

Expert series

A close-up portrait of an elderly woman with short, curly white hair and glasses. She is smiling warmly at the camera. She is wearing a light purple, long-sleeved blouse with a lace collar and a small gold cross necklace. The background is a soft-focus indoor setting.

***Personalisation in practice:
lessons from experience***

Making personal budgets, support planning
and brokerage work for people in later life

Document purpose	<p>To influence the way that self-directed support is being implemented, so that it meets the needs of older people.</p> <p>To share knowledge and experience that contribute to the effective delivery of self-directed support</p> <p>To contribute to the Personalisation agenda</p>
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Description	<p>This document:</p> <ul style="list-style-type: none"> • outlines the specific circumstances of older people • outlines the benefits of personal budgets for older people • draws attention to the needs of those who fund their own care and support • emphasises the need for targeted support planning and brokerage services • shares lessons from practice • presents a range of summaries of support planning and brokerage services run by Age Concerns and Age UKs across England • presents case studies of service users
Contact	<p>For further information, or to request further copies of this report, contact:</p> <p>Katharine Orellana, Development Officer - Social Care and Support, Age UK Astral House, 1268 London Road, London SW16 4ER, 020 8765 7485 Katharine.Orellana@ageuk.org.uk</p>
Author	Katharine Orellana
Web	www.ageuk.org.uk/professional-resources
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Introduction

The challenges faced by people in later life 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.

People in later life tell us that they want control over the services they receive, and we know that personal budgets provide an opportunity to help people exercise this control. Many older people value being in direct control of who provides their care and how it is provided; and there is evidence which suggests that the next generation of older people is much more likely to want to determine what their care and support looks like.

Age UK supports the option of personal budgets for people in later life. We are keen that older people and their carers are able to access all of the information and support that they need in order to use their budget effectively. It should always be a choice to take a cash payment in lieu of services, and no one should be forced to receive one if they would prefer the council to arrange their care and support for them. Service users should always be made aware of the other options available to them when they take on self-directed support: to accept a direct payment, or to have their personal budget held in some other way.

Self-directed support and personal budgets remain at the heart of the agenda to transform social care. Although personal budgets have not taken off as quickly as expected, particularly for older people, there is likely to be an acceleration over the coming months. This is because by April 2011, local authorities are aiming to meet a target whereby at least 30 per cent of those eligible for a personal budget are in receipt of one.

With this will come an increase in the demand for support, such as brokerage, enhanced by the requirement to provide similar support to those who are eligible for care and support, but not for a personal budget.

The challenges faced by people in later life 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. In order for choice and control to be meaningful, everyone who needs care and support should have access to assistance in making decisions for themselves and to the services and the support they need to live full and enjoyable lives.

Age UK strongly endorses the use of brokers and navigators to assist people to make good, cost-effective and informed choices about their care and support. As the care system moves towards having a choice-based approach, there is a need for support for individuals as they make these choices and set up their own care and support packages.

Support planning and brokerage are still a work in progress and there are still many questions to address, including scope, charges, accreditation of brokers and quality assurance. However, the experience of running such services so far suggests that there are already some valuable lessons to learn. *Personalisation in practice: lessons from experience* summarises some of the key messages from this learning to local authorities, to inform local implementation.



Key points

Older people

- People in later life are less likely to want to take on responsibility for managing their budget and organising their care and support themselves, but they do welcome the opportunity to exercise choice and control over the care and support they receive.
- Carers welcome the flexibility offered by self-directed support.
- Support planning and brokerage services are crucial to the take-up of self-directed support.
- People tend to approach the specialist organisation they identify with the most for support.
- Having access to social activities is centrally important for older people.

Preparation

- Investment in local self-directed support infrastructure is needed if a broad range of options is to be available.
- Quality of leadership within the local authority impacts on the quality of service for older people.
- Training in the principles of self-directed support, how personal budgets can be used creatively with positive outcomes and the mechanisms that make them work best for people in later life is essential for social services staff.
- ‘Support planning and brokerage’ is not a new name for ‘information, advice and advocacy’.
- Time spent learning from the experiences thus far is time well invested.

Responsibilities

- Local authorities are responsible for ensuring that there is a range of good-quality services available in their local area. They should manage the market in a way that promotes quality, and should not rule out block purchase where appropriate.
- Support planning and brokerage should be available to all people with care and support needs, free of charge. People who pay for their own care and support often need identical assistance to that needed by personal budget recipients. Local authorities should fulfil their obligation to arrange and contract for care and support at home for those who are eligible for care and support at home, but who do not qualify for financial support, if requested to do so.
- Resource Allocation Systems should be fair, transparent and focused on outcomes so that older people's personal budgets are comparable with those of other groups.

Lessons from experience

- The processes involved from assessment through to support planning and brokerage should be made clear to both local authority staff and to external service providers.
- A strong working relationship and good communication between local authority and service provider contribute significantly to the success of a support planning and brokerage service.
- Support planning and brokerage services work best when they are adequately resourced. The work is labour intensive and there are significant infrastructure costs.
- Outcomes for older people on personal budgets should be monitored to ensure effectiveness and satisfaction. Monitoring and review of support should be regular and frequent to take account of rapidly changing circumstances.
- Social services staff should be proactive, making themselves aware of support planning and brokerage services in their area and passing information on to older people to enable them to make choices.
- System change takes time and requires commitment at practice and management level.

1 *Self-directed support:*

the story so far

This section gives a brief outline of the policy behind the concept of self-directed support, with particular reference to personal budgets, and looks at how far the implementation of personal budgets and the development of planning and brokerage services have progressed.

Policy background

Self-directed support enables people to design the support and care that best suits their specific needs, giving them greater choice and control over their lives.

At the end of 2007, the concordat Putting People First¹ made the commitment that person-centred planning and self-directed support would become mainstream so that packages of support could be tailored to people's individual needs and aspirations. It stated that personal budgets would become the normal way of doing this for everyone eligible for publicly-funded adult social care, except urgent care.

National Indicator 130 covers the number of people who have a community-based social care package and have taken up self-directed support through a personal budget and/or direct payment. Although the ultimate aim is to offer a personal budget to all eligible people, local authorities are aiming to meet a target whereby at least 30 per cent of those eligible for social care are in receipt of a personal budget and/or direct payment by April 2011.

However, some local authorities are aiming to implement even higher levels on the same timescale. This target also serves as a useful benchmark of good progress for councils that do not include NI 130 in their Local Area Agreement.

The sub-group of 'self-funders' who are eligible² for care at home, but who do not qualify for financial support because of means testing, are also entitled to help from the local authority with planning, arranging and contracting for their support. If a person is entitled to support in a care home and can fund their own care, they are 'self-funders' and must arrange their own care unless they are unable to do so or have no one to do it for them. If this is the case, the local authority must do it. Those 'self-funders' who fall outside eligibility often have to fend for themselves, but are entitled to information, advice and guidance to help them find the support they need.

Self-directed support is central to the transformation of social care as it puts people in the centre of the planning process and recognises that they are best placed to understand their own needs and how to meet them. It enables people to design the support and care arrangements that best suit their specific needs, giving them greater choice and control over their lives.

The Coalition: our programme for government³ made a commitment that the roll-out of personal budgets will be extended, giving much more control and purchasing power to individuals. Reform of the system will be based on four principles: prevention, protection, partnership and personalisation. A vision for adult social care, including a renewed concordat on personalisation within the social care sector, is due to be published in late 2010. Government will also be looking at the Carers Strategy, to see how it can be made as effective and as fit for purpose as possible. The Law Commission is also reviewing Community Care Law with a view to consolidating current legislation in the context of personalisation.

¹ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

² *Prioritising Need in the Context of Putting People First: A Whole-system Approach to Eligibility for Social Care. Guidance on Eligibility Criteria for Adult Social Care, England 2010* has been operational since April 2010 and replaces Fair Access to Care Services (FACS) www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113155.pdf

³ www.cabinetoffice.gov.uk/media/409088/pfg_coalition.pdf

Reforming social care is an urgent priority and Age UK is pleased that the new Government has recognised the need for setting a clear ‘vision’ for social care and resolving the critical issue of the sector’s long-term funding. However, we are in a climate of massive spending cuts over the short term. Local authorities face tough challenges of where to spend and where to save, and pressure to provide more for less. Nevertheless, it is important to recognise that many frail older people are totally reliant on care and support services to maintain their independence. The increasing numbers of people aged 85 and over means that, while many services can be reconfigured so that money is spent more effectively on earlier interventions, there is little scope for saving money from the overall social care budget for older people. Looking at self-directed support specifically, there is little evidence that personal budgets for older people lead to immediate saving compared to traditionally arranged care. However, there is evidence that the money is used more effectively, which may well reduce or delay the need for more costly services in the longer term.

Progress on implementation

Almost 10 per cent of the people aged 65 and over in receipt of community-based services are receiving self-directed support.

