

Workbook on Person Centred Care Management



Workbook: Person Centred Care Management

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*This workbook has been produced for the Valuing People Support Team by Paradigm, The lead author was Simon Duffy.
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Using this Workbook

This workbook has been designed as a practical guide for Care Managers on how to develop a more person-centred approach. This is a big topic and it involves thinking about what Care Managers have to do everyday in their work as well as changes to the whole system of Care Management and Commissioning.

It has been written for all Care Managers, whatever their professional background; and by 'Care Manager' we mean *anyone* who has the job of both assessing needs and organising support to meet those needs.

We designed this workbook to be read in stages. In this way we hope it has something for everyone: straightforward ideas on how to move towards a more person-centred approach and strategies to confront the more complex challenges that some Care Management Teams are now beginning to confront.

We begin with an overall summary of the key messages and a list of simple and practical first steps towards a more person-centred approach. Then, in the later pages, we set out seven steps that mark progress towards more advanced forms of person-centred practice.

When you print out the workbook you will see that on the left hand page we give a short description of the key ideas as food for thought. On the right hand page we provide a chart that describes indicators of good practice. Each item of good practice is both a means of self-evaluation and a suggestion for practical action. Below that is a list of recommended further reading.

No team will want to try and do everything recommended in this workbook at once, and all teams will have different strengths and development needs. We recommend that teams, in partnership with their colleagues from strategic commissioning, use this structure to evaluate their own performance and then identify an achievable action plan. Teams could also involve other stakeholders such as self-advocates to help with this review. Ideally action points will cover:

- Day-to-day practice
- The organisation of Care Management
- Local policy and commissioning

The best action plans will be closely linked to the priorities of the Partnership Board and will offer a small number of achievable steps to improved practice.

We know that there is much still to learn about how to make Care Management more person centred. This is very much an early and provisional guide. Much more still needs to be learnt about how best Care Management should be organised and how best people with learning disabilities can be fully empowered to take their role as citizens. Over the course of 2004 and 2005 this workbook will be tested out with groups of Care Managers and improved by their comments and advice. This workbook outlines a vision for how Care Managers can contribute to helping people with learning disabilities achieve their full place as citizens and this vision is set out here.

Vision for People with Learning Disabilities	Vision for Care Management
<ul style="list-style-type: none"> ❑ When they need it, people get help in making decisions from people they choose and trust, including decisions about their own support. ❑ Everybody is enabled to maintain as much control over the planning and organising of their support as they want. ❑ People are given clear information and connections so that they can evaluate their own situations. ❑ People can change how they are supported to suit them and their life as their needs and preferences change. ❑ People are free to get on with their lives as citizens, making full use of all the community resources that other citizens take for granted. ❑ People are protected from abuse, assault and institutionalisation while being supported to take the ordinary risks of everyday life. 	<ul style="list-style-type: none"> ❑ Care Managers help people who need social care to get the help they really need and to avoid institutional services. ❑ Care Managers are not expected to solve every problem; instead they work in partnership with the person and all those who enable access to other community resources. ❑ Care Managers have an achievable workload with enough time to give full support to those who really need it. ❑ Care Managers get the chance to be involved in shaping local policies and influencing the wider vision. ❑ Care Managers are supported to develop their own gifts and the skills necessary to fulfil their role. ❑ Local authorities support Care Managers by publishing clear and fair policies and by using effective procedures.

Key Messages

Since the launch of Valuing People great attention has been given to the valuable role that Person Centred Planning can play in helping people with learning disabilities take charge of their own lives.

It has been stressed that Person Centred Planning is not a professional activity done *to* people; instead people themselves (with their friends, families or other allies) must lead it. Yet professionals still have an enormous role to play in responding in a more person centred way to people with learning disabilities. Critically this means:

- Helping people say what is important to them
- Helping them get the help they need
- Making sure people are in control of their lives

Care Managers are one of the most important professional groups that influence the lives of people with learning disabilities. For it is the job to the Care Managers to decide on the kind of support services people will receive. Moreover, Care Managers not only organise that support for people but they also define the needs that the support is designed to meet.

In order to shift towards a more person-centred approach we have identified seven steps that will help Care managers achieve the *Valuing People* vision.

