

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

Marina Zamfir

Solihull Metropolitan Borough Council

---

### 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 (Newbrunner *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 Newbrunner *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 (Newbrunner *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.

## References

- Age UK (2013a) *Direct Payments for Social Care: Options for Managing the Cash*, London: Age UK.
- Age UK (2013b) *Making Managed Personal Budgets Work for Older People*, London: Age UK.
- Alzheimer's Society (2011) *Getting personal? Making personal budgets work for people with dementia*, accessed 23/03/12 at: [http://alzheimers.org.uk/site/scripts/download\\_info.php?fileID=128](http://alzheimers.org.uk/site/scripts/download_info.php?fileID=128).
- Arksey, H. & Kemp, P. A. (2008) *Dimensions of Choice: A Narrative Review of Cash-for-Care Schemes*, York: University of York.
- Bamford, C. & Bruce, E. (2000) 'Defining the outcomes of community care: the perspectives of older people with dementia and their carers', *Ageing and Society*, **20**(5), pp. 543-570.
- Bartlett, J. (2009) *At Your Service. Navigating the Future Market in Health and Social Care*, London: Demos.
- Beresford, P. (2009) 'Social care, personalisation and service users: addressing the ambiguities', *Research, Policy and Planning*, **27**(2), pp. 73-84.
- Cambridgeshire County Council (2009) *Plotting Your Own Course*, Cambridge: Cambridgeshire County Council.
- Campbell, N. (2011) *Independent Living Strategy. Support planning and brokerage. Final report from the support planning and brokerage demonstration project*, accessed 20/12/11 at: <http://odi.dwp.gov.uk/docs/ils/support-planning-and-brokerage-project-report.pdf>.
- Carr, S. (2010a) *Enabling Risk, Ensuring Safety: Self-directed Support and Personal Budgets. Adults' Services SCIE Report 36*, London: Social Care Institute for Excellence.
- Carr, S. (2010b) *Personalisation, Productivity and Efficiency. Adults' Services SCIE Report 37*, London: Social Care Institute for Excellence.
- Carr, S. (2011) 'Enabling risk and ensuring safety: self-directed support and personal budgets', *The Journal of Adult Protection*, **13**(3), pp. 122-136.
- Carr, S. (2012) *Personalisation: A Rough Guide (Revised Edition). Report 20*, London: Social Care Institute for Excellence.
- Carr, S. & Robbins, D. (2009) *Research Briefing 20: The Implementation of Individual Budget Schemes in Adult Social Care*, London: Social Care Institute for Excellence.
- DH (2008a) *Transforming Social Care. LAC*, London: Department of Health.
- DH (2008b) *Moving Forward: Using the Learning from the Individual Budgets Pilot. Response to the Ibsen Evaluation Report from the Department of Health*, London: Department of Health.
- DH (2010a) *Putting People First: Personal Budgets for Older People – Making It Happen*, London: Department of Health.
- DH (2010b) *Fairer Contributions Guidance: Calculating an Individual's Contribution to Their Personal Budget*, London: Department of Health.
- DH (2012) *The Adult Social Care Outcomes Framework 2013/14*, London: Department of Health.
- Dowson, S. & Duffy, S. (2011) 'Does Social Care Need Brokers?'. *Community Care*, 20/10/11, p. 24.
- Duffy, S. (2005) 'Individual budgets: transforming the allocation of resources for care', *Journal for Integrated Care*, **13**(1), pp. 8-16.
- Equality and Human Rights Commission (2011) *Close to home. An inquiry into older people and human rights in home care*, accessed 23/02/12 at: <http://www.equalityhumanrights.com/legal-and-policy/inquiries-and-assessments/inquiry-into-home-care-of-older-people>.
- Forder, J. (2008) *The Costs of Addressing Age Discrimination in Social Care. PSSRU Discussion Paper No 2538, Personal Social Services Research Unit*, York: University of York.
- Gardner, A. (2011) *Personalisation in Social Work*, Exeter: Learning Matters Limited.