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The move towards self-directed support has been relatively slow to develop, particularly for older people, but has started to pick up speed. The Department of Health has produced guidance on aspects of personalisation, personal budgets, support planning and brokerage and how to make these work for older people, all of which is available on the Putting People First: Transforming Adult Social Care website.⁴ Two of the more recent, *Putting People First: Personal budgets for older people – making it happen*⁵ and *Putting People First: Support planning and brokerage with older people and people with mental health difficulties*,⁶ both published in January 2010, contain practical suggestions for action and examples of effective working and good practice.

Before personal budgets were introduced, NCIL’s review of the Direct Payments Development Fund noted that marginalised groups, including black and minority ethnic and lesbian and gay older people, appeared to be under-represented among support service users.⁷

Personal budgets

The NHS Information Centre for Health and Social Care reports on how adult social care is delivered across England, based on information supplied by Councils with Adult Social Services Responsibilities (CASSRs). The chart below shows:

- 2008/9:⁸ the number of clients aged 65 and over receiving self-directed support in the year to 31 March 2009, expressed as a percentage of the total number of clients aged 65 and over receiving community-based services. Although the definition of NI 130 has now broadened to include those on a personal budget and/or a direct payment, the figures for 2008/9 only reflect those in receipt of a direct payment.

⁴ www.puttingpeoplefirst.org.uk

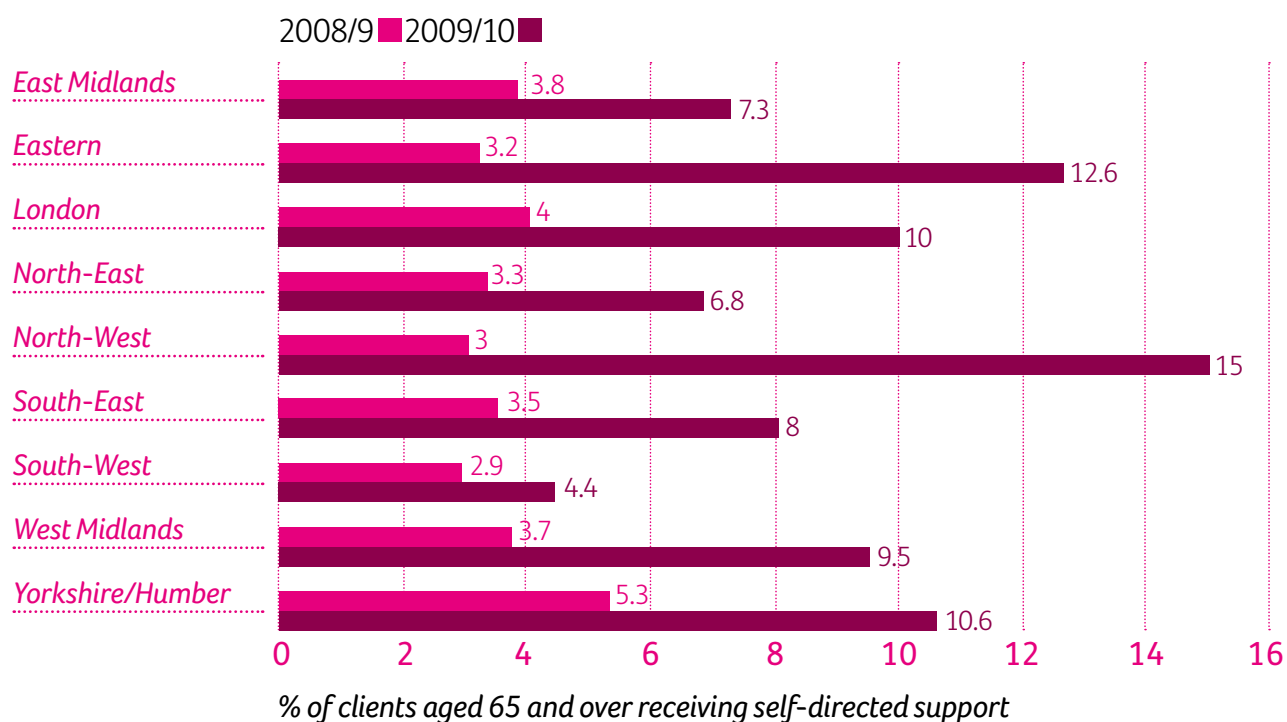
⁵ www.puttingpeoplefirst.org.uk/_library/Resources/Personalisation/Personalisation_advice/PSSOP.pdf

⁶ www.puttingpeoplefirst.org.uk/Topics/Latest/Resource/?cid=7096

⁷ National Centre for Independent Living (2006) *The Direct Payments Development Fund*

⁸ www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/social-care-and-mental-health-indicators-from-the-national-indicator-set--further-analysis-final-england-2008-09

- 2009/10:⁹ the number of clients aged 65 and over receiving self-directed support in the year to 31 March 2010, expressed as a percentage of the total number of clients aged 65 and over receiving their community-based services through self-directed support via a direct payment or a personal budget. At the time of writing, figures were provisional.



2008/9

There was considerable variation across Councils with Adult Social Services Responsibilities (CASSRs), with percentages of clients receiving self-directed support ranging from 0.9 per cent to 37.3 per cent. Overall, 3.6 per cent (36,795) of the 1,015,975 people aged 65 and over who received community-based services were in receipt of self-directed support.

A survey carried out by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) in 2009¹⁰ showed that 37,962 personal budgets (including direct payments) were being provided for older people. On average, 5 per cent of older people, and 14 per cent of younger adults using services had personal budgets. The following table shows that most councils are at 5 per cent or less, with only four providing personal budgets to more than one older person in every five.

⁹ <http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/social-care-and-mental-health-indicators-from-the-national-indicator-set--provisional-further-analysis-england-2009-10>

¹⁰ *Putting People First: Measuring Progress* (May 2009)
www.adass.org.uk/images/stories/PPF%20Measuring%20Progress%207%20May%20NA.pdf

<i>Percentage banding</i>	<i>Number of local authorities</i>
0-5%	84
6-10%	44
10-20%	12
Over 20%	4

Almost 89 per cent of the 144 councils which responded to the survey provided personal budgets to less than 10 per cent of eligible older people.

2009/10

Take-up of self-directed support considerably increased, with provisional figures showing that 9.6 per cent (91,605) of the people aged 65 and over in receipt of community-based services are receiving self-directed support. About 89 per cent of CASSRs were providing personal budgets and/or direct payments to 0–20 per cent of eligible older people. In 17 CASSRs (11 per cent), between 20–67 per cent of eligible older people were in receipt of self-directed support.

Support brokerage services

The 2009 survey carried out by ADASS and LGA¹¹ showed that there are fewer support and brokerage services run by user and/or carer organisations¹² for older people than for younger disabled people, and more for older people funding their own care than for those who are eligible for social care funding. Brokerage provision by voluntary organisations that are not user/carer controlled, including local Age UKs and Age Concerns, is not reflected in the survey.

Respondents reporting that services from user and/or carer-led organisations were available to some user groups were asked to identify which user groups. The table below shows the proportion of these respondents identifying each group.

<i>Client group</i>	<i>Support/brokerage from user/carer-led organisations</i>		<i>Advocacy from user/carer-led organisations</i>	
	Eligible for social care funding	Funding their own care	Eligible for social care funding	Funding their own care
<i>Older people</i>	38%	47%	50%	42%
Learning disability	85%	60%	93%	79%
Mental health problems	19%	23%	75%	50%
Physical disabilities	49%	63%	54%	50%
Other	19%	30%	18%	19%

Taken from *Putting People First: Measuring Progress* (ADASS & LGA, May 2009)

¹¹ *Putting People First: Measuring Progress* (May 2009)
www.adass.org.uk/images/stories/PPF%20Measuring%20Progress%207%20May%20NA.pdf

¹² Definition of user/carer-led organisation used: one where the people the organisation represents, or provides a service to, have a majority on the management committee or board and where there is clear accountability to members and/or service users.



2 *Personal budgets*

This section introduces personal budgets and describes the circumstances that older people often find themselves in when being assessed. It outlines how direct payments have been found to benefit older people and how personal budgets could work for them, and ends with some messages for local authorities.

What is a personal budget?

Evidence from pilots shows that some people use the flexibility to buy a broader range of services, while others prefer more traditional services.

Personal budgets built on individual budgets, which were piloted with a range of client groups in 13 areas from 2005 to 2007. The evaluation¹³ found that the main problem with individual budgets was consolidating the different means-testing systems for different benefits. The Government, therefore, focused on introducing personal budgets which use only social care money as an immediate way forward.

A personal budget is an allocation of social care funding to an eligible person. It can be taken:

- as a direct payment, held by the person or, where they lack capacity, a 'suitable person'
- as an account managed by the council in line with the person's wishes (virtual budget), or by a third party and called-off by the user
- or as a mixture of the above.

