

Safeguarding and Personalisation – two sides of the same coin.

*“The governing principle behind good approaches to risk is that people have the right to live their lives to the full as long as that does not stop others from doing the same.”
(Independence, choice and risk: a guide to best practice in supported decision making – DH, May 2007.)*

Underlying principles:

- ✓ Individual adults who use social care and support services and / or their carers should be able to make their own decisions and take risks which they deem to be acceptable to lead their lives their way.
- ✓ No professional or organisational risk assessment process should prevent or inhibit the individual’s right to make their own decisions and lead their life in the way they choose.
- ✓ All support for decision making should be in line with the core principles of the Mental Capacity Act 2005.

Self Directed Support and Risk.

We all have to make a range of choices throughout our lives, some of which may be considered by others, or indeed ourselves, to be risky. The philosophy behind Self Directed Support is that individuals are experts in their own needs and should be supported to make their own choices and have control over their lives. Self Directed Support can only truly flourish in a culture of positive approaches to risk.

We should not deny someone the opportunity to enjoy and control their own life simply because they are a user of care and support services. On the other hand, social care staff have a responsibility to ensure that individuals who would put themselves at risk of harm from others are aware that they have the right to live a life free from such abuse or neglect. Individuals who lack capacity still have the right to be supported to make choices as far as they reasonably can, and any choices which may be made for them should be made with a clear discussion of what is in their “best interests” as defined by the Mental Capacity Act 2005 Guidance.

Anyone who is thought to be at risk from abuse or neglect must always be referred through to the relevant local Adult Protection or Safeguarding Team.

Some Powerful Myths about Self Directed Support and Safeguarding.

1. The purpose of Self-Directed Support is only freedom - not safety.

The purpose of Self Directed Support is to enable people to live their lives in ways that make sense to them, and what makes sense to the vast majority of people is to be healthy, safe and well. Therefore Self Directed Support is concerned with safety, but with safety that makes sense to the individual, which may not necessarily be compatible with an organisation's or professional's view of what is safe.

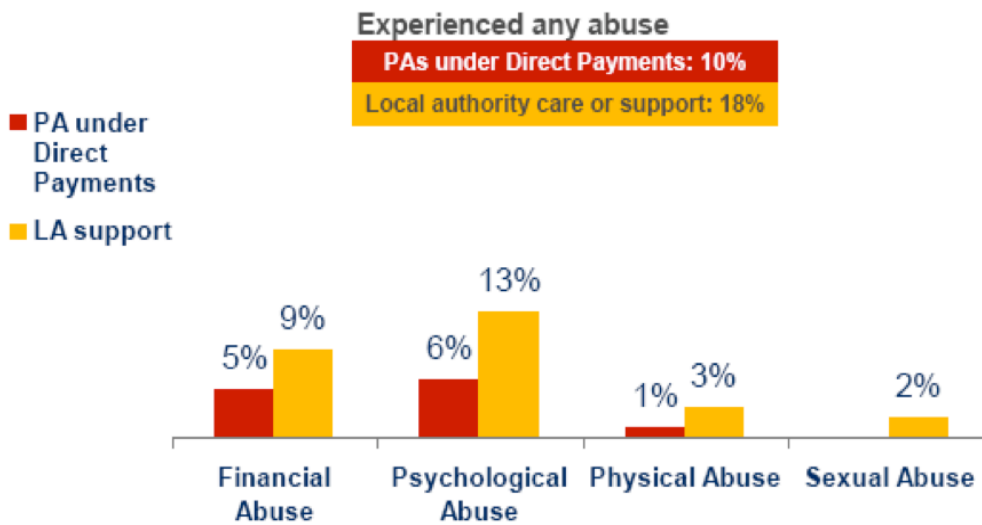
2. The process of Self-Directed Support is not concerned with reducing the risk of harm.

It is difficult to see how an assumption that giving people more choice and control over their lives is at odds with reducing the risk of harm has been arrived at, given that the vast majority of people do not actively seek to put themselves in harm's way. Ensuring that the primary focus of decision-making is as close as possible to the person can only improve the quality of decision-making in relation to risk, if we accept the principle that individuals are experts in their own lives as stated in Putting People First (DH December 2007). Furthermore, where a risk of harm does exist, good risk management demands a person centred approach, and Self Directed Support provides a real mechanism for working in truly person centred ways. Additionally, Self-Directed Support is perfectly consistent with Health & Safety Law and the Mental Capacity Act, both of which provide frameworks for supporting people safely whilst maintaining their right to be responsible for themselves.

