

Special Report 17



**Self Directed
Support : a case
study.**



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Self directed support – a case study.

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This CareKnowledge Special Report describes work on an individual case in Cumbria that highlights the challenges to be overcome in implementing self directed support.

1. Introduction

Implementing self directed support needs time, creative thinking and momentous change. This article describes work on an individual case that highlights the challenges to be overcome – but hopefully also shows that the effort and time involved in this change of approach is worthwhile – even if the difficulties can, at first, appear too daunting. Although there is still a long way to go, we in Cumbria have learned a great deal from cases such as this about what we need to change to make self directed support a reality.

2. The Case Study

2.1 Background

This is the story of Michael – a young man with complex needs to address – who initially accessed services through the children’s directorate. Although he was identified early in the transition process, social workers and the full team were unable to develop a longer term plan that suited him and his family – despite 3 years of everyone’s best efforts. The family were understandably upset, unable to manage and felt totally let down by the system.

The traditional services arranged for Michael failed everyone involved in the case – not through lack of effort or determination, but through rigid and predetermined systems and responses:

- Day support had been provided in a separate building away from his family home and other individuals. Michael was unable to mix with his peers due to high distress levels – resulting in deterioration in his behaviour because of his isolation and increased frustration.
- The family were struggling to cope at night and additional support in both day and night did not work.
- A Direct Payment was offered but the family (and staff by this time) were exhausted and unable to think that anything other than residential placement outside the county would be effective.
- Michael’s sister was getting married and she felt her plans were being put on hold; his younger brother was struggling to take his GCSE’s and the school was complaining that he was disadvantaged as a result of Adult Social Care’s inability to ‘look after’ Michael.
- There had been considerable support delivered by specialist health teams but to no avail and eventually in sheer desperation the family took him to A&E late one evening

and left him, sending an angry complaint to Adult Social Care about their inability to help them.

A family in crisis – an all too familiar and distressing picture.

2.2 The traditional response

The traditional response resulted in the wrong outcomes. They were not right for Michael or for his family. As a county we were not meeting our local targets for services and we were certainly not meeting the outcomes from Valuing People Now. Alternatives, out of county that were presented were expensive and seemed inappropriate to Michael and his family

So, what happened to change things?

A meeting was held with the family and Michael. He underwent a supported self assessment and his resource allocation was re assessed and confirmed. This was not too different to the previous process. The difference was that an experienced support planner then went to visit Michael and his family at their home and opened up a new range of possibilities and options previously thought impossible.

The support planner worked with Michael, his family, friends, social worker and providers. Together, they developed a plan that could be put into place quickly, with short-term outcomes to meet his immediate needs. Longer term aspirations were explored and a basic outline of these – and the possible avenues to meet them – was put into the plan. The main focus, however, was on the here and now to ensure that Michael and his family could feel that their views were listened to and that solutions were workable.

Once the diverse range of ways in which the newly agreed outcomes could be met and had been identified, and once new options (outside of traditional services) had been explored and documented, the family began to feel that the plans could work.

Michael's family quickly decided that buying him his own flat would be a workable, if somewhat expensive, solution. Their view was that at least the money would go on something that would benefit Michael. This then opened up the previously refused option of a direct payment, to employ staff directly. This was felt to be the best option since the staff team could be centred around Michael and be flexible in service delivery – Michael needing different levels of input depending on his mood and the activity concerned.

2.3 Outcomes for Michael and his family

As a result of knowing there was a plan in place, the family felt able to continue to support Michael for a time in the family home, initially with traditional services, then with some of the staff he and they employed assisting on a daily basis.

Michael then moved into his own flat, which involved a lot of hard work by the family, supporters, social work staff and providers. There were several false starts where he refused to sleep over, refused to eat in the flat and struggled to accept he was no longer at home.

Knowing the plan was genuinely focused on Michael's needs, the family felt able to discuss strategies openly and be fully involved in helping Michael adjust. At no point did they say it would not work. They knew what Michael needed and the outcomes he expected. They adjusted their short-term expectations, but kept their eye on the longer term outcomes.

Michael began to explore his independence, undertaking a train ride, which had been one of his constant wishes. While it was initially only one stop on the train, it made him truly happy. He also attended his sister's wedding, along with his supporters. The family were delighted about this, as they had felt he would not be able to be there

Michael is now fully settled in his home and has developed a pen picture of someone he would like to share with. Previously, the idea of Michael sharing accommodation had been ruled out. His family remain fully supportive and invite Michael to visit with them and he has just asked them over for their first evening meal.

2,4 Learning Experiences

Getting to this point was not easy and there were many lessons to be learned over the timespan of the whole process.

