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Research, Policy and Planning (2013) **30**(2), 75-76

Welcome to this edition of *Research, Policy and Planning* (RPP) which presents four main papers, three of which continue a theme of previous editions (see RPP 29(3) in particular) with thoughts about the effectiveness of recent policy initiatives in adult social care to develop personalisation in England for social care service users. The fourth paper is welcome not least because it presents research findings from another continent on a policy programme in Quebec, Canada to prevent the recruitment of young females for sexual exploitation by gangs.

The first paper, by **Zamfir**, presents findings from an English-based literature review in 2012 of the effectiveness of personal budgets in the promotion of personalisation. The paper provides a review of findings from published papers and reports that have focused on researching the effectiveness of personal budgets to promote personalisation (choice, control, autonomy and independence) for older people in England. Zamfir's conclusions are that personal budgets and self-directed support as a means of facilitating personalisation has generally made little improvement for many older people. However, the review did find some evidence that personal budgets could improve older people's outcomes, but that only if the budget amount is sufficient and the right level and type of support are available. In line with previous research including that considered by Zamfir, the review also proposes that more work still needs to be done to develop adequate care markets, support and brokerage services, training of frontline staff (not least in how funding is allocated to budget holders) as precursors to personal budgets and self-directed support being effective means of facilitating older people with choice, control, autonomy and independence.

In the second paper, **Slasberg *et al***. build on the argument and evidence they presented in 29(3) on the failure of self-directed support (SDS) to deliver the national policy goals of, specifically, personal budgets and, more generally, personalisation. They argue that only those service users who are currently benefiting are those able to receive a cash payment and then able to create and manage their own support systems. Their conclusions, therefore, are that SDS as currently implemented is counter-productive and even damaging to the promotion of personalisation. This is not only in terms of wasted resources through the growth in bureaucracy but also in terms of driving further wedges between practitioners and service users. In their view, the successful promotion of personalisation requires four things: a new partnership between the state and service users based on service user rights; a radical and more comprehensive review of social care funding (beyond, they suggest, the narrow boundaries adopted by the Dilnot Commission); a new approach to social care user eligibility and assessment; and, fourthly, major changes to the existing prevailing institutionalised and bureaucratic culture in social care so that it becomes a more enabling and personalised one.

The third paper by **Clifford *et al***. provides an interesting counterview to that of Slasberg *et al*. as to whether it is possible to accurately allocate resources to meet social care needs in pursuit of the policy goal of personalisation. Indeed, the paper is in many respects a response to Slasberg et al's previous paper in RPP 29(3). Clifford *et al*. argue that resource allocation systems (based upon measures of need) are effective ways of estimating the cost of individual service users' care packages. The paper presents three studies that suggest that it is possible to assess service users' needs and to predict accurately the resultant care costs. In Clifford et al's view, it is possible to model the relationship between need and cost and that this can be standardised with sufficient accuracy to support the (fair) allocation of budgets at the individual level. As such, Clifford *et al*. argue that resource allocation systems can, indeed, support the facilitation of personalisation as well as having wider policy applications including being able to evaluate the cost-effectiveness of social care innovations, to quantity future costs, and to measure the impact of changes in social care provision.

Hamel *et al*. provide the final paper for this edition of RPP. As mentioned above, it is a rare but welcome departure for RPP to publish research findings from another continent, North America. Hamel *et al*. report on research into the effectiveness of a policy initiative in Quebec, Canada, to prevent the recruitment of young females by gangs for sexual exploitation. It reports on the use of 'concertation' mechanisms to initiate more effective preventive actions to deal with the complex problems associated with youth sexual exploitation. Concertation is described as 'a collective process in which stakeholders cooperate to coordinate services and activities. [As such], it differs from a partnership in that it does not necessarily rest on a formal contractual agreement… [but is a] structured relationship between autonomous and willing stakeholders who share information, discuss problems, and agree on common objectives'. The paper suggests that creating effective concertation is a challenge that requires time and personal commitment, especially in negotiating the relative positions of those involved. In addition, the paper argues that concertation must never be thought of as a given but is the result of complex social processes. A more general conclusion is that one needs to take care to ensure that new programmes or policy initiatives do not unintentionally divert resources away from existing organisations or programmes.

Reviews in this issue of *Research, Policy and Planning* cover two related edited texts by Martin Davies on social work; one on policy, law, theory, research and practice for social work with adults, the second covering the same areas for social work with children and families; both are seen to be useful texts for practitioners, policy makers, academics and students.

We hope you find this edition an interesting and useful contribution. In closing, we would like to add our thanks to the RPP team for their help in getting this edition off the ground.

Guy Daly
December 2013

Research, Policy and Planning (2013) **30**(2), 77-89

Personalisation through personal budgets: its effectiveness for older adults in social care services. Findings from an English-based literature review

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Abstract

The present and previous government in England seek to transform adult social care by introducing personal budgets to achieve better personalisation of care and support. The 'personalisation agenda' offers a new model for service provision, claiming to offer increased choice and control for people eligible for social care services. Despite reported positive outcomes for the majority of service user groups, there remain important questions. Foremost amongst these is whether personal budgets are the best way to promote choice, control, autonomy and independence.

This paper explores the effectiveness of personalisation through personal budgets for older people in England, drawing on published papers and reports following a literature review undertaken by the author in 2012. The analysis suggests that personalisation through personal budgets and self-directed support has generally made little improvement for many older people – and where it has improved outcomes for older people, it has been because adequate support has been available. Most studies involving older people indicated that personal budgets conferred no statistically significant positive outcomes. The review also found, however, some evidence that personal budgets could improve older people's outcomes, but that only if the budget amount is sufficient and the right level and type of support are available. The review also proposes that more work still needs to be done to develop adequate care markets, support and brokerage services, training of frontline staff, and in relation to funding and how this is allocated to budget holders.

Keywords: older people, personalisation, personal budgets, self-directed support

Introduction

Personalisation is seen as a process whereby services are tailored to individual needs to increase service user choice, control and flexibility in accessing services (DH, 2010a). It is a key objective of current adult social care services, and the preferred approach, thereby replacing more 'traditional' ways of service provision (where service users played a passive role of 'fitting into' existing services) which are no longer encouraged in practice.

This paper seeks to analyse the effectiveness of personalisation through personal budgets (defined as Local Authority funding offered to individuals to meet identified needs and desired outcomes) on older people's outcomes. Whilst an evaluation of the Individual Budgets Pilots (IBSEN) (Glendinning *et al*., 2008) found that personal budgets improved outcomes for a selected sample of younger adults, it also highlighted that they potentially had a negative impact on the wellbeing of older people. These findings have been supported to some extent by findings from more recent studies researching the impact of personal budgets and self-directed support (seen as the process where individuals design and control the support that suits their specific needs) on service users (Neville, 2010; NAO, 2011; Woolham & Benton, 2012). In contrast, a recent survey by Personal Budgets Outcomes Evaluation Tool (POET) by 'In Control' (Hatton & Waters, 2011) found that the majority of service users reported positive experiences of

personal budget use and almost half of people surveyed were over the age of 65. The question of whether personal budgets are the best way to achieve personalisation for all adult service users remains partly unanswered and, as Netten *et al*. (2011) suggest, there are still significant challenges relating to funding, policy and practice to address in the pursuit of personalisation.

Considering that the largest service user group in receipt of social care support at home - and consequently the largest group now receiving personal budgets - are older people (DH, 2010b), the current evidence that personal budgets may not achieve such good outcomes for older people should be a matter of concern for both practitioners and policy makers. This paper aims to identify the effectiveness (defined here as achieving expected outcomes) of personalisation for older people, by drawing on literature reviewed in 2012.

Aims

The main aim of this paper is to review evidence from both local and national studies that have focused on experiences of older people receiving personal budgets. Its specific purpose is to investigate what is known about the effects of personalisation on older people's psychological wellbeing (happiness, satisfaction and quality of life), involvement in managing allocated financial resources (level of control over money, choice of how money is spent and organising services), own care (feelings of control and autonomy), and personal and healthcare outcomes (activities of daily living, safety, accommodation and physical health).

The findings will also highlight issues experienced by older people, which may need addressing in future practice.

Methods

This is a literature-based review, drawing on information from secondary resources that include both local and national studies. Quantitative and qualitative studies were analysed to compare and contrast findings, and raised issues.

National and local surveys, case studies, journal papers, reviews, public reports and government documents were included. Books, online journals, voluntary and independent sector reports were also considered. A systematic search strategy was used to gather data from academic databases including ASSIA, Academic Search Complete, JSTOR, Google Scholar and Social Care Online. Not-for-profit and charitable websites (Joseph Rowntree Foundation, Age UK, In Control) and specialist ones (SCIE, DH) were also included in the search strategy. Key search terms used individually or combined included: 'personalisation', 'personal budgets', 'individual budgets', 'personalised services'.

In order to identify the literature for this research, additional inclusion-exclusion criteria were applied; this restricted the choice of papers and books to those published between 1995 and 2012, to include documents published on Local Authority payments made in lieu of/for services. The literature review was restricted to papers written in English and published in England, where the personalisation agenda was initially implemented. The search generated 93 references. Abstracts were read and studies that did not meet the search criteria were excluded. Due to the focus of this paper on the experiences of older people, data referring solely to carers', practitioners' and care workers' views and experiences were also excluded. 68 documents that met the inclusion criteria remained. They were then sorted into empirical studies (local and national), literature reviews and government policy and guidance documents.

As no direct work with social care users was needed, ethical approval was not required.

Findings

1. *Psychological wellbeing*

Although traditionally psychological wellbeing has been defined as the balance between positive and negative effect, or in relation to life satisfaction, Ryff and Keyes (1995) have suggested there is more to wellbeing than this. They proposed that psychological wellbeing is a multi-faceted concept, which includes six components: self-acceptance, positive relationships, autonomy, environmental mastery, purpose in life and personal growth. Similarly, the GHQ - 12 tool (Goldberg, 1992) used by the IBSEN study to measure psychological wellbeing refers to, amongst other things, happiness, ability to make decisions, confidence, interest and involvement in daily activities.

The IBSEN study found that older people receiving individual budgets reported lower psychological wellbeing than younger people (Glendinning *et al*., 2008). Other studies (Woolham & Benton, 2012) also found little evidence of personal budgets benefitting older people.

For other service user groups however, findings from research have been more positive. For example, small, qualitative studies involving people with learning disabilities (Northamptonshire County Council, 2008; Waters & Hay, 2009) showed that services delivered through personal budgets increased people's confidence, satisfaction with services they chose to purchase and gave them a greater feeling of happiness than support provided previously. One explanation for this is offered by Glendinning *et al*. (2008) who suggest that learning disabled people have more social care resources allocated for leisure and social activities than other service user groups, which might be expected to increase their wellbeing. By contrast, older people tend to have higher levels of personal care need, thus restricting the scope of the budgets for areas of life related to wellbeing through social interaction or community involvement.

One evaluation of personal budgets in a single London borough (London Borough of Richmond upon Thames, 2010) interviewed 90 people, including younger adults with physical disabilities and mental health problems as well as older people. For the majority of service users who were over 70 years old, the study found improvements in quality of life and psychological wellbeing associated with using personal budgets. The authors suggested that having greater control over their life led to these positive outcomes. However, this was not a research study, but rather a limited evaluation of progress to date and it was not independent of those championing personal budgets, but the findings of this study suggested that personalised services may improve people's quality of life, regardless of age.

There are, however, other dimensions of reported psychological wellbeing for older people. A number of studies (Hatton *et al*., 2008; Netten *et al*., 2011; Neville, 2010; Rabiee *et al*., 2009) reported that some of their findings were not based on the views of service users, but of relatives helping them complete surveys, who often also offer support with setting up and managing budgets. Interestingly, these 'proxies' also reported lower psychological wellbeing for older people when interviewed directly. One explanation for this may be because, rather than experiencing increased control, older people felt worried and anxious about practical aspects of managing budgets: recruitment of staff, training, or record keeping. Furthermore, for people already receiving services, anxieties may increase due to potential changes to well-established support if personal budgets are offered instead (Glendinning *et al*., 2008). Thus, greater support for service users and their carers may be required to alleviate anxiety which may not be available (Newbronner *et al*., 2011).

Another reason for differences in reported psychological wellbeing between service user groups is that older people may require more time and support in taking up personal

budgets (Carr, 2010a). Evidence from different studies (Alzheimer's Society, 2011; Glendinning *et al*., 2008) suggest that older people often come into contact with social care services when in crisis, following significant changes in their life. Because of this, they may not feel well enough to make important decisions and may find management of personal budgets 'a burden'. Some studies conclude that personal budgets should not be offered to older people in crisis situations. Others (Alzheimer's Society, 2011), however, suggest that adequate support may overcome these barriers.

In summary, the reviewed studies in this section offered mixed results. A small number of studies (Northamptonshire County Council, 2008; Waters & Hay, 2009) suggested improvements in wellbeing but a larger number found that wellbeing either declined or remained the same when comparing budget holders with non-budget holders. The findings of larger, quantitative studies are likely to be more reliable and were less likely to report increased psychological wellbeing for older people who were budget holders. However, a smaller number of studies did suggest that enhanced wellbeing might be achieved if resources are made available for adequate support. Time and information provided to service users and family carers were often mentioned.

2. *Involvement in managing allocated financial resources*

A fundamental principle of personalisation is that people have more choice and control over how money is spent, but also choice as to *whether* they wish to control the money and if they do, how *much* control they wish to exert (Glasby & Littlechild, 2009). Many local authorities use a Resource Allocation System (RAS) to determine the financial resources allocated to individuals following assessment (Hatton & Waters, 2011). This is calculated in relation to three key factors: level of need, family support and complexity (Duffy, 2005). In principle, once the available budget is known, service users are given a choice whether to manage it themselves, to have it managed by the local authority, by an independent organisation, or a mixture of these (Gardner, 2011). Although this new system was intended to establish an adequate budget to meet identified needs, it has been argued that it undermines the values of personalisation, as it does not provide the basis for effective independent living (Beresford, 2009). Instead, it provides a set sum for meeting diverse and complex needs.

Existing qualitative and quantitative studies (Glendinning *et al*., 2008; Hatton *et al*., 2008; Newbronner *et al*., 2011; Rabiee *et al*., 2009) found that fewer older people manage their own budgets (as direct payments) compared to other service user groups. Service user involvement in decisions about how to spend their budget is often related to choice of whether or not to control the money (whether to take their budgets as a direct payment or as a 'managed budget'). This view is shared in a recent study conducted by Ipsos MORI for the National Audit Office (NAO, 2011), which suggested that local authority managed accounts did not signify real choice, as quite often support continues to be delivered the same way as previous arrangements. Another study by Bartlett (2009) focused on service users who were receiving services but not yet receiving personal budgets, and found that half of older people interviewed would not change anything in their care if they took on personal budgets. However, Bartlett also found that when asked about services currently received and those they would purchase through personal budgets, older people's responses were different from other service user groups – older people would change some aspects, but not a lot or everything.

The Ipsos MORI and SCIE studies (NAO, 2011; Newbronner *et al*., 2011) also suggest that older people were often unaware they could choose service providers, and that this was particularly the case for people with managed personal budgets. Similarly, the POET survey (Hatton & Waters, 2011) suggested that older people are less likely to

know how much money is available to spend and how their personal budgets are managed, and were therefore less likely to be involved in managing allocated money. Even for older people self-managing their budget and knowing their budget amount, it was not always clear to them how their budget was calculated. It was also felt that where family support was present, they were disadvantaged, as the value of the budget decreased (Forder, 2008; Newbronner *et al*., 2011). This is a concern expressed by a number of authors (Carr, 2010b; Duffy, 2005; Glendinning *et al*., 2008; Netten *et al*., 2011; Rabiee *et al*., 2009), which has only been recently addressed in current adult social care policies.

Some authors claim that part of the responsibility for poor uptake of direct payments amongst older people rests with frontline staff, who may make judgements about people's vulnerability, capacity and decisions about who to offer choices to (Neville, 2010; Newbronner *et al*., 2011). Given that personal budgets are intended to empower people, if these issues are not recognised and addressed, some have claimed that practitioners will continue the traditional practices of suggesting what's best for people rather than giving a choice, and therefore disempowering them (Netten *et al*., 2011).

Although some studies (Glendinning *et al*., 2008; Woolham & Benton, 2012) suggest most people receiving personal budgets have more knowledge of how much money is spent to meet their needs than those receiving 'traditional services', there are a number of factors that may influence the extent to which older people wish, or may be able, to assume full control of a personal budget. These include the capacity to make decisions about one's own care and to manage money, and the availability of support networks to assist with planning services. According to a recent report on direct payments by Age UK (2013a), older people may encounter permanent barriers to using/accessing financial services (arising from long-term conditions), as well as temporary barriers (sudden illness or bad weather). So far, little research has focused on the effectiveness of personalisation for older people with dementia or with memory loss (Alzheimer's Society, 2011). This suggests a need for closer investigation, especially in the light of Government's aim to meet the deadline of 70% of service users receiving personal budgets by April 2013 (DH, 2012).

One study (Neville, 2010) found that for older people, families played an important role in supporting service users in making the initial decision whether or not to manage their personal budgets. This has important implications for future practice, as it suggests that families may also need to be treated as the 'target audience' for support with setting up and managing budgets. For people without support networks, the existence of advocacy and brokerage or independent support is likely to be crucial for personal budgets to work effectively for many older people (Age UK, 2013b). However, there is little evidence to date about the effectiveness of these new service configurations compared to social work practitioners. Whilst some (Dowson & Duffy, 2011) raise concerns that brokerage implies that people cannot make their own decisions, others (Williams & Porter, 2011) argue in favour of brokerage, as it helps reducing the bureaucracy associated with social work practices.