A person uses their personal budget to meet their agreed social care outcomes. In an attempt to shift control to consumers, personal budgets support the move away from the offer of a fixed range of services with little choice, by allowing people to exercise choice and control in how they are supported, by whom and when. Evidence from pilots shows that some people use the flexibility to buy a broader range of services, while others prefer to use more traditional services, making them more responsive to their own needs.

The self-directed support process starts with the existing statutory duty to assess individual need. There is no new legislation to change this. The person may complete an assisted self-assessment to identify their needs and desired outcomes, which can then be used to determine an 'indicative budget' as a basis for planning their support services. But self-assessment cannot replace or be a substitute for the council's legal duty to make an assessment and determine eligibility for support. The council must provide support to meet eligible needs, so the indicative budget can only be a planning tool. If it is not enough to meet assessed eligible needs, the council must be prepared to increase the budget. A support plan is then agreed, put into place and reviewed periodically.

The needs of older people

The processes, systems and mechanisms delivering self-directed support need to be developed so that they work for frail, vulnerable and isolated older people.

One rationale often given for the low take-up of direct payments and individual budgets by older people has been that their needs are different and that they do not want to direct their own support. To a limited extent this may be true.

In discussion of personal budgets, much has been made of the way in which control over the resources available for their care enhances the 'citizenship' of disabled people. But for 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. However, many do complain of their growing 'invisibility' as they age, of the discrimination and exclusion they suffer, and of the ways in which their citizenship is progressively eroded.

People in later life want to exercise choice and control over the care and support they receive, even though they:

- are **more likely to be assessed at times of crisis** (such as hospital discharge) when their needs have not stabilised and they themselves are uncertain of how much help they will need
- are **more likely to have unstable and deteriorating conditions**, and are therefore more likely to need ongoing support and frequent review
- **often understate their needs and overstate their abilities** while self-assessing. This may stem from a healthy tendency to accentuate the positive, but may result in people selling themselves short, and also perhaps from generational assumptions that people should be self-reliant and should not make demands on the state.
- are **less likely to have strong support** from family and other carers
- are **less likely to want to manage their budgets directly** and take on all the responsibility for arranging and managing their own care and support. Evidence from the individual budgets pilots,¹⁴ where older people in receipt of budgets had lower psychological well-being than those not in receipt of budgets, suggests that many older people find this burdensome rather than empowering.
- are **likely to be allocated much smaller personal budgets** than younger disabled people with comparable levels of need.¹⁵ This reflects widespread age discrimination in the social care system in terms of both the breadth of needs assessment and of resource allocation.

All of these factors can make it difficult for older people to predict their care needs and to have confidence in their own capabilities. They may be more concerned about their ability to manage their own support in the future as they become frailer, although this can equally be true of younger disabled people with progressive conditions.

¹⁴ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089508.pdf

¹⁵ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089508.pdf

However, 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 choice in terms of how, where, when and by whom it is provided. They want it to come from known and trusted individuals and organisations, and to be consistent and reliable. 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.

There is a risk that people in later life are being squeezed into a 'one-size-fits-all' model of personalisation designed with and for younger people with physical and/or learning disabilities. The processes, systems and mechanisms delivering self-directed support need to be developed so that they work for frail, vulnerable and isolated older people; and take account of the differing needs and social and economic circumstances of older people, who represent the majority of social care and health service users and the majority of those with disabilities and long-term conditions.

How personal budgets can work for older people

Small changes can make a big difference to quality of life for older people, but low levels of personal budget mean that the scope for flexible use of care packages is limited.

In a survey carried out in 2004 by the Commission for Social Care Inspection (now part of the Care Quality Commission),¹⁶ almost three-quarters of older people who responded said that they felt that the person receiving social care should be able to choose the services they use and be given money to pay for them. More than half wanted to remain in their own home with support from friends, family or care workers.

In the same year, the King's Fund undertook research with middle-aged people to find out what the next generation might expect from care services in the future.¹⁷ Although this required them to imagine unknown circumstances, there was consensus that they would want to maximise and retain their independence and to stay in their own homes, supported by a range of services that are often currently not available within the care system, including help with housework, shopping and home maintenance. Social interaction and activity would be very important, including access to learning and leisure opportunities, underpinned by the availability of appropriate transport. Choice and adaptability - having individual needs and preferences accommodated and catered for - were also rated highly. A key theme was the interconnectedness of security, home care, health, personal care and social life. Having a clean, well-maintained home and good social networks would be essential to their sense of security and to their physical and mental health.

Research shows that maintaining the ability to choose, to be in control and to be independent are very important to people as they get older. Personal budgets can be a means to this end.

¹⁶ Commission for Social Care Inspection (2005) *When I Get Older: What People Want from Social Care Services and Inspections as They Get Older*

¹⁷ Levenson R, Jeyasingham M, Joule N (2005) *Looking Forward to Care in Old Age: Expectations of the Next Generation*, King's Fund

Direct payments have been shown to have a positive impact on well-being, and on emotional and physical health, linked to the greater freedom of choice and control that they give. They can also enable people to overcome language and literacy barriers and access culturally appropriate care and support.¹⁸ Despite this, take-up of direct payments by older people has been low, which is attributed partly to a common assumption, by care managers and assessors, that older people have a restricted lifestyle and are generally unwilling and/or unable to manage the paperwork involved.^{19 20}

The option of brokered services was found to be more popular than direct payments or council-commissioned services in a study on options for choice in older people's services.²¹

In 2007, Age UK West Sussex carried out a consultation with older people and carers in West Sussex on the introduction of individual budgets.²² 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 included in 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).

In the same year, Age Concern Cheshire carried out research with existing and potential clients.²³ At least half thought that individual budgets were a good idea, and those who did not raised concerns about budget management. When asked how they would use the money, people talked about being enabled to stay in their own home and to retain dignity and independence as far as possible. Respondents considered the following services to be important in supporting well-being: help at home, day care, nail cutting, information and advice, gardening, visiting and befriending, and accompanied transport.

Personal budgets represent a major transformation that should not be seen as being entirely about direct cash payments to buy care. Personal budgets may be particularly useful to people who do not want cash payments. It is likely that this will continue to apply to the majority of older people because:

- older people often start using services following a crisis, at which point they may not be interested in taking on responsibility for organising services or managing finances.
- older people are often coping with new or unstable levels of need so are less likely than younger disabled people to know what support they will need either now or in a few months' time.
- managing services to meet constantly changing needs is harder work than directing a stable care package.

18 Joseph Rowntree Foundation (2004) *Making Direct Payments Work for Older People*

19 Joseph Rowntree Foundation (2004) *Making Direct Payments Work for Older People*

20 Commission for Social Care Inspection (2004) *Direct Payments. What Are the Barriers?*

21 Institute for Public Policy Research, Rankin J (2005) *A Mature Policy on Choice*

22 Age Concern West Sussex (2008) *Report on Consultation with Older People*, www.acwestsussex.org/uploads/Age_Concern_IB_Consultation_FINAL_mar08.doc

23 Thomason, C (2007) *Paying Full Cost for Age Concern Cheshire Services: A Report into the Client Views about Paying for Social Care and Support Services*, Age Concern Cheshire

More recently, research on personal budgets carried out by DEMOS²⁴ showed the following would be preferred by older people if they had a personal budget:

Support services:

- day centre services – weekday activities to reconnect with other people (33 per cent)
- short breaks (16 per cent)
- residential care (5 per cent)
- education and training (4 per cent).

Leisure services:

- access to taxis and public services (23 per cent)
- ‘other’, including social groups, community activities (23 per cent)
- holidays (20 per cent).

Sources of support:

- people to help at home (57 per cent)
- personal assistants (45 per cent).

For carers, who are often older people themselves, the flexibility offered by a personal budget or direct payment can help relieve some of the stresses and demands of caring. Direct payments can also improve the status of family caregivers by recognising their work and rewarding them financially for it.²⁵ One of the individual budgets evaluation projects looked at impact on and outcomes for carers, finding that carers of older people particularly appreciated holistic, family-based individual budget approaches that took account of their roles. Carers’ outcomes were also linked with service-user outcomes.²⁶

After identifying a lack of knowledge about the needs and preferences of three potential user groups of personal budgets, Derby City Council’s Personalisation Programme Board commissioned Age UK Derby and Derbyshire, Disability Direct and Derbyshire Carers Association to carry out research to gain initial insights into the needs and preferences of these groups: carers, older people, physically disabled people.²⁷ Findings suggested that older people had the lowest level of aspiration for a personal budget, mainly identifying services providing functional tasks (including bathing, shopping and maintenance of their homes) or transport, although some showed interest in befriending. However, they did feel that a personal budget could improve their quality of life. Carers identified services that would enable them to take a break while ensuring that the needs of the person they cared for were also met.

They noted the value of shared social activities, and day care was considered to offer good value for money.

