



# Improving Personal Budgets for Older People **A REVIEW**

**PHASE ONE REPORT**

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## Executive Summary

This project was requested by ADASS in order to explore challenges, identify positive practice and make recommendations for central and local government action and has been jointly produced by TLAP and SCIE.

Think Local Act Personal (TLAP) published, *Personal Budgets: Taking Stock and Moving Forward* (2011) which reviewed progress, challenges and possibilities with PBs and has initiated a National Self Directed Support Forum. This brings together relevant groups and individuals to identify challenges and agree actions to achieve improvements. Approaches to making personal budgets work well for older people (including people with dementia) emerged as a high priority and TLAP has committed to do more work in this area.

This report is the first stage. It draws on two key surveys:

1. The ADASS personalisation survey (2012)
2. The TLAP National Personal Budgets Survey (2011) and a review of relevant literature.

We have found that the surveys and the literature present a consistent picture of the work to date on establishing personal budgets. Some key findings are:

- Relatively strong average progress with numbers for people aged 65 and over is being made, though this is highly variable, and on current trajectories achieving policy goals will be challenging

for some. (ADASS has offered support and advice to councils with difficulties).

- The recent significant increase in numbers has been via more managed personal budgets with direct payment numbers steady but significantly lower for older people than for under 65s. There is very significant variation in direct payment numbers across councils and regions.

Re-analysis of the National Personal Budgets Survey (2011) specifically looking at outcomes for older people shows a number of things including:

- Generally positive outcomes in a range of domains and generally few negative reported effects.
- Somewhat less positive outcomes for older adults than younger ones (though this is a matter of degree).
- Significant frustrations with personal budgets processes.
- Good indications of the factors leading to positive outcomes. These factors being less present for older people.
- Significant variability of experience including large differences across council areas.

A literature review for the project identified challenges and potential solutions largely consistent with, and building on, those that had been identified in research on direct payments prior to the introduction of personal budgets (and with ADASS survey findings).

- Key issue areas identified were: understanding what independent living means for older people; making choices and decisions; information and advice; direct payment support; understanding how PBs can be spent; budget management, monitoring and review; risk management and contingency planning; time issues (for decisions and planning, delays in process); continuity and consistency.
- The literature review also pointed to specific issues relating to people with dementia (see below).

“Re-analysis of the National Personal Budgets Survey shows factors leading to positive outcomes”

Review of the challenges to personal budgets for older people identified by councils in the ADASS survey produced a high level of consistent responses which matched with the literature review. Many of the challenges were relevant to both younger and older people but some were specific to older people or groups of people in particular circumstances. Some were seen as more difficult when applied to an older people’s context.

They included:

- **Capacity and funding pressures relating to local authority financial positions.**
- **Reluctance to use personal budgets and especially direct payments amongst older people and their carers for a range of reasons** including: satisfaction with current arrangements; reluctance to take on “management” including employees; complexity of rules and arrangements; time-consuming processes; and concern about possible reduction of services.
- **Circumstances within which older people come into contact with and use social care** including: crisis situations; rapidly fluctuating needs; and modest budgets focused primarily on meeting personal care needs.

- **Workforce issues** including: cultural, training and practice development issues for assessment and support staff – resulting from the relative novelty of self-direction and individualised funding in services for older people.

- **Information advice and guidance** including: generally limited public knowledge and understanding of the option of personal budgets; information on PB/DP that is not easily understood or used; people’s early involvement with other professionals (often health) who may not be aware of personal budgets and options for their use; limited information on how people can use either direct payments or managed budgets differently; and some locally trusted sources of information and support not always promoting positively.

- **Support for families to plan and make good use of personal budgets** including: relative novelty of creative support planning for older people; people lacking friends, family or other support to manage and use personal budgets; assessment and support teams finding co-production of support plans takes more time over an extended period; alternative forms and sources of support underdeveloped; people lacking capacity needing third party support – including people with dementia.

- **Lack of market development** including: lack of new options for people to purchase; existing contracts restricting creativity; people buying the same as before; providers not seeing sufficient scale of new demand to take business risks; underdeveloped personal assistant market; not linking intelligence from PB users to commissioning strategies; unsupportive environment for micro commissioning.

- **Helping people stay safe:** perceived need for safeguards to reduce risks to individuals and council including financial and fears of risks associated with an “unregulated care market”.

Encouragingly, there were also many descriptions of solutions and positive practices being introduced and developed. Some local strategies were longer established and more systematic and comprehensive than others. As this project develops it should be possible to use these solutions linked to the research to offer confident advice as to what is likely to produce the best results.

Councils appeared to be displaying significantly different levels of optimism and confidence and some appeared to be having markedly greater success in introducing personal budgets including direct payments to older people. Direct payments as a percentage of personal budgets to over 65s ranged from under 10% to over 70%; 15 councils reported over 40% receiving direct payments.



## Interim implications

The review of numbers, outcomes, experiences, challenges and responses suggests:

- Numbers of older people with personal budgets are increasing fast (though there is still great variability) and the increase is primarily of managed personal budgets. Limitations on data mean numbers with specific needs, including dementia, cannot currently be identified.
- Older people overall seem to place emphasis on some different outcomes from PBs than younger adults – more about maintaining than changing or improving circumstances (though we must be careful to avoid ageist assumptions).
- Older people overall gain positive benefits from personal budgets, though in some aspects less so than younger people.
- As with younger people, the positive benefits are strongly linked to clearly identified “better” personal budgets delivery practice. Older people are less likely to experience this than younger adults (probably at least in part explaining the outcome differences) and some councils are much more successful in delivering it than others.
- Direct payments are one factor which research suggests lead to better outcomes. The ADASS numbers show older people are less likely to get a DP and the numbers have plateaued (though some councils are achieving high numbers).
- However, at least in the short term, direct payments are unlikely to be used by the majority of older people. It will therefore be very important to complement direct payments uptake strategies with improved availability of managed options which

offer authentic choice and control to older people in ways acceptable to them.

These findings suggest this project should describe and then encourage and support councils to adopt the best practice used by those achieving most success in numbers and outcomes. Having said this, however, there are practical challenges and complexities:

1. General strategies to improve take up and outcomes will need to be accompanied by approaches responding to particular needs and circumstances – including dementia.
2. Positive life outcomes are not the only things to consider – for example, the issues of safeguarding and risk raised by ADASS. Developing practices will also have to be financially sustainable.
3. There are many practical complexities to be faced by councils and others in adapting systems and practices – especially for those that were slower to start the journey to personal budgets or with a less developed tradition of delivering direct payments.
4. This is a major cultural change for the people commissioning and delivering social care and for those using it – in particular older people for whom individualised funding is very new. This places a premium on effective change management strategies, especially for those starting from a lower base. For most councils it will take some time to achieve these shifts.
5. These developments are taking place at a time of strong resource constraint.
6. Improving personal budgets delivery arrangements needs to take place within a set of broader developments that promote personalisation.
7. Many of the issues identified are highly relevant for self-funders and it will be very important to consider them in developing local strategies.



## Introduction

Personal budgets (PBs) were introduced into English social care policy in the 2007 Putting People First concordat<sup>1</sup> and subsequent circulars following the Individual Budget Pilot programme 2005-7. The former government set targets for self-directed support (SDS) to be achieved by councils by March 2011. In the Coalition agreement and then the 2010 Vision for Adult Social Care<sup>2</sup>, the current administration confirmed and extended the policy commitment to personal budgets. The vision set out a policy goal for 100% of eligible people to be receiving PBs by April 2013, with a focus on increasing direct payments (DPs) uptake. This goal was adjusted in October 2012 following a review of the technical feasibility of achieving 100% because some services such as re-ablement cannot be provided as a PB. The Minister for Care Services announced therefore that the 2013 goal would be reduced to 70%. The Department of Health (DH) remains clear, however, that it is the government's intention, as set out in the draft Care and Support Bill<sup>3</sup>, that all those eligible for ongoing council-funded social care will receive a personal budget.

