



Personalisation

The way forward

January 2010

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1.0 Executive Summary

1.1 The Personalisation Task and Finish group met 3 times between June and December 2009. The Personalisation Task & Finish Group had an active core of 8 LINK members who participated in the meetings and discussion sessions, 3 of the group were Core Group Members, however, the Task and Finish Group Chair was the architect of the questionnaire used in the research and the author of the Personalisation Report, which was completed in December 2009.

Whilst this report should not be necessarily seen as a piece of Academic Research we are looking at existing research, have listened too what local people have been saying about Personalisation via discussion groups, telephone conversations, e-mails and we compiled a questionnaire.

1.2 The three main components of this report are firstly, evidence on what local people are saying, that is the feedback we obtained from LINK members and other local people. Secondly, we used information published by Liverpool City Council for an overview of what the Local Authority is saying. Thirdly, to gain an overview of what National Government is saying , we used extracts from a Speech made by Phil Hope, Minister of State for Care Services, on 18 March 2009: Progress on Personalisation Conference "Putting People First: One Year On."

Recommendations

1.3 Services should ensure that a menu of choice is available so that people can determine whether they want their services provided by the Council, a Direct Payment, an Individual Budget or a mixture of all.

1.4 Individuals in receipt of or looking to use Direct Payments or Individual Budgets seem to be looking for a more simplified process then the one already in Place. They are not looking for a one size fits all approach; they expect a tailor made and flexible care plan to meet their needs. Services should take account of this.

1.5 Services should give more training to the Individuals, Professionals and Personal Assistants to ensure that everyone has a complete understanding of Personalisation and the responsibilities that it carries, e.g. Employment Law training for the recipient and Health and Safety training for the Personal Assistant.

1.6 More Advocacy, Advice and Support are essential to help the process run smoothly.

1.7 There is some evidence that not all Social Workers appear to be aware of Direct Payments and Individual Budgets. This means that more training and awareness should be offered to them as part of their personal and professional development.

1.8 It was considered that in some cases Social Workers were deliberately not advising Clients about Personalisation. If this is true this should be addressed immediately.

1.9 Concerning disabled people, the process of inclusion must involve the education and training of others in disability Equality/Awareness, the offer and availability of information in a wide variety of formats, appropriate guidance and practical support, the provision of necessary equipment and especially sustained social support.

1.10 In conclusion the Personalisation approach seems to be welcomed and supported by Individuals and those working in the field. However, a model needs to be adopted that is simple to understand, tailored to meet the needs of the Individual and that can be rolled out throughout Merseyside.

1.11 As and when Liverpool LINK deems it desirable it may carry out supplementary work to update or improve its reports. At the time of publication this Task and Finish Report is in the process of being screened for any negative impact on equality by the Liverpool LINK Equality and Diversity Working Group. Any findings will be submitted to the Chair of this Task and Finish Group in February 2010. If the need for any further work is identified as a result of the equality screening, this will be implemented via a supplementary report to be published by June 2010.

Liverpool LINK, January 2010

2.0 Background/Personalisation – The way forward

2.1 My name is John Perry and I was selected to chair the Liverpool LINK Task and Finish Group on Personalisation. I am a Blind person who has worked in both the Private and Voluntary Sectors for many years and also a Direct Payments recipient. I am an active member of various committees. I am an Advisory Member of the Health and Safeguarding Select Committee (Liverpool), an advisory member of the Health and Safeguarding Scrutiny Panel (Liverpool), Deputy Chair of Liverpool Disability Network, Co-Chair of Merseyside Coalition for Inclusive Living, Trustee of Merseyside Inform, Advisory Member of Merseytravel Transport and Access Panel, Member of Direct Payments Local Implementation Group (St, Helens), Member of St Helen's LINK, a Core Group member of Liverpool LINK and a Board Member and Champion of Vulnerable People for Helena Partnerships in St Helens.

2.2 The Personalisation Task and Finish group met 3 times between June and December 2009. The Personalisation Task & Finish Group had an active core of 8 LINK members who participated in the meetings and discussion sessions, 3 of the group were Core Group Members, however, the Task and Finish Group Chair was the architect of the questionnaire used in the research and the author of the Personalisation Report, which was completed in December 2009.

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Liverpool LINK, January 2010

3.0 What is LINK?

3.1 Liverpool Local Involvement Network (LINK) is an independent network made up of local people and groups. LINK operates throughout the UK and aim to give citizens a stronger voice in how their health and social care services are delivered. LINK is hosted by Liverpool Charity & Voluntary Services (LCVS).

3.2 It provides an opportunity for the whole community to say what they think about local services, raise issues of concern and work with those who run the services to create lasting improvements.

3.3 The purpose of this report is not to replace or rule out any work that has been done locally and nationally around personalisation, but to build on and develop a more focused approach. Therefore, we have sought the opinions of a range of Individuals, Groups and Organisations both locally and nationally and looked at the Local and national government stance on Personalisation.

4.0 Terms of Reference/Why report on Personalisation/Direct Payments?

- LINK is about Health and Social Care too
- LINK members told us Personalisation was important to them

Our Core Group agreed that it should be one of our priorities to reflect the opinions of people in Liverpool regarding Personalisation

5.0 Introduction

5.1 Personalisation can mean so many different things, depending on the person you are talking to. So it may be useful for the purposes of this report to outline what I understand Personalisation to mean, recognising that others may have their own thoughts and opinions.

5.2 What do we mean by Personalisation/Direct Payments?

- All people receiving publicly funded adult social care will have a personal budget
- That means they get funds upfront, to help them to choose how to meet their health, social care and well-being needs.

The Local Council also has a “Fairer Charging” policy in place which requires some people to contribute toward their Care Package.

6.0 Methodology

6.1 Whilst this report should not be necessarily seen as a piece of Academic Research we are looking at existing research, have listened to what local people have been saying about Personalisation via discussion groups, telephone conversations, e-mails and we compiled a questionnaire.

7.0 What are people saying?

Evidence from two of our Task and Finish group discussions.

7.1 In this section we aim to explore what people and organisations are thinking. It should be noted that this is to be seen as an overview of what people in Liverpool think. We recognise that others may have a different view and there will be an opportunity for you to have your say by responding to this report, filling in the Questionnaire, contacting Liverpool LINK or contacting me direct. Please refer to the end of the document for contact details.