²⁴ DEMOS (Oct 2009) *At Your Service: Navigating the Future Market in Health and Social Care* www.demos.co.uk/files/At_your_service_-_web.pdf?1256725103. Research carried out Jan–July 2009 with a mixture of self-funders and publicly-funded individuals. Of the 263 responses, 72 were older people.

²⁵ King’s Fund (2006) *Direct Payments and Older People* (Background paper for Wanless Social Care Review)

²⁶ www.puttingpeoplefirst.org.uk/_library/Resources/Personalisation/Personalisation_advice/IBSEN_Carers_Executive_Summary.pdf

²⁷ *Our Choice – A Conversation with Consumers of Care and Support Services in Derby* (2010) www.derby.gov.uk/NR/rdonlyres/C955AE70-6E8F-4C81-9F44-57122F373A6A/0/MarketDevResearch0510.pdf

Small changes can make a big difference to quality of life for older people. However, it should be noted that low levels of personal budget currently allocated to older people mean that the scope for flexible use of care packages is limited. Examples of how a variety of older people and carers have benefited from direct payments can be seen in the film *Your Care, Your Choice: Direct Payments Working for You*²⁸ from which the quotations below have been taken.

Agnes

'We all know that it is no fun getting old, but you can always make it more fun by the way you channel your life. If it wasn't for the direct payment, I wouldn't be able to do the things I do. I get out as much as I can. I am hardly at home.'



'Sometimes people think that because you are old you don't have any choice. I mean we all have the right to live well. I'm telling you, since I retired I have always enjoyed every minute of my retirement. Thank God for direct payments! Now I can do things my own way and take charge of the situation.'

Mr Bhoot

'The payment has made it so I can be slightly able-bodied by being pushed around in a wheelchair at least one day of the week. That experience makes me feel ... if not able-bodied ... nearly able-bodied.'

'Definitely go for direct payments. My advice is to go for it and when you get it, work in such a way that you get maximum advantage out of it.'

John

'You need freedom of choice and it doesn't matter how old you are. With the direct payment money, I can do anything I want.'

'Before I had the carer, I asked him if he is a Christian, because I am a member of the Christian faith. So every Sunday, he comes here and dresses me up and we take a taxi to Manor House where I go to church.'

The appendix of this booklet illustrates how some Age UK and Age Concern support brokerage service users have benefited from their personal budget or from help with support planning.

Messages for local authorities

The **level of a personal budget needs to be adequate** to buy care and support that meets the assessed needs. The individual budgets pilot evaluation found that older people's support plans reflected high levels of need for personal care, rather than occupation and social participation, and that their smaller budgets restricted scope for innovation.²⁹ There is growing evidence that older people are discriminated against in Resource Allocation Systems (RAS) compared with other user groups. This means that historic differences in the way that budgets are allocated are being built into the new systems to distribute the money to individuals. ADASS recommends that councils operate a single RAS for all user groups so that needs are identified and resources allocated in the same way for everyone.³⁰

- Resource allocation for personal budgets should be fair, transparent and focused on outcomes. Discrimination in resource allocation on the basis of age will become illegal when the Equalities Act 2010 is implemented in relation to goods and services.
- There is a need for advocacy and support, particularly for people whose 'indicative budget' turns out to be insufficient to properly meet their needs.

For many people who need care and support, the consequences of services not meeting their needs – either because of failure or because they are not appropriate – could be potentially catastrophic. It is essential, therefore, that personal budgets are not allocated on the basis of a generalised formula. There should continue to be a statutory framework supporting rights to individualised assessment and help to meet needs identified by assessment.

There is evidence that older people's **satisfaction** with personal budgets is not as high as other user groups. Further investigation of the reasons for this is needed. It may be that older people who would prefer the local authority to arrange services for them are being pressurised to accept cash payments, as the evaluation of the individual budgets pilot projects³¹ suggests, or because insufficient advice and support are available, or because the budgets that older people are given are not adequate and only meet the cost of basic personal care.

- Local authorities need to continue to monitor carefully the outcomes reported by older people who receive personal budgets, to make sure that they are being effective.
- If personal budgets are working effectively, a budget holder should be able to make decisions about how they want the local authority to spend the budget.
- Personal budgets should not result in people:
 - being pressurised into receiving a direct payment
 - being pressurised into feeling that they have to arrange and direct their own care when they do not want to
 - being forced to accept unregulated or unsafe services because they cannot afford anything else.

²⁹ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089508.pdf

³⁰ Association of Directors of Social Services (Oct 09) *Common Resource Allocation Framework* www.dhcarenetworks.org.uk/_library/Resources/Personalisation/Personalisation_advice/Common_resource_allocation_framework_final.pdf

³¹ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089508.pdf

Local authorities must ensure that **holders of virtual budgets** managed by the local authority are able to exercise the same level of choice and control as those who choose to receive direct payments or those who self-fund. Existing social care packages should not simply be converted to notional personal budgets just to meet targets.

Care managers, care co-ordinators and social workers need to receive **training** in the principles of self-directed support and in how personal budgets can have positive outcomes for people in later life. This training should include case studies of personal budget holders. Systems, processes and organisational culture should be respectful of race, age, gender, sexual orientation, disability and religion.

Local authorities are responsible for acting to ensure that there is **a range of good quality services available** in their local area. There is a widespread presumption that personalisation will spell an end to block purchase of most care and support services, to be replaced with individual purchase by personal budget recipients and by self-funders. However, although there may be a greater number of individual contracts with purchasers of care and support, there will still be a need for large-scale purchases of services in bulk. Block purchase will continue to be the only feasible method of procuring some services: free, universal-access information, advice and advocacy; communal services; short-term support not amenable to personal budgets (for example, hospital discharge support), etc.

If the financial risks of provision are transferred on to providers, many – particularly the smaller, more community-based providers – may opt, or be forced, out of provision. If commissioners are to ensure continued volume and diversity of supply, they will have to find ways to share risk through some form of block purchase, as many of the more dependent older people will continue to need specialist provision.

- The market should be actively managed to ensure that a real choice of services is available.
- There should be sufficient capacity to ensure people's statutory entitlements are met.
- Sufficient information must be available to enable consumer choice and effective functioning of local markets.
- The market must work in a way that promotes quality, rather than driving out good-quality providers.
- Block purchase will continue to have merits, even in a system where more individuals are in control of their care and support.
- All types of service provision, even the more traditional, collective services, can be valued highly by older people. Decisions about purchasing should be outcome-based, informed by the views and opinions of service users.
- Older people who pay for their own care and support should not subsidise low fee rates that local authorities obtain because of their status as the dominant purchaser.



3 *Support planning and brokerage*

This section defines support planning and brokerage, outlines its importance for older people whether they fund their own care and support or receive a personal budget, and delivers some messages to local authorities.

What is support planning and brokerage?

Councils have statutory duties to arrange support for people who are eligible for help and to ensure that it meets their needs. They cannot charge for this assistance. Disentangling these duties from advocacy and brokerage services may prove difficult.

People should be in control of decisions about how best to meet their needs, the outcomes they want to achieve, and how a personal budget is managed if they are in receipt of one.

Support planning is the process of drawing up a plan that details how a person's needs will be met and the cost of providing support. A support plan should not simply be based on hours of support as this may result in inflexible care and support and lead to a service-led, rather than a person-centred, package.

