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EXPERT BRIEFING PAPER 3

Resource Allocation in Adult Social Care: Lessons from Research

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Why	**Evidence to inform local practice and processes**
What	**Research findings:** **Approaches to resource allocation** **Determinants of resource allocation** **Citizen priorities** **Agency priorities** **The contribution of carers** **Resource allocation lessons**
Where	**Adult social care – adults with a learning disability and older people**
For whom	**Managers and practitioners**

Introduction

The issue of matching resources to needs remains an enduring challenge for social care. Determining how public resources are allocated according to competing demands, local conditions and the needs and circumstances of service users is at the heart of social care practice. This is the case both for policymakers and for local managers and practitioners. The challenge is to develop a credible resource allocation system in which the needs of individuals can be related clearly to the resources expended, whether narrowly in terms of difficulties in caring for themselves or others, or more broadly in terms of aspirations. Moreover, resource allocation mechanisms must be clear, fair, defensible, workable and delivered within budget. The criteria which underpin them must be both valid (with resources allocated accurately according to level of need) and reliable (where the methods used with similar groups of people produce broadly similar findings).

Early resource allocation systems, principally involving professional judgement, did not always explicitly address these criteria. Equally, the development of more user-centred and 'individualised' systems as part of the personalisation agenda in social care, *of itself* does not necessarily guarantee that the allocation systems subsequently developed will be valid and reliable.

Current resource allocation systems, linked to personal budgets in adult social care, are argued to promote greater choice, self-direction and to move away from a focus on deficits (ADASS, 2010). However, they also pose very real challenges for practice relating to: 'sensitivity', i.e. whether systems accurately apportion resources to those with needs arising from conditions that may not be correctly identified such as undiagnosed morbidity, owing to reliance on self-report; and 'coverage', since systems may be based on only a small amount of information from assessments, thereby neglecting needs that may have potential cost raising attributes. The evaluation of individual budgets highlighted the difficulty of developing a reliable and acceptable mechanism to allocate resources between people in different circumstances (Glendinning et al., 2008). Personal budgets continue to be viewed by some as central to enabling the provision of good quality services that are joined up around the needs of individuals and their carers (ADASS, 2015).

The research was commissioned by the National Institute for Health Research School for Social Care Research and undertaken by the Personal Services Research Unit at the University of Manchester. The study aimed to promote a greater understanding of resource allocation in adult social care and specifically has explored some of the factors which influence this process relating to older people and adults with a learning disability. It was conducted between 2012 and 2014. Whilst this study was undertaken shortly before the implementation of the Care Act 2014, the findings remain highly relevant to the process of resource allocation. Indeed, the changed financial guidance regarding eligibility for support in the Care Act 2014 increases its salience. Implementation of the Care Act 2014 was influenced and supported by Think Local Act Personal guidance (2014), based upon work in 12 local authorities. This study complements and adds to this using information from a variety of sources:

i. A scoping review of the literature relating to resource allocation processes within adult social care.
ii. Analysis of tools used by local authorities to determine the level of resources individual service users receive.
iii. Empirical analysis of routinely collected assessment data (using the FACE overview assessment v6).
iv. Consultation with older people and with adults with a learning disability.
v. Consultation with senior managers to ascertain agency priorities.

The origins of the evidence are included in brackets in the study findings presented below.

Approaches to Resource Allocation

The study identified several approaches to the allocation of resources. Points-based approaches were most common, such as that developed by In Control (Tyson et al., 2010) and the Common Resource Allocation Framework (CRAF) developed by the Association of Directors of Adult Social Care (ADASS, 2010). These employed a self-assessment questionnaire and a scoring system leading to a price per point based indicative allocation. A number of authorities used a system provided by FACE (FACE Recording and Measurement Systems, 2012), which is based on a mathematical algorithm to allow for the interaction between needs. A ready reckoner approach with a focus on outcomes to a varied extent was also evident and was typically based on hours of home care required. Examples were also found of block contracts being divided into individual service funds with the budget held by a provider. The latter has increasingly become a means of managing personal budgets for domiciliary care. (i, ii)