7.2 In two of our Task and Finish group discussions it was thought that although Direct Payments were seen as a good way to handle a person’s care package the group detailed problems they had faced applying for them and maintaining them. These included:-

- Direct Payments not being well publicised and information not standardised
- Users being told by the Council what they should use their money for, taking their independence away
- The actual process can drag on for months
- People with mental health problems and older service users being “too scared” to apply for them because of the process and the paperwork involved
- Not enough training for recipients with the paperwork and the fact that they will become employers
- Carers not being given enough support leading to them suffering stress and other illnesses
- Since Direct Payments were adopted not much has been improved to aid people to easily apply for them

7.3 It was generally thought by the group that Individual Budgets would be a better approach for Users and Carers and should iron out any problems that Direct Payments were causing.

The group decided that drastic improvements had to be made. These included:-

- More training – especially on Employment Law, Health and Safety, Risk Assessments and Manual Handling for both User and Carer
- More information – this should be standardised across the board, easy to access and available in any format
- It was recognised that what the Authority thought Direct Payments should be used for was different from what the Recipient thought. Also that this changed depending on the Authority concerned.
- It was agreed that Careline should be overhauled and that Qualified Assessors should be used as the first point of contact so that the Service Users needs would be recognised and understood straight away. It was felt that some of the Careline Operators were not sympathetic and their manner brusque and that this put Service Users off going any further.

7.4 The entire group agreed that full information was not given to Clients or Organisations about Direct Payments and Individual Budgets and that the information available was sketchy and varied from Borough to Borough. (Please note that the views expressed by LINK members in these meeting are important evidence for what individual LINK member's views are, but they do not claim to constitute the views of the LINK as a whole)

8.0 Evidence from community based meetings.

8.1 Individuals gave the following feedback at a LINK community based in meeting in Norris Green:-

- The personalisation of care budgets could be the most dangerous or the best thing to happen to social care
- Care service users are becoming employers but not aware of liability – risks!
- Fear of abuse of the system – and of individuals
- Choice of how to use money to buy services is good but could be controversial – personal services may include sexual services for instance
- Concerns re: safeguarding processes – social workers having minimal contact with care users
- Care Quality Commission has no remit over services provided to individuals who purchase their own care
- How can people find out about available services / brokerage schemes? How can they be sure advice is not biased and can be trusted?
- A positive outcome might be that care providers who are employed directly by care users might be more dedicated / responsible
- How will care needs assessments be scrutinised? No assessment should take less than 1 hour
- What training will be available or expected for carers? (e.g. respect for service users / use of hoists or other equipment / moving and handling)

- Concern that the personalisation agenda will be an additional responsibility for women – already the main care givers
- Need for consistency / continuity / trust for service users (particularly those with mental health support needs) – concerns that this may be lost
- Fears re lack of redress for individuals who employ staff. What complaints system exists?
- Community based brokers should help with paper work but where will funding come from?
- What impact will personalisation have on voluntary sector services?
- Ideally services should be free – things seemed to work well when they were and people started cutting back on the support they received once they had to pay for it. Yes, personalisation offers choice and the ability to tailor services to fit individual need but it may be going from one extreme to the other...
- Carers can only provide the services outlined in an agreed care plan – they can't work outside that plan / use their own initiative to deal with circumstances as they arise as they will not be insured to do so
- Financial reviews should always take place when assessments are made. Currently money is not backdated – some are receiving services that they are not being paid for and are worried that debt is mounting
- Systems vary between local authorities
- There is a lack of available carers leading to more unpaid carers doing the work
- Hard to get cases reviewed if classed as 'Open but not Active' or 'No Further Action'
- Difficult to access Careline
- System seems to be working well in Lancashire – why is this? What can be learnt from good practice elsewhere?

8.2 Individuals gave the following feedback at a LINK community based in meeting in Allerton:-

- Covering the cost of 24 hour care support whilst on holiday
- Flexibility is good – one size doesn't fit all
- Choice is positive, care can be tailored to own needs, provides greater independence
- Consultation has been good but how does it get fed back up to the decision makers?
- Training has happened and has been valuable for carers of people with dementia
- Targets – 4,000 in receipt of own budgets by 2010? Is it do-able or is the process too target driven?
- What happens when things go wrong? If people come off direct payments do they lose their care package? They will need continual support at this point
- There is still too much unpaid care happening – more publicity about personalisation is needed and better communication channels
- Pensioners who care for other pensioners lose money as soon as they get their own pension – you are not allowed to have 2 payments but you actually

need more support in these circumstances (the National Pensioners Convention is working on this issue)

- Consultation periods have been too short re: dementia services
- Child carers in danger of exploitation and need more support from local authorities

(Please note that the views expressed by LINK members in these meeting are important evidence for what individual LINK members' views are, but they do not claim to constitute the views of the LINK as a whole)

9.0 What is the Local Authority Saying?

9.1 "At Liverpool City Council, we believe that an effective delivery of personalised services will:

- Increase choice and control for people
- Allocate resources fairly and openly
- Improve the quality and range of services
- Make better use of reducing resources.

In order to establish how personalisation could best be implemented in order to achieve the above, Liverpool City Council undertook a consultation and engagement programme so that we could hear the views of people who use services, their families and carers. We were also keen to hear the views of people who work with and support people who access all types of social care services." Excerpt taken from "Personalisation - the Conversation begins (Feedback Report)"

http://www.liverpool.gov.uk/Council_government_and_democracy/About_your_council/Consultation/Consultation_exercise/Closed/personalisation_the_conversation_survey.asp

What follows is a question and answer session taken from "Personalisation - the Conversation begins" (Feedback Report), based on a series of events that the Council held and to some of which I attended.

9.2 What assessment will I need to have in order to get access to a personal budget?

People who are eligible to receive care services under the Department of Health's Fair Access to Care Services guidelines (FACS) are eligible for public funding and who are willing and agreeable to accessing all the money to which they are entitled. All assessments are carried out in line with the published FACS criteria, but it is likely that we will introduce a self assessment mechanism as people tell us this is what they want, there will be a need to have supported self-assessment for those people who want support.

