

Personalisation:

principles, challenges and a new approach;

a statement by the Association of Directors of Social Work



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Foreword

One of the significant challenges presented by the findings of the 21st Century review of social work, published in the 'Changing Lives' report in 2006, is the need to meet ever greater demands for services within limited resources and to do so in a more individualised way. Personalisation is about building on the strengths, interests and aspirations of people and putting the person at the heart of everything.

The personalisation of services has been a priority agenda for ADSW since my Presidency. Our approach has rightly been an inclusive one. This agenda does not belong to social work alone. It must be owned across the sectors, organisations and communities if environments, as well as services, are to become personalised. The agenda itself demands it and demographic changes make it an absolute necessity.

We do not want people in our communities who need support to achieve quality of life to have only a limited choice of service from an ever decreasing pool of resources. We do not want those whom we know to be vulnerable to have to wait until their circumstances have deteriorated before they can be supported. We must find a new solution that builds upon what we have already achieved yet engages others in the task. The significant challenge that lies ahead for Scotland - government and people - is recognised within this paper. I have been determined that there will be integrity in our approach to both those who need support and to our own staff. 'Changing Lives' emphasised the importance of actively involving frontline staff in change. ADSW took the lead for supporting Local Practitioner Forums from 2008 and the forum's expert contribution to the personalisation agenda has confirmed their potential central role in policy and practice development.

In April 2009, the Scottish Government 'Changing Lives Service Development Group' published a collection of papers on personalisation. ADSW's own position as outlined in this paper serves as a timely contribution by the social work profession to the agenda. It follows an extensive consultation and information gathering exercise that evidenced excellent practice across Scotland and willingness for change. I am delighted to support this work alongside Harriet Dempster, the current President of ADSW.



Alan G. Baird
President of ADSW
2008-2009

Introduction

“We expect services to make a positive difference to our lives. We are people first. The outcomes we want include having power and control, being able to take risks and contribute to society. This means that there needs to be a shift in power away from people who commission and provide services to users and carers.”¹

The concept of personalisation has entered the language, if not yet always the practice, of social care services in Scotland. It embraces concepts of citizenship, inclusion and the uniqueness of the individual as a means of enabling people to fulfil their potential within their own communities. People who need support to get on with their lives should have the same opportunities as everyone else to exercise choice and control, for example over where they live; to belong and contribute to a social network and community; to have something meaningful and rewarding, rather than time-filling to do.

The personalisation of social care will help people be supported to live the lives that they want to live. From being passive recipients of services, people will become increasingly involved in shaping the support they require to achieve mutually agreed outcomes.

Personalisation fundamentally moves the location of power, decision - making and expertise from the system to the people who may need support. It is the practical application of principles and values that aim to support, encourage and assist individuals to retain, reclaim or discover elements of themselves that are essential to their humanity. In this new environment, more people will not require formal services. A 'one size fits all' approach is not what we want for ourselves, but can be what we deliver.

Personalisation is therefore a significant change and one which ADSW supports. However it requires the social care system to work very differently. Success will depend upon a re-framing of social care and corporate practice, commissioning and service delivery.

This paper sets out ADSW's position regarding the personalisation of social work services in Scotland. It aims to maintain the momentum for change established by the publication of the Changing Lives Service Development Group papers² and follows on from ADSW's seminar in September 2008, organised as part of the Association's drive to implement the 'Changing Lives' recommendations at local level.

This paper is based upon extensive consultation with partners, service users and carers and is split into three main sections which look at the principles of personalisation, the challenges in moving towards a personalised approach and how best to commission personalised services.

National policy landscape

Personalisation is not a new idea but government support for its application in the public sector has become prominent and more clearly articulated in social policy in the last five years. Underpinned by the principles associated with Human Rights and Disability Discrimination legislation, personalisation has its origins in the Independent Living Movement which campaigned for more autonomy and for people to organise their own support outside of or alongside traditional social care services. This led to the creation of the Independent Living Fund and the subsequent development of Direct Payments.

