

Self-directed support

History of the social care system

You don't need to know about the history of social care to enjoy the control that self-directed support offers. But the information in this fact sheet shows what an important change self-directed support is. (There is a separate fact sheet that explains self-directed support.)



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Self-directed support

The basic facts



The Welfare State was created in 1945. It was a great achievement.

The creation of the Welfare State in 1945 was a great achievement. In the space of just a few years, the UK created systems that protected people from the effects of:

- Poverty
- Lack of health care
- Lack of housing
- Lack of education



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But some people lived in institutions or asylums and were treated badly.

The new system was for everyone. But some groups of people benefited more than others.

Some people were treated poorly. For example:

- Disabled people who had lived in institutions, or who were out of sight in their family home.
- Older people who became frail or disabled. (Few older people lived long enough to need long-term support.)



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Many were excluded from society.

Society has mostly excluded people who have extra support needs. From the early 1900s right through to the 1970s, people were often put into large institutions or asylums. Even if they were able to move back into the community, they were likely to be left out and isolated.



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More information about the history of the system



They started to close in the 1970's. Local Authorities set up services for people leaving these places.



Big institutions set up in the Victorian era were still in use for much of the 20th century. In the UK, there were dozens of these hospitals and asylums – like Lennox Castle in Glasgow or St Lawrence's in Surrey.

They began to close in the 1970s as a result of abuse scandals. At that time, local authorities set up services for people leaving the big institutions.

They set up three main types of service:

- Residential – group homes and hostels.
- Day services – various kinds of day centres.
- Specialist placements – for people with complex needs or behavioural issues.



Residential or group homes and hostels.



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Community Care means people should get support by their local communities.

These kinds of services are still common today. The numbers of people in residential care has hardly gone down. There are still about a quarter of a million people in residential care.

How the system works now

Community care

*****reference to care act needed**

The idea of community care is a good one. People should be able to get support in their local neighbourhood. Communities are made up of citizens. Many citizens are willing to look out for their neighbours.

But care in the community has come to mean something different. People who used to be in institutions are placed in a community setting but they often remain cut-off from the very community they are in. Many community services carry on working in much the same way as the old institutions.

People in these community services often lack power. They have often lost contact with family. They are more likely to be unemployed, lonely and in poverty.

Local authorities spend the majority of social care money on these services. They often buy blocks of services in advance and then place people in the spaces available.



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But many people feel as if they are still living in institutions, just smaller ones.



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People often don't get much choice in how things are run.



The Government has now stopped ILF payments.



There is now a new system called self-directed support.

People often don't have much say about where they are put. Once people are placed, it can be difficult to change things.

Independent Living

Disabled people, older people and families have tried to develop support and services that are more personalised and more under their control. The Independent Living movement put pressure on the Government and won the Independent Living Fund in 1988 and Direct Payments Act in 1996. These allow disabled people to take more control over cash for services.

However, both these approaches had to fit into a system of social care that was not designed to support Independent Living. The social care system does not treat people as citizens who are entitled to support. Instead, support is offered as a gift to people, based on an assessment of their needs.

Self-directed support

Things are changing quickly. There is a new social care system – **self-directed support**.

Self-directed support enables people with extra support needs to have control over:



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Self-directed support



Self-directed support gives people more choice on how to live their lives.

- How to live their lives.
- Where to live and who with.
- What to do during the day.
- How to spend their leisure time.
- What to spend money on.
- Who they are friends with.

At the centre of self-directed support is control over the money for support. This is called the individual or **personal budget**.



A personal budget gives people more choice on how to spend the money they have been allocated to meet their support needs.

People feel more motivated when they have control over their lives – including how they can spend their money. When we are in control of our money, we generally look for the best deals and make sure we get value for a service.

One of the most important features of self-directed support is that people know how much money they are entitled to for support – right from the beginning.

The history of self-directed support is explained in more detail in the fact sheets: 'Introduction to In Control' and 'Introduction to self-directed support'.



People know what they're entitled to.



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Self-directed support

An example

Jon is forty-seven. He has lived in an institution since he was ten.



He lives in a residential community bungalow owned by his local Health Trust. The consequences of this are: he is unable to access the benefits that are available to citizens living in the community; he doesn't have his own GP or dentist, but does have a specialist psychiatric consultant.

He doesn't have much in common with the other eight people he lives with, but he does like company. Jon likes to make conversation. None of the people he lives with use words to communicate, so Jon frequently seeks out staff to have a conversation. They can find this demanding because they are so busy.



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Stuck

Jon likes to look at catalogues and is often found seated at a table with a catalogue in front of him. Once there, he cannot move. The brakes to the wheelchair are at the back and he can't reach them. They have been put there because he fiddles with them. They break often and, when they do, Jon can't go on the minibus to the day centre because it would be unsafe.

Then he spends two or three weeks at home – often looking at catalogues. So when Jon is found at the table he often says: "Stuck Mum, stuck."

Jon's mum wants him to be supported by people who would get to know him well.

If Jon's mum and his sisters were organising Jon's support, he would be living with one or two friends he knows and likes. He would get support from people who would take the time to care for him properly. He would be able to enjoy doing the things he loves.



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