New script for care managers

A **Discussion Paper** from The Centre for Welfare Reform on behalf of Paradigm and Blackburn with Darwen

Simon Duffy | 25th October

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Summary

Local authorities are now working to normalise personalisation - to make it easier for people and for professionals. One of the most important challenges will be to rescript care management - to give care managers a clear account of their new role and support this with appropriate systems and strategies.

This will mean developing a much more sophisticated approach to care management, one which:

1. Focuses more time and energy towards those people who really need social work support, while
2. Enabling other people to do more for themselves, and
3. Encourages everyone to use the expertise and support of existing social assets (i.e. peers, community organizations, service providers et al.)

None of this will be easy. It demands putting more trust in people, in communities and in professionals. It will need to be supported by good leadership, better systems and a new kind of engagement with the wider community.

1. Background

Personalisation involves a revolution in thinking about social care and a transformation of current practice. At the cutting edge of these radical changes are care managers and social workers. Many social workers have led the way in making this change to a new way of valuing and supporting the people they serve. They know that people need the chance to shape things for themselves and make better use of the skills and energies of family, friends, peers, community organisations and providers.

However some are fearful of this change and many are sceptical that it can be achieved. This scepticism can be reinforced by the fact that the current systems of management, information technology and reporting do not really support or reinforce the new roles that professionals are being asked to carry out. Care managers are often having to improvise, when they need a coherent new script.

The Centre's recent report *Architecture for Personalisation* (Duffy & Fulton, 2010) described some of the problems and opportunities before us. In particular care managers need to be confident that it is okay to work in a more empowering and facilitative way. They also need to be supported to identify those people who genuinely need much more intensive support in order to develop good and personalised support solutions.

The importance of this new way of thinking and working is reflected in Blackburn with Darwen's Mission Statement:

- Firstly, we will help local people to retain as much independence as possible, where we can preventing or delaying the need for social care altogether by assisting citizens to use informal support or universal services;
- Secondly, the re-ablement service and assistive technology are the default position for those who need social care and will be provided, wherever possible, to help prevent or delay citizens becoming long term users of social care;
- Thirdly, for citizens who continue to need long term social care services, we will arrange personalised care to realise our goals of real choice and control, better outcomes, safeguarding of the individual and more efficient use of public money.

This mission can only make sense if social workers and the care management system is radically refocused. The old system is inadequate and will undermine this mission entirely.

1.1 The risk for local leaders

Achieving this mission will be challenging, and that challenge is double-edged. For if local authorities fail to implement personalisation effectively they will not only fail to meet the needs and aspirations of local people they will also increase some of the inefficiencies of the current service system.

Architecture for Personalisation **identified 6 specific risks where, unless there are rapid and radical changes, inefficiency will actually increase:**

1. No time is saved in the development of the initial assessment of need and the Resource Allocation System is simply added on top of the older processes.
2. Care managers are expected to develop support plans with, or on behalf of, most people they have assessed - rather than engaging the energy of the person or others in their lives.
3. Care managers continue to directly organise and commission most support services for people.
4. Other agencies, service providers or community organizations are not involved until the end of the planning process (if at all).
5. The review, risk-management and quality control processes takes up more time than in the old system.
6. Services breakdown happens more often because support and management arrangements are inadequate.

National feedback from care managers suggests that many local authorities are still struggling with these issues and that there has not yet been the necessary systemic change to support personalisation. Personalisation seemed to offer the opportunity to return to a form of social work that is much more community-focused, empowering and facilitative.

But the reality for many social workers is the opposite. Social workers are experiencing a continuation of the industrialised care management process we've seen for too long - but now with additional burdens, complications and expectations. This is not the way to achieve personalisation.

