An Evaluation of My Support Broker

Research Data and Analysis, Volume 2

Richard Currie, Angela Kinn, Rose Thompson and Sarah Hamilton
Prepared by the McPin Foundation
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Introduction – About this document

This document is a companion to the main report on the findings of a 2 year evaluation of the MySupportBroker (MSB) model of peer support brokerage. ‘An Evaluation of My Support Broker: Final report’ provides an accessible overview of the key findings from this evaluation. In this document, we provide further detail on the methodology and qualitative findings. It includes a report of data collected from customers using the Warwick-Edinburgh Mental Wellbeing Scale.

We undertook this research in two sites where MSB directly delivered independent peer support brokerage. The aim of the evaluation was to:

A. Explore how peer brokerage impacts on the wellbeing of MSB customers, and
B. To assess how effectively the MSB Independent Support Brokerage model had been implemented in the two Council areas and across the associated stakeholder groups.

The evaluation took place in a context of evolving practice and a rapidly responding organisation. As a result, several methodological challenges arose and a flexible approach was adopted to meet the needs of the evaluation. These challenges and the adaptations to the methods are presented in Appendices 1, 2 and 3.

Appendix 4 presents a profile of MSB customers collected at the point of engagement with the service. Data was collected by MSB staff using the Warwick-Edinburgh Mental Wellbeing Scale, along with basic demographic information.

Appendix 5 provides a detailed discussion of findings from the qualitative analysis of interviews conducted with MSB customers, brokers and social care professionals in the two sites. A shorter summary of the key findings is given in the main report.
Appendices

Appendix 1 – Challenges to the evaluation

Our initial approach was to conduct a mixed methods evaluation of the customer experience of My Support Broker (MSB). At the outset of the evaluation the planned research activities were:

1. Quantitative analysis of data including responses to the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS scale; Stewart Brown et al., 2011) that was to be collected routinely by peer brokers at the point of writing a support plan and after 6 months to follow up on customer progress
2. Qualitative interviews with customers (or an appropriate representative where there were concerns about capacity) which were initially set at 15 from Site A and 15 from Site B
3. Focus groups with volunteer coaches
4. A qualitative comparison of support plans written by MSB and of support plans written by one of the relevant local authorities

We faced a number of challenges when conducting this evaluation:

Customer referral problems at the Council A site

Early on in the evaluation MSB reported to us that they were not getting the number of referrals from Council A that they had expected, and eventually experienced a complete halt in referrals. This meant that the pool of potential customer participants from this site was vastly reduced.

Recruitment for customer interviews

Our initial approach to recruiting customers to interview involved a process with multiple steps in which the first contact was made by MSB. MSB wrote to every 5th person with a letter of invitation and our information sheet, through which they were asked to contact the research team if they were interested in taking part in the evaluation. This approach did not yield any respondents. We worked with MSB to take a new approach, which involved the MSB administrative staff contacting every 5th customer on the telephone during which the evaluation was explained and customers were asked if they were happy for their details to be passed onto the research team. A researcher then contacted them by phone and sent them the appropriate information sheet through the post or by email. This second approach was also problematic. The MSB intervention is relatively light touch in nature, thus many of the customers contacted by someone who they had never spoken to before, said they did not remember much about their experience of MSB.
and were not interested in participating. Of those who did agree to be contacted by a researcher at this stage many did not go on to take part in the study once contacted by a researcher (4 out of 6 referrals declined to participate or were un-contactable using this methodology). Through discussions with MSB we developed a third strategy that involved peer brokers contacting their own customers and explaining the evaluation to them. The rationale for this was the peer brokers would have an existing relationship with customers, who may then be more willing to consider taking part in the study. Peer brokers were asked to send the customers the information sheet and ask if they were willing for their contact details to be shared with the research team. Where details were passed on to a member of the research team, we talked them through the evaluation and ensured that customers were given an opportunity to understand the evaluation and decide whether or not to take part at this point. Through this approach we were able to interview 15 customers.

**Use of WEMWBS**

Peer brokers were tasked with collecting routine data using the validated Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). In an initial wave of quantitative data collection, brokers reported that they found the tool difficult to use and that it caused distress to some customers. In addition, peer brokers complained that when they started the support planning interview with the WEMWBS it disrupted the initial trust building part of the support planning meeting and could interfere with the support planning process, effectively diminishing the impact of the MSB model. When the staff from MSB and the research team attempted to call customers to do a 6 month follow-up wave of data collection using this tool they found that customers could not remember originally being involved with the evaluation and were very confused about the purpose of the questions. Some were concerned that the call was somehow oriented toward cutting the services they currently received. We abandoned the second wave of quantitative data collection on the grounds that causing distress to customers in this way was unethical.

**Peer Coaches**

We were unable to interview any peer coaches. The majority of coaches had been trained in Council A. Due to the low level of referrals achieved through the Council A-MSB partnership there was little opportunity for the coaches to do work with MSB. At the time of the evaluation these peer coaches had moved on to other opportunities and were uncontactable. As a result of the learning from the Peer Coach programme the evaluation MSB also made a transition from the Support Coach model to a Support Assistant model during the period of the research (see Appendix 3).
Local Authority Support Plans

When MSB approached the relevant local authorities to acquire an anonymised sample of support plans for the qualitative comparison aspect of this planned evaluation the local authorities did not agree to supply these documents. As we would be unable to do a comparison of support plans authored by different organisations we abandoned this aspect of the evaluation. This had been flagged in the original proposal as potentially difficult since it relied on access to data provided by a third party.
Appendix 2: Data collection – Adapted methodology

In light of the challenges described in Appendix 1 the McPin Foundation proposed an adapted methodology that would allow us to explore some of the challenges MSB were encountering in embedding their model with local councils.

We planned to treat the two council sites involved in the evaluation as case studies and look at the barriers and facilitators to implementation of the MSB model in both sites. There were clear differences in uptake at the two sites, with referrals at council B eventually ceasing all together. The rationale was that an understanding of why this happened would provide important learning, which could be used to inform future implementation of the MSB model.

In order to explore both sites effectively we proposed the use of Normalisation Process Theory (NPT) as a framework to structure this adapted work. NPT is a theory that sets out guiding principles through which it becomes possible to explore and understand why particular ways of working become embedded and normalised within an organisation while others do not. May and Finch (2009) argue that there is a practical use to understanding how new working practices, (e.g. business processes, or healthcare interventions) may become embedded, and bring about organisational change. This framework also provides a tool through which it is possible to explore what factors may facilitate, or present challenges to, embedding a new practice. These may include the shared current understanding of new and existing policies and ways of working, existing applicable skill sets, and existing material and symbolic capacity to implement new innovations.

Data collection strategy

1) Review of original business plans/ agreements with authorities at both sites to establish responsibilities and plans of action at both sites.
2) Interviews with brokers, organizational staff and members of the local authorities drawing on the original plans/responsibilities, with additional questioning around implementing peer brokerage.

Data collection

We conducted qualitative interviews with 4 different groups of interviewees to collect data for this evaluation:

1. Customers of My Support Broker (MSB)
2. Peer brokers employed by MSB or local authorities
3. MSB organisational staff
4. Local authority staff who worked with MSB two local authority sites
Customer interviews

Customers were interviewed by peer researchers. Where it was impossible to obtain informed consent to interview the customer directly we interviewed family carers who had been involved in the writing of the support plan on their behalf. They were given a choice of interview location, including at home or somewhere else that they felt comfortable with, but participants overwhelmingly preferred to be interviewed over the telephone. The initial interview schedule was designed by the McPin research team and reviewed and edited by the peer researchers. Customers were asked a series of questions about their experiences of working with MSB. Consent was audio recorded and participants received a £20 voucher as a thank you for taking part and to acknowledge the time the interviews took.

Broker interviews

Brokers who were employed by MSB on a freelance basis, or who had been trained by MSB and were now working for a local authority, were interviewed on the telephone. Peer brokers were recruited via the CEO of MSB who informed potential participants of the opportunity to take part. Brokers who said they were interested were then contacted by the research team to discuss the evaluation further. The interview schedules were co-produced by the peer researchers and the senior researcher at McPin, drawing on discussions and appropriate methodological literature, and were piloted with brokers. Consent was audio recorded and participants received a £20 voucher as a thank you and to acknowledge the time the interviews took.

Organisational staff interviews

We conducted telephone interviews with MSB staff who worked at a strategic level. These interviews explored how MSB came to exist, the aims and philosophy of MSB, the day-to-day activities of MSB, and any challenges to that work. The interview schedules were again co-produced by the peer researchers and the senior researcher on this evaluation. Interviews and consent were audio recorded.

