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Further lessons from the continuing failure of the national strategy to deliver personal budgets and personalisation

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Abstract
The Government continues to act on the basis that the model of 'self-directed support' as devised by In Control is working and should be the basis of current and future social care and health strategy. They are sustained in this belief by national surveys of 'personal budget' holders which claim that personal budgets are improving outcomes for people. However, examination of the survey results shows this to be a potentially misleading assertion. It actually suggests that the opposite is more likely to be the case.

Whilst political and sector leaders continue to declare their commitment to the model, the legislation has not actually supported it given the way the Care Act has been formulated. This offers the possibility of an alternative future for social work and social care services. However, it will require a refreshed understanding of the widely acknowledged shortcomings of the system that the In Control model had itself been created to overcome, but which has failed to do.

Keywords: personal budgets, personalisation, POET, direct payments, evidence base

Context

In 2012, we published a paper in this journal (Slasberg *et al.,* 2012a) which presented evidence that showed how *In Control's* model of self-directed support – based on an up-front allocation of money to allow the person to choose their own supports – was failing to deliver either personal budgets or personalisation. We further concluded that the fundamental flaws in the model meant there was little if any prospect that it could succeed. The following year showed a growing body of evidence that strengthened these conclusions (Series & Clements, 2013; West, 2013; Slasberg *et al*., 2013a).

The 2012 paper urged that the legislation being planned at that time '*takes on board what the evidence says about this model*' (Slasberg *et al.,* 2012a). The subsequent Care Act 2014, whilst introducing the concept of a *personal budget*, does not, crucially, support the notion of up-front allocations. A personal budget is simply defined as:

> *... the cost to the local authority of meeting those of the adult's needs which it is required or decides to meet* (HM Government, 2014, paragraph 26).

This cannot be known until needs have been assessed on an individual basis and resources identified to meet them.

We also urged sector and political leaders '*to recognise what is happening and bring about a change in direction'* (Slasberg *et al*., 2013a*,* p.103). Whilst the legislation appears to have heeded the evidence in that the Care Act 2014 does not give up-front allocations a legal basis, the same cannot be said for policy as expressed through the Guidance to the Care Act (Department of Health, 2014). The Guidance, which is not primary legislation, states:

> *It is important to have a consistent method for calculating personal budgets that provides an early indication of the appropriate amount to meet the identified needs to be used at the beginning of the planning process* (Department of Health, 2014, paragraph 11.22).

Thus the *In Control* concept of personal budgets through up-front allocations continues to be the strategy the Government believes will deliver personalisation. We shall explore how this gap between policy and legislation creates a window of opportunity to create an alternative future.

Policy makers are being sustained in their support for the policy by analysis from *In Control* in collaboration with Lancaster University and published by *Think Local Act Personal* (TLAP) the body funded by Government to progress the strategy. Its third national survey of personal budget holders (Waters & Hatton, 2014), known as POET, involved 'record numbers' of respondents said to have very high levels of satisfaction.

This paper sets out why a careful examination of the POET data shows this conclusion to be misleading. It also suggests an alternative direction for social care.

The third national personal budget survey

Norman Lamb, Minister for Care Service and Support, introduces the survey by noting 4,000 people participated – the '*largest ever*' – and that '*they experience positive effects of using personal budgets and improvements to feelings of dignity, independence and quality of life*' (Waters & Hatton, 2014, p.4). This has provided the headline message, reflected by the Guardian's reporting that amongst these 4,000 people, '*82% considered that having a personal budget had enhanced their dignity, 81% their quality of life and 79% their independence*' (Guardian, 2014).

However, examination of the data behind these headlines challenges their reliability.

Size and nature of the sample

4,000 respondents represents about 0.4% of the 1,048,660 people who used community support services in 2013/14 (NASCIS). The POET authors acknowledge that the survey '*does not represent a nationally representative sample*' (Waters & Hatton, 2014, p.10). Only volunteer councils participated, 26 from 152. The report does not say how the councils set about choosing the people to participate.

