

Service Specification: Individual Service Funds

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1. INTRODUCTION

- 1.1. It is widely acknowledged that people often enjoy a greater quality of life when they are able to remain at home for longer. This is the Council's preferred method of support. Individual Service Funds support people in Cambridgeshire & Peterborough to do this.
- 1.2. This Specification details service delivery expectations for Individual Service Funds, within the County of Cambridgeshire (including Peterborough) with separate clauses relating to those ISF providers delivering care themselves (Lot 1 of the ISF Dynamic Purchasing System) and those exclusively brokering care and support delivered by other providers (Lot 2).
- 1.3. The Services shall be those Services to be provided or brokered by the ISF Provider, as set out below, and performed in accordance with best practices in the care sector relating to how an individual's Personal Budget is spent. See Figure 1.



Figure 1 – Three methods for managing a Personal Budget

- 1.4. The legislation and Terms and Conditions for this service are outlined within the Cambridgeshire & Peterborough Individual Service Funds Contract.
- 1.5. This Service Specification shall be implemented as part of the Council's commitment to supporting people to live their lives as independently as possible, in their own home for as long as they wish to. People using the Service can be assured of dignity, choice, control and quality of life. See Figure 2.

This diagram shows the different relationships that are important when implementing and delivering ISFs.

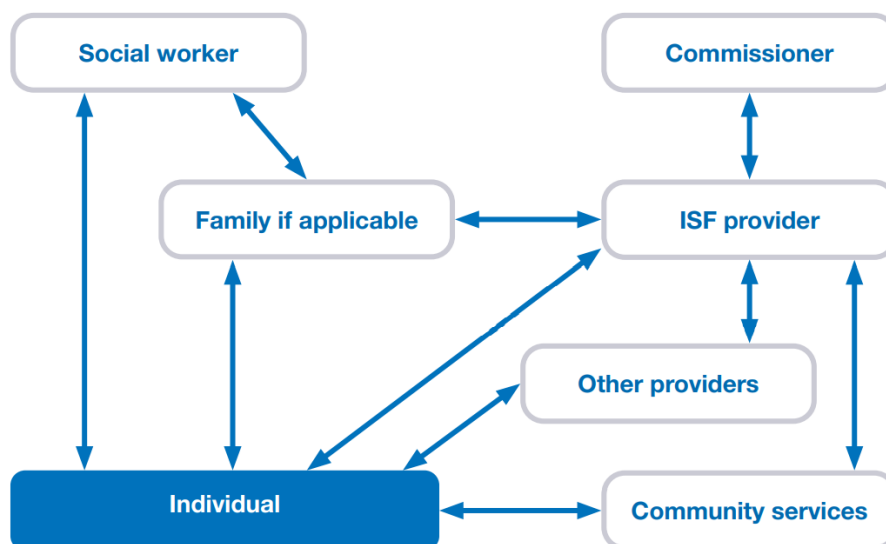


Figure 2 – Relationships involved in an Individual Service Fund

2. OUTCOMES OF THE SERVICE

Purpose of the Service

- 2.1. With an Individual Service Fund (ISF), the Service User chooses a provider, rather than the Council, to manage their personal budget.
- 2.2. This use of an ISF provides a more flexible approach to spending a person's personal budget, with a specific focus on tailoring the service to individual needs (see Diagram 2.2.)

