



Implementing Personalisation in Coventry

**An overview of the status in Coventry
of 'Implementing Personalisation' and
people's views on it**

November 2010

Your views on Your care

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1 Introduction

1.1 Coventry Local Involvement Network (LINK)

Coventry Local Involvement Network or LINK is one of 151 LINKs in England set up by the Government through the Local Government and Public Involvement in Health Act 2007.

The role of a LINK is to enable local people to have greater influence on how local NHS and adult social care services are delivered and commissioned. Coventry LINK is an independent network of local people and local voluntary and community groups.

1.2 What is personalisation?

'Personalisation' is the term given to the significant policy changes being delivered locally driven by Central Government, influenced by papers such as *'Valuing People'* and *'Our Health, Our Care, Our Say'*.

The Department of Health, the document *'Putting People First'*, where they set out the shared vision and commitment to the transformation of Adult Social Care, state their vision as:

'Over time people who use social care services and their families will increasingly shape and commission their own services'.

As part of this change, people receiving social care services are increasingly being given the option to have more choice and control over the support they receive. These approaches, may in time also be applied to other public services, including health and education.

Personalisation means starting with the person, not the service. The focus is on the person and looking at what this person needs to be as independent as possible rather than 'fitting people into service provision that does not necessarily fully meet their needs'. The Social Care Institute for Excellence (SCIE) has produced a useful general guide called *'Personalisation: a rough guide'*¹

It recognises that the individual is best placed to know what support they need and how their needs can best be met, and it gives them the opportunity to arrange their own care.

Many people will need support to make these decisions and their carers, parents and families often have good contributions to make to help them decide what will work best.

¹ <http://www.scie.org.uk/publications/reports/report20.asp>

1.3 Personalisation in Coventry

Coventry made its first steps on the Personalisation journey back in 1993 and has 5 significant milestone achievements, as described in the *Project Initiation Document for Coventry City Council's ASPIRE programme*. ASPIRE is the acronym for Assessments, plans, interventions and reviews which together make up one work stream within Personalisation

1993	Started an 'indirect payments' system that gave people greater control over their own care arrangements, three years prior to the Direct Payments Act 1996
2002	Began actively pursuing an enablement / promoting independence agenda in social care.
2004	Coventry was one of the leading local authorities providing direct payments to individuals and the second highest user of the Independent Living Fund.
2005	Submitted a successful bid to take part in the national Individual Budgets Pilot
2007	Coventry Experience Conference held to disseminate the approach taken in Coventry to Modernising Social Care, with other local authorities from across the UK

In '*Transformation of Adult Social Care – a Framework for Action*' (Nov 2008), the City Council set out their approach for the next three years to promoting individual independence and supporting people to have more choice and control over their lives.

According to this document:

- 6,630 people received social care services in 2007/08 – nearly 3% of the population
- 3,992 were over 65 years of age

Five key themes were identified:

1. Self-directed support through outcomes focused assessment, provision of information on services, personal budgets and robust safeguarding
2. New ways of working to deliver a coherent and consistent approach across all social care services
3. Evaluation through a systematic process of collecting and evaluating evidence about personalisation
4. Partnerships with an emphasis on involving users and carers to ensure their voice is heard and progress continues

5. Learning and development to ensure people have the knowledge and skills to treat people with dignity and respect

2 Identifying the issue

Personalisation in Coventry was prioritised as an issue for the work programme by LINK's Steering Group in acknowledgement of its significance for services and services users and because a number of questions had been raised about what was happening in Coventry. These included a Commission for Social Care Inspection (CSCI) report on Personalisation in Coventry. Individuals raised concerns about accessing the assessment process, delays in receiving direct payment and a lack of accessible information available.

LINK concluded that research into implementing Personalisation in Coventry was an appropriate piece of work as this was a live issue, with a potential impact on all people who currently have an entitlement to support from Community Services or those citizens who may become entitled in the future and impacting on family carers.

3 Initial investigation

3.1 Adult Social Care Working Group

In order to support this piece of work LINK established a time limited Adult Social Care working group comprising of volunteers interested in the topic from a diverse range of backgrounds. The starting point for the group was to gain an understanding of what Personalisation means and to identify key elements within this.

The key elements were defined as:

- Safeguarding
- Changes to the Assessment Process
- Monitoring
- Access to information
- Support
- Choice and control

3.2 Coventry City Council's Programme of Work

LINK held an initial meeting with an Assistant Director of Community Services to gain an overview of progress regarding Personalisation to date. A programme of work was in draft form and addressed the key areas of Personalisation.

The paper '*Transformation of Adult Social Care: a framework for action*' was considered an accurate reflection of the plan for implementation. Some areas within this are more developed now in Coventry.

This includes the set-up of a Programme Board and a number of *Project Initiation Documents* that describe how work will be carried out on the programme and key roles within this. Since January 2010, these 'work streams' have started producing progress reports and include:

- ASPIRE – developing and implementing an end to end customer journey and the roll out of the Promoting Independence Framework
- Developing the market
- Developing the workforce (i.e. voluntary organisations and businesses that provide services)
- Financial modelling
- Business solutions

3.3 Current situation

LINK was informed of the following:

- Coventry had been working for 5 years with a 'Promoting Independence' approach, was developing housing with care as opposed to more traditional care homes and supporting people back into the city to receive services rather than them having to leave the city to receive appropriate services.
- Coventry has already run an Individual Budget Pilot, which was a forerunner for Personal Budgets, the results of which are documented in the '*Our Stories*' booklet² [reference 2]. Outcome assessments are carried out with people who have Learning Disabilities in order for them to measure their success.
- Direct Payments are administered through the Penderels Trust. They are registered both as a charity and a limited company which is contracted by Coventry City Council and provide a range of services to people who receive funding to live independently in the community. This support package can be varied depending on the needs of the individual. If they choose they can have part direct payment / part service.
- Of over 6,000 service users in Coventry, about 400 have opted to receive Direct Payments. This is where individuals hold the money themselves rather than it being managed for them in an account. This is considered a good take up rate.

² www.idea.gov.uk Individual budgets and direct payments for Independent Living – published November 2008

- As of June 2010 outcome focussed Assessments have been delivered through Older peoples teams
- There is a Safeguarding Adults Board in Coventry that has a multi-agency approach and is made up of key agencies in the city. The City Council has launched a single telephone number with regards to safeguarding that has made enquiries and reporting more accessible. Safeguarding policy is being reviewed.
- Coventry also has a Transitional Co-ordinator, who is responsible for overseeing children moving into Adult Services

3.4 Support in managing Direct Payments

Penderels Trust is the main contractor of support, which is provided to service users who have a Direct Payment. Penderels has been in existence since 1987 and initially provided residential support.

They are contracted by Coventry City Council to provide a range of services to people who receive funding to live independently in the community. These people include:

- People who have physical or sensory impairments
- People who have learning disabilities
- People who have mental health issues
- People who are affected by HIV/AIDS
- Parents of disabled children

These services include advice on employing staff and on employment related legislation, for example:

- Payroll services
- Managing your finances
- Broad training on being a good employer, interview techniques, staff supervision, Health and Safety, first aid, manual handling, and food hygiene
- Care support

Penderels Trust also offers a service to assist people in managing their money. Referrals are made via social workers in circumstances where financial abuse is considered a risk.

3.5 Commissioning

Adult social care commissioning in Coventry has gone through significant change both in terms of how it issues contracts and its internal relationships. It is now a Joint Commissioning Service for Learning Disability, Physical Disability, Sensory Impairment, Older people and Mental Health. The thinking is that this will help develop the market by

encouraging providers to offer diverse services to a broader range of groups.

The development of 'Money Management' services is led in the local authority by a Senior Commissioning Manager and is currently being broken down for tendering. Penderels Trust currently provides this support but more organisations should mean more choice. Age Concern also provides well established Advocacy and Appointeeship services for older people and vulnerable adults.

Local Authority commissioning now provides some of its own brokering that helps to eliminate confusion between the user and social worker. It has also assisted in the tracking of service delivery. Previously social workers offered services to users that are not available, leading to anger and disappointment over 'empty' promises.

Three external Brokering contracts have been awarded, these are to:

- **Penderels Trust** (see earlier explanation)
- **Prime** – This is an organisation within the private sector which is based in Derby and provides care/support services in Derby, Shropshire and Coventry. In Coventry Prime provides care and support packages for people experiencing mental health issues, people who have physical or sensory impairment and people who are learning disabled. Prime provides brokerage for the same citizen groups too.
- **Independent Advocacy** - this is a charitable company limited by guarantee, incorporated on 29 October 2001. It provides advocacy services to adults affected by frailty, disability or financial issues.