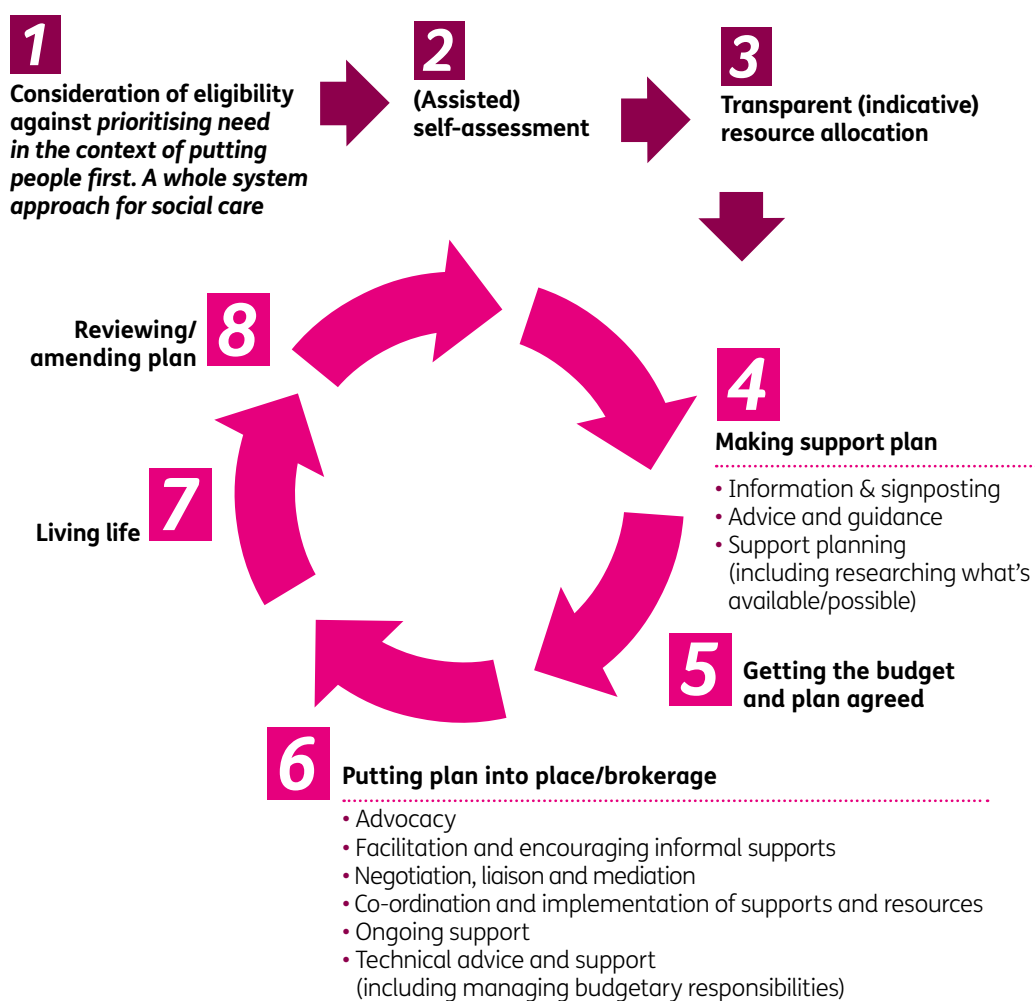
Support brokerage *'involves the assistance that people need to work out what their choices will be, and the support required to make it happen'* (Department of Health). Each covers a distinct stage in the process, with planning taking place prior to brokerage which puts the plans into action.

Terminology relating to self-directed support has been changing since the concept was introduced, and it continues to do so. Overall, there has been a shift from the use of the term 'care brokerage' to 'support planning' and 'support brokerage' in recognition of the fact that care (i.e. personal care) is just one of the types of support that may be needed. To lead a full, high-quality life, older people may need support with all sorts of things which aren't anything to do with care as such, for example, transport, leisure opportunities, etc. It is important that this proliferation of different terms does not result in a range of new, narrowly defined professions. This could potentially add to the complexity of the current system rather than simplifying it. People should be able to obtain whatever assistance they require, and support – whether termed advocacy, brokerage or support planning – should be flexible enough to respond to individual needs.

In practice, interpretations of support planning/brokerage vary from local authority to local authority and from provider to provider. They may be very different in scope, or different terms may be used interchangeably to describe very similar – or even identical – functions. Often, what a service offers is determined by the service specification drawn up by a local authority for the tendering process.

Local authorities continue to have statutory duties to arrange support for people who are eligible for help and to ensure that it is meeting people's needs, and have no powers to charge for this assistance. Attempting to disentangle these statutory duties from wider advocacy and brokerage services may prove difficult, so Age UK argues that brokerage support should be free at the point of use.

The diagram below shows the various stages involved in support planning and brokerage:



Source: Age Concern Support Brokerage Providers Network

The concordat Putting People First requires support planning and brokerage to be available both for those in receipt of statutory funding and for those who don't qualify for financial support.

The importance of support planning and brokerage services

Good support is essential if self-directed support is to be effective for older people.

In its response to the IBSEN evaluation, the Department of Health recognised the importance of support planning and brokerage.³² Satisfaction with the support planning process is also an important predictor of outcomes for carers.³³ Support is equally important for people in receipt of state funding and for those who fund their own care and support services.

The appendix of this booklet provides some examples of how some older people have benefited from Age UK and Age Concern support brokerage services.

People in receipt of state funding

Personal budgets were developed with service users who, in the main, had stable, long-term care and support needs, and who were entitled to large care packages. It is, therefore, difficult to make the model work for older people whose needs fluctuate or are unpredictable, or for people who move into the care system at a time of crisis or discharge from hospital. The brokerage needs of older people are, therefore, likely to be different to those of younger client groups. Support planning and brokerage will need to respond rapidly in order to assist people who are making decisions following a crisis, and may have to be available on an ongoing basis in order to help people with changing care needs.

Good support planning and brokerage are key in helping people to get the most out of their personal budgets and the other resources available to them. Creative thinking 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 possible and 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 a package of care and support that is right for them. They are likely to be unaccustomed to asserting their rights as consumers in a care and support market, and are likely to be in poor health. 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 Joseph Rowntree Foundation found that ‘*support services were crucial in enabling older people to use direct payments*’.³⁴ Following research, the Department of Health acknowledged that the most important factor, by some way, that made for a higher take-up of direct payments was the availability of an effective local support organisation.³⁵ That good support was essential if self-directed support

³² www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089507.pdf

³³ www.puttingpeoplefirst.org.uk/_library/Resources/Personalisation/Personalisation_advice/IBSEN_Carers_Executive_Summary.pdf

³⁴ Joseph Rowntree Foundation (2004) *Making Direct Payments Work for Older People*

³⁵ Department of Health (2006) *Increasing the Uptake of Direct Payments: A Self-assessment and Action Planning Guide for Local Councils with Social Services Responsibilities and Their Partners*

was to be effective for older people re-appeared as one of the key messages emerging from the evaluation of the individual budgets pilots.³⁶ Although the evaluation showed the potential of self-directed support to enable people to achieve greater control and better outcomes without greater cost, outcomes for older people were not as good as for other user groups, and it was suggested that the reason behind this may be that the responsibility for support planning, managing a budget and making support arrangements felt too burdensome.

The commissioning resource tool in the *Putting People First Personalisation Toolkit* 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.'*³⁷

The 2009 ADASS and LGA survey³⁸ found that developing the capacity of voluntary organisations to offer advice and support planning contributed towards making progress in increasing take-up of personal budgets by older people.

DEMOS's research on personal budgets³⁹ showed that older people were the group least likely to know about personal budgets and most likely to need help to plan support and manage the money. When asked what help, if any, would be needed if holding a personal budget, older people said they would want:

- help to know what to spend it on (57 per cent)
- help to manage it (44 per cent)
- help to spend it appropriately (36 per cent).

³⁶ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089508.pdf

³⁷ CSIP (2008) *Commissioning for Support Planning and Brokerage: A Resource Tool*, www.puttingpeoplefirst.org.uk

³⁸ Putting People First: Measuring Progress (May 2009) www.adass.org.uk/images/stories/PPF%20Measuring%20Progress%207%20May%20NA.pdf

³⁹ DEMOS (Oct 2009) *At Your Service: Navigating the Future Market in Health and Social Care* www.demos.co.uk/files/At_your_service_-_web.pdf?1256725103. Research carried out Jan–July 2009 with a mixture of self-funders and publicly funded individuals. Of the 263 responses, 72 were older people.

People who fund their own care and support

Self-funders achieve worse outcomes and have poorer experiences than those funded by the state according to *The State of Social Care in England 2006–7* and its background report *Lost to the System*, published by the Commission for Social Care Inspection.

After being turned down as ineligible for social care, many people were trying to navigate their way through the system with little or no help. People were signposted to other services and left to take the initiative which often led nowhere.

Self-funders were at greater risk of being fast-tracked into residential care before other options had been properly explored, as this often seemed to be the only option.

Exclusion of people in the lower bands of eligibility meant that this group was unable to get help with housework and gardening and struggled to continue doing it for themselves with obvious risks. There was a view among social services staff that people do not need support with simple tasks which CSCI evidence shows not to be the case.

Support planning and brokerage providers

There is evidence from research that direct payments recipients prefer to receive support planning and brokerage from trusted, independent, organisations⁴⁰ 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.

Local voluntary organisations, such as Age UKs and 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 because of potential conflicts of interest, the breadth and depth of their experience in working with older people and communities make them well placed to provide support brokerage. Other brokerage providers (local authority staff, freelance brokers, family members) face different potential conflicts – it is a matter of recognising and managing potential conflict appropriately, rather than simply trying to eliminate it.

Messages for local authorities

As personal budgets are a means to an end – to enable people who need support to make best use of resources to live independent lives – it is imperative that local authorities **ensure that a variety of support planning and brokerage services is available** to help people exercise true choice and control.

People who pay for their own care and support – whether they are within or outside eligibility criteria for care at home – often need virtually identical assistance to that needed by personal budget recipients. Those who are within eligibility criteria for help with care and support at home, but do not qualify for financial support, are entitled to request that the local authority arrange and contract for it on their behalf. This service should also be free of charge. Only rarely do local authorities fulfil this obligation.

Assistance with support planning and brokerage should be available to all people with care and support needs, free of charge. 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 UK's view is that all of these services should be free at point of use in order to ensure equity of access.