Local authority stakeholder interviews

We conducted interviews with staff at the two participating local authority sites. Interviews were conducted over the phone by the peer researchers, and covered partnership working with MSB, the support planning process, barriers to
implementing personalisation more broadly and their understanding of the use of lived experience and personalisation within the MSB model. The interview schedules were developed after a review of the contracts that detailed the working agreements between MSB and the participating local authorities. Interviews and consent were audio recorded.

Ethical approval

Three local areas were suggested as case studies for this project by MSB. At the outset of the study we acquired ethical approval from the Social Care Ethics committee to collect data from customers who were working with My Support Broker in each of these three areas. Ultimately it was decided not to conduct qualitative interviews in one of these areas because the working model between MSB in this area is different to the one employed in the other two areas.

Analysis

We conducted a thematic analysis of the data from all interviews. During the analysis process we examined the data with the aims of identifying:

- Person-centred planning processes
- Examples of how support plans met, or did not meet, stated support needs
- Impacts on customer wellbeing
- Impacts on customer social inclusion
- Understandings of ‘lived experience’ or ‘peerness’
- Organisational processes necessary for the implementation of peer brokerage, and
  - Processes that worked well for implementation
  - Processes that presented difficulties to implementation

In order to conduct this analysis the research team of three people independently familiarised themselves with the transcripts from the interviews. For each participant group we then co-produced a thematic framework using the following process:

1. **Initial coding meeting** – in this meeting the peer researchers discussed important conceptual strands and experiences that they thought they identified within the transcripts. During these sessions all three researchers noted down any ideas they had about overarching themes. The senior researcher recorded these discussions in the form of written notes;
2. **Draft themes** – the senior researcher reviewed the notes and transcripts and constructed a set of initial themes. Written descriptions were produced for each theme;
3. **Theme review** – the theme descriptions were independently reviewed by the peer researchers and discussed between them, then recommendations for changes fed back to the senior researcher;

4. **Second draft of themes** – the senior researcher produced a second draft of the themes in light of the peer researcher feedback;

5. **Theme trial** – the peer researchers used the theme descriptions to code 2-3 transcripts manually. At this point any outstanding issues were discussed as a team, and where appropriate further amendments were made;

6. **Data coding** – the finalised themes were then used to code the remaining transcripts by the two peer researchers, along with a third peer researcher from the McPin core staff who was brought in due to the large volume of data. This process was reviewed by the senior researcher who gave further supervision to the peer researchers where required;

7. **Data management** – the data was managed in Microsoft Word as this allowed the three researchers involved to work independently and later to synthesise their findings into shared data tables.

**Role of reflection in the analysis process**

Structured opportunities for reflection on how the peer researchers’ lived experience may help, and also hinder, the analysis was essential in the process documented above. Both peer researchers have had their own personal experiences of using social care services and were aware that those experiences were helpful in identifying key concepts from the data, but also may colour their interpretations. Both peer researchers acknowledged that their experiences were not necessarily representative of other people’s experiences of social care services. The peer researchers discussed these processes with each other repeatedly during the analysis process. This reflection included internal discussion on how their experiences may influence the analysis process in order to guard against bias in their interpretations of the data. The peer researchers also undertook structured supervisions with the senior researcher on the project in which they were given space to discuss any concerns they may have had about particular interpretations of the data. This ‘reflexivity’ is a crucial part of any qualitative research (Mays & Pope, 2000), though it is not always managed as explicitly as it was in this project.
**Appendix 3 – MSB authored reflections on the evaluation**

1 **Matching Research Methodologies and a Growing Business**

While the health and care sector focus on evidence based practice, MSB thinks about practice based evidence; where academic research looks at research led practice MSB sees practice led research. These dichotomies were in evidence very clearly throughout the course of this research. MSB and the McPin research team had a positive, collaborative partnership throughout the course of the research and each party understood the others role and respected both the roles and the people occupying them. Over the 18 months of the research MSB was continually reviewing, testing, improving all of its systems, processes, technologies so that by the end of the research period MSB as a business was different to the MSB, which existed at the start of the research. This posed challenges for both MSB and the researchers, requiring a change in direction and focus of the research to reflect changes in the business. This was not anticipated by MSB or the researchers when we carefully chose our methodology and measures at the start of the research. We now know that you need to choose or indeed create a research framework and methodologies which are themselves sufficiently agile to capture the impact of an agile business, but which as such may pose problems for gaining ethics committee approval.

2 **Use of Wellbeing Measures – Lessons learned by MSB**

A core part of this research was to ascertain if and to what extent MSB impacted on customer’s wellbeing. MSB and the McPin Research Team jointly put a lot of collaborative thought into the choice of Wellbeing measures. The research team researched and found person centred and academically sound measures and MSB chose the one that would most benefit the customer not just the research. Our thinking was to use the research to find tools that customers could continue to use after the research period to measure and chart their own progress to replace external reviews by professionals. We finally agreed on the reduced Edinburgh/Warwick scale, which seemed to fulfil the needs of the research and the customers and MSB. We tested the scale internally with long standing customers and they were received positively. We then built them into the technology so they became a fundamental part of the support planning process...........but it didn’t work!

The brokers used the questions with 130 customers but found they interfered with the natural flow of their encounter with the customer and interrupted their efforts to forge the close, empathetic and trusting relationship with the customer required to do their job well. The customers felt judged and measured and the questions had no relevance for
them as part of the support brokerage engagement. All of the 130 customers had also been ‘assessed’ by Council staff before being referred to MSB so they felt this was yet another form of ‘assessment’ being done to them. The situation got worse when as agreed we went back to the customers 6 months after the broker had completed their plan to ascertain how their wellbeing had changed. After call backs to 12 of the 130 customers it was clear the contact was distressing the customers as they were worried about who we were, thought we were variously cold calling to sell them something or were from the Council and were trying to take their services away. Our conclusion was that to proceed with the call backs would be unethical so we stopped. We did however learn a lot from the initial 130 customers (see Appendix 4) – but not what we thought we would learn. We concluded it was the right tool but had been applied in the wrong way. We are now designing and testing new ways to do this.

3 Support Assistants as Coaches

Once the MSB Support Broker supports their customer to get their support up and running a key requirement for the customer is to have someone to support them on an ongoing basis. Through the Cabinet Office Centre for Social Action Innovation fund MySupportBroker tested a way to achieve this through training people as Peer Support Coaches. Support coaches were people who had been through tough times themselves giving their time free to customers to get their action plan going, provide encouragement and support both practical and emotional. Supported by Nesta we trained 2885 Peer Support Coaches across 2014 and 2015 through a mix of face-to-face workshops and self-directed e-learning.

While the Peer Support Coaches training was a great success and continues to be rolled out we found that customers were not receptive to using them in a face to face way as they felt like strangers to them, introduced into their personal lives at a time they least wanted outsiders. Customers felt uncomfortable about the support coaches being asked to do things with them without payment as they felt ‘obliged’ to the coaches. Instead MSB found using Support Assistants was far more effective. They were engaged by the customer and paid for their time and support services so the customers felt more in control as it was a mutual relationship of customer giving paid work to someone who then provided them with required service. In many situations people who normally refuse any help (older people in the main) were accepting of Support Assistants because they felt they were helping them by giving them work and pay, thereby ‘giving back’ to their local community in a practical way.
Appendix 4 – Analysis of quantitative data collected during the evaluation (Time 1 only)

Introduction

As part of the evaluation of the impact of peer brokerage delivered through My Support Broker we are collecting some data, which will allow us to explore how going through the brokerage process may impact upon a person’s wellbeing. This report concentrates on the information collected through two measures that were designed to assess general wellbeing and social inclusion. To assess the wellbeing of customers who use My Support Broker we have drawn some questions from a scale called the Warwick-Edinburgh Mental Well-being Scale. The scale was designed to measure the positive aspects of mental wellbeing, such as feeling good or relaxed, feeling that you can think clearly and make positive decisions about your life. We did this because we wanted to explore whether people do or do not experience improvements in their mental wellbeing having developed a personal support plan with My Support Broker. This scale has been used by many different organisations and in many different research studies and is generally thought to be reliable in measuring wellbeing. An additional second set of questions were derived from a measure of social inclusion and are designed to look at customers feelings of isolation before they have a personal support plan designed, and if that changes over time.

In order to look at how wellbeing and social inclusion may change over time we needed to collect some information from customers at the outset of the process, before their plans had been developed. This was done in order to explore how people may feel before they have their plans. We will collect the same set of information again six months after this first set of information was collected, and will look at that data to see if there were any changes over this time. In this report we give a summary of the data collected and describe what these mean.

Demographic information

130 customers completed these measures with their brokers in total, 82 (63%) of respondents were female, and 48 (37%) of respondents were male. The average age of the group was 68.8 years. Customers were recruited through four My Support Broker networks, six (5%) were from CCG A, 11 (8%) were from Council A, 109 (84%) were from Council B, and three (2%) were from Council C1. One respondent did not report their network.