Footnote: 1. DH (2007) Putting People First: a shared vision and commitment to the transformation of adult social care 2. DH (2010) A vision for adult social care: Capable communities and active citizens. 3. DH (2012) Draft Care and Support Bill



## Personal budgets for older people

Making personal budgets work well for older people and their carers has been a prominent issue since the original Individual Budgets Evaluation Network (IBSEN) research<sup>4</sup> on individual budgets (2007) suggested lower satisfaction and delivery challenges for older people at that early stage of the development of individualised funding. The DH published practice guidance in 2007 and the Social Care Institute for Excellence (SCIE), Age UK and others have researched challenges and good practice. ADASS surveys of personal budget numbers and the TLAP commissioned National Personal Budget Survey (2011)<sup>5</sup>, have provided information about numbers, outcomes and process issues relating to older people.

The issue is critical - older people form the largest proportion of users of adult social care, incurring a majority of adult social services expenditure. The Information Centre (IC) reports that the number of adults receiving social care services commissioned and/or provided by local authorities in 2011/2012 were 474,295 people aged 18-64 (1.5% of all adults aged 18-64) and 989,905 people aged 65+ (11.5% of all adults aged 65+). The IC reported local authority expenditure on adult social services for those aged 65+ in 2011/2012 of £9.4 billion (55% of the total adult social care budget).

For policy goals to be achieved and for this to mean more than simply reaching the required numbers, personal budgets have to

work well for older people and their carers. In its April 2012 publication *The Case for Tomorrow*<sup>6</sup>, ADASS called for an overhaul of personal budgets for older people. The Association identified a range of challenges that it believes need to be addressed. These mirror issues identified by the Alzheimer's Society in its report on personal budgets for people with dementia *Getting Personal*<sup>7</sup> and by Age UK in its work to support older people and their families.

TLAP has therefore agreed that it will co-ordinate the review initially requested by ADASS in order to explore challenges, identify positive practice and make recommendations for central and local government action. SCIE has agreed to support this by reviewing relevant research and practice.

Footnote: 4. IBSEN (2007) *Individual Budgets Evaluation: A Summary of Early Findings*. 5. TLAP (2011) *National Personal Budget Survey of service users and carers*. 6. ADASS (2012) *The Case for Tomorrow Facing the Beyond*. 7. Alzheimer's Society (2011) *Getting personal? Making personal budgets work for people with dementia*

## Approach

Following initial discussions with DH and ADASS, a small steering group was identified to oversee the project (see membership in appendix). Martin Routledge from TLAP is leading the project, working with Sarah Carr, personalisation lead at SCIE. The project has three phases:

### Phase one (June to September 2012)

1. Review literature and research on key challenges to successful implementation of personal budgets for older people, including key ADASS, SCIE, Age UK and Alzheimer's Society publications. Review data on numbers and outcomes including from ADASS and Personal Budgets Outcomes Evaluation Tool (POET) surveys.
2. Initial overview of promising practice responding to the challenges from literature and the ADASS survey.

### Phase 2 (October 2012-March 2013)

1. Explore, with selected localities and projects, activity relevant to key challenges in order to identify potential solutions.
2. Advise the Towards Excellence in Adult Social Care (TEASC) programme to ensure promising practices are promoted regionally and locally.

3. Develop recommendations for central and local government to improve delivery of personal budgets to older people, including people with dementia.

### Phase 3 (2013/14) (Subject to resources)

1. Agree action by central and local government based upon project recommendations.
2. A programme of demonstrator projects building upon promising practices identified in phases 1 and 2 (resources and opportunities to be identified).
3. Dissemination of learning from the projects across councils and the sector.







## MAIN REPORT

### What are the issues?

Personalisation is at the heart of social care policy, has powerful cross-party political support and is strongly endorsed by ADASS and the social care sector including in the Think Local Act Personal agreement. Personal budgets are strongly embedded in policy as a key mechanism for personalisation. The recent White Paper and draft Social Care Bill indicate that they are likely to be the core mechanism via which people eligible for community-based social care will have resources allocated for their care. Though personal budgets are an important mechanism for personalisation they are not the only one and other key elements need to be in place to achieve good results.

Many have researched and expressed views on the efficacy of personal budgets. There is a consensus that at this stage in their development personal budgets are benefitting some more than others. Those not benefitting equally include older people in general and some specific groups, such as those with dementia or who lack capacity.

Some critiques of personal budgets for older people challenge their fundamentals, others focus on ensuring they work well for all:

- There is general consensus that the key goals of personalisation are improved outcomes and satisfaction for older people, weaker consensus around the goals of choice and control.
- Some suggest that PBs are inherently unsuitable as a means to advance personalisation with older people, or that there are better ways of personalising support to older people.
- Others propose that they need to be delivered differently/better than at present in order to be of real benefit to specific groups.
- Effective prevention in supportive communities which promote good health, well-being and involvement.
- Community health and care services working together to aid recovery and provide ongoing support to reduce the need for acute care.
- A range of different types of housing which allows people to remain at home as long as they wish.
- Better recognition and support for carers, particularly for older carers.

This review will not explore the option of abandoning personal budgets as it is a clear policy intention confirmed by the recent White Paper and with the strong prospect of legislation, that all people eligible for ongoing community-based support will receive a personal budget for this purpose. We therefore need to help focus the energy of the sector on making sure they work well for everyone and can operate in effective synergy with other things that are important to produce personalised outcomes. This does not mean that we should not take notice of the critiques as these all have valid elements and can help us consider how to make improvements. It is particularly important to see personal budgets as one mechanism within a much bigger context for personalising support for older people and not as any kind of “silver bullet” solution.

### What ADASS thinks

ADASS has brought the issue of personal budgets and older people strongly to the attention of the sector and policymakers via The Case for Tomorrow. Importantly, ADASS puts its concerns about personal budget delivery in the context of its wider aspirations for older people. It argues that the following need to be in place:



- Good quality information and advice and straightforward access to health, care and support services.
- Safe, good quality services from reliable and skilled people.
- Services which are effective, efficient and accessible when and where needed.
- Real choice and control over services which are fairly priced and affordable.

ADASS sees these as key elements to be in place with important roles for councils and their partners in delivering them. Key questions for personal budgets are: What contribution can they make to this wider positive context for older people who need support? What is currently hindering this and how can challenges be addressed? At present ADASS, within the context of strong support for personalisation, is concerned that more needs to be done:

Many believe that personal budgets and direct payments are not having sufficient impact on changing personal experiences and outcomes for older people. Some areas are struggling with arrangements to ensure service quality, safeguarding and cost-effectiveness. In addition, there are concerns about consistency of approach across the country, equity of access to resources, and the transfer of service risk from councils to vulnerable individuals.

These concerns led ADASS to conclude there was a need to:

*“Review the implementation of personal budgets and direct payments with older people and identify how they can be overhauled to work more effectively in the future.”*

ADASS identifies a number of specific problems – several have been drawn from issues raised by agencies representing older people and carers:

1. **Delivery of personal budgets for people with dementia is underdeveloped.** ADASS quotes Alzheimer’s Society (AS) research which suggests that personal budgets delivery *“has not yet adapted to the needs of people with dementia and their carers, and is overly complex and burdensome”*. The AS report quoted also advocates for authentic managed PB options for those who do not use a direct payment and for good planning with people and carers.
2. **Personalisation is more than personal budgets.** ADASS argues that personal budgets are one mechanism to achieve personalisation amongst others and that the focus should be on achieving key outcomes desired by older people including consistency of care and relationships.
3. **Supply of services not meeting demand.** ADASS suggests that control of resources without choice of options achieves little: *The local authority role in developing and facilitating the market to enable personalisation to work is still underdeveloped in many councils.*
4. **Direct payments underused in older people’s services.** ADASS notes the need for flexible approaches for people to take the level of control they want – via direct payments or managed options.
5. **Continuing confusion over legal implications as an employer.** ADASS suggests that confusions about legal responsibilities cause continuing difficulties for councils and DP users.