1. **Individual Service Design** – Support that really fits the individual’s preferred lifestyle
2. **Individual Funding** – Money linked to the individual offering flexible support
3. **Supported Decisions** – Effective decisions made as close to the person as possible
4. **Individual Empowerment** – Planning done by the person and with those around them
5. **Funding Entitlements** – Resources allocated fairly and upfront to enable creative planning
6. **Quality Improvement** – Sharing information, learning and changing what is not working
7. **Real Partnerships** – Working together with the wider community to make change possible

In addition, the Valuing People Support Team will be taking lessons from *In Control*, a national programme to develop Self-Directed Support for all people with learning disabilities and people with other disabilities. It is clear already that there are enormous opportunities to make radical changes to how people with learning disabilities receive support. Hopefully this Workbook will provide some help for those who want to make those changes happen.

First Steps Towards Person Centred Change

<ul style="list-style-type: none"> ❑ Train Care Managers in how to use tools from Person Centred Planning to create Individual Service Designs. ❑ Run joint training events involving people with learning disabilities, families, service providers and Care Managers to hear about the latest innovations in support services. ❑ Ensure that resettlement officers or out-of-city placement officers are skilled in person centred planning tools. For example Essential Lifestyle Planning can be very useful to get a good understanding of what is important to people not well known to the service. ❑ Write a local policy setting out when and how Care Managers treat people who might be a good representative for an individual with a learning disability. ❑ Ensure your database gathers information on whether people receive High Care DLA and ILF ❑ Train all Care Managers in facilitating Person Centred Risk Assessments. 	<ul style="list-style-type: none"> ❑ Ask individuals and families who have been involved in good person-centred services if they will speak to others – and then get people to talk to them if they are nervous. ❑ Write a local protocol to enable you to use people's own self developed support plans as part of your own Care Management process. ❑ Regularly share stories of success and challenge in offering person-centred services at team meetings. ❑ Make a presentation to the local Partnership Board setting out your plans and how you will make sure you stay accountable in the future. ❑ Organise joint training with people and families to explain how the systems for direct and indirect payment work locally. ❑ Agree which local services would really benefit from a focus on providing people with Person Centred Planning as part of re-providing those services.
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<p>Useful Information</p>	<p><i>Keys to Citizenship</i> by Simon Duffy, available from www.paradigm-uk.org</p>	<p>This book sets out all the things you need to think about when designing individual support services in accessible English.</p>
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Step One: Individual Service Design

Care Managers have already played a critical role in helping us move from past institutional services to a more person-centred present. More people live at home, continue in employment and have ordinary lives because Care Managers have been able to offer individual services to people instead of institutional and segregated ones.

However there is still a long way to go and Care Managers have a vital role to play in helping more people move away from an institutionalised life. When people receive support it is critical that their support *fits* them: their life, their plans and their community. So, one critical skill for a Care Manager is to know how to design effective individual services. This is easier said than done. The many pressures placed upon Care Managers make their role challenging:

- ❑ Care Managers have very heavy case loads
- ❑ Care Managers are often expected to respond quickly to crises
- ❑ Care Managers often have many additional bureaucratic duties
- ❑ Care Managers have not always had the chance to learn about new ways of delivering support or organising funding
- ❑ Care Managers may have had no training in Individual Service Design or no personal experience in providing support services.

Unfortunately sometimes the response to this pattern of pressures is to respond to people's needs with support solutions that, while they may not be ideal for the individual, are easier for the service system to provide (e.g. inappropriate places in residential homes, at large traditional day-centres or in out-of-district services).

In order to break out of this pattern of service-driven responses it is vital that Care Managers are enabled to support people to design effective individual support services. In order to do this Care Managers need to work in partnership with the individual and those around them to look beyond the mere need and to explore the best way of meeting that need. In particular this means understanding:

- ❑ The individual's vision for their own future
- ❑ The gifts, capacities and interests of the individual
- ❑ The relationships that the individual has and how they can be developed
- ❑ The opportunities that are available in the person's community
- ❑ The hopes and fears of the individual's friends and family

These are the ingredients around which an Individual Service Design is constructed and understanding how to work with these ingredients is critical to the role of the Care Manager.