3.6 The Assessment Process

The introduction of Personalisation in Coventry has led to a significant change in the way assessments are carried out:

- The previous model '*Single Assessment*' focused on what a person could not do in order to gauge what intervention a person needed.
- The new '*Outcome Focused Assessment*' concentrates on the positive aspects and places emphasis on the person and what they want to achieve from the personal budget they receive from Community Services.

The 4 key areas which are addressed during the assessment process now are:

- Health and well being
- Choice and Control
- Economic and educational participation
- Social and community participation

These will become integral standardised elements once the new model of assessing has been implemented throughout the department. Tools to complete the assessment may vary from one service user group to another dependent on suitability. This is currently happening in some areas and not others.

Three levels of outcomes for service users will receive different levels of funding, described locally as 'indicative amounts' and 'singular guide amounts'. These are basic, standard and enhanced. Coventry has opted out of using a point system and instead will use indicative amounts with thresholds proposed currently and only as a guide as follows:

- Basic - £90 - £195
- Standard - £195 - £700
- Enhanced - £700 upwards

Currently an outcomes matrix is being implemented in Older People's and Learning Disability Services.

National guidance allows 4 weeks for an assessment to be completed. Coventry is flexible in this: acknowledging that each case is individual in terms of complexity and establishing professional relationships.

The plans include:

- Official roll out to be implemented by June and will start with the central point for referral for Older People's Services 'Short Term Assessment and Response Team' (START)
- Once this first phase is concluded and evaluated and learning has been identified it will be rolled out further. A plan is still to be identified.
- During 2009/10, people were receiving a statement detailing their personal budget without having received an Outcomes focused assessment. Coventry decided to introduce personal budgets in this way to increase transparency of public funds and improve understanding of package costs.

Assessments delivered through Learning Disability Services have had a Person Centred Planning (PCP) approach since the mid 1990s where the assessment focused on the person and what they wish to achieve, rather than highlighting what they cannot do by a tick box system. This will be common practice with all assessments.

The social care packages of some service users have been translated into Personal Budgets. Their service entitlement has not changed nor has the delivery of service. This was implemented in order to meet Government targets. Some concern was raised that not all citizens being transferred onto a Personal Budget were supported to understand the process. In 2009 Coventry had 21% of services users in receipt of a Personal Budget.

By nature there are a lower number of users / citizens who are using learning disability services than there are using older people services. It is also apparent that younger people receive more significant care packages than older people. This needs to be looked at particularly with the imminent arrival of the Age Discrimination Legislation impacting on social care.

4 LINK findings

4.1 Direct payments: issues identified

For people receiving a Direct Payment the following issues have been identified during meetings with a Contract Manager:

- There is an issue of accountability, some people in receipt of a direct payment who do not have appropriate support to meet their needs are entering into financial crisis before intervention.
- There is not appropriate support and identification of support/training needs of people who are embarking on receiving a direct payment in order to 'skill them up' to be able to manage effectively.
- Employment Law is a vast area. People do not always understand the implications of being an employer and on occasion contravene law unknowingly. It requires a change to think of one's home as a place of work.
- People have very different understanding of what Personalisation is. It seems to mean different things to different people. They also do not understand some of the terms used, such as Individual Budget, Person Budget and Direct Payment.
- People think having a Direct Payment means that you have to be an employer.

4.2 Workshops with social workers at Coventry University

Coventry LINK was invited to attend a master class on Personalisation at Coventry University. A LINK Project Officer facilitated two sessions with 32 people, many of whom were social workers from Coventry City Council and a small percentage of people were carers.

Many participants were very keen to gain an understanding of what Coventry LINK is and the powers that it has.

The broad question posed to the group was: 'What are the key issues with Personalisation in Coventry at the moment?'

Information gathered fell into these categories:

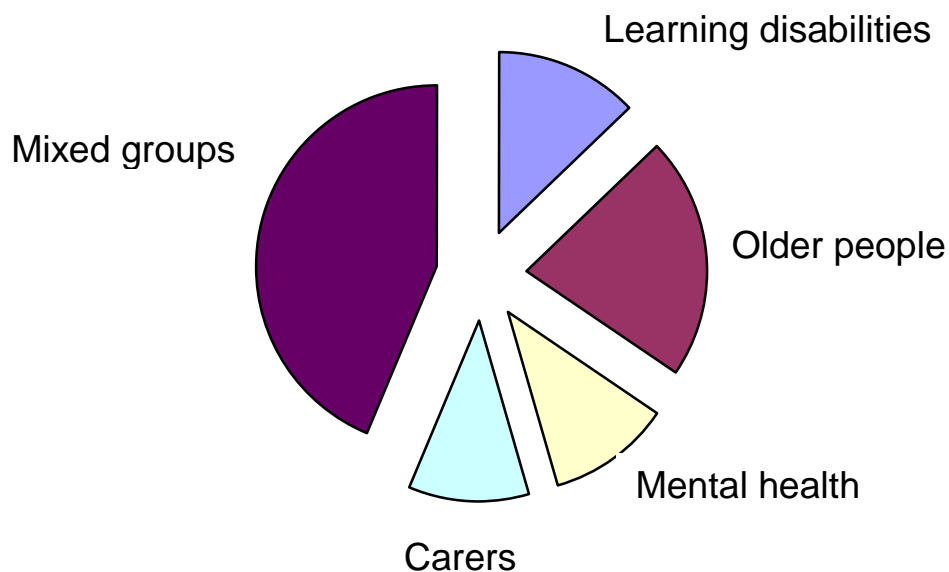
- **Safeguarding Issues:** How will people be protected from financial abuse and what help will be provided on an ad-hoc basis if someone gets into difficulty with finances? What will happen if a service user accidentally or otherwise spends their budget inappropriately? Where does the accountability lie?
- **Choice and Control:** What help will be available to all people to set up their own service? For example in managing finances and employing personal assistants. It was thought that there is currently a lack of practical support for people to manage their Direct Payment. With choice comes responsibility. It was thought that older people could not cope with the paperwork that Direct Payments brought with them
- **Policy:** 'Clear policy needs to be in place prior to the introduction of new ways otherwise it becomes very reactive practice rather than proactive'. It was considered that current policy was not robust enough both to protect people and provide consistency in Personalisation.
- **Support and Advocacy:** People were concerned that there wasn't enough support, training and formal advocacy for people who were taking on Direct Payments. The system seemed to suit young, intelligent people who can self-advocate but no-one else.
- **Availability of appropriate services:** Concern was raised that Personalisation would eventually get rid of traditional services and, whilst traditional services didn't necessarily meet individual needs 100%, it was a better option than the difficulties that Direct Payments would bring. Several people felt that there was an inequality in that some people were disadvantaged by not having a Direct Payment but considered they could not manage a Direct Payment.
- **Assessment / monitoring and review.** It was considered that time was not being allowed to conduct a proper assessment for individuals, for

example in order to be guided by the individual and for them to lead on their outcome focused assessment it would take several visits. This is not happening. Concern was raised that implementing assessments was inconsistent: while some areas were still using the single assessment framework, others were implementing outcome-focused assessments. It was commented that this was being left open to interpretation from the Core Brief used within the Local Authority to update services. Effective monitoring was not happening and professionals and service users were unclear how often service users were being reviewed.

4.3 Focus groups with a range of citizens

LINK decided to commission a series of focus groups to explore and understand further the issues for citizens that arise from having to buy or manage their own care / services.

We ran 6 focus groups, each about 2 hours in length during May 2010, there were over 50 participants in total with very different social care needs and with different experiences of personalisation. The profile of participants was as follows:



Many of the concerns reflected those of the social workers and carers above.