An alternative approach that has been proposed is for people who receive personal budgets to have an amount included in their budget to purchase brokerage services, but there are several problems with this:

- The role of brokers and care managers would have to be rigorously separated as the latter cannot be charged for.
- There is no guarantee that budgets would be adequate.
- If a means-testing system is developed that involves a service-user contribution based on the overall size of the budget, people may end up paying towards care management.
- Brokerage services may prove prohibitively expensive to those self-funders who may benefit most from them.

Regular and frequent 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.

Councils need to invest in their local self-directed support infrastructure for different approaches to brokerage to develop. Commissioners have an important role in ensuring that a broad range of planning options is available. They need to understand that independent brokerage can be provided via local third-sector organisations. *'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'*⁴¹

⁴¹ Department of Health (2008) *Good Practice in Support Planning and Brokerage*, www.puttingpeoplefirst.org.uk/_library/Re-sources/Personalisation/Personalisation_advice/Good_Practice_in_Support_Planning_and_Brokerage.pdf

Block contracting is a means of ensuring a service is available for those who need it regardless of how their care and support is funded. Additional advantages to the service user of some form of block contract include better monitoring and quality assurance, greater stability and, probably, reduced costs.

There appears to be a pattern, at the moment, of local authorities procuring brokerage services for all service users in one contract. If this is done in ‘Lots’, this does not present specific problems for providers that support a given group of people (e.g. people with learning disabilities). However, there is a growing tendency for **generic contracts** which ‘force’ providers into consortia arrangements with others. Because of procurement timescales, this often means that consortia are rushed, there is little due diligence and this, ultimately, could increase the risks to local authorities when contracting with a consortium. Risks could include non-delivery of the contract, breakdown of consortia arrangements, lack of clear leadership and responsibilities, and disagreements between consortium members about contract specification and price.

Different client groups often access support through different routes.

Older people who need care and support may not see themselves as disabled people or service users and may, indeed, primarily be looking for support networks that will enable them to avoid using services. Members of minority ethnic groups may prefer to obtain support through their own organisations, and some groups, such as people living with HIV,⁴² have been very reluctant to access support through mainstream routes.

Care managers, care co-ordinators and social workers need to receive **training** in the principles of self-directed support and the mechanisms that can make it work best for people in later life. This will include why people need access to support planning and brokerage services. They also need access to regularly updated **information** about what services are available in their area.

Personal budgets will succeed in transforming people’s lives only if the supporting infrastructure provides:

- good quality, accessible, jargon-free information that explains why personal budgets have been introduced and what they involve, and addresses the concerns older people are likely to have, for example, about the availability of ongoing support
- copies of any relevant documentation, in particular the support plan and the planned budget, to recipients of personal budgets
- mechanisms to identify people who are struggling to manage their budget and who may benefit from additional support
- systems and processes that are respectful of people’s race, age, gender, sexual orientation, disability and religion.

⁴² Age UK and Terrence Higgins Trust (July 2010) *A National Study of People over 50 Living with HIV*, www.jrf.org.uk/publications/over-50-living-with-hiv

4 *Ensuring effective support planning and brokerage:*

lessons for local authorities

Local Age UKs and Age Concerns have been, and continue to be, at the forefront of support planning and brokerage provision for people in later life. The scope of services offered across the federation is broad in terms of:

- *client groups served:* personal budget holders, those outside eligibility criteria, those within eligibility who do not qualify for financial support or who have chosen non-statutory intervention, people from black and minority ethnic groups
- *service funding:* pilots, grants (Department of Health, charitable trusts, Age UK), contracts with the local authority, unrestricted funding
- *partnership working:* with other local voluntary organisations, local authority, NHS, user-led organisations
- *entry route into support planning and brokerage:* direct payments support schemes; pilots; expansion of information, advice and advocacy services; or new services.

This section shares the learning from the range of experiences and from what we already know about older people's needs and preferences.

First steps and a few things to consider before acting

A strong working relationship between the local authority, other stakeholders and a potential service provider contributes significantly to the success of a service since the majority of referrals could come from local authorities, whether for people entitled to a personal budget or for those who do not qualify for financial support.

The following assist potential service providers in decision-making processes and should be available *before* a service is underway:

- Realistic numbers of over-65s being offered, and taking up, a personal budget.
- Training on self-directed support and support brokerage and the processes involved.
- An understanding that support planning and brokerage services are still a work in progress, and that approaches are likely to vary in different localities.

In planning adequate and appropriate services in localities, it is important that staff at all levels within local authorities understand and embrace the self-directed support agenda, and are aware of what older people have said they want. Preparation by the local authority is key to ensuring the success of support planning and brokerage services.

- Clear leadership is of paramount importance.
- Care managers and social workers should receive training in the principles behind, and potential outcomes of, self-directed support, and the variety of creative ways in which personal budgets can be used by people in later life.
- Internal and external staff who are involved in support planning and brokerage (social services staff and service providers) should be informed about how the process will work and of their roles within it.
- Information, advice and advocacy have an important role to play in the process of support planning and brokerage, but confusion around the boundaries of, and overlaps between, information, advice, advocacy, support planning and brokerage can lead to a service specification that does not result in the best outcomes for the end user.
- Commissioners and procurement staff should understand that support planning and brokerage is not a new name for information, advice and advocacy and resist the temptation to try to package support planning and brokerage into their local information and advice strategy in a way that restricts its scope.
- Different client groups have differing support needs, which need to be taken into account when both planning the use of their personal budget or their own funds, and in managing their budget. Service specifications covering multiple client groups can make it difficult for an organisation specialising in a specific client group to tender for services that are essential for the client group in which they have expertise. People naturally approach organisations obviously relevant to themselves in the first instance.
- The universal offer means that self-funders (whether within or outside eligibility criteria) should have access to support planning and brokerage.
- Targets for services that support older people should not be set at an unrealistic level.

Support brokerage services work best when they are adequately resourced.

- Short-term funding and low budgets are not the best way to work towards positive outcomes for older people in the longer term. Voluntary sector providers do not often have the capacity to fund or subsidise from their own unrestricted income a service that has uncertain demand. They should not be forced to put themselves at financial risk in order to sustain a service that is needed by older people and required by policy.
- Framework agreements increase the likelihood of difficulties with delivery, and with the sustainability and quality of provision.
- Support planning is labour intensive. Service specifications should be based on realistic, average times taken to carry out tasks that may be required, including building a relationship with the client, carrying out a supported self-assessment, drawing up a support plan, researching care and support options etc., as well as sufficient travelling time to carry out home visits.
- Hidden costs – such as community mapping, setting up and maintaining a database of community activities, or employing, supervising and subsidising volunteers, if applicable – should not be overlooked as they can be key to good support planning and to the effectiveness of the service as a whole.
- The common assumption that services delivered by the voluntary sector should be cheaper is not justifiable or reasonable.

Once services are in place

Clear leadership and decision making from the beginning play an important part in ensuring the effective and efficient running of services in order to avoid increased costs and a poor-quality service for older people.

Some services have received fewer referrals from local authorities than expected.

- Social services staff need to be proactive and make themselves aware of the support planning and brokerage services that are available in their area and the client groups served by these.
- Social services teams should provide older people with information about support available – from care managers and from other support providers – but should not decide what a person may want on their behalf. Self-directed support involves a cultural change, with professionals letting go of their power and working together with older people and other organisations providing support.
- Within a partnership-working arrangement, a local authority could consider making a local support planning and brokerage provider a partner in the Single Assessment Process and a license holder, which will allow access to assessment forms and online submission of feedback to statutory services, thus improving efficiency.

There are ways to build positive relationships with voluntary sector support planning and brokerage providers.

- Respect that voluntary organisations feel protective of their knowledge and of the information resources that they have invested in developing. When they are competing for a grant or contract, their knowledge and information is a valuable asset.
- Invite service managers to relevant seminars and other events.
- Secondment of a key member of social services staff to a local support planning and brokerage service can have positive outcomes in terms of sharing knowledge and expertise and learning from practice.

An understanding of the client group and of the principles underpinning self-directed support, combined with a good relationship between local authority and provider, are fundamental to the process of developing high-quality support planning and brokerage services that lead to positive outcomes for older people. Age UK hopes that local authorities will find the key messages presented here useful in informing local implementation.

Appendix:

Age UK and Age Concern services and service-user case studies

This section features different models of support planning and brokerage services run by Age UKs and Age Concerns. Case studies of service users are presented which aim to demonstrate the value of such services and how older people can benefit from personal budgets.

Age Concern Bath and North East Somerset Support Planning and Brokerage Service

The service is for all people aged 55 and over. Self-referrals and referrals from organisations in the area are accepted. A paid worker co-ordinates a team of volunteer support planners who undertake home visits to discuss support planning needs with clients, which they then follow up with research and brokerage work. Within seven months of beginning operation, the service had already supported 12 clients. The service is marketed through networks and by distributing leaflets to GPs surgeries, day centres, etc.

