



HOUSING HEALTH SOCIAL CARE

THE PERSON-CENTRED APPROACH



Personalisation and Person-centred Practice - the Implications for Housing

Personalisation means that people become more involved in how services are designed and that they receive support that is most suited to them. Personalisation is about prevention, maintenance or intensive support - whatever is needed.¹

Introduction

This briefing is one of a series aimed at giving housing professionals an insight into the current issues facing housing, health and social care services in Scotland. It covers the evolving personalisation of the services agenda, person-centred practice and recent developments in refocusing services on delivering outcomes for service users. Practitioners in social work and health are already working to these agendas. As these approaches become more embedded into practice they will increasingly impact on housing, in particular at the front-line, where staff in housing support, homelessness and advice services are already working with clients who may have a range of complex needs.

Background

A person-centred approach to planning services has its origins in social care, specifically around the planning of services for people with disabilities, although in the last few years it has been taken up more widely by other sectors. In part, this reflects wider societal changes. We all have increased expectations of a consumer-led approach to services in the public and private sectors. We expect openness and transparency in how services are delivered and see it as a right (even where not legally enshrined) that we, and other service users, are involved in shaping them.

¹ *Personalisation: A Shared Understanding*, (2008) Changing Lives, Service Development Group. <http://www.socialworkscotland.org.uk/publications.php>

For social care services, a number of key reports have emphasised the need for people using services to be more fully involved in their design, overall direction and delivery. In Scotland, the highly influential report on learning disability services *The Same as You?*² made it clear that a sea change was needed in how people with learning disabilities were being supported to lead full and active lives. This was followed in England by the White Paper *Valuing People*³ which espoused a similar theme. Since then, a series of documents and initiatives supporting the right of the service user to be placed at the centre of the delivery of public services have emerged at regular intervals. These have covered social work services, health, services for children and housing support services. All have advocated person-centred approaches in service design and delivery.⁴

Personalisation is seen as leading to services that are person-centred through ‘enabling people and professionals to work together to manage risk and resources. It is not about withdrawing professional support or indeed ignoring risk or the limits on resources, but about actively engaging in a dialogue about how to manage risk and use the money and support that are available in the best way’⁵.

Defining a Person-centred Approach

Person-centred delivery of services cannot be divorced from the underpinning philosophy and culture of the organisation. A ‘whole person approach’ means that needs, strengths and aspirations of users, carers and families are integral to service development and delivery. Committing to a person-centred approach is therefore likely to have an impact on an organisation’s recruitment of staff, training and development strategies and management practices.

The table below describes each end of a spectrum. The reality for many organisations is that they lie somewhere between the two positions. The challenge is to move towards the person-centred end of the spectrum without losing some of the service-focused measures which commissioners and regulators will continue to require.

Service-focused	Person-centred
Focus on service deliverer (the organisation) and how the service is delivered.	Focus on person using the service and the impact of services on the user.
Focus on quality of services and on improving quality of services.	Focus on effectiveness of service in delivering outcomes and on improving effectiveness.
Measuring inputs and activities (e.g. how many hours the service is delivered for).	Evidencing the benefit of the service and the results.
Control lies predominately with the service. There may be a ‘fix it’ mentality.	Service promotes and supports service user independence and autonomy.
Hard to see an end point (task is never finished, staff may get de-motivated).	Service users achieve goals they have set themselves (service users and staff motivated).
Service defined in terms of what it offers.	Service defined in terms of how effective it is in meeting service users’ needs and achieving outcomes.
Organisational structures more likely to be rigid and bureaucratic.	Organisational structures allow for team approaches, collaboration and innovation, including with other services and professionals. ⁶

² Scottish Executive (2000) *The Same as You? A Review of Services for People with Learning Disabilities*, Scottish Executive. <http://www.scotland.gov.uk/ldsr/docs/tsay-00.asp>

³ Department of Health (2001) *Valuing people: A New Strategy for Learning Disability for the 21st Century*, The Stationary Office. <http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Learningdisabilities/index.htm>

⁴ *Changing Lives – 21st Century Social Work Review*. <http://www.socialworkscotland.org.uk/resources/pub/ChangingLivesMainReport.pdf>

Better Health, Better Care: Action Plan. <http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

Getting it Right for Every Child. <http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec>

⁵ *Personalisation: A Shared Understanding*, (2008) Changing Lives, Service Development Group. <http://www.socialworkscotland.org.uk/publications.php>

⁶ Table adapted from MacKeith J. (2007), *User-focussed - What Does it Really Mean?*, London Housing Foundation. http://www.homelessoutcomes.org.uk/resources/1/PDFsTwo/Paradigm_shift_paper.pdf