One respondent did not report their network.

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1 Site C was subsequently dropped from further data collection for this evaluation, as explained in Appendix 2.
Response to the Short Warwick Edinburgh Wellbeing Scale

Customers’ responses to questions about their wellbeing, and their average scores for these questions are reported below. The maximum total score for each question is 5 (indicating a high level of wellbeing) and the minimum is 1 (indicating a low level of wellbeing).

I’ve been feeling optimistic about the future

There were 130 people who responded to this question. The mean score for this item across all respondents was 3.07, which means that the majority of all customers chose the ‘some of the time’ option. The figure below shows how many people responded to all options.
I’ve been feeling useful

There were 130 people who responded to this question. The average score for this item across all respondents was 3.04, which means that the majority of all customers chose the ‘some of the time’ option. The figure below shows how many people responded to all options.

I’ve been feeling relaxed

There were 129 people who responded to this question. The mean score for this item across all respondents was 3.02, which means that the majority of all customers chose the ‘some of the time’ option. The figure below shows how many people responded to all options.
I’ve been dealing with problems well

There were 127 people who responded to this question. The average score for this item across all respondents was 3.19, which means that the majority of all customers chose the ‘some of the time’ option. The figure below shows how many people responded to all options.

![I've been dealing with problems well (n=127)](chart1.png)

I’ve been thinking clearly

There were 128 people who responded to this question. The mean score for this item across all respondents was 3.32, which means that the majority of customers chose the ‘some of the time’ option, but that almost as many picked the ‘often’ option. The figure below shows how many people responded to all options.

![I've been thinking clearly (n=128)](chart2.png)
I’ve been feeling close to other people

There were 128 people who responded to this question. The average score for this item across all respondents was 3.57, which means that the majority of customers chose the ‘often’ option, but that almost as many picked the ‘some of the time’ option. The figure below shows how many people responded to all options.

![Graph showing the distribution of responses for feeling close to other people.](image)

I’ve been able to make up my own mind about things

There were 128 people who responded to this question. The average score for this item across all respondents was 3.45, which means that the majority of customers chose the ‘often’ option, but that almost as many picked the ‘some of the time’ option. The figure below shows how many people responded to all options.

![Graph showing the distribution of responses for making up one’s own mind.](image)
Combined scale

When the items of the whole wellbeing scale were combined the average score for all customers was 20.63. There were no statistically significant differences between male (average score = 20.67) and female customers (average score 20.60) responding to the survey, which means that male and female customers responded to the survey in a similar way. Customers from Council B (average score = 21.11) had slightly higher average scores when all scale items were combined than those from CCG A (average score = 20.43), and the lowest average score was from the customers at Council A (average score = 19.17). These differences were statistically significant suggesting that customers in Council B reported slightly higher wellbeing than those in CCG A, or in Council A. However there were many more responses from Council B than from the other 2 areas so these results should be interpreted with caution.

Response to items from the Loneliness Scale

We asked customers to answer 2 questions that related to the extent to which they felt socially isolated. The responses are below.

I often feel there are people I can talk to

There were 129 people who responded to this question. The average score for this item across all respondents was 3.88, which means that the majority of participants chose the ‘often’ option, but that a sizable group of customers also picked the ‘some of the time’ option and the ‘all of the time’ option. The figure below shows how many people responded to all options.
If I feel upset or worried there are people I can turn to

There were 127 people who responded to this question to all options. The mean score for this item across all respondents was 3.94, which means that the majority of participants chose the ‘often’ option, but that a sizable group of customers also picked the ‘some of the time’ option and the ‘all of the time’ option. The figure below shows how many people responded to all options.

Conclusions

Each of the wellbeing items we used can have a maximum possible score of 5, which would represent the most positive possible score for wellbeing item, and so if we combine all 7 items we could have a minimum possible score of seven, and a maximum possible score for the whole scale of 35. On average My Support Broker customers reported a total score of 20.6. This suggests that the majority of the customers had a middling or average
level of wellbeing when this data was collected, meaning that there is some room for improvement. This was the same for both men and women. Looking at the graphs for individual questions we can see that more people chose the options of ‘some of the time’ or ‘often’ for most of the questions, while fewer people chose the options at the ends of the scale (‘none of the time’ or ‘all of the time’). Research conducted through the first wave of data collected for the UK’s Household longitudinal study, conducted in 2011 by the Institute for Social and Economic research (University of Essex) found the average score for a large sample of people (19,168 people) from the general population was 25.3. This means that the average scores for the customers of My Support Broker are similar to those found in the general population, with most people reporting an average level of wellbeing. However, they are on average, four points lower than those reported in the general population. This may be because we have a much smaller number of customers from which to calculate our average wellbeing score. It is also possible that the customers from My Support Broker, who are in the process of negotiating complex care needs, may have a lower wellbeing relative to the general population.
Appendix 5 – Supplementary analysis of qualitative data

Our initial qualitative analysis of the evaluation resulted in a lengthy and detailed report. This level of detail and a number of examples were removed from the final project report in order to produce a report that was more concise and accessible to a varied audience. Within this appendix we have included some additional material from that initial analysis to supplement the information in the final evaluation report.

Part A –
Customer wellbeing and social isolation - Impact of quality of support

A key theme emerging from our analysis, which was raised in all interviews, was the quality of the day-to-day support provided to the customers. It was clear from our data that taking greater control over who was involved in the support had an impact not only on the customer directly, but on the wider family.

Directly employing support assistants –
taking control of delivery of care

By employing support assistants directly, instead of through the local authority, customers or their family carers were able to use the support hours allocated to them more effectively and flexibly. They could choose the individual providing the care, which allowed them to employ someone who they already knew or trusted. Importantly, they could ensure that the same people would be attending to the customer’s needs on a regular basis.

“[H]is communications skills were excellent. He allowed me to pause, he allowed me time to retrieve words when I needed to. He made me feel like he had all the time in the world to sit and listen to me.” [C03, customer, physical disability]

In one case this had a knock on effect for the family as a whole, where siblings were no longer subject to numerous unknown faces coming in and out of the family home and were much happier as a result. In other cases customers were able to employ someone who was known to the family, or who had previously worked with the customer and was known and trusted by them.

“The support assistant was my cousin’s friend. My cousin’s friend’s brother, in fact. And the personal assistant is also my brother’s personal trainer at the gym. And now he’s my brother’s PA and he’s really, really good with him, really good with him.” [C17, interview with family carer, customer has intellectual disability]

Carers told us that they felt peace of mind about the care that customers received, and that they could claw back some time for themselves, in order to run errands, or spend time with friends or other members of the family.
“To be honest, I don’t feel stressed when the support assistants are here. I can count on them, I can rely on them, because they have good experience and she is not at risk with any one of them, so yes, that is very important.” [C13, interview with family carer, customer has intellectual disability]

There were also health benefits for some carers, with one carer reporting that she was finally able to get a good night’s sleep.

“IT’s helped me to do that with the extra help so the knock-on effect of having a great personal health budget and support plan means that I’m not as tired. I mean for the past month I’ve had some good sleeps, which is a big thing for me. It’s like wow. I get up in the morning, the nurse comes in the morning and she’s like how are you? I’m like, I’m fine. Normally every morning when they come in I’m like I’m tired but I’ve got to do...for the last month it’s been great. I’ve been sleeping. I’ve been getting up being able to do my thing, not tired. It’s been amazing, the knock-on effect on myself, not being tired, having energy. I’ve not had that for years. It’s an amazing feeling.” [C01, interview with family carer, customer has physical and intellectual disability]

By directly employing support assistants, customers and their family carers could select people who had the relevant skills, experience and approach to provide quality care. In some cases customers changed paid carers where they felt they could not trust the current carer, where they felt they were being mistreated, or in one case where there had been instances of abuse. MSB brokers were able to assist customers of family carers in these situations to achieve care arrangements that better suited the needs of the customers, removing them from situations that were causing distress and allowing them or their family carers to have better control.

“I just had enough of the way that they were towards me, you know. I didn’t feel that their company was understanding enough to my position and to my condition. And some of the people – I found out later – in their company, weren’t trained up properly to deal with people with mental health issues.” [C07, interview with customer, who has mental health problems and a head injury]

Customers reported a number of benefits to their own wellbeing in relation to having better arrangements around the provision of care. A customer who wanted to employ his own staff reported being able to pay them better rates of pay than they had previously been receiving through an agency, which had a knock on effect of the support assistants being happier. He reported feeling he had more control over his situation, was more comfortable to ask his support assistants to help him.

“So now I can employ my support assistants directly, I do my own payroll, I don’t use an agency. They take home now nearly double, not quite that but nearly double what they were getting before. Which means they’re happier people, it means I’m less uncomfortable having to ask them to do things because I’m their employer so I feel I’m more... well, I feel more in control of what’s going on. And the relationship I think is
One customer spoke about being able to remove the burden of care from his parents, who were both in their 70s, as being transformative to their lives.