1.2 The opportunity for local leaders

However there are positive opportunities for local leaders. In particular the economic model developed in *Architecture for Personalisation* - while still at an early stage - suggests that care management currently costs about £665 per person served. This funding could be used more efficiently if:

1. The universal service for all of those in contact with care management was slimmed down and much better use were made of existing networks, information and community services.
2. Social workers were able to better focus their efforts on developing personalised support for the minority of people where no one else can provide the necessary support and where they need significant help.
3. Social workers were enabled to put energy into more developmental projects which strengthened the wider infrastructure of information, networks and service provision from which local people could then access support.

This paper outlines our early thinking on how to make this change in focus and energy real for care managers and social workers. This model needs testing and development and there are bound to be areas where our initial script can be further improved. The new script should be treated as Version 1.0 - it will be improved after testing in Blackburn with Darwen and the Yorkshire & Humber region.

2. The new script

The following sections sets out the basic elements of a new script for care managers, one that is more suited to the role they are now being asked to play. At its heart is a shift away from a production-line model where care managers are expected to carry out every step in the process towards a model where care mangers are expected to support people to take control for themselves (see Figure 1).

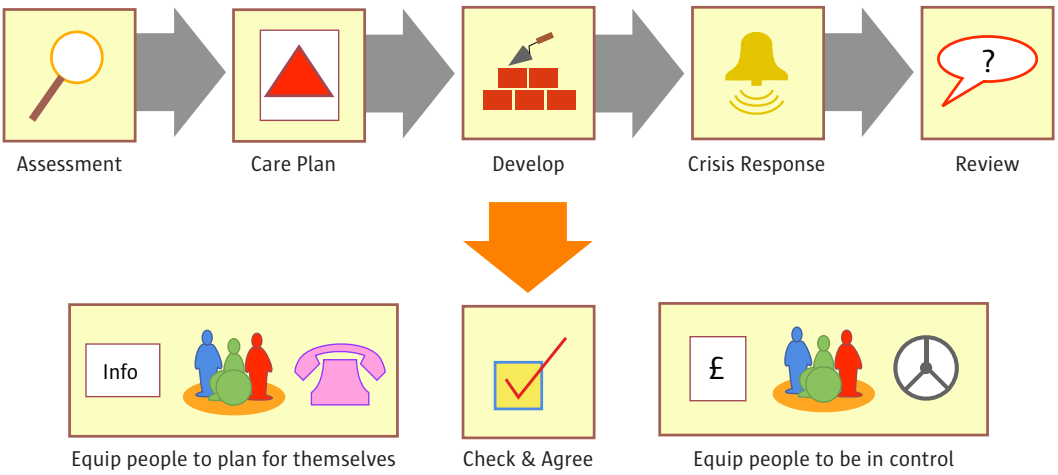

Figure 1 The Shift to Enablement

2.1 Eligibility

Developing a high quality assessment remains central to the role of the care manager, but it is important to distinguish the different parts of the assessment process and not to treat the whole process as one professional activity that is *done to* the person who needs support.

The initial assessment of need requires a judgement to be made about the person's eligibility for support:

1. Prevention - Is the person entitled to help in order to prevent need, make better use of natural support or access other community or public services? Or
2. Enablement - Is the person also entitled to support to learn new skills, adapt their environment or use alarms or equipment to stay safe and well? Or
3. Individual Budget - Does the person also need to purchase appropriate on-going support to stay safe and well and (if so) are they entitled to support from the local authority?

In this context the local authority will need to continue to make judgements in the light of their own understanding of Fair Access to Care Services - until that policy is updated or removed. However there seems every reason to suppose that reasonable judgements of eligibility can be made by trained social workers in the light of current policy and practice. This initial assessment will inevitably provide, as a logical element of that assessment, information about keys risks and needs that will need to be addressed. Where someone is eligible for an individual budget it should be possible to use a Resource Allocation System to inform the person of their budget immediately.