Within social care the foundations for a personalised approach have been laid by a wide range of legislation and policy directives across different services. Personalisation shares the emphasis on joint ownership approaches found in Joint Futures and Getting it Right for *Every Child; it shares the emphasis on inclusion with 'The Same as You' and *'Working for Change?'; it shares the emphasis on community support in 'The Future of Unpaid Care in Scotland', 'Working Together to Build Stronger Communities' and *'Delivering for Health'; and it shares an emphasis on the rights for quality care with those promoted in the National Care Standards.

The focus on early and minimal intervention in policy development has been supported by the desire to better measure the impact of policies as opposed to their processes through National Outcome Measures. The requirement for Single Outcome Agreements, alongside the Public Sector Reform Agenda and required efficiency savings, makes it essential that local authorities target resources to best effect. The new Concordat between the Scottish Government and Scottish Local Government through COSLA provides an opportunity for creative, inclusive corporate and community planning, making whole system change a possibility.



*"We believe that people who use services like ourselves are citizens. Managers should talk to us and listen to what we have to say".
"We know some great stories of how the right support can change lives. We think that sometimes social workers don't have enough say. We hope that you will use your influence to help everyone in services understand that we can make the most difference by working together. Between us we can find the best ways to make services work for people."* User and Carer Forum.

"For over 500,000 people in Scotland, personalised care is the dedicated care they receive from family members, partners, relatives and friends...Personalisation will offer greater choice and control to both service users and their carers, providing unpaid carers can gain similar rights and support as the paid workforce." Sebastian Fischer on behalf of the Coalition of Carers in Scotland.



The Principles of Personalisation

Despite the policy ground being able to accept quite easily a shift towards personalised services, personalisation can only really be achieved if the challenge of creating a whole environment where people can flourish, regardless of the level of their need, is owned by all those responsible for organising and delivering resources in the community and by the community itself. A new kind of investment is required in social capital: in communities, in volunteering, in the people who deliver, receive and require support so that the skill and will exists across society to transform public services so they recognise, above all that service users are people first.

ADSW believes that there are a number of principles that would have to be adopted by service planners, designers and providers to help make personalisation a reality.

1. *The right for self-determination and citizenship for all.*

People who need support to get on with their lives have a right to exercise choice and control over how this is delivered to meet agreed outcomes, so they may determine what sort of life they lead. This applies equally to people regardless of where they are living.

People have the right to design their own support arrangements and they should be encouraged to use both informal and formal support when appropriate. People have the right to make their own decisions about which suppliers/ providers will work for them. The right to self-determination is not ours to give. It belongs to each citizen, regardless of gender, race, religion, social circumstances or capacity.

Our responsibility, as assessors, enablers, supporters, planners, commissioners, providers and reviewers is to ensure that finite resources produce best value for people as individuals in relation to outcomes. Whilst 'personalisation' is wider than self-directed support, this is none the less a crucial development in progressing the agenda in Scotland. Individualising money, that is advising an individual or their representative on what finances and resources can be made available to meet their needs and working with them to decide how resources will be used to meet agreed outcomes is a way of unlocking the system. The processes surrounding self directed support helps transfer power and promote a culture of inclusion, optimism and respect.

Many service users may not wish to directly control, purchase and manage their own support. Others may require considerable support to do so and some may not be deemed eligible. However, there should be a basic presumption of capability. ADSW believes that Scotland should aim for the position where all individuals requiring support have information on the cost of services received or required. Inevitably, this will have implications for resource allocation approaches. More choice and control can be achieved by supporting the government to develop the self-directed support agenda across Scotland, learning from existing pilot areas and from best practice, whilst recognising that a direct payment is only one way to realise this ambition.