3. The context for Self-Directed Support will lead to increased risk of harm.

Self Directed Support can and does exist within the current regulatory environment, however people are choosing to use personal budgets to buy more things that are not regulated, which is primarily the cause of this particular concern. Self Directed Support is about ensuring that people achieve quality outcomes that make sense to them, therefore an increase in options for people in terms of how they shape and purchase their care and support should necessarily lead to increased effectiveness of the use of personal budgets, and the evidence to date clearly supports the view that using a personal budget does not, in fact, compromise safety. It is also worth noting here that many people are at risk of abuse and neglect in regulated services, therefore it is false to presume that these are, simply by definition, safe, as the graph below explains.

Experience of Abuse



Current PA: Base = All employers (un-weighted: 526; weighted: 526)

LA Support: Base = All those previously receiving support through LA (un-weighted: 269; weighted: 262)

Supporting citizenship is central to promoting safety.

Self Directed Support has at its heart a commitment to supporting citizenship for all, and the belief that achieving true citizenship will inevitably lead to individuals being more healthy, safe and well. There are seven “keys to citizenship” and each one leads in its own way to an improvement in an individual’s level of safety.



Self-determination – people are at greater risk of abuse if they do not direct their own life, if they cannot communicate or are not listened to. Therefore the aim of enabling people to self determine what happens in their lives, and in particular, in relation to how their care and support needs are met, must lead to an increase in safety.

Direction – people are at greater risk of abuse if their lives do not suit their preferences or character, or if they are perceived by others as lacking social value. We know that abuse and neglect have historically been rife in institutions, where people are often seen as having no purpose or direction in life other than to be cared for.

Money – people are at greater risk of abuse if they lack money or if they cannot control their own money. Many people fear that individuals who are self directing their support will be given Direct Payments when these are inappropriate for them, and that they will then be vulnerable to abuse by others who will try to obtain this money from them. However, this belies a common misconception about Self Directed Support, that it is only about Direct Payments and people employing Personal Assistants: this is one of a menu of options available for people, and where someone is deemed to be vulnerable to this kind of abuse, a Direct Payment would not be the only option available to them.

Home – people are at greater risk of abuse if they cannot control who they live with, who comes into their home, or if they cannot protect their privacy. Current patterns of service provision frequently place people in shared accommodation without any opportunity to influence who the other people are with whom they are expected to share, and regularly create packages of support in which a multitude of different people come in and out of an individual's home, often using keys or key safes which are necessarily made available to all of them.

Support – people are at greater risk of abuse if they have no one to help them or if they cannot control who helps them. Traditional services often leave people in a situation where they not only have little say in who supports them, but often have no idea who it will be until the member of staff arrives on shift or at their house, and a high turnover of staff in many care services means that they are often supporting an individual with very little knowledge of what good support should look like for that person. Self Directed Support enables people to take control of who supports them and how this support is delivered, promoting their right as a person to be respected and treated fairly.

Community life – people are at greater risk of abuse if they are not part of their community, if people do not know them or if they have no chance to make a contribution to their local community. The most vulnerable people in our society are those who are not visible, and a traditional approach to providing services often fails to address visibility, with only people who are paid going in and out of a person's home, or regularly taking the person out of their home and community to distant day centres. Self Directed Support demands that people are supported to be part of their own community and this necessarily makes them more visible, and therefore, by definition, less vulnerable.

Rights – people are at greater risk of abuse if there is no publicly understood and enforced protection for them from the abuse of their rights. Self Directed Support has at it's heart a commitment to promoting the rights of individuals

who use care and support services, and the whole ethos of putting the individual at the centre of their life and support clearly demonstrates a recognition of their rights in a way that a traditional approach sometimes fails to do.

Traditional Services and Institutions are inherently less safe than enabling people to self direct their support.