Getting Started	Doing Well	Really Flying
<p>There are no more people left living in long-stay hospitals.</p> <p>People rarely leave their local area to get services.</p> <p>There are some local examples of people getting individually designed services.</p> <p>All Care Managers have been trained in Individual Service Design.</p> <p>Local people have access to local housing.</p> <p>Some people are in paid employment</p> <p>Assessments define needs quite separately from existing services.</p>	<p>There are few placements in segregated local services.</p> <p>There are re-provision plans in place for large local segregated services.</p> <p>There are a number of trusted service providers developing individualised services.</p> <p>It is normal for support to come from both paid and unpaid sources.</p> <p>Care Managers regularly encourage people to discover what different service providers might be able to offer.</p>	<p>All services are individually designed.</p> <p>Most adults of working age are in employment.</p> <p>People are making full use of local community resources for leisure and education.</p> <p>People are meeting up with each other at times and places of their choosing.</p> <p>Nobody is forced to live with other people that they've not chosen to live with.</p>

Useful Information	<p><i>Person-Centred Planning</i> by Beth Mount, available from www.inclusiononline.co.uk</p>	<p>This book shows how different planning tools can be used to envision positive and realistic alternative support arrangements.</p>
	<p><i>Creativity in Service Design</i> by Simon Duffy, available from www.paradigm-uk.org</p>	<p>This paper describes the process for linking Person Centred Planning to the design and development of individual services.</p>
	<p><i>Individual Service Design</i> by Peter Kinsella, available from www.paradigm-uk.org</p>	<p>This paper offers a model for evaluating different possible housing and support options.</p>

Step Two: Individual Funding

Historically services have been funded directly and people have then been placed in available provision. A person-centred approach reverses that process. In the future a person-centred approach will mean a shift towards services not only being *designed* individually but also *funded* individually.

To achieve this will require a significant change in how services are organised and funded. This is essential if support is going to be able to change flexibly with the individual. The beginnings of this change are already on their way:

- Individual Spot Purchasing
- Direct Payments
- Indirect Payments
- Independent Living Fund
- Supporting People funded services

The challenge now is to integrate and extend this way of thinking across all areas of work into one system of Self-Directed Support. However this will only be truly effective if Care Managers are fully involved in extending Individual Funding to everyone. In the past Care Managers have often not been given information about how funding is actually being spent nor on how it could be transferred from existing block arrangements. New initiatives, like the ILF or Direct Payments, often develop at some distance from Care Managers and they can often feel in the dark about how these new systems work.

At worst, Care Managers can communicate their fears or uncertainties to those who might want to use Individual Funding, actually putting people off.

In addition some people are not aware of the many forms of Individual Funding available. It is often forgotten that people with learning disabilities can use not only Direct Payments, but also other forms of Individual Funding:

- Indirect payments, which are payments made to a trusted third party so that they can purchase a service on the person's behalf.
- Contracts with legally constituted Trusts can be made so that the Trust can organise support on someone's behalf.
- Individual Service Funds, where service providers receive restricted funding only to be used for an Individual Designed Service.

Another important confusion is to think that a Direct Payment or Individual Funding arrangement must involve people becoming employers. But this is wrong. People can use their funding to purchase services from providers, from agencies, from self-employed staff.

Getting Started	Doing Well	Really Flying
<p>There are some people with learning disabilities using Direct Payments.</p> <p>There are some families who are using Direct Payments or Indirect Payments.</p> <p>Everybody is being offered the opportunity to use a Direct Payment.</p> <p>Care Managers have been trained in the local systems for Individual Funding (e.g. Direct Payments and Indirect Payments).</p> <p>Care managers always carry information on Direct Payments to share with people.</p>	<p>Many people with learning disabilities are using either Direct or Indirect Payments</p> <p>The systems in place for Individual Funding are well understood by the whole Care Management Team.</p> <p>There are effective local support systems in place to support people to access and use direct payments</p> <p>Care Managers are enthusiastic about helping people manage their own support.</p> <p>Some service providers are using Individual Service Funds.</p>	<p>Everybody gets some degree of control over their own support funding.</p> <p>All service providers are using Individual Service Funds.</p> <p>The local authority has in place one coherent system of Self-Directed Support.</p> <p>Everybody who wants a Direct Payment can get one and is provided with support to use it.</p> <p>Care Managers are experts in Individual Funding.</p> <p>Plans are in place to begin individualising existing block services.</p>

