# The implications of self-directed support for residential child care

## Simon Duffy

## Abstract

The Social Care (Self-directed Support) (Scotland) Act 2013 promotes the individualisation of funding for support and, in theory, creates new opportunities for innovation; but there is also room for confusion, competing interpretations and unintended consequences. This article aims to provide some initial guidance for practitioners who want to use these changes to enhance best practice, rather than to be swept up in a process of change that can often lose any coherent meaning and have unintended consequences. I argue that effective use of self-directed support will require us to build on what already works well in services for children and identify new models that can be extended and developed.

## Keywords

Self-directed support, Social Care (Self-directed Support) (Scotland) Act 2013, independent living, personalisation

## Corresponding author:

Dr Simon Duffy, Centre for Welfare Reform, 36 Rose Hill Drive, Sheffield, England, S20 5PN

simon@centreforwelfarereform.org

## Introduction

In 2013 Scotland passed the Social Care (Self-directed Support) (Scotland) Act 2013. This legislation is important and reflects a growing trend in health, social care and social work to promote the individualisation of funding for support and, in theory, creates new opportunities for innovation. However, like any major structural change, there is also room for confusion, competing interpretations and unintended consequences. This article aims to provide some initial guidance for practitioners who want to use these changes to enhance best practice, rather than to be swept up in a process of change that can often lose any coherent meaning and have unintended consequences.

There is a particular danger, in the case of residential child care, that ideas that were developed in one particular context are reapplied, thoughtlessly, to other areas where they may either not be applicable, or where they can only work with careful adaption. For workers and managers in residential child care these ideas may at first seem irrelevant or even threatening and there is danger that real advantages will be missed.

## Background

One of the most challenging aspects of understanding self-directed support is to try and disentangle the web of technical terms that have emerged in Scotland, the UK and in the wider world. There simply is no clear agreed use of terms; instead new initiatives often spring up and develop their own idiomatic language.

So, for example, in Scotland and England, alongside the term 'self-directed support' you may also hear people talk about direct payments, personal assistance, personal budgets, individual budgets, individual service funds, person-centred care, person-centred services, support plans and resource allocation systems and personalisation (Needham and Glasby, 2014). In the wider world you may hear other terms such as independent living, individualised funding, service brokerage, self-determination, consumer-directed care, disability insurance, local area coordination, micro boards, person directed service models and shared management (Centre for Inclusion and Citizenship, 2015). This is just to scratch the surface.

If none of this is familiar, or if it is something you've only paid passing attention to, then the impact of this array of jargon is likely to be off-putting. It is easy to think that this is all too complex and perhaps then step away from engaging with what at first may appear overly complex. However this would be an unfortunate reaction. It is possible to engage quickly and easily with this new world, but it is essential to be clear about some logically distinct ideas, and the best way to do this is perhaps by relating a few of the most critical concepts to their historical roots.

## The goal of self-directed support

The goal of many of these changes is described as independent living. This is a term which dates back to the 1960s and relates to the challenge faced by people with physical disabilities to live full lives in their communities, despite their impairments (O'Brien & Duffy, 2009). However, for others these new ways of working have developed out of a desire to promote inclusion and citizenship (Duffy, 2006). These two ways of thinking about the goal of self-directed support are not identical; the first stresses the freedom, rights and independence of the individual, while the second stresses meaning, responsibility and interdependence. Nevertheless, they can probably be seen as two sides of the same broad social movement - an effort to enhance life though the exercise of both citizen action and collaborative community change.

However, while these are the goals expressed by those advocating these changes, their real meaning or purpose is highly contested. For some these ideas are not about citizenship, rather they are actually a form of consumerism and, it is argued, in a consumerist society, where the political elite still think in terms of the ideology of liberalism, such ideas are easily distorted into an extension of privatisation and 'shopping for services' (Ferguson, 2007; Ferguson, 2012). Moreover other advocates of self-directed support describe these ideas as a natural extension of privatisation and use the term 'personalisation' to describe this central innovation (Leadbeater, 2004).

However, whatever the 'intended goals' of advocates or of government the reality is that individual people, families and practitioners will understand these ideas with respect to their own reality and their own context. It is possible that some people may choose to see self-directed support as giving them the chance to 'shop for residential care.' However this seems unlikely; if these ideas are in any way relevant it will be because self-directed support opens up new creative possibilities. Resources that have always been spent in one way, might, with some effort, be used in a different ways.