The Role of Housing

Why does this matter for housing services? Firstly, appropriate housing and support, whether through a tenancy or owner occupation, are key elements in helping service users attain and maintain active citizenship. Housing already has a key role to play in positive interventions for people. In *High Impact Changes for Health and Social Care*⁷ housing is described by the Care Services Improvement Partnership as a fundamental need. Where it is adequately met, it can enhance well-being, improve quality of life and reduce the pressures on other statutory services.⁷

Secondly, the profile of people in social rented housing is changing and set to change further. Research in both Scotland and England shows that the number of single adults, single pensioners and lone parents housed in the social rented sector is set to increase.⁸ In future years, the overall profile of tenants will include more people who are disadvantaged in terms of income, benefit dependency, disability and who may require support to sustain independent living. This may result in increasing housing input into care planning, in addition to current involvement in housing support plans.

There are mixed messages about whether or not housing is equipped to deal with this emerging role. The requirement for housing support staff at all levels to register with the Scottish Social Services Council, in a phased basis from autumn 2009, is increasing the focus on training for these staff. At the same time, recent research into future skills development for the housing sector suggests that there is a debate to be had within the profession about its future role, including around the increasing overlaps with social care.⁹

In its response to research into the future of the social housing sector in Scotland, the Chartered Institute of Housing Scotland (CIH) has already indicated its position, with the following recommendation:

Ensure that within housing management services the provision of support is a core activity through a more person-centred approach to management and support, including low level support which currently falls outwith the traditional housing management role.¹⁰



Practice Example- Cairn Housing Association

along with service provider Penumbra has opened an Edinburgh Crisis Centre in Leith. The property used has been upgraded and renovated to provide barrier-free facilities and a staff base. The Centre provides a much-needed 24 hour telephone help line 365 days of the year to people in Edinburgh who use or have used mental health services and their carers. The Centre also provides a safe, private space for people in distress with one-to-one support from staff. The service is governed by a Partnership Group consisting of the City of Edinburgh Council, Edinburgh Users' Forum, Edinburgh Carers' Council, NHS Lothian and Penumbra (who are contracted as service providers). Cairn Housing Association joined the City of Edinburgh Council and NHS Lothian in meeting the capital costs of the refurbishment.

⁷ Care Services Improvement Partnership (2008), *High Impact Changes for Health and Social Care*, Care Services Improvement Partnership. <http://www.csip.org.uk/resources/csip-high-impact-changes-for-health-and-social-care.html>

⁸ Newhaven Research (2006), *The Future for Social Renting in Scotland*, Chartered Institute of Housing Scotland. <http://www.cih.org/scotland/policy/future-social-renting.pdf>
Hills J. (2007), *Ends and Means: The Future Roles of Social Housing in England*, CASE Report 34. <http://www.communities.gov.uk/speeches/corporate/social-housing>

⁹ Learning, Skills and Development Research 2008, CIHS (forthcoming)

¹⁰ CIH (2007), *The Future of Social Housing Sector in Scotland in Delivering Successful, Mixed Communities* – Position Paper, CIH. http://www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/PIR_FUTUREOFTHESOCIALHOUSINGSE.hcsp?&sitemap=1



Practice Example- Disabled Persons Housing Service

(Fife) *assists disabled people in exploring their housing options and takes a person-centred approach to working with clients.*

Case study: Robert has sight impairment and was living in a group tenancy after the closure of Glen Lomond in Fife. Two of the four people in the flat moved out. Robert was concerned that if the other person moved out he would be on his own. He wanted his own accommodation where his support workers could be with him to give the 24 hour support he needs (this meant a spare room would be needed). His support worker contacted DPHS(Fife) whose caseworker carried out an in depth interview with Robert to assess his current situation and his future accommodation needs. His sight impairment meant it was important for Robert to be able to remain in the same area. There was new build regeneration work taking place in the town and DHPS(Fife) arranged for Robert to go on to the waiting list. They made sure that the housing provider knew about his sight impairment and also the improvement there would be to Robert's life to have his own property in that area. Robert was allocated a new two bedroom bungalow by Ore Valley Housing Association. The key agencies involved were DPHS(Fife), Fife Council Social Work Service and Ore Valley Housing Association. Crucial partnership working took place between Robert's support worker (who knew his needs and was able to liaise with the housing provider), the DPHS(Fife) caseworker and the housing officer at Ore Valley Housing Association.

Implications and Challenges

Accommodation based services such as sheltered housing have an inextricable link to the support being offered. However, it is a challenge to develop these in line with the personalised services agenda. These types of support services are generally generic and low level and often accessed only at the point of need rather than on an ongoing basis. Historically, these services have not been delivered on a daily task basis. Even with the introduction of housing support plans to sheltered housing, the core services are not related to individual needs. Additionally, people moving into sheltered housing are moving into pre-existing services.