There are many ways in which the traditional service focused approach to delivering care and support to people actually create the conditions in which those individuals can be put at greatest risk. It is important to recognise that, whilst some traditional service responses will have a place in the future world of Self Directed Support, they will need to ensure that they are working to offer person centred, outcomes focused services which by definition, will then increase individual choice and control and necessarily, as we have seen above, reduce the risks of harm to the people they support.

Diminished self-determination - People who are cared for in institutions or by provision of service from a large, perhaps block-contracted provider, have a limited voice. Bureaucratic structures, the aggregating needs of many people and the essential power structures within institution and large organisations make it inevitable that the individual will struggle to exercise autonomy and that they will be in the power of others. This makes people more vulnerable to abuse.

Devalued life - Institutions and large organizations can struggle to balance offering people the means to express their unique identities and live a life of meaning, against the pressing needs of many clients or customers and the manifold demands of a large work force and the requirements of the bureaucracy. This further contributes to the vulnerability of individuals and can encourage abusers to treat people as objects.

Impoverished - Institutions and large organisations can take away people's money and people's control of their money, instead meeting essential needs in ways that cannot be reshaped by the individual who lacks the means to exercise power and control. This can lead to people feeling powerless and therefore more vulnerable to potential abusers.

Sheltered but homeless - Institutions and other means of shared, local authority purchased or organized shared accommodation offer shelter, but often remove all the other benefits that we associate with "home". People cannot choose who they are with, who supports them and they lack privacy. They can easily be victimised by staff or by co-residents.

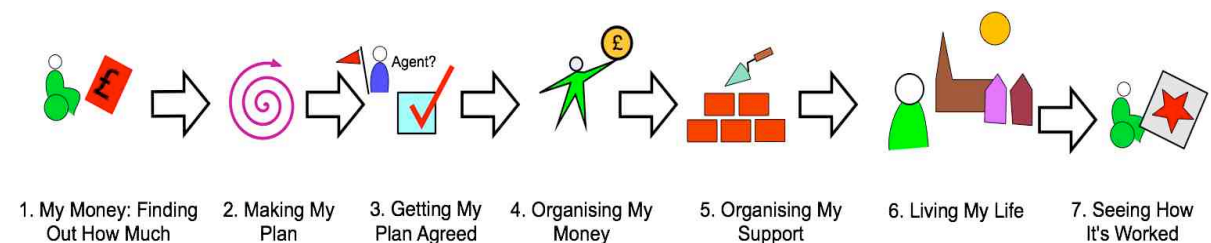
Care not support - The very isolation of institutions from the everyday world and the implicit power structures mean that while people may be cared for or looked after as passive patients, they do not receive support; they are not active and they are not enabled to be active. The same can be true of large, or block-purchased residential care establishments. This culture of "caring for" rather than "enabling and supporting", by weakening awareness of the individual's autonomy and rights, creates further risk of abuse.

Disconnected from community - Institutions take people out of communities, out of neighbourhoods, out of families, away from friends, and the same can be said of many of today's more mainstream services, such as

day services and residential care homes. Sometimes their very justification is linked to an awareness that communities are not always good places to be, but the price of this exclusion is too high; separated from loved ones, invisible to neighbours and denied the opportunity to contribute to our community, this is when we are at our most vulnerable.

Self-Directed Support is good risk management.

The seven step model of Self Directed Support essentially provides a framework of opportunities to identify and manage risk and safeguarding issues. Far from creating a world where individuals who use care and support services are more vulnerable to abuse and neglect, Self Directed Support aims to create a society in which people with care and support needs are treated as truly equal, with the right to direct their own lives, and the right not to be treated as second class citizens.



First Contact – as with the traditional approach of assessment and care management, initial contact provides an opportunity to assess the individual's presenting situation and the possibility of spotting existing or potential risks.

Self or Shared Assessment – the model of using self assessment treats people as “experts in their own lives”, as supported by Putting People First (ref), and provides a more person centred, outcomes focused mechanism for determining what the issues are that face the individual, in their own words and experience. This is an opportunity to discuss and explore any existing or potential risks that the person faces and opening a dialogue about how these can be positively managed. Defining an indicative entitlement to financial support from the local authority at this stage in the process through a Resource Allocation System (or RAS) immediately puts them in a position of power and responsibility, and by definition therefore, makes them less vulnerable.

