*, the 2005 social care Green Paper *Independence, Well-being and Choice* announced the establishment of an **Individual Budgets (IBs)** pilot programme. The pilots ran in 2006-2007 and explored the potential for bringing together social care funding with five other funding streams³ into a single resource allocation for individuals. The budget could be taken as a DP, as arranged services, or as a mix.

The 13 pilot LAs targeted different user groups, exploring different models of supported self-assessment and support brokerage, with backing from the Care Services Improvement Partnership (CSIP) and *in Control*. The programme was designed to test not so much whether IBs are a good idea, but rather how best they could be made to work. How can funding streams operated under different legislation and with different eligibility criteria be combined into a single resource allocation? How can assessment across these funding streams be streamlined and how can self-assessment best be supported? What are the best ways of commissioning and delivering support brokerage? How can support be extended to ‘self-funders’?

The evaluation, published in October 2008, reported that older people with IBs experienced lower psychological wellbeing than the control group and were less likely than other groups to report more positive

3 Independent Living Fund, Supporting People, Disabled Facilities Grant, Community Equipment and Access to Work

aspirations and an increased sense of control. It appears that many older people found planning and managing their own support stressful and burdensome. The evaluation recognised that organisational arrangements for flexible deployment of care-managed 'virtual budgets' were generally not yet in place. It will clearly be very important to ensure that the right sorts of support are made available to older people if they are to reap the benefits of personalisation.

The Department of Health's response to the evaluation *Moving Forward: Using the Learning from the Individual Budget Pilots* observed that **'at least some carers of older people may experience considerable benefits from the flexibility offered by individual budgets'** but acknowledged that **'strong efforts are needed to make sure older people can benefit from self directed support'**.

in Control Total, which began in mid 2007, was originally a programme for 10 Local Authorities to transform their social care system (culture, systems and processes) by adopting a tried and tested route map for change. Since the programme began, a further 11 LAs have joined. To qualify as a Transformation site, LAs have agreed to: work to transform the entire adult social care system; commit to swift, intensive, whole system change; and achieve significant transformation (50% of those eligible on personal budgets) by April 2009. For some this will extend into NHS systems.

The figure of 50% is an aspirational milestone figure for the sites to work towards. Many other LAs not in the programme have also started to work towards transferring social care recipients across to personal budgets.

The process work involved in transferring to personal budgets presents a huge and complex challenge, particularly in the areas of financial and economic planning and Resource Allocation Systems. The programme will provide a blueprint to contribute to the implementation of the *Putting People First* agenda. *in Control* is committed to ensuring that the learning is fed back to the members of its network (which now includes a large majority of LAs with social services responsibilities).

The programme is now divided into 10 project areas:

- support systems for self-directed support,
- conversion of in-house services,
- stakeholder engagement – elected members,
- care management and social work systems,
- developing community capacity,
- external provider development,
- IT systems,
- workforce development,
- safeguarding
- outcomes for citizens.

The Government's concordat, **Putting People First**, published in December 2007 is a shared commitment between five government departments, local government, the professional leadership of adult social care and the NHS, and the regulatory bodies. It is designed to transform care services over the next three years by making significant improvements to the existing care system to complement the proposed Green Paper on the long term reform of social care funding expected in early 2009. It announced that there would be a shift from arranged care to personal budgets for people who meet the Fair Access to Care Services eligibility criteria – although these are not mutually exclusive since people receiving a personal budget might choose to have their care arranged for them – and a shift towards prevention and earlier intervention. Significant progress in the implementation of personal budgets is expected in all local authority areas by March 2011.

Putting People First was closely followed in January 2008 by **Transforming Social Care**, a Local Authority Circular published by the Department of Health, which puts some flesh on the bones of *Putting People First*.

Personalisation in social care is taken to mean **‘every person across the spectrum of need, having choice and control over the shape of his or her support, in the most appropriate setting’**. In practice this covers a number of quite distinct developments which will require different approaches and different funding sources:

- Personal budgets for all those eligible for social care support (except in emergency situations), backed by an increase in self assessment, transparent resource allocation, and brokerage to help individuals design, arrange and manage their care and support;
- Information and advice for self-funders so that they receive similar guidance and help in arranging their own care and support;
- A shift to prevention and earlier intervention which will involve **‘working across the boundaries of social care’**, harnessing resources associated with housing, benefits, leisure, transport and health. Joint Strategic Needs Assessments providing the foundation for health and wellbeing outcomes in the new Local Area Agreements are the means through which this transition is expected to be achieved.

These reforms will **‘mean working across the sector with partners from independent, voluntary and community organisations to ensure a strategic balance of investment in local services’**.

Workforce development strategies will need to be **‘co-produced, co-developed, co-provided and co-evaluated with private and voluntary sector providers, as well as users and carers’**. There will need to be **‘strong links to user led organisations’** (ULO) and, where ULOs do not exist, **‘a strategy to foster, stimulate and develop’** them.

A National Director for Social Care Transformation was appointed to in June to lead local government’s contribution to delivering *Putting People First*.

