

Case study: Doncaster Care and Support Planning

Introduction

Many councils have detailed templates for support planning which no longer fit the requirements of the Care Act. The Care Act requires specific content for the Care and Support Plan: the identified needs, the extent to which they meet the eligibility criteria, which needs the council will meet, and includes the personal budget information and advice. Where some or all the needs are to be met by direct payments, the plan specifies which needs are to be so met and the frequency of direct payments. This means that the process of developing a plan is not prescribed, does not require templates and will not be seen by the council.

Doncaster Metropolitan Borough Council's (DMBC) approach to developing their care and support planning process is characterised by social worker and third sector engagement – giving people time to think together and reflect, and co-design the process. They have worked towards delegated decision-making, ensuring that decisions are made as close to the person as possible, and taken an asset-based approach to both assessment and care and support planning.

Background information

Doncaster Council developed an asset based assessment process. and co-created this with practitioners, to change the conversation, process and paperwork. DMBC brought together a team of social work practitioners that included practitioners, assessment officers, and managers. They released them from casework for a day each week to create space and time to 'rescript' the process. They based this around Simon Duffy and Kate Fulton's (2010) 'The Architecture for Personalisation'. This was independently facilitated by a business processes reengineering consultant. They held three social work conferences across the council to share the vision and process. The rescript group presented the principles and new paperwork, and participants used case studies to test out the process and paperwork. The result is leaner, asset-based, and easier to use.

Findings: The rescripted process

Working with the third sector to develop support options

1) The assessment process helps people to start thinking about their care and support

The assessment is 'asset-based' and has person-centred thinking tools built into it, and by doing this thinking with the person, it gets people started with their care and support planning. These include

information about routines, and 'A day in my life' and a 'typical week', who is important to me and their role in my life, my wish list, what is important to me.

2) The assessment results in an indicative allocation and clear outcomes. The social worker is able to get direct payments started without the plan being written and agreed.

At the end of the assessment meeting(s), the social worker will agree outcomes and their indicative allocation with the person. If the person wants their budget as a direct payment, the social worker can contact the direct payments team to get that started the following week, without the care and support plan being signed off. This would happen at the 6 week review. This approach demonstrates a high degree of trust in the social worker and person, and this is possible because of the information that is gathered through the assessment process. If the person wants a council managed budget then this is implemented by the social worker.

3) Assistance to enable people to make decisions and develop their care and support plan. This is clearly costed and entirely provided by third sector organisations

DMBC undertook soft market testing through events to check that they had enough, and a range of care and support planning providers. They involved people who use services in the writing of the specification, and had a market event to share and further develop the specification. This specification for 'independent support planning and money management' to accredit a range of organisations who can provide support planning and money management. DMBC is offering training in person-centred practices as part of the approach to accreditation. People can find out about the organisations on www.connecttosupport.org/doncaster. The cost of doing a care and support plan, and helping the person to implement it (for example linking them with peer support, helping to pay bills or recruit personal assistants) is £450. People could develop their own care and support plan and just buy the money management option if they choose. At the review, the organisation is paid £200 per annum to update the care and support plan and implement any changes.

4) There is a template summary of decisions - the Care and Support Plan

There is a template for the care and support plan – the summary of the care and support planning process in appendix 3 of the Delivering Care and Support Planning guide: <http://www.thinklocalactpersonal.org.uk/library/Resources/SDS/TLAPCareSupportPlanning.pdf>

There is no prescribed way or template to undertake the process of planning, other than a recommendation to use person-centred practices.

5) Agreeing the plan is done by the social worker with the team manager

This council uses delegated decision making, and enables the social worker and the person to make the decision to start putting support in place and using their budget as quickly as the following week. The care and support plan sign off takes place at the 6 week review. This is done with the team manager through discussion. The team manager only gets involved if the money does not seem enough to meet the person's needs. The assessment team holds the budgets.

Conclusion

Doncaster's template care and support plan reflects a lean and more user-friendly approach. It builds on the assessment process, which begins with a conversation based on person-centred thinking tools, for example:

- Important routines
- What is important to you
- Good days and bad days
- Relationship circles and community connections

The assessment process enables people to start to tell their story, and this is continued through the care and support planning process. The person-centred questions both contribute to the decision-making around allocation and outcomes, and also enable the person to start thinking about how they want to achieve their outcomes. If the person wants help they can choose from a range of accredited third sector providers. The chosen provider then can access the information from the assessment and resulting outcomes statements, to build from the assessment conversation, to decisions that are recorded on the care and support planning template. Agreeing the care and support plan is done through the team manager, in a timely, efficient way, and the person continues to be supported to implement their decisions by the third sector organisation of their choice.

References

Duffy, S & Fulton, K. (2010) The architecture of personalisation. The centre for welfare reform. <http://www.centreforwelfarereform.org/uploads/attachment/243/architecture-for-personalisation-report.pdf> [Accessed 06/01/15]