



The Emergence of the Independent Support Broker Role

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ABSTRACT

A key element in the personalisation of health and social care is the upfront allocation of a budget to disabled and older people which they can use to obtain the supports they require. The benefit of this arrangement in increasing user choice and control will not materialise unless recipients can either acquire or access the skills of brokerage needed to plan and arrange their supports. The independent support broker is one important response to this need. However, the role needs to match the intentions of personalisation and avoid the undesirable characteristics that many social care users associate with the term 'professional'. This raises specific questions about the definition of the role and training requirements of brokers, and broader themes which are explored with reference to the findings from two recent projects undertaken by the National Development Team for Inclusion. The second of these projects was commissioned by Skills for Care London, and led to a set of proposals for the training and accreditation of support brokers.

KEYWORDS: SUPPORT BROKER; BROKERAGE; PERSONALISATION; PERSONAL BUDGETS; SUPPORT PLANNING

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Introduction

Councils in England are now hard at work achieving the transformation of social care into a system that is equitable, maximises choice and control by the people who require social care, and offers high-quality, personalised services. A range of initiatives and directives were set in place to take this agenda forward, but one element serves as the principal mechanism by which this transformation will be reflected in the lives of disabled and older people. This is the personal budget.

In essence a simple mechanism, the personal budget (PB) is defined in policy as an arrangement which provides disabled and older people who are eligible to council social care with:

a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs (DH, 2008).

The potential benefits are not difficult to see. The upfront allocation supports equity and transparency. The transfer of decisions about the use of the allocation from the care manager to the individual requiring assistance creates the conditions in which people can take control of their own lives. The money can be used on supports and opportunities outside social care, increasing the socially inclusive outcomes that are the aim of several linked government policies.



Where fundholders still purchase in the special support market, the pressure of their choices should improve quality.

It is far from guaranteed, however, that this mechanism will deliver the intended outcomes. There are four apparent reasons why it may fail.

- We do not know yet whether personal budgets can be implemented on a large scale without compromising the transfer of control.
- People who require social care services may not be interested in taking control when it is offered to them, perhaps preferring to let the care manager decide what is best.
- Even if people want to take control, they may not have the ability to use it in a way that will yield different outcomes, or exert customer demand in the service provider marketplace.
- We do not know whether the way in which people use their personal budgets will lead them to greater social inclusion, or merely empower them to switch from one traditional social care provider to another.

The challenge of brokerage

In reality, of course, people who are given the opportunity will respond in many different ways, according to their own situation and aspirations. Direct payments, introduced more than a decade ago, are now used by 56,000 disabled adults in England (CSIP, 2008). This suggests that for many people the chores and responsibilities of employing one's own personal assistants are worth enduring for the level of control it provides. For other people, the stakes won't be so high. An older person who is frail but intellectually able, for example, may receive a small PB for some help at home once or twice a week. Organising the use of the allocation may require little more than a call to a local provider agency.

This will still leave many people for whom the process of turning a budget into a sustainable, reliable and personalised set of supports and activities will be far more challenging. The process – commonly identified as 'brokerage' – involves a series of steps, each calling for different skills and

knowledge. Broadly, the logic of the process requires:

- deciding who I am, what's important to me, and how I want to change my life
- identifying the different kinds of resources that I will need (housing, support, social opportunities, etc)
- evaluating options, for example different mixes of paid and unpaid support, and choosing the best
- writing a support plan that will meet the council's requirements
- finding, negotiating and contracting with support providers
- finding and working with community resources and informal networks
- identifying additional resources to sustain and safeguard the plan
- putting the plan into practice.

A sizeable proportion of PB recipients will be making plans to use an allocation worth more than £20,000 p.a. Some of them will be working with a total individual budget (for example supplementing the council allocation with a grant from the Independent Living Fund) that is three or even four times as large. It would be hardly surprising if some people, faced with this complex task, promptly handed both the choices and the chores back to the council. If, on the other hand, people go ahead with the planning process themselves, but do not have the skills and knowledge to do it well, it is highly unlikely to yield outcomes that will satisfy them and the taxpayer.

