

Too much support

Some people receive *too much support* (not the same as *a lot of support* or *more support than others*). Why do services sometimes do this and what is the impact?

It harms people using services

- It lowers ambitions with people helpless in a sick, dependent role (e.g. benefit claimant) while it disables and deskills. Some people, relatives and politicians have a low risk threshold.
- It raises the expectations of the person, other users, carers, GPs and other agencies that support will remain constant and things will be done for people rather than they will be supported to live their own lives. Everyone is upset when change and loss happens.
- It is expensive and means that others are crowded or miss out on the help they need.

Bureaucracy

- Exception reporting rarely indicates that people need less support. It is tempting to ask for more help to make staff lives easier. It is quicker to do it *for*, rather than *with*.
- Care management favours long-term work and the CPA biases towards too much. Over-busy managers keep review intervals long and make a slow response to change, so providers fear that they will not get a rapid increase of support when it is needed. It is discouraging to dismantle hard-won and carefully crafted care packages, and if you give it away it is doubly hard to get it back. Use up the budget, please!
- Duplication between services is wasteful. Gaps in the spectrum of care mean that we have to choose between too much and too little. We are over-protective at the start and delude ourselves that we will reduce it later on. Continuing to receive this service is a passport to getting help from other services (welfare benefits and bus pass rather than independence and walking). Status quo please!

Paying attention to the right things

- Remember staff are not always the best thing in people's lives. Providing lots of support makes staff feel needed - we like to give people what they ask for and do things for them. We have not been clear about the limits of user choice in deciding

what people get. Providers like to feel that their service is popular and it hurts them to withdraw help. Inspection systems may want too much.

- Treating people according to a label, pessimism, deficit thinking and a risk-averse culture of blame all lead to too much support. If it goes wrong it can be spectacular and no one is ever sued for doing too much! We tend to focus on hours rather than support, policies rather than stories. Referral information and initial assessments are crucial.
- It is hard to decide how much support is needed and the softer elements of informal support (e.g. friends) tend to be ignored. Staff provide friendships themselves rather than enabling the person to build their own.

What do we need to do?

- We need to build organisations that support the growth of independence and incentivise it. People are more willing to risk reducing support if there is back-up, no blame and they won't be out of a job. Avoid over-reacting to temporary problems. Exercise duty of care, not heavy-handed paternalism.
- When a worker leaves, half their caseload are discharged – we need this tough love in every review.
- Management and supervision structures should value personal growth rather than containment and 'safety'. Trust staff to know why they are here and to exercise discretion rather than needing rules for everything. Involve the person as an expert in decision-making about their own life.
- Value and include family, friends and inclusive roles in care plans and promote personal development. Give people good information about how to succeed on less.
- Working flexibly requires good partnerships and pro-active rather than reactive approaches, as reducing one service might increase the need for another. Partnerships need to be characterised by honesty, transparency and trust as mistrust leads to duplication.

If people feel trusted, they stop trying to beat the system.