For housing support services delivered in sheltered housing there are challenges posed in moving from a service-focused to a person-centred approach.

Nonetheless, there are various examples of housing working as an enabler in meeting people's wider social and care needs in a person-centred way, often in conjunction with voluntary organisations as partners. The joint CIH, Joint Improvement Team (JIT) and Association of Directors of Social Work (ADSW) publication *Essential Connections*¹¹ also outlines a number of detailed case studies which illustrate how housing, health and social care services can work in partnership to achieve positive outcomes for a range of people who require support and assistance.

Policy into Practice

Putting the ideals of person-centred planning into practice requires a genuine will to change as well as adequate resources and time (including training and support for front-line staff and capacity building for service users).

¹¹ Craigforth (2005) *Essential Connections – Linking Housing, Health and Social Care*, CIHS. <http://www.cih.org/scotland/policy/resproject023.pdf>

Guidance on the implementation of *Getting it Right for Every Child*¹² identifies the three areas where change is likely to be required:

- **culture** change (moving from service-focused to person-focused delivery),
- **systems** change (making sure that the tools are in place to evidence that outcomes are being achieved),
- **practice** change (changing how people work 'on the ground', making sure that management practices are aligned with a person-centred approach).

Resources can be a particular issue. Where service resources are stretched or under threat, organisations are more inclined to adopt practices which are rigid and systemised, working to produce information which is needed for commissioners or regulators.

This can be at odds with a person-centred approach which, for example, could involve deciding to carry out reviews of progress according to a timetable agreed with the service user, rather than at times pre-determined by the organisation for regular assessment, or for the monitoring purposes of commissioners or regulators.¹³

An alternative view is that a more person-centred approach to service delivery can result in savings as it targets the needs of the person more specifically than a 'one size fits all' approach.

There are areas where progress has been made. For example, since the publication of *The Same as You?*, increasing numbers of people with learning disabilities have been able to create a Personal Life Plan (PLP) in conjunction with support workers, family and friends. The latest monitoring information from the Scottish Government shows that around a third of all adults in Scotland who are known to have a learning disability now have a PLP.¹⁴

There is also evidence of a significant degree of capacity within the population of people receiving social care services to take on responsibility for managing their own care and how this is provided. An evaluation of self-directed support¹⁵ (previously known as direct payments and a key initiative in the personalisation of services) was largely positive about the capacity of people to manage elements of their own care and support and for systems (i.e. multiple funding streams) to be accessible and stream-lined.

But it is recognised that this is not always the case. To encourage better informed and more effective interaction between professionals and users of services, the User and Carer Forum, which forms part of taking forward the Changing Lives agenda, has developed principles and standards of citizen leadership.¹⁶



A third of all adults in Scotland who are known to have a learning disability now have a Personal Life Plan

¹² Scottish Executive (2006) *Getting it Right for Every Child, Implementation Plan*, Scottish Executive. <http://www.scotland.gov.uk/Publications/2006/06/22092413/0>

¹³ O'Brien J. and O'Brien C. L. *The Politics of Person-centred Planning*. <http://thechp.syr.edu/politics.pdf>

¹⁴ Scottish Government ((2008) *Statistics Release - Adults with Learning Disabilities Implementation of 'The Same as You'*, Scotland 2007, Scottish Government. <http://www.scotland.gov.uk/Publications/2008/03/20154612/0>

¹⁵ Tony Homer Consulting, Paula Gilder Consulting (2008) *A Review of Self-Directed Support in Scotland*, Scottish Government. <http://www.scotland.gov.uk/Publications/2008/05/30134050/0>

¹⁶ *Principles and Standards of Citizen Leadership*, (2008) Changing Lives, User and Carer Forum. <http://www.socialworkscotland.org.uk/publications.php>



Practice Example-

Loreburn Housing Association is registered as a provider of housing support services with the Care Commission. The services offered are a sheltered housing service and a young people's support service. Loreburn aims to offer services which are of a very high standard, are creative and reliable and provide service users with a person-centred service.

A recent inspection included an assessment of the services against the Quality Statement '*We respond to service users' care and support needs using person-centred values.*' Loreburn was awarded Grade 5 (very good) for these services.

The inspection report included comments on:

Support plans - Each service user has a support plan that is developed jointly between the person using the service and the support worker (or warden) and is based on a jointly agreed needs assessment. Service users are asked about their motivation, priorities and goals. This informs the support plan and the direction of the support provided.