“Well getting the personal health budget has changed our lives dramatically, yes, you know, because both of us— I mean, you know, my mother and father are free to assist. They don’t have to worry about me at all and in turn they get peace and quiet now. So yes, it’s made a big impact in both our lives.” [C06, customer interview, physical disability]

Not everyone wanted to change support arrangements, however. For two customers, the aim of their support plan was to ensure that support arrangements did not change for the customers they supported, who shared accommodation. The family carers reported in these cases that the customers involved were happy where they were and their local authority was attempting to force them to change the accommodation. The customers involved had an intellectual disability or autism, and were involved in local community networks. The idea of changing their living situation and routine was very distressing to both the family carers and to the customers, which in one case led to behaviour that was difficult to manage.

“The [Name of city] Corporation were trying to shut the place where [Customer] and his co-tenant, [Name], live in the community, which they have done for the last fifteen years. And wanted to move them into what can only be described as an institution. […] And obviously it was wrong. There were even letters from there at this [name of city] Corporation’s own consultant psychiatrist saying this is totally against [Customer]’s best interests. He’s known reaction to stress and depression were outbreaks where he could disappear for 48 hours. He’s been found in Yorkshire and Liverpool and all over the place when he’s been stressed out, and all this was doing was the same thing. He’s got to know the carers; he’s got to have routine. They’ve got to know him, they’ve got to have been properly trained in complex needs to be able to follow the training routine and to be able to pick up the triggers before he has a breakout.” [C10, interview with family carer, customer has intellectual disability]

Brokers were able to identify how the current situation offered the best support to those customers to enable them to stay where they were, which resolved a distressing situation for the customers and family carers involved.

“It’s not changed at all. It’s just what we wanted. We didn’t want it changing because the care that we received from City Council, it’s gold star. We’ve got a wonderful team and we didn’t want that interrupted or changing or anything. And the house they live in is great, and the area they live in is okay. They’re known by everybody, and they live in [Area] so it’s a nice area. […] They’re very well known in the community. The other chap did say he can go out on his own and he’s very well known in the community. And we didn’t want that stopping or changing in any way because people with autism can’t cope with change very well.” [C11, interview with family carer, customer has intellectual disability]
Focusing on aspirations and encouraging independence

Peer brokers encouraged customers to think about long-term aspirations, rather than focusing only on the support itself. Some customers said that their support plan discussions extended beyond planning how to use basic hours of personal assistance to cover the kind of activities that may contribute to a customer’s wellbeing, or what they would like to achieve in the longer term. One participant who was responsible for the care of someone with intellectual disability was able to use the hours of support more constructively to help that person move towards being more independent in the future.

“It took a while for him to adjust because he likes to be at home and he actually would much prefer to be at home seven days a week but, you know, he’s 30, we’ve got to get him used to independence, you know. We won’t be around forever so it’s a way of breaking him gently into independent living. That will come eventually, so he’ll be prepared for it.” [C04, interview with family carer, customer has intellectual disability]

As highlighted in the final evaluation report, we did not find many examples of customers progressing into further training, volunteering or employment. This is likely due to the situations of participating customers. There was some evidence of support plans that facilitated participants to pursue aspirational goals. Two customers we interviewed were already running their own businesses, and had plans to develop further skills or business projects. Both were in the process of working out how their personal budgets could help them do that. For example, one of these customers used his personal budget to develop his skills and further his interest in photography.

“Well, I mean, one of the biggest parts of my support plan outside of the chair is my, sort of, social and wellbeing (unclear 00:26:26) I put that always towards the photography. [...] Yes. I’ve been doing it for many years and now I’m, sort of, getting back into it properly.” [C06, customer interview, physical disability]

There was one example of how a personal budget could facilitate someone into further training. This young man with an intellectual disability and social anxiety had developed a support plan that would enable him to go out and engage in social opportunities and, at the time of interview, he had progressed to taking up a work placement with a major broadcasting organisation.

“[customer] was finding it hard to do normal activities that a 20 year old would do, like go out with someone and go out and meet up with them, do activities like cinemas and gyms. Because of My Support Broker we were able to send [customer] to gym, so now he goes to the gym by himself. [...] So [customer]’s confidence was decreasing back then, but with the help of My Support Broker, he’s done so well. His confidence is so much higher than we
Comparisons with traditional care planning

Interviewees spoke about their experiences with the MSB support planning process in contrast to their previous experiences of receiving care through traditional care planning pathways. We identified a number of ways in which these experiences had led to customers feeling disempowered, and subject to a ‘done to’ culture where their care was planned without any consideration of their individuality or personal situation. Examples of this included:

- Being talked down to, and being subject to patronising or belittling language or behaviour

  “Genuinely speaking, thus far my interactions with health professionals, be it doctors, Social Workers or what have you...[...] I found it quite disconcerting, bearing in mind I was a teacher before...[...] How differently people seem to speak with you, you know, converse with you, treat you, when you have the word ‘disabled’ attached to you. [...] And I probably have got into quite a bit of trouble with various health professionals because it pisses me off. I do have disabilities but I am... and I do have some cognitive difficulties. [...] But that is not to say that I am stupid and don’t treat me like a child or talk down to me or patronise me. I found it quite frustrating dealing with people that should know better...” [C03, interview with customer, physical disability]

- Support arrangements that failed to recognise their role within a family or social network, or disrupted their ability to perform a family role

  “Although the Council coming in, they wouldn’t have cooked a meal for my sons. They’d cook for me but not for my sons, which it seems silly to me.” [C03, interview with customer, customer has physical disability]
  “It did because it was affecting the family, it was affecting my children, my other children so yes, it did cause problems. I mean as much as I didn’t like it, a new face every day, I knew that I had to accept it because I couldn’t do it on my own so I had to accept it. But the cost of the knock-on effects to my other children, they were very, very unhappy. On top of everything else, they were very, very unhappy [...]” [C01, interview with family carer, customer has physical and intellectual disability]

- Inflexibility of care plans resulting in hours of care time being lost when it was not needed on a particular day rather than re-allocated and funds allocated to
social activities not being used appropriately and not being reimbursed when this occurred

“I know that lots of times they’re being paid four hours for three-to-one carers and lots of those times there aren’t three-to-one carers for [Customer name]. Because he’s not going out, he’ll have two-to-one, which is understandable. But the company don’t say, “Well actually, we’ve had three weekends where we haven’t used that extra person, so you’ve got that money in hand.” That just gets swallowed up in the company. [...] And another instance was [Customer name] was allocated an entertainment budget. It’s included in the money and I know that the care company that we use were not using this as specified for his entertainment. They were using it for his food and actually using it for nothing, it was just getting swallowed up in their budget. [...]” [CO4, interview with family carer, customer has autism and intellectual disability]

- Local authorities attempting to change care arrangements from arrangements that were appropriate and liked by families to arrangements that would provide insufficient levels of care against the wishes of the family

“The care situation, we’d never have complained about the care. It’s absolutely gold star, it’s fabulous care. [...] What we were upset about was they wanted to close the house down, reduce the care from 24 hours to about eight hours a day [...] And my son does need 24 hour care, and the environment they were going to put him in wasn’t suitable.” [C11, interview with family carer, customer has intellectual disability]

Anxiety about possible interactions with local authorities, and the possibility that they may attempt to remove resources or one case remove a customer’s children to the extent that customers would avoid being in contact until they in very significant difficulties

“Yes. I had really needed help and support way before I reached out for it. [...] Partly because of denial, partly because it was, sort of, like an overnight thing for me. [...] And I was quite scared of reaching out for help from Social Services, I knew my children were my carers and I was scared they were going to come in the middle of the night and take my children away. So it took me to being in kind of a bit of a crisis really before I allowed myself to be vulnerable enough to reach out, to get some help from them.” [C03, interview with customer, physical disability]

“When it was social services it was when can they do some cut-backs? Where can they save money somewhere? It was more like that – we just felt like we were a burden.” [C05, interview with family, customer has progressive degenerative condition]

In some cases My Support Broker were designing plans for people who had been without support for some time while having support needs, and who seemed unaware that they were entitled to support. There were some customer advocates who had
previously been providing all the support needs to a loved one but who had now become elderly and were physically unable to do the routine support as they would have done. It is likely that this group of customers would have been entitled to some form of support far sooner than at the point at which it was sought. While this lack of seeking support is possibly unrelated to negative perceptions of local authority treatment in particular, it is possible that this lack of support seeking relates more broadly to attitudes and fears about what it means to be in receipt of state support for care, which may in some cases include prior experiences of state support.