Out of the research, participants felt particularly strongly about:

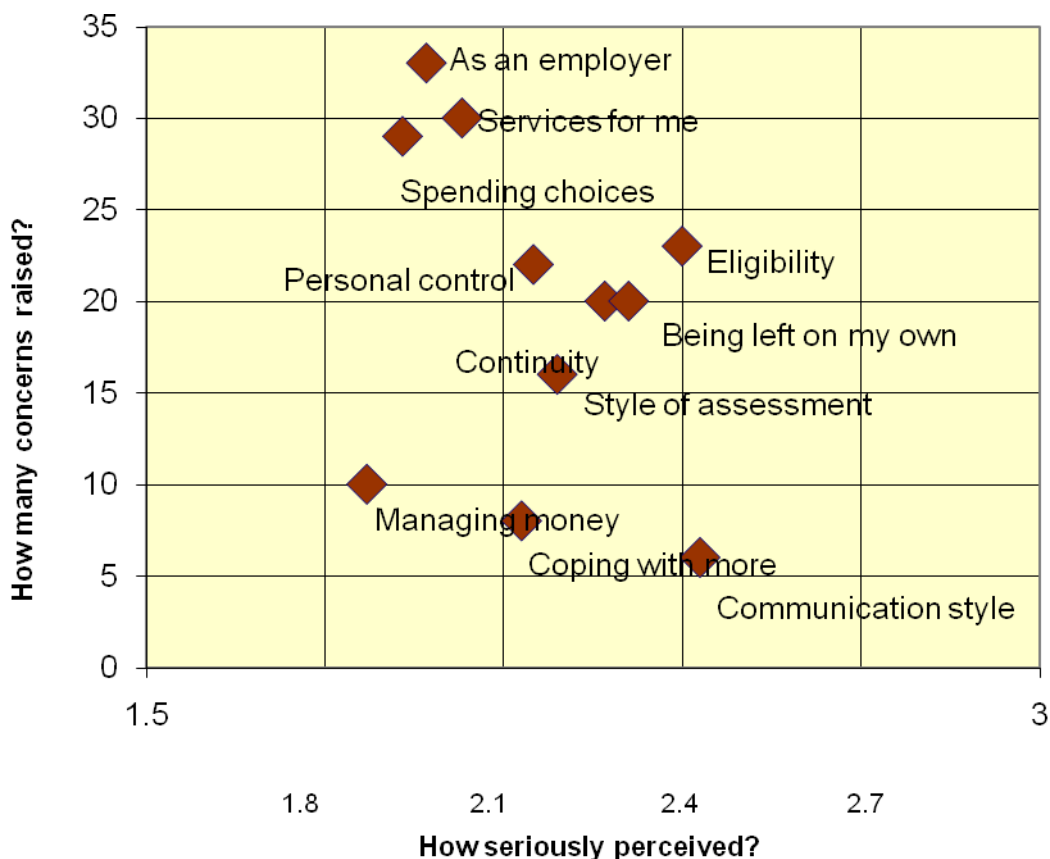
- **Eligibility:** How fairly, transparently and responsively will eligibility for this be determined
- **Communication style:** Approach and communication style with us
- **Being left on my own** – without information and advocacy
- **Continuity:** Decision making, continuity and delays in dealing with issues

- **Style of assessments:** The quality and style of assessments and reviews – making them a partnership rather than an ‘assessment’

Other concerns raised include:

- **Personal control.** Amount of personal control someone really has
- **Coping with more.** Coping with more responsibility when already under pressure
- **Services for me.** Services available that are accessible, affordable and right for me
- **As an employer.** Recruiting and managing staff and my liabilities as an employer
- **Spending choices.** Making the right choices on spending the personal budget
- **Managing money.** Challenges in managing money

The participants individually prioritised their concerns. The graph below shows the average priority of each of the above themes as well as the number of items raised in each theme.



Participants gave suggestions in the following areas for support to help address their concerns:

- Information and guidance on the process

- Information and guidance on what support there is out there
- Listening to, understanding and meeting personal needs
- Clear accountabilities and roles
- Support with practical issues of personalisation
- Support in personal planning

5 Recommendations

5.1 User involvement and engagement in work to implement Personalisation

Coventry LINK believes that it is very important that the views of service users are taken into account in the development and implementation of the personalisation approach in Coventry. LINK therefore believes that the information within this report and the appended report of our focus groups with service users, carers and voluntary groups, provides useful information from this perspective.

Two user representatives sit on the Personalisation Operations Board established by Coventry City Council to take strategic view of implementation. Five work Streams, with working groups have also been established to take forward different strands of work regarding personalisation

Coventry LINK would like to discuss with the City Council the potential and issues regarding effective user representation and involvement in the process of implementation of personalisation in Coventry. LINK is aware of the potential limitations of LINK or others undertaking a 'representative' role and is keen to undertake joint work that will lead to the most meaningful representation and involvement possible.

LINK sees that it could make a contribution particularly around measuring and monitoring of the three key outcomes of the project, given in Section 3.3 (What will success look like?) of the Project Initiation Document i.e.:

1. 'Customers, carers and staff clearly understand and experience the target and current end-to-end customer journey under the Promoting Independence Framework'
2. 'All customers eligible for Council support are offered a Personal Budget with choice and control in how they meet their social care needs'
3. 'Customers are experiencing a better service, and the Council has improved performance and value for money, under a customer journey under the promoting independence framework'

5.2 Ongoing communication with LINK

A named person within Coventry City Council should inform LINK on a quarterly basis of developments and progress within Personalisation work in Coventry. LINK would also like to discuss representation at the Strategic and Operational Boards.

5.3 Information about the process

The following information should be made widely available and accessible to the general public of Coventry by Coventry City Council:

5.3.1 For easy access by all in the community:

- A clear definition of Personalisation – what it is and isn't
- A clear definition of 'support package' – what it is and isn't
- Clarity of terms used: direct payment / individual budget.
- Being clear about where Coventry is different in its approach to other Councils
- What has been learnt from pilot projects?
- Who is entitled to apply? How this is done?

5.3.2 For access at all service points, before agreement to a Personal Budget:

- Assessment and eligibility criteria and thresholds for the 3 indicative amounts
- A service standard: what people can expect – for example complaints procedure, response times (for example in assessment), and a named social worker who will be continuously responsible, etc

5.3.3 Key questions that should be answered through this accessible information:

- What can the personal budget be spent on? How tightly will this be defined?
- What happens if a citizen who has been allocated a Personal Budget or a Direct Payment doesn't use all of their budget?
- Effects on other benefits of receiving a personal budget
- Does 'means testing' play a role?
- Is there an Appeal process in place to consider different interpretations of criteria?

5.3.4 LINK strongly considers that it should have a role in monitoring the accessibility and quality information provided to local people.

5.4 Information and guidance on support and services

5.4.1 LINK is interested in doing a follow up piece of work focusing on finding out about services users' experiences of the switch to and navigation through the personalisation approach and processes including how their outcomes are being achieved. LINK would like to work with the City Council to follow some service users as case studies exploring their experiences.

Some of the questions LINK is interested in are:

- How easy was it to find a service?
- How long did it take to find?
- Where did you find out about it?
- How good was the initial information about the service in order to meet your needs?
- When would the service be able to meet your needs? Where were the gaps in provision for your needs?
- How much can it be tailored to your needs?
- What is the waiting time?
- What are the likely risks in using the service?
- What are the key features in the contract? How is payment handled? Who pays for CRB, travelling etc? Do I pay if someone is late?
- Were there any communication issues – e.g. language, format, etc?
- What evidence is provided of safeguarding?
- Is the geography / location suitable?

5.4.2 LINK recommends that it utilises its independent role to provide independent review of service quality and information provision, LINK would like to discuss how this can be achieved.

5.4.3 An accessible form of information listing all available services available in the City, for those who opt to receive a Direct Payment should be developed and maintained /commissioned by Coventry Community Services. The listing should provide information on the following:

- Advice services – for example education and training for skills and employment
- Employer services – for example help with accounts / book-keeping, help with managing people, paperwork, etc
- Independent advocacy services

5.4.4 LINK recommends that Coventry Community Services are responsible for sign posting and referring citizens to appropriate service providers/brokerage services. This should be achieved through staff being trained and regularly updated on what information/services are available.

5.4.5 LINK recommends that a clear process is in place for access to brokerage and that all frontline staff are kept informed of all contracted brokerage and that

wherever possible citizens accessing Coventry Community Services choose the brokerage service to maintain their control. The benefits of this include:

- Saving social workers and commissioners time in referring people to services
- Enabling choice and diversity – people not just channelled through services that are known
- Enabling services to market themselves and increase prospects of survival

5.5 Personal Budgets: Service Standards

The following should be built into the service standards for each holder of a Direct Payment:

- The frequency of review and reasoning for this. How formally should reviews be done? What information will need to be provided by both parties?
- How is the citizen/service user accountable How does the citizen/service user prove the service is effective? What proof is needed?
- What is the procedure if a person refuses support and the Direct Payment is spent 'unwisely'?
- If people are not able to manage their own budget, who makes spending decisions on their behalf? How is this decided? How is spending monitored?

