The PSSRU

The Personal Social Services Research Unit was established in 1974 and now has branches at three UK universities: the University of Kent, the London School of Economics and Political Science, and the University of Manchester.

Its mission is to conduct high quality research on social and health care to inform and influence policy, practice and theory.

Contact details for the staff at the three PSSRU branches are on pages 38–39.

PSSRUlist

To subscribe to this email list for announcements of publications, events and developments at the PSSRU, go to www.jiscmail.ac.uk/lists/pssrulist.html

PSSRU website
http://www.PSSRU.ac.uk/

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The three branches of the PSSRU have been recognised as Investors in People.

INVESTORS IN PEOPLE

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Introduction

Welcome to the 18th PSSRU Bulletin. The Bulletin aims to provide a window onto the work of the three branches of the PSSRU – at the Universities of Kent and Manchester and the London School of Economics and Political Science. PSSRU mainly carries out research on adult social care and is funded by core grants from the Department of Health and also a range of other sources including research councils, charitable organisations and other government departments.

Over the past year, the national profile of adult social care has continued to grow. At the end of last year the Department of Health announced its intention to publish a Green Paper on care and support by the end of this year, but now looking set for publication in Spring 2009. We have had a change in social care minister and indeed, an elevation of that responsibility from the Parliamentary Under Secretary to the Minister of State level.

Reflecting its commitment to supporting good quality research in social care, the Department of Health is setting up a new School for Social Care Research under the auspices of its National Institute for Health Research. The NIHR School will receive funding of £15m over five years in the first instance and will carry out research aimed at improving adult social care practice in England, covering professional and non-professional staff working in both the statutory and independent sectors, unpaid support from carers, and other care and support arrangements. It will operate with a small intramural group of existing social care researcher organisations and a larger body of extramural associates. The directors of each of PSSRU’s three branches were involved in the preparatory activities for the research school, and Professor Martin Knapp has been appointed as its inaugural director. The School provides a great opportunity to push back the frontiers of knowledge in social care.

The last year has seen the publication of some particularly high profile research by the PSSRU and collaborators. The national evaluation of the Individual Budget pilots was published in October. The PSSRU is also taking a lead role in evaluating other key Department of Health policy initiatives in social care, including the development of extra care housing facilitated through the Extra Care Housing Fund, the Partnerships for Older People projects, the Single Assessment Process and Self Assessment, and the Whole System Demonstrators pilots. PSSRU has provided research to cast light on the issue of age discrimination in social care in context of the forthcoming Equality Bill. We are also heavily engaged in providing research and analysis regarding issues of social care funding, which will be at the heart of the new Green Paper in 2009. A summary of the very broad range of PSSRU research at present can be found on pages 6 to 28.

The contributions of the PSSRU to both policy and academia outlined in this bulletin continue to cement the Unit’s position as one of the leading providers internationally of high quality and relevant research in adult social care, and 2008 has been a very successful year for the unit.

The Bulletin benefits from the contribution of many people in PSSRU, but I would particularly like to thank my colleagues James Caiels and Nick Smith at Kent for their dedicated and excellent work in editing and organising the material. Once again, Nick Brawn (at the Kent branch) took expert charge of the Bulletin design and typesetting.

Julien Forder, PSSRU, University of Kent, September 2008

About this Bulletin

The PSSRU Bulletin is available to download free of charge from the PSSRU website. The text is available in large print on request.

It records recent developments in the Unit, presents recent findings from each of our main programmes of work, and gives a concise overview of research projects and recent publications with contact information.

We welcome comments on this Bulletin or other aspects of our work.