9.3 How do people know if they are eligible under FACS?

At present, people who have support needs themselves or someone on their behalf can contact Adult Social Care to ask for an initial assessment of their needs. A meeting will be arranged to assess if you are eligible to receive support from adult social care.

In the future, eligibility for support will be established through a Self Assessment Questionnaire and support planning process to ensure that people have access not only to services but a range of other support available to them.

9.4 What happens if I am not eligible for support from adult social care?

You can expect to be given advice about where to get other help, this may vary depending on your individual needs.

9.5 If I decide to take a personal budget, how will I receive it?

There are likely to be a number of ways by which you can access your budget. These could include a regular payment into your bank account, a payment on your behalf to a provider who has agreed to meet the outcomes identified in your support plan (this is called an Individual Service Fund) or payment into a fund managed by a third party.

If you choose to obtain your support from us you will know the cost of your support but your money could be managed on your behalf, this is called a virtual budget.

9.6 What is the difference between self-directed support and direct payments?

Self-directed support enables you to mix and match the support you receive. For example,

You may choose to have some money paid into your bank account to purchase support. You may also want to use part of your budget to have support from us (a virtual budget) or paid directly to a provider through an Individual Service Fund. The choice is yours!

Your budget may also include funding from other organisations such as: Independent Living Fund, Supporting People, Disabled Facilities Grant, Integrated Community Equipment Service, and/or Access to Work.

9.7 What if things don't work out?

You will always have the option to have your support directly arranged by us and not go down the route of self directed support should you choose to do so.

9.8 Why would someone choose self-directed support?

It gives you more independence. The ability to either choose directly which service you have or inform how you receive services will give you more control and flexibility over how, when and where you have your support.

9.9 Who is eligible for self-directed support?

If you are assessed as eligible for adult social care services you will be offered the option of direct payments in place of the services you receive. Self-directed support is an extension of this option but will put you in the position of being in control. If you're not currently receiving social care services you'll need to contact us so we can assess your needs.

9.10 How much money will I get?

The amount you receive will depend on the assessment of your needs, which we will make when you contact us, clearly we have finite resources available to us and we have a duty to ensure that these are used to the best effect for you as an individual in order for you to achieve the outcomes you need with the support available to you. This is balanced between the natural support already available, existing resources through your local community you may not be aware of etc, but most importantly it will be a package of support that you have choice and control over.

Everyone who accesses care is financially assessed to determine how much they can contribute towards the cost of any services provided (except for some small pieces of equipment), whether those services are delivered directly by the council or through direct payments/self-directed support. In some cases the assessment will show that you don't need to pay anything.

9.11 What can I use my personal budget for?

The money is for you to use to pay for the services and/or equipment which will meet the needs we have assessed you as having.

As a general principle, we will aim to leave you to choose how best to meet your assessed needs as long as they are satisfied that agreed support arrangements made, are being met. Your support planning process will include what outcomes you want to achieve and how you intend to use your budget to do this.

9.12 If I choose a personal budget do I need to keep any record of how I spend the money?

If you receive money directly from us, you'll need to account for the money you spend.

We will tell you what records you need to keep and what information you'll be expected to provide: examples include timesheets signed by personal assistants, or receipts for services from agencies.

We need to make sure that the needs for which we are giving you a budget are being met.

We would discuss this with you when you choose to access a personal budget and during your support package reviews.

9.13 Do direct payments and/or self-directed support have any effect on my benefits?

Direct payments are not a replacement of income and therefore will not normally affect the benefits you may be receiving, although in some cases Carer's Allowance may be affected.

9.14 What happens if my needs change while I am in control of my own support?

If your needs change, contact us as soon as possible so that we can adjust the payments you require. It doesn't matter whether the changes are long- or short-term. For example, if you don't need to spend the full amount for a while because your condition improves temporarily, or if you go into hospital, we may need to adjust your payments.

9.15 If I choose a personal budget, can I get help with the administration of it?

Yes, as part of your assessment you can decide how much or how little you want to do of the administration or whether you want us or an independent person to manage it on your behalf.

9.16 How can you ensure that vulnerable people are protected under personalisation?

Liverpool City Council has a statutory duty of care to all the people who receive services; this includes some of the most vulnerable people in our society. We currently have a robust Quality Assurance Framework under which we have a system of checks and balances aimed at protecting people. This will continue as we move towards a more personalised care system, our duty to protect is not diminished in any way and if anything will be strengthened by having a more open and transparent support system.

9.17 What happens if someone chooses an unscrupulous broker or service provider?

Clearly any new system will need to be closely monitored to ensure that people who are unscrupulous or intent on exploiting individuals are not allowed to do so. Whilst we are still refining how the system will work in practice, we are taking the opportunity to work with our colleagues in Trading Standards to ensure that all people purchasing services are protected under current legislation and that they have good access to this support as and when they need it.

9.18 How will you monitor and review people on self-directed support?

As previously stated our statutory duty of care does not alter with the introduction of personalisation, so we will continue to operate robust monitoring, reviewing and auditing processes in order to that people are receiving the support that is right for them and that they are achieving the agreed outcomes.

9.19 Practical implementation and ongoing communication - When is this going to happen?

These events are just the start of the process and as we move forwards towards a more personalised system the rate of change will vary. We have set some key milestones to help us achieve a realistic and sustainable approach to transformation. One of these milestones is that by March 2010 we will give all people eligible for support access to supported to self assessment and be given the option of choosing alternative support within this budget.

As we move towards 2011, all people who currently use social care services will have the opportunity to access self directed support.

9.20 If I choose to do this, can I get support to manage as an employer?

There will be lots of options available to people accessing self-directed support, they may choose to manage their budgets themselves, they may choose to use an independent advocate or support broker. They may choose to be in control of their budget but want the local authority to manage the finances and employment aspects on their behalf. So there will be varying levels of support available depending on what people choose to do.

9.21 If people choose a personal budget, is there enough choice of things to purchase?

Clearly we need to ensure that people have access to a wide range of services across the board in order to help them achieve their agreed outcomes, we are currently working with support providers across Merseyside to ensure that they develop and grow new services and options for people. We are also working with our colleagues in neighbouring authorities, such as Sefton, Knowsley and Wirral to ensure that the spread of available services is widespread across the Merseyside region to give greater choice and options.