6. **Reconciling bureaucracy and safeguarding, quality and reliability.** ADASS identifies concerns about extra process in many places: *For example, councils having multiple assessment processes, combining legally required professional assessments with supported self-assessments.* It also raises challenges about striking the right balance between quality monitoring and keeping people safe, set against the intrusiveness and cost of processes to do so.
7. **Poor data on take up.** ADASS notes methodological challenges in measuring take up and the lack of data on sub groups of people, including people with dementia – making it difficult to measure progress and differential impact.

## What the literature tells us

What does a review of the literature tell us about the challenges in using personal budgets to help deliver improved outcomes, choice and control for older people? In this section we summarise some of the main findings. The full literature review is available as an accompanying paper published by the Social Care Institute for Excellence

## FINDINGS SUMMARY

The early findings on barriers and facilitators for older people using direct payments are consistent with later evidence on personal budgets. More detail is now known about what helps and hinders, and about how direct payments can work for older people with dementia. The following are some of the key themes from the UK literature overview:

- **Independent living and older people: system and culture change** – direct payments are underpinned by the principle of independent living. Independent living means having choice and control over where and how to live and over support and assistance. This needs to be understood for older people, including those living with dementia. Independent living for older people may include managing a fluctuating or degenerative condition or sudden disability very differently from younger adults with more stable conditions. The amount of funding and choice of services on offer to older people can restrict their capacity to use personal budgets in a preventative way or for social and community activity. Restrictions can also come from attitudes towards older people and expectations that they will lead restricted lives.
- **Making choices and decisions** – for older people, their families and carers, including those living with dementia, making choices about care and support is a complex area. This complexity requires recognition in the context of personal budgets and direct payments, where informed or supported decisions are made at many stages. For people with dementia, the Mental Capacity Act (2005) can be used to support engagement in decision making.
- **Information and advice** – evidence shows this is a critical factor in making personal budgets and direct payments work for older people, their carers and families including those living with dementia. Different types of clear, accurate information and advice are needed at different stages in the personal budget or direct payment process so people can make the choice that is right for them. Information and advice is not just limited to that required by a

consumer, which is about knowing what services and support are available for purchase at time of planning. Awareness-raising information and advice about the availability of personal budgets and direct payments is needed, as well as that designed to support people making choices about which personal budget option to take. Information and advice must be available in a variety of ways as it is sought and accessed in different ways. It is vital for people to be able to access accurate information and advice, be it via trained and knowledgeable practitioners (including dementia advisors), peers, friends or family.

- **Direct payment support services** – it has been established that personal budgets and direct payments can work well for older people (including those living with dementia), their carers and families if the right information and support to use and manage the budget is available. This includes knowing about, and being able to access, direct payment support services to help with support planning, budget management, brokerage and aspects of recruitment and employment of staff such as personal assistants (PAs). This support and assistance should be available consistently and as required, not just at the beginning of the process. Budget holders, their carers and families should be able to access as much or as little assistance as they require, in line with the principles of independent living. The type of support offered by user-led organisations (ULOs) has been highlighted as being particularly effective if they have the capacity to meet the needs of older people, their carers and families, particularly those with dementia. Staff must have up-to-date knowledge of available direct payment support services.

- **Understanding allowance and spend** – evidence suggests that older people's personal budget allowance and spend is different to that of younger personal budget users, even if they opt for a direct payment. It appears that older people are less likely to use a personal budget or direct payment for more creative or innovative support and activity and their budget is often lower than for other service users. It has been difficult to achieve market diversification, innovation and choice for older people because care and support services are often still tied up in long-term block contracts which have not been decommissioned.

- **Budget management, monitoring and review** – managing a budget directly can be perceived or experienced as an administrative burden or too much of an additional responsibility. Older people with carers and/or family may be more likely to be offered a direct payment. If an older person is frail or is living with dementia, their carers and families are more likely to be managing the budget. Ongoing support and clear guidance about monitoring arrangements, clarity and degrees of flexibility about budget spend and carryover and access to ongoing advice is important. The role of the 'suitable person' in managing a budget for a person living with dementia should be explored. Monitoring and review of support should be regular and responsive to service user and carer prompts, particularly for people living with dementia, to take account of rapidly changing circumstances.

- **Risk management and contingency planning** – staff concerns about risk can lead to older people, and particularly those living with dementia, not being offered the direct payment option, or a restricted range of support choices. Positive risk-taking and concerns about

safety should be part of the conversation during the personal budget assessment and support planning process; this requires support and leadership from management and the organisation. Contingency planning is important for older people, carers and families using personal budgets and direct payments. This can range from having back-up cover for care and support if arrangements with a directly employed support worker or PA broke down or the worker needed to take time off sick, to maintaining an emergency contingency fund from possible underspend.

- **Time** – there are two distinct areas where time surfaced as having an impact on how well a personal budget or direct payment could work: a) sufficient time to explore and discuss all options at the beginning and to assemble a support plan and b) a reduction in the length of time and delays in council decision-making over assessments, support plans or reviews. Lengthy processes and delays can impact very badly on people living with dementia as it is a degenerative condition where circumstance and needs can change over time, sometimes rapidly.
- **Continuity and consistency** – a significant emerging theme to come from the research is the importance of continuity and consistency in relation to the people or organisation providing support and advice to older personal budget or direct payment users and to the people providing them with personal care and assistance. Being able to employ a consistent person or people with whom a relationship of trust and familiarity is established was very important. This is particularly emphasised for older people living with dementia.

- **Dementia: data and systems** – most significantly, research on direct payments and personal budgets for people living with dementia in England strikingly revealed that there appears to be no data being collected about people living with dementia who are receiving personal budgets or direct payments. There is a crucial need to address this lack of data and knowledge about older people living with dementia. Both the NHS and the local authority are involved in care and support for older people living with dementia, and it is recommended that they explore the opportunities that could arise from bringing together personal budget and personal health budgets to improve choice, control and integration for older people living with dementia. Research highlights the fact that personal budgets cannot be approached as a 'one size fits all' for older people with dementia, particularly as dementia is distinct from a stable physical, sensory or learning disability.

To conclude, the research shows that older people, their carers and families, including those living with dementia, can benefit from personal budgets, including direct payments, if they have the information, advice and support they require to empower them to use their budgets to exercise greater degrees of choice and control over their care and support and if they are sufficiently funded. The research suggests that issues concerning eligibility criteria; level of budget funds; understanding older people's independent living; service configuration and provision for older people and expectations about care and support need to be recognised and addressed.



# THE CURRENT POSITION FOR COUNCILS

## Numbers, outcomes and experience

In order to decide what needs to be improved and how this might be done, it is important first to establish the current position in councils. Are we on track to achieve the policy goals for people using personal budgets? What is the balance between managed personal budgets and direct payments and how is this developing? Are personal budgets improving outcomes for older people? How do the outcomes compare with younger people? Are there issues relating to specific groups on the ground? What is the experience of getting and using a personal budget for older people and their carers?