“I have to do everything, like bathing him. So it’s very stressful for me. I’ve been doing it since he was born, 45 years and having carers recently because I cannot do what I used to do. At one time I used to do everything; bath him, push him, take him out, everything. But now I cannot. I cannot push him; I cannot bath him now. And now I can’t do everything, feed him, clean him, do everything, so I’ve having help with the carers now. But I have to be around to see everything is done properly. Because his standard of cleaning is very high. I do his washing, his cooking, I still do his cleaning, his shopping. And I will be 71 years old next month.” [C08, interview with family carer, customer has physical disability]

The value of Peerness

Within the interviews with customers we did not find many references to the fact that MSB brokers themselves had disabilities or lived experience of service use. There was some evidence that some customers may perceive ‘peerness’ as stemming from similar life experiences that are not related to disability, for example in the quote below the customer suggested that being the same age and having similar interests that relate to that may have allowed him to form a connection with the broker during the planning meeting.

“I mean, I think that he is close to my age so, it might be something to do with music or something. I try and get a connection with people by having an interest, the same… that they are interested in, as well. If I can get that going, an interest, then it starts the… because what I can do, I don’t… if I don’t get something in common or to talk about, with a person, something that they share a view on, and I don’t get a connection with the person, I will tend to just shut down and just not talk to them.” [C07, interview with customer, who has mental health problems and a head injury]

From some data that will be presented the second section of the supplemental analysis there are several reasons why few customers mentioned explicitly the lived experience of their brokers:

- Brokers are selective in the details they disclose to their customers about their lived experience and only do so where they feel this will enhance the rapport with the customer or inform options in the support plan
- Some brokers do not have live experience of service use or disability
- Customers were focused on telling the story of their own disability within the interview
• The support planning meeting is a brief intervention and many customers remembered details about how they were treated by the brokers in a person centred way as more important
• Some customers did not receive much information about MSB before their planning meeting, or were not aware that MSB is an organisation that is independent from the council and specifically attempts to employ people with lived experience as brokers

Part B. Implementing independent peer brokerage in council settings

Our analysis of the data from all four categories of interview (Customer, MSB staff, MSB broker, Local Authority Staff) revealed a complex picture relating to the different understandings of the MSB peer broker model and how it should work. At times interviewees appeared to talk in an interchangeable way about peer brokerage and personalisation, adding complexity to our job of interpreting the data. We used a Normalisation Process Theory (NPT) framework to direct this analysis. NPT outlines 4 stages through which organisations working in partnership may need to go in order to embed a new working practice such as peer brokerage:

• Coherence – do all of the relevant stakeholders have the same understanding of the work that needs to be done?
• Cognitive participation – do all of the relevant stakeholders commit to doing the relevant work?
• Collective action – do all of the relevant stakeholders do the work that needs to be done? Do they do it consistently and frequently enough to embed the new practice as routine practice?
• Reflexive monitoring – are all stakeholders producing the desired outputs through the new working practice?

Coherence – how far is there a common understanding of peer brokerage?

We found that stakeholders had different understandings of the term ‘peer’ in the context of peer brokerage under the MSB model. However, there was general consensus around the principles of personalised support planning and brokerage.

There were positive attitudes to the idea of employing people with lived experience as peer brokers. There was also a perception that by virtue of having that experience, peer brokers could bring extra skills and experience to the role. These were described by stakeholders in a number of different ways. For some, the term ‘peer’ represented a level of equality between the broker and customer, in contrast to the hierarchical approach of traditional social care; the ‘done-to culture’.

“Personal experience is really valuable when somebody’s going to somebody’s house and preparing or supporting them to write a support plan and look at
opportunities. From personal level of experience but also from experience of obviously going into other customers and sharing ideas. I think that’s an advantage. I think the fact that when a customer...there’s a real done-to culture with assessments and people being assessed, and it’s almost like the power shift from the assessment criteria and that being completed, the power shifts then to the customer and I think because it’s not somebody from a local authority or a CCG that’s going in and doing that” [MSBS02, MSB organisational staff]

Some local authority staff understood the peer brokerage role as providing a specialism. This focus on the ‘broker’ role, rather than the ‘peer’ element, emphasised their better knowledge of local communities and available support.

“What I will say is that certainly when MSB was introduced to us as a peer brokerage model, we were very excited actually about it because we felt that MSB would provide a further choice to our service users and also separate out the two functions from assessment from support planning. Do you see? From the support planning side of things, by someone that’s really very experienced and skilled in drawing out, with the service user, what they want their outcomes, how they want their outcomes to be met and skilled as well in their knowledge about what’s out in the marketplace in order to meet those outcomes.” [LA05, local authority staff]

However the nature of this lived experience was understood differently across the interviews. These differences are significant because they define who can legitimately be described as ‘peers’.

Some described peers as having experience of disability, ideally the same kind of disability as the person they support. This was considered to allow broker and customer to relate to each other better as they were able to draw on common experiences.

“Given the customers that we have, we do try and link them to a broker who would have the same disabilities or maybe the same conditions so that broker could relate to that customer as much as possible...” [MSBS04, MSB organisational staff]

For some, the key ‘lived experience’ of peers is use of services and receiving support to meet social care needs. This was perceived as providing a different perspective – one of support recipient, rather than support provider – which tended to lead to a more positive view of the individual and their strengths.

“...Peers, by the very nature of what they do, are more likely to have an asset based thinking of what can be achieved? What’s the individual wanting? How can we support them to achieve that?...So it’s what they want to achieve from their life and I think peers, having been through that experience or continuing to go through that experience, do that as a matter of course.” [MSBS03, MSB organisational staff]

“I think it took a little bit of time for us to kind of... I know what my idea of a peer support person or broker would be, but I’m not sure that... that was almost one that we went with in [name of city]. My understanding would be somebody who has a need of some kind and such experience of services would then support somebody else with their experience and knowledge. [...] So my opinion of what it should be, people in
receipt of services, their experience are passed on to... I think direct lived experience of using services and experiencing issues.” [LA02, local authority staff]

In contrast, for some, ‘lived experience’ did not necessarily mean a personal experience of the disability or support needs of the customer. Instead, it may be a related experience, particularly caring for or being closely connected to someone with those experiences. Once again, this experience was seen as allowing the broker to relate to and be empathetic towards the individual customer.

“I’ve had debates with people... who will say you’re not really a peer unless you have a particular disability or mental health need. I don’t agree with that, actually. [...] Peer support brokers are people, for me, who have a lived experience of care and support, so have empathy around the customer they’re working with, and use that empathy to really help their customer identify what’s their best life and help them move towards it [...] It’s about being empathetic and in tune and very personally aware of the other person and the challenges of dealing with care and support needs.” [MSBS01, MSB organisational staff]

Some MSB staff also suggested that lived experience was more important in developing the model and approach of My Support Broker than in the individual interactions involved in support planning. As a result, peer brokers themselves may not need lived experience of disability or social care support.

“I don’t think for example, somebody with a mental health problem needs to work with somebody with a mental health problem or vice versa. I don’t think that’s necessarily the role of the peer broker. I think it’s having that experience and background that informs the whole of MSB and makes them unique in what they do, by having that – what’s the word – depth of peer support.” [MSBS05, MSB organisational staff]

While the idea of ‘peer brokerage’ encompassed different, and sometimes competing, definitions, there was a high degree of consensus on the meaning of personalisation and person centred planning. This suggests that while the specific model of peer brokerage may not always be understood, the purpose of person centred support plans was widely agreed upon. The purpose was reflected in two distinct, but not contradictory, narratives that are also widely seen in the policy and research literature around personalisation; the notion of choice and control, and the belief that person-centred support plans offer better value for money.
“Letting the person having the choice. As to how they want to use it, in fact if they want to use commissioned services then that’s fine. Once they’re given the choice to do that and not told that’s what they have to do…they have some control back in their lives over how they want their daily life and their aspirations to pan out.” [MSBS05, MSB organisational staff]

“In my experience, the best plans are by individuals because they’re experts in their own support. Sometimes people need to be guided to think a little bit differently depending on their personal situation, what’s happened to them, but generally out of everyone, be it an independent person, or provider, or council, or whoever, they’re the best placed people to write their own plans really.” [LA02, LA strategic staff]

“It isn’t about saving your hundred quid… it’s about making sure that the ninety five quid you’ve now got is the best spend you’ve got, rather than it’s a hundred pounds but it isn’t what it bought anyway” [MSBS02, MSB strategic staff]

Cognitive participation – how far are stake-holders committed to peer brokerage?

We found different levels of commitment across stakeholder groups to implementing MSB’s peer brokerage model, while, again, we found a high level of commitment to the principles of person centred planning in general. Some local authority stakeholders perceived the involvement of My Support Broker simply as a resource for implementing person centred planning. They therefore explicitly supported their role in delivering person centred planning without committing themselves to the principles of ‘peer’ brokerage.