Review of eligibility criteria: Concerns about the increasing impact of restricted eligibility for social care were raised in the Commission for Social Care Inspection’s 2006-07 Annual Report. The report showed that many people with high care needs were not receiving services or even

advice or support to buy their own care. Family carers were being placed under increased pressure. Local Authorities were unable to divert resources towards 'preventative' services which are targeted at people with lower needs with the aim of preventing or delaying deterioration. There was increasing variation in eligibility for social care between different Local Authorities.

In early 2008, the Care Services Minister asked CSCI to undertake a comprehensive review of the current eligibility criteria (published as *Fair Access to Care Services* (FACS) in 2002). The review was published in October 2008 as *Cutting the cake fairly* (see useful resources) and confirmed that the current system is widely perceived as unfair, ineffective and incompatible with the shift to personalisation and prevention. It contains a number of recommendations including:

- Improved access to mainstream services for all citizens;
- Information, advice and other appropriate assistance for all people with care or support needs;
- Replacing the current system of eligibility by one based on the *urgency* of the response needed to avoid threats to well-being;
- A national resource allocation formula to reduce geographical variations in support offered; and
- Clear information from councils spelling out what help is available locally and how to access it.

Government has indicated that its response to these recommendations will be included in the forthcoming Green Paper on social care reform.

Prevention Resource Pack: In October 2008 the Department of Health published a resource pack, *Making a strategic shift to prevention and early intervention*, in two volumes: *Key messages for decision makers* and a more detailed *Guide* (see useful resources). These documents make it clear that prevention covers the whole spectrum, from steps to promote citizenship, community engagement and health for the general population of older people, through to services that minimise disability or deterioration for those with substantial and complex levels of need.

They also make it clear that even those with complex needs will want to make use of many of the 'lower level' interventions to improve the quality of their lives. Access to appropriate preventive services is therefore an integral component of self directed support for those eligible for personal budgets and for self-funders with high care needs.

Care Services Improvement Partnership (CSIP): This partnership was launched by the Department of Health (DH) in April 2005 and has played an instrumental part in the development of personalisation and self directed support, backing the IB pilot programme and publishing a wide range of valuable guidance and resource documents. With effect from December 2008 the social care programme elements of CSIP's work were transferred to the newly-appointed Deputy Directors of Social Care in the regions and to relevant policy teams in the DH. The important work done by CSIP staff will continue and its publications (including those listed in the 'useful resources' section at the end of this booklet) will remain available but the CSIP brand will be phased out by March 2009.

Older people

One rationale often given for the low take-up of DPs by older people is that their needs are different and that they do not want to direct their own support. Is this true? To a limited extent, yes, it may be, but only to a limited extent.

Older people who are eligible for social care support often face fairly **rapid deterioration**. Their physical and health needs are likely to change more quickly than those of most younger disabled people and they are more likely to be battered by the cumulative impact of life events. All of these factors can make it difficult for people to have confidence in their own capabilities or to predict their care needs. They may be more fearful about their ability to manage their own support in future as they become more frail, although this can equally be true of younger disabled people with progressive conditions.

When self-assessing, older people **often understate their needs** and overstate their abilities. This stems from a healthy tendency to accentuate the positive, but it may result in people selling themselves short. From their work supporting older people to claim Attendance Allowance, Age Concerns understand the value of supporting and guiding people through self assessment. Older people may also undervalue the importance of the informal care they receive; and may make assumptions about its continued availability that are not well founded.

In addition, older people, to a much greater extent than younger adults, are often **assessed in post crisis situations** – e.g. whilst awaiting discharge from hospital – when their needs have not stabilised and they themselves are uncertain of how much help they will need.

For most older people, achieving full **citizenship** is not an ‘aim’ in the same way that it may be for many younger disabled people. Most older people have already experienced citizenship in the form of an active role in family, work and community life – it is not an unrealised aspiration. But many older people do complain of their growing ‘invisibility’ as they get older, of the discrimination and exclusion they suffer, and of the ways in

which their citizenship is progressively eroded. The perspective may be different, but the effects are similar. Citizenship and being part of society are elements of the 'dignity' which is now recognised as an, often neglected, right of all older people.

Older people may be less inclined to want to **manage the money** and take on all the responsibility for arranging and managing their own care. This relates to the different perspective on citizenship – they may feel that they have carried such responsibilities all their lives and are happy for others to share the burden now. This has often been used as an explanation for the very low take-up of Direct Payments (DPs) amongst older people. But, just like everyone else, older people want choice and control over what happens: how, where, when and by whom care and support is provided. They still want self-determination and to feel in control of their lives, even if they would be happily relieved of some of the hassles. Age Concerns, from their experience in providing DP support services, know at first hand the creative and imaginative ways in which older people can arrange and manage their support if given the chance. Some of these are illustrated in a DVD, *Your Care, Your Choice: Direct Payments working for you*, produced in 2006 by Age Concern to promote the option of DPs to older people⁴.

There is also the fact that older people are generally eligible for much lower cost support than is typical of Independent Living Fund and DP recipients. The dominant model involving the employment of full-time personal assistants will rarely be relevant. But where older people are in receipt of even relatively low value DPs and IBs, they have displayed great ingenuity in securing cost effective support tailored to their personal priorities and preferences.