The positive impacts ascribed to personal budgets

Respondents reported high levels of positive outcome which they ascribed to what they called their 'personal budget'. For example, 81.4% said their quality of life was better and 78.9% more independent (Waters & Hatton, 2014, p.6). However, there is a question about what respondents actually understood by the term 'personal budget'. The headline message conveys the impression that it is the reformed process of assessment and support planning, marking a clear distinction with the previous system whereby a professional decided what needs would be met and how. However, this would require respondents to separate out the *process* of securing their services from the actual service received. The outcome measures used, such as the two above, clearly relate to the impact of the *services received* and not the *process* by which they were arrived at. This makes it likely that respondents are bundling up the *process* with *actual services* received. Their 'personal budget' is synonymous with their support services. This is not a measure; therefore, that compares the personal budget process with any other process. Indeed, only 43% of respondents (p.22) had any service before their personal budget by which to compare any other process.

What is actually measured is *the impact of having a service with having no service at all*. Even with all the concerns about the state of social care, most people are likely to report it is better to have something than nothing at all.

The POET authors do not acknowledge this issue.

The conditions under which the most positive outcomes occur

The headline messages of the POET survey conceal some important findings that pose a further challenge to the validity of these headlines.

POET shows the relationship between outcomes and a range of factors. It groups the factors into four categories (p.36):

1. Personal characteristics, such as ethnicity, gender and impairment.
2. Administrative issues, such as whether the person had a direct payment, and how long the 'personal budget' had been held.
3. Perceptions of the process, including whether their views were included.
4. The services purchased.

Each factor is then mapped to each of the 15 outcomes, which included outcomes such as *quality of life, independence*, *control* and *self-esteem*. They used what are called *odds ratios* to measure the degree of influence. An odds ratio (OR) is a measure of association between an outcome and an exposure, i.e. some factor we are interested in. The OR represents the odds that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure. So, for example, where the outcome is 'services having a positive impact' and the exposure is 'whether service users are helped to plan or not' then an odds ratio of 1 would mean that the odds of a positive impact were no more or less if people had been helped to plan. An odds ratio less than 1 would mean that the odds of a positive impact were less if people had been helped to plan. An odds ratio more than 1 would mean that the odds of a positive impact were greater if people had been helped to plan.

A word of caution is needed as the POET survey claims the use of odds ratios '*make interpretation easier*' (p.37). Odds ratios are notoriously easy to misinterpret and there is a large body of literature warning against their use in situations where the reader could be misled (see, for example, Davies *et al.*, 1998; Knol *et al.*, 2012). The problem occurs when we try to interpret an odds ratio as we would normally understand a ratio of probabilities (as opposed to odds). For example, say we were interested in factor x predicting user satisfaction. If average satisfaction for those without x was, say, 65% then an odds ratio of 2 associated with x would mean x actually increases satisfaction by a factor of just 1.2 or 20%. This can be checked at the following link: http://clincalc.com/Stats/ConvertOR.aspx

The POET survey authors make the mistake of presenting an odds ratio of two as if it meant 'twice as likely'. We are left with a series of tables that potentially overestimate the effects they are examining.

Despite this 'health warning' the authors do report findings which suggest some important conclusions. The survey found there were no statistically significant patterns in relation to personal characteristics or the way the budget was administered. This includes the important finding that having a direct payment was not consistently positively associated with better outcomes. However, there were statistically significant relationships in respect of services purchased and perceptions of the personal budget process.

Services purchased

POET divides purchased services into four groups:

- Care and support services
- Personal assistants
- Community and leisure activities
- Equipment

Equipment was not a significant factor. By far the most positive relationship was when a personal assistant was used. This was positively associated with all fifteen outcomes, to a level POET describes as 'significant' in thirteen of them. (The report states '*where we refer to a difference between groups or a significant association between factors, this is underpinned by a non-parametric statistical test with p<0.05*', p.9*).* The average odds ratio was 1.8.

In direct contrast, 'care and support' services were negatively associated with all fifteen outcomes, and to a level described by POET as significant in 6 of those. The average odds ratio was 0.8.