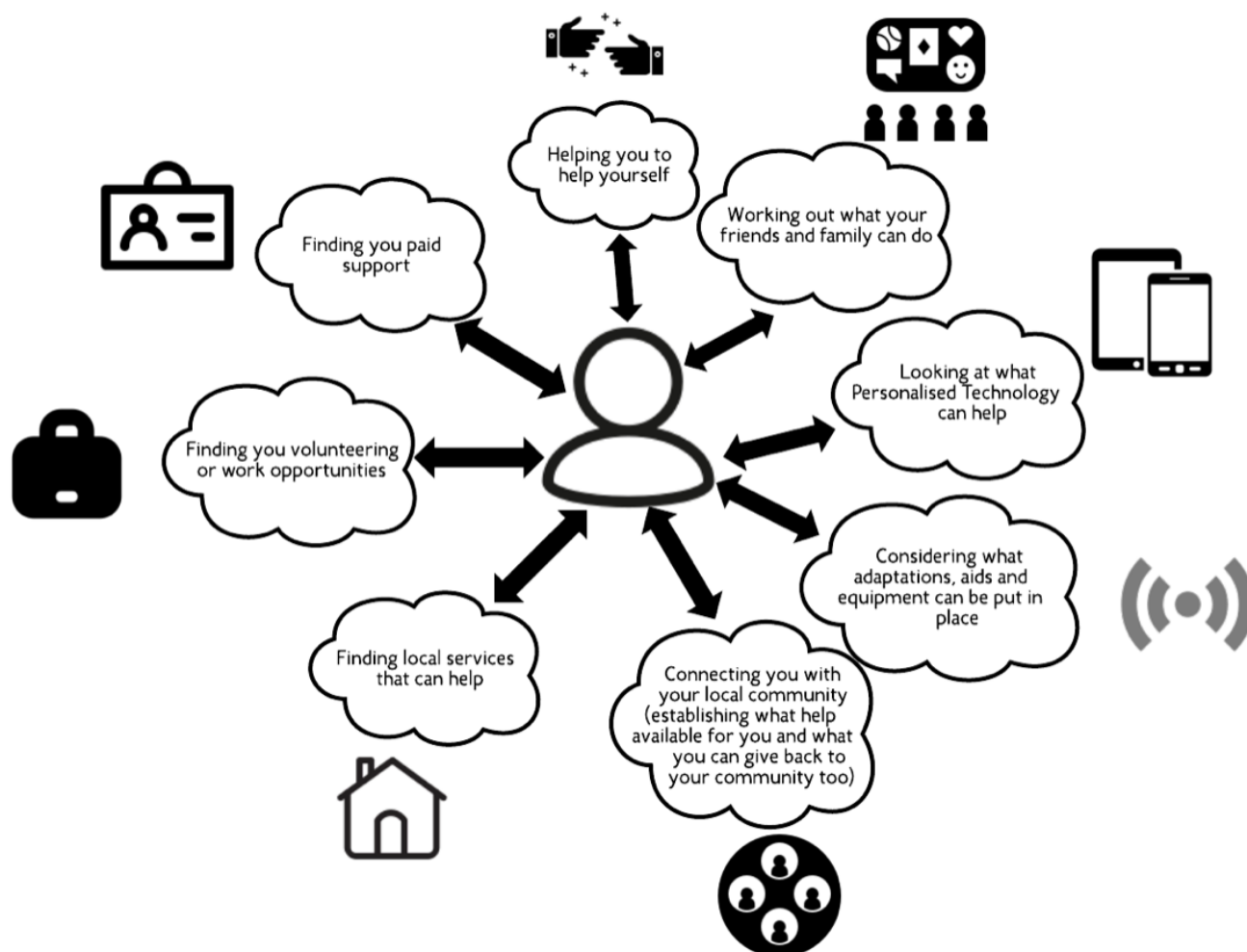


Diagram 2.2 – Examples of brokerage activities undertaken by an ISF Provider (not exhaustive)

- 2.3. In a time of reduced funding and increased demand, providing the same traditional services with less money is not feasible – ISFs should be viewed as a tool for delivering creative outcomes and getting better value for people using their budgets. Before spending the Service User's Personal Budget, ISF Providers will be expected to seek to understand and attract wider sources of funding and/or equipment as required e.g. Technology-Enabled Care, Disabled Facilities Grants etc.

Dignity, Choice and Control

- 2.4. People achieve better outcomes when they are supported to retain their dignity and have choice and control over the support they receive.
- 2.5. The Service will enable people to remain in their own homes and encourage autonomy and choice in care.

- 2.6. The Council expects ISF Providers to ensure that Service Users can retain their dignity and are offered choice and control wherever possible across all aspects of the Service using a person-centred approach at all times.

Enablement

- 2.7. The Council wishes to support people to remain as independent as possible in their own homes, for as long as possible, in order to prevent, reduce and delay the need for ongoing care and support.
- 2.8. This Service is designed to provide a flexible approach, in meeting the care and support needs of individuals.
- 2.9. Prevention and early intervention should still be a clear focus of the Service and the ISF Provider should go through the Council's Technology Enabled Care (TEC) route before sourcing their own equipment. The ISF should only be used for items of equipment that the Council cannot provide or source at a better value;
- 2.10. The ISF Provider will be expected to support Service Users to access other organisations (such as day centres, charities, volunteers, etc) when relevant and useful, taking full responsibility for making arrangements and paying invoices from the Service User's personal budget, held by the ISF Provider.
- 2.11. The ISF Provider will work with the Service User in a flexible way to provide or arrange the support in the care and support plan, using the money the Council has assessed that they need for their care and support (the Personal Budget).
- 2.12. The ISF Provider must make referrals to relevant health and social care professionals, should the Service User need further assessment or assistance, such as Occupational Therapy (OT), or relevant third-sector organisations that can provide a suitable service.
- 2.13. The ISF Provider must tailor support to the individual that promotes their independence. The ISF Provider is expected to promote enablement resulting in a reduction of support for the Service User. This could be through the use of TEC and/or asset-based approaches.
- 2.14. Where there may be family or informal carers involved, ISF Providers will signpost to support services to facilitate step down in care. ISF Providers will also refer informal carers to Caring Together and other third-sector organisations.
- 2.15. To achieve the outcomes stated above, the ISF Provider shall ensure that consistent focus is given to the needs and preferences of Service Users.

3. THE SERVICE

- 3.1. The Service is provided for all residents of Cambridgeshire and Peterborough who are identified as having eligible social care needs under the Care Act (2014) or Section 117 (Mental Health) aftercare, where individuals are registered with a GP belonging to the Cambridgeshire & Peterborough CCG. Agreements for individual Service Users may be entered into with both Cambridgeshire County Council and Peterborough City Council. ISF Providers who wish to provide services (and are subject to CQC regulation) will bid for Lot 1 on the ISF DPS. ISF Providers who wish to broker services provided by third parties (sub-contracted providers) will bid for Lot 2 (see Person Specification in Schedule 5).
- 3.2. Indicative budget setting process comprises the following steps:
- 3.2.1. The Council will set the indicative budget and high-level outcomes via care needs assessment and care and support plan;
 - 3.2.2. Service User will choose their preferred ISF Provider;
 - 3.2.3. ISF Provider and Service User will draw-up a plan to meet agreed outcomes and outline costs and approaches for doing this;

- 3.2.4. The Council (Social Worker) will agree to the ISF Plan;
- 3.2.5. The ISF Plan will be enacted and support will start;
- 3.2.6. The Council will review the arrangement after approximately 6 weeks and amend Personal Budget if applicable;
- 3.2.7. Reviews will take place annually or by request when a change of circumstance occurs.

