

SOCIAL SERVICES RESEARCH GROUP

MARCH 2014 CONFERENCE

Self-directed support – does the evidence support the theory?

THE OFFICIAL VIEW

- Self-directed support is a process to deliver personal budgets, described by ADASS in 2013 as *'a clear, upfront amount of funding which individuals can spend on the services and support they need....'* The up-front allocation is delivered through a Resource Allocation System (RAS)
- ADASS takes on trust the promise that SDS will deliver personalised services. Based on councils achieving the 75% target of people said to have a personal budget last year, Sandie Keane, President of ADASS declared

'the substantial majority of social care departments are providing personalised social care services to well over two thirds of eligible individuals'
- Is this trust justified? The following sets out evidence to make an independent judgement.

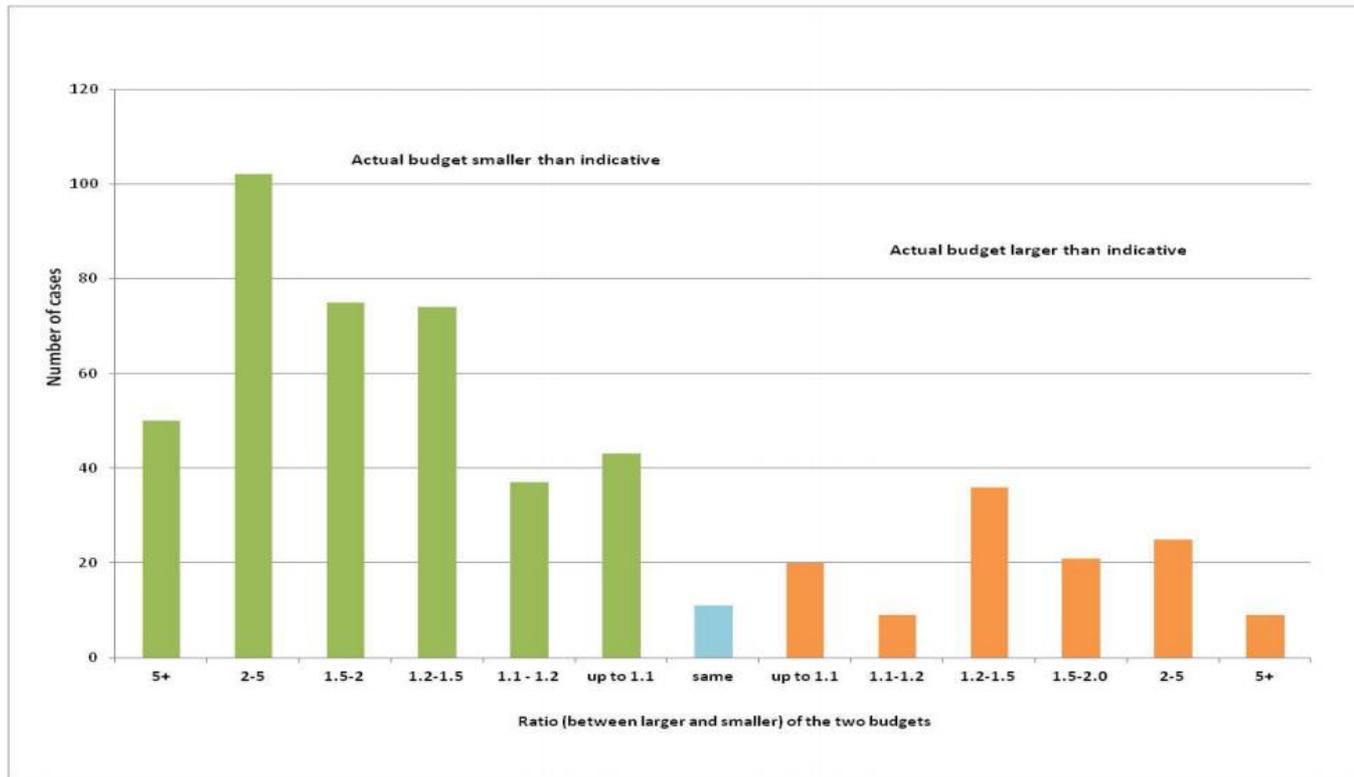
THE UP-FRONT ALLOCATION

- The ADASS definition is not strictly correct. The up-front allocation was reduced to being 'indicative' only before implementation of SDS. This is to address legal and financial risks of deciding the budget level before knowing the actual cost of meeting eligible needs. The 1990 Act individual needs assessment process remained in place.
- This compromise was ameliorated by formal advice that the final allocation should be as close as possible to the 'up-front' allocation. It should be a final check to ensure eligible needs can be met.
- The question is - what is the evidence that this is the way it has been working?