Previously, the service had been part of a one-year pilot programme in partnership with another voluntary organisation. The pilot took referrals from the local social work teams of people aged over 60 who had been allocated a personal budget by the council or had been found to be self-funding against eligibility criteria. The pilot supported seven clients, from a target of 25, over the whole period. When pilot funding ceased, Age Concern Bath and North East Somerset was keen to retain the trained support planners and is funding the service from its own resources while searching for a long-term funding solution.

Mr H, 90, is a widower. He had a minor stroke some years ago and suffers from myasthenia gravis which causes muscle weakness. He contacted Age Concern Bath and North East Somerset as he was no longer able to get out of bed and dress by himself, and was finding his twice weekly shower exhausting. His former cleaner helped him with shopping once a week. The co-ordinator and a volunteer visited Mr H at home to carry out a support planning session.

Mr H worked in a senior post in the civil service and continues to have a lively, active mind, enjoying reading, watching DVDs and listening to The Archers, which is the highlight of his day. He receives a weekly visit from a neighbour and they try a new wine together. He appreciates that his condition is deteriorating and that things will get harder. His first question was: 'Do I need to go into a home?'

The service researched options and advised Mr H that agency care was available locally and what to expect to pay. He was helped to develop a template timetable for his care which took into account his wishes and current routine. Although the service is able to broker care arrangements, Mr H is very organised and was happy to be provided with information so that he could make his own arrangements. The service put together a 'What's important to me' document, a written record of Mr H's wishes on how best to support him should he have difficulty communicating in the future. It shows, for example, that he likes things to be neat and tidy and that he wants to do as much as possible for as long as he can. Lastly, the service suggested that he look into adaptations to help him to get out of bed and gave him details of a local mobility shop.

Mr H felt vulnerable and was worried about paying over-the-odds for his care. With advice from Age Concern Bath and North East Somerset, he felt much more confident about contacting a care agency. He now has an electric adjustable bed and has started to receive agency care.

Later on, Mr H also admitted that he dreaded taking a shower as he was afraid of falling and hoped that having a carer present would make this easier. He also made arrangements to have a carer prepare his evening meal, as his muscles are weakest at this time of day.

Mr H has found that the agency's help with his twice weekly shower and in making his tea at about 5pm has greatly increased his confidence and reduced his fear of having a fall.

Mrs P, 100, lives alone in her own home. She has twice daily visits from carers, and social services has recommended that she increase this to three times. Mrs P has hearing and sight impairments, limited mobility and needs help with bathing each day to treat a skin condition. Her daughter lives in London, and visits every three weeks. Mrs P contacted Age Concern Bath and North East Somerset for advice on how to increase her care cost-effectively.

A home visit by the co-ordinator and a volunteer established that Mrs P was worried about her finances and could benefit from additional support in a number of areas. Some small, simple changes could reduce a great deal of anxiety.

A check to ensure she was receiving all of her entitlements was carried out. With the help of her daughter, Mrs P was convinced that her current care arrangements were not only necessary but affordable. Options for improving a number of other areas of her life were looked into. To improve her shopping and pension collection arrangements, the service recommended a domestic help agency that is significantly cheaper than the specialised care agencies for older people and people with disabilities, and Mrs P asked the service to make arrangements with the agency on her behalf.

Mrs P was advised on alarm call arrangements as one of her neighbours is a key holder and is about to move away. She also has problems getting to the dentist, and cost-effective travel arrangements for this are being made for her. Finally, she was informed about the local hearing and sight adaptations shop so that her daughter could purchase a new large-number phone when she next visits. Both Mrs P and her daughter have expressed their gratitude for the help provided.

Age UK Norfolk Personal Budget Advice and Support Service

This service was a one-year pilot for older people with a personal budget. It accepted self-referrals and referrals from social services and offered support, advice and advocacy at every stage of the process: self assessment, support planning, navigating choices, financial planning and arranging services. A paid member of staff worked with existing advice and advocacy staff.

The service was marketed in a leaflet distributed by the Information and Advice Service, through attendance at meetings with social services, discussions with statutory and voluntary organisations and in newsletters.

The service was funded by the council under a contract, contributing to the Local Area Agreement under the indicator to 'support social care clients receiving self-directed support'. Unfortunately, because very few older people were offered a personal budget, the service was under-utilised, resulting in only 20 people being supported over the whole period.

A 79-year-old lady suffered an injured leg in a car crash. This severely impeded her mobility and she had become anxious and distressed. Before the accident, she had been very active, independent and capable. Social services contacted Age UK Norfolk as the lady had requested help with support planning.

With the help of the service, a support plan was drawn up which included:

- appointing a personal assistant/carer – she appointed a trusted friend
- organising a taxi for shopping – she could get to the shops, but couldn't get back home
- organising a hairdresser to visit.

The plan was agreed and implemented and the lady said: 'It feels like I have got my confidence back and now feel in control of my life.'

A lady with substantial care needs had received some care provided by social services, but was unhappy with timings of care workers visits, etc. Her daughter-in-law had been providing additional support. Social services asked Age UK Norfolk to help with the support plan.

The lady wanted her daughter-in-law to provide all of her care and become her personal assistant. This was reflected in the support plan drawn up with her. Social services rejected the plan as there had been instances of financial abuse by the son (information which had not previously been shared with Age UK Norfolk) and they wanted the plan to be re-done. Had social services shared the facts with Age UK Norfolk, the service would have tried to deal with the situation sensitively. However, Age UK Norfolk felt that social services was simply off-loading a difficult situation and so it did not draw up an alternative plan. There are no outcomes to report.

This example highlights the difficulties of both providing a service to the local authority and advocating on behalf of an individual. Is the service accountable to the individual or to the council as the funder?

Age Concern Bromley Support Planning and Brokerage Service

The service is for people aged 65 and over who are outside eligibility criteria for care and support at home, and/or are in a position to self-fund, and are resident in the borough. Referrals are open. The service is person-centred and co-produced both by older people themselves and the wider community through Age Concern Bromley's vibrant Community Volunteers Time Bank (CVTB). Paid support planners discuss all aspects of clients' lives and their support needs with them to identify what assistance will enable them to live as full and independent a life as possible and, with the client, create a support plan. Paid support brokers then put in place the support plan, which may include a combination of free services, for example, matching a CVTB member with a client to accompany them on an outing, play board games with them, introduce them to an arts group, etc., and paid-for services provided by other agencies. Clients able to broker their own support plan are encouraged to self-manage to promote independence. The Single Assessment Process for gathering and recording information is used so that the information can be shared with the client's consent.

Clients' needs and support plans are reviewed at regular intervals, initially within three months and, thereafter, at six and nine months, and then at least annually or more often if necessary. Pre- and post-service quality of life questionnaires are completed at the beginning of the intervention and after six months.

The service is marketed on the website, by word of mouth, in a flyer, in articles in Age Concern Bromley's newspaper, in its *Guide to Services for Older People* booklet and through presentations to frontline staff across the sectors.

The service is run in partnership with Bromley Council, started in March 2007 as a three-year pilot, and is funded under contract with it. As an LSPA2 project, it had stretch targets and reward money attached, under the Local Area Agreement target of 'Promoting Choice and Independence for Vulnerable People'. The pilot was integrated into the Transforming Social Care Programme and included a secondment from the Care Management Team to work with Age Concern Bromley's support planners, forming an important part in planning for the people who are in need of local authority-funded support as well as those who self-fund. Funding from Bromley Council has continued. *Support Planning and Brokerage Service for Older People: Self-directed Support* (a booklet and DVD) has been produced.⁴³ The service supports an average of 28 people every month.

Mrs L, 83, lives alone. She has some mobility problems which prevent her from getting out and about easily, and some short-term memory loss. She has two children: a daughter who lives close by and helps her with shopping, and a son who lives 200 miles away. Mrs L's daughter attends the memory clinic with her. Both children were concerned about their mother and contacted Adult and Community Services, which signposted them to the Support Planning and Brokerage Service.

43 www.aclondon.org.uk/index.cfm?id=5337

A support planner arranged to visit Mrs L when her daughter was staying with her. She found Mrs L to be a very independent lady who had been managing well. However, she was lacking in confidence because of her memory loss and had stopped going out. Her daughter was also concerned that she wasn't eating very well.