Many older people will welcome the opportunities offered by self-directed support. They want the same sort of choice and control as younger people with disabilities. They want to be able to personalise their care and support. They want consistency in terms of who provides their care and they want it to come from known and trusted individuals.

4 www.ageconcern.org.uk/AgeConcern/direct_payments_video.asp

They want some flexibility in terms of what and when. And they are often convinced that they could achieve better value for money if they were in control of how it's spent.

Consultation with older people in West Sussex⁵: Funded by West Sussex County Council Adults' Services, Age Concern West Sussex carried out a consultation with over 240 older people and carers on the introduction of Individual Budgets. After initial incredulity, the concept was welcomed with enthusiasm, but with many stressing that they would need support from the self-assessment stage through to developing, implementing and managing support plans. There was a very positive response to social contact being part of the assessment because it could make such a huge difference to people's lives if covered by a support package. Expectations were fairly low, in that people were not pushing the boundaries, but older people were clear that even small changes could make a big difference (e.g. bottom cupboard cleaning).

Outcomes-based commissioning pilot in West Sussex⁶: The pilot aimed to evaluate whether outcomes-based commissioning would improve individuals' and their carers' quality of life. Contracts with a well established independent domiciliary care provider contracted by West Sussex County Council were altered from 'time and task' to being allocated a number of hours over a four week period. Clients negotiated directly with the provider, using the hours flexibly to achieve the outcomes agreed at assessment. Existing customers didn't make significant changes to their packages of support, but new people entering the system preferred a different type of support. Paid carers experienced increased job satisfaction. Outcomes were found to be an unfamiliar concept for social workers and providers, and significant training was necessary.

5 *Individual Budgets: Report on consultation with older people* (Jan 2008), Age Concern West Sussex
6 www.westsussex.gov.uk/yourcouncil/ppri/sci/PDF_files/obc_summary_report_2007.pdf

Information, advice and advocacy

While personal budgets will benefit those eligible for social care support, increasing numbers are excluded by tightening eligibility criteria and means testing. To address this growing gap in support, *Putting People First*⁷ also places a responsibility on Local Authorities and Primary Care Trusts to provide enhanced support for self-funders, better prevention, earlier intervention and steps to tackle isolation and loneliness. None of this will be possible unless underpinned by independent information, advice and advocacy services to ensure that all older people's rights and entitlements to statutory services are upheld and to empower them to be well informed consumers of services.

Information and advice

Information is not tailored to individual need and is restricted to awareness raising. Information is often in written form (leaflets and websites) but may also be provided over the phone or face-to-face. The more a person lacks the skills and knowledge to deal with their situation, and the more complex the issues, the more they will need advice.

Advice tailors information to an individual's specific circumstances. It identifies the options available and can offer support in choosing and carrying through the chosen option. Advice necessarily involves telephone or face-to-face contact.

Information and advice services play a vital role in tackling poverty, promoting dignity, and providing support. There is a growing body of evidence that suggests that welfare benefits advice linked to healthcare services can improve the well-being, mental health and quality of life of service users.

⁷ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

Government departments and local government should value independent, trusted information and advice services and recognise the contribution they can make to tackling poverty and isolation among older people. They need to work together to make sure that funding is available for independent information and advice services which meet the needs of older people wherever they live⁸.

Age Concern has a very strong track record in providing independent, comprehensive and high quality information and advice and assistance with claiming benefits. Agencies such as Age Concern are client-centred, and take a holistic approach to problems people may be experiencing.

In 2008/9, Age Concern produced three reports which cover in detail the benefits of information and advice services to older people.

- *Transforming lives: Tackling Poverty and Promoting Independence and Dignity through Information and Advice*⁹ (March 2008) launched Age Concern's campaign 'The Price of No Advice'. It is based on a survey of over 650 older people from around the country who have used Age Concerns' information and advice services, plus in depth interviews with 13 older people between September 2007 and February 2008.
- *Just what the doctor ordered*¹⁰ (May 2008) looks at the impact that benefits advice can have on health and well wellbeing.
- *The right advice at the right time* (February 2009) makes the case for health professionals to engage with Age Concerns to ensure their older patients receive the information and advice they need in a timely way.

8 There is a particular problem with lack of information and advice in rural areas.

9 www.ageconcern.org.uk/AgeConcern/Documents/Transforming_Lives_report.pdf

10 www.ageconcern.org.uk/AgeConcern/Documents/47_0508_welfare_benefits_advice_report.pdf

Advocacy

Advocacy supports and enables people who for various reasons have difficulty representing their interests, to exercise their rights, express their views, explore and make informed choices. **Independent Advocacy** supports the person regardless of the demands and concerns of others. It challenges the causes and effects of injustice, oppression and abuse¹¹. Advocacy puts people first.

The Department of Health recognises that **‘brokerage does not replace advocacy and there is still a clear need for distinct and thriving advocacy services at local level’**¹².

Advocacy services run parallel to information and advice services. Advocates, working with, or on behalf of, their clients may gather information or seek advice. They then establish what their client wishes to achieve, and it is their sole task to do whatever is necessary to make those wishes happen. An advocate should be loyal to the older person alone. An advocate should enable their clients to speak up for themselves wherever possible.