Support Planning – the focus here is on enabling the person to develop their own plan, with support if necessary, determining what outcomes they wish to achieve when meeting their social care and support needs, rather than simply slotting them into a pre-existing, often block purchased, service. If there are issues of capacity, it is at this stage that these will be explored fully and the support plan should detail exactly how the individual is to be supported to stay in control of their life. This may be through supported decision making, advocacy and specialist communication, or through others making decisions on behalf of the individual using the best interests guidance contained within the Mental Capacity Act where necessary.

Agreeing the Plan / Sign-Off – many people are concerned that the emphasis on individuals doing their own planning within circles of support where these exist, without necessarily involving a social worker or care manager, is putting them a great risk of the plan not being designed to actually meet their needs. Good sign off procedures, with staff having a clear understanding of their role and responsibility in relation to checking plans and offering advice and guidance, provides another opportunity for risk issues to be highlighted and explored. The Seven Essential Criteria provides a robust framework for checking and agreeing plans, including a requirement that the way the money is to be managed is clear and appropriate for the individual and their unique circumstances.

Outcomes Review – unlike the traditional review process, which can often be very service or contract oriented, the new approach to person centred, outcomes focused reviewing techniques provides a genuine space to focus attention on what is working well and what is not working well in the individual's life. The aim of the review is to check that the agreed outcomes are being achieved, and this will therefore necessitate a discussion of how the person is being enabled to stay healthy, safe and well in ways that make sense to them. If necessary as a result of the review, changes may be made to the resources, supports or controls described in the support plan.

Micro-safeguarding

Self-Directed Support as an approach is very flexible and contains within it a number of tools which make it easier for individuals, families, local authorities and provider agencies to solve complex human problems.

Resources targeted at outcomes - Self-Directed Support targets the right level of resources to achieve outcomes. Instead of offering people service slots that may or may not be suitable, it identifies the right level of funding given the particular situation and needs of the individual.

High quality planning - Self-Directed Support is not prescriptive about the type of planning necessary, rather it demands that the social worker identifies with the citizen the most appropriate approach for them.

Risk assessment - As we have already seen Self-Directed Support also offers an excellent process for clarifying responsibilities about risk. Local Authorities like Oldham Metropolitan Borough Council and others have redesigned their whole care management process around the principles of Self-Directed Support in order to make clear and open decisions about risk central to the local authority role.

Appropriate control - As we have seen Self-Directed Support places control of funding in the hands of the most appropriate person - this does not have to be the person themselves as this is just one option. It can be anyone, including an appropriate professional; the Budget Holding Lead Professional model which has been successfully developed within children services is, in effect, a partial version of Self-Directed Support.

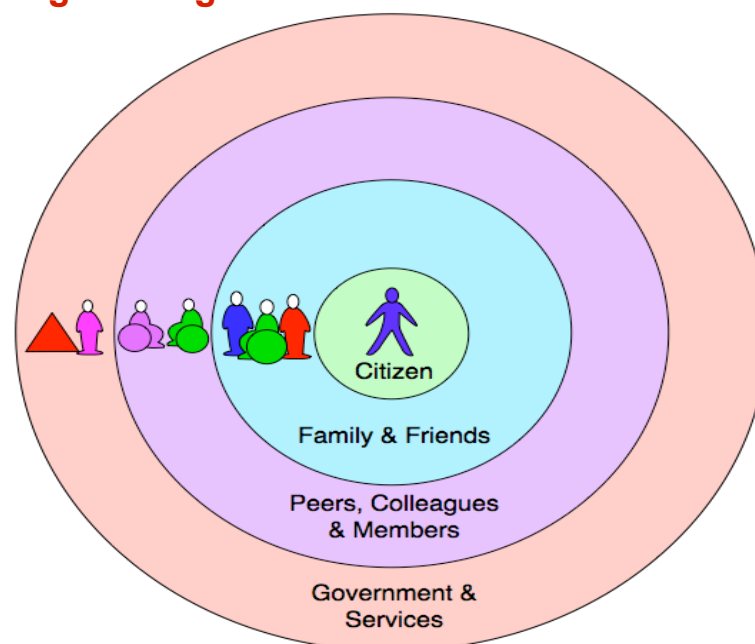
Appropriate support - Nor does Self-Directed Support leave people to manage support on their own. People can use traditional services, new services or systems of peer support. It remains a responsibility of the local

authority to be assured that any help people need to manage their support is in place.