Findings from the IBSEN study (Glendinning *et al*., 2008) suggested that in one of the pilot sites, almost a quarter of older people receiving personal budgets had managed accounts controlled by independent service broker organisations, mainly user-led. More recently, a study carried out by the Office for Disability Issues (Campbell, 2011) reported that user-led organisations have a significant influence in helping service users to get more involved into how money is spent and in organising their support. Benefits of such support are that older people can control and make choices about their support, but without worrying about responsibilities entailed in managing it. However, the availability of age-tailored brokerage remains scarce (Equality and Human Rights Commission, 2011).

Additionally, both IBSEN and In Control studies (Glendinning *et al*., 2008; Hatton *et al*., 2008) found that people need to be aware of resources available to them before planning their support. Lack of information and unavailability of services lead to lack of creativity around what money can be spent on, which in turn affects people's desire to get involved in managing budgets and planning their own care (Newbronner *et al*., 2011). The development of social care markets and infrastructural support to address these issues is also likely to be very important in promoting people's involvement in managing their own care.

Lack of clarity about what money can and cannot be spent on can also influence decisions by older people about whether to get involved in spending money to meet their needs. According to Newbronner *et al*. (2011), older people and their carers tend to be more careful about what money is spent on and often seek for approval for services which differ from the traditional ones, for example hiring a personal assistant to accompany them to local clubs, rather than paying to attend day centres.

Currently, the proportion of older people who manage their own budget as a direct payment, or elect to have their budget managed by an independent broker organisation is lower than for younger service users (Newbronner *et al*., 2011). Age UK (2013a) proposes that further research is carried out to understand whether this happens due to budget levels or older people's preferences. The available studies from which evidence can be drawn are few in number (Campbell, 2011; Glendinning *et al*., 2008; Hatton *et al*., 2008) or small in scale (Neville, 2010). They suggest that older people continue to experience low levels of involvement in managing budgets. Since older people represent the majority of service users groups receiving social care services, and the deployment of personal budgets presupposes an active role for service users, these findings raise an important question for practitioners, service providers and service users. Are personal budgets the best way to achieve personalisation for all, or are there different ways of providing more choice and control?

3. *Involvement in managing care*

Given that personalisation aims to increase service users' involvement in and control over services, older people's feelings of control and autonomy (reflected by opportunities to make choices and decisions about own care) and how these were influenced by personal budgets and self-directed support were also considered.

The IBSEN team (Glendinning *et al*., 2008) found that whilst most service users groups opted to manage their personal budgets through direct payments, older people were more likely to opt for a budget managed by the local authority. However, having the choice as to how to manage a personal budget is not always a certainty. For example, in one Local Authority, Essex, Neville (2010) found that almost a quarter of service users (of which a small proportion were older people and larger numbers were people with learning disabilities) said they had not been given a choice of whether to manage their budgets. Instead, they were advised that self-managed accounts were the only option.

Such practices may affect people's confidence in managing own care and also create anxiety, thus potentially leading to less successful outcomes. This prompts reflection on the role of frontline staff who, if confident and knowledgeable about principles of personalisation, can help service users maximise opportunities to improve outcomes. Where there is confusion among staff about what choice means, service users may be less likely to creatively plan their support and achieve positive outcomes.

Some studies (Glendinning *et al*., 2008; Poll *et al*., 2006; Rabiee *et al*., 2009) have suggested that for older people, the availability of support to help people plan and manage their own care is important for the success of personalised services. This is

reiterated in some key policy guidance on personalisation and personal budgets (DH, 2008a, 2008b). This guidance argues that adequate support can have a positive impact on older people's outcomes. However, debates about who may be most suitable to provide this support remain unsettled (Scourfield, 2010; Gardner, 2011).

Family carers play an important role in supporting service users to manage their care, especially for older people with dementia or complex needs. Their support varies from taking full responsibility for managing budgets, to supporting at different stages of the planning process or just offering 'moral support' (Newbronner *et al*., 2011). For people without support networks, some have argued that brokerage and independent support are crucial (Neville, 2010). Alongside user-led organisations, the third sector (including social enterprises) is seen as important in providing brokerage and support with the planning and management of personal budgets (Carr, 2011). In the POET study (Hatton & Waters, 2011), older people reported more positive outcomes in managing their care when support was provided by independent organisations. Other commentators have argued for brokerage to be delivered by statutory social care services (Leece & Leece, 2011). Considering that brokerage is expected to play an important role in making personal budgets work for all service users, significant concerns have been raised about its potential impact on the future role of social workers (Scourfield, 2010).

Another factor influencing people's efficient management of own care is the availability of services to meet their needs. As Carr (2010a) points out, for service users, choice and achieving positive outcomes are possible only if an adequate range of services exist, of good quality and with capacity to respond flexibly to changing needs and requirements. Newbronner *et al*. (2011) also found that for older people, services were not flexible or adapting fast enough to meet people's changing needs. Although local councils are required to develop local markets to meet increasing demands for individually tailored services, the third sector is also expected to provide these resources.

This paper has already drawn attention to the fact that not all service users' groups opt for self-managed accounts, and that younger people were more likely to self-manage their own care than older adults (Glendinning *et al*., 2008; Hatton *et al*., 2008; Hatton & Waters, 2011; NAO, 2011). In some ways these findings should not be a surprise, as research has also suggested that historically younger disabled adults have been more able and willing to control and manage their care, and had a greater take up of direct payments (Arksey & Kemp, 2008).

Evidence from several studies (Glendinning *et al*., 2008; Hatton & Waters, 2011; Woolham & Benton, 2012) suggest that generally older people reported no significant increased sense of control or autonomy over their life, compared to people who used more traditionally designed services. In addition, the POET study (Hatton & Waters, 2011) found that older people reported less positive outcomes in relation to being in control of important things in life, and over their support. What is important here is the suggestion that older people may be more inclined to choose to use personal budgets in ways that delegate more control to a third party, which is claimed to reduce the likelihood of beneficial, transformative outcomes as identified amongst direct payments users. For example, older people tend to choose to have their budget managed by the local authority rather than taking up direct payments, possibly having less desire for awareness of the value of their budgets and possibly choosing to have less involvement in its management (Hatton & Waters, 2011).

The lower levels of involvement amongst many older people in managing their own care have been an important topic of discussion amongst researchers and practitioners (Carr, 2012; Netten *et al*., 2011). Neville (2010) argues that a plausible

explanation for the low take-up of self-managed budgets is related to service users' own confidence, skills and support networks, rather than age or type of impairment. This raises important issues for practitioners and policy makers to address for the implementation of personal budgets.

To summarise, reviewed studies suggest that older people are less likely to be in control of their care and may not desire or experience the same level of autonomy as younger adults receiving personal budgets. Compared to older people who receive 'traditionally' organised services, older people seem to be slightly more involved in managing their own care which may be a factor connected with other characteristics such as support and capacity. Nevertheless, currently there seems insufficient evidence to suggest older people experience a significant increase in autonomy and control over services when receiving personal budgets.

4. *Personal and healthcare outcomes*

People's valued personal outcomes differ across service user groups. According to Bamford and Bruce (2000), service users' outcomes can be linked to life cycles and the nature of their impairment. While younger disabled people tend to value support with parenting and access to work, older people's main outcomes include being active, having sense of control and safety. This is broadly in line with findings of a review by Glendinning *et al*. (2006), which identified that older people valued physical functioning, personal safety, keeping alert, control over routines, services, and feeling respected.

Some studies (Glendinning *et al*., 2008; Hatton *et al*., 2008, Woolham & Benton, 2012) found that people's personal and health outcomes either improved slightly or experienced no change as a result of personal budgets, with higher numbers reporting improvements being found among physically and learning disabled service users, and lower numbers among older people.

Data from above UK studies show that older people tend to use personal budgets for activities of daily living (personal care, meal preparation), social interaction and domestic tasks. Newbronner *et al*. (2011) found that tasks like gardening and cleaning were agreed in some service users' support plans. Nevertheless, some service users struggled to get these approved. Furthermore, it was found that although older people were creative in using budgets to meet needs, they still felt apprehensive about using money for certain things, such as paying for taxis to go out, paying for holidays with their family rather than for respite centres. Thus, clear information on what money can be spent on could improve older people's confidence in meeting personal outcomes.

Woolham and Benton (2012) also found that, despite having a personal budget, many older people felt they did not experience absolute choice in certain areas of daily life, such as times of meals, bathing or going to bed. These authors and others, for example Neville (2010), have suggested that this can be attributed to organisational rather than person centred approaches to service delivery. Others (NAO, 2011) argue that even when personal assistants are employed, changes in timetables still occur, sometimes without service users' prior knowledge and/or approval with care or support being provided either earlier or later than agreed.

One study carried out in 2003-04 with 16 service users and 16 care workers found positive personal outcomes were experienced by all service user groups including older people - who employed personal assistants (Leece, 2010). Personal assistants gave budget holders more choice and flexibility around using allocated funds. Consequently, people's independence and quality of life increased, as they were able to do things without family support. For older people especially, having a personal assistant may offer more consistency in their support and could reduce feelings of loneliness, as many older people see daily support as an opportunity for social interaction (Neville,

2010). However, the National Audit Office (2011) suggested that, by contrast, some older people receiving personal budgets found having personal assistants stressful and even had a negative impact on their life, due to issues around recruitment, use of employment law, covering sickness and poor quality of services.

Empirical work (Bartlett, 2009; Netten *et al*., 2011; Newbronner *et al*., 2011) suggests that some older people experienced positive outcomes in relation to accommodation, reflected in opportunities to use personal budgets for adaptations to their house and/or support to enable them to remain in their home. In contrast, younger disabled people seemed to use personal budgets to improve life skills, or to enable them to move out of their parental home. However, a series of local small-scale (and probably unrepresentative) evaluations of personal budgets (Cambridgeshire County Council, 2009; Herefordshire County Council, 2008; Northamptonshire County Council, 2008; Pitts *et al*., 2009) showed that the most requested types of support across all service users groups were leisure activities, with day centres still being the preferred choice of older people. Findings of larger-scale studies (Bartlett, 2009; Newbronner *et al*., 2011) also found that older people did not always want a change in their routines.

Relatively little research so far has focused on safety issues for people receiving personal budgets. In the IBSEN study, older people reported feeling less safe than those having traditional services (Netten *et al*., 2011). This may be connected to anxieties related to management of support or to lack of knowledge or confidence to manage risks. Newbronner *et al*. (2011) found that few safety and risk issues were being identified by practitioners during the assessment process. Arguably, therefore, the management of identified safety issues should occur at the support planning stage and should be carried out by both practitioners and service users, collaboratively to ensure the correct balance is struck between the right to take risks and safeguarding.

A 2009 evaluation of self-directed support for older people in Barnsley showed that 47% of 100 people interviewed felt safer at home, and attributed this to how support had been reorganised (DH, 2010a). Such findings however need to be considered with a little caution. Firstly, this was not an independent study, but a self-evaluation of progress made in early days of personalisation. Secondly, this evaluation took place at a time when local authorities were under pressure to report positive outcomes of newly implemented personal budgets (Gardner, 2011).

Strong links between personal budgets and health are evident from some studies. Carr and Robbins (2009) argue that people using personal budgets may access services more regularly and may also be more likely to use health services at an early stage, rather than waiting for problems to possibly become acute. As a result, they experience improvements in their health. This is claimed to have positive outcomes in terms of cost-efficiency, for both social care and health although there is no evidence for this. Similarly, the IBSEN study (Glendinning *et al*., 2008) suggested that individual budgets had the potential to reduce costs for health by providing social support to people with complex health needs. While current practices aim to introduce a more flexible approach to integrating health and social care funding (seen recently by piloted personal health budgets), there is still work to be done around designing flexible funding systems (Carr & Robbins, 2009).

In summary, the reviewed evidence seems to suggest that some older people experience little if any improvement in personal and health outcomes from personal budget uptake. For the majority of older people, personalisation through personal budget use seems less effective than for younger adults. However, some of the reviewed studies also suggested that positive outcomes could be

achieved, but at higher costs such as making sure support is available.

Conclusion

This study has a number of limitations. It is based on only some of the available literature despite the use of rigorous and formal search criteria. Not all the studies are based on primary evidence and some of those that were focused on professional or carer perspectives rather than those of service users themselves. Additionally, some of the studies reported on are small-scale and may not be representative. Nonetheless, the evidence presented does enable some general lessons to be drawn.

The evidence presented in this paper suggests that older people are less likely to want to have a personal budget in the form of a direct payment, and/or that they may be less likely to be offered a direct payment. This review of English-based literature suggests there is little evidence to conclude that personal budgets improve outcomes for older people. Studies suggest that older people experience little, if any, increased psychological wellbeing, and that this is usually related to older people's anxiety about managing personal budgets. Some studies (Glendinning *et al*., 2008; Hatton *et al*., 2008; Newbronner *et al*., 2011; Rabiee *et al*., 2009) also suggest older people have low levels of involvement in managing allocated money and their own care compared to younger service users. This is related to lack of information about what money can and cannot be spent on, an absence of support networks, scarce resources and undeveloped care markets. Finally, many of the studies reported on showed that older people experienced little improvement in their personal and healthcare outcomes and where they did, significantly higher costs were identified.

This paper also highlighted a series of funding, policy and practice issues to be addressed in future practice. They revolve around the level of allocated budgets (especially where unpaid care is already provided), the availability of age-tailored brokerage and support, the suitability of current social care markets, clarity about what money is available and what it can be spent on, and practitioners' level of knowledge and confidence.

Factors contributing to the success of personalisation for older people were also identified. These included the importance of allocated sufficient funding to meet older people's main needs, the availability and funding of strong support networks, the need for resources more generally, improving practitioners' and service users' knowledge of personalisation, user confidence in their own skills and abilities, and a willingness to embrace change.

Overall, evidence presented in this paper suggests that older people's outcomes do not seem to be positive overall. Nevertheless, where adequate support, knowledge and time are provided, some older people experience improvements in their lives. There is, therefore, potential for personal budgets to lead to more personalised care and support for some older people. At the present time, however, the majority of older people may not experience significantly increased positive outcomes.

Evidence presented here suggests that personal budgets may not as presently conceived offer the best way of achieving personalisation for older people, but that there is some unrealised potential for them to do so. This paper proposes that more investments of time, information, support and resources are offered to older people eligible for services; appropriate care markets and brokerage services are developed; and that further large-scale independent research is carried out for a more accurate evaluation of personalisation for older people.

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The increasing evidence of how self-directed support is failing to deliver personal budgets and personalisation

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Abstract
Last year we published an article that set out the evidence that shows how the current government strategy is failing in its aims of delivering either personal budgets or personalisation. It used information up to the year 2010/11. This article updates the evidence base to include data from 2011/12 along with an evaluation of other activity and data sources since the article was written. That includes the second national survey of Think Local Act Personal – the body funded by Government to progress the strategy – and In Control, the body credited with its design. This new evidence strengthens the argument that the strategy is failing, notwithstanding the apparent government view to the contrary, adding urgency to the need for a change in direction if personalisation is to be made a reality for all.

Keywords: personalisation, personal budgets, self-directed support, evidence

Introduction

In policy terms, the pressure for personal budgets is a very recent one, with the first official document only published in 2007. For an initiative that has been rolled out by Government as policy, at one stage, for all social care service users and currently for at least the majority, the speed of this development has been remarkable. Perhaps even more interesting is the determination with which personal budgets have been pursued by all major political parties, despite them having the most limited evidence base. This point has been particularly highlighted recently by the academic Karen West who has specifically explored the issue of how and why personalisation and personal budgets have commanded such policy interest when there has been so little justification for it (West, 2013). Her paper describes the context within which this paper is written.

It is possible to discern three core elements of the Government's transformation strategy for social care, first heralded in the document Putting People First (HM Government, 2007). These are *personalisation, personal budgets* and *self-directed support*. These three elements are often merged into one, with any of the three terms being used to describe the whole. This creates the impression that they are mutually dependent, and no single element can exist without the other two. In our previous paper we set out why it is not only possible to distinguish them, but necessary to do so if the vision for transformation is to be achieved to the benefit of service users. The three elements are:

- The over-arching ambition to create '***personalisation***' so that supports are responsive to the individual and so give people greater control over their lives. It contrasts with what has come to be called the *'one size fits all*' service culture, whereby people have to fit into pre-existing services.
- A ***'personal budget'*** to enable purchase of the supports and services most appropriate to the individual.
- The *personal budget* arrived at through a process called ***'self-directed support'***, whereby the personal budget is given 'upfront' so the individual can enter the social care market as an 'empowered

> consumer'. This is arrived at through a resource allocation system (RAS). This is either a points based formula that measures a person's level of dependency and awards money accordingly, a 'ready reckoner' whereby the practitioner estimates a cost based on what the person might have received using traditional services, or an off the shelf IT system (Think Local Act Personal, 2011, Minimum Process Framework).

There is wide support for *personalisation* described in terms like the above. Indeed it can be seen to be a thread in thinking throughout the history of social work and social care. For service users, the benefits of having a support system that is responsive to them in their own unique context are self evident. From a council perspective, it is reasonable to hope that replacing a system where most of their budget is spent at the beginning of the year on services into which people have to fit with a system that allows choice of the service that is right for each person will result in much greater value for money, measured through the balance between costs and outcomes. However, this is not to repeat claims that personalisation through personal budgets will result in major cost savings.

Personal budgets are likely to be at their most effective when used as an opportunity to create a unique support system outside the mainstream, traditional market of commissioned and regulated services. This, in turn, usually calls for the budget to be taken as a direct payment. This has been seen in a number of studies including the national survey of some 2,000 personal budget holders (Hatton, 2013). Current government policy is that direct payment should be the default option for personal budgets in the belief that most people will be able to benefit from them.

Self-directed support has been the most contentious element of the three. The evidence set out in our earlier paper (Slasberg *et al.*, 2012) suggested that not only is it failing to deliver its intended function, it is having a seriously deleterious effect on social care field-work services.