Other PSSRU publications

A wide range of publications reports the PSSRU’s work. Some are mentioned in the articles which follow and listed in the section beginning on page 29.
Launch of NIHR School for Social Care Research

As reported in the introduction, the National Institute of Health Research (NIHR) announced in mid-2008 its intention to establish a School for Social Care Research. The aim is to develop the evidence base for adult social care practice in England by commissioning and conducting world-class research. The new School will be directed by Martin Knapp (PSSRU Director at LSE). The other two PSSRU Directors, David Challis and Ann Netten, have been involved in many of the preparatory activities for the new School, along with Caroline Glendinning at York University. At the time of going to press, preparatory work is still underway, with the expectation that the School will formally commence its work in early 2009. One of the early tasks will be widespread consultation on priorities for research topics and methods.

With a budget of £15 million over a five-year period, the School will endeavour to make substantial contributions to the evidence base for the development of social care practice. For further information contact Martin Knapp (m.knapp@lse.ac.uk) or the NIHR SSCR (sscr@lse.ac.uk).

National Evaluation of the Individual Budgets pilots

This major evaluation, a collaboration between the three PSSRU branches and the Social Policy Research Unit (University of York) and the Social Care Workforce Research Unit (King’s College London), concluded in October 2008 with the publication of a report and summary, available at the PSSRU website.

For more on the evaluation findings, see page 22 of this bulletin.

The PSSRU and the collaborating organisations have also presented the results at one-day conferences in London and Manchester. See www.pssru.ac.uk/events/ for details and copies of the presentations. A response to the evaluation findings from the Department of Health, which commissioned the research, can be found at http://networks.csip.org.uk/Personalisation/Topics/Browse/ResearchandEvaluation/?parent=3966&child=4525.

Partnerships for Older People Projects

The Partnerships for Older People Projects (POPP) is focused on activity and structures that will improve the health, wellbeing and independence of older people. The PSSRU is contributing to a national evaluation of the pilot projects, which produced an interim report in October 2008.

For more on this study, see page 24.

Recognition for PSSRU researchers

Several PSSRU staff have recently been appointed to leadership or advisory positions in their fields.

Professor Martin Knapp has been awarded one of the first 100 senior investigator awards from the National Institute for Health Research (NIHR).

These awards are made through open competition by an international panel of judges to individuals making an outstanding contribution to research essential for decision-making in health and social care.

David McDaid, a research fellow with the PSSRU at LSE, has been appointed to the NICE public health interventions advisory committee.

The committee considers and interprets evidence on the effectiveness and the cost effectiveness of public health interventions and makes recommendations on the use of public health interventions in England in the NHS, local government and in the broader public health arena.

Linda Gordon, an academic visitor at PSSRU Manchester, has been appointed as Senior Policy Lead for the Aging at Home Strategy in the Ontario Ministry of Health, an important role in the development of community based care in this major area of Canada.

Linda Pickard, a research fellow with the PSSRU at LSE, has been appointed to the carers’ survey project board at the Information Centre for health and social care. The board is commissioning a national survey of people providing informal or unpaid care in 2008/09.

Book Awards

Dr Ann Richardson, a visiting fellow with the PSSRU at LSE, was ‘highly commended’ in the medicine category of the BMA Book Competition 2008. Her book Life in a Hospice: Reflections on Caring for the Dying is about hospices, seen through the eyes of the people who work in them.

Mental Health Policy and Practice across Europe, edited by Martin Knapp, David McDaid, Elias Mossialos and Graham Thornicroft, was the joint winner of the 2007 Baxter Award. The award, funded by the Baxter Corporation, recognises an outstanding publication and/or practical contribution to excellence in healthcare management in Europe.
Conference reports

Some of the events at which PSSRU staff presented our work are referred to below. For a more complete report, see www.pssru.ac.uk/events/

Caring Choices Roadshow event

Julien Forder took part in a panel discussion during the final Caring Choices Roadshow event at the King’s Fund on 14 November 2007. The panel debated questions relating to the Green Paper on social care, supporting carers providing unpaid care and social care policy reforms.

Optiwork launch conference

The Optiwork project (www.optiwork.org) involved a consortium of ten partners, including the PSSRU at LSE. The main objectives were to examine the effectiveness of existing legislation and policies regarding the opportunities for employment by disabled people and to build a series of methodological tools to help different stakeholders in different EU member states estimate some of the potential economic costs and consequences of individuals with disabilities becoming more active in seeking employment and of employers becoming more amenable to their recruitment.

