

# IMPACT Evidence Review - Choice and Control

Easy read version



#### What is the issue?



There are lots of discussions in the UK about how **people who use social care** can have **greater choice** about the support they get.



Research shows that people live better lives when they have **full choice** and control in the way they are cared for.



When people are allowed to be creative about the care they receive, people feel more **confident**, **happy**, **and more included in society**.



People think that there are only two ways in which can receive care.

They think that people can either be in control of their lives and manage their own care. This is known as **personalised** care.





**Or** they think people can't be in control of their lives and have as much choice. This is known as **commissioned** care



An example of personalised care would be where you have a **budget** and you **choose** who looks after you and where you go every day. This could be to places like swimming or dancing.



An example of commissioned care would be a **day service** where lots of people go and the **council** arrange this and pay for it.



Some people do not know that people can have a **mixture of both.** 



There are lots of examples of how people receive a mixture of both personalised services and commissioned services.





**IMPACT** wants to find out more about how people can find **a 'middle way'** between personalised services and commissioned services.



We want to know how people with mental health issues, people with a learning disability and people in supported living could have more choice.



People in different parts of the UK use **different words** to describe the ways that people have **choice and control** over their support.



## Let's take a look at the different ways people across the UK do things

### England



This is where **someone else** can **manage a personal budget** for you if you are not able to.

You do have **choice and control** but someone else just manages your social care budget.

Individual Service Funds have been used to 20 years and are in the **Care Act 2014**.









Scotland also uses **Individual Service Funds** and have been using them for **25 years.** 

**Individual Service Funds** allows people to put their money together to buy services together. This is called **'pooling'** money.





When people **pool money** they can do things together, go on **trips**, or buy things **everyone can use**.



Another example would be to pooling money to **buy services**. This could be in **supported living**.

#### Wales



Wales use things like citizens or user led co-operatives.

A co-operative is a **type of business** where a group of people come together to set one up and they **share** who runs it and share the money out.



Different types of **co-operatives** have been created. Some people have created co-operatives which are **user-led**, meaning the people who **use the service also own it**.





Some people have created what is called **multi stakeholder** co-operatives. This means that **users**, **staff** and **community** are own it.



A **disabled person** could also buy a service from a co-operative which is **owned by its employees**.

#### **Northern Ireland**



In 2014 the idea of **self-directed support** came in.

This is where people are given a budget to **choose their own social care**. Like the Individual Service Fund, people can choose whether they manage the budget or ask an organisation to manage it for them.



Even though the words are **different**, each country has things in **common**. They are working towards all ways that people can have **some choice and control** over their lives.



## The four key things that these different ways of making sure people have choice have in common:



People are given a social care budget

2) Support is **personalised** 



3) The budget is there to help someone lead a good life



4) The person getting the budget makes all the decisions about how they want their life to look



### So what does this mean for me?

"I get the support on the days and times that are right for me." "I can use my hours/ budget flexibly and I can choose what I am supported with."

> "I choose who I want to support me, my support worker knows me, and I know them."

"I am supported where it makes sense for me, at home and out and about."

> "I choose how I am supported, and my support workers know this is important to me."



### What is good about the different ways of giving people choice:



People have **more confidence** and have better **health and wellbeing**.



People need less support and have **better relationships**.



People are able to **self-advocate** and **make decisions** on their own.

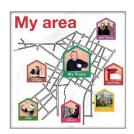


People can be more creative because care is flexible. This works well for people who have changing health needs.



People are more **aware of their rights** and what everyone's roles are. They know who is **responsible** for what.





Council's money is spent locally to help small enterprises and projects.



We make better use of the community.



Service providers have more **business opportunities.** They can offer more personalised services to people.



Service providers have **regular money** coming in and could become **a trusted provider**. This is a list that the council has of good providers in the area.

### But how does this work?



People must **make changes** for this to work.

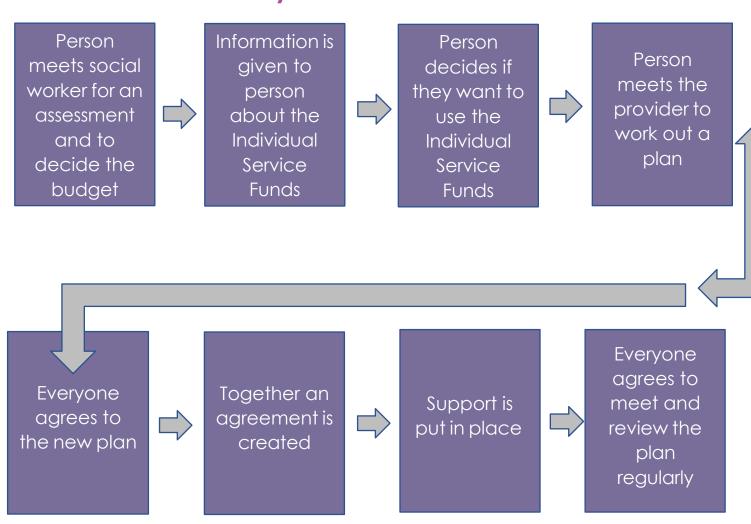




Everyone will need to work alongside **people who need support**.

This includes **people who provide** services, families, community groups and local authorities.

## This is an example of Individual Service Funds and how they work





### Tips for making this happen



Try out these **new ways** of doing things to get some experience.



Place the person at the **centre of decision making**. Keep thinking about what they want to **achieve in their lives**.



Have **good communication**. Meet regularly so people can **learn and share together**.



Create **training** for both social workers and care providers so staff are **always learning** how best to support people.



Make accessible information with and for people who use services and their carers.



Make an easy way to look at what is being spent so everyone knows **where the money is going**.





Make sure **to include all costs** so that whatever people are working towards **works well**.



Keep checking that everything is working for the **person receiving care** and the **people supporting them**.

Thank you for reading this

If you have any questions, please contact Kate Hamblin k.a.hamblin@sheffield.ac.uk

07960899421