Data is far from perfect, especially on outcomes and on specific groups including people with dementia, but we do have some sources of information which allow us to develop a reasonable picture of the general position as regards older people. There is a regular ADASS survey which collects data on personal budgets numbers and the National Personal Budgets Survey has explored outcomes and experiences of personal budget users. In addition there are a number of pieces of research from a range of agencies focusing on specific issues or groups.

## Numbers

The latest ADASS survey tells us what is happening with personal budget numbers for older people. The number of older people using personal budgets increased by more than a third between March 2011 and March 2012 (NHS Information Centre data show an increase of 48%, but this includes one-off payments). Nationally ADASS reported 52% of those aged over 65 received personal budgets, excluding

one-off payments and carers (Information Centre data shows 37% including one-off payments, but uses all people who received a service during 2011-12 rather than those with a service at 31 March 2012). Since March 2011 there has been a greater increase in the proportion of people aged 65 and over who have personal budgets than for those aged 18 to 64. There has been some public and professional scepticism expressed about these developments. In particular some have noted that the significant increases are largely accounted for by increases in council-managed personal budgets and expressed concern that these may not be a good proxy for the policy intention of increased choice and control for people. The ADASS survey confirms that direct payment numbers have stayed stable and the percentage of personal budgets taken as DPs has fallen over the 12 months to March 2012, though the expenditure has increased by 30%, suggesting fewer lower and more high-value DPs.

It is true that people aged 65 and over are more likely to have a managed budget, with ADASS reporting 83% of all personal budgets in this form, while just over half of those aged 18 to 64 have a managed budget (IC data shows similar figures at 85% for over 65s and 54% for aged 18 to 64). Again, there were very significant local and regional variations, from averages of 7.3% to 21.9% using a direct payment aged over 65 in the different regions. It should not, however, be assumed that managed personal budgets cannot lead to choice and control and clearly the choice of a non-cash set of options is important. This is explored further below.

Footnote: 8: IBSEN (2007) Individual Budgets Evaluation: A Summary of Early Findings. 9: TLAP (2011) National Personal Budget Survey of service users and carers. 10: <http://www.in-control.org.uk/what-we-do/research-and-evaluation/poet.aspx>. 11: See accompanying reanalysis of National Personal Budgets Survey published on [www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)

## Outcomes

In the early stages of the development of individualised funding for older people the IBSEN study<sup>8</sup> raised challenges about the quality and equity of outcomes. Most recently, the National Personal Budgets Survey<sup>9</sup> published by Think Local Act Personal gives an indication of outcomes being achieved and people's experiences in a sample of English councils based on the experience of 2,000 personal budget users and carers using the Personal Budgets Outcomes Evaluation Tool (POET). POET was developed by In Control and Lancaster University<sup>10</sup> as a practical means by which councils can explore local outcomes and experiences of personal budget users in order to plan improvements. For the current review, Professor Hatton of Lancaster University undertook a re-analysis of the data with a focus on older people's outcomes and experiences<sup>11</sup>. The review explores outcomes for older people, compares them to younger people's experiences and considers possible reasons for different outcome experiences. It should be noted that as POET was developed as a practical tool for councils, the survey participants do not constitute a fully representative sample – for example direct payment holders are over-represented.

## Summary of the analysis

The majority of older people said personal budgets had a positive impact on their lives in seven out of thirteen outcome areas. Large majorities (70% or more) of older people reported personal budgets having a positive impact on them being supported with dignity and respect, and remaining as independent as they wanted to be. Substantial majorities (60%-69%) of older people reported personal budgets having a positive impact on them being in control of their support; having control

over the important things in life; getting the support they needed when they wanted it; and physical health. Smaller majorities (50%-59%) of older people reported a positive impact of personal budgets on their mental well-being (63%). Overall, small numbers of older people reported personal budgets having a negative impact on any of these seven aspects of their lives.

The majority of older people reported a positive impact of personal budgets in two of the remaining six outcome domains; relationships with people paid to support them and relationships with family members. Very few older people reported negative impacts of personal budgets in any of these six areas. Rather, a majority of older people reported personal budgets made no difference to whether they volunteered or helped in their local community, where they chose to live and who they lived with, their relationships with friends, and whether they felt safe.

## What leads to better outcomes?

- There is pervasive variation across councils on eleven of the thirteen outcome domains for older adults. This suggests that councils can have a major impact on outcomes by considering how they help older people through all stages of the personal budgets process. This is reinforced by the findings that older people reported more positive outcomes across the board if they felt their council had made all aspects of the personal budget process easier.
- How personal budgets are managed was linked to outcomes for older personal budget holders. Older people with direct payments paid directly to them reported more positive outcomes across four of the thirteen outcome domains; being in



control of important things in their life; staying as independent as they wanted to be; being in control of support; and getting the support they needed when they wanted it. Other mechanisms of personal budget delivery were not associated with any outcome domains for older people.

- It is important that personal budget holders are kept informed of essential aspects of their personal budget. Older people who did not know how their personal budget was managed or did not know the amount of their personal budget tended to report less positive outcomes in a majority of the outcomes domains.
- Of those older personal budget holders who could report the weekly amount of their personal budget, a greater weekly amount was associated with more positive outcomes across most of the outcome domains.
- The support planning process for the personal budget is critical. Older people who reported getting help with their support plan were more likely to report positive outcomes across twelve of the thirteen outcome domains, and older people who felt their views were more fully included in their support plan were more likely to report positive outcomes across twelve of the thirteen outcome domains. The source of support for planning with the most positive impact for older people appeared to be getting help from family and/or friends – people getting help from this source reported more positive outcomes across seven of the thirteen outcome domains.

## Summary

Older adults in the POET survey generally reported that personal budgets had a positive impact on their lives, although in some outcome areas they were less likely to report positive impacts and more likely to report personal budgets making no difference compared to working age adult personal budget holders. The other findings of the POET survey suggest some possible reasons for these similarities and differences in outcomes between older people and working age adults.

### 1. As with younger adults, for older adults better outcomes are robustly associated with an experience of personal budgets that conforms to the underlying principles of the personal budget process:

- Getting a personal budget in a form where the older person can exercise self-determination.
- Knowing what their personal budget is and what it is worth.
- Having a budget adequate for the person's needs.
- Getting helpful support (with input from family and/or friends) to design a meaningful support plan.
- Getting support from the council to guide the person through every aspect of the personal budget process.

### 2. However, older adults are less likely than working age adults to be getting personal budgets in ways that conform to some of the underlying principles outlined above, particularly:

- Getting personal budgets in the form of direct payments (and being more likely to get council-managed personal budgets).
- Knowing how their personal budget is managed.
- Getting personal budgets of a lower value.

It is unsurprising that older adults are more likely to report less positive outcomes if they are more likely to get personal budgets in ways that are associated with poorer outcomes for them. It is vital to remind ourselves of the large variation across councils in older people's experiences of every aspect of the personal budget process and the importance of these variations when considering outcomes for older people. There is nothing inevitable about councils delivering a poor personal budget experience for older people, and some councils clearly manage to deliver a highly effective personal budget experience.

- ### 3. Finally, the new analysis of the data on people's goals and whether these have been met suggests that older people may have some different priorities to working age adults in terms of what they want their personal budgets to do. Older people seem to place a greater emphasis on using a personal budget to maintain a desired status quo, particularly with regards to home and family. Given that older adults are also slightly more likely to report that their goals have been met, it is possible that a successful personal budget for many older people may be one that results in no changes to the person's life compared to their life before they required social care.



“If done properly and with enough time given to social workers, personal budgets can really increase quality of life and give real choice to individuals.”



