Debates in Personalisation – the advocates and the critics

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Outline

- Background: the advent of direct payments
- Advantages/barriers
- The advent of personal budgets
- Implications, opportunities and tensions
1. Background: the advent of direct payments

“The potential for the most fundamental reorganisation of welfare for half a century”

- Cash payments to service users aged 18-65 in lieu of direct service provision
- Extended to include older people, younger people aged 16 and 17, carers and the parents of disabled children
- Now mandatory rather than discretionary
1. Background: direct payments

- Illegal under 1948 legislation
- Indirect payments (pioneered by disabled people)
- The Independent Living Fund
- 1990 NHS and Community Care Act
- Lobbying and research by disabled people
- Disabled people involved in implementing direct payments
1. Direct Payments are very simple – it’s not hard

Direct Payments = a means to an end (of independent living)

Choice and control are central
2. Advantages of direct payments

- More responsive services and increased choice and control
- Improved morale and mental/psychological wellbeing
- A more creative use of resources which may sometimes reduce costs, but which certainly ensures better value for money
- A blurring of the boundary between health and social care
2. Barriers with direct payments

- Perceived focus on physical impairment
- ‘Willing and able’
- Complexity of monitoring arrangements
- Staff attitudes and knowledge
- Political concerns in some authorities: ‘privatisation by the backdoor’?
- Boundaries with NHS and housing
3. Personal budgets

- Small-scale, bottom-up pilots attempting to deliver better outcomes within current legal/financial framework
- Key innovation is being clear about the money upfront
- Decisions that matter made as close as possible to the person they affect (ideally by the person themselves)
- Strong emphasis on citizenship, social justice and inclusion
- Very positive initial results and rolled out rapidly by government
3. Seven steps to Self-directed Support

- Set PB (using in Control’s RAS)
- Plan support – with support as needed
- Agree plan
- Manage PB (currently 6 distinct degrees of control)
- Organise support – complete flexibility
- Live life - people use their PBs to achieve outcomes important to them
- Review and learn
4. Implications for social care

“In the future, all individuals eligible for publicly-funded adult social care will have a personal budget (other than in circumstances where people require emergency access to provision): a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs.”

(Transforming social care 2008 circular)
4. Key issues (very brief!)

☐ Scope to be genuinely needs-led?
☐ Issue of motives: citizenship v rolling back the boundaries of the welfare state?
☐ Issue of implementation: risk of ‘zombie personalisation’?
☐ Is transparency a good or a bad thing?
☐ How do we balance risk and independence?
☐ Will the old system recreating itself?
☐ Spreading to other sectors – a more general way of organising welfare services beyond social care?
Further information


A series of policy papers are also available (free) via: [http://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/work/personalisation.aspx](http://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/work/personalisation.aspx)