

Response to the paper ‘Modelling the relationship between needs and costs: how accurate resource allocation can deliver personal budgets and personalisation’

Colin Slasberg¹ and Peter Beresford²

¹ Harlow, Essex

² Brunel University, Uxbridge

Abstract

The previous issue of Research, Policy and Planning (Vol 30(2), 2013) carried a paper by Clifford et al. that made the case for the Resource Allocation System (RAS). It challenged the conclusions of a paper by us published in an earlier issue (Slasberg et al., 2012) that came to the opposite conclusion. We believe our findings and conclusions have been further strengthened by increasing evidence we have published in the same issue as the Clifford et al. paper (Slasberg et al., 2013). However, we think it is important to directly address some of the key positions that underpin the view of Clifford et al. These are:

- *an ‘indicative budget’ is an important part of the support planning process*
- *it is possible to standardise social care needs*
- *it is necessary to standardise social care needs*
- *the FACE ‘modelling’ approach to the RAS results in greater accuracy*
- *the new Care Act will place personal budgets on a statutory footing.*

Keywords: personalisation, personal budgets, self-directed support, evidence

Is the ‘indicative budget’ an important part of the process?

Clifford *et al.* express the view that the ‘indicative budget’ process is important to enable personalised support planning. They compare it to buying a meal, holiday, a home, home improvements or a car where having a ‘*budget in mind*’ (p.117) is key to supporting the choice process. We think the comparison with purchasing decisions made in these and other retail settings is false for the following reasons:

- Both the law and national policy are very clear that a person should be offered the amount of resource required to meet eligible needs. The only way that can be known is by identifying individual needs, and making a decision about how much resource is required to meet each, derived from the most cost effective means of meeting each need.

This makes purchasing decisions in relation to social care quite unlike purchasing decisions made in a retail context where the person merely balances cost and quality according to income, taste and preference. In practice, whatever the rhetoric of councils, the reality of decision making renders the ‘upfront’ sum of money irrelevant. Series and Clements (2013) note that the RAS ‘neither reduces the labour of social care assessment, nor provides service users with enforceable ‘*entitlements*’, describing it as ‘like a cog spinning within a machine with which it does not engage’ (p.224).

- The task of the practitioner is to find the most cost effective way of meeting needs that have been deemed eligible. Anything more by this reckoning is either profligate use of public money, dependency-inducing or both. Anything

less will compromise the need to be met. Being asked to also have some notional budget in mind is a different, second benchmark. This cannot be anything other than confusing for the practitioner and service user, needlessly complicating an already complex task.

Is standardisation of needs possible?

A key concept within the prevailing model of *self-directed support* (SDS) is that it is possible to standardise needs to enable comparability between people. Standardisation offers the promise of objectivity, fairness and consistency, all worthy policy objectives. It is a concept that pre-dates SDS and the RAS. The Single Assessment Process ushered in a wave of ‘assessment tools’ consisting of batteries of closed questions used as the basis for assessment of need. The RAS is based on the same underlying philosophy, and that people with similar needs should have similar amounts of money. The Clifford approach is rooted in this view of social care, describing the alternative as ‘*subjective opinion*’ (p.116). It was described by Simon Duffy (1996), acknowledged architect of the RAS, as the ‘*professional gift*’.

However, we believe this is a fundamentally flawed concept. Social care needs are unique to each person. They arise from the complex interplay of the nature and severity of the person’s impairment, how long they have lived with it, their own attitude and response to it, their physical living environment (both accommodation and community), the support and attitude of people in the person’s informal network, the supports within the local community and accessibility of mainstream services. An *accurate* assessment of need requires a process of *skilled thought* to understand each person’s situation. It calls for the service user and a practitioner, freed from the oppressive requirement to tailor the assessment to resources and so be person-centred, to work together. This is a far cry from the ‘*subjective opinion*’ or ‘*professional gift*’ notion.

When Duffy spoke of the ‘*professional gift*’, he relied for evidence on the large variability in the levels of resource given to service users. However, what he failed to take into account was that there were consistent patterns of variation:

- older people got considerably less than working age people within all councils;
- learning disabled people got consistently more than other working age people within all councils;
- large variation between whole councils.

This clearly points to *systemic* issues being at play, not the capriciousness of individual judgements.

The drive toward standardisation through the various ‘assessment tools’ over the past ten years has had no impact on these variations in resource levels between groups and councils. Decisions about how much resource to give to people are usually made by budget holders – usually at senior level and often operating through panels that are not accessible by service users – charged with ensuring that spend matches budget.

The evidence we have accumulated (Slasberg *et al.*, 2013) of the very large discrepancies between the indicative budgets and actual budgets is itself evidence that it is not possible to standardise needs for social care. We sought information from some 50 councils, that monitor the amounts, and none were able to show consistency between the two budgets. In fact we found that, on average, one budget was between 2 and 3 times greater than the other. This is despite a huge amount of time and resource invested into trying to get a RAS that works, including several iterations of the In Control model, a common RAS created by the Association of Directors of Adult Social Services and the more complex *modelling* systems of FACE.

However, this should not be taken to suggest the practices that preceded the era of the assessment tools were successful in creating accurate assessments of need as set out above.

Practice dominated by the requirement to define ‘need’ by affordability has led to practice that is restrictive and inflexible, as described by the Commission for Social Care Inspection (2008).

Is standardisation of needs necessary?