# Implications of the research, numbers and outcomes findings

In outline, the review of numbers, outcomes and experiences suggests:

- Numbers of older people with personal budgets are increasing fast (though there is great variability).
- Older people in aggregate seem to place emphasis on some different outcomes from PBs than younger adults.
- Older people overall gain positive benefits from personal budgets though in some aspects less positive than younger people.
- A range of barriers to effective delivery of personal budgets, in particular direct payments, have been identified, along with potential solutions. Some groups of older people face greater or more specific barriers and delivery strategies will have to be sensitive to this.
- As for younger people, the positive benefits for older people are strongly linked to clearly identified “better” personal budgets delivery practice. Older people are less likely to experience this than younger adults and some councils are much more successful in delivering it than others.
- Direct payments are one factor leading to better outcomes and the ADASS numbers show older people are less likely to get a DP and the numbers have plateaued (though some councils are achieving high numbers).

Superficially these findings would suggest a straightforward strategy to capture then encourage and support councils to adopt the best practice used by those achieving most success in numbers and especially outcomes. Having said this, however, there are a number of challenges and complexities:

1. General strategies to improve take up and outcomes will need to be accompanied by approaches that respond to particular needs and circumstances.
2. Positive life outcomes are not the only issues to consider – for example, the issues of safeguarding and risk raised by ADASS have political as well as practical implications.
3. There are many practical complexities to be faced by councils and others in adapting systems and practices and very little free resource to use for this.
4. This is a major cultural change for the people commissioning and delivering social care and for those using it. For most older people, their carers and the staff working with them, the idea of individualised funding and taking choice and control over social care is very new. This has a number of implications, a key one being that increasing direct payments uptake will be challenging in the short term for many councils. This calls for balanced strategies making direct payments more attractive and easy to use while increasing the range of managed options offering authentic choice and control. This in turn places a premium on effective change management strategies.
5. These developments are taking place at a time of strong resource constraints which present practical challenges for councils, restrict budgets and can lead to reluctance on the part of people and families to change arrangements.
6. The improvement of personal budgets delivery arrangements needs to take place within a set of broader system changes that promote personalisation.

To consider how these issues might develop in practice we therefore turn next to the current practical experience of those in councils working to make personal budgets work well for older people.

## Council experience

In the 2012 ADASS personalisation survey councils were asked what challenges they had faced in making personal budgets work well for older people and what lessons they had learnt. Also in 2012, a survey of councils and people using social care in the North West explored challenging issues around the implementation of personal budgets<sup>12</sup>. Below, we list frequently noted challenges and actual or potential solutions identified by councils.

It was notable that large numbers of councils identified similar challenges, suggesting there are real practical issues to be tackled and allowing us to confidently identify them. These can be compared to the challenges from the literature so that a strong picture emerges.

It was also notable that as recognised in the POET survey many challenges were seen to be hindering effective implementation in general, not just for older people. Others were more specific to older people or impacted on them to a greater degree. We must beware of overgeneralisation: older people have a huge variety of needs (some but not all have dementia, some are depressed, some are physically frail, some are isolated – and so on). If we are to make a success of personalisation and personal budgets, then we need a family of sophisticated and flexible approaches that respond to this variability.

In the two surveys a picture develops of progress being made despite challenges in shifting culture, systems and practices towards self-directed support in very hard financial circumstances. There are specific, and in some ways greater, difficulties in respect of older

people. This should not be surprising given that individualised funding emerged primarily from the world of younger disabled people. These origins and the relative novelty in the world of older people seem to be having a number of impacts. Older people, their carers, commissioners and service staff are simply less used to individualised funding and self-directed support. The practical implications of this take time to work through. It may also be viewed by some as less relevant or appropriate for supporting older people as it was not originally developed to solve their perceived problems. Where these views are strongly held there may be reluctance to focus energy and efforts on making personal budgets work well or even resistance to them as not helpful or relevant.

Reviewing the ADASS survey returns, it is notable that at one end of the continuum a few councils seem quite pessimistic about their ability to make personal budgets work well for older people – listing many challenges but few solutions – while at the other end councils were much more positive, reporting relatively high levels of PBs and direct payments and listing a range of practical approaches that they were finding useful. For example:

*There are many positive examples of how moving to a personal budget has improved individuals' outcomes. If done properly and with enough time given to social workers, personal budgets can really increase quality of life and give real choice to individuals.*

Footnote 12:  
In Control (2012) Supporting the North West on Personal Budgets

*We have learned that where direct payments have been successful for older people and carers, it really has made a huge impact e.g. supporting people to employ those who speak their language and understand their culture, which is particularly important in such a diverse borough. Often traditional services cannot meet these needs anyway. DPs have also been very useful for those who needed to use their care hours flexibly depending on their fluctuating condition.*

*It is often assumed that older people will be reluctant to use personal assistants preferring instead to receive managed personal budgets. However, experience has shown that given the right level of support older people are willing to receive direct payments which they use to employ personal assistants. Uptake of direct payments and the use of PAs have increased significantly within this group. In one district we are now self-sufficient in PAs and very little use is made of conventional agencies.*

Most are in the middle of the continuum, seeing the possibilities of personal budgets for older people but still struggling to find ways of delivering on this potential. The survey responses from councils making good progress suggest that there are greater possibilities for progress than the more pessimistic councils fear. In the second phase of this review we will be exploring in some more detail those places and approaches that seem to be achieving greater progress in order to share their learning and experience with others.

## Managed personal budgets and direct payments

Government policy is that a significant proportion of personal budgets should be delivered as direct payments. Concern has been expressed that many older people might not want to use direct payments. At the same time scepticism about managed personal budgets offering authentic opportunity for choice and control has also been expressed. The dual challenge seems to be how to make direct payments genuinely and effectively available to those who want and could benefit from them and at the same time offer options for a managed PB that really does increase choice and control.

There was consistency amongst the majority of councils in the national ADASS survey that there is currently a strong propensity for most older people, especially those who were existing users of service, to opt for council-managed options. Despite significant expressions of scepticism about the authenticity of managed PBs, in the North West survey, respondents were frequently of the view that managed PBs, done properly, could extend choice and control and offered positive examples:

*"In my opinion most of the managed personal budget accounts are examples of good practice. A service user may struggle to administer the personal budget due to various factors, ...A managed account reduces pressure and time involved to effectively administer the personal budget account. Monitoring is up to date and any problems can be identified at an early stage. The citizen still has choice and control over who they wish to employ, agency of their choice, activities, respite etc."*

*"Managed personal budgets have enabled service users who have had problems recruiting or retaining personal assistants to remain on the personal budget scheme when they might otherwise have had to take a commissioned or directly-provided service."*

*"A service user who cannot speak following a stroke...it is very important to him to go the pub at lunch for an hour a day. When he had a commissioned service, they couldn't support this, and he was having falls at the pub because he wasn't being supported. We set him up on a personal budget, but he would be unable to manage this himself. We used Your Life, who support him with all aspects of the personal budget, and recruited staff specifically to work with him, including a male PA to support him to go to the pub. Having a personal budget means he can dictate when he needs the support so he can be supported at the pub at lunch."*

While most councils reported significant challenges in promoting direct payments to older people (see below), a significant minority reported apparently good successes and progress. Though the percentage of personal budgets taken as direct payments by older people averages nationally at 11.4%, they range from under 10% to over 70%. Thirty-five councils reported more than 20% and 15 of these were over 40%. Of course, there may be devil in this detail – for example, some councils may have high numbers of low value DPs. This does, however, raise the question, what is happening in the "successful" councils to allow them to achieve such figures, and what might be learned from them? In the second phase of this project we will explore this question. At this stage we would note that a wide range of possibilities are being explored within councils (see below). The surveys and research suggest that arrangements need to reflect the requirements of different groups of people, and of people at different stages of their life. Help is needed in particular for people who lack capacity to make decisions about the support they require, where the Mental Capacity Act is invoked. Responses from some councils and community organisations clearly indicate the presence of a wide range of specialist organisations, which could provide advice and assistance for personal budget users.