Age Concerns across the country operate advocacy services and experience no shortage of demand. *A Framework for Advocacy. A practical guide to providing advocacy for older people* provides them with guidance on good practice in running their services. Working in an Age Concern context provides advocates with a legacy of independence, integrity, respect and trust which enables them to work with confidence, especially when securing rights and services for their clients with Local Authorities, voluntary and commercial concerns. It also provides both advocate and client with a knowledge of, and links to, other services that Age Concerns and other organisations provide in the locality, should they wish to make use of them.

11 Older People's Advocacy Alliance (OPAAL) definition

12 Department of Health (2008) *Good Practice in Support Planning and Brokerage*
<http://networks.csip.org.uk/personalisation/index.cfm?pid=812&catalogueContentID=3250>

Age Concern's Mental Capacity Advocacy Project (MCAP)

The Mental Capacity Advocacy Project (MCAP) for older people is a three year pilot project that started in October 2006, funded by the Department of Health and Age Concern England. Its mission is: 'To develop, explore and evaluate a volunteer advocacy service for older people who lack mental capacity.'

The Department of Health has provided funds to test this innovative service in four pilot sites based in three different regions in England, covering rural and urban communities, and engaging black and minority ethnic groups and other 'harder to reach' groups.

A variety of materials can be downloaded from the project's website¹³:

- Volunteer Advocacy guidance pack – detailing volunteer recruitment, training and support
- Advocacy delivery pack – including the engagement protocol
- Achievements from year one of the project
- The evaluation framework, detailing anticipated outcomes
- MCAP E-bulletin – sent out periodically to 'Friends of MCAP'.

13 www.ageconcern.org.uk/AgeConcern/mhap.asp

Support planning and brokerage

What is it?

The Care Services Improvement Partnership (CSIP) states that **‘Support Brokerage involves the assistance that people need to work out what their choices will be, and the support required to make it happen’**¹⁴.

This broad definition means that it can start with accessing an assessment and run right through to monitoring and reviewing the support once it has been planned and put in place. In practice, support planning and brokerage services may be very different in scope.

Inevitably, jargon is developing within initiatives in self-directed support: ‘Support Planning’, ‘Navigation’ and ‘Care Brokerage’ are sometimes used interchangeably to describe very similar, or even identical, functions. Although, for professionals and organisations providing support to older people, clarity and consistency in the way functions and activities are described would be helpful, an older person who wants help to arrange their care and support is unlikely to want to have to decide whether they need a ‘care planner’ or ‘support broker’. And they may not find it helpful if, having obtained a support broker, they are told that they really need an advocate. Having a multiplicity of overlapping roles has the potential to add an extra layer of complexity to an already complex system. It is to be hoped, therefore, that these roles do not transform themselves into new professions and that they offer people who need care and support the diverse and individualised forms of help that they will need.

Age Concern hopes that, soon, there will be general agreement on relevant terminology and definitions. It is hoped, also, that the term ‘support’ will be used in preference to ‘care’ in the context of the support services in place for recipients of personal budgets. Care (i.e. personal care) is just one of the types of support that people with disabilities may need. To lead a full, high quality, life they may need support with all sorts of things – transport, leisure opportunities, employment, etc – which aren’t anything to do with care as such. The word ‘care’ conveys a narrow approach to the needs of older and disabled people.

14 CSIP (Jan 2007) *Self Directed Support: the Role of Support Brokerage within Individual Budgets*

Why is it needed?

Good support planning and brokerage will be key in helping people get the most out of their personal budgets. Thinking differently is important right the way through the process, for the older person, social services and the voluntary sector.

Many older people will not know what solutions are now possible and will need help to navigate their way around a complex and confusing system of care and support services, transport options and activities outside the care sector. Some may appreciate help in negotiating the package of care that is right for them – they are likely to be unaccustomed to asserting their rights as consumers in a care and support market. If the provider market can diversify to cover the requirements and choice options of all people likely to need social care and support there will be an increasing need for navigation, and for help in dealing with complexity.

The challenges faced by older people in adjusting to personal budgets can be addressed by ensuring that the right sorts of support planning and brokerage services are in place, readily accessible and adequately resourced.

Research carried out by the Joseph Rowntree Foundation found that **‘support services were crucial in enabling older people to use direct payments’**¹⁵, and the Department of Health acknowledges that the one of the key messages emerging from the IB evaluation is that good support is essential.

The commissioning resource tool in the *Putting People First Personalisation Toolkit*¹⁶ acknowledges that **‘effective support planning and brokerage are crucial in enabling disabled people to exercise more choice and control in their lives. Support planning and brokerage, including easy access to information, advice and advocacy, should offer disabled and older people the opportunity to make decisions for themselves that might otherwise be made for them by other people.’**¹⁷

15 Joseph Rowntree Foundation (2004) *Making direct payments work for older people*

16 www.toolkit.personalisation.org.uk

17 CSIP (2008) *Commissioning for Support Planning and Brokerage: a resource tool*
www.toolkit.personalisation.org.uk (Advice on Personalisation – Support Planning)

Who can provide it?