## Self-directed support in practice

In practice self-directed support always relies on a system of individualised funding. In other words, the money for support must 'go with the person,' not with the service. For many providers of residential care this has always been the case: the organisation receives funding only when people are placed in the care home. However this is not always the case, and so introducing individualised funding might be treated as the first basic requirement of self-directed support.

However, even if a system uses individualised funding in this way this doesn't necessarily mean anything changes for the person. In typical care management systems, even if funding is individualised, the individual has no awareness of the available funding or of any right to use it differently. However, this is where individual or personal budgets make a difference, because this is an explicit budget, in some cases an entitlement, which can be used for the benefit of the individual (Duffy, 2005). This may seem like a small or uninteresting change, and certainly, just knowing your own budget is unlikely to bring about any life improvements. However it does open the door to conversations and possibilities for change.

In order to actually use your budget differently then you need to be free to do so. This is why many people with disabilities have taken advantage of another idea, direct payments. This is a way in which the individual budget can be managed directly by the person or by their representative (Glasby & Littlechild, 2009). It is a change which has been associated with many positive benefits and was finally legalised in the UK in the Community Care (Direct Payments) Act 1996 after significant campaigning by disabled people (Department of Health, 1996; Zarb & Nadash, 1994).

However, for many people this direct payment system is not quite what is needed. This is why some organisations developed systems of brokerage or used what is sometimes called an 'individual service fund' (Animate, 2014). These systems open up the possibility that support can be made more flexible and appropriate without making the person (or their family) wholly responsible for the organisation or provision of support. This is obviously an important consideration for children and families at times of crisis.

Ideally then self-directed support is a system where the person's funding for support is individualised, clear and controlled by the person or family. It opens up options but doesn't unnecessarily burden the person. This is the ideal that most systems are trying to establish. In practice most systems are still at the early stages of overcoming the four necessary challenges created by self-directed support:

1. Public bodies need to separate out the funding for personal support that can and should be individualised, from funding that is properly invested into community services.

2. Systems of assessment and care management need to be able to identify a fair budget that is appropriate for someone's individual needs.

3. Services and communities need to be able to support and to respond to the new freedoms that this system should allow.

4. The overall system of governance and quality assurance needs to change and develop new approaches to encourage good practice, innovation and appropriate support.

In practice self-directed support is at an early stage in its development and the normal challenges of implementing any new and complex system are compounded by the added difficulties created by austerity and reduced budgets for social work (Duffy, 2012). Moreover these changes amount to a significant shift in the power balance of the current system. The changes require new levels of authority for people, families and front-line workers. Perhaps naturally, those currently with power and control may not easily give up their own authority.

## Why self-directed support works

At this point we should reflect on what we've learned about why self-directed support can be so effective. First, it is worth underlining that there is no evidence to my knowledge that self-directed support works because it increases market competition (Duffy, 2013). However there is some evidence that giving people and families more authority can quickly get rid of service providers who are doing a poor job and encourage new people and organisations to start providing support (Block, Rosenberg, Gunther-Kellar, Rees & Hodges, 2002).

However an even more important factor may be that self-directed support opens up the possibility for creating innovations and change at the most individual level. This is best conceived of, not as shopping for services, rather it is about people and families building upon their *real wealth* - a term coined by Dr Pippa Murray (Murray, 2010). On this understanding the budget is just one variable, and it is the person's gifts, relationships and wider community that offer the most important resources for someone to solve their problems or build a better life. In fact this way of thinking was developed in the context of support for children and families and I think it likely that it will tend to be the most fruitful way of interpreting self-directed support.

Murray's work also underlines another important dimension to self-directed support, which is that what families seek, above any budget, is a supportive and respectful relationship with a professional who will stick with them and help them find the solutions they need to find. So, paradoxically, self-directed support, can be a means to better partnership working, precisely because, instead of 'placing people into services' the professional can work together with a family to use flexible resources to develop the best possible solution.

### Self-directed support and residential care

What all of this means to the residential sector in general is as yet unclear, however, there are indications that the development of self-directed support will reduce the demand for residential solutions and encourage people to develop alternatives. For example, in the first wave of piloting self-directed support a group of 15 people in adult residential care from Gateshead all left residential care and moved into their own homes (Poll, Duffy, Hatton, Sanderson & Routledge, 2006). Similarly, even before austerity, we've started to see the level of residential care fall as a proportion of the overall population (Office of National Statistics, 2011).