## SPECIFIC CHALLENGES AND POSITIVE POSSIBILITIES

The next section of the report looks in more granular detail at the specific types of obstacles identified by councils and in each case some of the ways they are attempting to address these.

A range of typical challenges were identified by councils in the ADASS personalisation survey – often, not surprisingly, reflecting those found in the research review. These are presented below and in each case we have also listed “positive possibilities” identified by councils in the survey and in the separate review of personal budgets delivery undertaken with North West councils.

As said above, given that many of the issues identified are relevant to both older people and other users of personal budgets, general improvements in the areas commonly identified as challenges would also clearly benefit older people. The councils also, however, identify issues which are likely to emerge from the experience and circumstances of older people or certain sub-groups of older people and challenges flowing from the relative novelty of self-direction in supporting older people. This suggests that strategies for improvement need to incorporate attention to both.

The challenges confirm that it is important not to approach personal budgets in isolation from other elements of systems and practices to support the health and well-being of older people. As we have said, a better approach is to view personal budgets as one part of a system and set of supports and to consider how they can most usefully play a positive part.

The challenges and possibilities also need to be placed within a general context of resource pressures. Many respondents identified challenges from these pressures that they felt hindered the positive shift to personal budgets. These included:

- a) Limited time available for assessments and planning.
- b) Staff capacity to undertake reviews and hence move people on to PBs.
- c) Workload pressures on assessment and support staff can lead them to choose faster, easier options for setting up support.
- d) Funding the provision of the necessary support to enable people to manage and make creative use of personal budgets, especially direct payments.
- e) Staff attention focused on managing council budgets distracting attention from new approaches and making creativity difficult.
- f) A view that councils may be able to purchase the same services cheaper than individuals and so are reluctant to encourage PBs.

These pressures are clearly significant and will remain for the foreseeable future. Given this, when considering positive possibilities for solving the more specific challenges, there is a premium on identifying solutions that are highly cost-effective and efficient, in particular any approaches that offer the win-win of reducing cost while improving outcomes and experience.

### 1. Reluctance to use personal budgets amongst older people and carers

#### Challenges:

In the ADASS survey, respondents frequently reported what was seen to be a reluctance to shift to PBs and in particular direct payments. Some of the (overlapping) suggested reasons given for this included:

- a) Older people and carers already using services preferring to stay with existing arrangements. There are a range of possible reasons – they are working well, fear (which may be justified) that change may lead to loss or reduction of service, fear of untried alternatives.
- b) People prefer “traditional” forms of support such as day centres and home care as it is typically provided and are less willing to consider alternatives. Sometimes it was reported that this especially applied to people who had been using services for some time, with a higher level of interest in new alternatives amongst people new to support.
- c) Personal budgets are seen as too complex and time-consuming (by people and carers) – including self-assessment, managing money, understanding resource allocation systems, charging, rules around use of PBs, tax rules for PAs etc. Some of these complexities are increased for some – for example, additional process when a mental health Care Programme Approach assessment is involved.
- d) People and carers not wanting to take on extra responsibilities especially employment, engagement with agencies, monitoring, accounting, managing PA cover.

- e) People are often not well-prepared to understand and choose options.

These take-up issues applied particularly in the case of cash direct payments. The majority of councils said that where older people were shifting to personal budgets, the strong propensity was to choose a form of managed personal budget rather than a direct payment.

#### Positive possibilities:

Councils identified a range of approaches being taken to support older people to consider the possibilities associated with personal budgets and to make their use palatable.

- a) Some councils were making strong efforts to introduce personal budgets as the regular way that social care is organised and present this positively using various means.

*“Introducing SDS as the usual way to receive services means people are more receptive and their families are able to take this on.”*

*“Positive explanations to encourage take-up. Gaining support from voluntary sector providers who can provide practical advice and information.”*

*“Engagement of family carers (and) good information and advice in advance about how the process will work.”*

*“It is recognised that older people may need increased support to think about outcomes and non-traditional models of support and value the expertise of the assessor in working through these issues and helping to develop support plans that show what is important to them.”*

*“ Working closely with voluntary organisations (such as Age UK) to provide training, information and advice to older people and their carers.”*

**b)** Work was taking place to help people and families consider alternatives to traditional forms of support.

*“ Encouraging a cultural shift to focus on enabling people to meet outcomes as opposed to a needs-led assessment. This has been supported via training for internal and external staff re outcome-focused support. This has involved encouraging both staff and service users to think more creatively which can be time intensive in initial stages.”*

**c)** Many councils reported the overhaul and adaption of a range of processes to make these work better and be more attractive to older people (and others). Examples included: undertaking a lean systems review of business process to streamline processes; co-producing a new self-directed support operating model, working with operational staff and customers to find ways to achieve greater flexibility, innovation, creativity and control.

*“ A key learning point has been the need to simplify all our paperwork and reduce the amount of form-filling needed to access a personal budget. This includes the explanation of process and any letters sent to service users. We are using these lessons learnt in redesigning our end-to-end processes.”*

*“ Lessons learnt from the POET evaluation, building the customer journey to identify blockages and identify resolutions.”*

*“ Some councils have dispensed with panels, particularly for smaller support packages: for example ... one council now permits first level managers to sign off the less costly packages and support plans. Others have modified their remit.”*

*“ A ‘Better for People’ project which sought to review and revise structures and processes so they were more customer focused. One result of this was the formation of new multidisciplinary locality teams. The teams brought specialist practitioners, finance and administrative staff together to work flexibly to meet the needs of adults in their locality.”*

*“ We have also introduced pre-paid envelopes and changed the monitoring timetable from three to four monthly financial reviews in response to customer feedback on reducing the financial monitoring burden.”*

*“ We are working to further improve our financial systems to ensure that the process of getting a personal budget is as streamlined as possible for the individual.”*

*“ A lighter touch approach to financial monitoring reduces the anxiety of the older customer about their responsibilities and reduces the amount of paper work the customer sends to the council.”*

**d)** A wider range of options for money management (direct payment or council managed) are starting to appear. These include e-cards, a range of third party arrangements and the development of individual service fund (ISF) arrangements.

*“ We are working on developing more options for people who do not want a direct payment but would like a*

*personal budget through a managed account, virtual budget, prepaid card.”*

*“ The next phase of making personal budgets more accessible to older people is through working with the voluntary sector including Age UK which will manage the personal budgets on the individual’s behalf. We have developed a specific model for this which will be rolled out in the next few months.”*

*“ Barriers such as capacity to manage the finances are often mitigated by using family members as appointees to manage the budget. We are also introducing a Managed Service Account, so that we can offer those who may not have suitable appointees the opportunity to have a cash budget managed by a third party organisation.”*

*“ Individual service funds and e-cards – when these facilities are introduced they will no doubt add to the flexibility of care provision and also ease some of the pressures on carers.”*

*“ To address difficulties in the use of direct payments the support service is developing: peer support networks, managed accounts, PA lists, online tools and use of “tablets”(e.g. iPad).”*

*“ Supporting older people to nominate a representative, third party or provider to receive the payment and reduce the administrative responsibilities to the minimum helps.”*

*“ We are seeing a significant increase in older people using direct payments to purchase agency support using a third party to administer their direct payments monies for them. This supports older people to exercise greater choice, control and flexibility over the service they receive but removes many of the ‘hassles’ - real and perceived - which could deter them from using direct payments; both in terms of becoming an employer but also in terms of paperwork and evidencing expenditure.”*

*“ We will be introducing pre-payment cards in 2012 and anticipate that this will encourage more older people to have a direct payment if they don’t need to manage a separate bank account.”*

*“ ..it is likely that there is a greater role for voluntary organisations like Age UK and for some older people who are afraid of holding the money we need more organisations to take on ISFs, development work is currently ongoing in this area.”*

*“ Opportunities for extending individual service funds are being explored further as well as making improvements to the advice and support available in managing direct payments to make this easier to manage.”*

*“ Approaches to broadening the range of managed services available is underway alongside other approaches to offering personal budgets such as developing individual service funds and increasing access to independent support brokerage.”*



## 2. The circumstances within which many older people come into or use social care makes use of personal budgets difficult

### Challenges:

Respondents identified a range of circumstances and associated challenges including:

- a) People often present to services in crisis when it would be inappropriate to introduce personal budgets.
- b) Sometimes services are set up post crisis that people become used to and don't want to change.
- c) There are often rapid changes to circumstances and needs, which make it difficult to adapt personal budgets in response.
- d) Budgets are often modest and need to focus on personal care, restricting scope for creativity.

