The Individual Budgets Experience: Processes and Perspectives

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Key Questions

• How were processes of identifying needs and providing support undertaken?

• What were the implications of these for staff?

• What were the training and boundary issues which emerged?

• What were the perspectives of service users?
Eligibility and Access

- Formal eligibility criteria remained in place in relation to access to social care
- No real impact on FACS
- Decisions whether to offer an IB determined by factors such as ability to manage money, capacity, understand arrangements
- Some increased uptake by some people in mental health services

PSSRU
Personal Social Services Research Unit at the University of Manchester
Identifying Need/Assessment

- Processes not greatly changed in pilots but growing use of self-assessment and outcomes focus
- Assessment frequently involved self/mediated assessment as well as community care assessments.
- Mediated assessments often through family, care managers and other professionals.
- Integration of information from several different sources (SA, CCA, carers, other agencies) increased
Allocating Resources

- In most (not all) sites Resource Allocation System (RAS) tool was developed

- RAS itemised different kinds of help/need and translated into a sum of money for the budget

- RAS and Assessment information often subject to panel scrutiny to make final decision

- Some concerns about sensitivity and validity of such tools, despite apparently greater clarity. May also give inappropriate incentives (“points mean pounds”)
Deployment options

- 67% IB managed as a DP
  - MH (89%) more likely
  - OP (56%) less likely
- 20% managed by local authority
- 13% managed by an agent
- 1 IB administered through a Trust
- 4 had services organised through a provider
Support planning and arrangements

• IB frequently offered as a direct payment, other approaches less evident.

• Often involved considerable input from care managers given opportunity for greater flexibility of response. Assist in setting priorities and identifying solutions

• Limited role of external agencies, used more for service arrangement than support planning

• Very limited integration of funding from other sources than social care in to budgets (Like personal budgets). Only Supporting People funding integrated to any extent.
• Much of expenditure was directed to meet personal care needs

• Differing views as to what were boundaries of legitimacy and acceptability in use of social care funds

• Balance between care needs and leisure needs was a concern
## Examples of wider activity

<table>
<thead>
<tr>
<th>Accommodation (N=24)</th>
<th>Employment and occupation (N=16)</th>
<th>Health-related (N=3)</th>
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</thead>
<tbody>
<tr>
<td>Cleaning service</td>
<td>Going out: trips/cinema etc</td>
<td>Private health care</td>
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<tr>
<td>Decorating service</td>
<td>Classes/arts and crafts</td>
<td>Massage for carer</td>
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<td>Gardening service</td>
<td>Gym membership/swimming</td>
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<td>Computer maintenance</td>
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<td>Admission fees for service user and PA</td>
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Use of mainstream services

- IB seen as inadequate to purchase much else given primacy of basic needs
- Fear of losing hard won services
- Security and continuity of care
- More shopping around
- More flexibility over use of agency hours
Monitoring and review systems in most sites were no different to those for people receiving conventional social care support, and these varied.

Differences lay in a focus on:

a) whether the support was being delivered as intended (rather than the quality of outcomes), or

b) as a means of reviewing resource allocation in the light of outcomes
Deployment of Budget options

Room for considerable local and individual flexibility, though not common

- Cash direct payment
- Care manager-held ‘virtual budget’
- Service provider-held ‘individual service account’
- Third-party individuals and trusts
Some Key Issues

• Findings raise need for flexible deployment of personal budgets within care management; a challenge for LAs – (Challis et al., 1995, 2002a,b). But good evidence base for older people’s services

• Need for clarification of the boundaries of legitimacy in spending and use of budgets

• Further work needed on methods of determining resource allocation which meets criteria of equity, sensitivity, specificity, reliability and validity (simple tools not yet validated)

• Potential developing roles of new care management and brokerage agencies
Supporting, training and employing care coordinators

Boundaries of social care

Martin Stevens

Social Care Workforce Research Unit
Introduction

- Impact on Care coordination
- Training
- Future of social work
- Boundaries of social care
Care coordinator time use

- Comparing those Care Coordinators with IB users on caseload with those without, the IB group spent more time in:
  - Completing assessment documents with people using services
  - Discussing care options
  - Care Planning and arranging services
  - Training
Job satisfaction

- Using a standard set of questions about job satisfaction (Karasek, 1979) there were few differences between care managers with IB users and those without.

- However, those with IB users expressed more satisfaction in relation to perceived user/ worker relationship.
Resourcing and managing training

- Hugely variable resources (dependent on scope of initial implementation)
- Much staff time needed in addition to cash
- Broad need for training
  - Frontline staff and first line managers
  - Service users and carers
  - Senior managers
  - Other agencies
Approaches to training

- System change or training – which comes first?
- Start from where people are
- Clarifying roles of care coordinators
- Overcoming cynicism
- Informal support complements training
- Plans to embed IB/personalisation training into workforce development
Specific areas of training needed

- Overall philosophy
- Assessment
- Support planning
- Brokerage
- Knowledge of services
- Practical aspects of IBs
  - employing staff and managing finances
  - the financial aspects of support planning
  - managing risk
Changing care management

No, I wouldn’t say [my role has changed] because you still want the same outcome don’t you and that’s just to get somebody’s needs met, so I think people have always worked with people in a person-centred way,
(Care Coordinator, Physical Disabilities)

OK, you would look at each person’s individual needs before, but the social worker would have more power, more control. I think perhaps that’s what certain colleagues might be struggling with.
(Care Coordinator, Children’s Services)
Impact on social work

Eroding

What I do is go out with a tick box form and read it out to somebody and then get somebody to come back to tell me how much money they are allowed and that’s not a social worker. It’s getting worse and worse.