In short, the delivery of the key outcomes of personalisation will fail unless people either possess, or have access to, the skills and knowledge that are required to plan and organise their supports. This suggests strongly that brokerage is an aspect of personalisation that merits urgent attention. Until recently, however, investment in brokerage has not been identified as a priority, while action at local level has been patchy and sometimes confused.



A number of factors go some way to explain why this has been so. First, the lack in the UK of any clear accepted definition of the term 'brokerage' has hampered debate. The international literature on individualised funding and brokerage (Nerney & Shumway, 1996; Roeher Institute, 2001; Yuskasuskas *et al*, 1997; Dowson & Salisbury, 2001) may have been disregarded, although it drew on the learning from more than 40 projects spanning three decades of innovation. In Control (www.in-control.org.uk) – whose version of individualised funding has largely shaped policy and practice in England – took the position that it was inherently preferable for people not to call on paid help with their planning.

It is the view of In Control that, whenever possible, disabled people, and their family members and allies, should be encouraged to plan for themselves. There must be no assumption that disabled people and their allies simply lack the capacity to develop their own support plans. In Control (2006)

There are clear benefits and advantages to this approach, but also a risk in adopting the opposite dogmatic position that, because disabled people and their allies are leading planning and offering brokerage, it will be inherently good. The key determinants have to be the quality of the process and support and whether the outcomes result in people having new opportunities to live inclusive, full lives.

Councils are now required to put in place 'enabling frameworks' that include brokerage (DH, 2009), but there is no further guidance on what this should mean in practice. From a purely logical perspective, effective support planning and brokerage can be encouraged in four ways.

- Work can be done with disabled and older people, and their families/friends, offering them development support and training so that they increase their skills in planning and brokerage.

- Information resources can be provided (most obviously, online) to guide and inform people as they make their own plans.
- Existing workers (whether council staff, social care support staff or third sector workers) can be assisted to extend the range of their competences to include guidance in planning and brokerage.
- The workforce can be augmented with people – support brokers – who have a specific role in assisting people through the planning/brokerage process.

Examples of all four kinds can be found in the initiatives being taken by local authorities. However, development has not yet reached the point where clear evidence of effectiveness and comparative benefits is available beyond the level of individual success stories. For the moment, therefore, the best way forward has to be found in informed opinion and first principles, and by drawing on comparable roles within and beyond social care.

The development of support brokers has raised some distinct and contentious issues. The National Development Team (NDT, now the National Development Team for Inclusion, NDTi) has addressed these issues in two recent projects. The first project, funded by the Department of Health, led to a discussion paper on broker training and accreditation (Dowson, 2008). The second, commissioned by Skills for Care London, took this forward with the aim of identifying the minimum skills and knowledge required by people working as support brokers. The recommendations (Skills for Care, 2009) are an attempt to find the right course through a number of dilemmas, some of which are described in the following sections.

Evolution or prescription?

Although there appears to be increasing acceptance of the value of support brokers, the NDTi's early consultations encountered some antagonism, particularly from social care users and carers, to the idea of the support broker as an addition to the social care workforce. Sadly, much of this was



plainly rooted in a negative view of professionals as people who are 'faceless', disempowering and interfering. From this perspective, the addition of support brokers to a self-directed support system threatens to put back the professional control that the system promised to remove.

For some individuals and stakeholder organisations, this objection applied also at the level of system design. Why, they argued, should 'the system' dictate where people obtain help with brokerage? If the intention is to create a system that supports self-determination, then people should be left to choose help from whatever source they prefer. By implication, the supply of help will evolve to reflect the choices that social care customers make, and this, arguably, is far preferable to the creation of a profession with responsibilities and competencies prescribed from above.

The appeal in this argument to the principle of self-determination is powerful, and at first sight it may seem a viable way forward. But if all supply-side development is to be rejected, then as soon as people seeking brokerage assistance turn to paid services they will be entering an unregulated market. Very few markets operate in the interests of customers without some regulation, even where the customers are experienced, assertive and well-informed. These are not – yet, at least – characteristics typical of people planning to spend a personal budget. Moreover, other factors besides customer demand may influence the shape of the market. For all sort of reasons (including some that may be entirely well-intended), councils and provider agencies can exert subtle influence over the way that brokerage is delivered.

