

## **The Road to Hell is Paved with Good Intentions**

*Andrew Carpenter is London Region Coordinator for the National Brokerage Network. Here he outlines his view of why Personalisation matters and why it is so much more than just a change in paperwork.*

I have found myself using the title phrase more and more as I try to summarise the need for change and for that change to be genuine and not just a paperwork exercise. It seems to me that in the past we created a system designed to help, support and protect, but which ended up disempowering people and safeguarding the professional over and above the disabled person (if you'll forgive the catch-all terminology). It's left us with easy, safe and one-size-fits-all solutions being doled out by local authorities. Except for those lucky enough to be placed in a 'good' service, it's also led to an absence of customer service for disabled people, which no-one would accept in any other area of their lives. But it shouldn't be about luck.

Often, the system has made people believe that they are actually incapable of choosing what support they want, when those same people wouldn't bat an eyelid at choosing a builder or a hairdresser. How often have I heard the mantra that disabled people don't want choice or that it's too much hassle for an older person? I wonder how many of the people who roll out that mantra would actually choose to spend their last few days in a care home? But, apparently, choice doesn't matter to older people...

I have heard the argument that having a smaller number of providers makes it easier to monitor, safeguard and quality assure. Perhaps we should ask the council to take over the whole high street in this case. We could all go to the council supermarket, the council hairdresser and the council newsagent. After all, the service and the quality would be so much better in this utopia, wouldn't it?

I've also heard the argument that people tend to come into social care during a crisis and don't have the time or inclination to make choices or go through a long support planning process. Well, it's true that if get run over by a bus I don't want to choose which ambulance comes to fetch me. Equally, I don't want to oversee my own open-heart surgery. But I most certainly do want to be able to choose the nature of my aftercare based on appropriate and clear advice.

In order to make Personalisation happen we must remind professionals that not all disabled people are automatically 'vulnerable' and that most people can be trusted to make choices and take decisions. It is vital that we all understand that self-directed support is not an 'either or' choice, but a sliding scale of change. In other words, people can choose how much they want to do for themselves to keep control, and how much they want someone else to do and then we plan accordingly. Importantly,

that plan is not set in stone and people can change their minds later after seeing how it goes.

Personalisation is not about ignoring those that are especially vulnerable and those that need a great deal of support. But as it stands, the system forces us to assume that everyone is in that category before we've even met them and disempowers more than it empowers. This seems to me to be more about protecting us than about doing the right thing by the individual – after all, if we wrap people in cotton wool, there's less chance of them hurting themselves and us getting the blame.

So...

We need to stop thinking that 'services' are the answer to everything. Disabled people are first and foremost citizens with the right to lead a full life and to be supported to do that.

We need to remind 'the system' that it is not and should not be in control of most people's lives. People should not feel that they constantly need permission from the council to make choices about their own lives.

The system must not focus only on 'solutions' that have measurable results. The small stuff matters and good forward planning pre-empts many crises. But because you cannot measure a negative (i.e. how many crises were avoided), such 'services' are rarely commissioned. It's a false economy to wait for a crisis to happen before the system contributes.

We need to acknowledge that there is likely to be opposition from some professionals for a variety of reasons, not least a perceived risk to their own status and jobs. It is therefore most unfortunate that it is precisely these individuals who are being asked to 'sell' Personalisation in people's living rooms. Personally, I still find it an odd choice when I see a Commissioner in charge of rolling out Personalisation, which is not uncommon. If this role is perhaps most at risk because of people starting to self-commission, I ask myself how successful that roll-out can ever be.

We must make sure that traditional provider services are aware that their customers are just that - customers. Nothing actually changes if disabled people don't have an individual contract with those services and if they cannot actually take their money elsewhere. Yet this principle is too often forgotten as the council target is met when a support plan is approved, NOT when it is actually implemented. It is only in the implementation that real change actually happens.

We must remember that there is more to life than the Department of Health. Disabled people are first and foremost citizens in their own right and not everything they do is related to or ruled by their impairments.

And finally real choice must be offered on a level playing field. This means independent advice, guidance and support brokerage being easily available to people and the LA accepting that they are not always the best person for the job. As it stands, LA's are reacting to The Cuts by withdrawing funding and pulling everything in-house, the precise opposite of what they are supposed to be doing and what their customers would like them to do.

The system persists in putting its own existence as a priority above and beyond the people it is supposed to serve. This must be turned around.