Remuneration

- 3.3. ISF Providers in Lot 1 will be remunerated according to the 4-tiered approach in Schedule III. If more than 50% of a Personal Budget is being used to pay for services provided by the ISF Provider themselves (e.g. Home Care) then it is expected that the care and support planning element would be conducted under Business As Usual, with no extra fee being charged, that is, Tier 1 on Schedule III. ISF Providers in Lot 2 will be remunerated according to the 2-tiered approach in Schedule IV.
- 3.4. In terms of how Personal Budgets are calculated, the rates paid to ISF Providers are calculated in the same way as Direct Payments are calculated, that is, based on declared rates (or average rates) linked to the service provider model (i.e. home care/Supported Living, Day Opportunities etc.).

4. VARIATIONS IN NEED / CIRCUMSTANCES

- 4.1. Any request for additional budget to be added to the Personal Budget of a Service User (to meet assessed needs) shall be submitted in writing to the Social Care Representative with detailed breakdown of the proposed additional support together with supporting documentary evidence of the proposed additional support believed to be required, including activities and tasks, a breakdown of proposed costs and other associated cost implications.
- 4.2. The written submission stated in paragraph 4.1. shall be reviewed by the Council to determine if a change to support is justified. The Social Care Representative shall approve such variations prior to any changes being made to the Service User's care plan.
- 4.3. In the event of a crisis, the ISF Provider may adjust care delivery as required, and contact the Social Care Representative at the first available opportunity or within 24 hours, whereby the procedure set out in paragraphs 4.1. and 4.2. shall apply.
- 4.4. Where a Service User's needs are perceived to have decreased, the ISF Provider shall notify the Social Care Representative within one Working Day, and include this on their regular data reporting.
- 4.5. In the event of a change in the Service User's financial circumstances, the ISF Provider will notify CCC immediately.
- 4.6. The ISF Provider will respond promptly and proactively to any significant change in the Service User's needs/circumstances and seek support from the relevant health or Social Care Representatives.
- 4.7. In the event of termination of the Agreement by either Party, the ISF Provider shall repay the balance of the Personal Budgets of all service users to the Council immediately and the Council shall make any outstanding payments due to the ISF Provider within 30 Working Days.

5. SERVICE USAGE, FLEXIBILITY AND UTILISATION

- 5.1. The ISF Provider shall work flexibly with the Council to ensure optimum utilisation of the Personal Budget to meet agreed outcomes on the Care and Support Plan produced by Practitioners, with a view to increasing autonomy and independence of the Service User.
- 5.2. If the Service User doesn't have capacity to make decisions, the process will need to involve the [best interest decision process](#) and identify who is responsible for making decisions – this could be the Court of Protection, family member, an advocate or someone else in their circle of support. If,

however, there are no family members then an advocate will be involved as part of Care Act review. It's important to ensure that everyone involved is confident that ISF is the best option for the individual.

- 5.3. The Council is entering into a contract with the Provider on behalf of the Service User and consequently, if a Service User wishes to terminate provision of Services by the ISF Provider, they may contact their social worker and request a change. The Council may terminate the contract for the provision of Services to that Service User.
- 5.4. Payments to ISF Providers will be made monthly in advance via PrePaid Card for four times the amount of any weekly personal budget. Any Service User contributions will be recovered by the Council separately (via invoice 4 weeks in arrears). The Council must be informed if any surplus (unspent budget) exceeds 12 x the weekly personal budget.
- 5.5. Care and Support Planning and Monitoring will be performed using the 247grid software and the Council will share a voucher code with the ISF Provider for each Service User. The ISF Provider will share access to it, to codesign and manage the ISF in partnership with the Service User and any family members and social workers/commissioning/brokerage and other teams of the Council as required.
- 5.6.

6. ACCESSING THE SERVICE AND ASSESSMENTS

Referrals Process

- 6.1. The Council's Brokerage Team will share information on Service Users with all ISF Providers for the relevant Lot of the DPS. Details of those ISF Providers who respond positively (as having capacity to take-on that individual) will be shared with the Service User so they can make a personal choice/decision on which ISF Provider they wish to work with.
- 6.2. An ISF Provider may NOT be included in a referral if they are undergoing monitoring because of quality issues or complaints, at the discretion of the Council.

Operational hours

- 6.3. Referrals may be made by telephone / email from Monday to Sunday during Referral Hours. All weekend referrals shall be agreed and planned in advance. Referral hours are considered 9am to 5pm.
- 6.4. The ISF Provider shall ensure that the appropriate staff are available to accept Referrals, complete assessments and facilitate the Service to start within a maximum of 24 hours / the next day (where need is urgent) and non-urgent referrals can be processed at a pace that suits the Service User.