“In I think with regards to the implementation of the Care Act and the requirements under the Care Act, [interviewer name], I think what that does is it actually reinforced the whole concept if you like of service user choice. So therefore, as I said earlier in our discussion, we welcomed MSB’s involvement in support planning because that gave the service user further choice.” [LA05, LA strategic staff]

In other interviews, however, there was evidence of local authority commitment at a strategic level to peer brokerage and to the specific model offered by MSB.

“Yes, certainly when she brought it in it was quite exciting. There was nothing like [it] I don't think in terms of peers, developing this peer brokerage model and it certainly resonated in terms of the approach the council or the directorate wanted to take to develop alternative models and options of brokerage. I think this brokerage was still fairly in its infancy I think in [name of council] because we’d just been through a big transformation within [name of council] in terms of developing a new customer pathway where we’re streamlining things.” [LA03, LA strategic staff]
However some brokers and organisational staff at MSB expressed concern that some staff in the LA working in roles related to service brokerage and delivery were resistant to changing their processes and unwilling to consider more creative solutions in support planning. We did not find evidence of this resistance in the interviews with LA staff themselves, though this may reflect those who were willing to participate rather than social care staff in general.

“I mean I know you know that but really systemic resistance has...I'm just trying to think. I mean that's been the issue in all sorts of different areas really. I wouldn't say it's made me cynical but it's just made me realise how problematic the whole concept of rolling this stuff out at the operational level” [MSBB01, MSB Broker]

“I think there is a horrible layer in a lot of local authorities around, like a layer of mud...middle management that have a heck of a lot of control and power by doing absolutely nothing because the machine's so big and to actually change that, I mean, like, the people it needs to be involved to change that, it needs a buy-in from everybody and I think there's a layer of people that, to protect their own jobs, that they can see threatened [...]” [MSBS02, MSB strategic staff]

“There is the mentality of it won't work here, because I've been doing this job for twenty years and I'm good at it. And, you know, they are, a lot of people are. The fact that the job is structured, if it's structured correctly, is a bit of an issue. So it's attitudinal, which is tough to break down. There’s a genuine belief that we can look after you better than other people, but it’s not about looking after.” [MSB03, MSB strategic staff]

LA interviewees reported that care providers were reluctant to change, and they put pressure on the local authority to maintain the status quo.

“Things not being there and then what is out there providers can basically say, “Well, you do it this way or...” they kind of hold you to ransom a little bit. Not a little bit, a lot. And there needs to be that development to say, “We can go elsewhere or we can develop this.” It’s not easy work that needs to be done, some of it, but certainly in terms of finding out what’s out there and supporting people better to know what’s in the community is massive really.” [LA02, LA strategic staff]

Collective action – how far do stakeholders engage in activities required to implement peer brokerage?

Use of lived experience in support planning

In the interviews with brokers we explored with them the ways in which they used their lived experience in their support planning. Brokers disclosed relevant experiences where they felt it was appropriate to build a rapport with a customer or to inform a conversation over the development of a plan.
“Well as I said, in the [condition] ones I might well disclose about my own historic...I’m saying my diagnosis, what I’ve been through. […] on another occasion it was appropriate to disclose because the customer’s husband had [similar] issues and so I could share about my own experience of that and that really helped. It’s all about connection, isn’t it? I mean having a connection with a customer, to me, is like everything really.” [MSBB01, MSB Broker]

Others described how they used lived experience to understanding the customer better and to show empathy. This was juxtaposed with the approach of social workers.

“I think because of all the things that I have experienced personally, and like with my mum and things, it tends to make me a little bit more aware and gives me a perhaps a sense of empathy towards people [...] that I’m seeing. You know, I’m inclined to sit and listen to what they have to say rather than force issues upon them, which I think social workers often try and do.” [MSBB03, MSB Broker]

“I think my own personal experience is that I know what it feels like to be at rock bottom. [discusses personal circumstances] so I know how it feels to feel desperate. [...] And I know how important peer support is because a lived experience shared with somebody else is very valuable. [...] And I think in many ways I can transfer my experience in some respects to when I see another person feeling very low about their life. [...] Nobody can step into somebody’s else’s shoes, but you have an idea of how that can feel, to feel really low.” [MSBB04, MSB Broker]

Despite their willingness to share their experience to build rapport, some brokers reported that customers could be resistant to hearing about the expertise that brokers may have gained through their experiences of a disability.

“Sometimes I just talk about myself but it’s not very often. [...] But I try not to do that very often because it’s about them, it’s not about me. I try to help them with my lived experiences but everyone’s different, and I learnt that everyone’s different. And some people don’t like it, some people aren’t receptive [to using insights from his lived experience in their support planning].” [MSBB02, MSB Broker]

Employment and support of peer brokers

Some brokers raised concerns around the reliability of the work and the financial instability this caused. The flow of referrals from the local authorities fluctuated such that sometimes they had too much work while at other times they did not have enough. Some brokers found it difficult to survive, financially, on the income they received from brokering alone.

“No, no. You mean am I given enough work? [...] I left my job to take on this as full time and I’ve tried for three years and I wasn’t able to survive. [...] Yes, I started a new job two weeks ago.” [MSBB04, MSB Broker]

Access problems for brokers with physical disabilities meant they were unable to work in some areas.
“With me they’ve been very good because even though I can’t work in [name of LA] because of access problems, they’ve given me some work in [name of LA] which is easier for me to get to and they’ve given me the quality assurance of the plans, so when a support broker submits a support plan it has to go through quality assurance, so basically what that is, is that’s for me to check that everything’s okay with it before we give it to the customer and the referrer. And I’ve also been doing a bit of work with the MSB colleagues to speed the train up.” [MSBB02, MSB Broker]

Some brokers reported feeling that they were supported by MSB and that they were able to ring members of the central HQ to talk through a difficult planning meeting or if they have queries or need further support.

“And they offer the advice and support that I need because sometimes I just need a sounding board. I’ve had a very difficult appointment where the customer wasn’t very receptive to what I was saying and it was very difficult. So sometimes you just need that sounding board to get it off your chest. And they’re very helpful.” [MSBB04, MSB Broker]

However other interviews suggested that some brokers did not feel they had enough support or were unsure of where to go to receive support.

“I know from comments other brokers have made that I’ve come across that they’ve found it lacking […] and they’ve rang me to get support from me where they shouldn’t really have been ringing me.’ [MSBB03, MSB Broker]

“It’s lonely and I think in the beginning it was hard because I was learning as I went along. You’re learning by the seat of your pants and, you know, we were given, or we were working on, what I would call, very heavy situations and it was emotional for us. I found dealing with health in the beginning was very difficult. [...] I, kind of, think it would be good if we got together a bit more or we did more case discussion, you know, sharing— as the social workers do. They have a team manager that they share things with, and quite often when you’re talking to a peer you come up with creative ideas, which is helpful. I think it must be hard for new brokers because they’re starting where I started, and it’s just good to have people you can talk to.” [MSBB04, MSB Broker]

Two brokers raised the issue of on-going training and personal development for MSB brokers, and in particular felt it would be useful to have regular updates on the changes in legislation relevant to their work as Brokers.

“Yes. I think even though the training was good for us, over the years we’ve been talking to other people as well… there could be changes. Because in any training, because of new policies, legislations, changes happen. So it would be nice for us to have a year refresher training.” [MSBB07, MSB Broker]

“I think when there’s changes in legislations it would be good that we, sort of, have a training around that because quite often that can affect [background noise 00:11:25 – 00:11:28]. We always have an answer when we go back to the QA and ask them anything that we need to know, but it would be
good to have that. Also things like at the moment the pensions are all changing, just to have training on things like that would be helpful. Maybe just when things change, updating us on changes.” [MSBB04, MSB Broker]

The issue was raised by both brokers and organisational staff that the training was often a mismatch for the expectations of MSB customers. Many customers did not opt for the more creative options offered by MSB and instead opted to write plans that looked more like traditional care plans.

“I mean as I said, I mean maybe one or two who were genuinely aspirational, who want to take control, want to have control over their care, want to have control over their money. It's only being younger customers as well that's really important. Elderly ones, I haven't known an elderly customer who is keen on taking control.” [MSBB01, MSB Broker]

Developing person-centred support plans

Some peer brokers raised concerns about their experience of working with MSB, finding the limitations of the system frustrating. Some peer brokers felt that they do not actually broker support plans themselves because they are signed off through the internal MSB QA processes, and then by the appropriate local authority who have their own brokerage teams.