2. *The public have the right to expect quality, timely and easily accessible information and advocacy services to support them to exercise choice over the support they receive.*

Local authorities and their partners must create environments of information that are inclusive of statutory, non-statutory and informal services available to people who may or may not require formal services. Both those who are eligible for state funding and those who are using their own resources should be included. Information must be in formats that make it accessible to people with different kinds of need.

3. *Social work must play its part with others in creating a system that leads to a better life for all citizens and reduces the need for reliance upon formal services.*

For people who need formal support, access to services should not be dependent upon other people getting support at the same time. Services should fit to people, not people to services. Diversity, accessibility and responsiveness of provision (in relation to both formal and informal resources) are required, with flexible approaches to individual need.

Communication and empathy skills are essential for professionals who provide assessment and planning functions if they are to help individuals expand their ambitions and achieve, rather than relinquish their aspirations. In addition, internet services, assistive technology and the development of systems for self-assessment are essential developments in encouraging user-controlled support.

4. *People have the right to make their own decisions about risk - unless there is a statutory reason to prevent it. It should be presumed that individuals have the capacity to make balanced judgements about factors that affect their quality of life.*

Local authorities have the responsibility to ensure individuals are informed about options and possible outcomes to assist them in making decisions around their own risk. Law, policy, regulatory systems and practice (including procurement practices) and the design of buildings and environments must support creative approaches to the management of risk for individuals, not just organisations.

5. *Personalisation is not the sole interest or responsibility of any one agency. Corporate ownership is required to lead whole system change. The full involvement of Health services in delivering the agenda is of key importance.*

Strategic planning at national level is required to engage health and social services in partnership, along with other stakeholders who may not see 'personalisation' as their core business such as employment, housing and leisure services. Without full participation, the goal of achieving wholly inclusive environments that improve quality of life and reduce the requirement for formal services can not be achieved. Without their participation, the aim of building stronger communities and preventative services is not achievable or sustainable within current resources.

Chief Executives have a central role in setting the standards and values by which work will be driven. By communicating to all departments the importance of joint planning, preventative approaches and engagement with communities, a corporate common purpose can be established. Individual's opportunities for reaching their potential are affected by their physical environment, by the strength and inclusiveness of their community and by matters which impact on their personal health and wellbeing such as employment and housing. Each service and sector must act co-operatively as architects of an environment that offers equality of opportunity. Joint, forward planning across organisations will shape the places within which we live, increase social functioning, reduce the need for ongoing support, improve quality of life and choice, and help manage the future cost of care. Individual and community needs must be considered together and anticipated and addressed corporately.

6. *Social work services cannot effectively contribute to a personalised approach without a knowledgeable, skilled and empowered workforce that is committed to the agenda and the values and principles that underpin it.*

Social work can play a unique role in supporting people to exercise choice and control over their lives by working across systems, agencies and community to build individual and community capacity. Within organisations, there must be a coherency and consistency between values and practice, creating an environment where front line staff are empowered and supported to respond flexibly and innovate. Personalisation offers an opportunity for the social work profession to re-affirm its goals and purpose, to reassert the values of human dignity, assisting in the corporate task of focusing resources at prevention, early intervention and re-ablement stages -aiding inclusion, reducing inequality and improving the quality of life for individuals with needs. Workforce engagement, development and planning are critical processes.

7. *Unpaid carers should be recognised and supported as key partners and providers of care and their role in the development of personalised approaches acknowledged. The successful implementation of personalised services will require the active participation of unpaid carers. Families, relatives and friends play a vital, often unsupported role in helping people - some of whom have difficulty in expressing their views- to exercise choice and control over their lives. Carers are essential in maximising independent living, self management and self care opportunities.*

Many carers play an important role in advocating for people's needs and aspirations. Best personalisation outcomes will be achieved when social work practitioners work in partnership with families and carer support agencies, ensuring carers access resources and support, enabling them to care with confidence and achieve a work-life balance.

Personalisation and joint working with carers provides an opportunity to increase care capacity, the quality of life of people with support needs and their carers and reduce inequality in caring relationships.