9.22 How will the council work in partnership with other organisations to implement personalisation?

This transformation is arguably the most important change to public services for a great many years, in order for us to do this well it is vital that we work with our partners to ensure a cohesive approach across organisational boundaries. It is important that jointly we work together to provide the best possible service to the citizens of Liverpool, we can only do this effectively with good partnership working. We already have a number of forums and mechanisms that enable us to work effectively with our citizens such as the Joint Commissioning Groups and other consultative groups. The introduction of the Expert Panel made up of people who use services, their families and carers will further consolidate our partnership approach.

There seems to be a considerable gap from where we are now to where we need to be in the future.

9.23 How is the council going to manage this?

We appreciate that we have some way to go, but feel that it is vitally important to get it right and to do this we need to plan carefully. This why we have started the consultation and communication process with all relevant people at the very earliest stage so that we can listen to what people have to say and build that into our vision for the future. We need to learn from the pilot sites in other parts of the country in terms of how they have met any challenges and overcome barriers, but more importantly we need to ensure that the transformation in Liverpool is based upon what people want and that's why it is vital we hear your views through the recent events and the forthcoming ongoing communications so that we have change that is both sustainable and embedded.

9.24 How will you continue to communicate with us?

The feedback contained in this report will shape the way we move forward in terms of the next stage of consultation and engagement with people. Clearly people wish to have their voice heard and we have given people the opportunity to do this through the first part of the consultation. We will now be arranging the second phase based on the four key areas identified in this report and details of that will be widely circulated soon. We are also in the process of recruiting an expert panel which will consist of people who use services, carers and their families. The recruitment details will appear in the local press and through other existing communication channels. We also now have a central point of information through the Making it Personal web pages which can be found on the city council website at www.liverpool.gov.uk/makingitpersonal

10.0 What is National Government saying?

In undertaking this work, I and others involved have had the opportunity to have a dialogue with Ministers and M.P.s about Personalisation and wider issues that will have an impact on the lives of Disabled people. This section contains an overview of current Government thinking.

The next extract is taken from a Speech made by Phil Hope, Minister of State for Care Services, on 18 March 2009: Progress on Personalisation Conference "Putting People First: One Year On."

"I'd like to say from the outset, I think this is a very important event. Important because, one year on, it's a good time to take stock of where we are and where we need to go next in translating the philosophy of Putting People First into everyday practice.

But important also, because at this point – with tough times upon us economically – the principle of personalisation is more crucial than ever.

10.1 Transforming lives – for people using services

I doubt there's a person in this room who would question the transforming power of personalisation.

First and foremost, it's transforming the lives of service users.

Like the lady I met recently in Essex, who used her individual budget to buy an oxygen compressor – freeing her from the travel constraints imposed by her condition.

Or Ben, also from Essex, who uses his individual budget to pay for a personal assistant who takes him to the theatre and cinema – two of his big passions.

Or my favourite individual budget story: a retired gentleman suffering from mental health problems, who used his budget to buy a dog. It got him out of the house, got him meeting people, rebuilding his confidence and rebuilding his links with the community.

Now I'm not one for regional stereotyping, but the fact that the gentleman just happened to be from Yorkshire, and the dog just happened to be a whippet made it stick in the mind! What also stuck in the mind was that it worked incredibly well for everyone concerned.

By giving him the choice, giving him the power to decide what would make the difference to his own life; the individual budget transformed his outlook, and helped to reduce his dependency on other forms of support.

It improved his quality of life. It saved the council money in the long run. And it gave the good old whippet a loving new home in the process!

10.2 Transforming lives – for carers

But, of course, personalisation can be just as transforming, just as life-changing for carers too.

Research has shown that individual budgets are helping to reduce their stress, improve family relationships and their wider wellbeing too.

Last year's Carers' Strategy is designed to build on this point. Too often in the past, carers have been neglected, a silent six million doing vital work in their community, but without the recognition and support they deserve.

The Carers Strategy is changing that, and we need to push on in giving carers the right help. Help that's personal and responsive to their needs. Help that works for them, and not the organisation providing it. Again, this is key to the vision of Putting People First.

10.3 Transforming lives – for the whole sector

But let's not forget that personalisation is also transforming a third important group. Namely, us. All of us in this room. It's transforming the way we think, operate and work together.

That process is really exciting and rewarding – but also extremely difficult. It's a big challenge because it means reconsidering the fundamentals of service planning, management and delivery.

But it's a challenge we can't ignore, can't set aside as 'too difficult' if we want to continue improving standards in social care.

10.4 A 'foot on gas' moment

And it's a challenge that becomes more important, not less, in these difficult economic times.

We cannot and must not repeat the mistakes of previous downturns. Now is the time to step in, not step aside. To be fair, not laissez-faire, in our approach to supporting the most vulnerable. So it raises the bar for all of us in the room. Tougher times mean more people will be looking to local Government, looking to local services, for help and support.

They'll be expecting more and demanding more from every pound you spend on their behalf. Levels of scrutiny will rise; so must our performance. In other words, this is the moment when excellent local services must come into their own – must shine out, not retreat into the shadows.

And when the idea of pushing power and choice down to the level of the individual should blossom and flourish, not wither and die. So, one year on, far from applying the brakes, now's the time for us to step on the gas when it comes to personalisation.

And certainly, the investment is there to do just that.

£520 million in total has been ear marked for personalising social care. £85 million has already gone into the system; another £195 million is now coming on stream for the next financial year. Most councils are now getting over a million pounds to support this transformation.

It means we have before us a golden opportunity to make the sound, strategic decisions that will put personalised care on a sure footing for the long term. We've got to seize the moment and deliver on the full promise of Putting People First.

10.5 Building on a year of progress

What's encouraging is that we can build on firm foundations – thanks to your hard work over the last 12 months.

Today's Community Care readers' survey gives us a very welcome snapshot of progress.

It comes ahead of a fuller evaluation that the Association of Directors of Adult Social Services will publish later this year.

But there's plenty of food for thought from the Community Care findings:

- It's encouraging, for instance that just under a quarter of councils have made considerable progress towards a fully integrated personalisation strategy.
- That advice and advocacy services are rated good for helpfulness and accessibility in most areas.
- And that in about half of cases, people are using personal budgets to buy different types of support, rather than selecting the same kind of support as before.