PSSRU LSE colleagues David McDaid and Tihana Matosevic were responsible for constructing a decision analysis model that could be used to assess the economic consequences of different strategies or interventions designed to help more disabled people actively seek employment and/or encourage employers to become more amenable to their employment.

The conference took place on 10 October 2008 in Brussels. David McDaid gave a presentation on the potential benefits of using the decision analysis modelling, putting forward the economic case for promoting the employment opportunities for disabled people.

European Network for Mental Health Promotion and Mental Disorder Prevention

Kathryn Berzins presented a paper to this conference in Barcelona, September 2007, on social support and mental health users. The network links expert partners and professionals in 30 European countries, with seven international networks, who share the aim of supporting the development and implementation of mental health promotion and mental disorder prevention action across Europe.

She also presented a paper on social networks of people with mental health problems for the Scottish Executive in September.

Australian Aged and Community Services Association – Community Care Conference

Professor David Challis gave the opening plenary address in May 2008 of the Community Care Conference of the Australian Aged and Community Services Association, Sydney, the major organisation of service providers in Australia. She also presented a paper on social networks of people with mental health problems for the Scottish Executive in September.

New doctorates

Three current members of staff completed their PhDs this year: Christian Brand at Manchester, Tihana Matosevic at LSE and Jacquetta Williams at Kent. Robina Shah, who was with PSSRU Manchester as a PhD student, also successfully completed her degree.

More news, more research reports...

Conference reports are continued on page 34. More news about staff is reported on our website and in our Research Bites series of online newsletters, which are also a useful way of catching up on new research reports during the year. You can subscribe and view these at www.pssru.ac.uk/rb.htm. A more detailed report on conference presentations given by PSSRU staff is also available online, from www.pssru.ac.uk/events/. This web page also includes details of past and forthcoming events organised to report and discuss PSSRU studies.
Assessment, Performance Measurement and User Satisfaction in Older People’s Services

David Challis, Michele Abendstern, Sue Davies, Paul Clarkson, Jane Hughes, Susan O’Shea, Caroline Sutcliffe and Sue Tucker

One of the longstanding features of this programme of research is that studies within it address the care of vulnerable older people both in their own homes and in residential and nursing settings. It has also traditionally had a broad perspective, addressing issues relevant to individual service users and those pertinent to service monitoring and improvement. A selection of these with relevant publications is included, together with more details of the recently completed evaluation of self assessment pilot projects commissioned by the Department of Health.

- In advance of the common assessment framework for individual social care needs a systematic evaluation of development and impact of the Single Assessment Process in England has been undertaken. It included the perspective of multiple stakeholders – service users and carers, managers in health and social care and specialist clinicians – and key issues associated with its implementation. These findings are relevant to the composition of the new framework and the process of its introduction.

- With respect to the increasing importance placed on self assessment of individual social care needs an evaluation was undertaken at selected sites. To inform the debate about the form and content of self assessment, findings were reported by setting – assessment and care management arrangements, preventative services and occupational therapy services – and included information about the satisfaction of 1,800 people who received a self or professional assessment and 1,500 people who completed self assessments.

- Our study of performance measurement looks at variations in the way local social care organisations monitor their activity. It examines the influences on the level of performance of organisations, as rated in national data; how measures are used in local decision making and how this relates to the way these organisations are rated in national performance reporting. It aims to identify patterns of local performance utilisation and to observe what can be learned from other countries about the construction and use of measures to monitor local performance.

- In response to the policy goal of increasing the competence of the workforce caring for older people with dementia, a study was undertaken which assessed the degree and knowledge of staff providing direct care to older people with dementia in care homes. It also sought to identify factors which can influence staff confidence in dealing with behaviour associated with the condition. Findings were based on questionnaires completed by 914 care staff in 30 homes.