Spending on community and leisure activities was also positively associated with outcomes. The average odds ratio was 1.21.

These findings are inconsistent with the findings of POET that direct payments were not consistently associated with better outcomes. Employing a personal assistant can only ever happen through a direct payment. Meeting community and leisure activities is likely to require the person to have a level of resource beyond that required to meet the higher priority needs for survival and safety. We have pointed out previously (Slasberg *et al.*, 2012b, p.1031) that there is a prima facie case that people with a direct payment have traditionally enjoyed significantly greater resource than others. In 2009/10, people on direct payments accounted for 7.7% of service users but spent nearly 13.7% of the budget. Woolham and Benton (2012) in a study within a large council found that the average value of direct payment was 44% greater than the value of other support packages. Differences in dependency levels are unlikely to account for such large differences given that direct payments can be used for small and large packages.

How can this apparent contradiction be explained? The following section seeks to shed light on this key issue.

The changing nature of direct payments

It has been a part of the personalisation strategy to maximise the numbers of people with a direct payment. Government called for direct payments to be the default option for a personal budget as research had shown direct payments resulted in the best outcomes. The results have been palpable. In 2008/9, the percentage of service users with a direct payment was 5.6% and in 2013/14 14.8% (NASCIS, 2014). It was initially assumed that all new recipients were behaving in the way the research had shown worked best, which was through the employment of personal assistants to replace regulated care services. Thus Community Care (2011) reported a 'boom' in the number of personal assistants between 2009 and 2010 of 35% to 92,000.

The Community Care report was based on work by Skills for Care. They made the assumption that all new direct payment recipients were employing personal assistants. Their 2013 workforce survey (Skills for Care, 2013) noted '*In previous versions of this report, due to a lack of information, all direct payments recipients were treated as employers*'. In 2012 their workforce report stated that personal assistants, numbering 420,000 made up the single largest section of the domiciliary workforce of 831,000 (Buchanan *et al.*, 2012, p.12). However, they acknowledged this assumption may have led to an over-estimation. This caused Skills for Care to test the assumption by use of surveys. This showed that it was indeed a major over-estimation. For the 2013 report, they estimated that only 52% of direct payment recipients employed a personal assistant. By 2014 this had fallen to a mere 33% of direct payment recipients employ a personal assistant (Fenton, 2014, p.20).

This may well reflect the impact of the 2010 policy directive that all service users should have a personal budget, and '*preferably as a direct payment*' (Department of Health, 2010, p.8). Councils have perhaps found it easy to increase numbers of people with a direct payment by

simply encouraging people with regulated services who either themselves, or through a third party, are able to use a bank account to pay the provider's invoices.

This suggests there are perhaps now two cohorts of direct payment recipients: an original cohort who use it to create and manage their own support system, and a second, more recent cohort who simply act as purchaser of regulated services.

There is no evidence to believe that using direct payments simply to purchase regulated services improves outcomes. On the contrary, we have noted previously (Slasberg *et al*., 2012a) evidence from the Office of Fair Trading that people who fund their own care ('self-funders') not only receive the same level of service from regulated services as people publicly funded, but pay more for it.

Helga Pile (2013) reports on UNISON members' experience of the policy of increasing the numbers of people with a direct payment in the following ways:

> *Practitioners responding to a UNISON survey felt that they were implementing a 'one-size-fits-all' approach to personalisation, driven by sign-up targets. This has been exacerbated by the 2010 announcement by government ministers in England that 'direct payments should be the preferred option' for receiving a personal budget. Respondents do not feel that this is real personalisation because the focus is on process not outcomes* (Pile, 2013, p.56).

POET's finding that regulated services are not associated with better outcomes, regardless of whether they are council purchased or through a direct payment, is perhaps the first empirical evidence that direct payments are not, *per se*., a guarantee of better outcomes. Better outcomes continue to be associated with the type and nature of support purchased, with a focus on the use of personal assistants and being able to meet social and leisure needs.