The ISF Provider must respond to the request for a new package of care within a time frame that is appropriate for the level and complexity of need of the Service User, detailing when they will commence the Service after an initial conversation with the Service User.

Coordination of Care and Support Delivery

- 6.5. The Social Care Representative / Brokerage Team will ensure relevant referral information is available to the ISF Provider prior to the Service commencing.
- 6.6. The ISF Provider will give the Service User a clear explanation of their commitment to them and will explain how the ISF is being used to meet their needs. Information given to the Service User must include the following and be signed off by the Service User and their circle of support:

- 6.6.1. Role of The ISF Provider and what the Service User can expect

- 6.6.2. What the budget is and how it will be used
 - 6.6.3. A Service User contribution agreement
 - 6.6.4. How the Service User will be involved in decisions about their budget
 - 6.6.5. Making a plan with the Service User's family and circle of friends
 - 6.6.6. Connecting to the local community (local clubs and groups)
 - 6.6.7. Record keeping arrangements
 - 6.6.8. Reviews and making changes to how support is delivered
 - 6.6.9. Being clear about what parts of the agreement that can't be changed
 - 6.6.10. How the Service User can influence how their support is being delivered
 - 6.6.11. Notice periods for any changes
 - 6.6.12. How to make a complaint either through Cambridgeshire County Council or the Ombudsman
 - 6.6.13. Safeguarding
 - 6.6.14. Key contacts
 - 6.6.15. Boundaries and clear expectations for the roles and responsibilities for the Service User and service Provider(s)
- 6.7. The ISF Provider will maintain flexibility in planning and scheduling individual care and support planning visits to ensure geographical deployment maximises efficiency. The ISF Provider will work with other Providers to share information and avoid duplication where appropriate.
 - 6.8. The ISF Provider will highlight any issues with accessing resources (such as equipment, TEC, medication etc.) on behalf of an individual as soon as possible to ensure that any issues can be addressed appropriately. The ISF Provider will collate evidence with date, time and names of any issues to share with the appropriate health or Social Care Representative.
 - 6.9. The ISF Provider will work with CCC/PCC Adult Social Care Commissioning Managers, families and those people receiving care to introduce or make referrals for TEC.
 - 6.10. The ISF Provider will demonstrate collaboration with external providers, community groups, voluntary organisations, Introductory Agencies and Micro providers/enterprises when/where available and will be expected to demonstrate use of the personal budget for services outside of the scope of their own services.
 - 6.11. The ISF Provider will develop mainstream capacity in areas where the transition service is operating to enable a seamless transfer from this service into regular home and community support.

Social Care Assessments

- 6.12. The Council has a statutory responsibility, within its eligibility criteria, to ensure the provision of certain statutory services in order to meet individual assessed needs and outcomes.
- 6.13. The needs of each individual shall be identified through a Care Act Assessment completed by a Social Care Representative from the Council. If the individual is eligible for an ISF, the Social Care Representative shall produce a personalised and outcome-focused Care and Support Plan with input from the assessed individual and/or their representatives, to identify how their needs will be met and the outcomes to be achieved. This may include empowering the Service User to complete a PATH (Planning for Alternative Tomorrows with Hope) template (See 6.14 and Schedule II).

PATH Approach and Mental Capacity

- 6.14. The PATH approach consists of the following steps (see Schedule II):
 1. Look first at the person's dreams. No limits or constraints are placed on the dreams or the ideal future that they envisage, so that a person can indicate what matters most to them. Then, on the basis of the person's dreams and ideal future, specific goals that are both positive and possible are identified.
 2. Imagine possible and positive achievements/goals that could be made over the next 1-2 years
 3. This is then compared to how their life is 'now'
 4. Identify people that they can involve to help get them to their goals and what they need to do to stay 'strong' and motivated.

5. Identify ways to build strengths to accomplish goals (for example, what skills need to be developed or what relationships maintained).

6. Individuals then plan the steps needed to achieve the goals. First they identify long term steps (3-6 months).

7. Then the Service User identifies shorter term steps (1-3 months), with support if necessary.

8. Lastly, the first steps are identified.

6.15. The Care Act Assessment, Care and Support Plan and, if relevant, the Mental Capacity Act assessment shall be shared with the Council's Brokerage Service responsible for liaising with ISF Providers.

6.16. Where the Service User has a cognitive impairment, the Provider will take proactive steps to engage the individual in the best way possible to discover their views and preferences in accordance with the Mental Capacity Act Code of Practice. If the Service User is found to lack mental capacity then a Best Interest Decision would be made by the social worker or holder of an LPA (Lasting Power of Attorney), which may support an ISF.

Inappropriate use of the ISF

6.17 The ISF provider will ensure that the ISF will not be used for:

- a) health-related services – such as dentist, chiropody, physiotherapy appointments or household expenses, such as food, personal items or utility bills
- b) for accommodation - rent, mortgage payments
- c) for non-statutory liabilities such as tips, bonuses, ex gratia payments (the Commissioner is not obliged to fund costs that are incurred on a discretionary basis)
- d) for anything that is illegal or to purchase services that do not keep you safe and well
- e) for gambling, lottery, bingo tickets, raffle tickets, alcohol or cigarettes
- f) to pay for long-term residential care. (It can be used for a short stay provided it does not exceed a period of 4 consecutive weeks in any 12- month period)
- g) for anything that is not an activity that will assist the Adult to achieve their agreed outcomes. If the Adult wishes to change their agreed outcomes, the Commissioner's agreement to pursue different outcomes must first be obtained.
- h) The ISF Provider must get the Commissioning Manager's written agreement to use the ISF to pay for services from a spouse, civil partner, relative or other person who lives in the Service User's household.