Further information

For further information on the SAP study see the project outline at www.pssru.ac.uk/pdf/newP060.pdf

Two Research and Policy Updates are available:

Update 1: www.pssru.ac.uk/pdf/MCpdfs/SAPUpdate1.pdf

Update 2: www.pssru.ac.uk/pdf/MCpdfs/R&Pupdate2.pdf

For further information about the programme please contact PSSRU@manchester.ac.uk

Selected publications


Enhancing the Efficiency and Effectiveness of Assessment in Community Care

The Department of Health selected local authorities to act as pilot sites for exploring the potential benefits of self assessment in different contexts of community care. For both policy makers in central government and those seeking to implement initiatives in the delivery of adult social care services this study has provided evidence to inform future decision making. Furthermore, for managers in the local authorities in which the pilot projects were based, this evaluation has provided the opportunity to develop and demonstrate data which helped to embed self assessment within existing service structures. In this way the process of establishing self assessment procedures locally has contributed to a greater understanding of its potential and actual utility.

Self assessment is understood to be a process in which a person assesses their own needs without or with only limited professional involvement, with the ultimate goal of determining eligibility for assistance and/or arranging care. Its relevance as a social care practice stems from the fact that it has been identified as a possible facilitator of more personalised as well as more cost-effective service delivery. However, the current state of the relevant literature suggests that knowledge about virtually every aspect – its very definition, application, scope, effectiveness – is underdeveloped. Accordingly, the aims of the study were to classify and describe self assessment practices, evaluate their impact on user satisfaction and cost-effectiveness, and appraise their management implementation and organisational sustainability.

Guided by selective literature reviews, a multi-method approach was employed with the ultimate aim of empirically triangulating the topic. Data were provided by a combination of service user records held by the authorities, a user satisfaction survey, document research and structured interviews (see box 1). The bulk of the analysis was descriptive and comparative in nature, mapping out the realities of self assessment and placing them in the context of established practices wherever possible. Some statistical modelling was undertaken in order to explore how individual characteristics and assessment modalities might influence user satisfaction. To this end, administrative and survey data could be linked for a subsample of cases. The managers’ perspective on self assessment, as elicited in a grounded theory approach, added fruitful qualitative insights to the quantitative analysis.

The main findings include the observation that self assessees are somewhat atypical compared to traditional user groups. Accordingly, a profile emerges of users for whom self assessment may not be viable, such as people with cognitive impairment and in generally poor health. Furthermore, there is a likely trade-off between efficiency savings and enhancement of the user experience (see figure 1). Two conflicting goals – delivery of high quality services to a wider group of users and the quest for greater efficiencies in service delivery – cannot be achieved simultaneously, thus requiring the policymaker to strike a feasible balance. Finally, the use of information technology was not as successful or important as anticipated. Related to this is the finding that a service response which has been determined by an assessor is more tailored to individual needs and circumstances.

Box 1 Types of data used in multi-method approach
- A core dataset containing socio-demographic characteristics, health and activities of daily living
- Records on services requested and received by community care recipients
- Response times evaluating the timeliness of assessment and service delivery
- A user satisfaction survey aimed at exploring different dimensions of the user experience
- Assessment pathway information to make authorities’ care processes visible and thereby estimate their costs
- Documentary evidence regarding the intended implementation of self assessment practices
- Interview data about the managers’ experiences with innovation, implementation and sustainability of new assessment practices

Figure 1 Cost-effectiveness plane (change in cost against change in user satisfaction) for selected projects

<table>
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<tr>
<th>Cost (£)</th>
<th>Satisfaction</th>
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<td>-80</td>
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Quadrants:
- NE (North East): High cost, high satisfaction
- NW (North West): High cost, low satisfaction
- SW (South West): Low cost, low satisfaction
- SE (South East): Low cost, high satisfaction
Commissioning and Performance

Martin Knapp, José-Luis Fernández, Julien Forder, Francesco D’Amico, Jacqueline Damant, Vanessa Davey, Catherine Henderson, Tihana Matosevic, Margaret Perkins, Tom Snell, Gerald Wistow

PSSRU research within the Commissioning and Performance (C&P) programme is addressing some of the key policy questions emerging from recent government initiatives, including the 2007 Green Paper on Social Care, the ‘Putting People First’ 2008 Concordat for Adult Social Care, and the current debate on the future funding arrangements for the social care system.