There is evidence from research that DP recipients prefer to receive support planning and brokerage from trusted, independent, organisations rather than from the statutory bodies that are inevitably involved in rationing decisions. Support planning and brokerage should be provided by organisations which not only understand older people, their needs and how these needs can be addressed, but which also have good knowledge of very local resources and activities. Older people, like others who need some care and support, do not just want ‘services’, they want to be involved with people and activities in their local neighbourhoods and communities.

Guidance for commissioners in the Department of Health’s *Putting People First Personalisation Toolkit*¹⁸ suggests that **‘Key principles for personalised commissioning might include: ...Developing a diverse range of support planning and support brokerage options that utilise the resources of the whole community.’** The National Development Team acknowledges the growing recognition that **‘independent support brokers offer distinct advantages as a source of this help’**¹⁹.

Local voluntary organisations, such as Age Concerns, are knowledgeable about and engaged with community networks; and are able to facilitate access to local activities and resources effectively. Although it has been argued that service providers should be barred from support brokerage provision, it is the breadth and depth of Age Concern experience in working with older people and communities that make it so well placed to provide support brokerage. Age Concerns are accustomed to managing potential conflicts of interest which may arise from being a provider of care and support services, or a supplier of commercial products and services. They already do this in relation to their information and advice provision, lobbying and campaigning, direct payments support services, etc. Personal budget support should not prove any more problematic. The key question is how to make support planning and brokerage work best for older people.

18 Department of Health (2008) *Commissioning for Personalisation: A Framework for Local Authority Commissioners*
http://networks.csip.org.uk/_library/Resources/Personalisation/Personalisation_advice/Commissioning_for_Personalisation_-_A_Framework_for_Local_Authority_Commissioners.pdf

19 National Development Team (June 2008) *Custom and Control. The training and accreditation of independent support brokers* www.ndt.org.uk/docsN/CustomandControl.pdf

Service funding

The Institute for Public Policy Research has recommended that **‘local authorities should commission services to provide information and advice on care to all, in a way that suits local people’s needs and preferences and builds on existing services, including third sector and user-led best practice’**²⁰.

According to the vision set out in *Putting People First*, a key element of a new personalised Adult Social Care System will include **‘a universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding’**. Advocates will be **‘available in the absence of a carer or in circumstances where people require support to articulate their needs and/or utilise the personal budget’**.

Guidance for commissioners produced for the Department of Health’s *Putting People First Personalisation Toolkit*²¹ suggests that **‘collaborative partnerships of user-led and third-sector organisations may be best placed to deliver** [universal information, advice and advocacy services for people needing services and their carers irrespective of their eligibility for public funding] **and should be supported to do so.’**

The Commissioning Framework for Health and Wellbeing²² offers guidance on commissioning advocacy services.

If the planning and brokerage function is being transferred away from social services, which has a responsibility to provide it for people who receive social care funding, then the funding of that function should follow its transfer. Indeed, the Department of Health recognises²³ that **‘councils will need to invest in their self-directed support infrastructure’**, for

20 Moullin, S (May 2008) *Just Care? A fresh approach to adult services*, IPPR

21 Department of Health (2008) *Commissioning for Personalisation: A Framework for Local Authority Commissioners*

http://networks.csip.org.uk/_library/Resources/Personalisation/Personalisation_advice/

[Commissioning_for_Personalisation_-_A_Framework_for_Local_Authority_Commissioners.pdf](http://networks.csip.org.uk/_library/Resources/Personalisation/Personalisation_advice/Commissioning_for_Personalisation_-_A_Framework_for_Local_Authority_Commissioners.pdf)

22 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604

23 CSIP (2008) *Good Practice in Support Planning and Brokerage*

<http://networks.csip.org.uk/personalisation/index.cfm?pid=812&catalogueContentID=3250>

different approaches to brokerage to develop. **‘All councils need to understand that independent brokers can be provided via local third sector organisations; funding could include some infrastructure costs, a block contract or it could be funded on a spot contract basis’. ‘Grant funding or block contracts to User-led organisations and community groups offer good value for money. Often their reach is much broader than statutory services, and in particular, they are part of a preventative role for people who may not be eligible for funding from councils’.**

Additional advantages to the user of some form of block contract include better monitoring and quality assurance, greater stability and, probably, reduced costs. Regular monitoring and review will be essential if support is to continue to be tailored to changing needs. Older people’s needs are likely to increase over time, sometimes very suddenly; and many initial assessments of older people take place following a crisis when their long term needs are uncertain. A significant minority of older people are vulnerable to financial abuse and exploitation – continued support and monitoring also has a role to play in helping to prevent this.

Age Concern is not in favour of including within a personal budget an amount for brokerage because people will be means tested and may be charged for it. Since it is very difficult to disentangle this type of support from the Local Authority’s statutory duties to arrange and monitor care, people could end up paying for these statutory functions that councils have no power to charge for.

