

# Self Directed Support: The Challenge of New Relationships<sup>1</sup>



## 1 Introduction

This report is designed to inform those with a role in leading the implementation of SDS as well as practitioners thinking about their professional development. To date much of the literature and emphasis on Self Directed Support has been focussed on technical issues, for example on resource allocation. There is a real gap in thinking about how professionals need to understand their role in the new world which this research seeks to help to fill.

The paper summarises research undertaken by the Relationships Foundation<sup>2</sup> on behalf of the Whole Systems Partnership. WSP has turned to the work of the Relationships Foundation because of their distinct and unique framework that can provide a new perspective on system design and policy objectives. The approach explicitly explores the nature of relationships within a partnership by addressing the key pre-conditions for healthy partnership working.

WSP therefore commissioned the Relationships Foundation to undertake a piece of research to address two key questions:

1. Is there adequate awareness of the likely nature of changes to key relationships and the implications from the introduction of self directed support: with the aim of anticipating possible problems in implementation and thereby prevented, or mitigating negative impact by developing a better understanding of how the relationships, and not just the systems, will change.
2. The language of independence, choice and control implies a particular dynamic within relationships. Is there a risk of false assumptions in the ethos of implementing SDS that might not reflect the actual relational goals of service users?

The process adopted for undertaking the research combined interviews with strategic and operational staff as well as a review of relevant literature. It also involved a presentation and discussion at a dinner event in November 2009. This report summarises the key findings from this research. A full copy of the research can be downloaded from the WSP website.

## 2 Key challenges

### 2.1 Relationships and the system

The research draws attention to the fact that models of wellbeing consistently emphasise the importance of some sense of autonomy or control over life as well as the presence of close supportive relationships. It would be our view

---

<sup>1</sup> 'Self Directed Support: The Challenge of New Relationships'. John Ashcroft, Relationships Foundation (November 2009)

<sup>2</sup> See [www.relationshipsfoundation.org.uk](http://www.relationshipsfoundation.org.uk)

that the language of 'independence and control', whilst important, may mask the importance of relationships in fulfilling individuals' wider needs. 'Independence from what?' might therefore be a helpful question to ask before rushing headlong to an individualistic paradigm of wellbeing.

The research points out, for example, that relationships that increase control can help to mitigate any experience of loneliness and isolation, as well as increasing the sense of meaning, purpose and value to others which are all demonstrably important for wellbeing.

Policy and organisational change, as well as innovation in service redesign and provision, will lead to significant reconfiguration of roles and the basis of relationships that are vital to wellbeing. It is therefore the premise of this research that the nature and quality of relationships are vital for:

1. **Quality of care outcomes** through the capacity of key relationships to enable knowledge and understanding to be fostered between the care giver or organiser and the person in need.
2. **Managing risk** through the maintenance and efficiency of relationships at key points during relationship transitions, and where there is the need for inter-professional or inter-agency working. The willingness of care givers to allow risk also depends fundamentally on the quality and nature of the relationships on which such decisions are based.
3. **Improved cost and efficiency** through reducing or eliminating delays in key processes.
4. **Sustainability and capacity** within care systems as the relational complexity of an increasingly disaggregated form of contracting and commissioning develops.
5. **Social justice and equity** through the formation of key relationships with groups or individuals whose voice is often not heard.

The research points to the genesis and early introduction of personalisation and self directed support. In particular it points to the fact that there remains considerable variation in the pace and manner of implementation of SDS and that '*the ending of transformation funding in 2011 risks a significant hiatus as little of this funding has so far trickled down to third sector organisations*', who will be expected to perform a key role in ensuring the sustainability for this current policy direction. The research also points to the importance, and expectation of delivering on a user led organisation in each locality by 2010.

The research also highlights the nature of alternative strategic approaches to delivering self directed support in the context of the wider market. New social markets can be shaped through a wide range of approaches addressing, for example, supply, demand, co-production or intermediation.

It is our belief that the risk of using demand pull as the driver for change (through changing systems and processes in assessment and care management that makes SDS possible) rather than the push of supply (through the development of the third sector) has the potential for a mis-match between expectations and the delivery on these expectations, and the resultant diminution of trust in the system.

## 2.2 Relationships and money

The explicit intention of SDS is to use money to give people control and independence. This can change the basis of a relationship, as well as how people act within a relationship. But money is not enough. Real choice and control also depends on 'voice' for people who are constrained in their ability to articulate needs and concerns, which means that as well as support planning

and brokerage there is a vital role for independent advocacy. Lack of access to continuing advocacy may mean that poor and complacent service providers remain unchallenged, despite the notional power of control over the budget.