Our earlier paper concluded that there was no reason to believe this will be different in the future. This paper presents evidence that has accumulated in the 12 months since it was written which strongly confirms our original conclusion. It has the following sections:

Resource allocation systems
In our first article, we found empirical evidence that the resource allocation systems used to generate the upfront allocations were not producing allocations councils could use, and that actual allocations were very different. However, this was based on a relatively small number of councils. This article has repeated the exercise for many more councils and found similar results. An entirely separate study has found very similar results and is cited in this article.

An apology from Simon Duffy
The acknowledged architect of the current strategy has publicly acknowledged the deleterious impact it has had. However, his understanding of the reasons for its failure are called into question.

Impact of self-directed support on field work
Our first paper showed how *self-directed support* had created a very large and costly bureaucracy up to the year 2010/11. This article updates the evidence with data from 2011/12.

New evidence from the Social Care Outcomes Framework
In 2011/12, a new performance reporting process came into being. For the first time, service users have been asked how much control they feel they have. The article tests the results against delivery of *self-directed support*.

The second national survey of personal budget holders (POET)
Our first article called into question the way the data from the first national survey was

used to create a positive image of *self-directed support* and showed how the benefits people experienced were, in fact, due to making use of the direct payment provisions of the 1990's and that the *self-directed support* element played no part. In this article, we carry out a similar analysis of the data and come to the same conclusion.

Personal health budgets
We show how the claims being made that the better outcomes experienced by people with a personal health budget being due to implementation of the equivalent of *self-directed support* in health (with an upfront allocation as the building block) is a misrepresentation of the evidence in the national evaluation.

The Community Care Annual Survey of Personalisation
The Community Care magazine repeated its survey of readers. We report on and interpret the findings.

Refreshed conclusions
The conclusions from our first article are revisited and, through the mounting evidence, re-affirmed.

The work for this paper was carried out within our existing time commitments and professional knowledge and experience. It was not a funded project and is entirely independent. We have used publicly available data, albeit analysed in original ways in order to shed light on key questions.

Resource allocation systems

A 'clear, upfront' (NHS Information Centre, 2008) allocation of money, arrived at through a *resource allocation system* (RAS), to enable people to choose their own supports is the cornerstone of the prevailing *self-directed support* process. It is the basis of the Government's definition of *self-directed support* and has formed the basis of the performance target used to drive council activity. The 'upfront' allocation can be indicative only. Councils are required to make adjustments to ensure the person has enough for all eligible needs to be met. However, there is a clear expectation such adjustments will be only minor.

Our original article (Slasberg *et al*., 2012) examined a report by *In Control* (Tyson, 2009) – the organisation credited with creating *self-directed support* – into how *self-directed support* was working in Hartlepool, a council seen by them to be an exemplar. The report claimed that this approach to resource allocation was working well, with actual allocations on average only 'slightly lower' (p.40) than the upfront allocations. However, a Freedom of Information request for the actual data on how the upfront allocation compared to actual allocations showed that this was misleading. The use of average figures concealed the extent of real differences by allowing occasions when the actual allocation was greater than the upfront allocation to counter occasions when it was less. In effect opposites were cancelling each other out. When this was corrected, it was found the actual differences were in fact very large. We looked at the ratio between the smaller and the larger budget for each service user (where a value of 1 meant the actual and upfront allocation were the same) and found this was 3.84 on average. This was followed up by further Freedom of Information requests to nine councils.

Six councils did not have the data to respond. This was itself an important finding given that councils have been advised to retain data about indicative and actual allocations to ensure a process of monitoring and continuous adjustment of their resource allocation system (ADASS, 2010). The fact that six of the nine did not do so raises questions about how seriously these councils were taking the upfront allocation process.

Amongst the three who were able to provide the data, a similar situation as to Hartlepool was found, with the following ratios between the upfront and actual allocations:

- Council one – 2.45
- Council two – 2.59
- Council three – 2.81

These findings led to the conclusion that the actual budget was being decided without regard to the upfront allocation. This would mean that personal budgets, defined as they are by the upfront allocation with which to plan support, do not even exist. This directly contradicts the official view that councils are well on the way to the majority of people having a personal budget, which is based on performance reporting in pursuit of what at that stage was a target of 100% of all service users by March 2013 (since adjusted to 70% by the Government).

The sample of 9 councils represents only some 6% of councils and so is small. Since then, the number of councils similarly tested has increased very significantly.

Series and Clements (2013) carried out a study that examined how the RAS was actually working in detail. Also making use of the Freedom of Information Act, they asked 20 councils for details of how their RAS operated. They also tested how the indicative and actual budgets compared, and found only three had the data. Overall, they found a similar disparity between the upfront figures and the amounts people actually got. They came to the conclusion that the RAS is a *'poor predictor'* (p.17) of how much people required and plays no meaningful part in the resource allocation process and is:

> … *like a cog spinning in a machine with which it does not connect* (p.20).

The London Self-directed Support Forum (2013) carried out a Freedom of Information request of all 33 London councils for the indicative and actual budgets for all new cases for the year 2011/12. The key findings were:

- 23 councils do not routinely monitor the situation and so did not have the data.
- Of those, two did use a sampling approach in-year to help adjust their RAS. This meant there was data from 12 councils.
- The 12 councils between them had data for 4,753 cases. Between them the average ratio between the upfront and actual allocations was **2.6**.

There are three core RAS methodologies:

- 'Ready reckoner', where the cost of an existing care package or traditional care package is used. This can, of course, only have a limited life as the reference points for the calculation move further into the past.
- 'Pounds for points' systems propounded by *In Control* and the *Association of Directors of Adult Social Services* (2010) whereby a system of standardised 'needs' are given standardised costs.
- 'Off the shelf' software systems using complex algorithms.

The FACE software company is the leading exponent of the latter, now with 31 councils using their system. Series and Clements noted (p.9) the view of the organisation responsible for FACE of 'pounds for points':

> *... public expectations have been shaped by misleading literature, including some from official sources, that assumes that very simple additive models can produce accurate cost predictions. Relative to such approaches, the FACE approach may appear complex, even though compared to more sophisticated modelling techniques it is actually very simple. The problem is that there is no evidence that simple additive models can work and plenty of evidence that they don't. Thus the 'gold standard' for assessing the simplicity of a model has become a standard that has never in fact been met by an accurate working system.*

However, the claims FACE make that their algorithmic approach results in much greater accuracy has not been evident in the Freedom of Information requests. Two councils who use the FACE system were amongst the 12 London councils able to provide data. They did not achieve any better accuracy. It

appears that the high levels of accuracy FACE achieved in the testing and calibration processes are not then replicated in operational practice.

A 'public apology' from Simon Duffy for introducing the RAS

Simon Duffy is the acknowledged architect of *self-directed support* and, as Chief Executive of *In Control*, worked with Government to bring about its introduction as a national policy. Since our first article was written, he has published what he described as a public apology for its introduction and the RAS in particular (Duffy, 2012). Now Director of the Centre for Welfare Reform, he says the RAS has become "*a disaster area*".

He believes the RAS has become needlessly complex, "*using questionnaires, points, weightings and formulas*" where it should have been something simple.

> *... problems grew as local authorities started to adopt these approaches unthinkingly, without reference to social work values and human rights.*

However, there is an alternative and more credible explanation for the growth of complexity, and therefore of bureaucracy to deliver it. The key lies in the concept of how the upfront allocation should be arrived at, and in particular, what is meant by it being a *fair* amount. Duffy (2012) describes a fair allocation as:

> *... enough money to enable independent living and full citizenship.*

This might be called the '*enough money*' model of fair allocation. It is indeed easy to agree that such an approach to budget setting does not need a complex process. It can, as Duffy suggests, be delivered through practitioners making judgements and does not require complex formulae.

However, this is not the model that Duffy proposed at the time In Control was persuading Government to adopt *self-directed support*. In a report by *In Control* (Poll *et al*., 2006), the RAS was described in these terms:

> *The system was designed to offer openly, publicly and fairly an allocation of funding that was affordable within current authority budgets.*

Fairness thus became not '*enough money*' but a '*fair share*' of whatever budget the political process had made available. This need be no surprise. The '*enough money*' model would be politically unacceptable as it is effectively asking Government to sign a blank cheque. However, the '*fair share*' model poses no financial risks. Indeed, some politicians might welcome it as an opportunity to exercise greater political control over spending levels.

However, the '*fair share*' model is a significantly more complex arithmetic challenge to deliver than the '*enough money*' model. Needs that call for social care come in all shapes and sizes, being unique in their nature as well as the cost of meeting them. Meeting needs of comparable priority can cost as little as a few pounds or as much as several thousand pounds a year. (Whilst this variability was said by proponents of *self-directed support* to be evidence of subjective and variable practitioner behaviour through what became known as 'the professional gift' (Duffy, 1996), no actual evidence was ever presented to support that view). Not only must a formula be found that is able to standardise needs and the cost of meeting them, but also to do so in a way that ensures the spending is within a cash limit. It need be no surprise that the search has been in vain.

An insight into the problems created by upfront allocations comes from the view of the project manager in London (London Self-directed Support Forum, 2013) whose council uses the FACE system. The council offered the following illustrative case study to show how the indicative budget process worked (p.33):

> *An older person who requires help transferring into the bath and washing*

> *their whole body but can manage most other aspects of personal care might have an indicative budget of £90. During support planning they might prefer to have a full bath only 3 times a week and only require assistance at those times. Then the actual budget agreed might be in the region of £40.*

The ratio between the two is large at 2.25. The record of the conversation (p.25) to explore this noted the project manager as saying the indicative budget is:

> *... correct, but individual circumstances might mean that significant adjustments have to be made.*

The project manager's view that the indicative budget was 'correct' could only exist in the sense of the RAS formula doing its job within its own terms of reference. However, those terms of reference bore no relation to what was actually required, which was discovered through getting to know the person's real needs through the assessment discussion.

Series and Clements (2013) make the point that whatever the RAS amount, the law obliges councils to carry out an assessment of need and to specifically cost how to meet them.

The RAS, if it exists at all, cannot be anything other than an addition to the process, not a substitution for any part of it. The draft Care and Support Bill does not propose a change to the requirement to carry out an individual assessment of need with a guarantee of at least a minimum level of need being met.

Impact of self-directed support on fieldwork services

Our original article showed how the implementation of *self-directed support* had coincided with a very large loss of productivity of the field work function. Comparing the years 2007/8 and 2010/11, it showed the following (Slasberg *et al,* 2012, p.168):

- While the number of assessments in each year remained virtually unchanged, the number of reviews carried out fell from 1,343,165 to 1,150,725 – a fall of **14.3%**.
- There was a fall in the numbers receiving Professional Support (work by social workers outside of assessment and care management) from 506,720 to 371,910 – a fall of **27%**.
- The number of staff employed in fieldwork increased by **8.6%**, although spending on field work fell by 3.3% (allowing for 11.9% inflation). This was explained by the Audit Commission as a shift from more expensive qualified to less expensive unqualified staff.

The amount of time required to deliver either an assessment, or a review, or to deliver field provision above varies hugely according to the situation. If the assumption is made that the three outputs on average required the same amount of time to deliver, the overall effect is a loss of productivity of some **20%.** This data resonated with reported views of fieldworkers that *self-directed support* had heralded a major increase in bureaucracy. A survey of practitioners for Community Care magazine (2012) found that 82% agreed it had increased bureaucracy, with 60% doing so 'strongly'.

Data is now available for 2011/12. It shows an acceleration of the process:

- The number of reviews fell by a further 143,340, making a total loss over the five years **26.3% (**NASCIS, A1).
- The number of assessments fell by 53,740, making a loss over the five years of **8.1%** (NASCIS, A6).
- The number of people receiving professional support fell by a further 104,240, making a loss over the five years of **47.2%** (NASCIS, P2f).
- A change in the data returns means comparable information about numbers

of people employed in field work is not available for 2011/12. However, we do know that the spending on field work fell by **1.7% (**NASCIS, EX1). Given that the spend is almost exclusively on pay and with a public sector pay freeze in place, if this led to an equivalent loss of staff this would mean there were 17,650 whole time equivalents. (Although if the trend of replacing qualified with unqualified staff continued, staffing may actually have continued to increase).

- Assuming no change in staff levels, productivity therefore fell by a further 13%, making an overall loss of **31%**.
- These losses are reduced a little if the number of carers receiving their own assessment is included (which was not in our original article). Their numbers increased from 120,905 in 2007/8 to 162,040 (NASCIS, C1). **Figure 1** shows the overall change in productivity, with carers assessments included.

The overall loss of productivity was **26.9%**. With gross spending on field work at £1.9BN, this represents a loss of value of **£0.5BN** a year.

New evidence from adult social care outcomes framework

The *Adult Social Care Outcomes Framework* has been introduced by the Department of Health requiring returns of performance data by councils. It reported for the first time for the year 2011/12. It includes the results of an annual survey of service user satisfaction. One of the questions that people are asked is (NASCIS, ASCOF data):

Which of the following statements best describes how much control you have over your daily life?', to which the following answers are possible:

- I have as much control over my daily life as I want.
- I have adequate control over my daily life.
- I have some control over my daily life but not enough.
- I have no control over my daily life.

Figure 1. Change in productivity since implementation of self-directed support

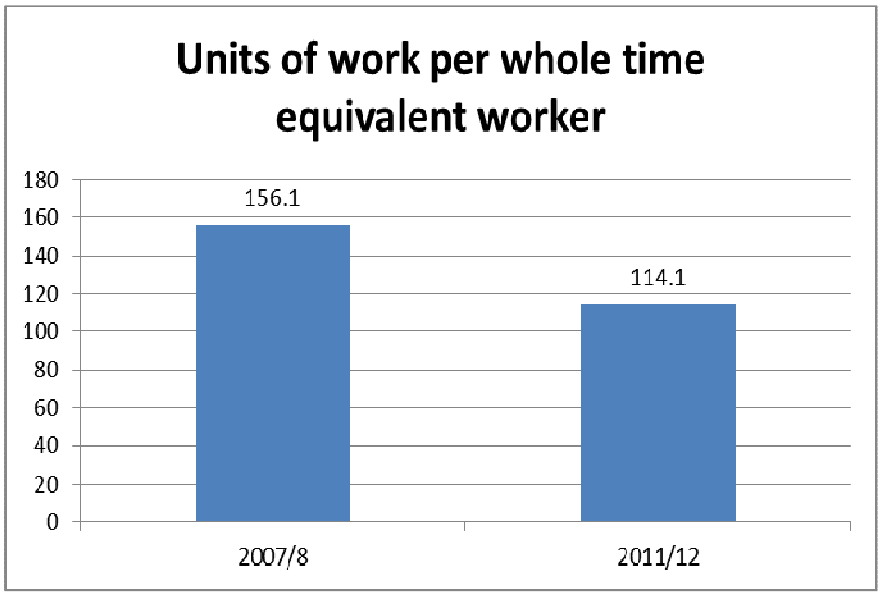
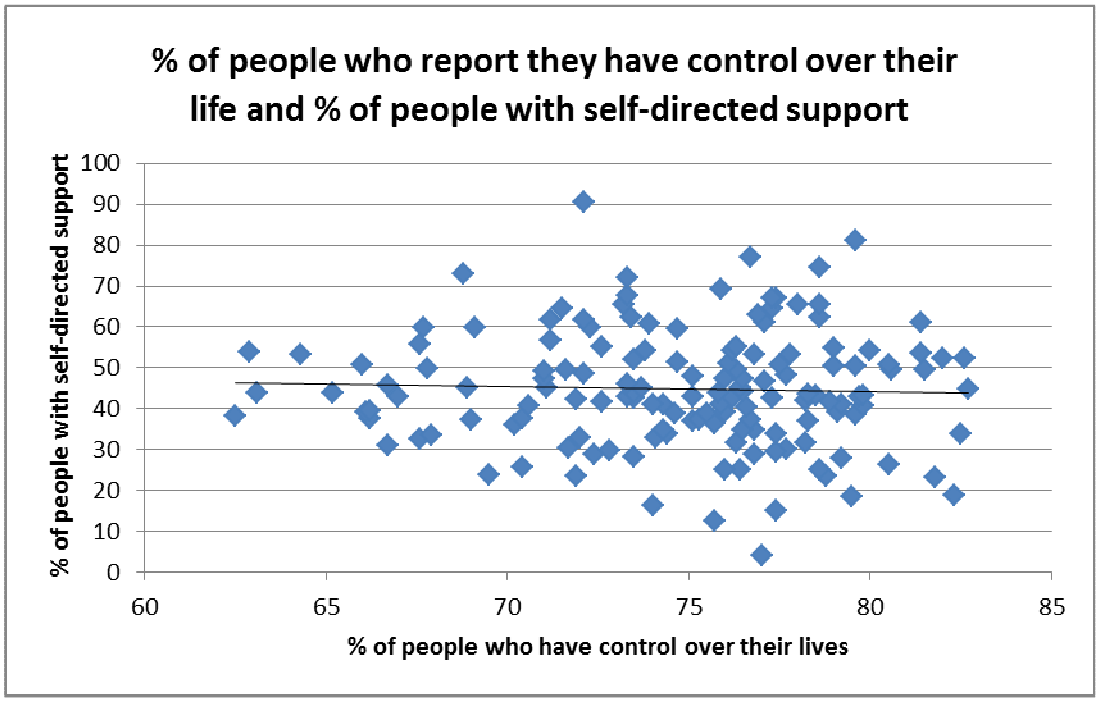


Figure 2. Proportion of people reported to have self-directed support and extent of control experienced



The percentage of people who respond with the top two are then used as the measure of the proportion of service users who have control over their lives.

A fundamental aim of *self-directed support* is to offer service users greater control over services and therefore, crucially, over their lives given the impact of support services upon lives. It should, therefore, be expected that the proportion of people reporting more control will follow greater implementation of *self-directed support*. This can be tested given there are large variations in the rate of delivery of *self-directed support*. The range in 2011/12 was from 4% of service users to 90%.