This chimes with what I've seen and heard around the country. The stories of real progress across those four key dimensions of personalisation: in better prevention and early intervention, in building more choice and control, in improving universal services and in creating greater social capital and community-based support.

Preventative programmes like POPPs – the Partnerships for Older People Projects – are improving lives and cutting long term costs by targeting older people at risk of falls.

And re-ablement programmes in the best areas see half of those entering these schemes – typically after bereavement or a serious illness – end up not needing any social care support in the immediate future.

Some council's are now extending their thinking to help those with high care needs move into lower level care, including care in their own homes – through structured, person-centred planning. It shows these are all areas that are ripe for expansion.

Added to this there's the good work underway on information and advice – I'm particularly struck by the work that Age Concern is doing in this area, though I think there's some way to go in building people's awareness and confidence around making personalisation work for them. This is a point also made in the Community Care research.

And there's also particularly exciting work underway thinking beyond specialist care services, and looking at how we help people reconnect with mainstream services. In Herefordshire, for instance, they're investing in village halls to make sure they're all accessible for older people and people with disabilities.

Literally and figuratively, this is opening doors for people to choose mainstream services as part of their ongoing care.

It means that an older person who wants some company can connect with the local community and enjoy mainstream local services in the village hall, rather than having to travel miles in a bus to the day centre.

10.6 Broadening the debate

And this really strikes at one of the key points I want to make today. That Putting People First isn't just a vision for social care. It's a vision for care across society. This is a subtle difference, but an important one. Because it speaks of the need to broaden the debate, demanding that all parts of the local Government machine step back and ask themselves some fundamental questions about the types of communities they want to build.

Questions like: "Is it good to grow old around here? Is it good to be a wheelchair user here? And what can we do – not just in social care, but in health, in housing, in transport, in education – to make it better?"

In other words, the principle of Putting People First must sound out not just across the social care field, but far beyond it.

Fully integrated into a council's thinking. Resonating across local Government. And acting as a rallying cry for the full range of statutory, private and third sector services to mass behind.

I appreciate that bringing everything together, getting everyone on board and rowing in the same direction takes time.

But it can be done. Some areas are already making the big breakthroughs, while others are languishing behind.

Those ahead of the curve: we need you to continue leading the way, pushing the agenda forward, proving to the rest of us what can be achieved.

Those councils who are behind the pace: we need you to spring into action. Or as one wag put it, "those caught with their pants down need to pull their socks up."

10.7 Leadership

So how? How do we achieve this? Well, there are four areas I particularly want to emphasise today.

The first is strong local leadership.

Personalisation is not something we can prescribe from Whitehall.

The whole point is that the inspiration is local, the inception is local, and the delivery is local.

So we need you taking the lead and driving change within your area: making the connections, building the partnerships and working with people who live in your communities – those who use services or who may want to in the future – to break down the barriers to reform. That's not to say you're on your own.

Putting People First was developed as a partnership between local and central government, and we want that strong relationship to last.

So I particularly welcomed the appointment of Geoff Jerome as the National Lead for transformation within the LGA.

He's helping us make the connections between Whitehall and local councils that will give you the support and tools you need to drive this agenda forward.

We'll continue listening and responding to what you tell us you need to accelerate progress.

Equally, there's an awful lot you can learn from each other – that was another interesting feature of the Community Care research: a fifth of respondents said that better sharing of what works between councils would help make personalisation happen successfully.

We now have the new Deputy Regional Directors working with the Joint Improvement Partnerships to provide advice, support and challenge that local leaders can draw upon.

10.8 Integrating health and social care

The second key area is better integration and partnership working.

It's clear to me – as I'm sure it is to you – that the particular relationship between health and social care is vital.

Where there's good join-up – Croydon being a prime example – we see great results, particularly for older people. The preventative work, particularly POPPs, proves this point.

So let's see strong leadership across both areas:

Let's have more effective collaboration at the top table – where things like local area agreements and joint strategic needs assessment can help.

Let's move away from a 'them' and 'us' culture on funding. If it makes sense to pool funding between health and social care, then that's what should happen.

And let's see this carried through to more effective partnership working on the front line – with nutritionists, therapists and physiotherapists, for instance, routinely working hand in glove with social care colleagues.

All of these are vital to better services and better outcomes. It's in everyone's interests to forge stronger connections.

10.9 A spur to innovation

The third priority is innovation.

We need councils to harness the genius, the expertise and the creativity that the third sector can provide.

Reform can act as a catalyst for market renewal, a spur for new services and social enterprises to rise up and fill gaps in the market. Because in many cases, the services people genuinely want to spend their budgets on haven't been invented yet. Like the small business in Oldham which has been set up to deliver Asian meals on wheels for local residents.

Or in Barking, where mental health service users come together to pool their individual budgets and commission services collectively.

10.10 Co-production as the driving force for change

Finally, let's never forget that personalisation is about people not processes. There are some people out there who revel in the idea of a broken society. But it's demeaning and wrong to talk about a "Broken Britain". I see strong communities, supportive families and resilient individuals everywhere I go.

I see volunteers, carers, community groups all playing a massive part in a collective endeavour to sustain a society we are all proud to belong to. But I want to go further.

And the only way we will harness the true benefits of personalisation is if we genuinely put people at the heart of the reform at every stage, in every way we can. It's horrible jargon, but co-production is a fundamental piece of the jigsaw.

We need to generate this sense of 'double devolution', bringing that individual insight, that human imprint, at all stages of development – across planning, commissioning, design and delivery.

So Putting People First isn't just about offering people choice at the end of the delivery chain. It's about input as much as output. The genuine power to influence change at every stage in the process.

Because what this does is really powerful. At a stroke, it destroys the old binary relationship that had built up between local services and individuals. A relationship that de-personalised services and turned people into passive recipients, rather than active participants in their own care.

In the past, we tended to 'do' things to people, rather than doing things with them and for them.

As the excellent paper that SCIE and Queen Mary University are publishing today puts it, the old system saw care professionals as "fixers who focus on problems". A phrase which makes care workers sound like plumbers – and by association, suggests the people they serve are leaky taps rather than human beings.

Co-production changes all this. It makes the system more efficient, more effective and more responsive to community needs. More importantly, it makes social care altogether more humane, more trustworthy, more valued – and altogether more transforming for those who use it.