5.6 Social workers' roles

5.6.1 LINK has identified that people who use Coventry Community Services would like a regular social worker to be appointed to an individual who is in receipt of Personal Budget / Direct Payment to ensure continuity, consistency of assessment / review and that a professional and well-established relationship is allowed to develop. The benefits include:

- Relationship and trust building
- Anticipation of issues / changes in need to avoid crisis
- Avoid delays

Whilst recognising this, LINK focuses on what is realistic and achievable and therefore recommends that people in receipt of services from Coventry Community Services receive consistent service achieved through timely, regular reviews, and that expectations are agreed and clarified at point of first meeting and be agreed in writing.

5.6.2 The content of training in Coventry for social care professionals should be monitored to ensure the inclusion of skills relevant to personalisation – for example the development of relationship skills, necessary for outcome assessments, support planning and responsive support.

5.7 Support and training for holders of personal budgets

5.7.1 Mechanisms should be introduced to ensure that people transferred on to Personal Budgets are either provided with advocacy or supported in other appropriate ways to understand what is happening. Where mental capacity is considered an issue and in circumstances where citizens do not have any family/friends to make choices/decisions in their best interest an appropriate Independent Mental Capacity Advocate (IMCA) should be involved.

5.7.2 Appropriate training courses should be offered to people who are considering receiving a Direct Payment before committing themselves to this. Training in safeguarding, becoming a good employer and financial management should be actively encouraged. It should be offered in addition to the 'Appointeeship' course delivered by the Penderels Trust.

5.7.3 LINK believes it would be beneficial for there to be independent and transparent monitoring of training to:

- Establish the take-up of the courses and reasons for any cases of low take-up
- Involvement in the design of post-course evaluation forms
- Including a question on the form so participants can approve their evaluation form and contact details going to LINK
- Evaluation follow-up later with participants in the training

5.8 Direct Payments

5.8.1 In order to promote and empower the citizen to take 'Choice and Control' and whilst recognising that Coventry City Council will respect a 'cooling off period' LINK consider that a 'cooling off period' should be a mandatory part of the process and offered to all citizens to allow a person who has opted for a Direct Payment to return back, if required, to a personal budget - at a review after an agreed period of trial.

5.8.2 That all people considering having a direct payment are informed of all ways of using the direct payment, including splitting the payment into part Direct payment/part personal budget.

5.9 Policy development

5.9.1 Coventry City Council should maintain its strong focus to ensure it strives for equity of access and entitlement, in acknowledgement to historically younger people receiving proportionately larger support packages than older people to ensure it meets the needs of age discrimination legislation.

5.9.2 It is recommended that LINK is actively involved in supporting the ongoing development of Safeguarding Policy in Coventry to ensure that it robustly includes the implications of Personalisation.

6 Next Steps

Coventry LINK believes that a smooth informative, open implementation of Personalisation is key to making a difference to service users'/citizen's experience of the change. Robust policies and fully accessible information are required to underpin this process.

The LINK would like to support the implementation of Personalisation in Coventry and continue to receive information regarding the progress.

The LINK would like to participate in the monitoring and evaluating of the implementation process. The LINK would be happy to discuss how this involvement would work.

7 Response from Coventry City Council

Representatives from Coventry LINK met with Coventry City Council in October to discuss LINK's findings and recommendations. LINK found this positive meeting and a number of actions were identified. A number of possible pieces of work for LINK to be involved in were discussed. Therefore LINK has added the implementation of choice and control in adult social care to LINK's work programme for October 2010 to March 2011.

Coventry City Council subsequently sent LINK a formal written response to the recommendations in this report and this is detailed overleaf.

Coventry LINK Report: Implementing Personalisation in Coventry, August 2010
Coventry City Council (CCC) Summary Response & Action Plan (As agreed at Meeting with Coventry LINK, October 2010)

Recommendation	CCC Response	Action	CCC Lead Officer
<p>5.1 User Involvement and engagement in work to implement Personalisation</p>	<ul style="list-style-type: none"> ▪ CCC User Involvement Strategy in place by March 2011; to develop cohesive community engagement ▪ Range of approaches to Peer & Independent involvement in quality review of services already in place, but this is an area we wish to develop and expand ▪ User representatives sit on the CCC Personalisation Operational Board 	<ul style="list-style-type: none"> ▪ Meeting between CCC, LINK & Grapevine to discuss options for extending Peer Review 	<p>Rachel Upton</p>
<p>5.2 Ongoing Communication with LINK</p>	<ul style="list-style-type: none"> ▪ Coventry LINK invited to join the CCC Personalisation Strategic Board ▪ Michelle Chilvers, Personalisation Programme Manager, will be the named CCC Personalisation contact person 	<ul style="list-style-type: none"> ▪ Meeting between CCC & Coventry LINK to progress representation 	<p>Michelle Chilvers</p>
<p>5.3 Information about the process</p>	<ul style="list-style-type: none"> ▪ A number of the recommendations in this section are already being addressed through activities already underway - <ul style="list-style-type: none"> ➢ CCC Customer Access Strategy and Accessibility standards in development ➢ Range of new information leaflets in production (e.g. Personal Budgets, Direct Payments) ➢ CCC Website content being reviewed and updated ➢ Communications Plan in place that includes more scheduled articles with the Coventry Telegraph, and targeting information at a wider range of community access points ▪ Potential for more joined up work with LINK in the future 	<p>Michelle Chilvers</p>	

5.4 Information and guidance on support and services			
5.4.1 Research	<ul style="list-style-type: none"> ▪ Coventry University have been commissioned to research and evaluate the impact and effectiveness of CCC's Personalisation Programme ▪ CCC would welcome LINK's support in capturing wider views 	<ul style="list-style-type: none"> ▪ Meeting between CCC and LINK once the initial data stage is complete to discuss the Coventry University research outcomes and next steps 	Rachel Upton
5.4.2 Independent Review	<ul style="list-style-type: none"> ▪ Links to Rec 5.1 ▪ CCC would welcome LINKs involvement in such work 		Rachel Upton
5.4.3 Information Directory	<ul style="list-style-type: none"> ▪ Work is already underway in these areas and progress made. Recommendations have been taken on board and will be used to inform our work plans. ▪ CCC already provide financial support for the Directory of Services produced by Voluntary Action Coventry ▪ Brokerage functions have developed significantly since the data for the report was collected – we are exploring different models of brokerage across all our service areas currently, and developed a Brokerage Qualification in conjunction with Coventry University for social care staff. 	LINK to be kept updated with these developments through regular briefings (Links to Rec 5.2)	Michelle Chilvers
5.4.4 Signposting			
5.4.5 Brokerage			

<p>5.5 Social Workers' roles</p>	<ul style="list-style-type: none"> ▪ Comments have been taken on board and fed back to our Operational Board for consideration in work planning. ▪ Training content for social care professionals is set by national standards and good practice. In addition, Coventry works with Skills for Care and regional colleagues to develop high quality and relevant bespoke development programmes for all social care staff. 		<p><i>Heads of Service responsible for Social Workers & Employee Development Unit</i></p>
<p>5.6 Support and training for holders of personal budgets</p>	<ul style="list-style-type: none"> ▪ Support is offered to individuals taking a direct payment via independent advocates. ▪ Money Management support also provides a range of support and skill development for direct payment recipients. 	<ul style="list-style-type: none"> ▪ Advice and Information work to scope financial advice and support for people receiving direct payments. 	<p>Rachel Upton Neil Byrne</p>
<p>5.7 Direct Payments</p>	<ul style="list-style-type: none"> ▪ A 'cooling off period' is already in place – an individual is free to end their direct payment and opt for a council managed support plan at any time. ▪ Throughout the assessment process, individuals are informed of the different options available. Options are also clearly stated in new citizen information leaflets (to be published November 2010) 		<p><i>Direct Payments Lead and Brokers.</i></p>

5.8 Policy development	<ul style="list-style-type: none"> ▪ CCC does strive for equality of access and entitlement. CCC is the only authority to implement a single, consistent Resource Allocation System (RAS) across all user groups. 	<ul style="list-style-type: none"> ▪ CCC to be more explicit regarding equality of access and entitlement in policies and publications 	Michelle Chilvers
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CCC Lead Officers -

Rachel Upton, Older People's Partnership Manager

Michelle Chilvers, Personalisation Programme Manager

(Where another lead is denoted in italics, this will be managed through the relationship between LINK and Michelle Chilvers, as the named LINK Contact for Personalisation)