(Care Coordinator, Older People)

Renewing

They’ve had to rediscover traditional social work core skills... Because they are actually forming relationships with people and working with them in a much more meaningfully way, and it gets them to focus on why they’re doing (Team Manager, Physical Disabilities)
Social work and care management implications

- Managing change
- Different and new roles and employers
- Involving care coordinators
- Intensive and extended training and support
Boundaries of social care

He is a very proud man and doesn’t want personal care. What he wants is other things, so that, when he is up and dressed and tired out, somebody will be there to do other things for him like, [keep] a house tidy. That is a legitimate way to spend their budget. (Team Manager, Physical Disabilities)

But for me about being confident driving around wasn’t, that wasn’t even essential because (inaudible) the care. So you wouldn’t spend it on a sat nav. But in another case it might be that the sat nav did meet that need. (Team Manager, Physical Disabilities)
Boundaries of social care

- Differing views as to what were boundaries of legitimacy and acceptability in use of social care funds
  - From ‘anything legal, honest, decent’ (and relevant)
  - To fundamentally personal care needs
- Balance between care needs and leisure needs was a concern
  - Two thirds of people with mental health problems used IBs for leisure
- Concerns over mandate to endorse new kinds of ways of achieving outcomes
What did service users think?

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1. Method

2. Findings
   a) First reactions
   b) Assessment and resource allocation
   c) Support planning
   d) Putting the IB into action
   e) Anticipated benefits / drawbacks

3. Conclusions
What we did

- “Part 1” of service user interviews
- Sub-sample of 130 service users offered an IB
- Around 2-4 months after start of process
- In-depth interviews
- Wide range of service user characteristics
- **Aim:** understanding the user experience of IB processes, and anticipated benefits / difficulties
First reactions

- Lots of confusion, but main points:
  - A budget you manage for your own care
  - You can recruit your own Personal Assistant
  - Going beyond personal care – social activities

- Some common concerns
  - Not wanting burden of budgets and recruitment
“I understand you have got to start keeping records and you’d have to have receipts and I’ve done that all my life and don’t want to start that again.”

[Older person]
First reactions

- Lots of confusion, but main points:
  - A budget to recruit your own Personal Assistant
  - Going beyond personal care – social activities

- Some common concerns
  - Not wanting burden of budgets and recruitment
  - Not wishing to disrupt current arrangements
  - Worried it will affect benefits
  - Not having any choice to refuse.
Assessment and the IB allocation

- Most didn’t understand

- Sense of apathy?
  - “They could have cut out the assessment altogether and just said ‘this is how much you get’”.

- Mixed reaction to IB amount
  - Profound (positive) reaction amongst mental health service users
  - Anger if unable to afford existing care
Experiences of support planning

- Mixed views, but generally positive experience
- Wide range of planning styles
  - Knew what I wanted, wrote it down, sent it in
  - “I did some drawings and pictures of what I wanted to do”
  - Took me a fortnight to think it through, doing it a bit at a time, but then I cracked it.
- Special event with planners and users
Successful support planning

- Approach tailored to the individual
  - Some liked / disliked planner taking lead
  - Some liked / disliked depth of information given
  - Some liked / disliked having services suggested

- Assisting PA vs agency decision

- Planning starts quickly after IB amount decided

- Someone on the end of the phone / email
Role of support planners

- Rarely any choice (though a problem?)

- Care manager
  - Pros: knows me best, will fight my corner
  - Cons: seemed least knowledgeable about IBs, more likely to advocate status quo, independence?

- Independent brokers / specialist planners
  - Pros: better information, and more tailored approach
  - Cons: longer waiting times
Common problems in support planning

- Moving target: the budget allocation
  - Multiple support plans and redrafting
- Uncertainty over legitimate use of IBs
  - Lack of clarity and consistent information
  - “I don’t want to get into trouble”
- Determining costs
  - Sometimes not clear
  - Difficulty setting wage rates for PAs
Putting the IB into action

- Signing-off support plans
  - Confusion, frustration and delay
  - Disempowering
“It feels like homework back at school – we’ve done it and sent it off, but it was sent back to us with little notes in the margin”

[Carer of a younger adult with a physical disability]
Putting the IB into action

- Signing-off support plans
  - Confusion, frustration and delay
  - Disempowering
- Delays in setting-up deployment mechanism
  - Direct payment teams releasing funds
- Delays getting services in place
  - Esp. recruiting a new carer
Expected benefits

- Anticipated benefits and early outcomes broadly positive
- Personal care
  - Choice of carer
  - More flexible style of care being delivered
- Social aspects: leisure, computers, holidays
  - “Like winning the lottery”
- Wider benefits
“It’s given me the chance to get out more. [Before] I never saw anybody on weekends or evenings, I was sat at home, and I didn’t see anybody, whereas now [with my PA] I go out two evenings a week and I go out on a Saturday…it’s given me a bit of confidence.”

[Mental health service user]
Common experiences of older people

1. Value stability / happy with current care
2. Anxious about the IB
3. IB is not enough to do anything new
4. Feel able to use IB to improve quality of life
“You’ve got to be determined, some people couldn’t manage it. I’ve been through the Yellow Pages and the Thomson Directory to get this off the ground”

[Older person]
Conclusion

- Some confusion at first with some common worries
- Assessment and allocation process a bit bemusing…
- Some positive accounts of support planning
  - But must reduce uncertainty and delays in the process
- A range of expected benefits from IBs
- Older people more likely to struggle