Having said this it may be inappropriate to extend the lessons from adult residential social care to children's residential care, where the context is very different and where the central purpose is to create a sense of home and family for children not only during a time of crisis but also at times as a means of providing permanency and stability. Even more importantly, self-directed support can be blind between different support options. The critical question is how we help children best, not how we avoid residential care. Self-directed support is no threat to any organisation that can learn how to adapt to offer children the best possible home, stability and long term support.

## Conclusion

It is time for leaders in residential care for children to give thought to the impact of self-directed support. Even if early innovations have been developed in adult social care they are quickly spreading into services for children, education, healthcare and mental health (Alakeson & Duffy, 2011; Cowen, Murray & Duffy, 2011). The underlying strengths of the approach (for all its complexities and uncertainties) are that it addresses issues of power, creates flexibility and leads to greater effectiveness and better outcomes.

Effective use of self-directed support will require us to build on what already works well in services for children and identify new models that can be extended and developed. Even more we should identify those services which are no longer fit for purpose, and use the principles of self-directed support to design alternatives. In this way the child care sector will develop, not just better models of support, but more importantly the capacity to respond to policy and funding changes.

## References

Alakeson, V. & Duffy, S. (2011). *Health efficiencies: The possible impact of personalisation in healthcare*. Sheffield: The Centre for Welfare Reform.

Animate (2014). *Individual service funds*. Sheffield: The Centre for Welfare Reform.

Block, S., Rosenberg, S., Gunther-Kellar, Y., Rees, D. & Hodges, N. (2002). Improving human services for children with disabilities and their families: The use of vouchers as an alternative to traditional service contracts. A*dministration in Social Work, 26*(1), 23-36. doi: 10.1300/J147v26n01_02

Centre for Inclusion and Citizenship (2015). *Claiming full citizenship: Self determination, personalization, individualized funding*. Vancouver: The University of British Columbia.

Community Care (Direct Payments) Act 1996.

Cowen, A., Murray, P. & Duffy, S. (2011). Personalised transition: A collaborative approach to funding individual budgets for young disabled people with complex needs leaving school. *Journal of Integrated Care, 19*(2), 30-36. doi: 10.5042/jic.2011.0158

Duffy, S. (2005). Individual budgets: Transforming the allocation of resources for care. *Journal of Integrated Care, 13*(1), 8-16.

Duffy, S. (2006). *Keys to citizenship: A guide to getting good support for people with learning disabilities* ( 2nd ed.). Sheffield: The Centre for Welfare Reform.

Duffy, S. (2012). The limits of personalisation. *Tizard Learning Disability Review, 17*(3), 111-123. doi: 10.1108/13595471211240951

Duffy, S. (2013). *Travelling hopefully: Best practice in self-directed support*. Sheffield: The Centre for Welfare Reform.

Ferguson, I. (2007). Increasing user choice or privatising risk? The antinomies of Personalisation. *British Journal of Social Work 37*(3), 387-403. doi: 10.1093/bjsw/bcm016

Ferguson, I. (2012). Personalisation, social justice and social work: A reply to Simon Duffy. *Journal of Social Work Practice, 26*(1), 55-73. doi: 10.1080/02650533.2011.623771

Glasby, J. & Littlechild, R. (2009). *Direct payments and personal budgets: Putting personalisation into practice*. Bristol: The Policy Press.

Leadbeater, C. (2004). *Personalisation through Participation: A new script for public services*. London: Demos.

Murray, P. (2010). *A fair start*. Sheffield: The Centre for Welfare Reform.

Needham, C. & Glasby, J. (Eds.) (2014). *Debates in personalisation*. Bristol: Policy Press.

O'Brien, J. & Duffy, S. (2009). Self-directed support as a framework for partnership working. In J. Glasby & H. Dickinson (Eds.) *International perspectives on health and social care*. Chichester: Blackwell Publishing.

Office of National Statistics (2011). *Changes in the older residential care home population between 2001 and 2011*. London: Office of National Statistics.

Poll, C., Duffy, S., Hatton, C., Sanderson, H. & Routledge, M. (2006). *A report on In Control's first phase 2003-2005*. London: In Control Publications.

Social Care (Self-directed Support) (Scotland) Act 2013

Zarb, G. & Nadash, P. (1994). *Cashing in on independence: Comparing the costs and benefits of cash and services*. Derby: The British Council of Organisations of Disabled People.

## About the Author

Dr Simon Duffy is the founder and director of the Centre for Welfare Reform. He speaks regularly on television and radio about the welfare state and social policy. He is best known for inventing personal budgets and for designing systems of self-directed support. He works as a consultant and researcher with local social innovators and national governments.