There are real fears amongst individuals, both professional and service user, that the introduction of 'paying for care' will undermine the historic roots of care that invests in a commitment to the person rather than a fulfilment of a contract. The already present fear that managers will make decisions based on budgets not people can only be enhanced in this environment.

Further, in regard to providers, the move toward greater individualisation will impact on transaction costs and will reduce financial security. This may have the unintended consequence of reducing choice through developing an unattractive market place for new entrants.

### **2.3 Role changes**

The introduction of SDS will change the way in which many individuals, professions and organisations work. Many of these changes are positive and welcomed, but some may be more challenging – either because of the scale of change, or because of the relational change and complexity it involves. A particular example of this would be in the increased complexity of relationships with a more formal role given to (or taken by) family and carers. Such changes will be a challenge for care managers and deserves closer inspection.

Equally the balance between risk, independence and the duty of care presents a particularly challenging aspect of the 'new relational environment'. Other challenges to the system include:

- Developing collaborative approaches to support planning;
- Maintaining long term relationships in a more fragmented market and planning environment;
- Working more generically rather than with specific client groups;
- Developing support planning mechanisms that reflect the advocacy role rather than rationer;
- The nature of leadership, formerly adopted and championed by Local Authorities but increasingly being challenged by user groups.

### **2.4 Future capacity**

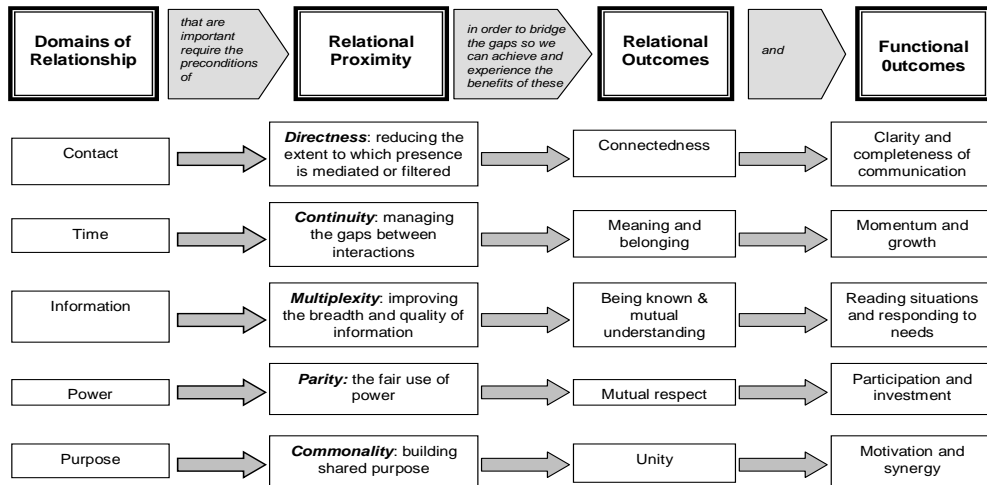
Uncertainty about costs, viability and capacity in the context of new organisations, systems and processes is significant. Transition funding will cease in 2011 and financial pressures are growing. Such pressures can weaken the very relationships that are essential to managing this transition and securing long term sustainable benefit at strategic, local and individual levels. This research has suggested that three particular relational impacts on future capacity are particularly significant:

- Allowing sufficient time in Local Authority contracts for quality in support planning;
- Pacing the move toward SDS such that relationships and capacity can develop rather than simply a move to re-label existing arrangements;
- Ensuring that access to assistance in support planning does not become a charged for service thus limiting the extend to which people can truly take control.

### 3 Understanding and talking the language of relationships

#### 3.1 Introduction

The Relationships Foundation has developed an approach to assessing relationships which has been widely used in supporting the development of relationships within health and social care, other public services as well as in business. The focus of the approach is to look at the mechanisms by which influencing factors on relationships can be managed to improve both the functional outcomes and the experience of the relationship. The Foundation's model of 'relational proximity' considers five main ways in which the factors that influence relationships can be managed in order to achieve better outcomes.



#### 3.2 Directness

The way in which people communicate, the media they use and the skills they employ, which impacts on the world of SDS in the following ways:

- The importance of respecting the value of face to face contact and the time needed for people to make choices;
- The benefit of rapid response to queries and the involvement of carers in the planning process;
- The respect needed in regard to the type of conversations and therefore relationships people want and value, for example as 'employer' of the care giver.

#### 3.3 Continuity

The currency of relationships expressed and measured in units of 'time' and contributing the importance of 'story' in any relationship, which impacts on the world of SDS in the following ways:

- The importance of reducing staff turnover wherever reasonable;
- The nature and availability of information and records about an individual;
- A predominant underlying fear of change, particularly when a key relationship in a care relationships is affected;
- The importance of ensuring stability in the provision of care packages.