Self funders and those just outside eligibility criteria often need virtually identical support to that needed by personal budget recipients. It would be invidious to charge personal budget recipients, but not charge others who are receiving the same service. It would be even more damaging to charge all older people for this sort of support, regardless of their ability to pay. Age Concern’s view is that all of these services should be free at point of use in order to ensure equity of access. Block contracting is a means to ensuring a service is available for those who need it regardless of how their care and support is funded.

The Social Care Reform Grant announced in *Putting People First* will be available to support universal information, advice, advocacy, support planning and brokerage services to run locally. Guidance on how the grants should be spent can be found in Annex A (Appendix B) of *Transforming Social Care*²⁴.

23 www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934

Age Concern

Age Concern has many years of experience of working with older people and communities. It has a solid track record in providing a wide range of services, and is practised at evolving new services as the need arises, transferring skills used in current services to new areas. Age Concern is client-centred, and takes a holistic approach to people's lives and any problems they may be experiencing. Its independence, reputation and wide reach means that, in many areas, it is often a preferred service provider.

In the context of supporting the transformation of social care, Age Concerns can build on their experience, particularly in information, advice and advocacy provision, to develop wider community resources and older people's access to them. Age Concerns are well placed to become a provider of supported self-assessment and support brokerage for older people because they know how to tailor these services to older people's needs and preferences.

Service case study 1: Age Concern Cheshire Support Brokerage Service

Originally a pilot scheme, fully funded by Cheshire County Council, the service is currently for older people (65+) who live in Cheshire, have been assessed as needing non-residential services, are standard charge payers who are deemed able to pay for their own care, and who do not want a social worker involved. It has been running since March 2007 and is registered on the National Brokerage Network (NBN).

Assessment and support planning: After being referred to the service via Social Services, following an assessment of care needs, the care assessment is forwarded by a Social Worker to Age Concern Cheshire's Support Brokers who then help people plan and organise any care and support they need. The Support Broker visit clients in their own homes to discuss what they want, and to clarify needs and expectations. They can assist with preparing and costing a personal support plan; arrange and implement support plans; monitor and review the support package as instructed by the individual. Part of their role is to build networks and promote choice for individuals, and tap into local networks and funding opportunities for the individual. Support offered may include helping to find carers, helping to budget their money, advice and assistance on keeping records, advertising for carers, employment law, health and safety, tax and National Insurance, payroll, providing a safe environment for meeting and interviewing prospective carers, providing continuing support if wanted – or whatever else is required. Each Broker covers a limited geographical area which enables them to become very familiar with what is available in their own local patch.

Monitoring and reviewing: Once a support plan has been made and life is being lived using it, older people using the service can have their package of care and support monitored and reviewed by their Support Broker on an individually agreed basis. It is anticipated this is usually an initial review after six weeks with follow-up reviews, as necessary but at least annually.

Hospital discharge: A five day response to referrals is built into the contract with Social Services. However, in the case of hospital discharge there is the option for the social worker to complete both the care assessment and

the care plan. The Support Broker then arranges care in line with this information to enable the client to return home as quickly as possible. Once the client is at home, the Support Broker visits them to confirm the care arrangements and make any amendments as instructed by the individual.

Clients who are self funding are not subject to the Delayed Discharge Act. As a result Social Services cannot be charged by the NHS for any delay in discharging them to a safe home environment.

As part of the contract, Age Concern Cheshire commissioned independent **research into the views of older people and their carers about paying the full cost for care.** The research²⁵, carried out by Dr Corinne Thomason of Diverse Solutions, involved collecting the views of existing and potential users of Age Concern Cheshire services using stakeholder interviews, focus groups and postal surveys. Recommendation 8 of the report was to: **‘Further develop and strengthen the Support Brokerage activities of Age Concern Cheshire so that it can identify gaps in available services and offer consumers knowledge about the market place, two vital functions if self direct support is to succeed.’** A full copy of the report is available on www.ageconcerncheshire.org.uk.

Cheshire County Council has been running a Self Directed Support pilot, in-line with plans to introduce personalisation, since April 2008. Age Concern Cheshire has been involved in this pilot across the county and a report on findings and the implementation of recommendations will be given to the two new Unitary Authorities who take over from 1st April 2009. How support brokerage will be funded is part of the plan and several options are available to the two new Unitary Authorities.

In line with this pilot, Age Concern Cheshire has now opened this service via internal referral to clients who may not want to access it via a care needs assessment by Social Services. Funding and charging options are also being investigated in readiness for future changes.

25 *Paying Full Cost of Age Concern Cheshire Services. A report into client views about paying for social care and support services* can be downloaded from: www.ageconcerncheshire.org.uk/pdf%20files/advocacy/payingfullcost.pdf

Added value: Clients using the Support Brokerage Service are also able to access the Mentoring service which creates and maintains effective short- or long-term money management systems for people who have no relatives able to help them manage their day-to-day financial affairs. Age Concern Cheshire also has available Advocacy, Information and Advice and benefits advice at home for those who require these additional services. The Cheshire PA Register, launched in June 2008, is also available to assist those who wish to advertise for personal assistants and employ them privately (www.cheshire-pa.org).