Figure 2 is a scattergram whereby each dot represents each individual council. It shows each council's score for the proportion of people saying they have control over the life with the proportion of people with *self-directed support*. The line through them is called the *trend line*. It is calculated electronically and is a measure of the average relationship between the two factors.

The expected association between *self-directed support* and greater control would be shown by the trend line going diagonally upward from left to right. This would show that as the proportion of people with *self-directed support* goes up, so would the proportion of people reporting control over the lives. **Figure 2** shows this is not the case. Indeed, the movement of the trend line is actually in the opposite direction, albeit slight. It may be that there are other factors at play to explain such lack of association. For example, councils reporting a higher proportion of people with *self-directed support* may also be ones with lower levels of resource relative to needs. However, there is no obvious logic to suggest that this would be the case.

It is further illuminating to also look at the data for the top and bottom performing six councils under each factor.

Top and bottom six in terms of proportion with self-directed support

- The six councils with the most people on *self-directed support* average **78%**

between them. Their score for people being in control was **74.9%**.
- The six councils with the fewest people on *self-directed support* averaged just **14.1%**. Their score for people being in control was **77.7%**.

Top and bottom six in terms of proportion saying they are in control

- The six councils with the most people saying there were in control average **82.3%** between them. Their score for proportion with *self-directed support* was **37.5%**.
- The six councils with the fewest people saying they were in control averaged **64%**. Their score for people with *self-directed support* was **47.3%**.

The councils with the fewest people on *self-directed support* actually have more people saying they are in control than councils with the most on *self-directed support*; the councils with the most people saying they are in control have fewer people on *self-directed support*.

The second national (POET) survey

The second national survey of personal budget holders (POET) (Hatton, 2013) was published in May 2013. It contains responses from some 2,000 older and disabled people and 1,000 carers from 20 councils who volunteered to take part. It was written in the context of a rapid expansion of people reported to have a personal budget, with the majority now said to have one.

It reported that personal budgets were improving outcomes in relation to 14 outcomes indicators (p.8). Over 70% of personal budget holders reported better outcomes in relation to:

- Being as independent as you want to be.
- Getting the support you need and want.
- Being supported with dignity.

While less than 10% reported a negative impact on any of the 14 areas.

However, the report acknowledges that:

> *Personal budgets and self-directed support continue to be the subject of significant debate. Experiences can vary from very poor to excellent (*p.2).

It claims that we are still in '*relatively early stages*' of the cultural shift with a need to learn:

> *… what action councils and others can take to achieve the best results.*

The basis for believing this is possible is the belief that some councils are excellent at delivering *self-directed support*, and some are poor, both in terms of *outcomes* and in terms of *process*. The survey reported a 30% variation between '*the best and worst performing councils*' (p.9) on both outcomes and process.

However, the following issues render the survey unfit for the purpose of informing the actions required to improve outcomes for all.

Problems with the POET evidence
The survey sample, as in the first POET survey was not randomised, but selected through councils who volunteered to take part and who then identified up to 100 service users each. The result is that the sample is grossly unrepresentative. 89% had one of the three forms of direct (cash) payment (payment to the person, payment to a third party, or payment to an organisation acting for the person) and only 11% had a council managed 'personal budget'. This is the mirror opposite of the actual position in England in 2011/12, where only 11.2% of all service users had a direct payment. The report does acknowledge the imbalance, saying (p.7):

> *Voluntary participation of interested services and people, making it more difficult to gain groups of participants that are nationally representative.*

The impact of this imbalance is considerable. Slasberg *et al*. (2012) make the point that research has long established that people taking direct payments have been achieving better outcomes since they were introduced in 1996, over a decade before the *self-directed support* strategy, and that the first POET report was effectively claiming successes for the personal budget process that were, in truth, attributable to the direct payment provision.

Perhaps mindful of criticisms that it is only direct payments that produce better outcomes and that the personal budget process has not added to the experience of personalisation, the report says (p.11):

> *Generally speaking across almost every social care need group using almost every type of personal budget, holders reported positive experiences of the impact of personal budgets on their lives.*

In other words, there was evidence of better outcomes amongst the 11% with a council budget. However, this statement should be viewed in the following context.

The survey method will have inflated the reporting of better outcomes for all respondents. This is because it did not isolate the effect of the *personal budget process* from other factors. No control groups were used. Respondents were simply asked '*whether the personal budget has made a difference (either positive or negative) across 14 aspects of the person's life'* (p.8). Respondents may well, therefore, have included the difference to their lives made by the *services purchased* as well as, or even more than, the *personal budget process*. In other words, they would have been reporting the difference that having the support of services has made against having no support from services. They would not have been comparing a personal budget with the traditional process.

The report set out the relationship between a number of factors and the 14 outcomes in order to isolate the factors most associated and least associated with better outcomes. The factors included the type of personal budget. It presented these findings in relation to the four main service user groups. **Table 1** aggregates the number of occasions when there was a '*statistically significant positive relationship*' (p.81) between one of the three forms of cash payment and council managed budgets and the number of times there was '*a statistically significant negative relationship'*.

The report says in its main findings section (p.12):

> *... it is not always the case across all social care groups that direct payments are good and council-managed budgets are bad*.

Table 1. Relationship between outcomes and form of personal budget

	Number of times there was a positive relationship with outcomes		**Number of times there was a negative relationship with outcomes**	
	Direct payments	Council managed	Direct payments	Council managed
Older people	7	0	0	5
Disabled people	8	0	1	7
Learning disabled	2	0	1	2
Mental health	4	0	0	0
Total	**19**	**0**	**2**	**14**

Table 1 shows this statement may be technically true, with direct payments related negatively to outcomes on two occasions. However, as a summary of the relationship between type of budget and outcomes it is seriously misleading. It fails to highlight the outstanding conclusion, which is that council managed budgets did not have a statistically significant positive relationship with a single outcome measure across the user groups, but they did have statistically significant negative relationships with 14.

While the report identifies a 30% variation in the best and worst performing councils, it is also the case that there is a similar spread between the councils in terms of the proportion of their samples with a direct payment. The proportion of those with a council managed budget ranged from 0% to 40% (p.22). While the authors identified councils by the proportion of their samples with a council managed budget, they chose not to reveal which of them were achieving the better outcomes and which were not. However, it is likely that for each council taken as a whole the percentage with positive outcomes would probably be higher if there were more people on direct payments. This is particularly evident given **Table 1** above.

The report says it is the *process* issues that make the difference to outcomes and that councils can control these. The report highlights one in particular:

> *Generally speaking, where people said their views had been taken into account in the planning they were more likely to report positive outcomes* (p.7).

However, the report assumes that variations in this are entirely a question of how councils function. It does not acknowledge that this might also pertain to the social skills of the service user. There is evidence that people who opt for a direct payment have high levels of assertiveness skills which ensure the balance of views in the support planning process is better weighted toward the service user. Most recently, The Office of Public Management (2011), in a study of delivery of direct payments in Essex, noted (p.42):

> *For the majority of the people interviewed (both service users and relatives) the most important skills needed to make cash payments work were confidence, assertiveness, and an ability to articulate needs.*

It is likely that people with such skills will impose themselves more successfully on the planning processes and report that their views were taken into account regardless of the individual council's skills and culture.

Summary

The POET report's claims that *self-directed support* works is based on two elements:

- That some councils are doing it very well, and others not.
- That council managed budgets – which most purely tests the *self-directed support* strategy, given that the only innovation for this group is the supposed upfront allocation – are also achieving better outcomes.

However, the above analysis of the report's data shows this to be unsound.

The survey does not, in fact, even establish that personal budgets – defined by the upfront allocation – are actually being delivered. Whilst the survey does ask each person if they were told the value of their 'personal budget', it does not report whether they were told before or after support planning. Being told *following* support planning does not satisfy the requirements of the definition of a personal budget within the *self-directed support* process.

If the view expressed in the report that we are at an early stage of personalisation means only a minority of people are experiencing it, it is one that is supportable by all the evidence. However, the view that persisting with *self-directed support*, and the cultural shift it is said to represent, will bring about an

acceleration is sustained only by selective and distorting use of evidence. The evidence points instead to personalisation being limited to the minority able to take a cash payment to create and manage their own support systems, with *self-directed support* making no further contribution.

Personal health budgets

The evaluation of the three year pilots to test personal health budgets (PHBs) was published in November 2012 (Forder *et al.*, 2012). It compared outcomes for 1,000 people with a PHB with a 1,000 who did not as a control group. It showed that those with a PHB had better outcomes than the control group.

This has been interpreted by advocates of *self-directed support* as further evidence of the effectiveness of *self-directed support*. Thus Julie Stansfield, Chief Executive of In Control, in an article for the Guardian (Stansfield, 2013), said:

> *Crucially, the findings about what works replicated those in social care. To achieve the best results, personal budgets must be delivered according to the principles of self-directed support – that is, people need to know the budget they have to plan their care with, be able to choose the mechanism for managing the budget and have maximum flexibility in use of budgets*.

However, a closer reading of the report shows this not to be the case. One group of those with a PHB, consisting of 225 people (19.2% of all those with a PHB), were not offered an upfront allocation. However, this group still enjoyed better outcomes. The remaining 879 were said to have been offered an upfront allocation). One group amongst them, consisting of 206 people (17.6% of the total PHB group) did not achieve better outcomes. This led the evaluation team to the following conclusion (p.76):

> *… possibly that it is the greater choice and flexibility that is more important than knowing the budget level.*

The Community Care Annual Personalisation Survey

Community Care (Community Care magazine, 2013) repeated its annual survey of how personalisation is being experienced by its readers in 2013. The following findings are relevant to the question of whether *self-directed support* is fit for the purpose of delivering personalisation.

Bureaucracy

- As in 2012, the process is experienced as bureaucratic, with 79% of respondents saying it has increased bureaucracy.
- A follow up question is whether the council has done anything to reduce the bureaucracy. 77% said that the council had not.

That the magazine poses the question about what the council has done to reduce bureaucracy suggests that it has accepted the view of *Think Local Act Personal* that the problem of bureaucracy is created by councils' inappropriate delivery. Indeed, the magazine's headline message is that '*councils have failed to tackle bureaucracy*'. Sam Bennett, programme manager at TLAP, is quoted as saying "It seems very difficult for councils to trust that people will make cost-effective choices that lead to better outcomes". This demonstrates a return to the belief in the '*enough money*' model of a fair allocation set out above, with an expectation that councils should simply sign off whatever the service user and practitioner believes is reasonable. This view shows a failure to address the reality of councils' budget holders having to work within a cash limit.

The results can perhaps better be seen as supporting the view that the RAS concept is fundamentally flawed. Any attempt to allocate resources before support plan costs are known whilst working within a cash limit is a hugely complex challenge. Formulae, with data processes to support them, are inevitably complex with major bureaucracy to deliver them inevitable.

User empowerment

Perhaps the prime driver of the strategy was to empower service users as the decision makers. Armed with an upfront allocation of money, they would be free to plan their own support. In that context, the finding that only 2% of respondents said service users were leading support planning is a severe blow to the claims. It is a finding that correlates with the finding set out above that there is no relationship between *self-directed support* and service users reporting they feel in control of their lives.

Refreshed conclusions

We concluded our first article with the view that *self-directed support* was failing to deliver either personal budgets or personalisation. The further evidence in this report strengthens that conclusion. However, it is even more serious than that as it is becoming evident that it is causing significant damage. This is not only in terms of wasted resources through the growth in a bureaucracy that has no value, but also in terms of driving further wedges between practitioners and service users. The London Self-directed Support Forum (p.21) have experienced *self-directed support* as actually reducing the level of service user engagement. The assessment process has become increasingly dominated by questionnaires with closed questions. This is not experienced as conducive to the nature of conversations that are engaging and empowering; decisions about resource allocation are being carried out by professionals where the service user is not present.

The Government view that *self-directed support* remains an appropriate strategy is being maintained by a combination of misleading use of data and individual case histories whose success is owed to the 1996 direct payments legislation and whose success cannot be scaled up to all under present arrangements.

There is an increasing urgency for sector and political leaders to recognise what is happening and bring about a change in direction. This is required if personalisation is to be a reality for all, not just a minority. Two key changes to achieve personalisation emerged from the independent 'Standards We Expect' project funded by the Joseph Rowntree Project. First a radical review of social care funding, far beyond the narrow boundaries adopted by the Dilnot Commission, and subsequently accepted in limited form by the Government, and second, major change in the prevailing culture in social care. This continues to be institutionalising and bureaucratic rather than enabling a person-centred approach to care and support (Beresford *et al*., 2011). The present authors also retain the view set out in our earlier paper that at the heart of a new vision must be:

- A new partnership between the State and service users based on rights for the service user.
- A new approach to eligibility and assessment that learns from the lessons from past and current failures.

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Notes on Contributors

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Peter Beresford, OBE, is Professor of Social Policy and Director of the Centre for Citizen Participation at Brunel University. He is Chair of Shaping Our Lives, the national user controlled organisation and network of service users and disabled people. He has a background as a long-term user of mental health services and has had a longstanding involvement in issues of participation as activist, writer, researcher and educator.

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Modelling the relationship between needs and costs: how accurate resource allocation can deliver personal budgets and personalisation

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Abstract
A fundamental question for social policy is how accurately costs can be predicted from individual needs and characteristics. In the UK this question has added salience due to recent policy reforms: the Care Bill 2013 (HM Government, 2013) obliges local councils to offer users of social care 'personal budgets' that enable them to tailor the support they receive to their personal goals and circumstances more precisely than has traditionally been the case. In order for this to work in practice, a method is needed with which to determine the level of funding to be made available to any individual with a given set of needs. Resource allocation systems based upon measures of need are one widely adopted approach to estimating the cost of the individual service user's care package in a manner directly proportionate to individual need. However, some recent studies have questioned the feasibility and utility of such systems, arguing that the relationship between needs and costs cannot be modelled with sufficient accuracy to provide a useful guide to individual allocation. In contrast, this paper presents three studies demonstrating that this is possible. It is argued that the ability to accurately predict costs from needs both supports personalisation and has wider policy applications.

Keywords: social care, resource allocation, personalisation, needs assessment

Introduction

'Putting People First' (Department of Health, 2007) announced the goal of a personalised adult social care system and ushered in the era of 'personal budgets for everyone eligible for publicly funded adult social care support' (p.3). The right to a personal budget has now been enshrined in the UK Government's Care Bill 2013 (HM Government, 2013). A key element of this new approach has been the development of a resource allocation system (RAS) that provides an 'upfront' indication of the sum of money to which the service user is entitled to meet their social care needs. However, two recent papers (Slasberg *et al*., 2012, and Slasberg, 2013) have questioned the viability of this approach on empirical grounds. They point out that upfront allocations rely on the assumption that it is possible to '... standardise and measure needs, and attach a standard monetary value to them' (Slasberg *et al*., 2012, p.172). Questioning this, Slasberg *et al.* come to the conclusion that this is not possible, that 'social care needs are unique to individuals, as are the costs of meeting them'. The critical issue is whether the relationship between need and cost can be modelled with sufficient accuracy to provide a guide to individual allocation – a question of broad relevance to social policy. This paper presents three studies that explore this fundamental question.

The '£ per point' approach to resource allocation

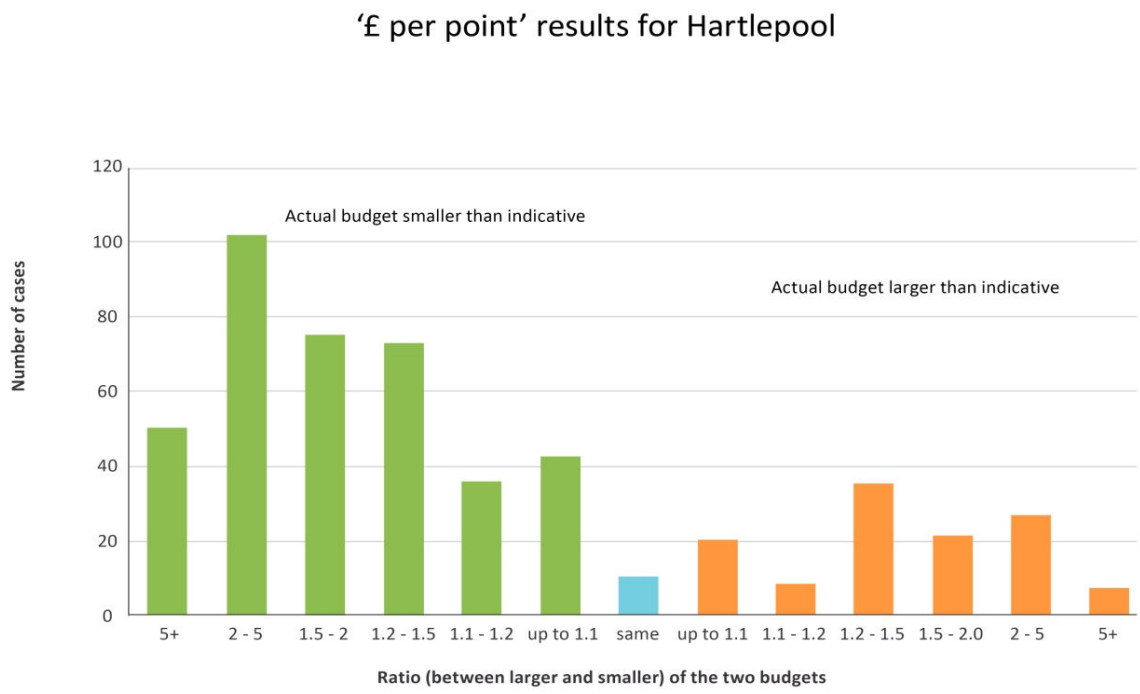
The favoured method for developing a RAS was initially that promoted by the organisation 'In Control' (Poll & Duffy, 2008). This involved the creation of a brief self-assessment questionnaire with a simple scoring system leading to a '£ per point' based allocation to the service user, where for

every additional point 'scored' on the assessment an incremental sum of money is allocated. A similar approach was adopted by the Association of Directors of Adult Social Services (ADASS, 2010) in developing the so-called 'common RAS'. It is this approach that is the subject of the Slasberg *et al.* (2012) analysis examined here.