Useful Information	<p><i>Direct Choices</i> available from Department of Health Publications or www.valuingpeople.gov.uk/DirectPaymentsPapers.htm</p>	<p>This guide advises councils on how to interpret the law around Direct Payments and consent.</p>
	<p><i>An easy Guide to Direct Payments</i> at www.valuingpeople.gov.uk/DirectPaymentsPapers.htm</p>	<p>This guide gives people with learning disabilities accessible information on how to use and manage Direct Payments.</p>
	<p><i>Model SDS Policy</i> available from In Control at www.selfdirectedsupport.org</p>	<p>These policies and procedures will enable all forms of individual funding, including Direct and Indirect Payments.</p>
	<p><i>A Parents Guide to Direct Payments</i> available from Department of Health Publications</p>	<p>This guide gives parents accessible information on how to use and manage Direct Payments.</p>

Step Three: Supported Decisions

While Individual Funding provides the means by which the individual can control their own support this will not, on its own, guarantee that people get to control their support. Especially if they need a lot of help with decision-making.

So Care Managers have a crucial role to play in ensuring that people stay in control of their lives, especially those who need significant support to make decisions. Too often people are left in a fog of uncertainty where there is no clear mechanism for making important decisions.

However, Care Managers have a great deal of authority to clear away this fog by sorting out which decisions the person is taking responsibility for and by making sure that any help with decisions or any necessary representation is clear.

One way of doing this is by making sure that there is a Decision-Making Agreement, which sets out who is making key decisions and how the individual will be involved in them. In particular it is important the Care Manager clarifies whether the local authority will treat any family or friends as an appropriate representative.

Some people with learning disabilities can clearly make their own decisions; and some people want help with decisions from an independent or trusted person. Too often local authorities are nervous of recognising the individual's rights in those circumstances and instead the individual's wishes become muddled with the hopes or fears of others.

At the other extreme families often find themselves fighting to get themselves heard, even when it is clear that they are likely to be the best long-term advocates for their loved one. Some family members, or legal Trusts set up by a family, can provide an excellent focal point for key decisions about the individual's future.

It is not always easy to know what the right arrangement should be, however the local authority can set out the principles upon which it makes any decisions and a responsibility to be clear with everyone involved who it is going to treat as a key decision-maker. This means having a clear policy on Supported Decision-Making.

It will also be important to encourage some people to set up Trusts. Trusts are inexpensive and straightforward ways of creating a long-lasting decision-making body for people with very significant learning disabilities. They are great ways of bringing together a small number of key people to make decisions and they can help people manage their own services, buy a home or manage any funds they inherit.

Advocacy is also important, although limited access to independent advocates is no reason not to work with the individual and their network to put in place an effective Supported Decision-Making system immediately.

Getting Started	Doing Well	Really Flying
<p>There is some advocacy available for people with learning disabilities.</p> <p>The local authority assesses on its merits whether a family members is an appropriate or inappropriate representative.</p> <p>All assessments care plans and services have to be agreed by the individual or by an appropriate representative.</p> <p>Care Managers have training in Supported Decision-Making and Total Communication.</p>	<p>Local advocacy services are available to offer support to individuals and families.</p> <p>To assist this there is a local policy on Supported Decisions and clear information available on how it works.</p> <p>Local agencies are able to help individuals and families set up Trusts.</p> <p>Every person with communication difficulties has a communication system set up.</p>	<p>Citizen advocacy, self-advocacy and independent advocacy are all available locally.</p> <p>Every person who needs a Trust has one set up.</p> <p>Everyone who needs help with decisions has a decision-making agreement as part of their Support Plan.</p> <p>If there is a dispute about appropriate decision-making the decision is reviewed by a panel that includes people with learning disabilities and family members.</p>

Useful Information	<i>Pointers to Control</i> by Catherine Bewley available from VIA at www.viauk.org	Detailed argument and analysis of the issues surrounding supported decision-making.
	<i>A Guide to the Mental Capacity Bill</i> available from Dept. Constitutional Affairs at www.dca.gov.uk	An accessible guide to the intended changes to capacity legislation.
	<i>Setting up a Trust for a Disabled Family Member</i> fact sheet available from www.sense.org.uk	The fact sheet gives a summary of the different kinds of legal trusts that can be set up.
	<i>Trusting Independence</i> by Andrew Holman available from www.communityliving.org.uk	A practical guide to setting up Independent Living Trusts so that a group of people can oversee someone's support service.
	<i>Supported Decision-Making in Practice</i> available from In Control at www.selfdirectedsupport.org	Guidance for local authorities on how to enable supported-decision making within the care management process.