“Yes. Well this is the thing, I mean again, this is the crucial point isn't it. I think the greatest disappointment is that actually we’re not really brokers at all, we’re planners. That wasn't the intention. I think I touched on this last time, didn't I? I suppose the fact that we can't physically action what goes on that support plan...” [MSBB01, MSB broker]

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There may be a number of reasons why some customer may prefer to have support plans that are much closer to a traditional care planning model than the more innovative options promoted by MSB:

- Some customers may like or feel secure with their existing care arrangements and do not wish to disrupt those
- Some customers may feel fearful that they will be unable to manage their own budget or staff, or do not want the responsibility of managing their own budget or staff
- Some customers may not feel that framing themselves as customers was appropriate to their situation
• Some customers may have had previous punitive experiences of the care system or of other public institutional systems, and may be fearful or suspicious that the process of personalisation is a covert attempt to cut the resources available to them
• Some customers they may also hold negative attitudes towards what it means to be in receipt of benefits or social services and may not want to engage to actively in the process of support planning

Provision of time and resource for staff within the local authority

There was some evidence from interviews with staff from the LAs that the staff responsible for working with MSB may lack resources or time to fully complete the tasks that are required of them.

“And a lot of it, as you and I know, you’ll think, “Oh that’s a really good idea and I can understand all the ethos behind that” but when you’re really busy and you’ve got things to do, that goes just out of your mind a little bit and you’ll just think, “Wow, I’ve only got – I don’t know – a day to get this done.” Really it was around, I think, systems problems and issues and how people got referrals, maybe cross, and how long support plans took to be completed and returned in.” [LA02, LA staff]

Within the local authority interviews, concerns about the MSB model of working creating extra work for staff or duplicating work was raised a number of times.

“However, as [D-BS manager] has said, there have been some challenges, most definitely, particularly around duplication and repetition in terms of the work. We did feel that in some instances MSB were actually reassessing the service user and the carer and gathering information that we already had. There was also a bit of a hiccup as well and a challenge around the referral process as well. That was quite consuming in terms of the information that we needed to provide to MSB in order for them to pick up that referral” [LA05, LA staff]

Working relationships between MSB and local authority

Both LA strategic staff and MSB organisational staff spoke positively of their working relationship at a strategic level.

“So I’ll speak as I find because I think my experience is probably different from the actual operational, the implementation. I’ve always personally found MSB good to work with and the, and the spirit. I mean recently I was involved in a meeting with [name], the MD, to flush out some of these issues and there was a willingness to actually do that. There was flexibility on both sides really. There were some things that revealed... or some things that were absolutely yes or no but we got there. I think overall we got there. I think it's like with any relationship isn't it, it's all about give and take. But from my perspective, certainly the commissioning role, I don't have any issues personally.” [LA03, LA strategic staff]

“It was a very supportive experience, [interviewer]. I think from the word go really, from the first contact that we had
with [CEO] and [MSB organisational staff] in particular. It was a very, very positive experience I found. There was a great deal of mutual understanding.”

[LA01, LA strategic staff]

“I would say, in [name of LA], the successes were that the Director there is very inspired and so is the Commissioner and they need an operational person in the beginning. So this is a future way for them to build an alternative to conventional care management and to build community capacity in economic progress. They were very innovative and they took us on as one of their first corporate customers in the absence of any real evidence that it worked, but they thought it was worth the chance. They have stuck with us and we have stuck with them for the best part of four years, now. It’s been very positive.”

[MSBS01, MSB strategic staff]

However, we identified several processes of joint working necessary to the implementation of peer brokerage where there seems to be a need for further development. Referrals were described as slow or non-existent.

“But then referrals never came, so all these people who were predominantly unemployed, disabled people or people with a health condition, who had given up their time to do the tour and then do some of the practicals, never got any referrals. And it really didn’t do well for My Support Broker because some of the people there on the course would probably have been quite dismissive of us, and I can understand why.”

[MSBS03, MSB strategic staff]

When referrals did occur they were sometimes perceived as inappropriate.

“So this is, I can tell you, this is common, [interviewer], this is to my mind happened in [name of city 1]; it happened in [name of city 2], it happened in [name of county]. It's the cases which they… the most complex stuff, the hardest, the most difficult customers, the most challenging customers, you know, kind of, insoluble cases are, “Let's give it to My Support Broker.” Yes. In [name of city 1] that was, you know, that was the particularly the case as well. I think it was the case in [name of region] We got the most… Often it was, you know, in [name of city 2] it was the brokers that had, you know, just finished their training, so these were their first cases.”

[MSBB01, MSB Broker]

Communication between the local authority and the brokers was considered by some to be inadequate. This included information sharing around a referral so that brokers had the relevant details to fulfil their role. Equally, customers were not always informed that a peer broker was going to contact them, leading to confusion about their role in the support planning process.

“[…] an example of things going well is receiving a referral that has a lot of information about the customer, has the right contact details, the broker managing to reach the customer and the customer knowing that they were expecting My Support Broker to call them. Quite a lot of the time actually the customers don’t expect that because the council have never actually talked to them about our service”

[MSBS04, MSB strategic staff]
Following the support planning process, brokers are not always informed if their plans have been implemented in full, in part or not at all.

Local authority sign off of support plans

We found data on many support plans that were signed off and implemented by local authorities, but not all plans were approved. Some participants expressed concern at the refusal of local authorities to sign off support plans that brokers considered to be good examples of personalisation and that had been approved through internal MSB quality assurance processes because of internal bureaucratic processes.

“So obviously you will meet a lot of individuals. I don’t know, the old chap who wants to... he’s had an accident, and he wants to go to the gym; he wants to be fit, he wants to be healthy, and he wants to be active. We cannot put a council gym membership through a direct payment because of red tape. It makes absolutely [laughter] no sense that we can’t use a local authority asset to meet someone’s needs through a direct payment. And that’s really incited a lot of issues have come over the last year or so, where you are banging your head against a wall; where you are looking at a local authority scheme that we cannot use. It’s crazy. But that has turned now.” [MSBB05, MSB Broker]

Refusal to sign off support plans was sometimes perceived by brokers as a way for local authorities to resist personalisation or peer brokerage.

“I think in many cases what’s on the plans actually get ignored. I know for a fact there’s a money management service within [Name of LA] called [name of service] and I had a couple of customers very recently who were very interested in employing their own carer. When I went to [name of money management service] and I said I've got a couple of customers who might be interested, they said if you don’t make it clear that that's what they want then the council will do something else. I thought that was quite revealing.” [MSBB01, MSB Broker]

“Quite often the brokerage team in [name of council] are very reluctant to let us actually change the care. If somebody’s working with an agency that’s not providing the carers or the type of care that this person likes, then we can make a suggestion that they change that care. Quite often they just won’t put it in, and could say ignore it. They totally ignore it. And they very rarely let us become involved in placing the care. The process for them is, although the client should have choice, quite frequently that doesn’t happen” [MSBB03, MSB Broker]

Implementation of support plans

In the customer interviews earlier in this report we saw some examples where the services that may support customers to have truly person centred plans may not exist. Three customers were highlighted in particular not knowing
where to go for support in the technical aspects of employing personal assistants as a replacement to agency provided care workers, for example for advice on pensions or insurance. One customer suggested that there should be support organisations to help with this. Our data suggested that the market for the kind of providers that could deliver localised personally tailored services was underdeveloped in some areas. There was concern within several interviews about privately employing personal assistants from the perspective of knowing what their legal responsibilities were as an employer around insurance, pensions, etc. One customer thought there should be some kind of organisation to support people with that activity.

“The move from block contracts to personalised care has proved complicated, the dismantling of block contracts with care providers has not been easy and in some cases has been resisted by care providers. The current political austerity agenda has also had the impact of impoverishing the personalised market in some area.

“One of the big barriers is what’s available because we’ve all got different ideas about all these three services that are out there, certainly in local authorities, in terms of, “Oh, you could go to this luncheon club.” Well when they say free, it might only cost them a couple of quid. As we know with what’s happened with cuts and things, those services are not there anymore. So it’s about having resources outside as well to support people.” [LA03, LA staff]

Using creative strategies within care planning was new, in some cases LAs were unsure whether the appropriate providers exist for some options.

“I also think from a commissioning perspective, from the Care Act now actually we’ve got this duty to develop a high quality, diverse, sustainable market. It’s difficult trying to predict what services they’re going to want because then, going on to the wellbeing principle, the whole point of that is that we’re not slotting users into existing services anymore are we, we’re having to focus on their need and actually what they want as well. So in many ways, there are options that are coming out of the blue really that we hadn’t thought of.” [LA03, LA staff]

**Valuing the peer broker role**

There was evidence within the interviews that some staff within local authority organisations were reluctant to recognise the peer broker role as a professional role, and did not always participate in partnership working with the brokers.

Some brokers and MSB staff reported a range of behaviours that were not in the spirit of partnership working including:
• Difficult or obstructive behaviour.