7. ISF HOLDER ENGAGEMENT

7.1. The ISF Provider must:

- 7.1.1. Engage with Service Users for feedback and demonstrate how they have acted upon the feedback.

7.1.2. Report feedback back to the council and any changes they have made as a result.

- 7.2. The ISF Provider must be able to demonstrate how they involve Service Users and stakeholders in the shaping of the service and respond to their input.
- 7.3. This will be provided to the Council on a quarterly basis in the form of a summarised report of findings and actions taken as a result of thematic analysis.
- 7.4. The ISF Provider will regularly review the support against the outcomes set (6 weeks at the start, at 3 months, then every 6 months). When they consider that the Service User's needs have changed or their needs could be met in a different way, they will work with them and their circle of support to redesign their services. In the case of any significant change to the budget (increase or decrease), they will notify The Council. The review processes will be designed with the ASC Workers.

8. INFORMATION AND GUIDANCE

- 8.1. Section 4 of The Care Act 2014 places a duty on the Council to put in place measures that ensure people are supplied with appropriate information and advice.
- 8.2. On initial contact with the Service User, the Provider shall supply the following information to them and/or their representative.
 - 8.2.1. When and how to ask for an assessment from Cambridgeshire County Council, Peterborough City Council and/or the Clinical Commissioning Group, as appropriate.
 - 8.2.2. Basic information on Cambridgeshire County Council / Peterborough City Council Services, as appropriate.
 - 8.2.3. Basic information on what financial support is available from Cambridgeshire County Council or Peterborough City Council, as appropriate.
 - 8.2.4. Signpost to Independent Financial Advisors
 - 8.2.5. Basic information on the advocacy service and when and how to use it.
- 8.3. Information related to financial and legal advice can be found on the Cambridgeshire County Council website ([click here](#)).

9. HOW AND WHAT WE WILL MONITOR

Complaints

- 9.1. The ISF Provider will follow the process within the Terms and Conditions of the contract, as well as following the process below if there are complaints relating specifically to Individual Service Funds. This might look like: Possible issues with timings, person not being happy with sub-contracted provider, etc.
 - 9.1.1. The ISF Provider must inform the Social Care Representative / Brokerage Team of any concerns raised by Service Users, their families or professionals they may be working with, as soon as they receive it (within 24 hours).
 - 9.1.2. A record will be kept and discussed at the regular performance monitoring meetings.
- 9.2. The Council is responsible for monitoring the quality of the Service provided and for reviewing the individual needs of Service Users and will be mindful to take a proportionate approach. However, the Council may also monitor the ISF Provider's performance in conjunction with other strategic partners and the ISF Provider acknowledges that the Council may undertake monitoring visits with these strategic partners including other Eastern Region Local Authorities and the local Clinical Commissioning Groups (CCGs) or ICS.
- 9.3. Quality assessment visits may (though not necessarily) be undertaken using the regional Provider Assessment & Market Management Solution (PAMMS) application. Once an assessment has been completed, the ISF Provider will receive an email including an attachment which they will be able to download so they may comment on any factual inaccuracies. The ISF Provider will have 14 days to

make any comments. Once any comments have been made (or if no comments are necessary) the ISF Provider will submit the report back to the Council by clicking the 'submit' button within the file.

Contract Management

- 9.4. The Council will use a variety of methods to assess ISF Provider quality and contract compliance. Additional assessment will include (but not be limited to) the following:
- 9.4.1. By feedback from Service Users and/or their representatives, and all other relevant professionals involved in their care on the standards of the Service being provided;
 - 9.4.2. By feedback from Council Officers reviewing whether or not the Service is meeting the assessed needs and meeting agreed outcomes in the best possible way;
 - 9.4.3. By systematic monitoring of the Provider by the Council, in order to evaluate and record the services delivered against the Specification;
 - 9.4.4. By the investigation of complaints and/or safeguarding instances;
 - 9.4.5. By reviewing written procedures and records for both ISF holders and Staff;
 - 9.4.6. By the ISF Provider submitting to the Council an annual report detailing the outcome of quality assurance processes, including its Continuous Improvement Plans;
 - 9.4.7. Through external compliance reports from CQC.
- 9.5. The ISF Provider will keep a clear record of the ISF received and its usage to meet the care and support needs including reports generated by the prepaid card portal, bank statements, invoices, receipts, cheque book stubs and any other documentary evidence that demonstrates how the ISF is being used. The Provider will return any surplus funds held in the ISF account which is in excess of 12 week's money, unless there is an agreed reason with CCC not to.
- 9.6. The ISF Provider shall attend regular Contract Management Meetings with the Council to review performance under the contract. The meeting shall be used to review the Performance Monitoring Report, share good practice and to agree areas for improvement. Furthermore, ISF Providers are expected to participate in ISF Provider Forums and promotional events.
- 9.7. The ISF Provider will allow the Council and the Service User (or nominated family member as agreed by Service User and Council) full access to their records for audit purposes and co-operate with any concerns regarding fraud and maladministration.
- 9.8. The ISF Provider will have a mechanism to effectively hold funds for each client that will enable them to provide CCC with an annual summary of income received and expenditure incurred every 12 months from the start date of the ISF and as and when required. This mechanism will normally take the form of a prepaid card sent to the provider following referral.
- 9.9. The ISF Provider acknowledges and agrees that Officers of the Council may take evidence of risks and concerns identified during contract monitoring visits, including photographs and photocopies, and for this to be used to formulate a plan of action to ensure the Provider complies with the Contract.
- 9.10. The Council is part of the Eastern region ADASS and as such may share information gained through the above monitoring with regional partners. Also Councils within the region may conduct monitoring visits with, or on behalf of, other regional authorities.
- 9.11. The Council may wish to make amendments to the way in which services are monitored during the lifetime of the contract. In these circumstances, the Provider will be given written information regarding these changes.
- 9.12. The Provider will maintain and keep records in line with all Data Protection Legislation including but not limited to the Data Protection Act 2018 and the UK GDPR.