This methodology was determined largely by ideological rather than technical considerations. The ideals of brevity, ease of completion and simplicity of scoring were considered paramount. This represented a risky strategy, since it is an empirical matter how many data items are required in order to make an accurate prediction of one variable (cost) from a set of variables relating to a different domain (need). There is no guarantee that it is even possible. Furthermore, any '£ per point' scoring system relies on implicit statistical assumptions, such as there being a broadly linear relationship between needs and costs, that may not be correct. For example, the evaluation of the Department of Health's personal budget pilot programme, the IBSEN project, appeared to find an exponential relationship between difficulties with activities of daily living and costs of support (Glendinning *et al.*, 2008, p.100).

The focus on ease of use rather than empirical method is evidenced by the fact that five years after 'Putting People First', the Slasberg *et al.* (2012) study was the first to examine the relationship between indicative and actual budgets produced using the '£ per point' approach. Their study focused on whether the '£ per point' RAS was 'driving' resource allocation in several councils. In order to evaluate this, Slasberg *et al.* suggested a method of measurement that displays the ratio between indicative and actual personal budget. If indicative budget (IB) were driving personal budget (PB) then it would be expected that there would be a strong central tendency in the chart, i.e. the majority of ratios would be close to the centre of the chart and there would be increasingly fewer cases falling into the categories of larger ratios shown towards the outside of the chart.

Figure 1. '£ per point' results for Hartlepool (reproduced from Slasberg *et al.*, p.164)



The findings were not encouraging: none of the charts derived from '£ per point' RAS came close to meeting the prediction. An example is reproduced in **Figure 1**, the chart relating to Hartlepool, one of the standard bearers of this approach.

The paper demonstrated a similar lack of central tendency in ratios of IB to PB, even for cases used for recalibration (the process of updating a model to reflect changes in rates and local practice). Collectively, these findings suggested that the IB generated by the RAS was having little impact on determination of final PB.

On this basis, Slasberg *et al*. (2012) suggest a different approach to personalisation, involving both 'a holistic assessment of need' and a new 'partnership' relationship between councils and service users. However, whilst Slasberg et al.'s conclusion may be valid with regard to the '£ per point' approach, they did not consider the other main approach to have been widely adopted.

The modelling approach to resource allocation

The alternative approach has been developed by FACE Recording & Measurement Systems, a small company specialising in the development of assessment tools.

The FACE approach has been to develop statistical models of the relationship between need and cost. Rather than using a new 'self-assessment', the main data collection tool has been the FACE 'Overview Assessment' (FACE, 2003). This is a holistic assessment of need accredited by the Department of Health in 2003 to support the policy of 'single assessment' across health and social care. It is used by about 50% of councils in England. Thirty councils have participated in the RAS development, supplying samples of historic cases, including both completed assessments and details of care packages. Analysis has identified a subset of about 30 data items from the Overview Assessment that contribute significantly to cost prediction. These have been brought together into a briefer assessment tool, the FACE 'Needs Profile' (FACE, 2011), which forms the basis for the RAS.

A key feature of the FACE approach is standardisation, not just of the assessment tool but also of costs. In many local areas there is significant variation in the cost of the same service from different providers. Sometimes these are for commercial or historic reasons, such as pre-existing contracts, but such variations may reflect differing delivery costs across e.g. rural and urban settings. The effect of such variation is that two service users with identical needs may end up with care packages that vary in absolute cost. Were these 'raw' costs to be taken as the basis for modelling, accuracy would potentially be compromised. Hence councils have supplied standard provider costs for modelling purposes and these have been used to standardise the cost of actual care packages for statistical analysis.

The result of the modelling process is not a simple '£ per point' method of allocation but a multi-step algorithm in which what is allocated as each successive need is considered depends in part upon what has previously been allocated. This approach is justified by the fact that the resources required to meet certain needs (e.g. checking for safety every day) depend in part upon what other needs are already being met (e.g. receiving personal care once a day would obviate the need for a separate safety check). Based upon such methods, the FACE RAS model claims a Pearson correlation coefficient of over 0.96 between predicted and standardised costs (Clifford, 2012, p.8). This level of accuracy suggests that contrary to Slasberg et al.'s assertion that the cost of meeting social care needs is unique to individuals, the modelling approach might provide a sound basis for producing an IB. The studies reported below therefore set out to evaluate the FACE RAS against Slasberg et al.'s proposed criterion and to compare the results with those achieved using a '£ per point' approach.

The Studies

Study 1

The first study was undertaken with data supplied by a London Borough council in the process of switching from a '£ per point' RAS to the FACE RAS.

Method and sample

A sample of 61[1] consecutive cases relating to service users over 65 years of age were selected on the basis that:

- They had been assessed by experienced practitioners with good assessment skills.
- The assessment process had included completion of the '£ per point' supported self-assessment.
- The assessments had been validated and signed off by senior managers.
- They covered a range of need.

Service users were assessed using the council's standard assessment methods, including the '£ per point' supported self-assessment questionnaire. The results of the assessment were then used to generate an IB. A support plan was subsequently developed with knowledge of the IB, resulting in a costed care package.

After the care package was developed, the service users were then assessed using the FACE Needs Profile and a second IB generated using the FACE scoring algorithm. The IBs produced by the FACE RAS and the '£ per point' RAS were then compared with the PB agreed during the support planning process.[2]

Results

The 'Slasberg' ratio graphs for the two approaches are shown in **Figures 2** and **3**.

The '£ per point' RAS shows no central tendency. The FACE RAS shows a clear central tendency.

Study 2

A second study was conducted with the same council using a full calibration sample (cases collected which reflect local practice and are used to build the initial algorithm).

Method and sample

A sample of 281 cases of older people receiving social care was selected by the council for calibration purposes on the basis that:

- They had been assessed by experienced practitioners with good assessment skills.
- The assessments had been validated and signed off by senior managers.
- They covered a range of need.
- Care packages were judged to be proportionate to need.

The purpose of the latter criterion was to exclude cases where the care package was clearly disproportionate to need, e.g. for historic contractual reasons, since this would result in a model that was inappropriate for the desired approach to ongoing allocation.

Results

The results are shown in **Figure 4**.

The nine calibration cases (out of 281) where the IB differed from the PB by a factor of greater than two are shown in **Table 1**.

In six of the cases, both IB and PB were very small, meaning that although the ratio implies a large difference, the absolute difference between IB and PB in all six cases is less than £20 per week. Upon investigation, the council reported that the highest case was the result of an over-generous care package rather than an under-allocation on the part of the IB. The other two cases were not investigated.

[1] The original sample was 75 but for various reasons, including mislaid assessments or service users declining services, the sample reduced to 61.

[2] The care package costs were supplied in two forms: as actual costs of the care package for each individual, and as standardised costs, in which actual cost was recalculated based upon average standard hourly or daily rates for the local site services such as home care, day care, etc. Standardised costs were used for this study.

Figure 2. £ per point IB (Study 1)

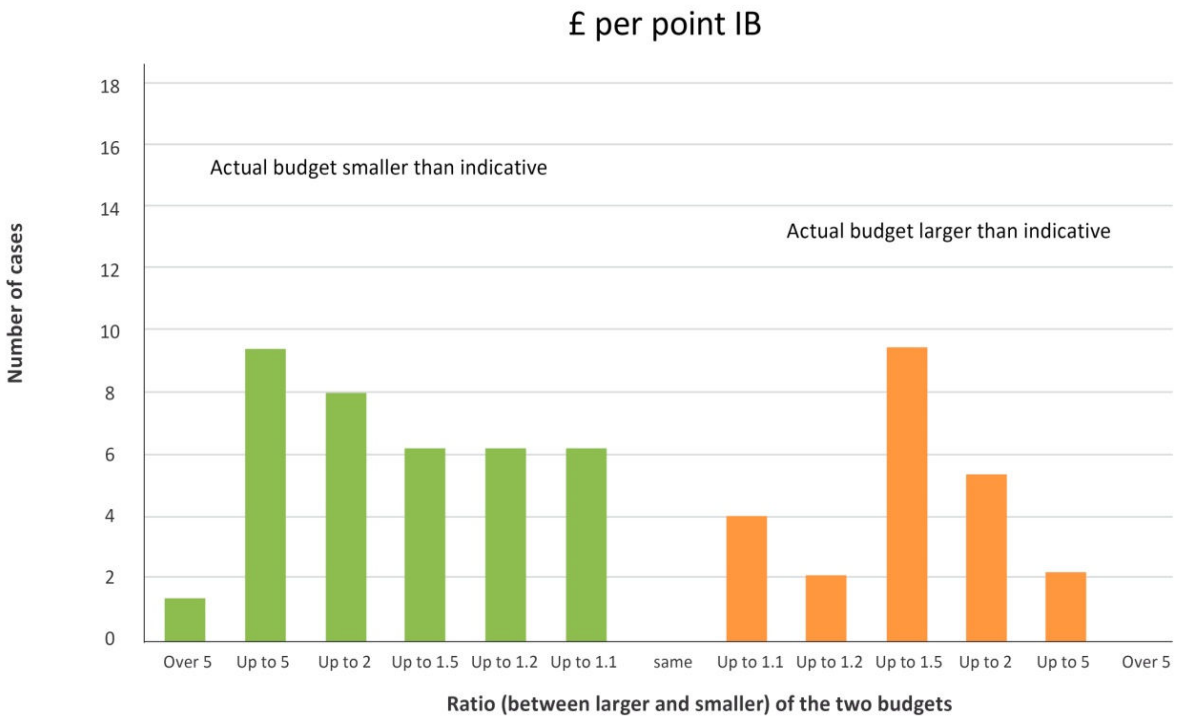


Figure 3. FACE RAS IB (Study 1)

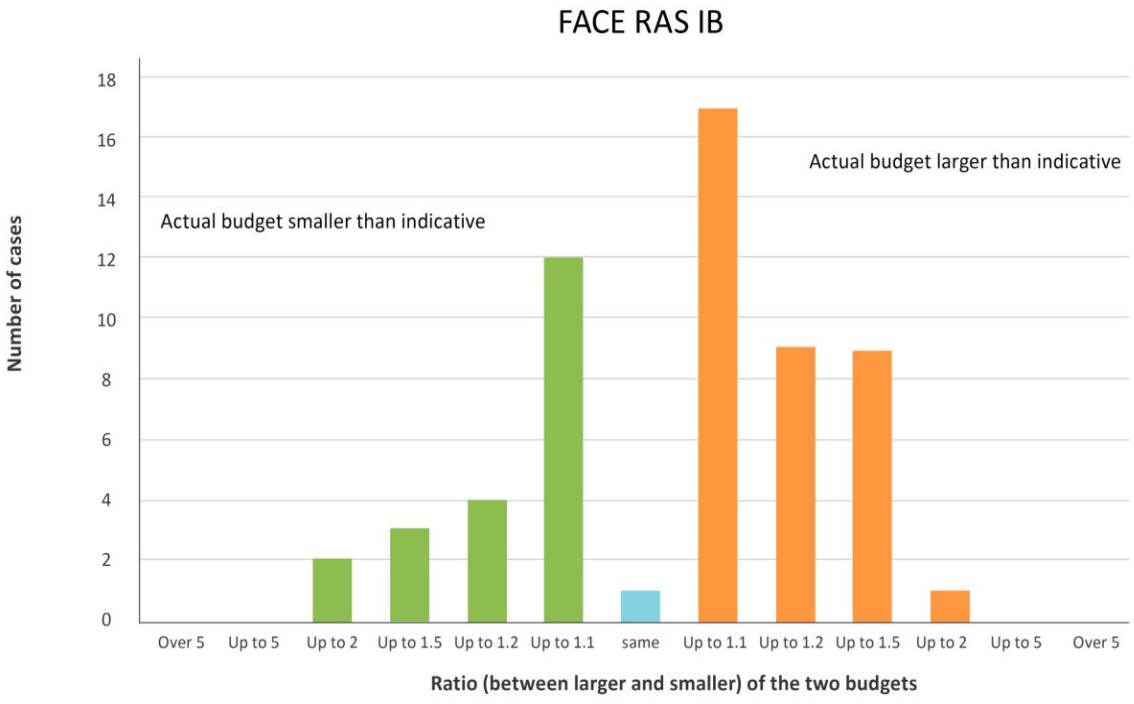


Figure 4. FACE RAS Calibration Sample (Study 2)

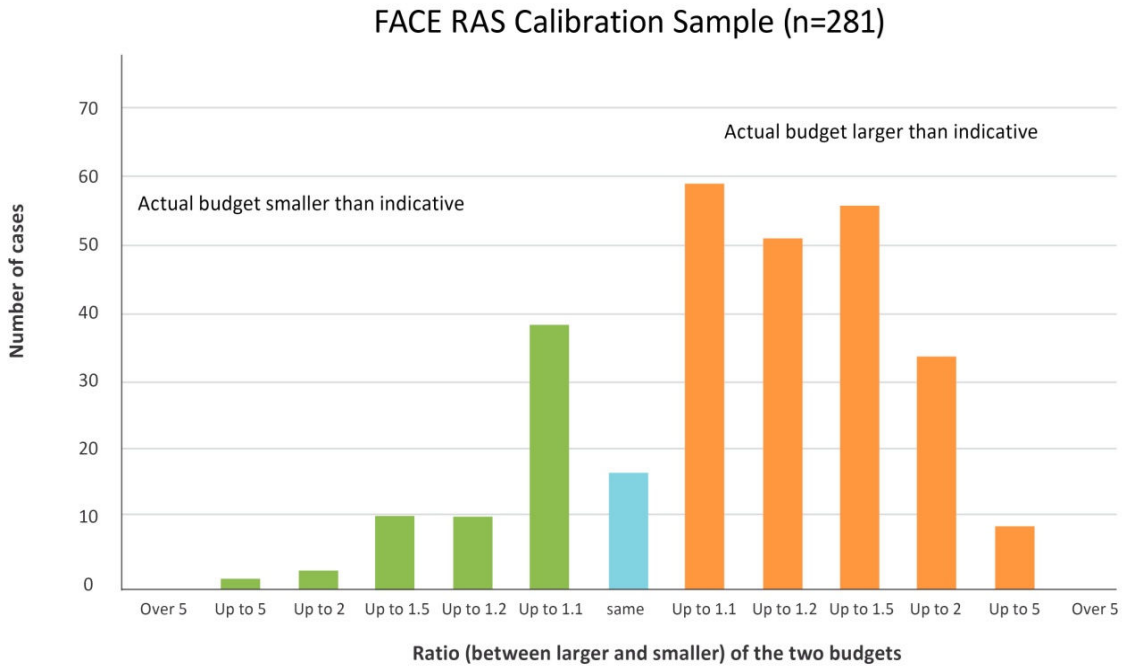


Table 1. Cases where IB differs from PB by a factor of greater than two (Study 2)

IB	PB
9	22
11	22
14	33
14	33
14	30
35	16
44	100
48	121
137	278

Study 3

A rural council supplied data on service users who had been through the full self-directed support process, from assessment to support planning, after implementation of the FACE RAS.

Sample

Data was initially supplied on 267 cases of service users who:

- Had been assessed using the FACE Overview Assessment.
- Had received an IB based upon the FACE RAS.
- Had subsequently been allocated a care package.

Of the assessments identified for review, 57 could not be used in the study as sufficient resource was not available within the council to retrieve all of the required information relating to these cases. These were therefore omitted from the final analysis, leaving a final sample of 210 cases. There were no systematic differences between the excluded and the included cases as measured by a t-test comparing average discrepancies between IB and PB (t-test, p=0.25).

Method

The study proceeded in two stages: initial analysis followed by individual case review.

In stage one the initial data was collated. Cases for which the IB was within 10% of the final budget were deemed ‘accurate’. The remaining cases were subject to case review by researchers in order to ascertain the reasons for differences between the IB and the PB. In order to ascertain this, the following details were requested from the council:

- Standardised costs of services included in the care package.
- Checks upon accuracy of the scoring of the assessment (e.g. where there appeared to be internal inconsistency between different scores in the assessment).
- Other questions suggested by individual cases (e.g. 'why is the care package extremely high when needs scores are uniformly low?').

Based upon the council's responses the following steps were taken:

- Stage two: cases that were inaccurate due to 'exceptional' circumstances were removed from the analysis, e.g. cases where the discrepancy between PB and IB was unrelated to need, such as where there were historic reasons for unrepresentative care packages.
- Stage three: care package costs were standardised to remove variances between hourly rates of local service providers.
- Stage four: IBs and PBs were recalculated based upon the council's corrected data (e.g. some assessment scores or care package details were corrected).

The Slasberg ratio graphs were produced and the Pearson correlation coefficient between the RAS IB and the PB calculated at each stage. The format of the ratio graphs was also amended so that the central 'same' section of the graph referred to a range of 'up to 1.05' difference in ratio between IB and PB rather than literally identical amounts, since no RAS will produce a budget that is correct to the exact pound and a central point of 'identical' visually understates central tendency.

Results

Of the 210 cases, 119 cases had 'the same' IB as PB, with the average difference between IB and PB for these cases being £6.99 (with the IB lower than the PB). Of the remaining 91 cases included in the analysis:

- Stage one: 43 cases resulted in queries sent to the council.
- Stage two: 15 were excluded as 'exceptional'.
- Stage three: 57 cases had their costs standardised.

Stage four: of the 43 cases reviewed by the council:

- 14 cases were excluded by the council either because the assessment data received was for a different case from the care package submitted, or needs had significantly changed between the assessment and support planning so the PB did not reflect the assessment used to generate the IB.
- 4 cases were excluded because they received substantial additional services for needs which were identified by the assessment, but which were paid for by non-social care providers (e.g. continuing healthcare).
- 2 cases were excluded because the IB was capped at a pre-determined rate requested by the council, and therefore the RAS being accurate at costs above the cap was technically impossible.
- 23 cases had their assessments or care packages updated following the council's review of case notes, and where assessment data were updated the IBs were re-generated using the RAS model.