Step Four: Individual Empowerment

One of the ironies of successful leadership is that the more successful you are then the more invisible you will become. For Care Management too, success will mean near invisibility.

Instead of relying on Care Managers to design, fund, organise support and sort out every problem people will do as much as possible themselves as we shift towards self-directed supports. They will get help from a variety of different people, depending upon the problem they are trying to solve.

Within such a person-centred approach some essential tasks will remain the responsibility of the Care Manager:

- ❑ To assess needs so that people know how much support they are entitled to
- ❑ To check that people have all the help they need to plan and organise their support
- ❑ To agree the Support Plan that is developed by the individual and their supporters
- ❑ To ensure that things are working well and to help change them where necessary

The additional benefit of working in this more empowering and facilitative way is not just that it will help the individual be more independent and make better use of other community resources but it will also make the job of the Care Manager more achievable.

At the moment the burden of responsibilities placed on the shoulders of Care Managers is frequently unrealistic and pressure of time limits the ability of Care Managers to do their job properly. If less energy can be spent helping those who can do more for themselves this should enable Care Managers:

- ❑ To focus their energies on those people in really difficult situations
- ❑ To support those who have no family, friends or trusted supporters to help them
- ❑ To work strategically to improve the access of people with learning disabilities to community resources and services

One strategy that has been developed to shift power in this way is to enable people to come forward with their own Support Plans; these plans contain seven things:

1. Information about the individual's wants and needs
2. The individual's objectives for the future
3. How their support will be delivered
4. How they maintain health & safety
5. How decisions will be kept close to the individual
6. How the service will be managed
7. How much the service will cost

Getting Started	Doing Well	Really Flying
<p>When an individual wants to make plans for their future they can usually do so with help from family or friends.</p> <p>When people come forward with their own plan this is used as the basis of an assessment and care plan wherever possible.</p> <p>Service providers are always encouraged to develop individual service plans and offer better services within their existing resource levels.</p> <p>People are becoming less dependent upon their Care Manager for advice and information.</p>	<p>People are regularly encouraged to plan or organise their support with the help of other people besides their care manager</p> <p>There is a local policy setting out what a Support Plan needs to include and guidance to individuals and families on how to develop a Support Plan.</p> <p>There is known network of planning facilitators who can be used to help people plan.</p> <p>Care managers know who provides advice, information and support for major community services and can point people to them.</p>	<p>Most individuals are planning or organising their own support</p> <p>There is a funded system of support brokerage to helping people get independent advice to plan and organise their own support.</p> <p>Some members of the team are expert planners who can develop a person centred plan when people have no other help available.</p> <p>Care managers have good knowledge of the major person centred planning tools.</p>

Useful Information	<p><i>All My Life's a Circle</i> by Mary Falvey et al. available from www.inclusiononline.co.uk</p>	<p>Help to use different planning tools to help people get new direction in their lives.</p>
	<p><i>Essential Lifestyle Planning</i> by Michael Smull and Helen Sanderson available from www.nwtdt.com</p>	<p>Detailed systems for gathering information and planning with people where communication or behaviour is difficult.</p>
	<p><i>How to Write Your Support Plan</i> available from In Control at www.selfdirectedsupport.org</p>	<p>This guide gives detailed advice to anyone trying to construct their own support plan.</p>
	<p><i>Person Centred Planning – A Resource Guide</i> available from www.nwtdt.com</p>	<p>A guide to the many and varied planning resources, books, videos and tapes that describe Person Centred Planning.</p>

Step Five: Funding Entitlements

Without doubt the most challenging issue for Care Managers is the pressure they are under to both ration existing services and at the same time to meet the growing expectations of individuals and families to receive high quality support services. Care Managers often feel that they are torn between pleasing the person they serve and managing the limited resources of the local authority.