2.2 Capacity

A fundamental part of this initial assessment must also be a judgement about the person's capacity to make decisions for themselves and to shape appropriate support solutions (and this is true whether or not the individual will be eligible for an individual budget). It is particularly important that care managers start with a presumption of capacity and recognise that, where capacity is diminished, it should ideally be supported in the most effective way possible.

In outline this means:

1. If people are willing and able to make their own decisions about their lifestyle and support then they should be treated as having capacity, unless there is some good evidence that they lack capacity.
2. If there is good evidence that a person lacks the capacity to make decisions about their lifestyle and support then they should be helped to identify who, within their network of friends and family, is able to help them with decisions. The person's chosen representative or network should be respected and supported, unless there is good reason to believe that they will not act in the person's best interest.
3. If there is good evidence that the person lacks capacity and they cannot identify a willing and appropriate representative then it will be necessary for the care manager to identify someone else to act as the person's representative. This should be the person who the care manager believes is best able to act in the person's best interest and who is willing to do so (this could be anybody - an advocate, a community member, a family member, a service provider or another professional) and be subject to appropriate checks.
4. Only in the last resort should a care manager take on the role of best-interest representative and this should only be for a limited time period as it is unlikely that a care manager can sustain the necessary long-term input necessary to be an effective representative.

2.3 Enable planning (don't do it)

Care managers need to make a judgement about how to use their time and energy to support people to develop a plan and implement that plan. People often expect help and support to plan - but the act of helping can sometimes get in the way of the person achieving the best outcome for themselves and those they care about. It can create dependency and a sense of incompetence. Knowing how and when to intervene in the planning and implementation process becomes central to good care management and social work.

It is expected that in very many cases a care manager should not volunteer to plan for or with the person but instead should:

- Provide very clear information about what a support plan is and what is needed for a support plan to be agreed at the next stage in the assessment process.
- Clear information and a menu of currently available options, as well as clearly communicating the right of the person to develop supports that are beyond the current menu.
- A link to at least one peer supporter, someone who is willing to offer some guidance and advice from their personal experience. They might share one of more of the following: needs, desires, impairment or neighbourhood.
- One or more links to community or voluntary organisations that support people with similar needs or desired outcomes.
- Contact details of the 3 service providers who seem most likely to be able to provide appropriate support to the person, along with information about their right to pick their own provider or later change any service provider they select at first.

Providing support in this facilitative and indirect fashion is in radical tension with two existing pressures on care managers. First, care managers have been expected to limit their sense of personal judgement and to not offer advice about services and not to make links to people and organizations. It will be important to challenge this damaging approach which is a constraint on professional expertise and effective co-production.

Second, care managers, like most professionals, have a natural desire to be directly helpful even when a more indirect and facilitative approach might actually improve the quality of the decisions people make in the long-run. Care managers will need support from their own leaders and management to test and explore these more indirect approaches.

2.4 Just do it

Even if the general rule is that care managers should facilitate planning and implementation rather directly planning themselves then there are some important exceptions to this rule:

- Urgency - if people are in urgent need then the onus is on the care manager to help the person find an immediate solution to that need, even if that means the care manager should direct the person towards a particular support solution.
- Incapacity - sometimes people are incapable of planning and have no one around them who can take suitable decisions in their best interest, at least at that moment. In which case people need someone else to take control and put in place some support to give them time to readjust and take back control later.
- Obvious solutions - sometimes it is reasonably obvious what people need to do and what they are entitled to. For example it may be obvious that some telecare solution is readily available and will meet the identified need. In which case people should be supported to access this solution in a timely fashion.
- Prevention - sometimes people can avoid a need occurring or escalating by being directly supported or directed towards a suitable support or service.

Sometimes these immediate responses must be mixed with a more facilitative approach. For example, it may make perfect sense to put in place a short-term support solution - such as domiciliary care - but if the person, their family and the provider understand that they are in ultimate control then they can work together to develop a more suitable support service over time. Personalisation must never get in the way of commonsense solutions.