Support agreements - The service user also signs a support agreement identifying the roles and responsibilities for them and for their support worker (or warden).

Support packages - Service users are encouraged to make their own decisions regarding their support package in terms of the agreed support hours, the timing of this support, how they prefer to communicate with the service and what they want to achieve through the support provision. Support issues and goals can be adjusted and timescales changed to suit the service user.

Working with others - The service works closely with other local social care providers with the aim of providing a 'seamless' support package to the service user that meets their identified needs. Service users have commented on the value of the liaison work of support workers as this avoids duplication and ensures that they do not have to repeat information or answer the same questions.

Source: Care Commission Inspection Report, Loreburn Housing Support Service, 17 June 2008
(For more information see <http://www.carecommission.com/>)





Practice Example -

North Ayrshire Council was commended in a recent Social Work Inspection Agency inspection for good practice in responding to the needs of homeless children through inter-agency working. This work was further commended by the Scottish Housing Regulator in their recent inspection of housing services.

The Families Experiencing Homelessness Group is an inter-agency working group, incorporated into the Health and Homelessness working group. Barnardo's represent the needs of children experiencing homelessness, ensuring that they are addressed by all partner agencies.

North Ayrshire Council contracted Barnardo's to provide support services and to work in partnership, to ensure that the impact of homelessness is minimised and that children are supported throughout the duration of their homelessness and into a mainstream tenancy.

Activities which are undertaken in partnership with the statutory services include:

- Travel arrangements to and from school for children in temporary accommodation,
- Links made with the school nurse where there are resettlement issues,
- Linkages with social services, where required,
- Ensuring that children have a study area in temporary accommodation and adequate resources,
- A support worker and children's integration worker available for the duration of the homelessness,
- Once in permanent accommodation, an on-going support service or children's integration service where a need is identified via a support matrix assessment.

What are the Regulators Looking For?

Housing providers delivering housing support services are subject to inspection by the Care Commission on these elements of their services. Inspection of services takes place against the National Care Standards for Housing Support Services. More recently, under the Care Commission's Regulating for Improvement programme, services are required to complete a detailed self-assessment which should have input from service users and their carers, where appropriate. The self-assessment has been developed around a number of 'quality themes'. One of these covers the quality of care and support.

The Scottish Housing Regulator in its inspection of local authority homelessness services examines how well services are being delivered for homeless people. Inspection reports show that, although there is progress to be made in a number of areas, there are also examples of positive practice emerging which others can learn from.¹⁷

Outcomes Agenda – The Impact

There are links between citizenship, person-centred approaches to services and outcomes focus currently being promoted by the Scottish Government.

In the world of outcomes measures, services cannot be assessed and evaluated without examining the outcomes for individuals following service intervention, which itself should be underpinned by a person-centred approach. Ideally, the outcomes approach should also create a common language and the chance to benchmark across services.

An outcomes approach requires less focus on input and output measures and more on the results achieved for the individual or group of people using services. This cannot be done without talking to and incorporating the experience of people using services. The outcomes agenda may itself therefore support the personalisation agenda by shifting the focus of services towards becoming more person-centred.

Tools to Measure Outcomes

Policy documents are traditionally strong on descriptions of the problem and statements of commitment on how these are to be addressed but often low on tools and mechanisms for implementation, in particular for practitioner staff on the front-line. These staff are the people working directly with service users and are required to translate the ideals of various approaches into reality at the interface with the person using the service. There are pockets of good practice across professions (see *Essential Connections* and *Changing Lives* for examples). That said, new approaches and policy changes often have a disproportionate impact on front-line staff, as does any lack of co-ordinated working on shared agendas.¹⁸

Recently, two separate outcomes tools have been developed, independent of each other but with scope for future linkages. These are the Housing Support Outcomes Framework and the User Defined Service Evaluation Tool (UDSET).

¹⁷ For further information and copies of inspection reports, see http://www.scottishhousingregulator.gov.uk/stellent/groups/public/documents/webpages/shr_homepage.hcsp

¹⁸ Craighor (2007), *Tensions Between Allocations Policy and Practice*, Scottish Government. <http://www.scotland.gov.uk/Publications/2007/10/17154243/0>



Housing Support Outcomes Framework

This model captures information on the 'distance travelled' by the individual using a service and provides evidence of the value of the service against outcomes (for use by providers and also those commissioning services). The framework is structured around four categories - accommodation, health, safety and security and economic well-being, each of which are broken down into more detailed 'elements of support'. During the assessment, the level of support the service user requires is assessed on a five point scale against each of these categories. The framework is designed to help providers discuss progress with service users and to help providers evidence the value of the support offered, for discussion with commissioners.