8. *Personalisation can only be effectively achieved if there is a sharing of the values that underpin the approach across all sectors of society. National leadership is essential to deliver a clear and consistent message on commitment to the approach and how it can be delivered in practice by individuals, agencies and communities. There is a need for rationality, consistency and discussion at national level on issues such as eligibility criteria and of the need for transitional planning arrangements. Resources need to be allocated in a way that is fair and economically sustainable but councils must, however, be allowed to exercise local decisions based on local needs.*

The success of whole system involvement is predicated on engagement with communities and on their ownership of the agenda at local level. Raising public awareness at local and national level, working to enlist the commitment of individuals and communities in supporting the agenda, is essential.

“As an association of service providers, we are particularly keen to work with ADSW on the development of new commissioning models that will enable providers and authorities to focus together on the involvement, engagement and empowerment of the people who rely on our support.”

Annie Gunner; Director, Community Care Providers Scotland (CCPS).

Challenges to a Personalised Approach

Increasing personalisation of services is both an unavoidable and desirable direction of travel for social work services. Unavoidable in the sense that both the population and policy expect it; desirable in the extent to which it builds upon capacity of individuals and communities to find their own solutions to self care, rather than creating dependence on services'. 'Changing Lives Report'; 2006

For the personalisation of services to become a reality, statutory agencies will face the fundamental challenge of changing the nature of their relationship with citizens, including people who may need support to meet their needs. This will be about relinquishing control and enabling service users to exercise greater choice and influence.

There are a number of issues that statutory agencies will have to consider in order to be able to deliver personalised services. These issues are mainly around:

- Funding
- Individual and collective objectives
- Commissioning and procurement issues
- Risk
- Workforce
- Unpaid carers
- Widening ownership of the agenda

Funding

The economic viability of proposals for individuals to have more choice and control over the type of support they receive is a concern for many organisations. Whole system-wide transformations, even when delivered on a stepped basis, involve significant and potentially costly changes to the infra structure of organisations. In this context, it is important to recognise that there is already a major challenge to manage need within finite resources.

Costs may arise if existing services are maintained alongside new approaches such as those associated with operating separate accounting/ monitoring/ recording systems and from maintaining residential resources with reduced occupancy. Particular challenges will exist for smaller authorities as they seek to make changes to systems and practices with relatively fewer resources. In rural areas, choice of available support may be less. There are also proportionately fewer resources in existing funding for older people than for other groups, for example younger adults. Inadequate funding, or difficulties in re-aligning allocations, may impact upon the effectiveness of the developments and undermine the drive for change.

In the shorter term, efficiencies may be delivered through simplifying the assessment processes and through the use of assistive technologies which support safer home living. An emphasis on re-ablement will assist service users to

maximise self-care and aims to reduce dependency on statutory services. Effective partnerships with health staff and the best use of occupational therapy, physiotherapy and home care skills are key to 'shifting the balance of care' towards support in the community.

Personalisation in the longer term, however, could prove a more cost effective way of improving the quality of life of service users. Identifying the outcomes that people want from support at an early stage is an essential element in ensuring best value. Research shows that an outcome focused engagement with people which supports independence often results in a reduced demand for service when compared with the needs led assessment process.

Striving for best outcomes has relevance for all aspects of social work across the services. New National Outcomes and Standards for social work in Criminal Justice place additional emphasis on the importance of effectively targeting resources and interventions to address individual risks and needs, including in the delivery of statutory orders. Income maximisation, through effective utilisation of welfare benefits and from aligning different funding sources, will be a key adjunct to personalisation across the services.

The challenge of affordability may also be met partly by de-commissioning what is no longer popular or appropriate and re-investing differently. Successful preventative and early intervention approaches allow for the more effective targeting of certain services for those with highest need.

Individual and collective objectives

"Community social work has, in the past, been promoted as a discrete activity, conducted apart from mainstream social work practice. A new approach is now needed, which positions social work services at the heart of communities delivering a combination of individual and community based work alongside education, housing, health and police services." 'Changing Lives Report, 2006'.