2.5 Getting things agreed

The care manager has a central role in agreeing care packages and the budgets that fund them. In principle there should be no reason why a care manager cannot be trusted to sign off any package that comes within budget. It is gravely concerning that the panel process - which frequently created delays and additional bureaucratic burdens - is now being recreated in the form of risk-enablement panels to review all budgets.

Although there is a need for checks and balances to ensure that assessments of eligibility and capacity are appropriate the use of bureaucratic panel in all cases is a mistake. There are more direct ways of supporting, validating and challenging the judgements of care managers than by using a panel.

2.6 Supporting implementation

It is vital that care managers can direct people to sources of support for the actual process of employing staff or recruiting service providers. Service providers and experts in peer support, direct payments and personal assistance all provide the important expertise and such services are available locally and nationally. Some of this support is specialised, but often it can be provided by local firms (e.g. accountancy firms). Funding for such help should be included in the agreed individual budget and there should be little need for commissioning these implementation supports.

What may be helpful is for care managers to give people some guidance on rates to expect to pay and their right to change or terminate contracts. It is particularly important that care managers are not drawn into areas outside their competence (e.g. insurance, financial or personnel advice).

2.7 Reviewing and learning

The best opportunity to help people make improvements in their lives may not come at the planning stage but at the stage of review. When people are in control of their own budget they are in a better position to review what is working, what is not working and what can be improved than when they've had no experience of being in control.

Before people get the chance to be in control there is always a significant risk that people may be too fearful or too desperate for help and so may not give themselves the chance to really consider how best to shape and tailor their own support. It is for this reason that it may be much more empowering to help people quickly organise support - even if this is a somewhat less imaginative system of support - and then to encourage people to develop and improve their support over time.

The responsibility to review support and promote change over time is actually an area that requires increased thoughtfulness. In particular it would be possible to use more positive approaches to questioning. Instead of focusing on merely assuring that people are safe it would be more useful to use positive questions to help people reflect upon and improve their supports.

For example, care managers might ask:

- What is working well at the moment
- What is not working so well
- What could be changed or improved
- What would you like to celebrate and share with others

This approach would also strengthen the care manager's capacity in their wider role:

- Information and ideas to share at neighbourhood meetings
- Good practice to include in local database of supports
- Support judgements about service providers
- Identify possible sources of peer support or mentoring

In fact this more positive and productive role for care managers calls out for a systemic response that will support and encourage care managers in this role. Unless the wider system permits care managers to gather information in this way, and shows an interest in any information gathered, then care managers will be discouraged and feel their full potential is not being utilised.

2.8 Expecting contribution

One of the most important challenges for care managers is to move beyond help and, instead, to challenge - to support people to expect more of themselves and their own networks. It is often in the nature of people's first engagement with a care manager that they want the care manager to *solve their problem,* and sometimes this is appropriate. However, as we have seen, there is also a need for care managers to expect contribution from people, their families and the wider community - even when nobody seems willing to make that contribution.

There are several ways this can be achieved:

- Be clear about your limits - don't try and take responsibility for problems that you are not well positioned to solve or refer people to others when they also may not be able to help.
- Be prepared to risk saying 'I think you can do this yourself' - if necessary encourage people to try things out and come back to them to see if that worked.
- Challenge people to contribute - don't be embarrassed about asking people to share experiences, help out in the community or get involved in other ways - most people want to be wanted.

Co-production, at every level, demands that people treat each other with respect and recognise that everyone has the ability to contribute. There are always judgements to be made about timing and how to support people in the most appropriate way - but these are judgements that a trained care manager or social worker can make.

3. Wider implications

This new script for care managers is an attempt to develop a commonsense approach which makes better use of the values, skills and knowledge of local care managers and social workers. However there are numerous obstacles to overcome in order to support care managers in this role:

- Current information systems and management expectations are based around the old pattern of care management
- A culture of mistrust has developed across public services which makes it more difficult for professionals to share information and make sensible judgements, e.g. who are the providers I'd recommend you talk to
- Care management has been defined in ways which runs contrary to the spirit and intentions of social work, limiting the use of more community-focused approaches.
- Neighbourhood structures are not necessarily linked up to systems of social care and health.