The implications of this finding for national policy, with its emphasis on direct payments as the preferred approach to 'personal budgets', is highly significant. In 2013/14 just short of 15% of all who used community services had a direct payment. However, if only 33% of those purchased a personal assistant, that means that 95% of people used regulated care and support. If it is the case that the use of regulated services is not associated positively with better outcomes, regardless of whether delivered through a direct payment or 'council managed' budget, this points to the personal budget strategy having no benefit for a 95% majority.

Importance of the person's views

POET showed a very strong association between the extent to which the person felt their views were influential and how easy they perceived the personal budget process to be. This led the authors to believe council practice was the deciding factor and recommend:

> *Given the very strong association between these process conditions and outcomes, councils can prioritise good practice in these areas to achieve good results* (p.16).

However, this is an assumption that can be challenged. An alternative explanation lies in the characteristics of the person, and that people with the requisite experience and social skills are able to be more influential in the process. There is evidence that people who use a direct payment to manage their own support systems have high levels of assertiveness and social skills. For example, a study of direct payments in Essex published by the Office of Public Management noted:

> *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* (Holloway *et al*., 2011, p.42).

In addition, an earlier study also found:

> *Most older people used their direct payments to employ personal assistants. Those with transferable skills from past career and life experiences often successfully adapted them to help manage them* (Clark *et al*., 2004, p.7).

People with these levels of skill and assertiveness are more likely to ensure their views are influential, and thus more likely to report the process as easy, no matter which council they find themselves working with. They are perhaps also more likely to look favourably on a process that results in them getting the level of resource they require.

The importance of the POET assumption is that it supports the message that some councils are delivering the strategy well and, therefore, if all councils did likewise the strategy would be even more of a success. Indeed, the view that some councils are delivering the strategy well is presented as vindication in itself that the strategy is the right one to pursue.

This is a theme in the second POET survey (Hatton & Waters, 2013) which identified large variations in better outcomes between councils. We pointed out the following:

> *Whilst 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 councils in terms of the proportion of their samples with a direct payment* (Slasberg *et al*., 2013a, p.101).

The POET authors failed to notice a potential link between the spread of differences between councils in terms of better outcomes, and a similar spread of differences in the percentage of service users with a direct payment. At the time of the second survey, given the rapid expansion of those with a direct payment being in the second cohort as identified previously, the percentage of people with a direct payment who used it to create and manage their own support system, as opposed to simply purchasing regulated services, would have been much higher than at the time of the third survey. Therefore, there was a greater likelihood at the time of the second survey that a council with a higher number of direct payment recipients in their sample would find more of their sample reporting a better outcome.

The failure to acknowledge this link allowed the POET authors to claim that some councils were delivering the personal budget process well and others were not. In reality all they were seeing were that some councils had more people with a direct payment and using it to purchase and manage their own support system in their sample than others.

Other sources of evidence for government commitment to the strategy

Not only is the Minister for Care pleased to be closely associated with the POET surveys, the recently published guidance to the Care Act (Department of Health, 2014) also makes the following claim (p.151):

> *Independent research shows that where implemented well, personal budgets can improve outcomes and deliver better value for money.*

Once again, closer examination of the sources they cite challenge this assertion:

- *The national evaluation of the individual budget pilots* (Glendinning *et al*., 2008). The evaluation was far from unequivocal in its findings. It found that some people amongst the group of service users with a personal budget had better outcomes than those in the control group who did not. However, it also found that many did not. This was noted most commonly amongst older people. We have pointed out previously (Slasberg *et al*., 2012a) that while the sample was meant to be representative of the population of service users, that appears unlikely to have been the case. 26% of the sample were existing users of

direct payments whilst at that time, only about 4% had a direct payment nationally. In terms of value for money, the study also found an 11% increase in infrastructure costs, thus contradicting the claim that the process would increase value for money.

