



Association of Directors of Adult Social Services response to the Department of Work and Pensions and Office for Disabilities Issues consultation “Fulfilling Potential”

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, including the safeguarding of vulnerable adults, ADASS members often also share a number of responsibilities for housing, leisure, library, culture, arts, community services, and increasingly, Children’s Social Care within their Local Authority.

1. Introduction

ADASS fully endorses the Foreword by the Minister for Disabled People, Maria Miller, to this discussion document, which develops the definition of independent living as described by the Disability Rights Commission in 2002: ‘all disabled people have the same choice, control and freedom as any other citizen – at home, at work, and as members of the community’.

The discussion reflects an application of the UN Convention on the Rights of Disabled People, to which the UK was one of the first signatories, and the introduction of the Equalities Act 2010. This response to the discussion document places these aspirations and their delivery in the context of personalisation, the government’s Vision for Adult Social Care and the commitments of Think Local, Act Personal – a sector-wide expression of the links between personalisation and community-based support.

2. Realising Aspirations

Planning for the future and managing change in life are at the core of the personalised approach towards the delivery of social care and community support. Fundamentally, the transition from childhood to adulthood for someone who needs personal support requires a transition between two very different support systems. The different levels of eligibility for services in the adult social care system as opposed to those within education, especially when linked to a Statement of special educational need, can lead to what is described as a ‘cliff-edge’ experience for young people growing up and their families. ADASS is committed to improving the preparation of young people

for these major changes, and indeed, it is within the statutory role of Director of Adult Social Services to engage with young people who may be in need of social care after their 18th birthday.

In the context of Think Local, Act Personal, councils are in a position through their local leadership role to take the broadest view of the need for personal support, and seek to mobilise a wide range of resources in order to improve the experiences of individuals (and their families/carers experiences). This may involve a wide range of public services such as housing, leisure, culture, transport, health, welfare benefits, employment support and community safety, as well social care support. This reflects the ambitions of the personalisation agenda to work with people's aspirations for a full and fulfilling life, rather than simply focussing on dependency and associated service needs.

Councils can encourage local groups to provide networks of support to improve health and wellbeing, and reduce the need for more acute health or social care services. Individuals, carers, families and communities should be involved in the design and delivery of innovative services which maximise choice and control using a wide range of resources. ADASS was pleased to be able to work with the Department of Health on producing guidance for the development and support of User-Led Organisations for service delivery, and to promote the target of having at least one such organisation in every council area by March 2010.

Councils may seek to facilitate a broad range of choice in the local care and support market, including housing options, personalising the delivery of care services wherever people live. People entitled to social care support will receive a personal budget as a direct payment or a managed individual service fund to maximise the choice and control over the nature of service provision.

It is essential that people have all the information and advice necessary to make the appropriate decisions for them about the care and support which is provided, including the use of their own resources. In the provision of this 'universal offer' of information, advice and guidance, councils frequently work in partnership with local voluntary organisations, who are well positioned to understand and advocate for the needs of people with particular needs, and indeed many councils invest in the support and development of advocacy groups to achieve this.

Finally, it is noted that the those in receipt of social services report a high degree of satisfaction, (Annual User Experience Survey 2010/11 notes that 62% of respondents reported that they were extremely or very satisfied with the care and support they receive). This is important recognition of the value that social care brings to the lives of individuals in meeting their aspirations.

3. Individual Control

All councils are working towards the ambition that each person will have access to a personal budget (not necessarily a direct payment) by 2013. It is estimated through a recent ADASS survey that around 338,000 people are exercising control of their service provision through personal budgets. The issues promoted in the discussion document can all be addressed through a user-centred approach to personal support planning.

- tailored support
- personal control
- overcoming barriers to access
- personalised public services
- control of budgets
- localism approaches.

In order to deliver personalised care, councils are engaging in a wide range of activities which are reshaping and modernising the way services are delivered. These cover workforce development, communication strategies to raise awareness, new approaches to risk management to improve quality of life, new resource allocation and financial accounting systems and various approaches to managing local service markets. Examples of ways in which this is being developed are as below.

Personal budgets are more than just an indicative amount of support to which a person is entitled. Whether offered as direct payments or managed accounts, they need to be a mechanism which offers transparency about eligibility and entitlement and maximum control to service users, carers and families. The experiences of people in using services should be monitored and used to inform future improvements in delivery. Personal outcomes should be agreed and reviewed, with maximum flexibility and discretion consistent with the proper use of public funds.