10. KEY PERFORMANCE INDICATORS (KPI's)

- 10.1. Appropriate Key Performance Indicators (KPIs) have been developed to enable Cambridgeshire County Council and Peterborough City Council to understand and manage:
- 10.1.1. Performance of the Contract
 - 10.1.2. Quality issues
 - 10.1.3. Intended outcomes for Service Users
 - 10.1.4. Demand for the service
 - 10.1.5. What is working well and what isn't
 - 10.1.6. Demand mapping across the geographical areas
 - 10.1.7. Transition and continuity of care for Service Users
- 10.2. The KPIs may be revised throughout the lifetime of the contract to facilitate continuous improvement. The Council will work collaboratively with ISF Providers where amendments or new KPIs are found to be required.
- 10.3. Each month, in addition to the performance data required in the ISF agreement, the following additional data will be submitted to the Contract Manager / Commissioning Team regarding each of the Service Users:
- 247grid (access to this software will be provided by the Council) showing activities and tasks as well as committed spend against personal budget.

11. EQUALITY, DIVERSITY AND INCLUSION

- 11.1. The ISF Provider will comply with all relevant legislation including (but not limited to) the Equality Act (2010) and the Council's Safeguarding policies and procedures, equality, diversity & inclusion policies and health and safety policies.

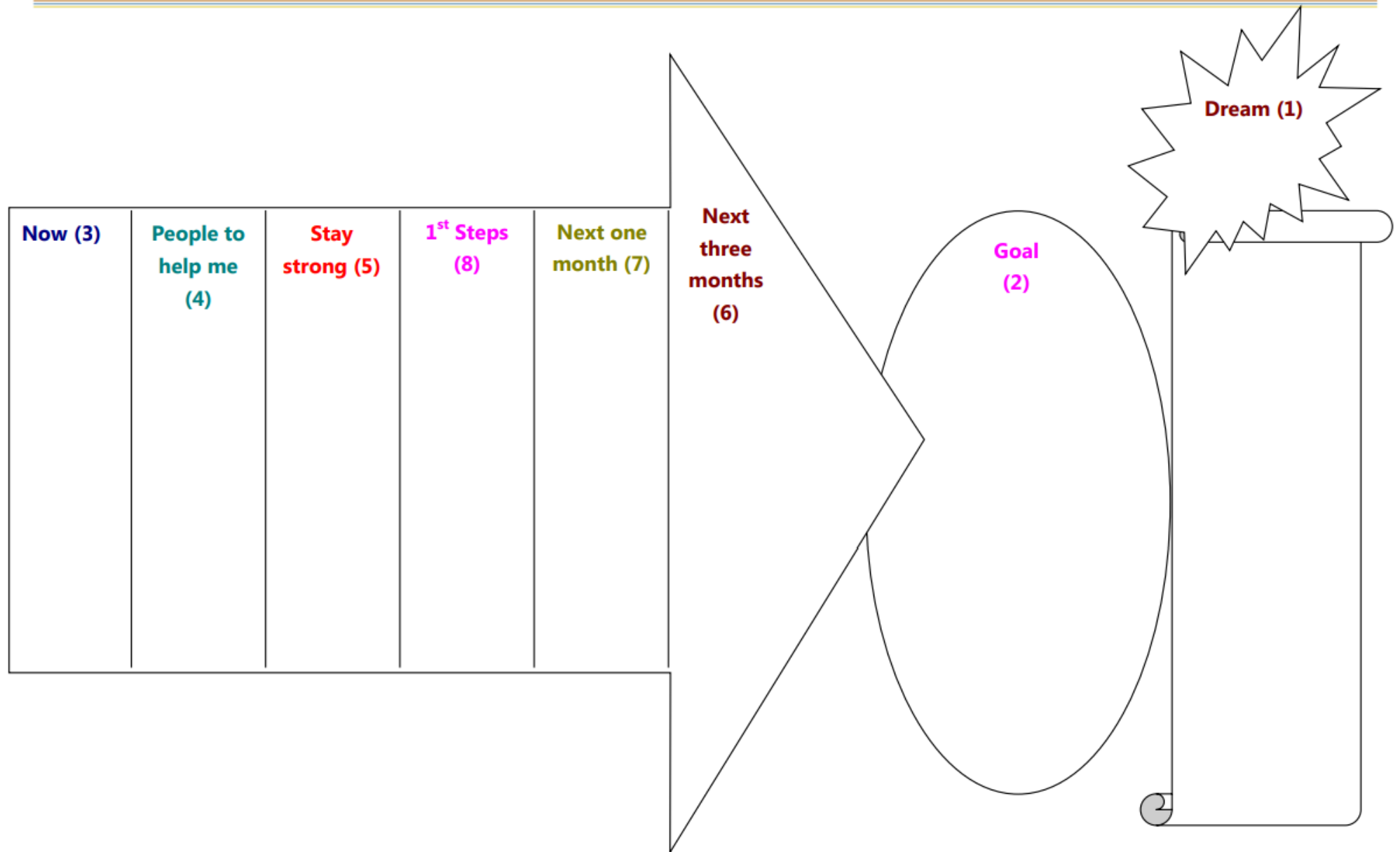
12. SOCIAL VALUE AND CARBON IMPACT

- 12.1 The Council is committed to meeting (and where possible exceeding) the social value obligations it has with respect to the economic, social and environmental well-being of Cambridgeshire and Peterborough. Further details of the Council's obligations in this regard can be found within the Public Services (Social Value) Act 2012, available from: <http://www.legislation.gov.uk/ukpga/2012/3>.