However Fair Access to Care means that we are moving to a position where local authorities will have to be much more consistent in their allocation of resources to different individuals. In fact some local authorities are experimenting with an explicit Resource Allocation System that will enable them to tell people the level of funding they can expect to receive at the earliest stage. This then empowers individuals to plan much more effectively and creatively to meet their own support needs.

It may not seem obvious that being more Person Centred means being more consistent and up-front about what people are entitled to. Often being Person Centred is confused with simply giving people more of what they want. This is wrong. Being Person centred means being able to sort out what you want to do and how you want to do it in ways that suit you. We all face constraints about resources in our lives, but most of us are able to decide for ourselves what our priorities are and how we want to achieve our goals.

Information is power. Giving people information about the funding they are likely to receive empowers them to think through how best they want to use that funding. Giving people this information also reduces the degree of unhelpful negotiating that can creep into the assessment process. Once the level of funding has been set then there is less incentive for people to:

- ❑ Under-estimate the individual's level of capacity
- ❑ Over-estimate the level of risk in people's lives
- ❑ Hold back from using the help of family and friends
- ❑ Seek the most expensive forms of support

Instead, if the level of funding is agreed with the individual then they have every incentive to get the best possible value from the agreed level of funding.

It may be the case that local authorities cannot create a genuine entitlement to support without some changes in national policy. However it is possible for us to get much of the advantage of this approach even now if we start to treat the individual and their family as genuine partners, with rights and responsibilities.

One area where there could be significant immediate improvement is in the take-up of ILF. It is clear that many people are missing out and Care Managers are in an excellent position to help people obtain this entitlement.

Getting Started	Doing Well	Really Flying
<p>Assessments are completed quickly and people are given clear information about their level of entitlement.</p> <p>People are told how much their present service costs and are supported if they want to do something different with the same money.</p> <p>Care managers know and understand the benefit system.</p> <p>All Care Managers have received training in the ILF works and how to make successful applications.</p>	<p>There is an agreed, simple as possible assessment process, for social care People are given some indication of what the council will consider a fair allocation of funding for someone with their needs.</p> <p>Care Managers are good benefit advisors.</p> <p>There is a system in place to offer some interim support funding for people who may need some time to become less reliant on paid support.</p> <p>There is an organised system for reviewing benefits and ILF entitlements.</p> <p>There is clear leadership and expertise on using the ILF and other forms of income.</p>	<p>There is a public Resource Allocation System in place so that everybody can find out what he or she is entitled to receive.</p> <p>There is a system of accountability that enables entitlement decisions to be challenged and which involves people with learning disabilities and their families.</p> <p>Care Managers always ensure that people's benefits are reviewed</p> <p>Local people are maximising their use of the ILF.</p>

Useful Information	<i>Resourcing the Vision</i> by Paradigm available from www.valuingpeople.gov.uk/Money.htm	A guide to the many different forms of funding relevant to people with learning disabilities.
	<i>Fair Access to Care Services</i> available from www.dh.gov.uk	The government's policy on ensuring that people are treated fairly when receiving social care.
	<i>Professional User Guide</i> available from www.ilf.org.uk	A guide to the details of the Independent Living Fund for Care Managers and others.
	<i>Resource Allocation</i> available from In Control at www.selfdirectedsupport.org	This paper offers a methodology for developing an explicit resource allocation system.

Step Six: Quality Improvement

One part of being a good Care Manager that does not get enough attention is the critical role they can play in sharing and developing learning. The Care Manager is in a unique position to achieve insight into what is working well for different people in the local community and is able to see when things are not working well and when they need to change.

This means that Care Managers can help people learn and perform better in a number of different ways:

- ❑ Connect people to others who have relevant skills and experience
- ❑ Share stories and examples of great achievement
- ❑ Help people to reflect on what is working well and not working well
- ❑ Help people problem-solve
- ❑ Advise on local and national policy
- ❑ Intervene when progress is not being made

Unfortunately pressure of time and the standard format for reviews as hurriedly convened meetings of professionals does not always enable the best possible learning. In particular an unhelpful defensiveness sometimes creeps into the relationship between the Care Manager and any service providers.

Overall this is an area that has not received enough attention. But there are several possible factors that could help improve the quality of the learning that goes on.