More transforming for the man with the whippet and for the six million carers in our society. More transforming for the 20 million-odd volunteers – a huge untapped source of social capital and community renewal. And more transforming for the workforce of today, and the care users of tomorrow who we need to engage now to plan effective services for the future.

10.11 Conclusion

There's huge consensus on this point and real commitment to make it happen. The great thing is we now can. It's within our grasp. The advice, the tools, the resources, and the money – it's all there to make it happen.

So let's press ahead. Let's build on the great work underway. And let's make sure the vision of Putting People First takes real shape – not just in some areas, but all areas; and not just partially, but completely.

That's our challenge, and I look forward to working with you to make it happen. Thank you very much."

I understand that the Government's stated aim is to move Care and Personalisation higher up on the agenda and to invest in other areas which have a direct impact on Disabled people, for example Transport. In a Presentation and written correspondence from Jonathan Shaw, Minister for Disabled people, he stated that: - "With regard to concerns about public transport, the availability of low-floor buses has increased to 62 per cent of the fleet in 2007/08, an increase from 2006/07 where the figure was 53.7 per cent. This currently represents around 28,000 buses out of a fleet of 45,300.

The availability of accessible buses will continue to rise as the compliance target dates for the implementation of the Public Service Vehicle Accessibility Regulations get closer. The compliance dates for buses and coaches are 2016 and 2017 respectively.

The Department for Transport has recently consulted on the issue of improving taxis. Analysis of the consultation is ongoing and a strategy to take the work forward will be published in the near future."

Regarding employment of Disabled people, he stated that, "Access to Work is a specialist disability programme which provides practical advice and support to disabled people and their employers to help them overcome work-related obstacles. To be eligible for support, a customer must normally already be in work (either employed or self-employed) or have a confirmed start-date. Although Access to Work is not directly involved in helping disabled people with job search, we have recently relaxed the rules to allow people taking part in Work Trials to apply for Access to Work, so that they can try out a prospective job to see if it is right for them.

Despite the economic downturn we are committed to significantly increasing the funding of the Access to Work programme so that it can help more disabled people to remain in paid work. As a temporary measure and in immediate response to the economic downturn we have helped encourage small employers to retain disabled staff by removing the requirement for them to share the costs of support.”

In relation to housing, the Government’s aim is to create places that are safe, inclusive and sustainable and which can be used by everyone regardless of age, disability or gender. We recognise that many people are unnecessarily affected by ill-conceived design, with the mobility needs of, for example, disabled people, older people and others not always being considered. Inclusive design therefore places disabled people at the heart of the design process and provides buildings and environments that are convenient and enjoyable to use for everyone.

Commitment to this issue is reflected in the Government’s planning policy. As you will know, Planning Policy Statement (PPS1) promotes communities that are inclusive, healthy, safe and crime free, whilst respecting the diverse needs of communities and the special needs of particular sectors of the community. It makes clear that development plans should also contain clear comprehensive and inclusive access policies - in terms of both location and external physical access. Such policies should consider people’s diverse needs and aim to break down unnecessary barriers and exclusions in a manner that benefits the entire community. This key message is carried through into Planning Policy Statement 3 on housing.”

11.0 Task and finish Summary and Conclusion

11.1 In this document we have sought to reflect the opinions of people in Liverpool regarding Personalisation and have obtained the views and policies of Local and National Government. In the past and to this present day there seems to be many attempts at Pilot Schemes in various parts of the Country for Individual Budgets. This seems to be the preferred method of National and Local Government. Also, Government are now looking to introduce Personal Health Budgets along similar lines. I as an Individual in principal support Personalisation but we must ensure that a menu of choice is available so that people can determine whether they want their services provided by the Council, a Direct Payment, an Individual Budget or a mixture of all.

11.2 The reader will note that as well as people expressing their views they have also outlined what they believe should be improved and suggested alternative approaches to Personalisation.

11.3 The Disability Equality Duty, which came into force on 4 December 2006, requires that public authorities consider the needs of all sectors of the society they serve and how they make sure they are delivering services and carrying out functions in a way that promotes greater equality for disabled people.

11.4 The Disability Equality Duty consists of a general duty and specific duties. The general duty applies across the public sector and requires public authorities to carry out their functions with 'due regard' to the need to:

- * eliminate unlawful disability discrimination and disability-related harassment;
- * promote equality of opportunity for disabled people, taking steps to take account of disabled people's disabilities;
- * promote positive attitudes to disabled people; and
- * encourage disabled people to participate in public life

11.5 The Duty applies across the full range of public sector activity (including service delivery, policy making, procurement and performance management) and requires public servants to consider the impact of their work on disabled people, and to take action to tackle inequality. The specific duties require listed authorities such as local authorities, NHS trusts and government departments to publish and implement Disability Equality Schemes - plans setting out how a public authority will carry out the general duty, monitor and report on progress and how they have involved disabled people in developing their scheme.

11.6 In researching and compiling this report I have expressed my view to others that there seems to be more questions than answers. That said both Individuals Organisations and Political Parties of all persuasions seem to support Personalisation and it is generally accepted that it is here to stay. However, Individuals in receipt of or looking to use Direct Payments or Individual Budgets seem to be looking for a more simplified process than the one already in Place. They are not looking for a one size fits all approach; they expect a tailor made and flexible care plan to meet their needs.

11.7 There is a perception that due to the current economic climate there is an attempt to direct people into services that may not fit their own particular needs. Also it was thought that training needs to be given to the Individual, Professional and Personal Assistant to ensure that everyone has a complete understanding of Personalisation and the responsibilities that it carries, e.g. Employment Law training for the recipient and Health and Safety training for the Personal Assistant.

11.8 Another major concern raised was that more Advocacy, Advice and Support are essential to help the process run smoothly. The role of the Social Worker needs to be addressed as it seems that both Direct Payment recipients and indeed some social work professional are unclear as to whether they are seen as Gatekeepers or Fund Managers and a perception that they may not be as Independent as they should be. There is some evidence that not all Social Workers appear to be aware of Direct Payments and Individual Budgets. This means that more training and awareness should be offered to them as part of their personal and professional development.

11.9 It was also considered that in some cases Social Workers were deliberately not advising Clients about Personalisation. If this is true this should be addressed immediately.

