

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

Colin Slasberg¹, Peter Beresford² and Peter Schofield³

¹ Harlow, Essex

² Brunel University, Uxbridge

³ King's College London

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

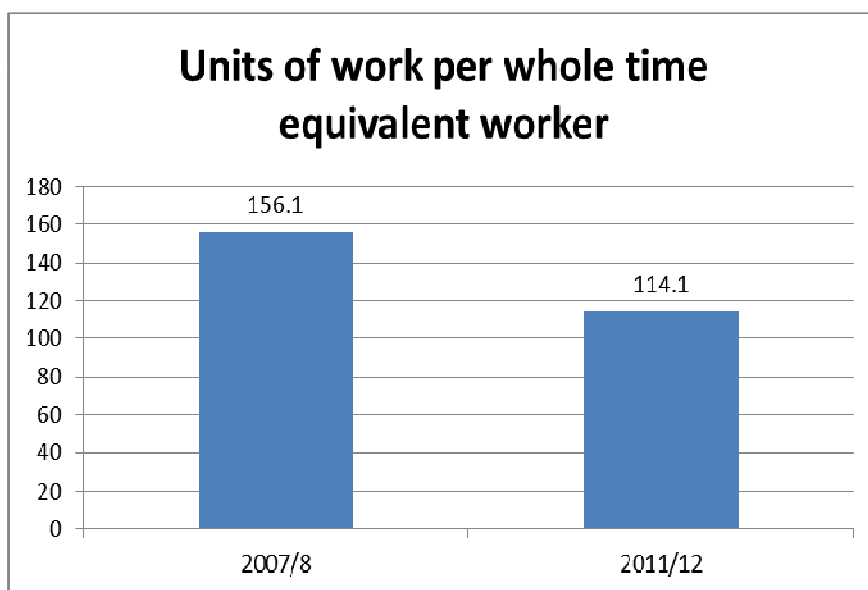
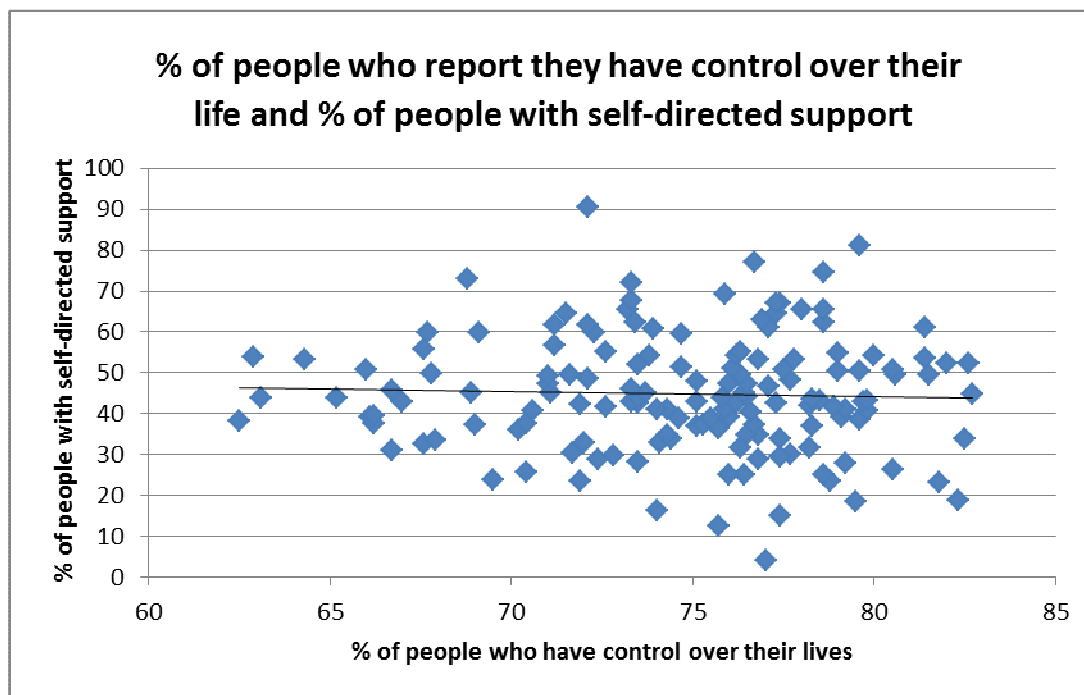


Figure 2. Proportion of people reported to have self-directed support and extent of control experienced



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.