In particular Care Managers can learn facilitation and problem-solving skills that will enable them to intervene in a helpful way. This means disciplining groups to think through problems properly, to listen carefully to everyone's experiences and to ensure that there are clear action steps arising from any thinking the group does.

This is particularly the case when considering issues of risk. Too often risks are poorly evaluated and the response to significant risk is simplistic. Often the proposed solution exacerbates existing problems. This is an area where Care Managers need to be supported by coherent local guidance and not pressurised into inappropriate responses.

Overall there needs to be a greater focus on sharing learning between individuals, families and service providers. Rather than being simply expert professionals care managers will need to be expert connectors and facilitators. For there are far too few Care managers around to make all the changes necessary, change must come from the community itself, led by people with learning disabilities themselves.

Getting Started	Doing Well	Really Flying
<p>Care managers have received training in problem-solving.</p> <p>Care managers have been trained in how to make effective assessments of risk and develop good plans to minimise risks.</p> <p>People are supported to take risks, innovate and try new things.</p> <p>Service reviews are respectful of the person and focus on how successfully people are being supported.</p>	<p>There is public guidance on risk management available to Care Managers, service providers, families and individuals.</p> <p>There is a full local training programme that supports individuals, families and all professionals.</p> <p>People are given the chance to prepare and plan their own service reviews.</p>	<p>There is a lively network of peer support where people learn from each other's successes and failures.</p> <p>Personal successes and achievement are well publicised and there is a culture of story-telling and sharing information.</p> <p>People can challenge and review risk assessment decisions.</p> <p>The person or someone close to them leads service reviews and they feel in control of the process.</p>

Useful Information	<i>Person Centred Risk Assessment</i> by Peter Kinsella from www.paradigm-uk.org	A paper setting out a methodology for managing risk while staying Person Centred.
	<i>Oi! Its my Assessment</i> from www.peoplefirstltd.com	A guide to people with learning difficulties on their rights and the role of Care Managers.
	<i>Our Plan for Planning</i> available from Manchester People First	Self-advocates say how planning should work and what helps and what gets in the way.
	REACH by Paradigm available from www.paradigm-uk.org	A system for evaluating supported living services in partnership with the people who receive them.
	Health & Safety Guide available from In Control at www.selfdirectedsupport.org	Guidance on a wide range of practical health and safety issues that may arise in planning services.

Step Seven: Real Partnerships

This guide is offered to Care Managers at a time when things are still changing. And it is unlikely that things will ever stop changing:

- ❑ More people are taking responsibility for managing their own support.
- ❑ More people are expecting to receive help and support from other parts of the community, not just from the social care system.
- ❑ More people with learning disabilities are feeling confident about setting out their own expectations for the future.

Care Management is likely to become increasingly double-edged. On the one-hand there are enormous opportunities for people to be facilitated to do much more for themselves. On the other hand there will be an even need to focus on those people whose lives are really stuck, where people live in deeply institutional services, or where they lack any allies and community connections, or where people are in abusive and dangerous situations. In these situations Care Managers will need to intervene and intervene with urgency and rigor.

There is here a temptation to reorganise teams. For it may be useful for teams to separate out some of the tasks of Care Management and to allow people to specialise around their particular skills. But it is too early to be sure that there will be any major benefits from internal reorganisation and teams should avoid making change for the sake of change.

Care Managers will also have to adapt to other changes in the world of social care. At this stage there is no one pattern emerging and an enormous variation in local practice but some of the changes include:

- ❑ More independent advocacy available to people
- ❑ More integration between health and social care
- ❑ More service providers are trying to offer genuinely person-centred services.
- ❑ More services for people using Direct or Indirect payments
- ❑ More people offering support brokerage

Where these changes are taking place it is vital that Care Managers work to clarify the different roles that these others are playing and to maximise partnerships. These changes provide enormous opportunities to Care Managers. Too often confusion leads to a waste of energy and conflict instead of better services.

In particular it is important that Care Management Teams account to the Partnership Board and to local people with learning disabilities and their families about the impact and outcomes from their work in terms of people having improved lives. The role of Care Managers needs to be understood by the wider community and Care Managers need to be given the chance to listen to the views and experiences of those who use its services.