People may need help to plan and arrange support arrangements, and as noted above, this may be via a council or through a local independent organisation commissioned to act on the council's behalf. Self-directed support should be available wherever people live, or in whatever setting, such as leisure or employment. Councils often work to deliver this with local user-led organisations such as Centres for Independent Living, or Carers' Centres, or specialist condition-specific organisations.

Person-centred approaches and personal budgets will be a key to supporting younger disabled people through the transition into adulthood and a new range of support systems.

4. Changing Attitudes and Behaviours

Adult social care services will have a major role to play in dispelling negative attitudes towards disabled people, promoting positive messages about the full participation of disabled people in society and tackling all forms of

discrimination and harassment. Full exercise of all human rights and the maximum achievable inclusion in society are implicit in personalised approaches to service provision. Councils have a number of roles which support a positive approach to disability issues, and promote a social as opposed to medical model of disability.

This emphasis upon the social model will become increasingly important in the context of the proposed reforms of health and social care and the shifting of commissioning activity to the newly formed Clinical Commissioning Groups, integrating joint responses to local need and outcomes.

Continued council engagement with local networks, community associations, third-sector and independent organisations, and maximising local assets and resources will promote a wider range of opportunities for more creative personal support planning, maximising access by disabled people into a wide range of community settings.

Social care services seek to support disabled people and their families and carers across the full range of health and local government in an integrated and flexible way. Processes, systems and resources can be integrated to better avoid duplication and provide more accessible and joined-up multi-agency arrangements. Similarly, health and social care commissioning should be integrated around agreed outcomes to support independence, promote rehabilitation where possible and avoid crisis or unnecessarily institutionalised care. Ascribed earlier, councils may work with private and social housing providers to increase the range of options and opportunities for independent living.

Outcomes based approaches to commissioning and procurement of services will help support more choice and control. Service users or their representatives should be empowered to engage directly with those who provide services, and it is this personal commissioning which can shape the market in the longer term. ADASS sees an increasing role for models such as social enterprises, user-led organisations and micro-enterprises in a more sophisticated and responsive social care market. Co-production with disabled people is essential at all stages in the design and commissioning of services, and requires the full engagement of service users, their carers and families as a way of increasing empowerment and influence.

A number of products have been developed through partnerships across the sector, including ADASS, working with the Department of Health, to inform these new requirements and approaches. These include:

- Building Community Capacity
- Market Shaping for Better Care
- Coproduction
- Personalisation and Safeguarding
- Personal Budgets: checking the results
- Enabling Risk, ensuring safety: self-directed support and personal budgets.

Finally, councils have a significant role to play in developing a workforce which can respond to the requirements of a personalised social care system. This may involve new types of worker, and the removal of barriers to informal support, whilst maintaining safety and dignity. There will also need to be an adequate supply of good quality personal assistant support, and the projected growth in the social care workforce (in itself a real contribution to the economy of the country) will need careful management to ensure suitable and varied skills and approaches. People with complex and intensive support needs may benefit from the further development of integrated teams which can meet health and social care needs with a minimum of duplication or intrusion.

5. Vision for Adult Social Care

Whilst the discussion document develops from the human rights and equalities perspectives, if disabled people require ongoing support from the health and social care system, it is important also to view the way forward in the context of A Vision for Adult Social Care: Capable Communities and Active Citizens, the pending social care White Paper and the wider debate about the future nature and funding of social care provision.

The vision lays out seven basic principles upon which the new approach should be founded.

- Prevention - empowering people and communities to work together to maintain independence
- Personalisation - individuals in charge of personal arrangements
- Partnership - in its widest sense
- Plurality - a broad market of diverse service provision
- Protection – a balanced approach to safeguarding and risk management
- Productivity – a greater focus on outcomes for people, and
- People – developing a workforce which can deliver the high quality personalised services which are and will be required.

This ADASS response to the discussion document has captured these principles as a way of promoting the ambitions of 'Fulfilling Potential' to achieve a fully inclusive experience for disabled people, their carers and families. ADASS is committed to working with colleagues at the Department of Work and Pensions and at the Office for Disability Issues in order to further these ambitions as the wider social care sector and government work together with service users to implement a fully personalised and inclusive care and support system that is fit for the 21st Century

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