The central tendency charts for each stage of the analysis are shown in **Figure 5**.

At stage four, 74% of personal budgets fell within 10% of the IB, with only 3% having a ratio greater than 1.5. The correlations between the RAS IB and the PB at each stage are shown in **Table 2**. It is noteworthy that prior to standardisation (stage three) the correlation was over 0.9, and that prior to incorrect assessment scores being rectified (stage four) the correlation was 0.965, indicating that obtaining a close match between IB and PB is not dependent on going through these stages of data analysis.

Figure 5. Central tendency charts for stages 1-4 (Study 3)

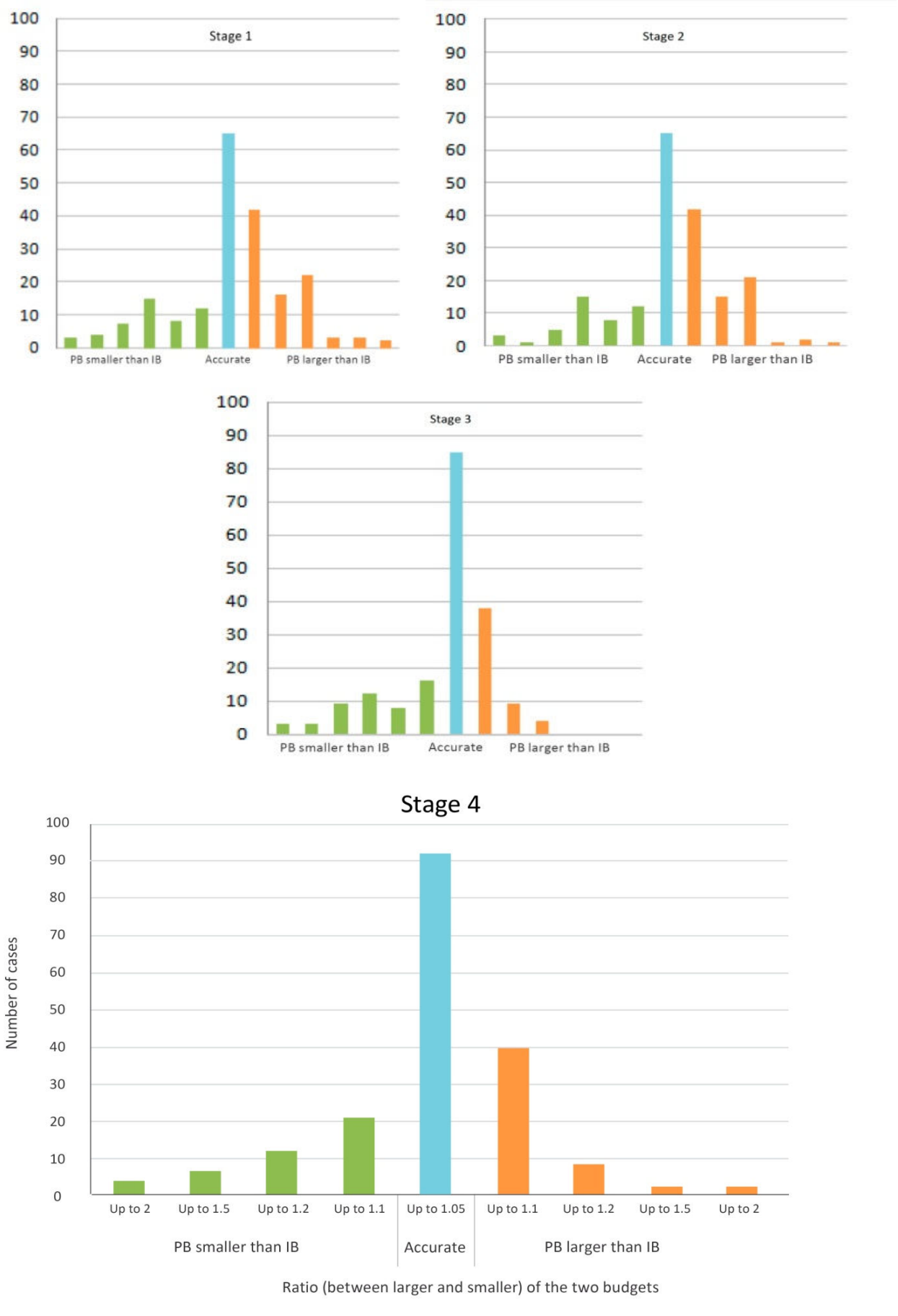


Table 2. Correlations between IB and PB - Study 3

Correlation between Indicative Budget and Personal Budget	Correlation
Stage 1. IB vs. PB (all cases)	0.727
Stage 2. Exceptional cases removed	0.914
Stage 3. Costs standardised	0.965
Stage 4. Scores and care package details corrected	0.990

Discussion

The studies reported upon used operational data collected in routine settings. This constrained how many cases could be reviewed and meant that more data were lost from the original sample than would be ideal. Another weakness arising from this was the failure to review the cases from Study 3 which initially presented as accurate. This sub-sample may have included cases whose budget was 'right for the wrong reasons', i.e. which would have been less accurate following review than at first appeared. This may have artificially inflated the correlation between IB and PB found in Study 3. Additionally, the studies are drawn from data provided by two councils only, which could be argued to limit their generalisability.[3]

Despite these methodological limitations, the studies provide strong and consistent evidence. Study 1 involved a direct comparison of the '£ per point' and 'modelling' approaches to resource allocation, with each service user being independently assessed twice in order to produce two IBs. The ratios of IBs generated by the '£ per point' RAS to PBs showed minimal central tendency, in comparison with those generated by the FACE RAS. Study 2 further demonstrated the precision with which the modelling approach can be applied during calibration, whilst Study 3 demonstrated that the level of accuracy arrived at during the recalibration phase can be maintained in everyday practice. The findings are clear: the relationship between need and cost can be modelled and standardised with sufficient accuracy to support the allocation of budgets at the individual level.

Two factors explain the difference between these findings and those of Slasberg *et al*. (2012). First, their paper confines itself exclusively to an evaluation of what the evidence now suggests is a weak resource allocation methodology; and secondly, they do not consider the reasons **why** personal budgets and IBs may differ. ADASS specifically recommend that councils collect 'the indicative budget, the final personal budget and reasons for any difference' (ADASS, 2010, p.21). Unfortunately, most councils do not do this. Consequently, previous studies have been based solely on the IB and care package costs, with no investigation into the reasons for variation between the two. However, as is clear from Study 3, there are good reasons why an IB and PB may differ, other than inaccuracy of the RAS itself. These may include:

- Transport costs (which are not included in most RASs as they are not directly relatable to need).
- Local charging policies (which result in a service user not taking up support to which they are eligible).
- Service user refusing certain types of support (e.g. day care).
- Variability in costs of the same type of support between different local providers.

[3] However, at time of writing, the most recent 25 calibrations of the FACE RAS produced average correlations between predicted and actual costs of 0.96, suggesting a reasonable level of generalisability.

- Pre-existing block contracts, e.g. for specialist housing.
- Changes in need of service user or carer between assessment and support planning.
- Inaccurate recording of needs or care package costs.

Once such factors are controlled for in the analysis, the picture may look very different.

A broader lesson is the importance of standardisation. The data items included in the FACE assessment were identified through statistical analysis rather than subjective opinion, and the use of standardised unit costs substantially increased the accuracy of the allocation model. However, whilst it improves the accuracy of the model, in practice standardisation does not necessarily make life easy: in order to use such a model operationally practitioners need to be consistent in their scoring, and finance officers and service managers have to apply a level of rigour to which they are not necessarily accustomed. In this regard, the correlations of over 0.9 between IB and PB even before standardisation or correction of scoring suggest both that a reasonable level of accuracy is achievable routinely, and that long-term use and appropriate user training would be expected to lead to a higher level of accuracy as users become familiar with the scoring methods.

Personalisation, complexity and resource allocation

A key element of the initial approach to personalisation proposed by In Control and echoed by subsequent policy documents, was to avoid what were seen as the unnecessary complexities of traditional 'professional' needs assessment processes. It was proposed that these could be replaced by a simple 'sheet of A4' self-assessment that, in the view of its proponents, was more than adequate to fulfil the requirements of assessment and was also sufficient to provide a reasonable upfront indication of the amount of money to be made available to the person.

As Slasberg *et al.* (2012) point out, no evidence was provided to support these claims. Paradoxically, the findings above suggest that it may be the abandonment of holistic, person-centred assessment in favour of oversimplified self-assessment questionnaires that has contributed to the difficulties in developing a workable RAS.

Both proponents of the '£ per point' approach, such as Duffy (Poll & Duffy, 2008) and critics such as Slasberg *et al*., make much of the 'bureaucracy' associated with personalisation. However, it is not surprising that many councils using the '£ per point' approach to resource allocation have experienced an increased bureaucracy since:

- The approach introduced an additional parallel assessment process on top of the pre-existing needs assessment process.
- It required councils to undertake a lengthy development process through which to arrive at a weak resource allocation method.
- It required councils to introduce alternative measures to manage allocations effectively once it became clear that the weak method was not viable.

In sum, the '£ per point' approach does not meet the criterion proposed by Think Local Act Personal (2011, p.8): 'The indicative allocation amount should be as close as possible to the final approved budget – if it is not then there is a high risk of wasted process (as well as frustrated staff and customers)'. Wasted process, frustrated staff and customers is exactly what would be expected and is what is reported by Slasberg *et al.* (2012). In contrast, a RAS based upon a standard person-centred needs assessment process does not increase bureaucracy because councils are already required to assess needs by statute. The IB is thus a by-product of the natural assessment process and does not introduce any new process.

Is a RAS necessary?

The results presented here suggest that a RAS which uses the 'modelling' approach offers a viable method of supporting personal budgets, but is it a necessary element of personalisation? There are some good reasons for thinking it is. In most walks of life personalisation increases complexity of the decision-making process and lowers predictability of costs. Whether choosing a meal, a car, a holiday, a home or home improvements, the greater the range of choice the higher the complexity of the choices to be made and thus the lower the predictability of the ultimate price. It is for these reasons that sales representatives typically ask customers whether they 'have a budget in mind'. Without a 'budget in mind' the decision-making process can easily become excessively lengthy and costs can spiral. Furthermore, the customer may well end up being dissatisfied if costs turn out to be unaffordable once they have expressed their personal preferences.

It is hard to see why social care should differ from these everyday scenarios, as if there is only one standard option available then the decision-making process is simple: take it or leave it. If there is a range of choices then the pros and cons of different options have to be weighed up. Similarly, if personal care is provided by a single agency through a block contract, the annual costs will be highly predictable; but if home care is provided via a multiplicity of routes that are negotiated on an individual basis, the total cost across a large group of individuals is going to be far less predictable. There is also a clear risk of inequity and loss of financial control: if everyone with similar needs is receiving the same service it is easy – or easier – to see whether there is consistency of approach; but if everyone is getting something different, equity and spend compared with budget are far more difficult to evaluate.

In the current financial climate these raised risks need to be mitigated, since councils cannot afford to spend more than they have available. An effective system for managing resource allocation is therefore critical to any personalised system; without a 'budget in mind' it is hard to see how allocation can be managed sustainably and equitably across thousands of individualised support packages.

Is a national RAS model possible?

Recent policy consultations have considered the desirability of a national RAS (see 'Caring for Our Future: Reforming Care and Support', Department of Health, 2012). The results presented here suggest that the practical question is not whether a national model is possible (it clearly is) but whether it is desirable or desired. Councils vary considerably in their local policies. For example, some have opted for a single RAS for all care groups whilst others use different allocation models for different care groups. Some councils include respite and social support within their RAS, others do not; some councils cap expenditure in certain areas whilst others do not, etc. So whilst all councils which use a FACE RAS use a single standard underlying approach to assessment, scoring and modelling, there are still local variations in implementation. Until such time as councils agree – or are forced – to harmonise their local policies, there will remain barriers to a single 'national' model.

Legal implications of using a RAS

A further area of contention raised by Slasberg *et al*. (2012) surrounds the legal position of RASs. They point to the requirement that once the indicative sum has been identified 'the requisite services in the particular case should be costed in a reasonable degree of detail so that a judgement can be made whether the indicative sum is too high, too low or about right' (Supreme Court, 2012, paragraph 28). From this they infer that:

> *... if a council is allowing the indicative allocation to be the basis of the actual budget, one of two scenarios applies. The*

> *first is that they are finding their indicative allocation is matching the requirements above. If this is the case, it is reasonable to ask what function the upfront allocation is fulfilling. The second is that they are flying in the face of their legal obligations, either by not knowing what needs are to be met, or the cost of doing so, or by not paying attention to them if the cost would vary from the indicative allocation more than they are willing to allow.* (Slasberg *et al*., 2012, p.167).

On this basis they suggest that because councils need to know the actual, assessed needs and the cost of meeting them, the upfront allocation is 'virtually meaningless'.

It is hard to see the logic of this argument. The quotation from the Supreme Court is little more than a restatement of the well-established principle that a council has to check that the support package offered is meeting the eligible needs of the individual. This in no way diminishes the value of a RAS in providing a reasonable upfront indication, in guiding support planning or in ensuring overall spend is within budget. Nor does it take into account the process benefits of an accurate RAS. For example, where a package of more than £200 per week is required it is very unlikely that a well-developed RAS will over-estimate by as much as £50. This knowledge is helpful for both the support planner, who may come under pressure to offer more, and for the manager who has to sign off the package. If a proposed package does cost £50 more than the IB, a more detailed review may be necessary to establish whether the extra spend is justified. Without the benefit of knowing that the IB is usually accurate, the same manager would instead have to review every case in detail in order to contain costs, rather than just those where a major discrepancy between IB and proposed PB arises. This is a good example of how an accurate RAS reduces bureaucracy and speeds up decision-making.

More generally, an accurate RAS resembles any other decision support tool: it provides a prediction which is in general more accurate than individual human judgement – but each individual case still needs to be considered on its own merits. In the same way that an employer will not rely solely on an aptitude test to determine whether they employ a job candidate, or a forensic psychiatrist will not rely solely on a risk prediction algorithm in determining whether to let an offender out on parole, a council or support planner will not use the indicative allocation as the sole guide to package costs. The needs and circumstances of the individual will always require consideration. However, this does not detract from the value of an accurate indicative allocation, nor is there any reason to believe that use of a RAS means that 'the law will have to change' as Slasberg *et al*. suggest (2012, p.167). Decision support tools are not illegal if used sensibly and a RAS is no exception.

Policy implications

An accurate RAS has considerably broader application than generation of an IB. First, a standard needs assessment makes for easy 'portability' as recommended by the Dilnot Commission (Commission on Funding of Care and Support, 2011) and required by the Care Bill (HM Government, 2013), and also for transparency of differences in allocation for similar needs across councils.

More broadly, Glendinning *et al*. (2008) emphasise 'the need for properly evaluated innovations in social care' (p.112), in particular the need for studies of cost-effectiveness. A RAS provides a straightforward method with which to evaluate the cost-effectiveness of local practice: if needs are assessed before and after an intervention and the scores put through the RAS on each occasion, a measure is thereby derivable of the difference in prospective cost of the care package before and after the intervention and thus of the 'saving' achieved or achievable by that intervention. This approach has been used to assess the potential cost-benefits of telecare (Clifford *et al*., 2012) and could similarly be

used to evaluate the impact of re-ablement or the provision of additional support to carers.

Finally, at both local and national levels, a model of the relationship between need and cost may be used to predict the impact of changes in demographics, eligibility criteria or other policy decisions on both populations and costs. It therefore supports an evidence-based approach to policy and practice in social care.

Conclusions

A RAS has two key objectives, both of which are critical to the success of personalisation:

- Ensuring financial sustainability, i.e. managing aggregate costs so that they remain within budget.
- Supporting individual allocations by providing a useful guide to the overall sum required to meet the service user's needs.

Both of these require a model of the relationship between need and cost that can be used in everyday practice. This paper provides strong evidence that the 'modelling approach', based upon person-centred needs assessment, can provide this. It standardises and measures needs; it successfully attaches a monetary value to them; and it delivers an accurate indicative allocation in practice based upon them. Most importantly, to paraphrase Slasberg *et al*. (2012, p.172), it enables councils to **spend within their budget by being able to adjust the monetary value allocated proportional to need, so that the sum of personal budgets can match the overall budget.**

Finally, at the policy level, an accurate model of the relationship between need and cost embedded within a RAS has the potential to help policymakers evaluate the cost-effectiveness of innovations, and model the future costs and impact of changes in social care.

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Laura Gibbon is a Research Psychologist with an interest in the application of research into social factors affecting functioning and mental health.

Declaration of Interest

Paul Clifford is a Director of FACE Recording & Measurement Systems, the company that has developed the FACE RAS.

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The development and use of concertation: lessons from a subsidy program in Quebec aimed at preventing sexual exploitation of youths by street gangs

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Abstract
This article presents the results of research evaluating the implementation of 16 local and regional initiatives financed by Quebec's Ministry of Public Security, whose goal was to prevent street gang recruitment of girls for sexual exploitation. In order to access funding, participants had to explain how they would use concertation mechanisms and local partnerships to achieve their aims. Results rely on a qualitative content analysis of 32 telephone interviews and 8 face-to-face interviews conducted with the program's stakeholders and managers. Results show that coordinating actions and exchanging expertise allowed project stakeholders to initiate more effective preventive actions to deal with the complex problems associated with youth sexual exploitation in their respective territories. Results also show, however, that creating effective concertation is a challenge that requires time and personal commitment, especially in negotiating the relative positions of those involved. Our findings demonstrate that concertation must never be thought of as a given but always as the result of complex social processes. They also suggest that while financing authorities should encourage the development of effective concertation, they should also ensure that new programs do not divert so many resources that existing organizations are threatened. The discussion includes suggestions on how to avoid harming existing organizations while implementing concertation.