Community involvement in social care service design is a way of building social capital and developing networks that help nurture informal systems of support, ensuring that solutions are informed by the people most directly affected. Ideological objectives to the personalisation agenda include a fear that collective social care initiatives will be undermined or lost through the promotion of individual goals. However, if the joint -production of services (individual, community and agency) is supported by structures that aid communication between parties, then both individual and collective objectives, and personal and professional experience, may be better aligned to more effectively influence social care initiatives. In other words, the whole is greater than the sum of its parts.

Many positive examples of community involvement exist, for example within the field of justice, although the impact of this engagement is often too narrow. The personalisation agenda requires local authorities and their partners to devise systems where individual, community and corporate needs are understood and considered for action separately and together by professionals and citizens. The return to a community development approach requires investment in the infrastructure that is necessary to support not-for-profit and community groups, with implications for organisational development. Engagement with strategy and policy officers is essential along with considerable training within and outside provider organisations.

Commissioning and procurement issues

The move away from centrally managed and commissioned services to a system promoting individual choice about what type of services are wanted and from whom, will require significant changes to commissioning practice. Over time, there is likely to be a lesser role for lengthy block contracting and a growth in market demand for personal assistants, small scale specialist providers and extra care housing. The independent sector in Scotland is relatively less well established in comparison to England and changes to statutory services will be needed to make them more personalised.

Residential and day care services are most likely to be de-stabilised, some of which are directly provided and others are commissioned.

Whilst willingness to adapt will be a universal requirement, and organisational reinvention to meet highly personal outcomes should be seen as positive progress, the unique contribution that many of the smaller providers make to the care sector should not be underestimated. Inclusive, joint processes across sectors will be necessary to predicate how the social care market might change and ensure that demands can be met.

It is essential that the integrity of the personalisation agenda as delivered locally is not undermined by conflicting policies, regulation and standards imposed externally. As people increasingly 'procure' for themselves through direct control of resources, it is important that choice and good outcomes are not inhibited by inflexible regulations. For example, concern exists about current re-tendering practices with procurement regulations seemingly promoting organisational interests beyond those of the individual that is, financial issues beyond those relating to quality. In some provider organisations, the situation has resulted in instability in the social care workforce due to changing employers as contracts shift between providers.

Local authorities and other providers require to adopt more 'transformational, rather than transactional' (Department of Health), commissioning practices. The focus should be at strategic, operational and citizen level in line with the emphasis on whole system change. Best practice guidance on procurement and commissioning is needed to establish common ground in a person-centred approach across Scotland. Early engagement with Scottish Government and Regulation and Inspection bodies is essential to ensure best practice is mainstreamed.

Risk

There is a demand from individuals requiring assistance, echoed by senior members of the government, for a change in the risk adverse cultures that can sometimes exist within social care organisations. Contracts - which require non statutory providers to indemnify local authorities in the event of harm coming to the service user - can also work against the enabling of risk. These organisational and professional practices can prevent service users from leading a full life and result in inappropriately high costly packages of care.³

Some carers and families may be anxious, however, about the increased possibility of harm coming to their loved ones as a result of self-managed risk and this may impact upon the support they feel they can give to the new arrangements. It is right and proper that we remain vigilant to the needs of those who may be vulnerable, particularly those individuals whose harm or need is hidden. Solutions to increase self direction must be inclusive, not dismissive, of the minority of individuals and carers who are at risk of stress or harm.

More choice and control for users of services raises questions about the tension between flexibility and accountability. Local authorities have a 'duty of care' and should not agree a support plan if serious concerns exist that the individual may be at risk, or that their needs will not be met. Personalisation will require a new consideration of how and when this duty should be applied. It is absolutely essential that staff are aware of parameters around encouraging and allowing choice on risk; are confident in their decision making and are supported during the process.