Appendix 1

Implementing Personalisation in Coventry

Focus and Discussion Group Findings

July 2010

1 Introduction

- 1.1 Coventry LINK carried out 6 focus groups during May 2010 with over 50 participants who have very different social care needs and experiences of personalisation. Initial findings were presented at the LINK's Annual Review meetings in June where there was another opportunity to gather people's views.
- 1.2 The project is exploring the issues that arise from changes in the way social care services are provided, especially in regards to people having to buy / manage their own care / services.
- 1.3 The results are intended to contribute to the effective delivery of the personalisation project in Coventry, for example in:
 - Providing appropriate information for people who do / will use services
 - Communicating, consulting and involving people in decisions
 - Setting up feedback channels to test ideas and proposals
 - Identifying development needs for staff involved in making personalisation work
 - Developing monitoring tools to see how well the project is meeting the needs of the people of Coventry
- 1.4 In the focus groups we asked first generally what is important to people in the support they receive and the different people involved in this. This stimulated participants to consider the concerns people have / might have in managing their own support package, and the support needed to make it work.
- 1.5 We followed up our focus groups by facilitating group discussion at LINK's two annual meetings held in June 2010. Here a range of people took part in table discussion about the 'pros and cons' regarding personalisation and what was required for effective implementation.

2 Our findings

Please find the results below with participants' own words in *italics*

2.1 What is important generally about the support that people receive

Key themes arising from this discussion are as follows:

- a) Support in getting out and about. Not only transport to help ***get out of 4 walls*** and go out and meet friends but also access in the home that enables us to move around with ease

- b) Clear information on and availability of services – including professional help and social support networks – that are personalised ***to meet what I want not what the worker wants*** so choice really does exist
- c) Feeling in control with opportunities to develop, ***‘flourish’*** and meet ***improvement targets***: having the facts and understanding the implications, being confident in the skills to be independent, and through ***good advocacy*** being able to influence and have people ***do things with me not for me***
- d) Knowledgeable, skilled and trusted professionals who ***work out what a person needs*** with ***empathy, understanding*** and ***approachability***
- e) ‘Joined up’ support making sure we receive what is agreed in a ***transparent*** way that is ***fair to all*** with ***a key support person*** and ***continuity of staff***

Most participants in general seemed to support the principle of personalisation and appreciated its potential benefits, as they mentioned many times the importance of ‘personalised’ support that is tailored to suit their needs.

Those people who took part in the annual review broke down various benefits and opportunities provided by personalisation, for example:

- More ***choice*** and ***variety of provision*** that is ***inclusive*** and ensures ***cultural appropriateness***.
- You are ***your own boss*** with the ***independence*** to ***change your mind***. They can also ***combine budgets to buy a service***.
- It is ***empowering*** and developmental as ***you learn to fight for yourself if you are able*** all of which improves ***self-esteem***.
- There will also be ***less chance of being stuck in a service*** and it should lead to ***stopping waste of unnecessary services***

2.2 What concerns we have or might have in ‘managing our own support packages’

While the principle and potential benefits of personalisation are well supported, it is difficult for most people to see through the concerns about its practical implications and therefore successful implementation.

In priority order, people felt particularly strongly about the following seven themes:

2.2.1 Eligibility for personal budgets and the style and quality of assessments (40 items raised)

Many questions arose: ***who understands the criteria*** and ***if we are not eligible, does that mean no services?*** There are fears about how changes

will be managed for example **getting used to a service and then they cut hours** or **if we don't use the hours – they will be lost and taken back**. Worries also spread to the question of age limits, the inequities of means testing and who pays for care and who doesn't, and the effect of direct payments on benefit entitlement. The fact that **people not in the system are not getting anything** is unfair when on the other hand people see that **disabilities are emphasised to get more money**.

Allied to the issue of eligibility was the **questionable quality of assessment and review**. The assessment requires some common understanding as **different interpretations of criteria** and **value judgments about activities** are made by different social workers. It also requires time and skill to ensure it is **joint and supported** and to avoid **elevated expectations that may not be met**.

This effort is necessary to understand people for example who **can come across like a swan, serene on the surface yet paddling like mad underneath**, who **claim that they are better than they are in reality** or whose condition means their behaviour and capacity can fluctuate.

Carers also feel unsupported in this process as **social workers won't do carers' assessments** and it is necessary to recognise that **the needs of carers change as they get older**

2.2.2 Continuity of support and communication style (26 items raised)

Second in priority is the ongoing support and relationship with social care workers. People cited the difficulties presented by **no effective continuous case management**, for example **having to retell the story (which in some cases needs the original social worker)** and **no seamless route from acute into the community**. Results of this include **nothing in writing**, **cases closing too early**, **people not allocated a social worker in time and left at home waiting with no support** and **only support when it is too late**.

A recurrent theme across the meetings was the relationship with the social worker and other professionals. It is clear to people that social services are under great pressures of workload. However, the impact of this on behaviours and relationships is highly significant for people. People feel **looked down upon** and **need to be listened to** and not treated as **nit wits**. They also expected to be treated **with common sense** rather than just on the receiving end of the **rule book**. How can personalisation work if there is not a mutually respectful relationship between parties?

2.2.3 Being left on my own and having to cope with more (28 items raised)

There are concerns about being left on my own, with **poor access to information** and **learning how to get through the maze**. A fear is **Do the agencies know me?** as it is **hard to access services unless you are already in the system**. A result of personalisation may also be that **I might lose my current networks and become isolated**. There is a suspicion that

the buck is being passed and a worry about a steep learning curve and that my ***skills are lacking*** in managing a personal budget.

Who will help me? Who provides care for my husband if I'm ill? What about ***people who have no-one to speak for them?*** All are questions that are of concern especially as it is felt that there are ***insufficient advocates generally***

This is all exacerbated by ***family worries, the stress involved in managing the books*** and concerns that ***I will not be able to deal with it*** and that it may actually ***increase hospital admittance!***

2.2.4 The amount of personal control that people really have (22 items raised)

Service users, carers and support workers gave examples where people may ***not have the ability to understand / comprehend*** the situation, for example ***people with learning disabilities who don't know they have a personal budget and nothing has changed*** and ***what about people with Alzheimers?***

This begs the question: ***who maintains control – carer, cared for or social worker?*** How can we be sure it is ***what the person wants?*** Personalisation potentially will increase the risks that ***somebody else spends it for me and I wouldn't get to see any money***

2.2.4 Services to suit (30 items raised)

There are serious concerns about the availability of services – ***if there is nothing out there we can't spend money and if we don't spend it it's taken off us.*** There is a distinct lack of information about services that has a significant effect on people's confidence in personalisation.

In addition, there are fears that valued existing services will be ***decommissioned if customers can't access them or don't know of them.*** Alternatively, this uncertainty may also put added pressure on these organisations ***because people will not know who else to turn to.***

There is a ***fear of engaging with unknown or new services*** and of ***getting ripped off.*** How will these agencies be vetted for working with vulnerable people?

Many people doubt that personalisation will lead to greater quality, choice and flexibility, for example if the market allows for ***only one person who comes to interview for the role of personal assistant.*** People also feel in the hands of others, ***confined by the timetabling of the agency*** and ***not able to make changes to times if the PA has another job*** and be subject to ***late notice of unavailability of employee.*** The pressures on the carer to restrict time with people means that the service will be ***impersonal*** and ***individual needs will not be looked at.*** Travel time is also an issue – who pays for it and how it ***impinges on care time.***

A constant underlying issue is the affordability of services - **can I afford the services I need?** There will also be hidden costs – CRB checks, travel expenses, budget management, etc. This all results in **'less service' for more money**

2.2.5 As an employer and managing money (43 issues raised)

Many feel unsure that they want to be an employer, especially without an advocate on an employer's issues. **Finding the right person** is a key concern – the time and confidence required: **will they fill the role I want? Will they have the skills?** In addition, language skills were raised here.

The employment contract also changes the whole relationship. There are always dangers that **familiarity can breed contempt** and of **employees taking liberties**. With responsibility for managing a staff member's performance, it will be difficult but necessary for example to give feedback and criticise where appropriate face-to-face with staff members.

People also **might not be able to trust new providers** since, for example, employees working with **people in adult services with a personal budget** do not require CRB checks. For the sake of cost or time this may be a risk that people have to take.

