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Are Personal Budgets the best way of delivering personalised social care to older people?

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Key headings

- Why this study on older people, Direct Payments and Personal Budgets?
- Methods used
- Key survey findings
- Key findings from interviews with senior managers, front-line social work staff, older budget holders and their carers

Why this study on older people, Direct Payments and Personal Budgets?

- Response to campaigning by younger people with disabilities
- Research evidence suggests that direct payments can work well with younger adults
- No real evidence that older people do as well with direct payments

Why this study on older people, Direct Payments and Personal Budgets?

- Older people are less likely to take up direct payments.
- The current study was designed to find out
 - If personal budgets are always the best approach
 - What social services departments are doing to get older people using personal budgets
 - The experiences of older budget holders and their unpaid carers

Methods

Mixed method 2 stage design:

- Stage 1 - interviews with Social Services personalisation 'leads' (52)
- Stage 2 - working with 3 Social Services Departments
 - Postal surveys of older Direct Payment (DP) and Managed Personal Budget (MPB) users (339/27%)
 - Postal surveys of carers of older DP/MPB users (292/23%)
 - Interviews with front line staff (25)
 - Interviews with self-selecting older budget holders (14) and their carers (31)

Key finding 1 from postal survey of older budget holders

PB users liked the idea of having a PB.

DP users liked the idea even more than MPB users.

Factors that seemed to be associated with DP take up and positive views about DPs were

- bad previous experiences with social care providers
- The availability of an unpaid carer to help set up and manage the budget

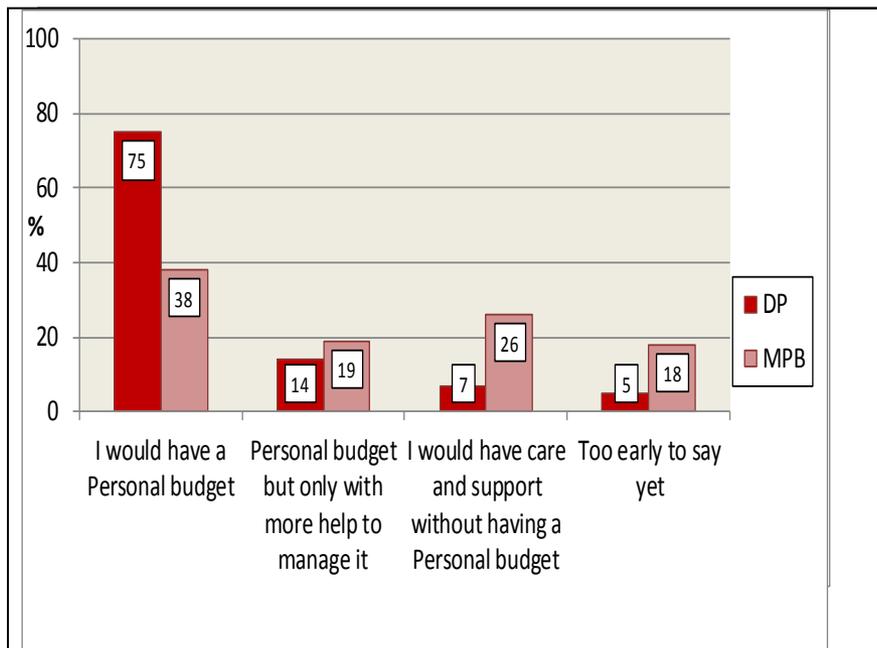


Figure 2. Based on your experiences to date, if you were given a choice about whether to have a personal budget or not, which of the following options would you prefer? (n=322 p<0.001)

Key finding 2 from postal survey of older budget holders

Liking the idea of PBs & DPs did not always 'translate' into actual control over care.