Enablement of risk, indeed the personalisation agenda as a whole, interlinks with developments on outcome measures and demands a flexible approach by regulation and inspection agencies. Agencies penalised for enabling risk will not be encouraged to continue with the approach. Good outcomes should be evidenced by improved quality of life rather than by involvement in a process. The issues around risk and outcomes related to quality of life must be debated at an early stage with the public, staff who deliver services and also with colleagues from the Social Work Inspection Agency and the Scottish Social Services Council.

Workforce Issues

Developing more personalised services presents an opportunity to simplify and rationalise a working environment that has become overly complex across councils and often fragmented at local level. The personalisation agenda as a whole creates an exciting opportunity to re engage with communities, seeking solutions together. Workforce development will be an essential element in the successful implementation of a personalised approach and the activity should take place at both local and national level, involving all services and sectors.

A culture change in organisations is required if personalisation is to become a reality. This will demand attention being given to organisational development, the management of change and communication. Personalisation may involve changes in the role, approach and location of staff and at the heart of change is a new and more productive relationship with the service user.

As structures are developed which are designed to give greater support to individuals to exercise choice and control, there is likely to be a change in the professional skills required. Staff are already familiar with working within an arena of limited resources. However, they will now be expected to effectively balance the roles of enabling choice and managing finite resources within an environment of raised expectations.

There may be an increase in brokerage and advocacy tasks and some would argue that these should be independent of councils. Some fear this will result in fragmentation of a process seen as unique and essential to social work: that of understanding, assessing and addressing individual need within the context of environment, community, family and personal factors. Others argue that it will result in greater clarity of roles and responsibilities. Experience in England has certainly shown that many of the concerns around workforce de-professionalisation have been largely unfounded with practitioners reporting new opportunities within personalisation to re-affirm their central role as 'enabler'. Regardless, complexities will undoubtedly arise in the event of a period of transition, from the need to operate old and new systems concurrently. This will present a challenge to undergraduate, post graduate and in-house staff training programmes. Advanced workforce planning and development is required collaboratively across the sectors and services.

It is also important that consideration is given to the needs of the entire social care workforce, to possible changes in their working hours and conditions and to their crucial role in working across traditional professional boundaries. In addition, user-appointed Personal Assistants hired directly by individuals raise questions over opportunities to scrutinise their working conditions and regulate practice standards; of awareness of employment rights; of their accountability; of opportunities to benefit from best practice developments; and for collective bargaining.

*"It is important that personalisation is not interpreted as privatisation - not of services but crucially not of responsibility, risk or accountability either."*⁴

Implications for Scotland's unpaid carers

The successful implementation of personalisation requires a broader concept of workforce development. Workforce strategies must extend beyond Scotland's 164 000 paid social services staff to include the 500 000 unpaid carers, particularly those people who care over 50 hours a week and a further 60 000 people caring for 20-49 hours per week.⁵ Demand for family care has the potential to increase further as a result of policy to 'shift the balance of care' and from demographic change with the resulting need to increase community capacity 'to care'.

This broader concept of workforce strategies does not imply a 'professionalisation' of unpaid family carers, rather the recognition of their requirements including knowledge, skills, resources, health protection, respite from caring etc. Neglecting their needs will undermine the capacity and quality of future care provision, increase risk of breakdown of caring relationships and result in greater cost to public health and social care services. Carer support agencies in

Scotland are calling for a new 'social contract' with improved rights and entitlements for unpaid carers- so they may balance their caring role with paid employment or have access to long term employment leave, realistic earning replacement and the use of Direct Payments.

Widening ownership of the agenda

“Preventative work is not the primary responsibility of social work. Education, Health and Early Years services, who have contact with the whole population are much better placed to lead this work...social work services (should) better support universal services to pick up and respond to early signs of problems as well as tackling the complex problems of some individuals and communities.” Changing Lives Report, 2006.