Flexible resources - Resources are put to the best possible use, they are not locked into services which may be inadequate to meet needs. Instead they can be used creatively to support people to solve their problems, build on their capacities and make better use of their positive social or community connections.

Outcomes review - Outcomes not processes are the focus of the review and the review process can be designed to fit the needs and risks faced by the individual - it should not be a standard visit. The design of the outcomes review process is an integral part of the risk management process for the local authority.

Macro-safeguarding.



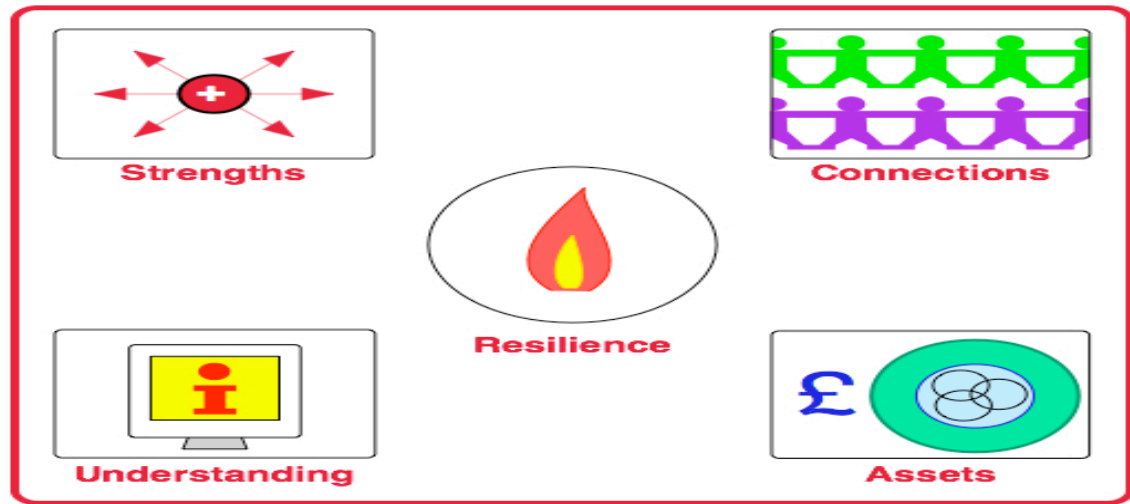
Stronger communities will take more care of each other.

It is the aim of Self Directed Support to enable people to become, or to strive to become, active citizens within their communities, and this in turn will create stronger communities, where people with care and support needs are visible, valuable members of the local area. Using local authority funding via a personal budget should enable us to help people stay in control of their lives and to be happy and healthy. Self Directed Support provides people with the resources to become active citizens and, if delivered well, should increase people's understanding of risks, options for managing those risks, and good strategies to move forward and achieve the outcomes they need.

Putting people in control of their own destiny in this way strengthens their skills and increases their confidence, facilitating increased connectivity or "circles of support", which in turn, increase the likelihood of potentially abusive

situations being noticed. Stronger citizens are less likely to become victims of abuse, while stronger communities are more likely to notice the early signs of potential abuse occurring.

Self Directed Support has at its heart a commitment to delivering Real Wealth for citizens; the money they may receive from their local authority via a personal budget is really just one small part of that.



Conclusions.

The personalisation agenda, transforming social care and support to a system of person centred, outcomes focussed, self directed support, is fundamentally consistent with keeping people healthy, safe and well.

Moving to a system of truly personalised social care can only succeed if it is built on foundations of positive approaches to risk management, person centred support planning and a fundamental appreciation of an individual's basic human right to live their life their way.

If delivered well, self directed support via personal budgets will lead to individuals being empowered to be more visible in and more valued by the communities in which they live, and people who are visible and valued are inherently less vulnerable to abuse, and better equipped to deal with it if it should occur.

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