In authorities using a points-based approach, the majority used the same resource allocation tool for all relevant user groups. Where this was not the case, some had a core assessment with additions to reflect the needs of different user groups and others employed different assessment tools for each service user group. With regard to the mechanism of translating assessment information into indicative budgets, authorities adopted differentiated approaches by either using different point matrices or using a separate price per point allocation for each care group, to reflect historical patterns of spend and current market costs. (i, ii)

Variation was evident across authorities in the extent to which the domains of need shown in Box 1 were included in the resource allocation tools. For both older people and adults with a learning disability, the IADL domains were included in almost all the tools and ADL domains in about two-thirds. The individual domain items ranged from all tools (danger to self/others

and participate in activities you enjoy) to less than a third (continence). The learning disability specific domains ranged from almost all the tools (further education/work) to less than a third (use of sign language). (ii)

Box 1: Resource allocation tool domains

Generic	**Older people specific**
IADL – make hot drink/snack	Cognitive impairment
IADL – make hot meal	Mood state
IADL – housework/cleaning	
IADL – shopping	**Learning disability specific**
ADL – mobility in home	Engage in further education, work or other
ADL – toileting	structured learning
ADL – transfer (bed/chair)	Understand and express views
Danger to self/others	Challenging behaviour
Participate in activities you enjoy	Use of sign language
Health status	
Risk of falling	
Living situation	
Continence	

Determinants of Resource Allocation

Eight needs-related outcomes were identified to guide the analysis (Box 2). These were derived from the literature regarding service users' attainment of objectives important to them. They were informed by existing frameworks including the CRAF and the In Control model. The outcomes chosen had to be: relatively comprehensive; relatively few in number; and those for which information was available in the empirical data obtained on resources allocated to service users in some 20 local authorities (Face Recording and Measurement Systems, 2012). Service user and area level characteristics were also included in the statistical modelling. The outcomes were ranked to represent their importance in explaining actual resource allocation.

Box 2: Service user needs-related outcomes

- Activities of daily living (ADLs) - fulfil basic necessities for ADLs.
- Instrumental activities of daily living (IADLs) - live independently through continuing those tasks necessary to live at home.
- Social relationships - maintain social relationships.
- Active citizen - participate actively as a citizen.
- Care for others - care for others, if they need to.
- Safety - stay safe and secure.
- Carer burden - ensure that their family carer, if they have one, can continue caring.
- Psychological well-being - maximise their psychological well-being, including a feeling of choice and control over their own life.

The study revealed several important findings:

- Different outcomes determine resource allocation for different user groups. ADLs and IADLs were most influential when predicting resource allocation to older people. However, for those with learning disabilities carer burden was most influential. (iii)

- The data showed the importance of personal characteristics in influencing resource allocation. For example, those living alone received more than those living with family

or friends. These user-level characteristics were more influential in the allocation of resources to people with a learning disability. (iii)

- Area-level characteristics, beyond the control of service managers, also influenced resource allocation. For example, more resources were allocated to those living in areas with high deprivation. These characteristics were again more influential in the allocation of resources to people with a learning disability. (iii)

- After all these factors were accounted for, there remained a great deal of variation in the resources allocated that were unexplained. This was especially true for resource allocation for adults with a learning disability; only around 40% of the pattern of resource allocation was predicted by the needs-related outcomes plus personal and area-level characteristics. (iii)

Citizen Priorities

Views of adults with a learning disability

The views of twelve citizens with a learning disability were canvassed using an approach developed and delivered in partnership with two advocacy organisations. Working in two groups, participants were asked to complete three exercises to prioritise the eight needs-related outcomes as a basis for the rankings. These results were then combined to form a consensus group ranking.

Table 1: Priorities for adults with a learning disability

Needs-related outcomes	Description	Average (%)	Ranking
Psychological well-being	Feeling in control of my life	18	1
Active citizen	Opportunity to take part in my community	17	2=
Safety	To keep myself safe	17	2=
Activities of daily living	Support my daily living needs	15	4
Social relationships	Spending time with my friends and family	14	5
Instrumental activities of daily living	Looking after my home	13	6
Carer burden	Support to my carer	6	7
Care for others	My role as a parent and carer	1	8

As noted in the Table 1, in the consultation exercise, participants prioritised needs-related outcomes relating to themselves rather than those relating to their carers or their caring responsibilities. The outcomes of psychological well-being, active citizen and safety were identified as the most important by citizen representatives (iv). However, as noted above, the empirical data showed that costs were most influenced by the outcome of carer burden (iii).