Keywords: street gangs, sexual exploitation, prevention, partnership

Introduction

In spring 2008, 16 community-based organizations received financial support from the Quebec Ministry of Public Security to allow them to initiate and implement local and regional programs aimed at the prevention of sexual exploitation of young girls by street gangs. In order to receive this funding, organizations had to develop programs based on concertation mechanisms and local and regional partnerships. Concertation is a collective process in which stakeholders cooperate to coordinate services and activities. A structured relationship between autonomous and willing stakeholders who share information, discuss problems, and agree on common objectives, it differs from a partnership in that it does not necessarily rest on a formal contractual agreement (Bourque, 2009).

Our research and evaluation team was given a mandate to evaluate the implementation and day-to-day functioning of all 16 initiatives. More precisely, we were asked to document specific achievements at each site and to evaluate why some groups were successful in reaching their objectives while others encountered problems. We were also asked to analyse and document any potential benefits or difficulties associated with concertation mechanisms, particularly those, such as expertise sharing, that were developed as part of the concertation process.

The ministry's decision to attempt to prevent sexual exploitation through efficient use of concertation mechanisms was based on existing literature on intervention with street gangs (Stinchcomb, 2001; Grekul *et al.*, 2009; Grekul, 2011; Boyes-Watson, 2012). It is not clear, however, that the literature on the challenges of implementing concertation was

sufficiently considered (Elsey, 2008; Grekul *et al.*, 2009). As our research reveals, recipients were able to show results at the levels expected by the ministry and to do so using concertation. The relationships developed by the local sites took different shapes, depending on specific objectives and local contexts. Some of the projects were highly ambitious and therefore required high levels of organizational integration. In these instances, some stakeholders felt that the level of commitment required to keep concertation alive and effective could threaten the survival of the original organization, a consequence the ministry was not aware of when the project began.

The results of our qualitative research reveal the mechanisms developed, the issues faced by local stakeholders, and the positive and negative consequences of implementing concertation and partnerships. These results should be considered in relation to the context in which the programs were created, in which financing agencies required local organizations to make use of concertation and partnerships, often without being fully aware of the consequences of such a requirement.

The problems

Because prostitution is largely clandestine, it is difficult to provide precise assessments of how much takes place in any given territory (Poulin, 2007; Dorais & Corriveau, 2006; Geadah, 2003). The most recent data indicate that somewhere between 11,300 and 34,000 youths in Canada are victims of one form or another of sexual exploitation (Poulin, 2007). The negative consequences of such sexual exploitation, as well as the urgent need to prevent such activity, are much easier to demonstrate. Damant *et al.* (2006), as well as Fournier (2004), have shown that 80 percent of adults engaged in prostitution began such activities while they were teenagers. Fleury and Fredette (2002), and Flowers (2001), have shown that the problems associated with sexual exploitation and prostitution increase over time: youth involved in such activities become increasingly marginalized and integrated into a lifestyle where violence, major health problems, and psychological distress are far too common.

Street gangs have received increasing attention from public authorities and researchers in the last few years and their proliferation in the North American urban environment is now undeniable: police agencies such as the Canadian Security Intelligence Service estimate that in 2006 300 gangs, with nearly 11,000 members, roamed the streets of Canadian cities (CISC, 2006). This expansion has been accompanied by increasing sophistication of both criminal activities and criminal networks, especially among those involved in sexual trafficking (Curry, 1998). Prostitution related to street gangs takes place mainly through private organizations, such as escort agencies, where sexual activities are somewhat hidden by the other social activities provided (Dorais & Corriveau, 2006; Totten, 2000; Joe-Laidler & Hunt, 1997). Girls working in such organizations may gradually become involved in street sex markets without being aware that they are participating in such activities, reinforcing the image that they are victims of sexual exploitation. This view does not, however, necessarily capture the whole reality of youth sexual exploitation, particularly those instances where a young girl does not consider herself a victim but sees paid sexual activities as a way to escape a dead-end situation. Research clearly demonstrates that, within the street gang context, girls' roles go beyond that of mere sexual objects. While girls in street gangs are often victims, they may also have other functions, such as recruiting and providing surveillance of newly recruited girls (Fournier *et al.*, 2006; Haynie, 2003; Weichold *et al.*, 2003).

Existing intervention programs for prevention of sexual exploitation by street gangs

Because the sexual exploitation of girls by street gangs is not a one-dimensional process (e.g. the girls are not solely helpless victims),

attempts at intervention must approach the problem from different perspectives. Successful intervention with sexually exploited youth is a highly complex endeavour and over the last few years at least a dozen intervention programs have been developed in Quebec and Canada by community-led initiatives, public social welfare institutions, police organizations, and schools. While these programs are important, they also have problems; the most important one being that they do not cooperate with one another. Such a lack of communication makes it difficult to determine how and to what extent these initiatives are able to reach their expected targets without, for instance, overlapping efforts. Some intervention programs claim that they have worked with other groups, but financing authorities have found it difficult to verify what such cooperation includes and who is involved.

In order to counteract these problems, the Quebec Ministry of Public Security has attempted to promote concertation and to document the elements that facilitate or restrict efforts to develop cooperation between groups. A better understanding of the process would make it easier for those attempting to prevent youth sexual exploitation in the context of street gangs to develop programs based on what previous research has shown to be the most effective solution: taking action in terms of the phenomenon as a whole – the individual, the family, and the social situation (Hamel *et al*., 2013). Our analysis suggests, however, that developing intervention programs based on such tenets poses considerable challenges.

The mechanisms and issues related to the establishment of efficient concertation

Concertation cannot be established without a considerable expenditure of energy (Bourque, 2009; Grekul *et al*., 2009; Elsey, 2008; Dallaire *et al*., 2003; Pence & Shepard, 2001; Cinq-Mars & Fortin, 1999). Because concertation requires dealing with the organizational cultures of partners who may be very different, with varying mandates, traditions, and privileged approaches towards their clientele, understanding how partners interact remains the principal key to determining whether and how concertation is or is not working and is or is not producing the expected outcomes. While a diversity of approaches among the different participating actors can be a positive element, it may also introduce positions that are sufficiently irreconcilable that basic coordination alone will not guarantee effective performance. The values and beliefs of every stakeholder, personal as well as organizational, must be taken into account if all partners are to accept and assume their roles and duties with regard to the roles and duties of others (Dallaire *et al.*, 2003; Duval & Fontaine, 2000; Roberts-DeGennaro & Mizrahi, 2005). Establishing effective concerted intervention systems requires sufficient time and space to allow each stakeholder to communicate and understand the values and perspectives of other participants, and may sometimes involve directly confronting these values and perspectives. Given the urgent situations with which, all too often, we are confronted, communication is often neglected as the actors involved wish to act as quickly as possible and may be uncomfortable with programs that rely on dialogue and exchange of views (Wigley *et al*., 2011). But understanding the position of other participants is vital to the success of concertation. Callon & Latour (1986), for instance, even suggest that confrontation may be more effective at producing innovation than consensus. Controversy forces the stakeholders to put aside their ideological positions in order to better negotiate the roles they will take in concerted actions. Dallaire *et al*. (2003) propose that romantic visions of idealistic partnership be abandoned in favour of recognizing the potential of an imbalance of power and resources among the stakeholders. Compromises and a better understanding of each participant's limits will lead to recognition and acceptance of the fact that participants do not necessarily engage in concertation with comparable intensity (Bourque, 2009; Roberts-DeGennaro & Mizrahi, 2005; Guay *et al*., 2000). A true

deliberative democracy must be established, accompanied by strong and efficient leadership (Bourque, 2009; Rubin & Rubin, 2005). This leadership must be based on solid field expertise as well as a demonstrated knowledge of the problems to be dealt with, the resources available, and the dynamic links between local actors (Dallaire *et al.*, 2003).

These aspects of effective concertation may seem to conflict with the managerial approach that has been part of public administration since the 1990s. This approach was aimed at creating programs within local communities that provided easily identifiable results. For some administrators, partnerships became imperative, even if they create tensions among local actors, tensions that are never directly addressed in the process of integrating stakeholders (Harvie & Manzi, 2011). As well, such partnerships are sometimes imposed in contexts where the organizations involved are competing with each other for scarce financial and human resources (Collins & McCray, 2012). This is not to say that all such partnerships are ineffective. In areas such as child protection, for instance, multi-agency cooperation has been and still is highly recommended, especially in the U.K., where such an approach has shown significant advantages in both continuity and stability of services (Wigley *et al.*, 2011; Worrall-Davies & Cottrell, 2009). Research has shown that multi-agency cooperation has resulted in less service duplication and more efficient delivery of services to both children and their families (Sloper, 2004). Moreover, those working for the service-providing agencies have had increased opportunities to develop connections with their colleagues and a better understanding of how colleagues at other agencies work, as well as sometimes advancing their own professional development (Worrall-Davies & Cottrell, 2009). But such potential benefits of multi-agency cooperation depend on the development of a common language and converging goals among the partners involved (Conway, 2009).

Research objectives and methodology

Research regarding the implementation of the 16 projects subsidised by the Ministry of Public Security had two main objectives. The first was to produce, primarily for the ministry, a normative follow-up of project implementation, documenting the issues and difficulties faced by project promoters and the solutions suggested. The follow-up would give both subsidizing authorities and project organizers a clear indication of any disparities between what had been planned and what actually took place at each site. The second objective was to document the short and mid-term benefits from the initiatives and was more constructive and formative in nature. In dealing with this second objective, the research team wanted to reflect to local stakeholders the effects the projects were having in their communities while also pointing out the level of integration involved and its relation to particular community contexts. For this part of the evaluation, the research team hoped to fill a role close to that suggested by Guba & Lincoln (2005), that of reflecting to the actors engaged in a program an image of what they are doing and the goals being reached.

For the first objective, the team conducted a content analysis of all documents provided by the 16 subsidized sites in order to receive financial support from the Ministry of Public Security: project proposals, progress reports by the project managers, and reports of on-site visits conducted by the ministry's employees throughout the implementation processes. The number and categories of youths and adults reached by each project, the proposed activities, and the participation levels in these activities were collected through this content analysis. This first level of analysis helped us to better understand the context in which the projects had been implemented, as well as giving us a better picture of what we needed to learn during the interviews that were the next step in our research.

For the second research objective, two sets of in-depth interviews were conducted with project managers and a qualitative analysis[1] of the resulting discourse was undertaken. The first set of interviews was conducted during fall 2009, when the subsidized projects were entering their sixth month. The second set was conducted exactly a year later. On these two occasions, the project managers, who were guaranteed anonymity, were instructed by the interviewers to assess their work, their needs and goals, and how and to what extent the ministry's subvention program had enabled them to reach these goals and meet their needs. **Table 1** (p.126) summarizes the information received from this sample.

Results obtained by the subsidized projects

Analysis of the documents provided by the 16 projects and by the ministry showed that all participants were significantly active and productive. The projects implemented or, in some instances, consolidated, reached close to 13,000 youths (n = 12,809) through awareness activities in schools in participating sites. Analysis also showed that 679 youths considered to be at risk of becoming involved in sexual exploitation were helped through individual support offered by trained personnel and professionals. Moreover, 1,749 professionals and educators were trained about and sensitized to the realities of youth sexual exploitation in their region. Among all the activities supported by the ministry's funds, educator training seems to have been one of the most important. These training sessions not only helped educators and youth counsellors to better understand the dynamics of the problem but also encouraged active networking among professionals from sometimes widely different organizations: schools, police, public health organizations, community-based non-profit organizations, and so on. These networks, in turn, then supported the establishment of efficient concertation and concerted actions. All 16 projects met the ministry's requirement that prevention mechanisms rely on pre-existing or newly created concertation. Individual projects, however, met the requirement in accordance with their own needs and in relation to the historical and political constraints of their individual environments, as well as the available resources.

This last observation relies on the analysis we conducted on data gathered through the interviews that were part of the second research objective. Our analysis is based on the theoretical understanding of the different approaches partners use in creating increasing levels of concertation developed by Guay *et al*. (2000) in a diagram such as the one illustrated on p.127 (see **Figure 1**). This theoretical diagram proposes an incremental scale of levels of cooperation among stakeholders that goes from simple information exchange without concerted effort to synergistic collaboration, the highest possible level of partner integration.

Using this theoretical model, our analyses revealed four different levels of collaboration: (1) coordination, (2) a moderate level of involvement between coordination and concertation, (3) concerted action, and (4) synergetic action. In **Table 2** (p.129), we provide more detail on the characteristics of the projects, classified according to these four types of collaboration. This table makes clear which partners were involved, the intensity of the connections between them, and the activities in which they were involved. In creating this table, we recognize that the way the partnerships are organized varies and that the projects in the moderate level between coordination and concertation are as dependent on the strength of the relationships between the partners as those involved in concerted action or synergetic action. Projects in these last two levels involved collaborations that had been in place before the projects received financing from the ministry. In general, projects that fall in these

[1] In contrast to the first step of the research project, we conducted a qualitative analysis on this material rather than a content analysis of descriptions and official documents describing the financed projects as was done in the first stage.

last two categories show a maturity that the other projects have yet to develop.

In the analysis that follows, we consider the objectives of the projects associated with each of these categories of collaboration, as well as their challenges and successes.

Coordination
In this category, all the partners contribute but without relying on a clear action plan. Among the 16 projects under evaluation, only one project could be described this way. In this case, youth thought to be at high risk were targeted by the leading organization using specialized intervention protocols and the input from other partners depended on the particular situation and problem of each targeted individual. In this project, organizers acknowledged that effective intervention might not require a concerted plan of action for all partners. However, they also recognized that delivering services this way limits the project's visibility and restricts its outreach capabilities. The cultural and organizational challenges and issues the organizers encountered in their attempts to create a more effective network with other partners seemed to have hindered their efforts to enhance concertation.

Table 1. Sample, types of material collected, analysis objectives and rationale

Material collected and respondents	**Analysis objectives**	**Types of analysis**
- Official documents filed by the proponents in order to obtain financing from the ministry - Reports of on-site visits conducted by ministry employees throughout the implementation processes.	- Goals and expected results for each project - Characteristics of each site	Content analysis
32 telephone interviews conducted with the 16 project managers - 16 interviews during fall 2009 - 16 interviews during fall 2010	Implementation follow-up	Qualitative analysis
8 face-to-face interviews conducted with managers from 4 selected projects[2]. - 4 interviews during fall 2009 4 interviews during fall 2011	Understanding the issues and processes related to the development of concerted actions projects	Qualitative analysis

[2] *The selection of these four sites was based on six criteria: (1) types of principal stakeholders involved in the financing request, (2) types and modalities of proposed concertation, (3) types of targets proposed by the different projects, (4) geographical context, (5) proposed evaluation strategies, and, (6) potential for evaluation.*

Figure 1. A theoretical continuum of professional collaboration (from Guay *et al.*, 2000)

Mono-disciplinary		**Pluri-disciplinary**	**Multi-disciplinary**	**Inter-disciplinary**	**Trans-disciplinary**
		Increasing levels of concertation			
Individual intervention	**Information exchange**	**Coordination**	**Concerted action**	**Synergetic intervention**	**Synergetic cooperation**
Social interventions conducted concurrently with no cooperation.	Social interventions conducted with minimal exchange of information.	Common objectives are derived through basic concertation mechanisms.	Available expertise and skills are connected and combined.	Expertise and skills are integrated into synergetic efforts.	Expertise and skills are so integrated that actions to deal with social problems are shared between one discipline and another.

Situations between coordination and concertation

These situations occur with projects where activities are undertaken by all partners but according to a plan that may have been elaborated by only one or a small minority of partners. Five out of the 16 projects were in this category. The goal for all of these projects was to produce a generic portrait of youth sexual exploitation (review of available literature, resources and tools) and to identify the needs of youths in their own community with regard to this problem. These two activities then provided the opportunity to develop sensitizing tools and training intended for youth in schools as well as their teachers and counsellors. In some cases, sites also developed promotional tools for the prevention of youth sexual exploitation as well as specific training aimed at youth counsellors in both public institutions (youth centres, healthcare related personnel) and community-based organizations. The diversity of proposed activities is the most defining characteristic of the projects in this category. However, such diversity also meant that partners had to rely on sometimes highly complex inter-organizational mechanisms. All participating entities (community-led institutions, public institutions, the police, and the school sector) were contacted, and working committees were organized through deployment schedules and agendas. Satisfaction levels expressed by project organizers in this second category seemed to be higher than those of organizers in the first category. The working committees involved in the concerted actions reported positive results with regard to both levels of participation and achieving planned objectives. There are clear indications, however, that not all partners invested the same amount of energy in the project. Partners representing the schools and local community-led organizations invested significantly more than other institutional partners, perhaps as a result of their having shared expertise and involvement in local projects well before the announcement of the ministry's initiative. These same actors, however, were concerned about another issue, which they felt rested on their shoulders alone: survival of the initiated projects once the ministry's funds are no longer available. They found that the time between organizing efficient concertation mechanisms, setting the necessary conditions for action, receiving the expected funds, and, finally, getting the attention of those targeted by the projects is often too long, while the time allowed to spend the allocated subvention is too short. Partly because of these concerns, those most involved in the projects were concerned about the continued capacity and strength of the networks they had spent so much energy putting in place.

Concerted action

In this category, all partners take part in elaborating a concerted plan of action. Three out of the 16 subsidized projects are in this category. For these projects, proactive concertation aimed at youth goes beyond the creation of concertation mechanisms. To a significantly greater extent than for projects in the previous category, identifying youth needs and creating locally adapted prevention tools became vehicles that helped mobilize stakeholders to establish durable partnerships. Accordingly, both the identified needs and the tools developed to meet these needs seem to be more precisely tailored to community realities and local capacities. In this category, as in the previous one, interviewees all agreed about the complexity involved in the creation and day-by-day functioning of such mechanisms. Organizers of two of these three projects expressed some discomfort regarding the relative imbalance of partner involvement. In these instances, however, specific problems were identified, such as the fact that some organizations found that assigning personnel to the project was costly, especially when there were other projects in the community that used a concertation approach.

