



Housing LIN

Connecting people, ideas and resources

Liberate your mind – and service-users.

As any artist knows, taking a step back can dramatically change your perspective on things. Coming from a specialist housing and housing with care background, it seems to me that policymakers, managers and field staff need to do just that with case management.

With 'Think Local, Act Personal' the new consensus, case management suddenly begins to look like what it is – a tool rather than a truly personal approach that truly takes account of an individual's wishes and the outcomes that they desire. We need to go beyond case management in the age of self-directed support and personalisation.

Case management tends to pigeon-hole service-users; in turn producing a limited range of possible support options. It is a form of gate-keeping when we need to broaden our horizons and work with service-users to develop a wider range of options. However, can dignity, compassion and caring really emerge from a morass of care contracts?

Understandably perhaps, given their resource constraints, local authorities have focussed on the systems and demand for care rather than the individual's holistic needs. A care worker visit need not consist of performing practical tasks. A 20 minute conversation might provide a lonely and socially isolated individual with meaningful contact.

With the increased emphasis on local area coordination, mutual support and volunteering such conversations might open the way to breaking down the person's isolation. These concepts can also, of course, be part of an individual's care and support package. They offer an escape route to a truly caring society for service-users and care professionals. All this takes a skill or innate quality that care professionals should possess: perception.

The arrival of health and wellbeing boards, the Better Care Fund and now NHS England's embryonic Integrated Personal Commissioning programme all provide opportunities for imaginative solutions. For some individuals, this will include recognising the potential and advantages of housing with care. Indeed, too many residents of housing with care have their options shaped by the needs assessment and case management approaches to their housing needs. Too many people are not offered an imaginative range of choices for care and support within the housing environment that they actually want.

In her synopsis of the Joseph Rowntree Foundation's 'Better Life' programme, Sue Garwood highlighted that one factor in older people's enjoyment of life in specialist housing is choosing the type of care and support – and community – that best meet not only their needs but their aspirations and wishes. Overall, research for the programme found housing with care for older people can enhance quality of life for those with high and increasing needs. The right housing with care option for an individual will support their independence, privacy and control.

By applying perception, a health or social care professional can alter perspective in a way that allows him or her to gain insight into these wider needs and wishes of the individual. It will also stimulate the creative impulses that are crucial to a truly personalised approach to care.

Care professionals should pick up the canvas, on which, framed by the holistic needs of individuals, they can redraw the way lives can be transformed.

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