“They’re very, very challenging to work with. I can totally understand that, the fear that they may have that independent brokers are coming into the dynamics and they’re thinking well they could take our jobs, why should we help them? Let’s make as difficult as possible, let’s not help them. And that was a big problem for a long time.” [MSB04, MSB Broker]

“So the barriers were almost not wanting to talk to you. I would say those barriers are greater in [name of city]. If I was a consultant, I’d be saying silent resistance. So they’re just not talking to you whereas in the meetings they are.” [MSBS03, MSB strategic staff]

• Failure to recognise the skills and professional role of the peer brokers

“Again, within the local authority space, less in the NHS, people tend to use the term peer — although they would never say this out loud — like it’s a lower level person. It’s not something they would pay for, they expect it to be free. [...] the local authority think it’s, kind of, inspired, amateur disabled people shuffling about doing charitable work.” [MSBS01, MSB strategic staff]

• Failure to implement support plans/ implementing different support without consulting MSB as to the rationale of this

“[...] we have had a lot of customers, I’ve just now found out about this, ring us to say, “When can I start going to the gym? When will this happen?” , and then we’d look into it, we’d speak to the local authority and they’d say that, “Oh, they’ve actually got a care package up and running and everything’s fine. That’s gone to team review so we won’t see that customer for another 12 months now”, and when we’ve delved further, it looks like, for whatever reason, they’ve not implemented the plan that the customer chose or requested.” [MSBS02, MSB strategic staff]

• In some circumstances peer brokers have been subject to belittling, bullying or abusive behaviour

“I mean I, some of my experience in [name of city1], well not me personally but the brokers I was shadowing there, was downright bullying, marginalising, undermining, talking over. Yeah, just all sorts of bad practice. [Name of city], ah! I mean, in [name of city] it was... [name of city] I was actually insulted. [Laughter]. You know, I got, yeah, I’ll just show you an email I got back from a [name of city] social worker. It was the rudest... I mean, it was the rudest, you know, email.” [MSB01, MSB Broker]

“I think because the peer brokers have such a tough job when you’ve got a resistant local authority, you know, people moving from...you know, into paid
work, then facing such a challenge and such, you know, such a horrible working atmosphere and if that’s their first experience for a while of paid work, I mean it would put you off for a lifetime really, but I just think that when...there is potential for bullying, really, in a local authority if you use an external provider, to point the finger and say, “Well that’s where the failure is. It’s external provider.” [MSBS02, MSB strategic staff]

- Undervaluing peer brokers with respect to willingness to pay for peer expertise

“Somehow, in the local authority world, peers seem to mean ‘volunteers’. If you have a lived experience of disability or a long-term health condition, the local authorities will consistently ask you your opinion, but they never pay you for that expertise. You get your sandwich and your taxi ride if you’re lucky. They don’t value it as a high-quality piece of expertise in the way that the private sector do.” [MSBS01, MSB strategic staff]

Reflexive monitoring – how far is implementation monitored and valued by stakeholders?

Within the network of stakeholders who are involved in implementing person centred support planning there are a number of points at which reflective monitoring of the process occurs. Within MSB, support plans were monitored as part of a quality assurance process to ensure that they met the standards and principles of the peer brokerage model. MSB also monitored the referrals from local authorities and the number of plans that had been signed off and implemented by the local authority.

“What had actually gone wrong is that the people who were referring in, the care managers, were saying to the brokers, “Who do you think you are to say she needs a PA? I told you, you should do a plan because she needs a wash at 09:00 on a Wednesday, shopping at 10:00 on a Thursday and cinema at noon on Friday.” So the brokers were responding to the referral made by the care manager, because the care manager was behaving as if they were the customer. Whereas, in fact, we needed it to be the customer’s voice. We decided at that point we had to bring in quality assurance with every single plan, where every single plan would be peer-reviewed against our accredited standards, to make sure that in every plan the customer’s voice was the dominant voice and that the actions were entirely down to what the customer said they wanted.” [MSBS01, MSB strategic staff]

“So, I do that for [name] local authority and so they would allocate referrals on our system and then I would be in contact with the brokers and giving them allocated work from [LA] for them to do visits for the different customers that are referred from the system and then I would be liaising with [LA] just to make sure that everything is going to plan and that they are up to date with all the cases that are referred on the website [...]And, then they do all the management of that on their own basically and we just oversee the process. The progress that they are
making, if the processes are working well, we record, you know, KPIs and we try and see if there has been progress or if there are failures and we try to address these failures and try come up with solutions for them to, you know work better basically, in a more efficient and effective way so that’s pretty much what I am involved in at My Support Broker.” [MSBS04, MSB strategic staff]

The completion of an effective person centred support plan with a customer was a source of pride and satisfaction, and was the main motivating factor for them to continue working as brokers.

“The combination of working with people to support them to have choices in their care and their support. I like the idea of helping them to give them ideas of how they could spend their direct payments and other activities. I like doing research in areas. I love working with older people and I like people to have independence, if they want that to happen, and to be able to enable that, to support them to have that. So the brokerage was a combination of many things that I find exciting and I like to be involved in.” [MSBB04, MSB Broker]

However there is also evidence that the monitoring of the real life impact of support plans is often not fed back to brokers. This may affect the extent to which the brokers themselves feel that their work is valued.

“That’s another good point, showing up with the customer so that you know, a broker knows, that the work, okay you do the support care and you get paid at the end of the day, that’s very good, you’ve done your job. But you don’t actually know that the work that you’ve done is implemented. I’m sure the majority of the plan is but because we don’t actually broker it or see it through, I can’t be 100% sure that it’s actually implemented.” [MSBB02, MSB Broker]

Perceptions of quality in support planning

Just as there were differing understanding of what ‘peer’ should mean within the data, there was evidence that in some instances MSB and the LA had different expectations about what support plans should look like in practice. Staff in the LA interviews raised concerns about overlap between assessment and support planning, the level of detail in the plans and the lack of rationale for decisions made.

“[…] what we have had is because, as we would do as a statutory body, we would be thoroughly assessing our service users. We have found that sometimes there are duplications within the assessment and the support planning process, which clearly impact on the user and that’s obviously what we’re all concerned about.” [LA04, LA staff]

“So clearly, the stuff caused problems for service users and their carers but I’ve also read some of the MSB support plans and I’m just concurring as a manager that signs, some of the information was very detailed. I’d question perhaps why anybody would want to go into so much detail about your relationship say for example with your parents, your grandparents, etc., and perhaps maybe emphasis should be a little bit more on what’s the here and now and how can we support you.” [LA06, LA staff]
“A particular instance will be where they’ll say, "Well you worked with agency A and I’ve put you with agency B." But if I rang the user, they’ll go, "Well I was just told to go to agency B, I actually preferred agency A." Do you see what I mean? It’s about saying, "Well actually this looks great so I’ve gone in and changed everything," that wasn’t the point. The point was to work with the service user to meet their needs and if they were happy with what they were getting then they should be left alone as it were.” [LA04, LA staff]

Some local authority staff were concerned that peer brokers did not have a good grasp of the legal requirements of the Care Act or what constituted a legitimate need for support planning. Stakeholders also had different readings of the Care Act in relation to what personalised support plans should contain in practice, different interpretations of some technical aspects of support planning, and difficulties over what LAs would and would not allow in a plan.

“In some instances, I have been slightly concerned and I think that I need to be reassured that brokers, MSB and staff are actually clear about what an eligible need is and what an outcome is to meet that eligible need. I’ll give you an example of that. There is a service user that we work with, I won’t name names obviously, and an outcome was for her to have Lighter Life meals. I don’t quite understand how that is an eligible need for a local authority to meet. That was agreed by a broker. I’m just thinking well actually, there’s some confusion there about what is...[...] It’s not an outcome at all. Do you see? That's just one example. I just would like to be far more reassured I think that brokers actually understand exactly what an outcome...” [LA05, LA staff]

“When we spoke to [the local authority] about what their version of a support plan was it was just an addition to the assessment that was an old fashioned care plan, and they felt that was still support planning, and it was a prescription, it wasn’t at least a conversation, it wasn’t even that. In some cases it wasn’t face to face.” [MSBS01, MSB strategic staff]

“There have been occasions where I’ve felt I’ve got a lot of satisfaction out of knowing that I’ve actually helped some people. But, that hasn’t been across the board. Often I’ve come across barriers from the referrers, the social workers themselves who have been involved in the cases. And I felt that they weren’t necessarily acting within the spirit of the new Care Act.” [MSBB03, MSB Broker]
References


Contact details

The McPin Foundation
32-36 Loman Street
London
SE1 0EH
Phone: 0207 9227877
Email: contact@mcpin.org

MySupportBroker CIC
0800 994 9944
Intl +44 (0)203 637 6585
enquiry@mysupportbroker.com
www.mysupportbroker.com