- Glasby, J. & Littlechild, R. (2009) *Direct Payments and Personal Budgets: Putting Personalisation into Practice*, 2nd edn, Bristol: Policy Press.
- Glendinning, C., Clarke, S., Hare, P., Kotchetkova, I., Maddison, J. & Newbronner, L. (2006) 'Outcomes-Focused Social Care Services for Older People – Progress and Possibilities', *Research Works* 2006-03, York: University of York.
- Glendinning, C., Challis, D., Fernandez, J., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M. & Wilberforce, M. (2008) *Evaluation of the Individual Budgets Pilot Programme: Final Report. Social Policy Research Unit*. York: University of York.
- Goldberg, D. (1992) *General Health Questionnaire*, Windsor: NFER Nelson.
- Hatton, C., Waters, J., Duffy, S., Senker, J., Crosby, N., Poll, C., Tyson, A., O'Brien, J. & Towell, D. (2008) ed. by Poll, C. & Duffy, S. *A Report on In Control's Second Phase. Evaluation and Learning 2005-2007*, London: In Control Publications.
- Hatton, C. & Waters, J. (2011) *The National Personal Budget Survey*, accessed 18/01/12 at: <http://www.in-control.org.uk/media/92851/national%20personal%20budget%20survey%20report.pdf>.
- Herefordshire County Council (2008) *It's Your Life Take Control*, Hereford: Herefordshire County Council.
- Leece, J. (2010) 'Paying the piper and calling the tune: power and the direct payment relationship', *British Journal of Social Work*, **40**(1), pp. 188-206.
- Leece, J. & Leece, D. (2011) 'Personalisation: perceptions of the role of social work in a world of brokers and budgets', *British Journal of Social Work*, **41**(2), pp. 204-223.
- London Borough of Richmond upon Thames (2010) *Your support, your way. The story so far of Self-directed Support in the London Borough of Richmond upon Thames*, accessed 8/01/12 at: <http://www.in-control.org.uk/media/3168/your%20support%20your%20way%20richmond%20report.pdf>.
- National Audit Office (2011) *Users of Social Care Personal Budgets. Ipsos MORI report for the National Audit Office study on the Department of Health's regulatory oversight of care markets*, accessed 10/12/11 at: <http://www.ipsos-mori.com/researchpublications/publications/1443/Users-of-Social-Care-Personal-Budgets.aspx>.
- Netten, A., Jones, K., Knapp, M., Fernandez, J-L., Challis, D., Glendinning, C., Jacobs, S., Manthorpe, J., Moran, N., Stevens, M. & Wilberforce, M. (2011) 'Personalisation through individual budgets: does it work and for whom?', *British Journal of Social Work*, **41**(11), pp. 1-18.
- Neville, S. (2010) *Delivering Personal Budgets for Adult Social Care: Reflections from Essex*, London: Office for Public Management.
- Newbronner, L., Chamberlain, R., Bosanquet, K., Bartlett, C., Sass, B. & Glendinning, C. (2011) *Keeping personal budgets personal: learning from the experiences of older people, people with mental health problems and their carers. SCIE Adults' Services Report 40*, accessed 10/01/12 at: <http://www.scie.org.uk/publications/reports/report40/index.asp>.
- Northamptonshire County Council (2008) *This time it's personal. Making self-directed support a reality for people with learning disabilities in Northamptonshire*, accessed 10/03/12 at: <http://www.in-control.org.uk/media/3196/this%20time%20its%20personal%20northamptonshire.pdf>.
- Pitts, J., Soave, V. & Waters, J. (2009) *Doing It Your Way: The Story of Self-directed Support in Worcestershire*, Worcester: Worcestershire County Council.
- Poll, C., Duffy, S., Hatton, C., Sanderson, H. & Routledge, M. (2006) *A Report on In Control's First Phase 2003-2005*, London: In Control Publications.
- Rabiee, P., Moran, N. & Glendinning, C. (2009) 'Individual budgets: lessons from early users' experiences', *British Journal of Social Work*, **39**(5): pp. 918-935.

Ryff, C. D. & Keyes, C.L. (1995) 'The structure of psychological wellbeing revisited', *Journal of Personality and Social Psychology*, **69**(4), pp. 719-727.

Scourfield, P. (2010) 'Going for brokerage: a task of 'independent support' or social work?', *British Journal of Social Work*, **40**(3), pp. 858-877.

Waters, J. & Hay, M. (2009) *Steering My Own Course. The introduction of Self-directed Support in Cambridgeshire*, accessed 22/03/12 at: <http://www.in-control.org.uk/media/3190/steering%20my%20own%20course%20report.pdf>.

Williams, V. & Porter, S. (2011) *Your Life Your Choice: Qualitative Research Carried Out as Part of the 'Support Planning Brokerage' Initiative*, London: Office for Disability Issues.

Woolham, J. & Benton, C. (2012) 'The costs and benefits of personal budgets for older people: evidence from a single local authority', *British*

*Journal of Social Work*, Advance Access published July 20, 2012, doi: 10.1093/bjsw/bcs086.

### Notes on Contributor

**Marina Zamfir** is a registered social worker working for a Local Authority in West Midlands. Her areas of interest are mental health and personalisation for adults and older people.

### Address for Correspondence

Marina Zamfir  
Social Worker  
South Support Planning Team  
Adult Social Services  
Solihull Metropolitan Borough Council

Email: [marinaneata@yahoo.com](mailto:marinaneata@yahoo.com)