References

- Association of Directors of Adult Social Services (ADASS) (2010), *Making Resource Allocation Work in a Financial Environment*, London: ADASS.
- Beresford, P., Fleming, J., Glynn, M., Bewley, C., Croft, S., Branfield, F. & Postle, K. (2011) *Supporting People: Towards a Person-centred Approach*, Bristol: Policy Press.
- Community Care magazine (2013) *State of Personalisation 2013*, accessed at: <http://www.communitycare.co.uk/state-of-personalisation-2013/?cmpid=NLC|SC|SCNEW-20130626>
- Community Care magazine (2012) *State of Personalisation 2012*, accessed October 2012 at: <http://www.communitycare.co.uk/the-state-of-personalisation-2012/>
- Duffy, S. (2012) *An Apology*. Centre for Welfare Reform, accessed October 2012 at: <http://www.centreforwelfarereform.org/librari/authors/simon-duffy/an-apology.html>
- Duffy, S. (2012) *Personalisation or entitlements*. Centre for Welfare Reform, accessed October 2012 at: <http://www.centreforwelfarereform.org/librari/by-date/personalisation-or-entitlements.html>
- Duffy S. (1996), *Unlocking the Imagination*, accessed October 2012 at: <http://www.centreforwelfarereform.org/who-we-are/team/simon-duffy.html>
- Forder, J., Jones, K., Glendinning, C., Caiels, J., Welch, E., Baxter, K., Davidson, J., Windle, K., Irvine, A., King, D., & Dolan, P. (2012) *Evaluation of the personal health budget pilot programme November 2012*, PSSRU: University of Kent.
- Hatton, C. & Waters, J. (May 2013) *Second National Personal Budget Survey (POET)*, *Think Local Act Personal*, London: In Control Publications.
- Holloway, S., Neville, S. & Watts, R. (2011) *Longitudinal Study of Cash Payments for Adult Social Care in Essex*, London: Office for Public Management.
- HM Government (2007) *Putting People First*, London: HMSO.
- London Self-directed Support Forum (2013) *Making Personalisation Work in London*, http://issuu.com/londonselfdirectedsupportforum/docs/making_personalisation_work_-_feb13
- NASCIS, National Adult Social Care Intelligence Service, accessed at: <https://nascis.ic.nhs.uk>
- NHS Information Centre (2008) *Guidance on Self-directed Support Recording*, London: The Stationery Office.
- Poll, C., Duffy, S., Hatton, C., Sanderson, H. & Routledge, M. (2006), *A Report on In Control's First Phase*, London: In Control Publications.
- Series, L. & Clements, L. (2013) 'Putting the cart before the horse: resource allocation systems and community care', *Journal of Social Welfare and Family Law*, **35**(2), pp. 207-226.
- Slasberg, C., Beresford, P. & Schofield, P. (2012), 'How self-directed support is failing to deliver personal budgets and personalisation', *Research, Policy and Planning*, **29**(3), pp. 161-177.
- Stansfield, J (2013) *Are Social Care Personal Budgets Working?*, Guardian, accessed at: <http://www.theguardian.com/society/2013/feb/12/are-social-care-personal-budgets-working>
- Think Local Act Personal (2011) *Minimum Process Framework, October*, London: Department of Health.
- Tyson, A (2009) *Self-directed Support in Hartlepool 2006/9*, Hartlepool: In Control Publishing.

West, K. (2013) 'The grip of personalisation in adult social care: between managerial domination and fantasy', *Critical Social Policy*, 33(4), pp. 638-657.

Notes on Contributors

Colin Slasberg is a qualified Social Worker and has worked for over thirty years in shire and unitary councils as a practitioner, team manager, area manager, strategic planner, Assistant Director of Resources and independent consultant. He led a programme of transformation over a five year period in a unitary council built around the concept of outcome based commissioning. This changed the way strategic commissioning was delivered, the way providers delivered care and support, and the way assessment and support planning was delivered. Colin has had an enduring interest in addressing the issues of eligibility and priority of need dating back to the Community Care reforms of the early 1990s.

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.

Peter Schofield is a Research Associate with interests in mixed method approaches. He has worked on a wide range of primary care related projects applying advanced statistical techniques. He is a statistical advisor on the board of the *British Journal of General Practice*.

Correspondence

Colin Slasberg
Independent Consultant

Email: colin.slasberg@virginmedia.com