Brokers will also have their own interests to consider. For example, there is an incentive for brokers to extend or even transfer their services into delivery of ongoing support co-ordination and/or financial services after the plan has been implemented. This is steady, reliable work, with low customer turnover, whereas brokerage up to the point of implementation is brief and episodic.

If brokers provide both kinds of service, there is an obvious and unhealthy opportunity during the planning process for brokers to recommend their own services beyond implementation.

In its proposals from the two projects undertaken, the NDTi aims to steer between these extremes. First, it supports the view of the Department of Health that there should be a variety of sources of brokerage help. In addition to informal sources of help, they can include organisations contracted by the council, as part of its 'place shaping' responsibilities, to deliver a service. It may be appropriate for councils to contract with an appropriate (independent) local organisation for provision of some specialist support broker services. On the other hand, a market can deliver the responsiveness and accountability to customers that should characterise services in a personalised social care system – whether support services or brokerage. But the market must be designed in the right way, with an appropriate regulatory mechanism.

For these reasons the NDTi's recommendations to Skills for Care emphasise the support broker as someone who works as a contractor. In particular, brokers should be selected by the customer, and deliver their service as specified and on the terms agreed by the customer, and the contractual relationship should be terminated when the work has been completed to the customer's satisfaction. The service should be 'professional' in the best sense: task-focused, efficient and honest. It is also recommended that the role of brokers should cover (according to each customer's requirements) all stages of the planning process up to the point of implementation, but not extend to 'secondary support services' after implementation.

Functional or structural

The same anxieties about the emergence of a new and disempowering profession may lie behind the clear preference in government-sponsored statements for considering brokerage in functional terms. For example, the CSIP publication *Good Practice in Support Planning and Brokerage* states:



Support brokerage has a number of functions which imply an array of activities or tasks. It is best seen and understood by this set of functions, rather than seeing brokerage encapsulated within a role of a support broker (CSIP, 2008).

This preference is also evident in In Control's position (Senker, 2008). Indeed, the In Control model, which has so much influenced the development of personal budgets, is primarily a functional model. The model is defined in terms of a process – the 'seven steps of self-directed support'. With the exception of three points where the care manager is required to intervene, the model does not stipulate which actors should (or should not) be involved at any of the steps, but only identifies a wide variety of sources of assistance. So, for instance, people needing help with planning are free to turn to a user-led organisation or to a paid broker, but may equally choose to rely on the guidance of staff from their current support provider, or from their council social worker. Thus, in the words of its creator, the model offers:

a universal system that allows 'conservative' choices (Duffy, 2007).

Defining a system purely in terms of functions and tasks may be inadequate and misleading, however. In this instance, it encourages the view that a broker is anyone who undertakes the task of brokerage, regardless of context. This fails to acknowledge that other requirements – about standards and scope of competence, professional and commercial practice, and external safeguards – come into play when knowledge and skills are offered as a paid service. A plumber is (or at least is expected to be) more than someone who knows a bit about plumbing.

More seriously still, defining a system solely in functional terms neglects the relationships between the various actors that define the system's structure. It may be the place of the actor within the system, rather than their expertise alone, which

defines their role and value. (To take an example from a different context, the immensely important position of the general practitioner in the NHS arises not from specialist expertise, but from the GP's structural links to other actors.) The design of commercial and public service systems cannot ignore structural considerations, because it is the linkages that determine the obligations and powers of each actor. A well-designed structure will harness the motivation of each actor (for instance for financial gain) to support the intended goals of the system (such as high-quality services), while also including safeguards against misuse of powers and hidden alliances (cartels, for example).

The importance of structural design in commercial and civil systems – whether transport, policing or financial services – is well understood. Much of our daily news is taken up with tales of flawed and failed systems, of powerful factions winning against the interests of the customer or citizen. There is no reason to suppose that structural design is not equally important in social care. The personalisation agenda requires radical changes in the behaviours of the actors, and a shift of power in favour of users. This is very unlikely to happen without a new structure that enforces the changes. Without it, the 'conservative choices' will be all too available – not for the users of the social care system, but for those who now hold power within it.