Hence, projects within the C&P programme are evaluating:

- Policies aimed at promoting choice and the personalisation of services, through for instance the evaluation of the Direct Payments Development Fund, which included surveys of local authorities and support organisations. Members of the C&P programme also contributed to the IBSEN project, which evaluates the Individual Budgets pilots in England (see page 24).

- Optimum balance of care, by examining the nature of the interaction between social and health care services. This strand of activity includes the evaluation of the National Partnership for Older People’s Projects (POPP), of the local POPP project in Kent, the evaluation of the Brighter Futures initiative in Kent, and the quantitative analysis of local-level data on health and social care utilisation. This strand of work is generating some of the first quantitative estimates of the interdependence of costs and benefits of the health and social care systems.

- Local variations in social care patterns. Using local authority-level quantitative data, the project explores the extent to which local factors (such as levels of need, costs of services, local policy priorities and other socio-economic characteristics of local authorities) explain the very significant heterogeneity in local patterns of use of social care services in England. Recently, the programme has explored factors associated with local variations in the use of direct payments, in older people’s expenditure levels and in the balance between community and residential care services.

- Costs and benefits of new care technologies. Members of the C&P programme are contributing to the Whole System Demonstrator evaluation, which examines the implementation and impact of telecare and telehealth across health and social care in three pilot authorities in England. In addition, the programme is evaluating accessible technology for older and disabled people in a number of European countries, within the MonAMI project.

- In connection with the forthcoming Green Paper on care and support, members of the C&P programme are looking at the equity and efficiency implications of alternative funding arrangements for the social care system.

Selected publications


Variations in local levels of social care expenditure for older people
José-Luis Fernández

The proliferation of targets and the development of sophisticated frameworks for the monitoring of performance in public services is testimony to a desire to enhance the ‘consistency’ with which resources are used locally, and so to reduce differences in access to services. And yet, there is very significant variation across English local authorities in many aspects of social care provision.

The question is the extent to which such variability can be justified on the grounds of local accountability and responsiveness to local preferences and to exogenous factors like population need, or whether it reveals significant variations in performance and territorial inequity. Researchers within the Commissioning and Performance programme at PSSRU LSE have been examining factors linked to local variability in a range of indicators of social care provision. We summarise below the results of the analysis of variability in social care expenditure for older people.

As shown in figure 1, there is significant heterogeneity in local levels of social care spending per older person in England. Furthermore, this variability exhibits significant spatial ‘concentration’, with marked regional differences in service provision (see figure 2). Using quantitative panel methods, we have modelled the influence on local expenditure levels of factors outside the direct control of policy makers (need and local supply factors), of local preferences (as indicated by local political control), and of local policy spillovers (the degree of interdependence in patterns of expenditure between adjacent councils).

The results suggest that to a very large extent, spending levels can be linked to key (rational) factors such as local levels of need, wealth, supply conditions and local preferences. Overall, social care expenditure was found to be primarily determined by factors outside the control of local policy makers, and particularly to levels of central funding and local supply conditions. Political control was shown to mediate the relationship between local tax base and service expenditure levels (labour authorities showing higher levels of spending, other things being equal).

The evidence for strategic interdependences between authorities, on the other hand, appeared much weaker. The spatial patterning of local levels of expenditure was found to respond, almost entirely, to the spatial distribution of demand and supply factors, rather than to local interactions in local policy decision making.