If it is not possible to standardise social care needs, where does this leave the argument that it is necessary to achieve consistency and fairness? It is an issue that would not arise in an environment where the level of resource required to meet all needs that require public funding was guaranteed. However, that is neither the case now, nor is there any prospect of it being the case in the foreseeable future. This means that decisions have to be made about which needs will be met and which will not. Policy and practice based on trying to standardise and objectify need has failed to deliver either fairness or consistency. We believe an approach must be found that enables fair and consistent decisions that does not compromise on the uniqueness of individual need. Fundamental to that will be the separation of the assessment and support planning process from the resource allocation process. This will free the practitioner from the oppressive requirement to restrict and shape the assessment to available resources.

Can the modelling approach get more accurate results?

The above arguments make redundant the issue of whether one system is relatively more accurate than others. Even if, as Clifford *et al.* claim, the FACE ‘modelling’ system is relatively more accurate than the ‘pounds for points’ system, there would still need to be a proper and accurate assessment of individual need to make decisions about resource allocation to ensure both legal and financial imperatives are met. Even in the most optimistic FACE scenario, there remain at least some cases where the difference between the actual and indicative budgets is two-fold.

Nonetheless, we think it is important to make clear that we do think there are reasons to be cautious in accepting the claims of greater accuracy. Clifford *et al.* were not correct in saying that our studies only involved councils using ‘pounds for points’ systems. We did not ask councils what systems they used. However, we now know, based on a list of councils using the FACE system provided to us by FACE, that one of the councils in our earlier paper and two of the councils in the London study (*London Self-directed Support Forum, 2013*) did use the FACE system. These councils did not fare any better than those using a ‘pounds for points’ system. The London report (2013) came to the view that higher correlations created by FACE under system developmental conditions appeared not to be replicated in roll out. The three studies referred to by Clifford *et al.* appear to relate to work under such conditions.

It may also be important to bear in mind that the FACE modelling system, based on complex algorithms, puts paid to notions of greater transparency that was one of the early reasons advocated for the RAS. Series and Clements note that FACE acknowledge as much themselves, quoting a report from FACE that ‘it would not be possible for an individual to assess the validity or otherwise of the algorithm since its validity can only be tested across many individuals’ (p.213).

The new Care Act

Clifford *et al.* make the point that an upfront allocation is not just an essential component of personalised decision making but also suggest that the new law will require it. We strongly contest that view. The concept of a personal budget is indeed introduced in the Bill. However, the Bill defines it as no more than the financial value of the cost of meeting eligible needs. There is now broad acceptance that can only be known after support planning – hence the upfront allocation can only ever be indicative. The Bill makes no mention of upfront allocations. Whilst there may be an argument that this is not a proper use of the word ‘budget’ – which usually means an

amount of money is known before spending decisions are made – what the Bill’s approach to a personal budget will do is embed the notion of *flexibility*. The currency of support planning should be cash and no longer a menu of services. If this is the impact, it is one we will welcome.

Conclusions

In our 2012 paper, we expressed the view that the only way to make an upfront allocation meaningful would be a change in primary legislation so that funding for social care is made into an authentic financial entitlement, arrived at through fixed rules, as is the case for other financial benefits. Service users may well have grounds to fear the abandonment of the current individual needs based system, notwithstanding its current faults, that this would entail. However, if it were ever to happen, the RAS modelling work that FACE have carried out may well prove the least damaging method to apply. But given that no such change in legislation has taken place or is planned, social care is in desperate need of acknowledging the folly of the ‘indicative budget’ concept, bringing it to an end and embarking on the work needed to make the individual needs based system fit for purpose.

References

- Clifford, P., Saunders, R. & Gibbon, L. (2013) ‘Modelling the relationship between needs and costs: how accurate resource allocation can deliver personal budgets and personalisation’, *Research, Policy and Planning*, **30**(2), pp.107-129.
- Commission for Social Care Inspection (2008), *Cutting the Cake Fairly*, London: CSCI.
- Duffy, S. (1996) *Unlocking the Imagination*, at: http://www.centreforwelfareform.org/library/aut_hors/simon-duffy/unlocking-the-imagination.html
- London Self-directed Support Forum (2013) *Making Personalisation Work in London*, at: http://issuu.com/londonselfdirectedsupportforum/docs/making_personalisation_work_-_feb13

Series, L. & Clements, L. (2013) ‘Putting the cart before the horse: resource allocation systems and community care’, *Journal of Social Welfare and Family Law*, **35**(2), pp.207-226.

Slasberg, C., Beresford, P. & Schofield, P. (2013) ‘The increasing evidence of how self-directed support is failing to deliver personal budgets and personalisation’, *Research, Policy and Planning*, **30**(2), pp.91-105.

Slasberg, C., Beresford, P. & Schofield, P. (2012) ‘How self-directed support is failing to deliver personal budgets and personalisation’, *Research, Policy and Planning*, **29**(3), pp.161-177.

Notes on Contributors

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

Peter Beresford, OBE, is Professor of Social Policy and Director of the Centre for Citizen Participation at Brunel University. He is Chair of Shaping Our Lives, the national user controlled organisation and network of service users and disabled people. He has a background as a long-term user of mental health services and has had a longstanding involvement in issues of participation as activist, writer, researcher and educator.

Correspondence

Colin Slasberg, Independent Consultant
Email: colin.slasberg@gmail.com