Administrative headaches include dealing with insurance, holiday pay entitlements, sick pay, payroll issues, form filling, tax returns, etc. People also feel very insecure about their liabilities as employers given that **employment law applies to all**, giving rise to questions such as: **what about the rules and regulation on people entering your property? Can I be sued for accidents in my home?**

Add to this the burden and potential abuse regarding the management of money - **talks of money can be frightening** and **I've never managed my own finances**. People ask, **Who could help you manage your money?**

2.2.6 Spending Choices (29 items raised)

If we receive a personal budget or direct payment, what are the rules for spending it? **What services can I buy with my payments?** Given it is public money, **how am I accountable? How do I prove the service I use is effective? How do I provide proof?**

People of course vary in their spending habits. While some **would not spend their money but save it for a rainy day**, others ask, **What happens if you blow it all?**

Questions arise about responsibilities: **who would be responsible for the correct way to spend your direct payments? Who will keep checks on the process?** Will this include a systematic checking of receipts or something more informal?

Where a person needs support in making spending choices, there is a danger of being **channelled into one type of services (that the person who is 'supporting' me knows of)**. There are also many different kinds of conflict.

For example, ***an independent person may support ‘belly dancing’ but mum wouldn’t!*** Similarly, ***a person may go clubbing and be back at 4am but what about family disruption and also the possibility they need to be up in the morning for college.*** Economic pressures too mean that ***for a family in poverty, money will not be spent as planned since they will pay all the bills first.*** An additional conflict arises when ***a person refuses support and then blows their money.***

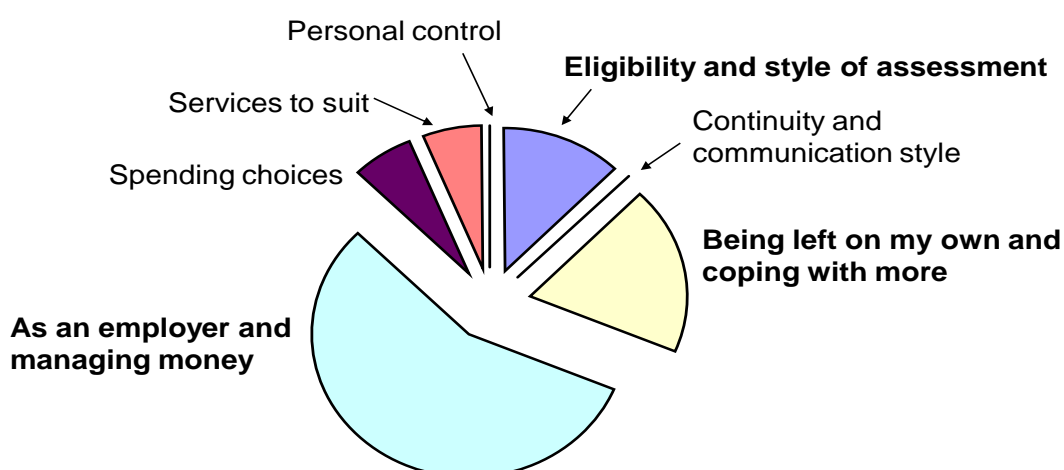
Real constraints exist here because of all the different factors to balance in allowing choice – health, safety, family needs, transport, support worker ratio, personal preparation, availability of personal assistants with very specific skills, etc.

These are the common themes across all focus groups. There were sometimes different emphases depending on the group and their experience of personalisation. For example, for those with learning disabilities, concerns centred on personal control and spending choices.

The annual review meetings strongly reinforced the concerns raised in the focus groups.

3 Different priorities

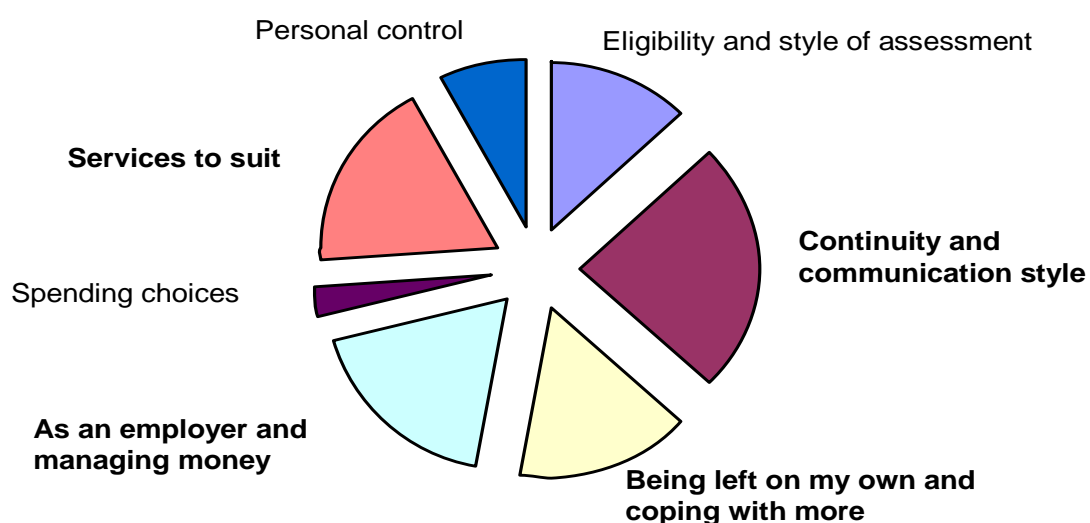
When we look at the results from the different focus group we can start to understand the different concerns people have. Older people, for example, raised concerns proportionally in each area as follows:



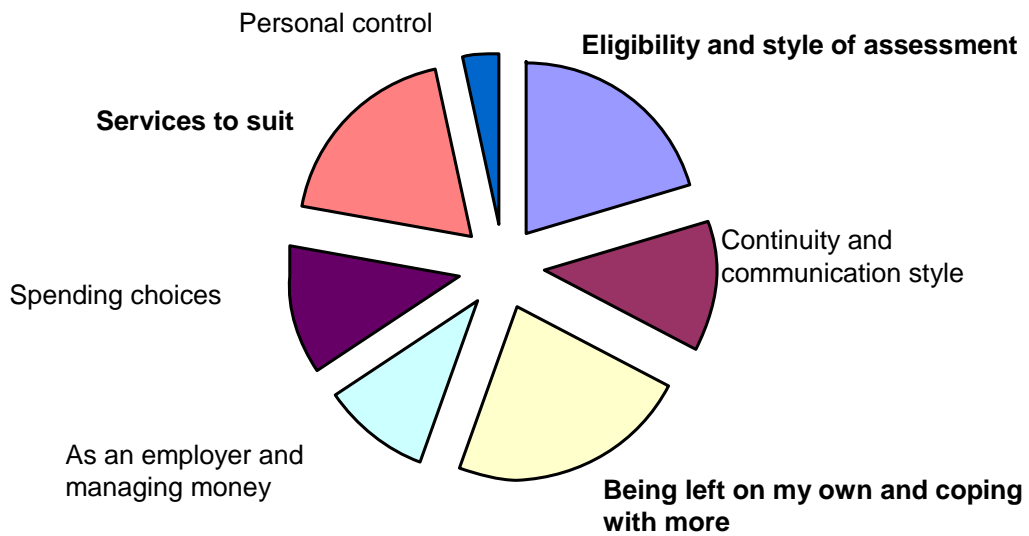
Eligibility and means testing were important issues and, in projecting forward,

so too was coping with more responsibility, especially around the issues of being an employer. Not obvious from the chart, important too was the availability of transport, consistent support, and professionals who use common sense and actively 'listen'. The last point was the most important underlying ingredient in the kind of support people wanted.