SCHEDULE I – KPIs

Indicator	How is this measured?	Targets
Performance of the Contract	Compliance with all Terms and Conditions	Y
Quality issues	Any complaints or negative reports from social workers, Service Users or commissioning team.	N
Intended outcomes for Service Users	Which outcomes have been addressed?	ALL
Demand for the Service	Nos. of referrals & referrals accepted.	Up to maximum of 75 referrals per year.
What is working well and what isn't?	Lessons learned, feedback from stakeholders, evidence of satisfaction from service users.	Case Studies, E-mails or video statements from service users.
Demand mapping across geographical areas	Map of service users supported (using postcode and GIS)	
Transition and continuity of care for Service Users	No. of Service Users transitioning from 0-25 service.	

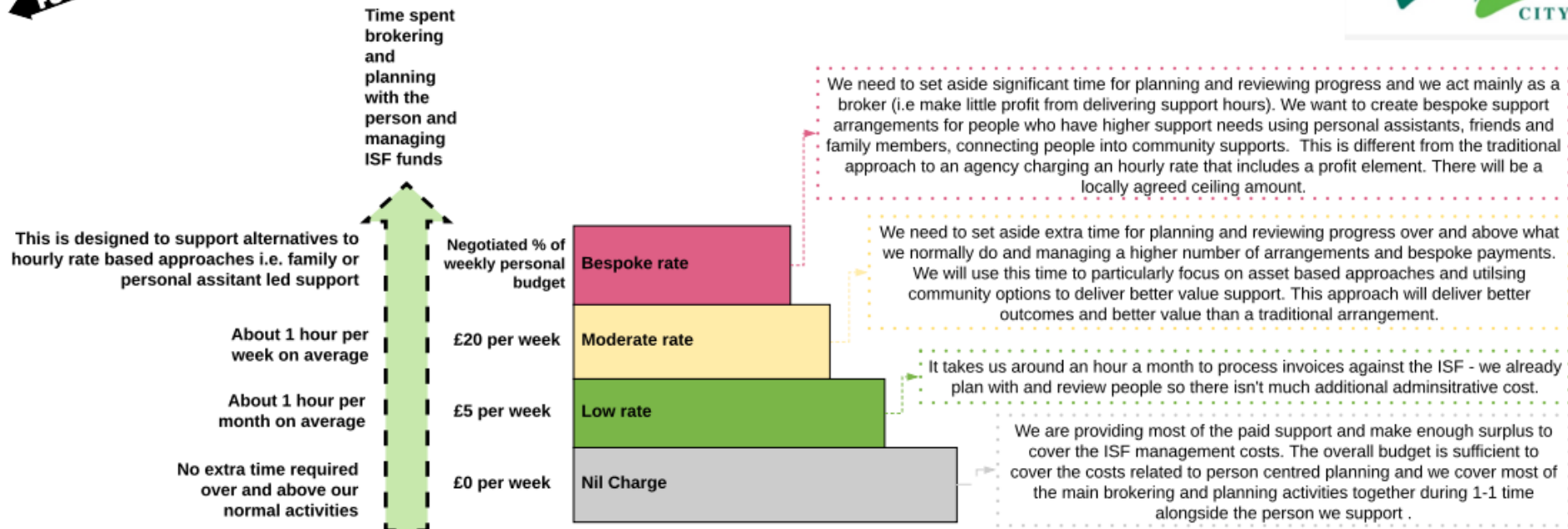
PATH Template



SCHEDULE III – ISF Provider Remuneration (LOT 1)



Individual Service Fund management budget- support provider version



Underpinning principles

1. ISFs mean that people can choose who supports them and how - this fee framework removes price competition
2. That ISFs are about doing things differently, being creative and working in an asset based way
3. The payment of management fees is based upon working in outcome focussed way and must demonstrate added value
4. That ISF providers will act as an extension of adult social care working to plan and deliver excellent outcomes
5. Wherever possible ISF fees will be managed within the current personal budget (where one is in place already)