- *Improving Value for Money in Adult Social Care* (Audit Commission, 2011). The guidance (Department of Health, 2014, p.151) states that '*this study pointed out that 36 per cent of councils cited personalisation as a driver of better value for money in 2009/10. This rises to 45 per cent for 2010/11. Better value came mostly from improved outcomes, not savings'*. However, this reflects direct statements made by the councils. No evidence was presented in this report to substantiate their claims. Whilst the Audit Commission may have been independent, it could not be said that their information sources, as deliverers of the government strategy, were.

- *The Financial Management of Personal Budgets* (Audit Commission, 2010). This study was based on interviews with selected senior managers and project officers at eight sites selected in collaboration with *In Control.* Both the councils and the officers are therefore likely to have been sympathetic to the strategy. As above, relying on the views of staff engaged in delivery of the strategy could not be said to be an independent source.

- *Users of Social Care Personal Budgets* (Ipsos MORI, 2011). This study interviewed 48 'personal budget' holders. They found that '*On balance, it appeared that only direct payments offered a genuine choice to budget holders'*, and that '*direct payments were chosen by people who wanted to have more choice and control over the care they received, and wanted to benefit from the added flexibility a direct payment offered'*. This appears to describe people in the first cohort of direct payment recipients as described above. Their finding reaffirms the messages from research that people in this group achieve better outcomes, as they have since their introduction in 1996, whilst 'personal budgets' *per se.* – based on the provision of an up-front allocation of money – had no impact.

Thus the 'independent research' the guidance cites is either not truly independent, or when it can claim to be independent, does not support the claim that personal budgets deliver better outcomes and better value for money.

Conclusion

Ironically, a careful examination of the evidence the Government uses to support its view that the national strategy of personal budgets through up-front allocations to enable people to exercise choice – the POET surveys – is working, actually does the exact opposite. The surveys also support the view that the only service users experiencing better outcomes are those using a direct payment to employ personal assistants and have enough resource to meet social and leisure needs. This has been the case since the mid 1990s:

> *The benefits of direct payments for users and local authorities are undisputed and widely researched* (Hasler & Stewart, 2004, online).

The Government's Guidance to the Care Act 2014 confirms its view:

> *The allocation of a clear up-front indicative (or 'ballpark') allocation at the start of the planning process will help people to develop the plan and make appropriate choices over how their needs are met* (Department of Health, 2014, p.188).

However, the Care Act itself defines a personal budget in a quite different way, making no reference to an up-front allocation. Section 26 of the Act defines a personal budget as simply the financial value of the services required to meet the needs the council has decided to meet. This is an amount that can only be known following the support planning process. The Act also

confirms that the decisions about what a person's needs are, which of them will be met and with what resource will continue to be ones for the council to make. It would appear that if the policy makers advising Government are maintaining faith in the current strategy, the legislators advising Government have a quite different view.

This places the service at considerable risk. An ineffectual strategy – personal budgets through up-front allocations of resource – is serving only to disguise the perpetuation of a system that works in ways that are dysfunctional and depersonalising for all but a small minority. A system that is personalised for all can only happen with fundamental reform of that system.

We have set out how we believe this can be made possible (Slasberg & Beresford, 2015). In broad terms, we argue that the present national strategy has been built from the wrong lessons about the early success of direct payments. *In Control* believed it resulted from the exercise of *consumer choice* and that extending choice to all through an up-front allocation would lead to better outcomes for all. However, an alternative reading is that the success of direct payments did not derive from consumerist notions of choice, but from an accurate and holistic assessment of individual needs allied to sufficient resource to meet them. Unlike the *resource led* council based assessments of need, the assessments by this group of people have been authentically *person-centred*.

If this view is correct, the implications are that what is required is:

- for all assessments of need to be *holistic and person-centred*
- for as much need as current resources permit to be met
- open acknowledgement of the funding gap in terms of needs not met
- a commitment to close the gap over time as the democratic will permits.

This needs to replace the prevailing system whereby perception of 'need' is restricted to that which is affordable, thus depersonalising the process for the service user whilst also denying the existence of a funding gap.

While we believe such an agenda is legally and professionally possible, we acknowledge it will require a level of political openness and commitment to social care that will pose a challenge to political leaders.

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