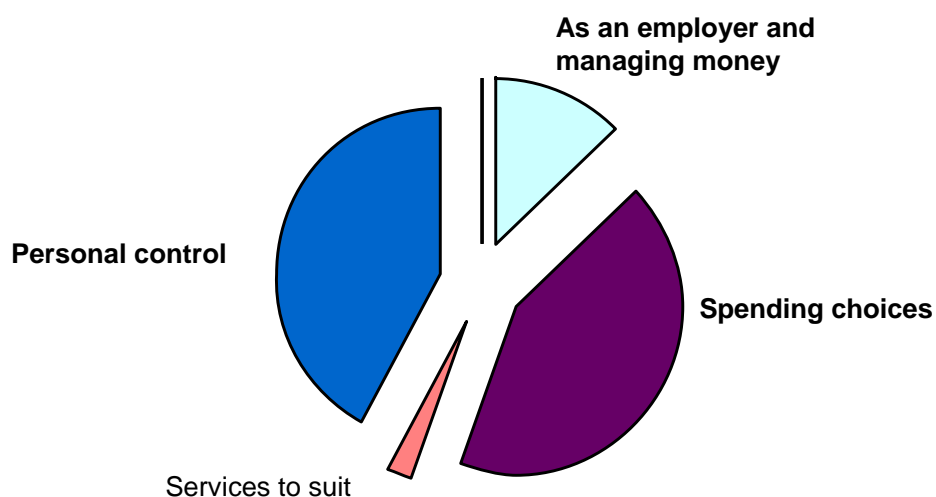
In the next chart, for carers, there was particularly strong feeling around the continuity of support from social workers, as well as poor information and clarity about eligibility criteria, and fears about what will happen in the carer is not there:



A key concern for those with mental health issues, to whom in many cases personalisation is a new concept, is people's lack of knowledge about mental health and therefore the impact on eligibility decisions, as well as the affordability of services and continued existence of important social support groups.



In contrast, people with learning disabilities were on personal budgets already, yet not much had obviously changed. They saw the main issues around personal control of the budget and also unclear rules about what money could and could not be spent on.



4 Support we need to deal with these concerns and make Personalisation work

During the focus groups, participants identified the following key areas as a start point for where support is needed to make personalisation work.

4.1 Information and guidance

4.1.1 On the overall process including:

- A clear definition of Personalisation – what it is / isn't
- A clear definition of 'support package' – what it is / isn't
- Clarity of terms – direct payment / individual budget. What is used / not used?
- Being clear about where Coventry is different in its approach to other Councils
- What has been learnt from pilot projects
- Who is entitled to apply? How is this done?

4.1.2 Before agreement to a personal budget:

- Balanced advice on the pros and cons of each option
- Assessment – eligibility criteria and thresholds for the 3 indicative bands / amounts
- A service standard – what can people expect – for example complaints procedure, response times (for example in assessment), and a named social worker who will be continuously responsible, etc
- What is the personal budget be spent on? How tightly will this be defined?
- What happens if don't use budget?
- Effects on other benefits of receiving a personal budget
- Does 'means testing' play a role?
- What is in place to account for different interpretations of criteria?

4.1.3 For each holder of a personal budget

- What is the frequency of review? Why? How formally will this be done? What information will need to be provided by both parties?
- How am I accountable? How do I prove the service is effective? What proof is needed?
- What if a person refuses support and the personal budget is spent 'unwisely'?
- If people are not able to manage their own budget, who makes spending decisions on their behalf? How is this decided? How is spending monitored?

4.1.4 On what support is out there

- An accessible, directory of all services.
- A one-stop shop
- People to know the full cost of services on offer
- Open days for services to show what they offer
- Independent brokerage to ensure we don't just end up with existing services

4.1.5 Continuity and communication style

- Listening to, understanding and meeting personal needs by engaging in a real partnership – through mutual respect, active listening and putting in writing and delivering what is promised
- Assessment open, honest and witnessed by independent body
- A named person responsible as the contact point to ensure consistent and continuous support
- Strict guidelines used by social worker – simple, signed and face-to-face. Including benefits entitled to, personal budget and full entitlement
- Skilled and trained practitioners to apply the process practically.
- Independent body for complaints – not social worker. Complaints to trigger review of support plan.

4.1.6 Support in personal planning

- Support plan that meets outcomes

- Good templates for support planning important to work out indicative budget in order to manage expectations
- Support in prioritising services needed
- Recognition that time is needed to develop a support plan – meetings with all necessary people

4.1.7 Support with practical issues of personalisation

- Developing independent advocacy, free to access, while developing self-advocacy for those that need it and with the capacity to develop it
- Advice on how to be an employer and support on the practical issues of managing the budget, money, employees and legal aspects
- Training and education also for the family

4.1.8 Managing day-to-day activity

- Carers need to work to a different pattern when personal assistants, more flexible in timing and also in the work they do.
- For safeguarding reasons, where appropriate, personal budgets to be managed by agencies
- Support for parents / carers at work if 5-day day care is no longer available. If not managed, they will withdraw.

5 LINK Annual meeting discussions: findings

5.1 In order to gather views from a wider audience Personalisation was given a platform at LINK's two annual meetings held in June 2010. Group discussions were held about the pros and cons of personalisation and the actions need to ensure successful implementation.

5.2 Benefits

The participants were asked what the benefits were of Personalisation to the people of Coventry.

Many of the responses reflected having more choice and control with comments such as:

- More freedom to choose services
- Less likely to be excluded
- You're the boss
- Empowering
- Less chance of being stuck in a service

Several people highlighted that Personalisation should bring an availability of appropriate services and made comments on:

- More types of services available
- Flexibility individualized support
- Greater variety of provision
- Cultural appropriateness

In total the participants identified 30 positive things that Personalisation could bring, it was acknowledged that some people would need different support to achieve some of the positives mentioned, for example 'living independently' and 'choosing your carer'.

5.3 Barriers

Participants shared their views on what they perceived to be barriers to the effective implementation of Personalisation. They identified 21 barriers, many of these were related to:

- safeguarding,
- finance,
- shifting responsibility
- and access to Information.

5.4 Ideas for effective implementation of ersonalisation

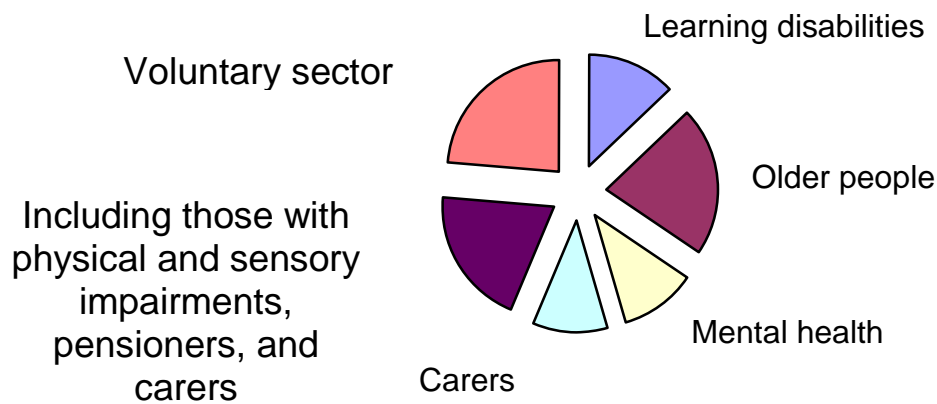
The discussion groups identified a number of steps which they felt would help the implementation of personalisation. Key themes included the effective provision of information; support for those taking on the role of being an employer; transparency in the system; advocacy support; engaging arrange of service providers; and guidance on safeguarding.

6 Research Method

6.1 The 6 focus groups were carried out as follows:

	Date	Participants	Venue
1	11 May 10	12 People aged 65 years plus	Risen Christ Day Service
2	13 May 10	13 Voluntary sector staff representing a wide range of groups	Coventry Foyer
3	13 May 10	6 Carers	Coventry Foyer
4	26 May 10	7 Learning disabilities and support staff	Grapevine Drop In Centre
5	26 May 10	11 Those with physical and sensory impairments, pensioners, and carers	Coventry Foyer
6	27 May 10	6 Mental health issues	AIMHS Koko Building

6.2 Participants represented



There were 52 different participants in total from a wide range of groups in the community with over 16% from ethnic minority backgrounds. Some had direct experience of personal budgets, either knowingly or unknowingly, while others had never come across them.

Participants were first asked:

- What is important to people about the support they receive?
- Which different people are involved in the support of a person?

Altogether they were then asked to identify the concerns they had or might have in managing their own support package, writing each on a sticky note. The number of items raised in the meetings ranged from 16 to 58.

Individually they weighted their concerns - the most serious, the average, and the least serious. The results showed that participants were able to do this quite accurately and provide valuable comparisons.

The final question was about the support they need to deal with these concerns.

There were two exceptions to this process. Due to time constraints, at Risen Christ we didn't ask about the people involved in support and at Grapevine we didn't ask participants to weight their concerns.

In analysing the concerns, the method was as follows

- Cluster all the concerns under key headings

- For the weightings given by individuals, allocate a 3 for the most serious, 2 for the average, and 1 for the least serious.
- Calculate an average score for each concern and then calculate an average for all the concerns under each cluster.