### Positive possibilities:

It was notable that several councils are making strong efforts to think systemically, with personal budgets as one element of the social care pathway. To this end, several reported that they were linking their re-ablement and personal budgets processes and practices. Linked to this were proportionate ways of introducing personal budgets to people and families.

*"In-house re-ablement....promotes independence through provision of assistive technology, community equipment and specialised service at the point of pre-determination of eligibility - .. key to supporting older people....as well as reducing long term*

*dependence on the authority. Following this service.... a proportionate support planning process is offered For some people whose provision requirements are limited to more simple services and where they are requesting a straightforward provision this may mean that the means of arriving at a budget allocation is more straightforward itself. For people whose needs are more complex, an allocation will be carried out in a timely manner to achieve a long-term service to meet the needs identified within the re-ablement process."*

*"Partnership with enablement providers to get people thinking about ongoing care and support pathways where applicable."*

*"We are now introducing personal budgets early on in the care pathway, after a period of re-ablement."*

*"New service users are universally channelled through our re-ablement service and, where it is identified that an ongoing service is required, an interim managed personal budget is offered whilst PA recruitment takes place."*

*"Allowing time for older people to consider their options by providing a starter budget or interim support package means that older customers can consider how to use their personal budgets at a time and place suitable for them and enables carers and family members to be directly involved in support planning."*

*"We have adapted the process to allow for people to stabilise, recuperate before personal budgets are reviewed or offered."*

*"Generating awareness of personalisation*

*and personal budgets amongst older people has been a challenge. Due to this we have strived to make our self-directed support processes within the care management teams concise so service users are informed clearly of what personal budgets are and how to access them."*

## 3. Workforce issues

### Challenges:

These include cultural, training and practice development issues:

- a) Cultural challenges for staff responsible for assessment and support not seeing personal budgets, and in particular direct payments, as appropriate for older people – leading to a lack of promotion to potential users.
- b) Challenges skilling up and preparing assessment and support staff to promote and support people to use personal budgets (including financial aspects, rules for use of PBs, knowledge of and engagement with information, advice and guidance).
- c) Workers in older people's teams are less used to having long-term relationships with people to support plan over time than those working with younger disabled people (larger caseloads).

### Positive possibilities:

Councils are taking a range of approaches to helping staff adapt to the ideas and practices associated with personal budgets so that they are better able to engage and support people. These range from systematic, medium-term training and development investments with frontline staff, to elements specific to particular challenges. Councils have also identified that this is not just about

training but about having processes that are in synergy with, and support expectations on, frontline staff.

a) Guidance, training and development. *"A staff toolkit based on an Empower and Enable Approach with comprehensive guidance about how personal budgets work has helped."*

- *Comprehensive staff guidance and quick look guides have been produced for staff to enable them to support older people with these options.*

- *Training on the new SDS toolkit has been provided for all staff who work with older people to help them consider how personal budgets can benefit older people and their carers.*

- *The council has employed three senior practitioners to support the implementation of the new approach including one to mentor and coach workers in the older people's service areas. This work also includes staff working in older people's mental health services."*

*"The Social Care and Support Business Unit continues to have a personalisation/ SDS 'Embedding Practice Group', with an associated work plan. This is in recognition of the fact that fully embedding personalisation is a long-term culture change."*

*"Through collecting customer and carer stories on their experiences of personalisation both from the early days of being an IB pilot site and through the customer and carer reference group, one of the most important issues older people identified was that when they have had good quality information they felt more able to make an informed choice. Incorporating this type of*

*learning into staff training has meant that staff have had to question some of their own assumptions about which options for taking personal budgets is the most appropriate for particular customer groups."*

*" Undertaking DP briefings for staff to advise of changes to policy, increase their knowledge and understanding to assist in the promotion of DPs and help people to make an informed choice."*

*" Training staff so they can promote DPs at each stage of the user journey."*

- b)** In response to the relative novelty of self-directed support for older people some councils have taken approaches which merge or make stronger connections across teams.

*" We have recently restructured area teams and amalgamated older people and physical disabilities staff which has proven helpful with the need for a cultural change in approach to support individuals to make their care choices."*

*" Changing care management teams defined by age and disability to generic teams and introducing an initial assessment team to support personalisation and a cultural shift towards independence."*

- c)** Other councils have introduced "challenges" to existing practice.

*" User-led organisation and assessing/ reviewing staff working together to change culture."*

*" The challenge is in increasing the number of people who choose the 'cash' option. We have introduced some questions in people's care plan."*

**"We have recently restructured area teams and amalgamated older people and physical disabilities staff which has proven helpful with the need for a cultural change in approach to support individuals to make their care choices."**



#### 4. Information advice and guidance

##### Challenges:

Survey respondents identified a range of information related barriers to getting and using personal budgets including:

- a)** Low public knowledge and understanding of the option of personal budgets limiting interest.
- b)** Information on PB/DP that is not easily understood or used.
- c)** People's early involvement with other professionals (often health) who may not be aware of personal budgets and options for their use.
- d)** Limited information on how people can use either direct payments or managed budgets differently.
- e)** Some locally trusted sources of information and support (older people's organisations) not always promoting positively.

##### Positive possibilities:

- a)** A number of councils in the surveys were taking and planning steps to improve information, advice and guidance both in general and with specific objectives including increasing direct payment take up.

*" Direct payments information factsheets have been recognised as best practice examples regionally and will form the basis of a template document for a national council best practice toolkit. A regional lead will be presenting, within a report to ADASS, a version for councils to adopt as best practice based on the council's direct payments toolkit."*

*" Simple and clear customer pathways co-produced one-page leaflet and step-by-step guide to the self-directed support process."*

*" We know from our single point of access that the main referrers for older people are primary and secondary health practitioners. Therefore, we need to make greater inroads in terms of educating GPs, district nurses, community matrons so that the first conversation that they have with older people is positive about choice and control and directing your own care through DPs."*

*" We are reviewing all our direct payments information to make sure it is more accessible."*

*" Developed a suite of information to support direct payments."*

*" There is a need to build confidence and increase knowledge of options for use of personal budgets amongst older service users. For example, we closed two day services for older people last year, and as part of the process allocated social workers to each person to ensure they were supported to understand the full range of possibilities their personal budget could fulfil, and provide them with knowledge of the market of support available to them."*

- b)** Several councils reported on how they are engaging with trusted local sources of information and advice.