Getting Started	Doing Well	Really Flying
<p>Care Managers are trained to support community connections.</p> <p>Everybody is clear on the role of the locally agreed role of health professionals and mental health services.</p> <p>Schools and Care Management Teams work together to ensure everybody gets the chance to plan before leaving school.</p> <p>Care Managers are in touch with local colleges and employment services.</p> <p>Local commissioners are in regular contact with the Care Management team.</p> <p>The Partnership Board understands the role of Care Managers.</p>	<p>Care Managers directly facilitate community connections for people with learning difficulties.</p> <p>There is an effective partnership between health and social services enabling mutual support and greater efficiency.</p> <p>Schools enable individuals and families to identify community opportunities rather than segregated services.</p> <p>Care Management and Commissioning work as a team with a shared agenda for change.</p> <p>The work of the Care Management Team is regularly scrutinised by the Local Partnership Board and people with learning disabilities.</p>	<p>Care Managers facilitate all services to help people make friendships and form relationships.</p> <p>Specialist health services primarily enable people to effectively access the relevant mainstream health services.</p> <p>Care Managers work with employers and community leaders to enable greater community inclusion.</p> <p>Everybody who wants a job can get expert advice and support to find a job.</p> <p>Everybody who wants to can get access to adult education.</p> <p>The Local Partnership Board champions the Care Management Team as a key their ally.</p>

Useful Information	<p><i>Friendship and Community</i> by Jo Kennedy et al. available from www.nwtdt.com</p>	<p>A book setting out key strategies for enabling friendship for people with learning disabilities.</p>
	<p><i>Review Of Community Learning Disability Teams - Review Toolkit</i> from www.valuingpeople.gov.uk/PartnershipPapers.htm</p>	<p>Guidance for partnership Boards as they review their own Community Teams.</p>
	<p><i>Green Light for Mental Health</i> available from www.learningdisabilities.org.uk</p>	<p>A toolkit to help teams offer better mental health services to people with learning disabilities.</p>

Conclusion

The challenge of offering Person Centred services is not just about the service that is offered to the individual. As well as thinking about the individual it is important for the team to think about its whole development and its relationship with the wider community.

Often the focus for Care Managers is on their relationship with colleagues from the NHS, and this is understandable given the historical importance of health services to people with learning disabilities. But other relationships are important:

- ❑ Local providers of support services
- ❑ Local schools and transition services
- ❑ Employers and employment services
- ❑ Community and leisure resources
- ❑ Adult education
- ❑ Local media and leaders in public education

It is only by fostering strategic relationships with these groups that Care Managers can hope to foster the wider community change that will make community inclusion possible.

But Care Managers cannot do this alone. They need the support of the local authority and in particular the senior managers responsible for shaping and commissioning future services.

There needs to be an intimate understanding between the lead commissioner and Care Managers. Local commissioning should be based upon the real experiences of Care managers:

- ❑ What kinds of service are needed, and which are not
- ❑ Which providers are trusted and which are not
- ❑ Where funding is used well and where it is wasted

And Care Managers should be working to the local plan:

- ❑ Concentrating on people where change is urgent
- ❑ Supporting people to make use of new developments
- ❑ Working together with key partners

It is an effective internal partnership between Care Managers and the local authority that is vital to success. Where it is missing progress will be slow.

Glossary

Care Manager: Someone who has the job of assessing needs and organising support to meet those needs

Direct Payment: Money goes directly to the person so that they can organise their own support

Decision-Making Agreement: A local agreement for how decisions are made when people can't take full responsibility for their decisions

Disability Living Allowance: An important benefit for disabled people

Essential Lifestyle Planning (ELP): A particularly detailed form of Person Centred Planning

Independent Living Fund (ILF): Special funding to enable someone to live independently

Individual Funding: Money is linked to a particular individual rather than to a service

Indirect Payment: Money goes to someone who can organise care on the person's behalf

Individual Service Fund: Money is given to a service, but its use is restricted to be spent only upon an individual

Partnership Boards: Local planning bodies that bring together key leaders with local individuals and families

Person Centred Planning: Planning with people in a way that maximises their control over their own destiny

Self-Directed Support: People designing their own support so it suits their life

Support Brokerage: independent help to plan and organise a support service

Supported-Decision Making: Keeping decisions as close to the person as possible

Trust: A legal body, set up by a lawyer, to act for someone