### 3.4 Multiplexity

The extent and variety of contexts in which a relationship is carried out, which impacts on the world of SDS in the following ways:

- The ability of a key person in the care giving arrangement to see the person in a variety of contexts;
- The benefit of involving 'circles of support' in gathering information and in developing creative responses to achieving an individual's aspirations;
- The importance for those commissioning new policies to be engaged and knowledgeable about the current reality of services.

### 3.5 Parity

The 'power' in relationships that enables one party to make another act in a certain way, which impacts on the world of SDS in the following ways:

- The importance of seeing enhanced 'power' as a result of resource allocation and freedom to choice in the context of mutual respect as well as responsibility;
- The need to have clear and consistent rules about the exercise of new power relationships in choice and the right to approve plans;
- The importance of recognising and engaging with the power base that is the wider family in the decisions and delivery of care solutions.

### 3.6 Commonality

The common purpose, the 'reason for being in relationship', which impacts on the world of SDS in the following ways:

- The potential for conflicting views in an increasingly complex set of relationships which includes family and carers to an increasing extent;
- Potential conflicts of interest within a commissioning organisation that is responsible for both planning and providing some elements of support;
- The vital role of collaboration between individuals, professional and agencies in securing improved outcomes for the individual.

## 4 Relationships and specific roles within the system

The research highlights a number of key roles within the care system that will be impacted when viewed through a relational lens. In particular it focuses on the role of the assessor, the support planner and any brokerage roles.

1. **The duty of care:** Such duties may be rooted in statutory responsibility, family or friendship obligations, professional roles, or contractual requirements. The force of this duty is often, in practice, linked in part to degrees of dependency and vulnerability as well as to the length of the relationship. Personalisation therefore needs to be responsive to different types of relationships and not just different forms and sources of support.
2. **Safeguarding:** The greater variety of individuals and organisations who will be involved in support provision means that when things go wrong, which they may in fact do more often, the actual responsibility of the Local Authority will not have reduced. This may lead to an

increasingly 'parent-teenager' relationship of gradual letting go, which runs counter to the philosophy of personalisation.

3. **Helping people to engage:** Ensuring equality of access requires an outreach function which requires an active relationships building process.
4. **Self assessment and resource allocation:** This area has the potential to introduce conflict between the 'self assessor' and professionals or representatives of statutory organisations. The development of an adversarial relationship at this stage can compromise the working relationship around support planning.
5. **Support planning:** The predominant model of contracting out the support planning function can mean that such activity will not take place in the context of a longer term relationship. It also has the potential to be operating in the context of time limits driven by efficiency targets and deadlines that limit the time necessary to build trusting relationships that might balance this short-fall.
6. **Plan approval:** There remain challenges and complexity in the process of plan approval. There is the potential that plans are approved 'at a distance' through rubber stamping and therefore at a relational distance, and at the other extreme complexities and potential disputes about what is 'allowable'. There will be the challenge of distinguishing between available funding and the expectations of services users who feel the 'right' to have these choices realised irrespective of funding levels. This has further impact on the relationships and trust placed in the system by the wider public as mediated by the press.
7. **Support brokerage:** The research highlights the debate between the benefits of a support brokerage role and the alternative approach that would provide greater peer support into the decision making process. There are both financial (cost benefit) challenges in this regard as well as relational challenges as concern is expressed that strong independent brokerage might imply that Local Authorities and other service providers are compromised by conflicts of interests or are unable to authentically advocate service users' interests.
8. **Providing support:** *'Becoming a purchaser rather than a recipient of care is a profound change in the basis of the relationship between service provider and user'*. However, historically, good provision has been based on the relationship between the service provider and the user reflecting mutual respect and an ethos of 'care'. This constituted an alternative to 'rights' and 'contracts' as the basis for greater control in the relationship. Thus SDS shifts the basis of control over life from being in the gift of providers, rooted in their values and professional ethics, to something that can be more readily asserted and exercised.
9. **Reviewing:** The expected shift in time spent on support planning to reviewing by care managers has the potential impact of reinforcing the contractual rather than relational aspects of the system outlined above.
10. **Capacity building and system management:** Identifying and filling gaps in the local market requires both local 'knowledge' and strategic or joined up responses. The extent to which relationships across these dimensions can be maintained remains a challenge in the emerging system.

[Further information about the content or underpinning methodology reflected in this summary report can be obtained from Peter Lacey at [peter.lacey@thewholesystem.co.uk](mailto:peter.lacey@thewholesystem.co.uk) or by calling 07834 209461]