It would be both wrong and impractical to try to dictate who should be allowed to assist with the tasks of brokerage. However, where people offer a paid broker service (whether paid by grant-funded salary or on a fee-for-service basis) they are occupying a role which invites a set of customer expectations. They include the expectation that the broker brings a minimum set of skills and knowledge that match the task, and the main purpose of the Skills for Care project was to define what they should be. To underpin the broker role, the NDTi proposed a system of local accreditation under the control of disabled people and carers, guided by a national set of core standards. The recommendation was designed to set a framework



that would assure standards for 'approved' local support brokers, while still allowing the role to evolve in response to local demand.

Integrated or distanced

In consultations about the independent support broker role, there was strong support among users and carers for the independence of the broker. This was far less evident in professional views, from both the NDTi project and the literature. Some respondents questioned whether it was ever possible for a broker to be free of conflict of interest, since at the very least they would bring their own values and personal loyalties. Others have argued that individuals should be left to decide.

Some people express reservations that the lack of independence of staff who are directly involved with people means that they cannot play a brokerage role. There can certainly be a tension in some roles e.g. Care Manager, where it could be difficult to exercise a brokerage role and still be the person who decides the level of resources allocated. Our view is that this choice belongs to the individual. The most important thing is for the people to make their own informed choice. (CSIP, 2007)

Leaving the decision to the individual might, as discussed earlier, be a safe strategy where the individuals concerned are fully empowered and assertive. If the parallel is made with the role of financial advisors, it would at the very least require a strong regulatory arrangement to ensure that brokers declared their loyalties. But in the context of a social care system, and professional behaviours, that so many consumers have found disempowering, it seems particularly unwise. The NDTi's recommendations included the founding principle that people who work as brokers should be free of loyalties – notably with the local authority or support providers – that might weaken their ability to work in the interests of their customers.

It was, however, also argued by many consulted during the NDTi's projects that brokers need to be very well connected with local service providers and social care workers in the council. Clearly this is right, but it raises some interesting, and as yet unresolvable, issues about how closely brokers can 'rub shoulders' with other social care professionals without starting to lose their independence.

While it is important for the broker to work well within the formal systems of health and social care, it must not be emphasised at the expense of effectiveness in working with communities and mainstream services. There was a clear view from consultations that brokers had to have knowledge of, and connections to, a range of opportunities that traditional care management has often barely touched. They encompassed more formal options such as support to achieve and retain paid work, and finding housing options outside the conventional care providers, as well as knowing about and understanding informal resources in the local community through use of techniques such as community mapping. It is clear that the broker potentially plays a key role in achieving greater integration between the historic world of social care and the mainstream resources and opportunities used by non-disabled citizens.

Specialist or generic?

Consultations undertaken by the NDTi about the support broker role presented a conundrum. Among those people who were concerned about the emergence of another group of workers with all the undesirable characteristics of 'professionals', there was a common view that these characteristics are encouraged by professional training. Thus, by implication, support broker training should be as short as possible. On the other hand, when asked what skills and knowledge brokers should possess, respondents often came up with a very long list. Indeed, if all the items of all the respondents were combined (and all the suggestions were very plausible), the training requirements would not look very different from a social work degree course.



The case for a high level of training could have been presented in two ways. It might have been a demand for 'breadth' in the role, for example in the hope that brokers could widen their remit to cover general problem-solving, suggesting a role that would blend into social work. However, consultations found very little demand for this; the clear and time-limited focus of the role was generally welcomed, especially by users and carers. The pressure to extend training was linked much more to **depth** of knowledge. Most obviously, there was a view expressed by a minority of respondents that support brokers need to have a detailed knowledge of health and social care policy and provision for each of the main categories of users.

The issue of depth of knowledge was explored most helpfully in two areas. The first concerned person-centred planning (PCP). In an early phase of consultation it was found that some people believed that brokers should be competent in facilitating particular planning methodologies. The implications for broker training are increased by the fact that several such methodologies exist (for example Essential Lifestyles Planning, PATH, MAPS and WRAP), each typically requiring a training course of several days.

The second area covered the area of knowledge and skill most often associated with direct payment support schemes. People who need to purchase support have two basic options: to contract with an agency for the delivery of support, or to employ a personal assistant. While the employment route can have advantages in terms of choice and control, it also brings considerable chores and responsibilities. In addition, recruitment and payroll duties call for special skills which the disabled person must either possess or access. Early consultations found some support for the idea that brokers should be able to provide this service – and hence would have to be trained in the complexities of employment law, payroll and accountancy.