The support planner discussed with Mrs L and her daughter what support was available. It took two visits before the following support plan was drawn up, as Mrs L wanted time to reflect. It included:

- information on personal alarm systems*
- a referral to Adult and Community Services*
- information on Lasting Power of Attorney, which Mrs L wanted to discuss with both her children*
- details about the local Active Age Centre where Mrs L could be accompanied by a CVTB member to take part in social and learning activities and enjoy a freshly cooked lunch*
- a welfare benefits check to be carried out by Age Concern Bromley's welfare benefits officer*
- referral to one of Age Concern Bromley's accredited agencies to provide help with housework for one hour a week*
- a list of hairdressers who could visit Mrs L at home*
- referral to the Women's Royal Voluntary Service (WRVS) Good Neighbour Scheme which assists with preparing hot meals daily.*

Outcomes

- Adult and Community Services assessed Mrs L and offered her a place at a local day care centre for one day a week. She is now attending this and enjoying it very much, particularly the sewing group. Mrs L's daughter said she is 'very animated' when she comes home from the centre.*
- The WRVS visits Mrs L three times a week to heat up a hot lunch for her. Mrs L gets on well with the volunteer who visits.*
- A CVTB member accompanies Mrs L to the Active Age Centre and they enjoy lunch there together and join in social activities.*
- Mrs L's granddaughter cooks her a hot lunch at the weekend.*
- Mrs L is pleased with the agency which comes once a week to do some housework and change her bedclothes.*
- A hairdresser comes once a fortnight, and Mrs L really looks forward to these visits.*
- Age Concern Bromley carried out a welfare benefits check for Mrs L and, following this, completed a successful Attendance Allowance claim. Mrs L was not eligible for any means-tested benefits.*

Mr and Mrs H are 85 and 79. They were referred to the service by a First Check Point tradesperson who had visited to repair their roof, and expressed concern about them. A support planner spoke to Mr H who said they were able to take care of themselves, but confessed to feeling very down at times, particularly since they lost their beloved dog. He also said that his wife had been losing weight and didn't have much appetite. He said they still went out driving occasionally. He was very reluctant for anyone to visit, but agreed that the support planner could ring again.

The support planner rang a few days later to see how they were, and Mr H agreed that she could visit for a cup of tea. The support planner visited Mr and Mrs H several times over the following weeks and found that the couple were struggling to look after their home and Mrs H was quite thin and had a very poor appetite. After a rapport had been established between them, Mr and Mrs H agreed that they would like some external assistance and, together, they agreed on the following support plan:

- Referral for Mrs H to a health visitor for advice on diet and nutrition
- A trained Community Volunteers Time Bank (CVTB) member to carry out a home and fire safety check and fit a free smoke alarm
- Contacting a pet bereavement service
- Submitting an Attendance Allowance claim for them both
- Encouraging Mr and Mrs H to take up dancing which they had given up
- Brokering a regular gardening service for the couple through Age Concern Bromley's First Check Point Repair service.

Outcomes

- At each visit, the support planner offers information, support and guidance. Most importantly, she has been able to develop a relationship of trust with the couple, and they have become more open to the idea of receiving more practical help in the future to support them to remain independent.
- Being able to talk to someone who understood the impact of the loss of their dog helped both of them to feel more positive.
- Mrs H's eating has improved and she has started to gain weight. Her weight is regularly monitored.
- The couple receives Attendance Allowance.
- Mr and Mrs H are dancing once a week again and say that it gives them a lot of pleasure.
- The support planner continues to visit at regular intervals, and has also made a referral to an NHS Community Matron based at a local GP practice.



Age Concern Cheshire Support Brokerage Service

This service is for people aged 65 and over who have been assessed by a social worker as needing non-residential services, as being self-funders who are deemed able to pay for their own care and for those who do not want a social worker involved. Referral to the service is via social services, following an assessment of care needs which is forwarded to the service. Age Concern Cheshire is a partner in the Single Assessment Process (SAP) and a license holder under SAP, allowing access to assessment forms and giving feedback to statutory services online. Anyone coming to the service before an assessment of need has been carried out is referred to social services for a care assessment, with their consent.

Support brokers, who are paid staff, make home visits to discuss what clients want, and to clarify needs and expectations. They then offer assistance with preparing and costing a personal support plan, arrange and implement support plans, and monitor and review the support package as instructed by the client. Support may include helping to find carers, budgeting, advice and assistance on keeping records, employment law, health and safety, tax and National Insurance, payroll, and providing a safe environment for meeting and interviewing prospective carers. Brokers also help to build networks, promote choice and control, and tap into local networks and funding opportunities. Each broker covers a limited geographical area, enabling them to become very familiar with what is available in their own local patch. Monitoring and review of the package of care and support is carried out on an individually agreed basis. An initial review takes place after six weeks with follow-up reviews as necessary, but at least annually.

Age Concern Cheshire already ran a Direct Payments Support Service under contract with the local authority when it was commissioned and fully funded to provide this service as a pilot for two years, from March 2007. The service is still running under contract with both new unitary local authorities across Cheshire (Cheshire East Council and Chester West & Chester Council). Having a bank of existing staff with a robust knowledge base and expertise meant that new staff could be recruited and trained quickly.

The service receives an average of 45 referrals per month across both local authority areas.

Mrs B is an Asian lady who lives in an urban area. She has problems with her shoulders and back and is in constant pain. Traditional services were not suitable for her as she required food from her own culture and for her carers to speak in her first language. The option of recruiting a personal assistant was proving difficult as a traditional curry can take two hours to cook.

Mrs B was allocated a personal budget which has assisted her to have choice and control over the food she eats. It was decided that Mrs B would approach a local restaurant and ask if one of the chefs would cook her batches of food if she provided the ingredients, which they agreed to. Mrs B now has an Empower Card on to which the local authority loads her personal budget and she then uses the card to pay the restaurant for the time it takes them to prepare the meals.

Mr C has severe mobility restrictions, suffers from seizures and needs 24-hour care. After considering the options available with his family (i.e. care home, traditional in-house social services support, personal budget), Mr C chose and was allocated a personal budget to include respite support. A carer assessment was also completed so that the free annual night care allowance could be considered.

It was decided that Mr C's family would support the package by providing the care, and one family member left her job to be taken on by Mr C as his personal assistant. However, because of the commitment and reality of the care package, the family had to question their ongoing support. They were advised to be creative with the budget available, and to think of different ways that it could be spent so that the client could have his needs met and the family could continue to offer support. The personal assistant took the initiative to reduce her wages from the budget so that sufficient funds would be available for an agency to provide some of the care. This person-centred approach is allowing the family to have more choice and control, and enabling the client to remain in his home.

Mrs W is 75, lives in an urban area and has vascular dementia. She was referred to the Support Brokerage Service following an assessment by an Older People's Team social worker. Her care needs had been increasing, which put strain on her daughter and two sons who supported her by providing meals, and domestic and social support. Mrs W was adamant that she would only accept care from her family and had no interest in any outside support services, for either domiciliary or day care services.

A personal budget of £99.67 a week, received as a direct payment, was set up. Mrs W employed her daughter to provide the required support and the account was managed on her behalf by one of her sons and her daughter. The broker worked with the family to set up a payroll service and provided advice regarding employment issues, insurance, etc.

Eighteen months after initial contact, the direct payments package remains the same, and support to family members is provided when required. All involved agree that the arrangement has worked well for Mrs W and her family. As in many cases where family members are employed, much more care and support is provided than is allowed for in the financial package. There is a lot of satisfaction with the way in which direct payments have created a more formal arrangement, recognising the support that the family provides. Mrs W has trusted, committed support from people she chose to provide her care and remains living as independently as possible.

Mrs W was also referred to Age Concern Cheshire's Supporting You service for an Attendance Allowance claim and information on other services provided within Age Concern Cheshire and by outside bodies.

Ms A, 92, lives in an urban area. She was referred by the Rapid Response team, having been in hospital and then respite care for about three months before returning home with support. Rapid Response's six-week period of care was coming to an end and Ms A wished to continue care on a private, self-funded basis.

Through the Support Brokerage Service, Ms A was able to tailor a care and support package that she felt met her care needs and assisted her to retain her level of independence. Initially, Ms A wanted her care package to remain the same as she could not cope with too many changes. It was arranged for a care agency to take over four domiciliary care calls a day at the same times, and for hot meals to be delivered every day.

Ms A was much more settled by the six-week review and wanted to regain some independence. Her lunch and tea calls were cancelled. The Meals on Wheels were reduced to three days, with frozen meals provided on the other days to increase the choice and variety of meals. This gives Ms A more independence to get her meals herself when she is ready for them, but without having to stand and prepare a full meal.

Ms A mentioned that, every Saturday, she sees her neighbours come back from the fish and chip shop and expressed how long it had been since she had had fish and chips. The support broker spoke to the neighbour who agreed that they would get some fish and chips for Ms A on Saturdays.

It was also agreed that a care agency worker would escort Ms A once a week to the local garden centre or other place of interest as Ms A is unable to go out without someone taking her in the wheelchair. Ms A has no family who are able to do this for her.

Expert series

The Age UK expert series is for people influencing, designing, commissioning and delivering services for later life. The reports present evidence, lessons from experience and practical solutions.

Astral House
1268 London Road
London SW16 4ER
0800 169 87 87

York House
207–221 Pentonville Road
London N1 9UZ
www.ageuk.org.uk

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