Are actual allocations close to the 'up-front' allocation

- An early piece of evidence came from In Control who studied implementation of SDS in Hartlepool – regarded by them as exemplars (2009/10).
- They looked at over 500 cases and included a comparison of the two allocations. They concluded with the reassuring messages that the average actual allocation was only 'slightly lower' than the average up-front allocation.
- However, what this clearly failed to do was to test whether the times the actual was above the 'up-front' cancelled out the occasions it was below. This prompted a Freedom of Information request for the original data.

The actual evidence from Hartlepool



Measuring the difference between the two figures by a ratio - with 1 representing the two allocations the same - the average ratio was found to be **3.8**. This is the truer measure of how close they are, and shows that in Hartlepool, far from only being only 'slight' different, the differences were huge with no meaningful relationship between them

Evidence from other councils

- Subsequently requests have been to some 50 councils.
 - Most do not even monitor the difference, thus rejecting the advice to adapt the RAS over time
 - Of those that do, in not one council could the two allocations be said to be close
 - In London, all councils were tested and the average ratio of difference was 2.6
- Series and Clements concluded that the RAS was like *'A cog spinning within a machine with which it does not connect'*
- This evidence suggests that far from 75% of service users having a personal budget, actually none do.

Evidence used to support SDS

- Proponents of SDS nonetheless insist that the strategy is working. This draws primarily from the two national surveys of 'personal budget holders' carried out by In Control with Lancaster University.
- The second survey in 2013 reported that 70% of the sample reported better outcomes in relation to independence, dignity and getting the support required. However, there are two problems;
 1. As in the first survey, the sample was grossly unrepresentative with 89% of the sample being direct payment recipients. At that time, only 11% of service users were. Research has shown that direct payments to be delivering better outcomes since 1996.
 2. The question asked was;

whether the personal budget has made a difference

Respondents are unlikely to have distinguished the services they are receiving from the process of getting them. In thinking about the difference, they will be comparing having services with not having services. This will inflate the overall positive reporting of personal budgets.

Evidence that 'council managed' budgets improve outcomes

- This is the acid test of SDS as the direct payment effect is not present.
- POET reported the following overview statement:
'...using almost every type of personal budget, holders reported positive experiences of the impact of personal budgets on their lives'
- There are four types of PB the survey identified. Three of them are cash payments and one council managed. The statement suggests that not all of four achieved better outcomes. The authors chose not to declare which of them did not.

What the survey actually revealed about the impact of council managed budgets - one

- POET reported on the relationship between a series of factors and the 14 outcomes indicators. The 4 types of budget were amongst the factors. The authors reported;

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

This gives the clear impression that direct payments are not the decisive factor.

- However POET reported the actual data in a series of detailed tables. This allows an independent analysis.

What the survey actually revealed about the impact of council managed budgets - two

The table shows the number of times each of the three forms of cash payment and council managed budgets showed statistically significant relationships with outcome indicators

	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

This shows the POET overview statement to be technically correct, but seriously misleading. 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

Other evidence used to support SDS

One - some councils are doing it well

- A key argument by proponents of SDS is that some councils are getting it right, thus proving the theory. The issue therefore is getting all councils to do it right.
- POET is again the key source of evidence. It reported a 30% variation between the best and worst performing councils in relation to better outcomes.
- However, this figure closely resembles the degree of variation between councils in the percentage of their samples, which was 40%.
- The likely explanation for some councils achieving better outcomes than others lies, when linked to the information about types of budget and outcomes, lies therefore in the survey samples. Those with more on direct payment were getting better results because of that.