In this final section of the paper I will try and outline some of the likely systemic changes that will be necessary to bring this new script to life - to make it effective and coherent with other systems.

3.1 Strategic leadership

The most important requirement for moving to a new script is strategic leadership. Leadership is required in order to challenge and overcome the obstacles written into the systems and habits that have merged around the old script. This leadership needs to be strategic in the sense that not only is change required, but our understanding of what to change and how to bring about that change will only grow over time. This is not a matter of a simple process change that can simply be 'demanded' from care managers. It will be vital for local leaders to work together on this project and to get support from senior management.

3.2 Commissioning

It is vital that commissioners begin to see that care managers and the various forms of support that people need in order to be in control are essential parts of the system they are developing. They are in effect the means by which commissioners can support and facilitate commissioning by local citizens - smart commissioning (see Figure 2).

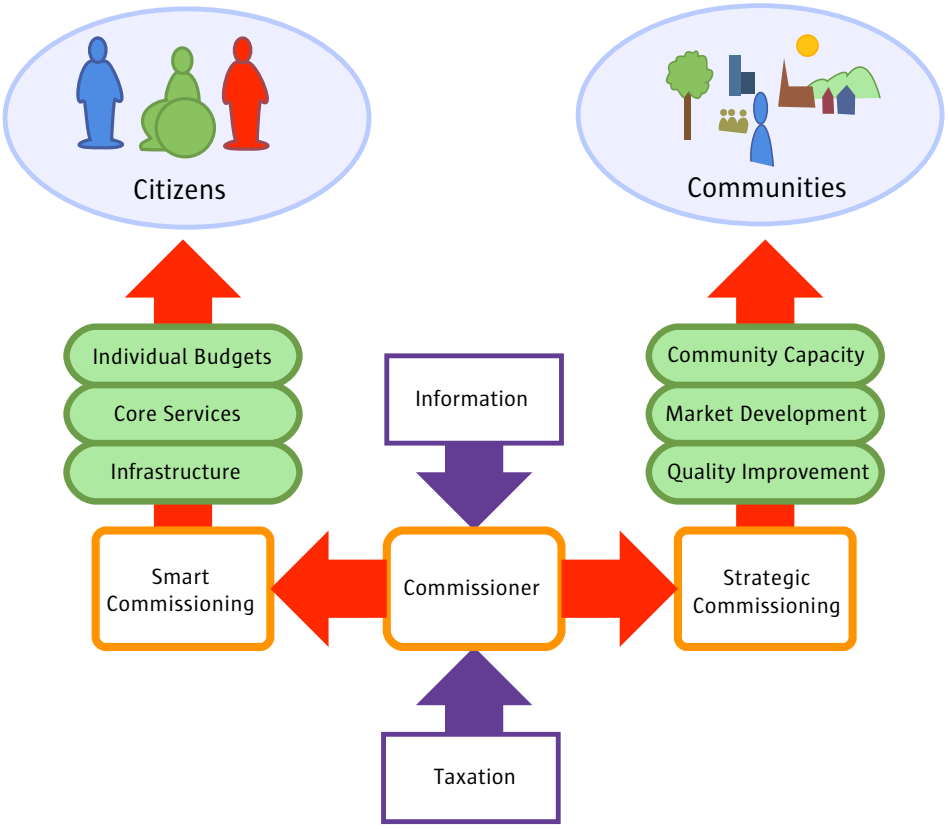

Figure 2 Smart Commissioning

However it is also important to understand that the role of the commissioner cannot be to commission new services with new money. There is no new money and it raises false expectations to encourage people to believe that functions like planning, brokerage and other forms of support will simply be added on top of the old system.