Personalisation can only be achieved if personal, social and economic needs are considered together during the planning process. At corporate level, many organisations have not reached the point where they can forward plan as one unit, streamlining and agreeing common spending priorities. Despite the improvement in many council customer-care services (with one-point access systems being developed across Scotland) these front facing, person centred developments can offer a false hope for what sits behind. Young people leaving care, for example, struggle to find and retain employment yet their corporate parents are the biggest employer in the area.

Efficient corporate practice will not only directly impact upon the quality of life of individuals but will also result in savings to the public purse. The personalisation agenda must be driven by Elected Members and Chief Executives so professionals can step outside agency and service boundaries to serve people's best interests. It must be 'sold' to mainstream providers who may not currently see themselves as having a direct role to play, for example to leisure services.



“Personalisation will present challenges to the workforce but cannot be successful without recognising their skills.”

Stephen Smellie; UNISON Social Work Issues Group.

“This paper ... invites fresh approaches that will improve outcomes for people who may require our advice or support, in ways that social work staff will embrace as liberating and fulfilling”

Duncan Mackay; Head of Social Work Development; North Lanarkshire Council



A New Approach to Commissioning

Commissioning, within a personalised approach, is a strategic activity that refocuses existing activities and shapes emerging perspectives. It concerns the whole of local government and not just specialist commissioners. It is essential that commissioning activity is co-designed and co-produced through using or creating planning partnerships, engaging with all stakeholders. Engagement in its widest sense is essential to successfully commission personalised services, and it will be a significant challenge.

As stated in previous chapters, individuals requiring services, and their carers, must be active partners in shaping the social care landscape through their contribution to our knowledge on what is required, in what form and when. Shared experiences, changing demands and new spending patterns can result in corresponding shifts in the market. Some people will continue to choose building-based services for the type of care and companionship that they can offer. Many others will prefer new and individual solutions to meet their support needs. People will want to make choices

about their own risk and it is our responsibility to ensure inclusive forums exist in communities that allow individual knowledge to be collated and translated into effective planning for the collective good.

Local authority traditional purchasing practices of tendering contracts for providers, or spot purchasing available services, will not guarantee the range and availability of services required to meet new types of demand. The agenda will be a challenge for many local authorities where patterns of existing services are designed in ways that largely require groups of people to receive support at the same time. These structural issues, arising from the historic shape of service provision, need to be addressed by commissioning strategies. Different contractual arrangements and approaches are required for services- both those directly provided and those commissioned by local authorities.

Changing commissioning practices will be necessary if we are to deliver personalisation and transform people's lives. Commissioning is a key factor in transferring power from systems to people and can only succeed if citizens, commissioners and providers work in partnership.

“Services play a vital but supportive and secondary role to what people can do for themselves with the support of friends, families and the wider community. This is not surprising as services themselves do not produce outcomes. It is what people do for themselves, supported or not by services that co-produces outcomes”⁶



“We believe that by working together and building alliances we can make real changes happen so that people are in control of their lives and support and enabled to take up their rights and responsibilities as equal citizens”

Keith Etherington; In Control Scotland Co-ordinator.

“Personalisation has implications for what we define as 'professionals' and in the learning and expectations we have of workers. It has implications for practise and the preparation for practice. It also has significant implications for the processes that govern current practise..”

Bryan Healy; Regulation and Practice Learning Manager; Scottish Social Services Manager



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 2. Scottish Government (2009) 'Personalisation-A Shared Understanding'; 'Commissioning for Personalisation'
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 4. Stephen Smellie; UNISON.
 5. Scottish Census 2001.
 6. J Cummings & Clive Miller; 2007 'Co –production, social capital & service effectiveness'

Sources

The following people, groups and organisation have provided information, advice and comment on this report:

ADSW Executive Committee
ADSW Community Care Standing Committee
ADSW Direct Payments Network
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Scottish Government (Workforce & Capacity Issues; Children, Young People & Soc Care).
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