11.10 As more and more services are now being bought in by the Local Authority it is inevitable that both Individuals and Local Government will be relying upon Organisations and Individuals to provide a Brokerage service. We did attempt to contact Organisations who suggest that they offer this service in Liverpool; however the only Organisation that did respond and that helps Clients through the process was Merseyside Coalition for Inclusive Living, <http://www.mcil.org.uk/>

11.12 In Liverpool City Councils own document “Personalisation - the Conversation begins (Feedback Report),” and the discussions we have had with people from Liverpool, concerns were raised about the consultation process and how the research was carried out as they felt that it appeared to be flawed and a complete waste of time.

11.13 People were also concerned about how the Consultation on “Fairer Charging” was carried out. It was reported that a Questionnaire sent out by the Local Authority was not received until less than two weeks before the questionnaires were required to be submitted, this does not conform to the Council’s own consultation policy or the Compact. A surprising number of responses were received early, based on the initial flawed questionnaire which was not accompanied by an easy read version. One wonders whether these could be considered valid. The questionnaire itself was difficult to understand for anyone not working daily in the care field and even for those who do.

11.14 Whilst we understand that “Fairer Charging” may be here to stay a review needs to be carried out as it appears that the poorer and most vulnerable people in our Community may to be being penalised unfairly and that there are anomalies with the charging process and how it’s worked out.

11.15 Concerning disabled people, the process of inclusion must involve the education and training of others in disability Equality/Awareness, the offer and availability of information in a wide variety of formats, appropriate guidance and practical support, the provision of necessary equipment and especially sustained social support.

11.16 In conclusion the Personalisation approach seems to be welcomed and supported by Individuals and those working in the field. However, a model needs to be adopted that is simple to understand, tailored to meet the needs of the Individual and that can be rolled out throughout Merseyside.

12.0 Recommendations

12.1 Services should ensure that a menu of choice is available so that people can determine whether they want their services provided by the Council, a Direct Payment, an Individual Budget or a mixture of all.

12.2 Individuals in receipt of or looking to use Direct Payments or Individual Budgets seem to be looking for a more simplified process than the one already in Place. They are not looking for a one size fits all approach; they expect a tailor made and flexible care plan to meet their needs. Services should take account of this.

12.3 Services should give more training to the Individuals, Professionals and Personal Assistants to ensure that everyone has a complete understanding of Personalisation and the responsibilities that it carries, e.g. Employment Law training for the recipient and Health and Safety training for the Personal Assistant.

12.4 More Advocacy, Advice and Support are essential to help the process run smoothly.

12.5 There is some evidence that not all Social Workers appear to be aware of Direct Payments and Individual Budgets. This means that more training and awareness should be offered to them as part of their personal and professional development.

12.6 It was considered that in some cases Social Workers were deliberately not advising Clients about Personalisation. If this is true this should be addressed immediately.

12.7 Concerning disabled people, the process of inclusion must involve the education and training of others in disability Equality/Awareness, the offer and availability of information in a wide variety of formats, appropriate guidance and practical support, the provision of necessary equipment and especially sustained social support.

12.8 In conclusion the Personalisation approach seems to be welcomed and supported by Individuals and those working in the field. However, a model needs to be adopted that is simple to understand, tailored to meet the needs of the Individual and that can be rolled out throughout Merseyside.

13.0 Next Steps?

- This report will be submitted to Liverpool City Council and published on the Liverpool LINK Website in early 2010.
- The Link will monitor any changes to services that may result from the recommendations contained in this report.
- The LINK will publish details of any changes that are made as a result of this report.

14.0 Acknowledgements

I would like to thank all of the people who have taken time out to contribute to this report. But my special thanks go out to the Individuals, Groups and Organisations as shown below in no specific order:-

- The People of Liverpool
- Personalisation Task and Finish Group
- Liverpool LINK

15.0 Contact Information

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- Merseyside Disability Federation
- Liverpool Disability Network
- In Control
- Liverpool City Council
- Government Ministers and M.P.s



Liverpool LINK

Personalisation Task and Finish Group

Pilot Personalisation Questionnaire Summary

Report

Liverpool Link was interested to find out what people know and think about the local services that help people with Personalisation. We decided to develop a pilot questionnaire to help us find this out. We introduced the questionnaire to an audience of approximately 60 people at the Liverpool LINK Seminar on Monday 14th September 2009. 8 completed questionnaires were received back and form the basis of this report. We then distributed the questionnaire at a Winter Warmer Event at St Georges Hall on Wednesday 25th November 2009. A further 2 completed questionnaires were received. These 10 completed questionnaires form the basis of this summary.

1. Personalisation Questions

1.1. Have you heard the term “Personalisation” before? If so what does it mean to you?

Answers:

Form 1. Yes.

Form 2. Probably taking responsibility for ones car but will not suit everyone.

Form 3. No

Form 4. No

Form 5. No

Form 6. Person Centred.

Form 7. Personalised care to suit certain customers and needs.

Form 8. No.

Form 1b. Yes. We have our budget to pay for the care we want.

Form 2b. No

(Forms that were completed at the second event have ‘b’ added to distinguish them)

Narrative/summary: Of the total people who responded to question 1.1. A total of 6 (60%) had not heard the term “Personalisation” before and 4 (40%) had. Those who had heard of “Personalisation” expressed varying degrees of understanding of the Term.

1.2. Do you know what Direct Payments and Individual Budgets are? If so how did you hear about them?

Answers:

Form 1. Yes URPH.

Form 2. Through a meeting attended. Health and Social Care Committee.

Form 3. No

Form 4. No

Form 5. No

Form 6. Service Provider.

Form 7. Financial management of DLA / direct payments – personal / Individual budgets – (Incapacity Benefit).

Form 8. No.

Form 1b. Yes. Social Worker – Who said they weren't appropriate for us. MCIL.

Form 2b. No

Narrative/summary: Of the total 10 people who responded to question 1.2. A total of 5 (40%) did not know what Direct Payments and Individual Budgets are and 5 (50%) did. Those who did know what Direct Payments and Individual Budgets are expressed varying degrees of understanding of the Term.

1.3 Please tell us about any positive or negative experiences you may have had during the Direct Payment and Individual Budget process?