Following the evaluation of a pilot¹⁹ the framework will now be further developed and expanded (e.g. to include employment).

The framework has already been incorporated into the regulatory process. In its self-assessment documentation for housing support services, the Care Commission identifies the framework as one possible source which may provide evidence for two of its quality statements.

User Defined Service Evaluation Tool (UDSET)

Following extensive research and piloting, the UDSET has been developed to assist health and social care partnerships in improving practice. This tool collects information from service users and carers on the outcomes that are important to them. The information is used for developing and monitoring individual outcomes-focused care plans and for performance management, planning, commissioning and service improvement. (For more information see <http://www.jitscotland.org.uk/action-areas/user-and-carer-involvement/>)

The UDSET has been mapped to the user satisfaction elements of the National Outcomes Framework for Community Care.²⁰ Work is underway to carry out a similar exercise for the Housing Support Outcomes Framework so that the 'fit' between the various tool and frameworks is clear for those using them.



What Does this Mean for Front-line Housing Staff and Managers?

What does a person-centred service look like?

Each person-centred service is different. People are not placed in a pre-existing service and expected to adjust but rather the service adjusts to them. Service user involvement plays a large part in the development of the service, how it looks, how it feels and how it operates.

Turning Point www.turning-point.co.uk

Recent research emphasises the importance of front-line staff in delivery of the person-centred approach. A 2006 study carried out by the University of Stirling²¹ suggests that the rhetoric of policy statements fall short of real understanding of what it means in practice to deliver person-centred services. The interaction between front-line staff and the individual is the crucial link. This means that 'buy in' from staff is required, backed up by organisational support, including the opportunity for training and development, as appropriate.

The skills of patience, compassion, sensitivity and empathy are highlighted in the research as being important qualities in front-line staff, from the point of view of service users. However, as discussed earlier, there can be tensions between services seeking to make efficiencies versus the need for intensive support for front-line staff dealing with complex situations.

In summary, an organisational approach towards increasing the personalisation of services and person-centred planning requires:

- Service diversity and flexibility of provision,
- Re-focusing of the roles and skills of workers,
- Developing skills of people using services to allow more involvement in designing and developing services (citizen leadership programmes),
- More prevention, less crisis,
- Organisational learning,
- Sufficient budgets.

Conclusion

For housing, the encouragement, from central Government and others, to adopt person-centred approaches is likely to increase rather than diminish. It will have a growing impact on areas of housing services. These include housing support services and homelessness services, which already work intensively with people who may have a number of complex and interrelated needs.

In light of this, it is important that housing organisations and their representative bodies are closely involved in shaping and developing the current and future agenda. They should also take an active part in ensuring that any outcome tools and measures devised reflect the unique nature of housing services and the role that they have (often in partnership with others in health and social care) to secure the best solutions possible for service users.

²¹ Innes A., Macpherson S., McCabe L., (2006) *Promoting person-centred care at the front line*, Joseph Rowntree Foundation

Since 2004 the Joint Improvement Team (JIT) has worked directly with local health, housing and social care partnerships across Scotland. Its main focus is to provide practical support and additional capacity to partnerships with the ultimate goal being to deliver better services to those who need them. A partnership body itself (comprising COSLA, NHS Scotland and the Scottish Government), JIT enjoys close working relationships with lead bodies in Scotland, including with CIH Scotland on housing issues to enhance the delivery of health and care services to Scotland's people as well as to increase their safety, security and independence.

W www.jitScotland.org.uk

The Chartered Institute of Housing

The Chartered Institute of Housing (CIH) is the professional body for people involved in housing and communities. We are a registered charity and not-for-profit organisation. We have a diverse and growing membership of over 20,000 people – both in the public and private sectors – living and working in over 20 countries on five continents across the world. We exist to maximise the contribution that housing professionals make to the wellbeing of communities. Our vision is to be the first point of contact for - and the credible voice of - anyone involved or interested in housing.

CIH Scotland has more than 2,000 members working in local authorities, housing associations, housing co-operatives, Scottish Government and government agencies, voluntary organisations, the private sector, and educational institutions. The CIH aims to ensure members are equipped to do their job by working to improve practice and delivery. We also represent the interests of our members in the development of strategic and national housing policy.

Prepared by Marian Reid, Independent Consultant, for CIH Scotland Policy and Practice Team

The CIH Scotland Policy and Practice Team
Chartered Institute of Housing Scotland
6 Palmerston Place
Edinburgh
EH12 5AA

For more information on the contents of this paper, please contact Sue Shone:
T 0131 225 4544 E Susan.Shone@cih.org W www.cihScotland.org

December 2008