SCHEDULE IV – ISF Provider Remuneration (LOT 2)



Independent Brokerage - fee schedule

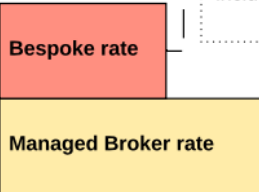
SELF
DIRECTED
FUTURES

This is designed to support alternatives to hourly rate based support i.e. family or personal assistant led support

About 1 hour per week on average

Time spent brokering and planning with the person and managing the personal budget

Negotiated % of weekly personal budget
£25 per week



We need to set aside significant regular time for planning and reviewing progress and we need to manage support arrangements for people who have higher support needs including supervising and paying personal assistants, alongside connecting people into community supports. There will be a locally agreed ceiling amount.

We need to organise regular planning and reviewing support. This involves managing a higher number of arrangements and bespoke payments. We will use this time to particularly focus on asset based approaches and utilising community options to deliver better value support.

SCHEDULE V – Person Specification for Broker Role

The idea of Support Brokerage seems simple, helping people to find their way through barriers and complexities to a better life. Support Brokerage is:

- Not another industry – just a new way which frees up people's creativity
- Not a narrowly defined planning role – but working alongside people to make change happen
- Support Brokerage is a good way of thinking about how we can become allies to positive change as people take control over their own lives
- What is Support Brokerage?
- Support Brokerage is not a defined role, not a fixed list of tasks or a toolkit, but a varied and flexible range of tasks that enables someone to work towards what they want in order to have a good life.

As a broker you should see yourself as facilitating the outcomes that have been set by the individual - taking on what the person would like you to do.

This could include:

- Conducting research and making connections.
- Putting together a case to present to the local authority which clearly demonstrates how a person's aspirations and wishes can effectively meet their assessed needs.
- Working alongside the local authority to identify how to meet the assessed needs of an individual in the most effective way possible.
- Identifying opportunities to maximise resources available to the individual and accessing these resources, this could include: funding, equipment, activities or support.
- Negotiating with other people and organisations to achieve the outcomes set out by the individual.
- Supporting the person to develop a person centred plan or a PATH.

Broker's Personal Qualities?

Being a Support Broker requires dedication, commitment and a genuine interest in supporting an individual to reach their outcomes. It also requires the person to not try and have all the answers but to support the individual to find the answers for themselves.

It involves being resourceful, creative, adaptable and honest. It means that you do not need to be the expert in anything, but you do need to be skilled in enabling a person to be the expert in their own lives. This means:

- Ensuring the person is taking the lead
- Ensuring the person has the opportunity to explore their options
- Avoiding the common temptation to 'fix' a person or their situation

Skills and Qualities

- A passionate belief in the value of human rights and the principles of citizenship
- Good listening skills
- Sensitivity to group dynamics
- Ability to take a problem-solving approach to tasks
- Ability to remain objective
- Integrity
- Calmness in the face of pressure
- Efficient
- Resourceful
- Highly developed interpersonal communication skills
- Ability to document the planning process and its outcomes in ways which are precise yet also support vitality and imagination
- Community development

- Facilitation skills
- Ability to assist in developing or broadening an individual's personal network where this is minimal or non-existent

Your knowledge base

- An understanding of legislation, social policies and programmes and their associated parameters and criteria.
- Insight into the politics and operational realities of how both funding and provider organisations work.
- Awareness of generic community services and support and how they can be accessed, as well as the other kinds of services and organisations that are relevant.
- An understanding of the concept of a 'personal network' and its relevance to the quality of life.
- A solid understanding of the principles and practice of person-centred planning.
- A working knowledge of all relevant Government departments and their contribution to the lives of disabled people.

Support Broker I Statements

Key values and approaches:

- I will work with you positively
- I will not discriminate against you
- I will work with you as an equal partner and a fellow citizen to self-direct your choices and decisions
- I will work with you to address and overcome any limiting beliefs about what is possible and practical
- I will be honest, respectful, responsible and reliable
- I will work under your direction and instruction in a way which makes sense for you
- I will act quickly and carefully if I have concerns about your safety or wellbeing
- I will help you to understand your rights and responsibilities as a citizen
- I will work with you (and anyone else you choose to involve) to produce a written agreement for how we will work together so that everybody is clear about their involvement and responsibilities

Person-Centred and Co-produced Approach:

- I will work with you to identify all of the things which make you into the person that you are, so that I understand you really well
- I will respect your views and values which come from your culture and/or your faith
- I will respect your choices and work with you without trying to take control
- I will help you to make decisions, only involving other people you have asked to be involved
- I will help you to say what is important to you and make sure we focus on that
I will help you to explain what you want to other people, or speak up on your behalf if you would prefer
- I will help you to think about all of your choices and also your responsibilities to help you to understand any risks or barriers
- I will work with you in a suitable place which you have chosen, where you feel comfortable

Communication:

- I will make sure you understand how to contact me; and that I understand the best way that you would like me to contact you
- I will listen to you and repeat information back to you to show that I have been listening; and to check that I fully understand what you are saying