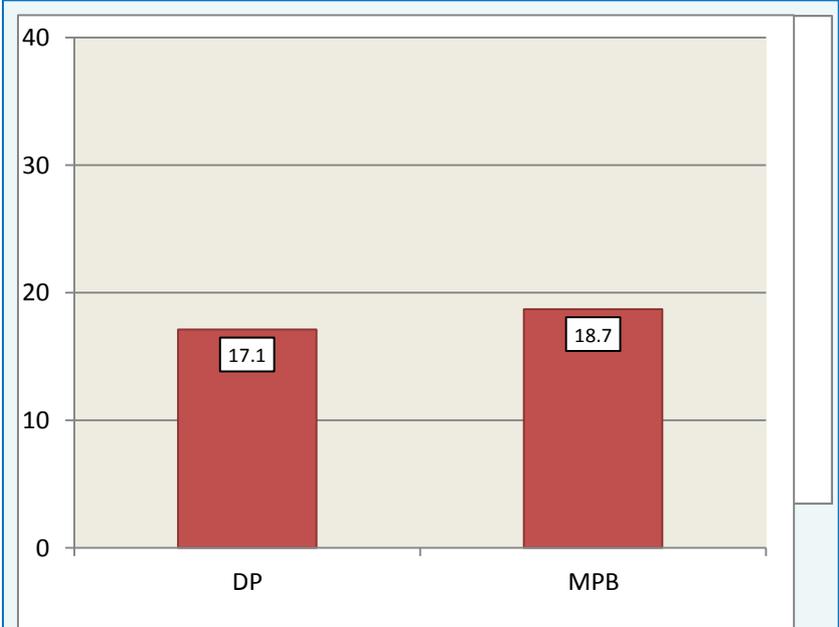
A substantial minority of DP users did not have control over basic ADLs

		I don't need help in this area of my life	I need help but can always choose when I...	It's a compromise between what I'd like and what's possible	I can't really choose
Choice over timing of meals (n=328 p=0.002).	Direct payment users	46 (20%)	121 (54%)	34 (15%)	25 (11%)
	Managed budget users	28 (28%)	32 (31%)	21 (21%)	21 (21%)
Choice over timing of bed-times (n=333 p=0.001).	Direct payment users	70 (31%)	97 (43%)	31 (14%)	30 (13%)
	Managed budget users	39 (37%)	23 (22%)	17 (16%)	26 (25%)
Choice over timing of bath/shower (n= 328 p=0.303)	Direct payment users	30 (13%)	117 (51%)	49 (21%)	33 (14%)
	Managed budget users	14 (14%)	42 (42%)	21 (21%)	22 (22%)

Table 2. Do you decide any of the following things?

Key finding 3 from postal survey of older budget holders

Outcomes were little different between older DP and MPB users:



(b) Perceived stress scale mean scores (higher = -)

Key finding 3 from postal survey of older budget holders

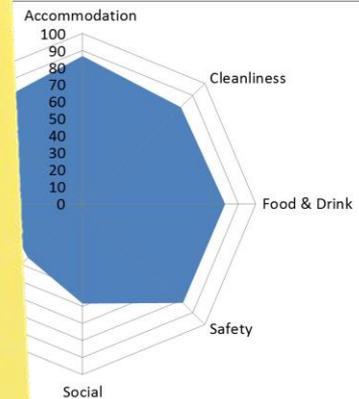
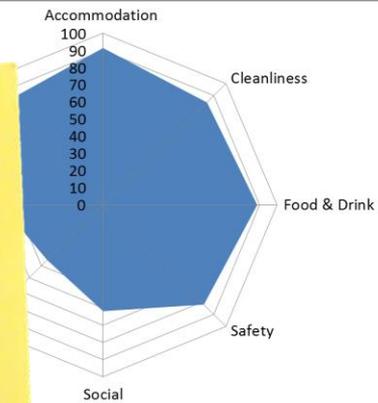
ASCOT overall scores =

0.75 for DP users
for MPB users.

Little difference
DP (top) and M

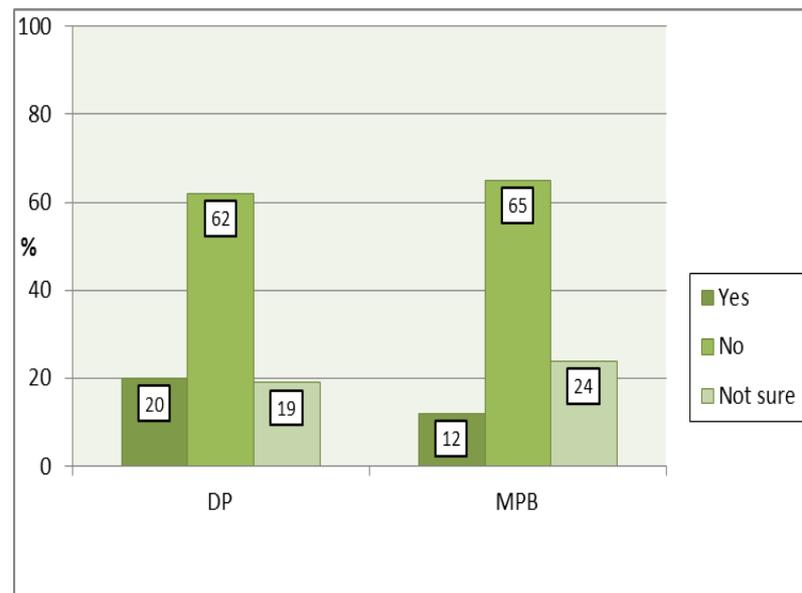
ASCOT score profiles suggested that needs relating to accommodation, cleanliness, and food & drink were met for the overwhelming majority in both groups.