Age Concern Cheshire is able to hold training sessions and workshops, which include how to set up and run Support Brokerage. For further details and information pack please contact Age Concern Cheshire via e-mail to jan.hutflesz@ageconcerncheshire.org.uk

Service case study 2: Barnsley Independent Brokerage Service

This three year project, funded by a Section 64 grant from the Department of Health, started in April 2007, and aims to establish an Independent Brokerage Service (IBS) to support the extension of Direct Payments and the development and use of Individual Budgets. The project is cited as a model of good practice in the Department of Health's *Putting People First Personalisation Toolkit*²⁶.

Barnsley IBS has engaged a number of voluntary/community sector partners with the objective of forming a consortium with a lead body (Age Concern Barnsley). The aim of the project is to build capacity of voluntary/community sector organisations and local communities to develop and deliver flexible and accessible brokerage services. The IBS will support voluntary/community sector partners with the recruitment, training, registration and accreditation of Brokers. With this support, members of the consortium will develop and manage locally accessible and flexible brokerage services.

26 Department of Health (2008) *Good Practice in Support Planning and Brokerage*
<http://networks.csip.org.uk/personalisation/index.cfm?pid=812&catalogueContentID=3250>

The project will seek to attract external investment from local Development Agencies, to match the support and funding from the IBS project. This will combine to provide start-up funding for voluntary/community partners in the consortium. The potential of social enterprise to provide sustainability is being actively explored by the consortium.

The journey so far

The IBS project has a Development and Support Hub that is resourced by a Project Development Worker – with support from partner organisations – to develop and build the capacity of voluntary/community groups to deliver brokerage services, under the direction of a Project Board. The Project Development Worker is on secondment from the Local Authority, with links into the Individual Budgets Pilot to ensure overall integrity and consistency with the development of person-centred services.

The service works on the principle that good brokerage involves researching what is available, information-giving, technical advice-giving, informal support (both to plan and to support people with employing staff, etc), day to day management, support needs planning and advocacy.

To assist the service, a community mapping exercise has been completed in two localities, and a Community Development Worker has been employed to continue mapping local resources and activities in the remaining areas of Barnsley.

The IBS needs to know what's out there, who is supported, where are the gaps, what needs to be put in place to fill them; and to feed this information back to the commissioner on the Project Board for action.

Mapping of self help groups, statutory services, social groups, church groups, active citizens, has taken place in two areas and was a massive task. Mapping can help ensure that all the various groups of people (learning disabilities, older people, people with mental health problems, physical and sensory disabilities, children in transition, carers and the people who cut across several groups) have the support they need in the form they want in their neighbourhood.

A Project Board²⁷ has been set up which meets regularly to discuss the progress of the project plan, and to put decisions into action. Support has been found nationally to train the support planners/brokers, and the first wave of people has been trained. A once weekly drop-in session for planning began in January 2008. A newsletter, short information film and flyers publicise the service.

There are still many questions to address: the role of social enterprise, brokerage fees, accreditation of brokers, risk, quality assurance, as well as others that will arise. It is important to keep asking questions.

A few words of advice from Barnsley's experience on TRANSFORMATION

Together we are better

Research, reflect and reshape

All work together to find solutions

Not giving up when faced with challenges

Support people in the way they want to be supported

Form meaningful partnerships

Ongoing openness and honesty

Remain resolute

Map the local community

Always remember: people are experts by experience

Test new ideas

Information is the key; find effective ways of sharing it

Open people's minds, change people's hearts

Never lose sight of the vision to shift the power

²⁷ Local voluntary organisation members: Age Concern Barnsley, Barnsley Black and Ethnic Minority Initiative, Barnsley Arena (for service users and carers), DIAL, Life Chances, Mencap, ROMERO Project, Voluntary Action Barnsley, Together, Fair Chance; plus national members – Age Concern England, Care Services Improvement Partnership, National Brokerage Network.

Useful resources

Age Concern materials

Individual Budgets, Older People and Age Concern (2007)

Film *Your Care, Your Choice: Direct Payments working for you* (English, Punjabi, Sylheti, Urdu) (2006) – watch it online at www.ageconcern.org.uk/AgeConcern/direct_payments_video.asp

Direct Payments from social services: Offering choice and control to lesbian, gay and bisexual people (leaflet) (2007)
www.ageconcern.org.uk/openingdoors

Mental Capacity Advocacy Project (MCAP)
www.ageconcern.org.uk/AgeConcern/mhap.asp

Publications

Dept of Health (Transforming Adult Social Care) (22 Oct 2008) *Making a strategic shift towards prevention and early intervention. Key messages for decision makers* (20pp)

Dept of Health (Transforming Adult Social Care) (22 Oct 2008) *Making a strategic shift towards prevention and early intervention* (98pp)
<http://networks.csip.org.uk/prevention/>

IBSEN (Oct 2008) *The national evaluation of the Individual Budgets pilot programme* (available: 4 page summary; executive summary; full report)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089505

Dept of Health (Transforming Adult Social Care) (21 Oct 08) *Moving Forward: Using the learning from the Individual Budget Pilots – Response to the IBSEN evaluation from the Department of Health* (36pp)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089505

SCIE (Oct 2008) *Personalisation: a rough guide* (Report 20) (52pp)
www.scie.org.uk/publications/reports/report20.asp
Aimed at frontline practitioners and first-line managers in statutory and independent sector social care services.