Views of older people

The views of 436 older citizens were canvassed in a postal survey developed in conjunction with a group of older people and administered through a voluntary organisation to people interested in issues affecting older people. Participants were asked to identify the three most important areas of need and these were transformed into a consensus group ranking. Four-fifths of respondents were aged 70 and above.

Table 2: Priorities for older people

Needs-related outcomes	Description	Average (%)	Ranking
Instrumental activities of daily living	Helping me with day-to-day activities in the home (e.g. preparing meals, cleaning, laundry, shopping)	29	1
Activities of daily living	Help me to look after myself (e.g. washing, dressing, using the toilet)	27	2
Safety	Helping me to stay safe (e.g. reducing the risks I feel and providing reassurance when I need it)	12	3
Active citizen	Helping me to get out and about in my local community (e.g. going to a local café, pub or community centre; being involved in local organisation; engage in work or training)	9	4
Carer burden	Helping my carer to look after me (e.g. husband, wife, children or friend who helps on a regular basis)	7	5
Care for others	Helping to care for others (e.g. husband, wife)	6	6
Psychological well-being	Helping me to make decisions about my life (e.g. what I do each day; my longer term plans)	5	7=
Social relationships	Helping me to keep in touch with and spend time with family and friends (e.g. visiting them)	5	7=

As noted in Table 2, in the consultation exercise, participants prioritised personal assistance provided within the home: instrumental activities of daily living and activities of daily living (iv). Interestingly, as noted above, the empirical data showed that actual resource allocation was most influenced by these outcomes (iii). Conversely, outcomes relating to support given to and received from carers and those relating to well-being and social relationships were identified as the least important (iv).

Agency Priorities

All Directors of Adult Social Care within English Local Authorities were invited to complete an online survey regarding the distribution of resources, for adults with a learning disability and then for older people. Respondents were asked for each of the service user groups to apportion resources across the eight outcomes as a percentage. These results were then combined to form a consensus group ranking for each service user group. A response rate of 34% was achieved.

The agency perspective: learning disability

Table 3: Agency priorities for adults with a learning disability

Needs-related outcomes	Description	Average (%)	Ranking
Activities of daily living	Fulfil basic necessities for daily living (e.g. washing, dressing, toileting)	23	1
Safety	Stay safe and secure (e.g. free from substantial risk, danger or harassment)	20	2
Carer burden	Ensure that their family carer, if they have one, can continue caring for them	13	3
Psychological well-being	Maximise their psychological well-being, including a feeling of choice and control over their own life	12	4
Instrumental activities of daily living	Live independently through continuing household tasks (e.g. preparing meals, cleaning, doing paperwork)	12	5
Active citizen	Participate actively as a citizen (e.g. through work, training, cultural or leisure activities)	10	6
Social relationships	Maintain social relationships (e.g. spending time with friends or family)	7	7
Care for others	Care for others (e.g. partners, other family members)	3	8

In the consultation exercise, Table 3 shows participants prioritised the need outcomes relating to activities of daily living and to personal safety (v). As noted above, the empirical data showed that costs were greatly influenced by the outcome of ADLs, with, safety considered as less influential (iii). The outcome of carer burden was identified as most influential in the empirical evidence and was also considered to be of importance to these participants (iii, v).

The agency perspective: older people

Table 4: Agency priorities for older people

Needs-related outcomes	Description	Average (%)	Ranking
Activities of daily living	Fulfil basic necessities for daily living (e.g. washing, dressing, toileting)	30	1
Safety	Stay safe and secure (e.g. free from substantial risk, danger or harassment)	19	2
Carer burden	Ensure that their family carer, if they have one, can continue caring for them	14	3
Psychological well-being	Maximise their psychological well-being, including a feeling of choice and control over their own life	11	4
Instrumental activities of daily living	Live independently through continuing household tasks (e.g. preparing meals, cleaning, doing paperwork)	9	5
Social relationships	Maintain social relationships (e.g. spending time with friends or family)	6	6
Active citizen	Participate actively as a citizen (e.g. through work, training, cultural or leisure activities)	6	7
Care for others	Care for others (e.g. partners, other family members)	5	8

Highly prioritised within the consultation exercise were activities of daily living as shown in Table 4 (v). This was also reflected within the empirical data, with costs most influenced by

this outcome (iii). In contrast, psychological well-being was ranked much higher in this consultation than within the empirical evidence (iii, v).