These services can only be developed within and through the old system, with the existing level of resources or by tapping into latent capacities within individuals, families and communities. The most important priority for commissioners is to send very clear signals into the existing market that there will be no increase in overall spending for brokerage or support planning.

Commissioners must bring about change in other ways and these may include:

- Setting up validating system to encourage people to count how many people they do support in the community. This can be done at next to no cost by using existing technologies like Google spreadsheets.
- Making sure information about all current services, including those not directly funded by statutory agencies, is readily available.
- Examining how existing contracts need to be modernised to reflect the new circumstances and the growth of personalised responses.

In particular commissioners will need to encourage a more permissive and trusting culture - one where service providers, community organisations and others feel free to market and develop their services directly with local people. And where social workers are free to support, connect and encourage local initiatives.

3.3 Social workers

Increasingly care managers are reclaiming their old professional identities. In particular social workers are increasingly seeking to shed the burden of care management as an all-embracing role definition.

These changes need to be respected and supported. In particular it will be necessary to:

- Change the information systems and performance management priorities to reflect the new script
- Ensure social workers have the resources they need to support them in this new role: information, peer support links, lists of community organisations and service providers, good local information

It will be particularly important to think through how the role of the social work teams will be supported by the emerging role of the Centre for Independent Living. It will be important these are seen as inter-connected initiatives and the energy of each must support the efforts of the other. It also may also be useful to explore the use of independent social work, instead of treating social work as merely a statutory function.

3.4 Community

Great hopes are being located in the community's capacity to offer support to people who have extra needs and who currently look to the local authority or to other statutory services for support. But the community is unlikely to 'step into the breach' unless statutory authorities recognise the need to change their own behaviour and work with local communities to welcome and cherish their input. Several approaches will be necessary:

- Understand your local assets - it is vital that local communities develop systems, databases or other approaches which help people know what is available. Many such systems exist outside statutory services (e.g. Google, Yell etc.) and it may be most cost-effective to build solutions around these readily available solutions.
- Neighbourhoods provide a vital structure for community development,

information sharing and networking. The full use of local assets and the opportunity to stimulate positive change is impossible without local knowledge.

- Local business and service providers need to be treated as community assets who are willing and able to provide support, planning and advice.
- Community organisations need to be valued and recognised for the work that they do - often without any funding from the state.
- Peer and neighbourhood support needs to be treated as a natural, unproblematic community responsibility - not a new service requiring undue checks and controls.
- Finally, and most importantly of all, people who have needs - whether or not they have individual budgets also - must be treated as assets to the local community. Not just as customers, but as volunteers, experts, friends, neighbours and family.

Increasingly central government has redefined personalisation in terms of social capital - for understandable reasons. But social capital can only be developed if we can build trust, cooperation and mutual support in every part of the system. If local systems are underpinned by a culture of mistrust and a suspicion of community then the community will respond - at best - by treating the state itself with suspicion. Mistrust breeds further mistrust, it does not build social capital, innovation or mutual support.

Conclusion

Social workers had their jobs and roles redefined in the early 1990s by a government that believed 'community care' could be *done to people*. In retrospect - while many good things have been achieved over the last 20 years it is hard not to think that we have failed to do all we could to build a better, more inclusive and just society. In particular, for social workers themselves, their own work has often been far less engaging, empowering and community-focused than they would have liked.

The era of personalisation opens up a new opportunity for change; but it also raises the spectre of a repeat of the same old pattern. Central government still tends to think it 'knows best' and will tell local government and key professional groups how to do their jobs. Increasingly we are seeing the pressure to implement personalisation quickly actually undermining the thoughtfulness of the implementation process itself.

Good local leaders must now step forward to start marking out a different path. There needs to be more respect for our communities, for the professionals and nonprofessionals who live and work in those communities. We need to develop a new script for ourselves and to learn together how best to work better, empower others and trust each other more.

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