The Beacon Scheme: Consultation on themes

social care
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Summary

The Social Care Institute for Excellence (SCIE) welcomes the focus of the proposed Beacon Scheme themes in two particular areas:
children and young people, including supporting the children's services workforce
- adults/older people, including independent living for people with disabilities and securing better mental health for older adults.

SCIE endorses the incorporation of all three listed themes into the scheme, which will all assist in improving the quality of life of SCIE's stakeholders, including children, young people, adults of working age and older people with social care needs and importantly their carers and families.

SCIE's position in relation to the three proposed themes is outlined in the discussion below.

Discussion

Supporting the children's services workforce

SCIE supports the focus on the children's services workforce. We believe that it needs to be strengthened to improve the life chances of all children and to reduce inequalities.

However, rather than focusing exclusively upon the children's services workforce, SCIE firmly believes that support for the entire social care workforce should be promoted by the Beacon themes. The urgent need for the development of the social care workforce cuts across the boundaries of children's versus adults' services. There is a critical need for workforce development to sustain support for social care service users of all ages. The recent white paper, *Our health, our care, our say*[i] and the welfare reform green paper[ii] are quite clear about the central role of the social care workforce in achieving the government's ambitions.

SCIE's support for a Beacon theme that focuses upon the social care workforce is reflected in our involvement in the Department of Health (DH) and Department for Education and Skills' (DfES) review of the social care workforce, 'Options for Excellence'. The review, first announced in July 2005, recognises the need for a strong, committed social care workforce to deliver the ambitions set out in the DfES green paper *Every child matters* (2003)[iii] and the DH green paper *Independence, well-being and choice* (2005)[iv], later endorsed by the white paper cited above.

Independent living

SCIE's work on human rights, direct payments, independent living and person-centred planning highlight the importance of and provide guidance on ensuring service users have choice and control over the support they receive and the lives they lead. Independent living for people with impairments go hand in hand with direct payments and SCIE encourages greater use of direct payments by local authorities. Direct payments offer greater flexibility in support arrangements and allow users control over planning the services they need to support their independence. However, take up of direct payments has been patchy and worse among some groups than others. SCIE's work on direct payments highlighted a number of ways of increasing user control through direct payments. Local authorities should take these steps in order to make independent living a reality for people with disabilities living in their communities:

- **Reduce bureaucracy**. Direct payments are still taking months to reach people and this is discouraging people from applying.
- **Ensure direct payments are adequate** to enable people to pay workers a decent hourly rate. Failure to do this will ensure failure.
- **Provide better accessibility to information**. Many people in social care are still unaware of direct payments, as are many service users. The DH should play a leading role in ensuring publicity and accessible information is available.
- **Train and inform your workforce**. The DH has under-estimated the impact direct payments have on social care staff. Using them requires a massive culture change and an element of re-training.
- **Increase funding to independent advocacy services and independent living centres.** This is essential if the bureaucracy and finances are to be managed well.
- **Re-structure existing services**. Services are not prepared for such a major change in how social care is delivered.
- **Include healthcare provision**. Much of social care is entwined with the health service, and mental health and some learning disability services are supposedly joined-up teams.

For people from black and minority ethnic (BME) communities, the flexibility offered by direct payments can mean improved access to culturally sensitive support. However, despite the hopes of the DH, BME service users and carers are faced with considerable barriers in accessing direct payments. SCIE's work on stakeholder participation found that these barriers include:

- confusion over the meaning of 'independent living'
- assessment processes not taking account of the background and requirements of black and minority ethnic BME service users and carers
- lack of awareness of direct payments
- difficulties in recruiting personal assistants able to meet the cultural, linguistic and religious requirements of service users
- a failure to consider using direct payments in more innovative and creative ways, than the usual direct employment of carers

- a shortage of appropriate advocacy and support services
- a lack of resources for local schemes
- varied levels of commitment to direct payments among local authorities
- the possibility for confusion over the 'relatives' rules'
- lack of support for people to use the available information.