Throughout the events, it is very much appreciated that people contributed freely and were very happy to offer their views. They represented a very wide range of sectors in the community. Views were captured in participants' own words. Inevitably not everyone is able to attend focus groups - however, many of the participants were from wider representative organisations. The findings do indicate common concerns, and the strength of feeling about these, and also some concerns that are more specific to certain sectors.

Upon conclusion of the 6 focus Groups, the Personalisation agenda was given a wider platform at LINKs AGM for which there were 85 participants from a range of communities which broadly reflected the demographic make up of Coventry, across two events. The findings from widening this piece of work generally reflected the focus group findings. Three questions were posed to the facilitated groups which were:

- **What are the benefits that Personalisation can bring?**
- **What are the barriers preventing these things being implemented smoothly?**
- **What Recommendations do you have to bridge the gaps in order to roll out personalisation effectively?**

The findings from the third question contributed to developing the recommendations contained within the report.

Glossary of terms

Abuse	Harm or maltreatment inflicted on a person through physical, verbal, emotional, or sexual means. Examples of abuse would also include financial abuse and neglect
Advocate	Person who helps with speaking up for, or acting on behalf of, an individual enabling them to participate in decisions about their life.
Brokerage	To work with the individual and/or their carer/relatives to identify appropriate support options to achieve their outcomes. The emphasis will be on identifying options which promote independence and enhance choice and control.
Capacity	The ability to make a decision about a particular matter at the time the decision needs to be made.
Carer - also Family Carer, Informal Carer and Unpaid Carer	Someone who provides unpaid care and support to a partner, friend or relative who could not manage alone due to old age, illness, disability or substance dependency.
Choice and control	Is about shaping services to meet individual needs , rather than shaping people to fit the services on offer
Citizen	People who are also referred to as service users and customers who are being supported to achieve outcomes
Day Opportunities	Day-time activities, usually away from a person's home. People are encouraged and supported to access social, educational and recreational activities in their local community.
Direct Payments	An amount of money paid directly to an individual, into a bank account to arrange and buy their own support instead of having support arranged or delivered by the City Council.
Enablement	Advice and support to help citizens maximise their independence as far as possible. This may involve both stopping someone's situation getting worse, as well as developing their skills and confidence to increase their independence and opportunities for life. The guiding principle is citizens are supported to make the most use of their own capacity and potential

Financial assessment	An assessment of an individual's finances to determine how much they will be required to contribute to the cost of their social care and support services.
Home Support	Personal care and support, normally supplied by an independent provider, which people receive whilst living in their own home in the community. Home support can be purchased by an individual using a Direct Payment or can be arranged by the Council.
IMCA	Independent Mental Capacity Advocate – someone who provides support and representation for a person who lacks capacity to make specific decisions.
Indicative Amount	The indicative amount gives individuals a rough idea of how much money their personal budget will be to begin to develop their support plan.
Individual	The term used in Coventry for citizens who meet our eligibility criteria. Replaces 'user' and 'service user'. Will sometimes be referred to as 'customers'. Health term: patient
Individual Budgets	Individual Budgets were trialled by the government in a pilot project in 2006 – 2007. An 'individual budget' is different to a 'personal budget' because it includes money from other funding sources, not just local authority social care budget e.g. Independent Living Fund (ILF).
Intermediate Care	Intermediate care is usually defined as a range of integrated short term services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living in the community.
Outcomes	An outcome is what is expected to be achieved by/through an action for example through the receiving of support. Outcomes can be monitored to show the results, changes or benefits an individual experiences as a result of the support they have received.

<p>Outcomes Broker (sometimes referred to as a Support Broker)</p>	<p>An Outcomes or Support Broker provides the support to develop a bespoke person centred support plan and advises an individual on where they could purchase their support, ways of managing their money, and getting the most from their money. The emphasis should be on identifying options which promote independence and enhance choice and control. The support to deliver identified outcomes can be met through a mix of universal services, third sector, private provision and social care services.</p> <p>See Brokerage</p>
<p>Personal Assistant</p>	<p>A Personal Assistant is a person employed to help someone with their daily support needs. Through using their Personal Budget and having a direct payment, a person can employ a Personal Assistant to provide support such as: cooking; cleaning; help with personal care tasks of washing and toileting; driving or help with getting around; medical tasks; shopping; banking or paying bills.</p>
<p>Personal Budgets</p>	<p>The total amount of resources (including money) which has been agreed and approved to support a person to achieve their agreed outcomes/goals as identified in their support plan The personal budget includes what the costs to deliver the support plan are, what the City Council will pay towards this cost and what the individual's own contribution will be, where appropriate.</p>
<p>Personalisation</p>	<p>Provides choice and control to everyone over the shape of their support, along with a greater emphasis on prevention and earlier intervention. In Coventry personalisation is being delivered through the implementation of Promoting Independence.</p>
<p>Positive risk taking</p>	<p>Approach that seeks to give choice and control back to service users by facilitating them to balance protection and risk.</p>
<p>Prevention and Early Intervention</p>	<p>Support that promotes the independence of citizens by preventing or delaying the need for more intensive and costly intervention from social care</p> <p>Types of prevention and early intervention: Primary – informal support open to all citizens that promotes independence by improving wellbeing and addressing social inequalities</p> <p>Secondary – targeted support to citizens that promotes</p>

	<p>independence by preventing or delaying the need for further intervention. This will include formal advice and information as well as opportunities for focused short term support.</p> <p>Tertiary – support that is specifically directed towards vulnerable adults. This will include enablement and other intervention to prevent/delay the need for more intensive and costly support.</p>
Promoting Independence	Supporting citizens to get the best advice and support to maintain their independence.
Promoting Independence Framework	The end-to-end citizen journey to deliver Promoting Independence.
Re-ablement	<p>A whole systems approach to providing a personalised package of support for a limited period (typically up to 8 weeks) with the aim of:</p> <ul style="list-style-type: none"> ➔ Influencing and building the citizen’s potential to live independently ➔ Focusing on the redevelopment of skills confidence and motivation ➔ Reducing long term dependence on statutory services <p>This term will not be used in Coventry as it is encompassed with the term 'enablement' within the Promoting Independence Framework.</p>
Risk assessment	Assessment of the risks that people are exposed to in their everyday lives.
Safeguarding	Incorporates the concepts of prevention, empowerment and protection that enables a person to retain independence, well being and choice and to access their right to a life free from abuse and neglect.
Self-directed support	Is a way of working that enables individuals to work out what they want to change in their life and how those changes will happen. It is about citizens choosing and organising their own support. This term will not be referred to in programme communications at Coventry as it is encompassed within the Promoting Independence Framework.

<p>Support Plan</p>	<p>In the context of Assessment and Case Management -: In the Support Plan individuals determine how they would like to live their life to achieve their outcomes and decide what support they need to do that. The support plan then has to be approved and is used to work out the Personal Budget. Health term: Care plan</p> <p>In the context of Safeguarding Vulnerable Adults -: A Support Plan is put in place, where appropriate, for the alleged perpetrator where this is a vulnerable individual.</p>
<p>Support Worker or Care Worker</p>	<p>Someone whose job involves helping people who have particular problems or special needs. Care workers are employed in the statutory, private and third sectors.</p>
<p>Safeguarding Adults Board</p>	<p>Multi-agency group for facilitating, enabling and ensuring good working relationships between partner agencies in safeguarding</p>
<p>Social capital</p>	<p>The help that people offer to and receive from each other within their local community (friends, family, neighbours or community groups)</p>
<p>Third Sector</p>	<p>Voluntary organisations and community groups (both registered charities and other organisations), social enterprises, faith based groups, mutuals & co-operatives who:</p> <ul style="list-style-type: none"> • Are independent of national, regional and local government; • Are “value-driven” – that is, they pursue economic, social or environmental objectives rather than primarily aiming to make a profit • Reinvest any surpluses in the pursuit of their objectives.
<p>Vulnerable adult</p>	<p>Any person aged 18 years or over who may require the support of community care services and is unable to protect themselves from significant harm</p>
<p>Universal Services</p>	<p>Universal services are things like transport, leisure, health, education, housing and access to information and advice that should be equally available to everyone within a local community.</p>

**Coventry LINK is an independent network supported by the charity
Voluntary Action Coventry, which acts as the Host organisation.**



Coventry LINK is one of 151 LINKs in England.



Coventry LINK C/O Voluntary Action Coventry, 3 Castle Yard, Hay Lane,
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