Other evidence used to support SDS

Two - Personal Health Budgets

- The three year pilots were evaluated using a control group. Generally, people within the PHB pilots enjoyed better outcomes than those in the control group. Julie Stansfield of In Control said;

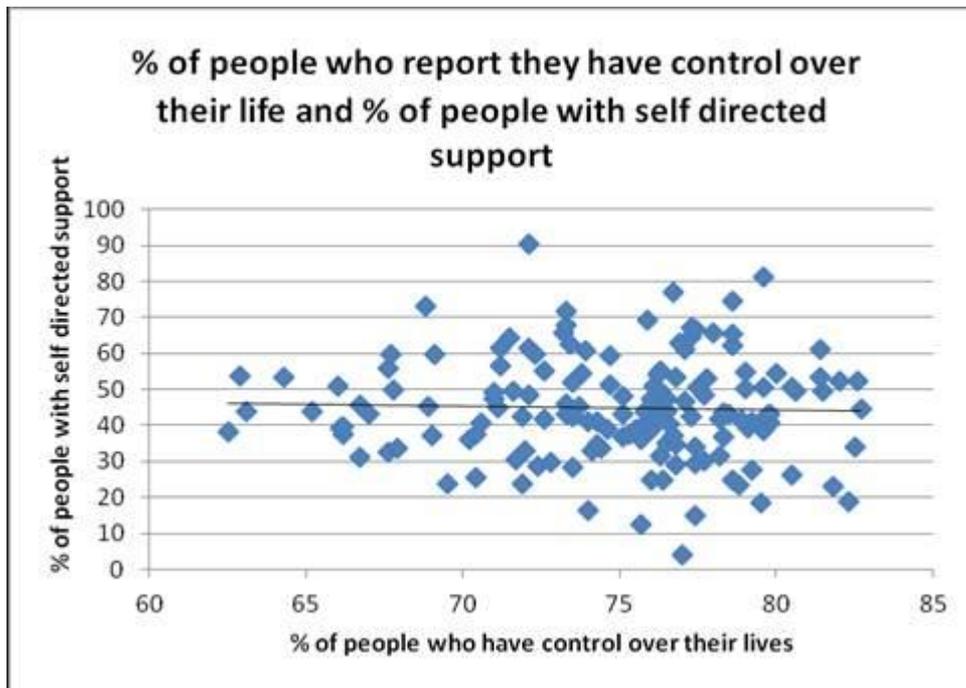
‘Crucially, the findings about what works replicated those in social care. To achieve the best results, personal budgets must be delivered according to the principles of self-directed support – that is, people need to know the budget they have to plan their care with’.

- However, some 20% of the sample did not have an up-front allocation but still achieved better outcomes; another similar number did not have better outcomes despite having an up-front allocation. This led the authors to the opposite view to Stansfield:

“...possibly that it is the greater choice and flexibility that is more important than knowing the budget level”

Does SDS lead to more control?

In 2011/12, councils reported for the first time how much service users reported being in control of their lives. A key claim of SDS is to bring about greater control. With the range of people with SDS from 4% to 90%, this created an ideal opportunity to test its success.



The scattergram should show a trend line that moves diagonally up from left to right.

It doesn't. If anything, the trend is slightly in the other direction – the more people with SDS, the fewer report being in control of their lives.

Conclusions

- We now have had five years of SDS, with arguably sufficient evidence to judge its merits. The evidence set out here suggests the following;
 - It is not delivering on its promise to deliver either better outcomes or greater control for service users to any extent at all.
 - The future will be no different.
 - Belief that it is succeeding is owed to misleading use of evidence being absorbed by listeners willing to hear the messages either through ideological commitment and/or political expediency.

Further suggested reading

Series, L and Clements, L (2013) Putting the Cart before the Horse: Resource Allocation Systems and Community Care, Journal of Social Welfare and Family Law

Slasberg, C. Beresford, P. and Shofield, P. (2013), the increasing evidence of how self directed support is failing to deliver personal budgets and personalisation. Research, Policy and Planning, vol 30, number 2. Published by the Social Services Research Group.

West, K. (2013), The Grip Of Personalization In Adult Social Care: Between managerial domination and fantasy, Critical Social Policy, November, Vol 33, No 4, pp638-657. doi:10.1177/0261018313481563