*" Older People Forums to promote and publicise self-directed support."*



*“ Locally, we are working with Age UK... to promote personalisation in the county with trained volunteers who will be visiting people aged 55+ to talk through the options and benefits of personalisation.”*

*“ Good communication and engagement is essential, as is a marketing approach to ‘selling’ the advantages of personal budgets. We have many good news stories to share with people and use our user-led organisation and other groups to champion the advantages of personal budgets.”*

## 5. Supporting people and families to plan and use personal budgets

### Challenges:

Respondents identified:

- a) The support planning approach is more unfamiliar in older people’s support than that for younger disabled people and there is lack of a tradition of creative support planning with older people and families.
- b). Many people lack local friends, family or other support to manage and use personal budgets.
- c) Assessment and support teams finding co-production of support plans takes more time and can take place over an extended period.
- d) Alternative forms and sources of support underdeveloped – often leaving stretched local authority staff as the only option. People with dementia and others lacking capacity in particular needing third party support/brokerage/peer support.



### Positive possibilities:

Positive practice and possibilities identified in the surveys included strengthening elements of support planning and brokerage (including people lacking capacity or needing additional support), introducing “missing” elements and externalising elements of support planning to trusted sources of support.

*“ We have in place a model of external support planning which will further help the shift away from traditional packages and help overcome a sometimes risk adverse culture amongst staff which should give older people greater control over how they use their personal budget.”*

*“ Support planning with service users – giving up some of our “power” in favour of .. service users to determine their own care and the way it is delivered to them has been beneficial to both parties. It has lead to joint ownership and given service users more flexibility.”*

*“ Use of Age UK .... and (using) Get A Plan to provide support planning has been well received by customers.”*

*“ A support brokerage pilot in 2011 provided a resource for care managers to refer cases where more time was needed for creative support planning. An outcome of this pilot is a plan to continue a brokerage... service across adult social care in 2012.”*

*“ We are currently in the process of externalising our brokerage function and actively seeking user-led organisations to become new providers of this service.”*

*“ Use community groups/peer support to assist with support planning.”*

*“ We need to do more work around creative support planning and we are working with the over 50s forum to help them see real examples of how we can do things differently.”*

*“ What we are learning from this is working with family members to take on this responsibility is a more positive approach to ensure people can become used to cash budgets and feel supported in doing so.”*

*“ (the) council needed to transform its direct payment process to make direct payments more attractive to older people and their carers. We are currently tendering for an enhanced support service to help inform and guide those customers who wish to take up this more personalised approach to arranging their care and support.”*

*“ We have extended our monitoring support to support those customers who need a regular home visit to review how their cash budget is being managed due to capacity or mobility issues. ”*

*“ We are strengthening internal procedures to instigate more robust challenges to support planning to ensure a full range of options and support alternatives have been explored with service users.”*

## 6. Market development

### Challenges:

A very common concern in the ADASS survey was that good take up and use of personal budgets was being hindered by the lack of a market of good alternatives to existing services and models and lack of flexibility amongst existing providers. Expressed concerns included:

- a)** Market development has not kept pace with the shift to personal budgets so there is a lack of new options for people to purchase – examples included lack of alternatives to traditional day services or homecare (including homecare providers not adjusting to personal assistants).
- b)** Existing contracts with providers constrain creativity.
- c)** People are often buying what they bought before – no two-way development of the market.
- d)** Providers don't see sufficient scale personal budgets development and therefore focus on winning council contracts.
- e)** Undeveloped personal assistant market.
- f)** Insufficient work to link PB and market development strategies – aggregate use of PBs and develop and implement commissioning intentions to drive market change.
- g)** Difficulties in micro-commissioning at a local level, where the RAS allocation is small but framework agreement providers are unwilling to provide support at a lower cost.

### Positive possibilities:

- a)** Councils described ways of working with external providers to individualise their offer and make them more outcomes based.

*"We have responded through re-modelling individual service funds... The model works specifically with domiciliary care providers to provide a framework which they sign up to. This framework outlines the conditions such as personalised and flexible working arrangements, but allows the provider to state the price they wish to trade at which is all in the public domain on shop4support. The provider then holds the personal budget on behalf of the client and provides the direct support. ... An increased efficiency is that we pay the net cost to the provider and have an agreement with the client that they pay their financial contribution direct to the provider. We are finding this encourages an increased sense of responsibility on behalf of the client to both manage and monitor the quality of the service they receive. The outcome has meant very few service failures, an increased level of customer satisfaction and a much more efficient service."*

*"Many older people do not want to manage direct payments but are interested in a more direct relationship with the provider. This has highlighted the need for the development of domiciliary care providers to manage changing requirements by developing smaller geographical self-managing teams and changing their infrastructure to be more responsive to customers' wishes."*

*"We are increasingly using more flexible approaches to commissioning support from specific organisations through spot contracts, where customers want more choice than traditional council-managed services, but do not want to manage a cash budget."*

*"We are introducing outcomes-based homecare in 2012."*

*"Providers of homecare packages have had to embrace the flexibility we have given our service users and bring their provision in line with ours."*

*"It has been recognised that for many older people locally there may not have been a significant shift in the style of services they are receiving under personalisation. This realisation has informed the current phase of the personalisation programme in (the) council which is focused on how to develop an improved focus on outcomes to ensure that all service users, including those opting for council-managed budgets enjoy similar levels of choice and control."*

*"Reframing our commissioning approach to enable a community market to be responsive and flexible in delivering real outcomes for local people."*

*"An updated domiciliary care contract focused on outcomes and supporting a more direct relationship between the older person and the providers."*

*"Market development to improve provider's engagement with people wishing to spend their budget with them."*

- b)** Some are re-organising in-house supports to make them work better for those using managed personal budgets.

*"The council is currently undertaking a redesign of day opportunities; the emerging model provides high levels of advocacy support to individuals with needs around social interaction and involvement in community, to link them into community and neighbourhood sources of support."*

*"We are now working with day centres to move them into a market economy and are supporting older people to examine alternative uses of their DPs, which we will use to promote alternatives to those people sticking with the personal budget."*

- c)** Attention is being paid to workforce supply and suitability.

*"We are developing a personal assistant register, and have invested in other areas such as apprenticeship schemes."*

*"We are working with local providers to support person-centred approaches and to develop workforce."*

*"Developing some solutions to improve the support available to direct payment recipients."*

*"Promoting the role of personal assistants/micro-providers, and expanding the involvement of third party support agencies."*



## 7. Helping people stay safe

### Challenges:

It was notable that councils did not identify safeguarding so strongly as a challenge to the effective use of personal budgets as has arisen in previous surveys and reviews. However, issues were raised by some councils – chiefly:

- a) The need for safeguards to avoid abuse of people and the system.
- b) Concerns that unregulated services may increase risk, especially financial.

### Positive possibilities:

*“ Co-located safeguarding and complaints and information team.”*

*“ We have developed our financial safeguarding protocols to ensure that older vulnerable people, especially those with deteriorating mental health, are protected.”*

## CONCLUSION AND NEXT STEPS

The challenges and positive possibilities identified by councils make an important contribution to the review. They help take us from research findings to real-world issues, perceptions and strategies. This project aims next to provide practical advice and assistance that can be implemented and have the desired impact in the complex and often pressured circumstances that councils and their staff work within.

If you or your organisation have examples of positive practice, please get in touch with us by 1 March 2013 at [thinklocalactpersonal@scie.org.uk](mailto:thinklocalactpersonal@scie.org.uk)

### Our next steps are:

1. To publish this report as the product of phase one of this project.
2. To invite ideas via various routes including ADASS, the TLAP self-directed support forum and partnership members, organisations representing older people and carers. This will focus on the identified challenges and possible solutions inviting additional ideas and approaches.
3. Detailed exploration of some of the key elements of promising practice and strategies in local areas and the construction from these of practical strategies for deployment to improve the position in other areas.
4. Preparation of recommendations for central and local government and for others including providers and organisations representing older people and carers.
5. Support to the Towards Excellence in Adult Social Care to advise councils.

**[www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)**

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