Answers:

Form 3. No

Form 4. No

Form 5. No

Form 7. It is good Business Related / Social Enterprise initiative to give value for money services.

Form 1b. City Council Social Services do not seem to want us to have Direct Payments. Personalisation process – very long drawn out.

Narrative/summary: Of the total 5 people who responded to question 1.3. A total of 3 (60%) answered no. Of the 2 who answered in more detail 1 (20%) seems to have misunderstood the question and 1 (20%) related a negative judgement.

1.4. Did you know that you can receive information about Direct Payments, Individual Budgets and Personalisation in a format that is accessible to you?

Answers:

Form 2. Yes – Social Services LCC Social Support Network.

Form 3. No

Form 4. No

Form 5. No

Form 6. Yes.

Form 7. Yes, from: LCC / Social Services / Nursery Care / Also from (SEN) Social Enterprise Network.

Form 8. No.

Form 1b. Yes.

Form 2b. No

Narrative/summary: Of the total 9 people who responded to question 1.4. a total of 5 (56%) did not know that you can receive information about Direct Payments, Individual Budgets and Personalisation in a format that is accessible to you and 4 (44%) did.

2. Your support needs

2.1. Do you know who to go to for help with your care package or to enquire about one?

Answers:

Form 1. Yes.

Form 2. Yes.

Form 3. No

Form 4. No

Form 5. No

Form 6. Yes.

Form 7. PSS / Local Solutions / Nugent Care and Others.

Form 8. No not usually.

Form 1b. Yes

Form 2b. Yes

Narrative/summary: Of the total 10 people who responded to question 2.1. A total of 4 (40%) did not know who to go to for help with your care package or to enquire about and 6 (60%) did.

2.2. Do you employ your own P.A. or do you use an Agency? If you employ your own P.A. where you given any training about employing your own staff?

Answers:

Form 3. No

Form 4. No

Form 5. No

Form 8. No, Information only.

Form 1b. P.A. Yes – Agency Yes

Form 2b. P.A. No – Agency Yes

Narrative/summary: Of the total 6 people who responded to question 2.2. A total of 5 (83%) did not formally employ a P.A. and 4 (67%) did not use an agency.

2.3. Have you heard of the “Fairer Charging” policy? If so what do you understand this to mean?

Answers:

Form 1. No

Form 2. Not Really

Form 3. Yes but no idea what it is.

Form 4. No

Form 5. No

Form 6. Not Sure.

Form 7. Value for Money / Competitive tendering / and Fair price / Charging.

Form 8. No.

Form 1b. Yes. People will end up paying for care who were originally exempt.

Form 2b. No

Narrative/summary: Of the total 10 people who responded to question 2.3. A total of 7 (70%) have not heard of the “Fairer Charging” policy and 3 (30%) have.

3. Personalisation in the future

All political parties seem to be supportive of Personalisation and it is generally seen to be a good thing by Service Users, Carers and Professionals.

3.1. What would you like Personalisation to look like in the future?
Answers:

Form 1. Concern Funding Level.

Form 2. Service users having greater responsibility for their care.

Form 4. No

Form 5. Don't Know.

Form 6. Needs to be improved.

Form 7. Pay as you go service (but fully privatisation) market competition.

Form 2b. A service that suits my needs.

Narrative/summary: Insufficient data for summary.

3.2. Should it be standardised across the Country?

Answers:

Form 2. A long as it is in accordance to individual needs.

Form 4. No

Form 6. Yes.

Form 7. May need to consider regional variations.

Form 1b. Yes

Form 2b. No

Narrative/summary: Insufficient data for summary.

3.3. How would you like to use your care package in the future?

Answers:

Form 4. No

Form 5. Don't Know.

Form 7. To the full with best outcome and result.

Form 1b. For us as a family to have control of who and when care is provided and for us to decide what help we need.

Form 2b. Not Sure

Narrative/summary: Insufficient data for summary.

4. If you have any other ideas or comments, please tell us below.

Answers:

Form 2. There is a need for responsible officers or care providers to speak to groups especially elderly people. I have a group of African elders who will benefit from someone to come to speak to them.

Form 3. Re. 3. Cannot answer as I do not know what they are.

Form 7. Partnerships / Stakeholders Joint Ventures / Consortium bids to run services to get better value for money contracts (PQQ, ITT) for the service providers.

Narrative/summary: Insufficient data for summary.

Diversity Information

- **Are you Male or Female?**

Gender: Of the 7 people who responded the gender monitoring 2 (29%) were Male and 5 (71.%) were Female.

- **Are you a Service User, Carer or Professional?**

Of the 5 people who responded this monitoring question 4 (80%) were Service Users and 2 (20%) were Professionals.

- **Which age group do you fit into?**

Under 25 years

26 – 50 years

50+ years

Of the 7 people who responded this Age monitoring question 1 (14%) was Under 25 and 6 (85%) were 50+ years

- **What is your Ethnic Origin?**

Of the 6 people who responded this ethnicity monitoring question 4 (67%) were White British/English, 1 (16.5%) was Arab and 1 (16.5%) was Black British.

- **Do you consider yourself to have a Disability? If so what is the nature of your condition?**
- Of the 7 people who responded this Disability monitoring question 6 (86%) responded yes they were Disabled

The nature of the impairments as stated by the respondents are as follows:

(The following are direct quotations of responses received and not endorsed or commented on by those conducting this Questionnaire)

Physical.

Arthritis.

Arthritis and Deaf.

Mental Health Problem.

1 lame leg.

Deaf BSL User.

- **Do you get any personal or practical support from anyone other than family members? If so what type, who provides it and is it enough for your needs?**

Of the 5 people who responded this monitoring question 3 (60%) said they do not get any personal or practical support from anyone other than family members and 2 (40%) said they do. The nature of support stated by respondents is as follows:

NHS - Health Service Support.

Just Started.

Yes. A support Worker from 9am – 9pm a daily. Support provided by Merseyside Society for Deaf People. It is enough for my needs as I am a BSL User and all my support workers can sign.

Form 1b. Yes. Crossroads – Social Support / respite – personal care, PSS – respite at home.

- **Have you any dependent children?**

Of the 6 people who responded this monitoring question 5 (83%) said they do not have any dependent children and 1 (17%) said the do.