However, large proportions of respondents in both groups had unmet needs relating to opportunities for social contact, occupation, and control.



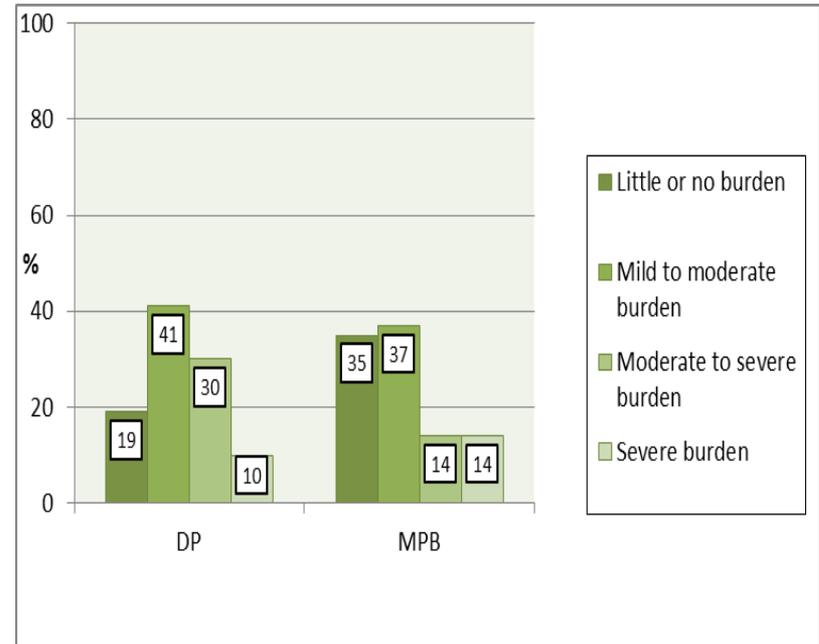
Key finding 4 from postal survey of carers

- Carers were centrally involved in helping those they cared for set up and manage their Direct Payment.
- Only a small minority - (18%) overall - said they had ever had a carer's assessment.



Key finding 5 from postal survey of carers

- 46% of carers of DP users had moderate to severe or severe burden scores on the scale used, compared to 35% of MPB carers.



Perspectives: budget holders

Positives:

- Care enables people to remain at home
- More choice over which carers are employed
- Control over budget (for DP users)

Negatives:

- Not enough service providers/ service diversity
- Lack of ability to socialise
- Anxieties re amount of budget if care needs change

Perspectives: unpaid carers

Positives:

- More flexibility helps carers own involvement in care provision
- Control over whom and how with care and support (especially when DP budget)

Negatives:

- Missing information and personalised advice
- Financial contributions of older people/families too high
- Too much paperwork
- Back to square one if needs change and more money is needed

Perspectives: CASSR managers and staff

- More choice
- More control
- Greater independence
- Maintenance of dignity

A qualified 'yes' to all of the above but

- take up is low for older people
- direct payments work better for younger than older people

Why is take up 'low'?

- Culture - 25%
- Market (service availability, flexibility, innovation) - 25%
- Admin - 14%
- Low expectations - 10%
- Resources, budget - 10%
- Information, communication - 8%
- Stress, emotion (emotive nature of arranging and maintaining care packages) - 3%

What are CASSRs doing to help?

- Improving information and advice
- Personal assistant service
- Pre payment cards
- Closer working with - providers; GPs; voluntary sector; older people's fora
- Staff training, supervision, risk enablement panels
- Active use of performance indicators
- Monitoring complaints

Conclusions

- Older people may want different things to younger adults - objectives less about lifestyle aspirations and choice and more about establishing continuity of care and ability to trust care providers: maintenance, not transformation.
- Social and recreational needs still largely unmet: funding likely to be a big issue.
- More support for unpaid carers needed as they are greatly involved in care - physically and emotionally.
- Older people and unpaid carers wanted to maintain links with a knowledgeable member of social services staff.
- Could 'person-centred' be better than 'personalisation' for many older people?