The final recommendations to Skills for Care, based on a further set of consultations, resolved

these difficulties by, in effect, casting the support broker as a generalist in a role that has a specialist focus. In other words, the broker should be competent to assist the majority of people who are planning to use a personal budget (or their private finances) to plan and organise the support they require, but will nevertheless need occasionally to seek people with a higher level of expertise in certain tasks. Thus support brokers can (as confirmed by the training provided by the NDTi) be trained to understand the values and processes of person-centred planning, and make use of a set of planning 'tools' that will be sufficient in working with most of their customers. However, where (for example) a person has a very negative reputation, or has exceptionally complex needs, it may be appropriate to seek the skills of a specialist PCP facilitator.

The role of support broker, like many other roles in social care, includes elements of advocacy. Brokers should be committed and competent in encouraging their customers to express their own views and, if required, in acting as the customer's representative. However, support brokers provide a technical planning service within the social care system, which is not the same as advocacy. If a broker finds that their customer's views and rights are repeatedly being ignored then it may be necessary to ask for the intervention of an advocate (except, of course, if the situation requires immediate action to invoke safeguarding procedures).

There are established sources of expertise to assist people with the recruitment and employment of personal assistants. There is no need to make this expertise a minimum requirement from broker training. But brokers need to be trained to the level where they can offer reliable advice to help people decide whether they would rather obtain support by contract or employment. If the latter, the customer can access specialist help to implement and sustain the plan.



By this means, the NDTi arrived at a list of 17 essential skill and knowledge areas required by support brokers (**Box 1**, below). While the list implies more than the five or six day training courses currently offered by the NDTi and some other agencies, it does not imply the kind of lengthy training that is likely to distance trainees from their communities or their future customers.

Conclusion

Although the role of the independent support broker was first identified explicitly more than 30 years ago, confusion about terminology and basic concepts has hampered discussion in England of its nature and value. The NDTi's work on the topic

should at least resolve uncertainty about the nature of the role. The Skills for Care project involved consultations with leading national stakeholder organisations, including government departments. The yield was a high level of consensus on the main characteristics of the role.

The value of the role – in the English system, at least – remains unproven. In the form proposed by the NDTi, part of the value of the broker lies in the combination of skills and knowledge it offers – none of them entirely new, but currently in very short supply. But, even more important, these knowledge and skills are placed in a role with a new and distinctive position within the social care system. It is, by intention, a role with limited

Box 1: A SUMMARY OF THE RECOMMENDED MINIMUM SKILL AND KNOWLEDGE AREAS REQUIRED BY INDEPENDENT SUPPORT BROKERS

1. Understands the aims and principles of self-directed supports, the role of the independent broker and the values underpinning the role
2. Understands the main responsibilities and structures of health and social care
3. Understands the social model of disability
4. Understands the needs, role and rights of the families of disabled and older people
5. Demonstrates cultural sensitivity in working with individuals and families from black and minority ethnic communities
6. Understands the policy context of individual budgets and brokerage in England
7. Understands the processes and procedures that operate in individual budget systems, and the sources of support available for planning fund-holding
8. Understands different forms of communication, and possesses the skills to address communication barriers
9. Has the knowledge and skills to establish and sustain an effective contractual relationship
10. Understands the aims and processes of person-centred planning and support planning, and has the skills to facilitate these processes
11. Has knowledge of the intentions, principles and provisions of the *Mental Capacity Act (2005)*
12. Is able to recognise signs and symptoms of abuse, and to respond effectively
13. Is aware of funding sources for individuals, and how to access them
14. Understands the benefits of mainstream/informal supports, and has the skills to make use of them
15. Has the skills in advocacy, negotiation and mediation required to represent the customer's interests effectively
16. Has the ability to identify need for secondary supports in order to ensure successful plans
17. Is able to write and cost a support plan

Based on Skills for Care, 2009



scope and power. The independent broker acts for no-one but the customer, and delivers only as much as the customer dictates. The broker avoids the presumptuous ambition of leading people into the light of self-determination, aiming instead only to provide a technical service. The broker offers help at a time when people are trying either to bring improvements to their lives or to sustain the life that they have had. When the job is done, the broker leaves.

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