Together, these barriers present a considerable challenge to authorities, albeit more of a challenge in some local authorities than in others. SCIE recommends the use of imaginative and original methods to promote the take up of direct payments among minority ethnic communities. SCIE's work on direct payments highlighted the following specific examples that authorities should consider as means of promoting direct payments among BME service users. Although they relate specifically to BME groups, some principles can usefully be applied to the promotion of direct payments among other marginalised groups:

- target people to attend specific events where information is being provided, such as community events
- recruit service users to schemes/local authorities and using their knowledge   and expertise in informing others
- conduct outreach work in the community
- encourage service users to share their experiences
- use educational material in accessible formats, such as Braille, video, easy read (see www.valuingpeople.gov.uk and www.nimhe.org.uk)
- employ specialist workers from specific community groups.

Securing better mental health for older people

SCIE unreservedly supports the proposal to incorporate the promotion across local authorities of mental health for older people as a Beacon theme.

Recognition of the need for support for older people with mental health problems has been a long time coming. The National Service Framework (NSF) for mental health (1999)[v] and the NSF for older adults (2001)[vi] were billed as landmarks in the development of quality services in two major areas of health care. However, with the NSF for mental health limited to adults of working age, the care of older adults with mental health problems fell between the two. Indeed, the DH review of progress against NSF standards in 2004, suggested that older adults with mental illness had not benefited from some of the developments seen for younger adults and some of the developments seen in older people's services were not fully meeting their mental health needs.

In response, the DH announced a new initiative to combine forces across mental health and older people's services. Outlined in *Securing better mental health for older adults* (2005)[vii], the DH set out its vision for how all mainstream health and social care

services, with the support of specialist services, should work together to secure better mental health for older adults and describes how it aims to help deliver this.

Further to *Securing better mental health for older adults*, the Care Services Improvement Partnership (CSIP) published *Everybody's business: integrated mental health services for older adults* (2005)[viii]. The document outlines six key messages for commissioners. SCIE highlights these messages as a means of improving the quality of life of all older people, delivering services in a person-centred way and promoting age equality in the provision of services:

- Older people's mental health is everybody's business.
- Improving services for older people with mental health problems will help meet national targets and standards (for example, improving outcomes for users and carers and achieve saving across the health economy by making health and social care more efficient).
- Access to mental health services must not be based on age but on need.
- Older people need holistic care in mainstream services.
- Workforce development is central to driving service improvement.
- Whole system commissioning and leadership are vital to deliver a comprehensive service.

In recognition of the critical importance of addressing the mental well-being of older adults, SCIE has published a practice guide on assessing the mental health needs of older people. It is aimed at those front-line staff who undertake assessments and who may be the first professional in contact with an older person, their family or friends. The practice guide is available to download, at no charge, on SCIE's website[1].

During our next work programme, 2006–07, the current guide will be updated with information from research and inspection findings. Furthermore, in a separate project, SCIE, together with the National Institute for Health and Clinical Excellence (NICE) will undertake work to develop joint health and social care guidance on dementia care. SCIE and NICE will produce a technology appraisal and practice guide and will be delighted to share their findings. SCIE is also involved, in an advisory capacity, with Age Concern and the Mental Health Foundation's inquiry into mental health and well-being in later life. The inquiry recognises that the mental health and well-being of older people has been much neglected and seeks to raise its profile, create understanding and an evidence base and ultimately, influence policy and planning and improve services. For online information about the inquiry, visit http://www.mhilli.org/inquiry/

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[1] http://www.scie.org.uk/publications/practiceguides/bpg2/index.asp

References

[i] Department of Health (2006) *Our health, our care, our say: a new direction for community service*, London: TSO

[ii] Department for Work and Pensions (2006) *A new deal for welfare: Empowering people to work*, London: TSO

[iii] Department for Education and Skills (2003) *Every child matters*, London: HMSO

[iv] Department of Health (2005) *Independence, well-being and choice: Our vision for the future of social care for adults in England*, London: TSO

[v] Department of Health (1999) *National service framework for mental health: modern standards and service models*, London: TSO

[vi] Department of Health (2001) *National service framework for older people*, London: TSO

[vii] Department of Health (2005) *Securing better mental health for older adults*, London: TSO

[viii] Department of Health/Care Service Improvement Partnership (2005) *Older people's mental health: six key messages for commissioners*, Leeds: Quarry House