- Listening to underlying concerns and problems is often lost in the process of crisis management. Family members become fraught, social workers become reactive and the pressure on the system becomes intense. This leads to defensive behaviours and the real messages are lost. Eventually, all this gives rise to the inevitable complaints, formal or otherwise
- Building confidence in staff is essential to ensuring the process is a positive learning experience for everyone – one that will lead to increased capacity within the system. Social workers are good at person-centred planning, but systems often prevent them identifying or developing flexible solutions. As a result of the growth of support planning, staff ability to move away from restrictive processes will improve but this will take time.
- The initial response to the complaint made in this case was handled by a senior manager and an experienced support planner. However, the social workers and providers were encouraged to participate in the process and work, to a certain extent, alongside the complaints team. This raised their confidence in their ability to manage the situation – and at the same time prevented family dependency on just one or two individuals. It also reduced family worries as it was clear that senior management had confidence in their staff to work with Michael in a person-centred way.
- Clear messages to providers were also essential as they were responsible for managing the situation while the support plan was activated. As family involvement and person-centred working increased, the providers could see that some of their staff were central to the 'moving on' process, and ensured that they had a good understanding of the effective roles they could play.
- The main provider was so convinced that 3 members of his staff would make really significant contributions to Michael's staff team that he offered to release them (if

Michael and his family wanted) to direct employment through the Direct Payment. He even offered them a return within a 3 month period if the arrangement did not work out.

- As the Direct Payment was large (but considerably less than an out-of-county placement and considerable better for Michael) members and the media were kept fully informed at all times.

The end result was a young man given the best opportunities, a family happy with the outcome and staff feeling they had made a real difference. It also meant that an out-of-county placement was avoided and, surprisingly, the cost was reduced.

2.5 A Happy Ending?

Well, so far this seems to be the case, but along the way there were things that did not work

- There was an assumption that 'back office systems' could manage. This was not the case, with systems tending to pull people away from flexibility and back into rigid responses. The response was often "we would love to do this but..." The work needed to overcome these systems problems was frustrating for all and only managed, in this case, on a one-off basis. This remains an issue, but the whole system is now under review to ensure flexibility and person-centred responses will be available. Don't, however, assume it will be easy
- The assumption that there was plenty of time to organise things was quickly highlighted as a problem. This was a family in crisis and waiting for five to six months to complete the support plan and implement the initial objectives was not an option. There was recognition that an immediate coping response was essential, but so was identifying clear achievable short-term outcomes while still keeping sight of the longer term options. All this helped to raise Michael and his family's confidence that they would be able to manage a Direct Payment and, more importantly, that this person-centred approach would allow Michael to live his own life.
- In an attempt to show how good person centred planning could be there was a tendency to gloss over problems and not discuss them with Michael and his family. This was a major mistake and almost resulted in the process stalling. By not explaining the back office issues we were tackling and by assuming that the family would not understand, we almost lost their support as problems were seen as a deliberate delaying tactic and the dawning of false promises. Only by fully involving everyone in the issues did we gain support from the family – full upfront information is a must.
- Assuming all the staff were as committed as the leading few meant we almost missed the capacity building opportunities. While individuals rarely set out to sabotage self directed support, lack of understanding by some resulted in delays, as removing obstacles was not seen as important or in some cases even do-able.

3. Conclusion

Person centred approaches and self directed support can and do make a difference to all – individuals, their family and supporters, staff, providers, the third sector and anyone else involved in the life of the person. These approaches are not always easy to adopt and sometimes obstacles appear insurmountable.

Safeguarding and risk are always key factors when considering options for individuals, but even these can be reduced by simple measures:

- All Michael's staff are trained in the appropriate areas necessary for supporting him.
- A clear requirement of the family as employers is to ensure the individuals they involve know how to minimise risk to Michael. They, after all, know what works and why would they not want this for their son? Using the knowledge and skills of the family will help in most if not all cases.
- Statutory services have assisted with identifying what training would be required, but only by discussing with and explaining to the family why this was the case. The training was tailored to Michael; was person centred in approach; and family views were incorporated in line with self directed support principles.

There were also issues around the management of the Direct Payment as it was very large, but careful discussions with the finance team about what was actually being purchased assisted with this, as did several meetings between the family and the finance team. There is nothing like face-to-face meetings – time intensive initially, but time saving in the longer term.

Finally the question put to all concerned in the process – Michael, his family, social work staff, providers, advocates, family friends: Was the process easy? The answers were quite clearly – no, it was not. It involved thinking differently; managing issues around employment, deciding outcomes, having trust and believing that things could be different.

But when asked was it worth it, the resounding answer was “Yes, most definitely!”

Self directed support is often glibly thrown out as the answer to everything. I can't comment on this, but I do know that in terms of offering solutions to difficult and often seemingly impossible solutions it is a definite winner. But it is not just for difficult situations – if we can get it right for the most complex, we will get it right for everyone

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