Table 2. Characteristics of projects according to types of collaboration, the level of collaboration between partners and the institutions involved

# of project	Committee formed specifically to coordinate and evaluate the project	Part of an existing project involving concertation	Regular participant in concertation not related to projects supported by ministry	**Characteristics of partners involved directly in projects**										
				Non-profit organizations involved with						School	Police	Heath or social service centre	Youth centre	University, health agency, school commission, city, OMHQ
				Youth	Work on the street	Cultural diversity	Services for women	Sexual exploitation	Other					
	Level of collaboration and number of organizations													
	Coordination only													
#8			D	B(1)	B(1)								B(1)	
	Moderate													
#1	X		D	B(2)	B(1)					B(2)		B(1)		D (Health agency and social services agency)
#5	X		D			C(1)	C(3)		D(1)	B(1)	D(1)	D(1)		
#10			C (several)		A(1)	D(1)	C(4)	C(1)	D(1)	B(2)			D(1)	
#12			C (several)	D(2)								D(1)		D (City)
#16	X			D(1)		D(1)	D(2)							

	Concerted													
#3	X	X	D	Predominant expertise of community organizations difficult to determine										Public organizations involved
#4		X	D				D(2)			D(2)		D(1)		D (School commission)
#6	X	X	D	D(1)							D(1)			
#7	X	X	C (several)	C(1)	B(1)			B(1)		B(1)	C(1)	B(1)		D (City)
#11	X (2 committees)		C (several)	B(2)	B(1)	B(1)	B(1)			A(1)			B(1)	B (School commission)
#13	X		C (several)	B(2)	B(1)		A(2)	B(1)	A(1)		A(1)		B(1)	A (School commission)
	Synergetic													
#2	X	X	C (several)	B(1)	C(1)						C(1)	A(1)	A(1)	
#9	X		C (several)	B (several)	C(3)					B(5)			B(1)	A (Municipal Housing Office)
#14	X	X	D		B(1)			C(1)			C(1)	B(1)	C(1)	B (City, health agency and social services, 4 school commissions, research groups)
#15	X		C (several)	C(2)							C(1)		C(1)	

Legend *Level of participation of partners: A - weak B - moderate C - high D - unavailable or not possible to evaluate*

The third project organizer expressed satisfaction with the establishment and day-by-day functioning of the partnership. In this particular case, however, the partnership and concertation have existed for more than 20 years, while organizations involved in the other two projects in this third category started to work together a little less than 10 years ago. This same organizer noted that the project their committee presented to the Ministry of Public Security was characterized by realistic and clearly established planning. They also proposed, as a first step, conducting a thorough diagnosis of the situation of youth sexual exploitation within the community before embarking a plan of action. In this project, two committees were established, one responsible for decision-making and the other in charge of executive tasks in the field.

Included in the category of concerted action are three other subsidized projects that presented initiatives that relied on already established partnerships and concertation begun a few years before the ministry's announcement (two years, three years, and six years respectively). The goal of the first of these projects was to create sensitizing tools aimed at local youth and to develop a follow-up mechanism for youth considered to be at risk. The two other projects proposed sensitizing and training programs aimed at larger audiences. In these three cases, organizers relied extensively on already established relationships when undertaking active intervention and to reinforce links between partners as the projects evolved.

Synergetic action

This category is characterized by integration of expertise of all partners. Four projects among the 16 fall into this category. As with most of the projects, their main objectives were to produce a situational portrait of youth sexual exploitation in their territory, identify youth needs, develop and apply prevention tools, and organize intervention for those youth identified as being at greater risk of being exploited. They differ, however, in the way that partners involved in these networks described their plans to develop and use intervention strategies aimed at youth already involved in sexual exploitation and experiencing the problems associated with it. In these instances, those involved in intervention protocols must be able to cope with crisis situations and undertake the immediate and sometimes very delicate action that these situations require.

Not surprisingly, these projects showed the highest levels of complexity found during our evaluation. While the characteristics of the concertation mechanisms used in these four projects are quite similar to those in the previous category, in this case partners were clearly determined to overcome the limits inherent in their mandates and fields of expertise. Responsibilities for plans of action and intervention strategies were therefore shared among the different partners in the project. As with the projects already discussed, these four projects also experienced relative asymmetry among the partners involved, with some engaging in substantially more action than others. Organizers for these projects agreed that most initiatives resulting from the action plan proposed to the ministry's authorities were dependent on relationships developed during previously initiated actions. On the other hand, they acknowledged that relationships with partners were satisfying and expected that the understanding and field actions their projects were able to create and implement might, in the near future, attract partners and institutions outside those already involved. In order to further this involvement and to make sure that the issues discussed remain of interest to the targeted organizations and eventual partners, the organizers engaged in contacts with these outside organizations, largely on a person-to-person basis. The organizers acknowledged in interviews that these efforts had to be undertaken constantly, as the issues at hand are evolving, as are the networks and the social situation itself. Prejudices resulting from different organizational cultures must, of course, be overcome within these discussions, even in a context where the future remains unclear

regarding the human and financial resources that will be needed or whether the initiated local actions will remain in place.

Discussion

Two key findings emerge from this research and its results. First, these results confirm that all participants agreed with the ministry's vision of active promotion of concertation. Participants were convinced of its intrinsic value and of the positive effect it might have in their environment and were committed to its use for reasons that went beyond the fact that it was a sine qua non condition for obtaining a subsidy. From a practical perspective, all 16 projects demonstrated that they were able to reach significant numbers of youths, especially youth at risk, who are recognized as difficult to reach and less responsive to intervention and its benefits.

The research also shows that, in order to obtain their results, project organizers, as well as their partners, had to deal with a number of issues that forced them to set conditions very similar to those described in the literature on concertation. For instance, it was necessary to allow sufficient time and space for stakeholders to learn to know each other and to negotiate their place with regard to others. There were also issues with the relative asymmetry among partners with regard to human and financial resources. In some cases, these elements might have led to the failure not only of the project but of the supporting organizations themselves. For instance, organizations involved in the projects being studied had to put aside work on other projects and services in order to better manage the complexity of concertation and to reach the objectives proposed to the ministry. It is worth repeating that the networks established by some of the 16 sites in order to reach these objectives remain in need of financial support, although no such support has yet been announced. Such a situation is, however, the exception rather than the rule. Sites that had well-established concertation efforts and mechanisms in place prior to the present project will be able to pursue their long-term objectives with or without supplemental financial support.

The subsidising agency's main responsibility should be not only to encourage concertation but to provide the conditions necessary to achieve it. For example, considerable effort could have been saved if less experienced organizers in the subsidized organizations had benefitted from expert knowledge about concertation and the establishment of profitable partnerships. In this regard, a structured approach, such as one involving interprofessional practice and networking, should be explored. This networking approach is now regarded as a promising way to support the development of emerging communities of practice (Hill *et al*., 2009). Such communities usually share expertise or professional approach and wish to learn from one another (Bourhis & Tremblay, 2004; Wenger *et al*., 2002). Developing efficient networking requires finding ways to overcome any competition between the organizations involved. As such, communication strategies may provide ways to develop better concertation structures. Liaison officers have been effective in coordinating emerging networks, making it possible for information to circulate more effectively among participating organizations, negotiating compromises when necessary, and reflecting the developing levels of a growing partnership to those involved (Hamel *et al*., 2008). The literature in the field has recognized such actions as positive conditions for promoting the success of work involving more than one agency (Worrall-Davies & Cottrell, 2009).

Conclusion

While we were able to demonstrate that stakeholders engaged in concertation agree that it offers real advantages, we must also recognize that it also comes with constraints that might distort results and that have not necessarily been taken into account. If concertation is an obligatory condition for receiving funding, subsidized organizations should be supported in building such

concertation and financing authorities should develop better mechanisms for providing such assistance. They should also recognize that the expectation that those involved with the subsidized project will put the goals of this project before other concerns may put the subsidized organization at risk once financing is withdrawn and, moreover, might discourage possible future partners from participating in concerted efforts. Such a negative response might mean that the youth who are the target of such programs will be increasingly affected by dangers that are well known and documented in their communities.

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Reviews

Social Work with Adults: Policy, Law, Theory, Research, Practice

Davies, M. (ed.)
Basingstoke: Palgrave Macmillan, 2012, pp.355
ISBN: 978-0-230-29384-7, £23.99 (pbk.)

A common complaint of social care academics is that whilst students find it relatively easy to grapple with policy and practice, they find a critical deployment of theory and research a much harder endeavour. The same can be said for many social work practitioners, as their professional lives are taken up with the daily demands of supporting their service users, meeting organisational targets, responding to policy expectations and understanding recent legal judgements. These pressures leave practitioners little capacity or energy to keep up to date with the latest empirical findings or to reflect on alternative conceptual frameworks. This book seeks to address both these gaps by providing informed summaries of the five key pillars of contemporary social work – policy, practice, research, theory and the law. It does not give precedence to one pillar over another, or aim to synthesise their insights. Instead, readers are allowed to consider separately the different pillars and use their own judgement to interpret what is meaningful and relevant and how they can be combined together:

> *There are very few certainties in social work, but a thoughtful and reactive reading of this text will enable the reader to form a judgement on what weight should be placed upon a whole range of possibilities (p.2).*

The book is structured around four key topic areas in adult social work – 'personalisation', 'mental health', 'substance misuse' and 'older people'. The topics therefore are a mix of three adult user groups, and one cross-cutting philosophy – no rationale is provided as to this mix, or the selection of each topic. All clearly have relevance, but then so would 'safeguarding' and 'integration', or 'learning disability' and 'physical disability'. Each topic considers the five pillars outlined above through separate chapters, with different authors for each of the chapters. As highlighted by the editor, the text can therefore be approached by topic or by pillar, depending on the interests and requirements of the reader. This opens up the dual possibilities of a more in-depth exploration of the different pillars in relation to a particular user group; or, for example, a comparison of the legal context of personalisation and statutory mental health. A short introduction to each topic area sets out the key issues and content, and the editor provides an initial reflection on the approach that has been taken. The authors largely work in academia, and with editorial leadership by Martin Davies, make an extremely credible team to tackle such a project.

The target audience is described on the back cover as being 'students, educators and practitioners', and this range does pose problems regarding the levels at which chapters are pitched. Some of the more descriptive practice-based material will already be familiar to those with experience of working in that field, and may be of greater relevance to those beginning their career. It also appears to be geared more towards social work practice within a statutory context than that within provider settings in the third or private sectors. This somewhat limits its relevance to the broader field of practice, and does not reflect the realities of where social work actually takes place in our mixed economy of welfare. Another issue is the extent to which it accommodates the increasing variation between the policy and legal frameworks within the four home nations. The editor makes it clear that the book does not seek to detail all of the possible nuances and instead is more focused on the 'conceptual differences' between the five pillars (p.xviii). However, it is notable that

the default position is to take an English perspective, whereas bringing in more law and policy from the other parts of the UK would have supported the reader in comparing and contrasting approaches. International evidence is considered within the research chapters to varying degrees – for example, the personalisation chapter by Gillian MacIntyre is wholly UK-based, whereas the studies within the substance misuse chapter by Donald Forrester *et al*. are predominantly from the USA. As noted by the authors of the latter, this is due to the limited research evidence available from the UK. However, the social and political contexts and the role of social workers within these may make transferability of learning challenging for UK practitioners and students.

The comparative potential of the book is also limited somewhat by a lack of uniformity in the approaches taken by the authors. To some extent this is a by-product of the topic being considered. For example, personalisation does not have a single legislative framework, whereas in mental health there are clear legal requirements; and there is considerably more research in relation to social work with older people than in relation to social work responding to substance misuse. However, it would also appear to be due to the particular style of the author in question. So, for example, the substance misuse practice chapter by Sarah Galvani and Sarah Wadd is based around a 'stages of change' model, and gives guidance as to how this could be applied, whereas the equivalent content for personalisation, by Michael Bamber *et al*., tells eight people's stories. Both are relevant and appropriate, but it is harder to 'read across the pillars' than if they had a similar structure. The contents within each chapter are generally of an excellent standard and give a concise but thorough summary of current thinking and policy developments. Additional reading and references are provided, and these will enable the interested reader to explore an aspect in more depth. In general, the policy and practice chapters felt more introductory in nature, whereas the theory and research ones contained more complexity and depth. Each reader will rate the different chapters according to their personal interest and prior knowledge base; but for this reader the chapters on personalisation and law (Suzy Braye & Alison Brammer), theory and mental health (Jerry Tew), practice and substance misuse (Sarah Galvani & Sarah Wadd) and older people and policy (Tony Gilbert & Jason L. Powell) were of particular merit.

In conclusion, this book has much to recommend it, and provides a welcome addition to current social work texts. It would be good to see a volume in the future that considers the 'missing' user groups and key cross-cutting themes; and for this and future editions to have more consistency in style and structure. It would also be interesting to more explicitly link the practice chapters to the theory, law and so on that has come before. Whilst this may in some ways be against the overall editorial philosophy outlined above, it would also help the reader to better understand and synthesise the different elements and processes; and this is what is ultimately required to improve professional and academic standards in social work.

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Social Work with Children and Families: Policy, Law, Theory, Research, Practice

Davies, M. (ed.)
Basingstoke: Palgrave Macmillan, 2012, pp.330
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Martin Davies has brought together a wide range of experts to provide a book that explores the complexities of children and families policy, law, theory and research, and how they ultimately contribute to social work practice. In doing so, the book draws on the knowledge of a number of recognised leading figures in the areas of policy and research, e.g. Michael Little and Andrew Kendrick. As editor, Martin Davies has skilfully produced a well-structured and easily accessible book. Whilst it is essentially a textbook for social work students and their teachers, I believe that it will be of interest to anyone working in this field, whatever their role or experience.

The book is divided into four parts: 'family support'; 'child protection'; 'adoption and fostering'; and 'residential childcare'. Each of these four sections then has a distinct chapter on the relevant policy, law, theory, research and practice. The preface provides guidance on how the book might be used; and markers on the pages on the right-hand edge of the book enable quick access to relevant chapters.

Each chapter is concise and well written and there are a number of strategically placed boxes, entitled 'Making connexions', which ask the reader to consider key questions such as:

> *To what extent and in what circumstances should social workers provide support to families where there is no identified child protection issue?*

Whilst the chapters are consistent in their length of approximately twelve pages, they do vary in content and some link better than others to the other chapters in their section. The policy and research chapters in the sections on family support and adoption, I felt, fitted together well.

The policy chapters provide a very good outline of how societal and political changes have influenced practice and give the reader a clear sense of the evolutionary development of children and families work. Sometimes starting from different historical points, they nonetheless provide clear explanations of how policy has been shaped and developed. These chapters are extremely easy to read, with authors vividly bringing to life the reasons for policy changes and clearly explaining very complex policy shifts, drawing not only from different political ideologies but also from changing public attitudes and opinion. The policy chapter in Part 1: Family Support, by Kate Morris, for example, provides a very interesting exploration of the concept of family and how family members experience the support offered. It highlights the limitations of policymakers' understandings of the term 'family' and what the author describes as '*the lived experience of families who are the subject of policy concern*', hinting at the scope for new and improved approaches to supporting families in the future. The adoption policy chapter, by John Simmonds, also provides an interesting social history of changing views on adoption, and particularly the issue of matching adopted children to the class, heritage and ethnicity of potential adopters.

Some of the statements made in the policy chapters, however, are not always supported by clear cited evidence or research. For example, Part 2: Child Protection, includes statements such as:

> *... the great majority of children who have been maltreated are not supported by children's services,* and,
>
> *... a significant proportion of children thought by children's services to have been maltreated have not been.*

Whilst many may share these views, the chapter does not cite relevant research to substantiate such statements.

The book was published in March 2012 and contains a very good historical perspective: but as for all books that describe policy and research, the world does not stand still, and newer developments must be expected to have affected policy and perhaps practice. For example, the family support section could not include the Troubled Families initiative (November 2011)[1]; and the Allen Report (January 2011)[2] is only briefly mentioned. The Child Protection section does not reference Munro's final report (May 2011)[3] and since 2012 there has been new '*Working Together to Safeguard Children*'[4] statutory guidance. Both of these have proposed changes to practice and introduced new concepts such as 'early help'. Whilst the book mentions the increased focus on adoption timescales, it does not fully explore the extent of this current policy and how it has been influenced by findings from researchers such as Julie Selwyn *et al*. (published September 2009)[5], who is not cited in the book.

Nevertheless, the research chapters together provide a very good and up to date précis of relevant research in the four areas. If I had one criticism, it would be that they often cover a wide range of research, and the very nature of the book necessitates that a thorough discussion of studies is not always possible. The result of this is that it sometimes feels that areas such as disability, mental health and substance misuse are not fully considered – perhaps these are areas for a follow-up book, especially as they frequently cross the children and families and adults divide?

To conclude: this is a very well laid-out book and it summarises complex issues succinctly. It will be very accessible to a wide range of readers. It provides an excellent overview of family support, child protection, foster care and adoption and residential care, as well as being a good reference book. Its content provides a stimulating and thought-provoking airing of the issues relating to social work with children and families. It is definitely a book that should be on all social workers', policy makers' and researchers' bookshelves.

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What are SSRG's objectives?

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- to promote high standards in social and health care services research, information, planning and evaluation;
- encourage collaboration in social, housing and health services activities;
- to develop an informed body of opinion on social and health care services activities;
- to provide a channel of communication for the collective views of the Group to central and local government, other professional bodies and the public;
- to sponsor relevant research and identify neglected areas of research;
- to encourage and, where appropriate, sponsor high quality training in research techniques.

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