CSCI (Oct 2008) *Cutting the cake fairly. CSCI review of eligibility for social care* (97pp)
www.csci.org.uk/about_us/publications/cutting_the_cake_fairly.aspx

Commission for Rural Communities (July 2008) *The personalisation of adult social care in rural communities*, www.ruralcommunities.gov.uk

Dept of Health (June 2008) *The case for change – why England needs a new care and support system*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084725

Dept of Health (June 2008) *Putting People First – Working to Make it Happen. Adult Social Care Workforce Strategy – Interim Statement*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085642

National Development Team (June 2008) *Custom and Control. The training and accreditation of independent support brokers*
www.ndt.org.uk/projectsN/IFdocs.htm

West Sussex County Council (March 2008) *Adults' Services Outcome-based Commissioning of Home Care: Evaluation of Pilot Programme*
www.westsussex.gov.uk/yourcouncil/ppri/sci/PDF_files/obc_summary_report_2007.pdf

Age Concern West Sussex (Jan 2008) *Individual Budgets: Report on consultation with older people.*
For a copy, contact admin@acwestsussex.org

Thomason, Dr Corinne (Dec 2007) *Paying Full Cost of Age Concern Cheshire Services. A report into client views about paying for social care and support services*, Age Concern Cheshire
www.ageconcerncheshire.org.uk/pdf%20files/advocacy/payingfullcost.pdf

Counsel and Care (Sep 2007) *Keeping control: complete direct payments guide for people over 65* (plus a brief version of this guide):

www.counselandcare.org.uk

Bowers, H; Gailey, G; Sanderson, H; Easterbrook, L; and Macadam, C (2007) *Person Centred Thinking with Older People: Practicalities and Possibilities*, HAS Press

An 18 month development programme (July 2007-Dec 2008) run by the Older People's Programme in partnership with Helen Sanderson Associates and the Centre for Policy on Ageing, funded by the Lloyds TSB Foundation with contributions from CSIP and in Control. This programme is working with 9 sites across England to make person centred thinking and planning work well with older people. A publication capturing learning, practical steps, personal stories, outcomes and implications will be produced as a 'how to' guide in early 2009.

www.opp-uk.org.uk/cms/site/docs/PCPOPweb.pdf

Care Services Improvement Partnership (CSIP):

www.personalisation.org.uk and www.toolkit.personalisation.org.uk

- *Making personal budgets work for older people: developing experience* (2008)
- *Good Practice in Support Planning and Brokerage* (2008)
- *Commissioning for Support Planning and Brokerage: a resource tool* (2008)
- *Self Directed Support: the Role of Support Brokerage within Individual Budgets* (2007)
- *Older People's Services and Individual Budgets. Good Practice – Examples and Ideas* (May 2007)
- *Self-directed Support – a briefing* (Feb 2007)

in Control (www.in-control.org.uk):

- *System Transformation Map. A Guide for local authorities* (June 2007) (library ref 0150)
- Yorkshire & Humber Forum (Jun 2007) *Guide: How to include DPs within SDS* (Implementation Guide: Building upon Direct Payments as Key of the Wider System of Self-Directed Support) (library ref 0232)
- *Tools for change. A tool to help build person-centred teams* (June 2007) (library ref 0234)
- *in Control Total: Strategic Framework* (July 2007) (library ref 0401)
- *A Guide for Local Authorities on creating a local system of Self-Directed Support* (2006) (see titles below): (Related tool and examples are also available here)
Preface to the in Control Guides; 1: Individual Budgets; 2: Planning and Brokerage; 3: Decision-Making; 4: Individual Contracting; 5: Market Management; 6: Community Development; 7: Quality Improvement

Websites

Putting People First Personalisation Toolkit (CSIP)

www.toolkit.personalisation.org.uk

Under 'Advice on Personalisation', the 'Brokerage advice and information' and 'Support planning' sections contain good practice materials and commissioning resources.

Personalisation Network (CSIP): www.personalisation.org.uk

CSIP *Increasing the uptake of DPs* (Solution Set):

www.directpayments.csip.org.uk

Dept of Health's Social Care Reform pages (includes IBs and DPs):

www.dh.gov.uk/en/SocialCare/Socialcarereform/index.htm

in Control: www.in-control.org.uk

- contact details of members and Total Transformation sites
- document library (see 'Publications' above) and other useful resources

National Brokerage Network (NBN):

www.nationalbrokeragenetwork.org.uk

An information exchange providing guidance in the development of brokerage and training.

National Centre for Independent Living (NCIL): www.ncil.org.uk

shop4support: www.shop4support.com

A new web-based market place for people seeking support and services.

Support Planning: www.supportplanning.org

Contains information about Support Planning and example plans.

The information can be adapted for local use, and people are encouraged to share what they change so that all can all learn from this.

Mental Capacity Advocacy Project (MCAP)

www.ageconcern.org.uk/AgeConcern/mhap.asp



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