The Contribution of Carers

The extent to which informal carer support was included in the service user's resource allocation tool varied. Sometimes the needs of the service user were treated as distinct from the support the carer provided. For example, in a points-based system described as 'carer neutral', allocation for the service user took no account of informal carer support and remained separate from it. (i, ii)

Analysis showed that the amount of resources allocated to both older people and adults with a learning disability was inversely proportional to the amount of care undertaken by informal carers, i.e. those who reported a higher level of reliance on their carers, were expected to be allocated fewer resources (i). This was also reflected in the empirical data where those with carer support received fewer resources (iii).

Resource Allocation Lessons

Variations in the application of resource allocation processes continued following the introduction of personal budgets. The literature reveals differences in allocation between user groups and how informal care is taken into account. There is also evidence of local authorities generating indicative budgets, the imposition of an upper limit on a personal budget and the use of panels to scrutinise individual allocations as a means of addressing complexity and managing finite resources. Other reported approaches to budget management have included recognition of the need for specialist input ('inflators') and that, in specific circumstances, support could be shared ('deflators'). These are all illustrations both of the exercise of discretion in the resource allocation process and of checks and balances on its influence. As illustrated here, many pre-dated the introduction of arrangements for the allocation of personal budgets. Three issues emerge which can be construed as lessons to guide the development of resource allocation processes in adult social care. These are described in more detail below.

Multiple policy initiatives influence resource allocation processes

To understand current resources allocation mechanisms in adult social care it is important to place them in context. Following the introduction of the community care reforms in the early 1990s a number of policy themes pertinent to the allocation of social care resources can be identified (see Box 3 below). All remain salient factors following the implementation of the Care Act 2014.

Box 3: Policy themes relating to resource allocation

Theme	Explanation
Eligibility criteria	The threshold of access to publicly funded services
Assessment of need and support planning	Arrangements to identify and record needs of service users and care/support planning
Resource allocation processes	The process of tailoring identified needs into appropriate levels of care and support
Carers	The needs and contribution of carers
Finite resources	Managing resources for care and support in a context of rising need

Discretion is intrinsic to the process of resource allocation in social care

Historically, the use of discretion was an accepted part of the complex process of resource allocation in adult social care. Research demonstrated that it was present at multiple points within the assessment and support planning process, exercised by both practitioners and managers in a variety of forms. Studies of care coordination arrangements revealed that decisions about eligibility for assistance and assessment practice varied across types by team and settings, with staff in specialist teams enjoying a greater degree of professional autonomy. It was also demonstrated that at times criteria applied by care managers in the allocation of resources were unclear and inconsistent and decisions varied consequently. Attempts to explicitly match needs to resources were evident in the classification of service users to groupings and construction of corresponding care packages, in effect indicative budgets, to guide the exercise of discretion by practitioners and managers.

Limitations of resource allocation tools

Following the introduction of personal budgets, several approaches to resource allocation were identified. However, there remains a lack of empirical evidence underpinning these resource allocation processes operating at the level of the individual. Reliance on a resource allocation tool derived from unproven techniques, which have not been subject to psychometric evaluation, is undesirable since it is unlikely neither to be sensitive to complex and multiple problems nor to reflect the specific needs of different service user groups.

Concluding comments

Overall, the findings from the research study demonstrate that the processes that underscore the allocation of a personal budget are complex. Resource allocation within adult social care necessarily encompasses multiple perspectives and requires that local authorities view it as integral to the process of assessment and support planning and have robust but sensitive financial management arrangements in place to monitor expenditure.

Acknowledgements

This study presents independent research funded by the National Institute for Health Research (NIHR) School for Social Care Research (SSCR). The views expressed are those of the authors and not necessarily those of the NIHR, SSCR, Department of Health, or NHS.

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