In conclusion, the fact that need and cost factors appear to be the principal factors explaining local variability in expenditure suggests a degree of defensibility in local expenditure decisions, and is a finding consistent with the criterion of territorial justice. However, together with the observed local disparities in service provision, the findings also underline the need to improve the methods for allocating central government grants, and in particular the methodology used for accounting for variations in the cost of services faced by authorities.
Coordinated Care, Care Management, Service Integration and Partnerships
David Challis, Jane Hughes, Jessica Abell, Kathryn Berzins, Christian Brand, Helen Chester, Siobhan Reilly, Caroline Sutcliffe, Sue Tucker, Mark Wilberforce and Cheng-Qui Xie

Within this programme of work, PSSRU in Manchester has explored a number of issues relating to the care of vulnerable adults and older people relevant to policy makers, managers and practitioners. The key elements of these are summarised below, together with details of relevant publications. A brief report of one of the research studies appears opposite.

The long standing tradition of research within PSSRU at Manchester into coordinated care for vulnerable adults and older people finds expression in the publications listed below. They provide insights into many of the challenges highlighted in the current transformation agenda for social care including the introduction of personal budgets and the provision of better support, more tailored to individual choices and preferences, together with measures of integration between providers of health and social care.

PSSRU at Manchester is also investigating the introduction of arrangements for improving care for people with long term conditions by exploring the links between case management and self care services in primary care and support provided by local authorities. This study will also provide a national overview of case management services for people with long term conditions and thereby contribute to the evaluation of this major policy initiative designed to reduce inappropriate hospital admissions.

Demands for health and social care services will be amplified by a disproportionate increase in the number of older people with mental health problems. Our studies of old age mental health care aim to identify more cost-effective ways of structuring and delivering services for older people with mental health problems. The focus is upon the balance and mix of care and services, and the effective working of community mental health teams for older people. Each area of work involves detailed evaluations alongside the collection of national data to benchmark services.

Recently there have been proposals for change in the care environment relating to the delivery of services for vulnerable older people. These require a more user-oriented style of care service with increasing attention being placed on the processes of commissioning and contracting. To inform this development a national survey of local authorities has been undertaken which has permitted the identification and categorisation of different approaches to commissioning and contracting with respect to services for older people.

Selected publications
Evaluating the Implementation of Active Case Management in Greater Manchester

Patients who have long-term conditions and complex health and social care needs may require case management to deliver and coordinate their care from a range of agencies. Case management has the broad aim of identifying these patients and actively managing their care to enable them to remain at home longer and use less unplanned reactive care from specialist services. This approach, known in Greater Manchester as active case management (ACM), is expected to contribute significantly to delivering the Public Service Agreement target of reducing bed days by 5 per cent by 2008.

Our study evaluated the implementation and impact of ACM in ten Primary Care Trusts (PCTs) in Greater Manchester. A key element of this work was linking the collection of primary data from PCTs with routine data collected through the day-to-day operation of services. This was made possible as a result of our close collaboration with the Tactical Information Service, funded by all Greater Manchester Trusts, and the evaluation as a whole was undertaken in conjunction with the Association of Primary Care Trusts in Greater Manchester. This study is linked to the larger survey of arrangements for improving care for people with long-term conditions referred to on the previous page, in that learning from each informed the other.

The implementation of services was described using a cross sectional postal survey and in depth interviews with managers with lead responsibility for ACM services in each PCT. The impact of these services was measured using a retrospective cohort analysis of patients enrolled to ACM with longitudinal routinely collected admission data for the nine months prior to and nine months post ACM. The Tactical Information Service transferred individual patient data to the PSSRU in a pseudonymised format.

The majority of ACM patients were white (88%), female (63%) and over 75 years of age (65%). Around half resided in the most deprived areas of the locality (49%) (measured by the Index of Multiple Deprivation). The most prevalent primary diagnosis groups (WHO ICD-10 chapter headings) were: ‘symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified’ (37%); ‘diseases of the circulatory system’ (28%) and ‘diseases of the respiratory system’ (26%).

The mean number of emergency hospital admissions and associate length of stay reduced significantly in the nine months post ACM registration (mean reduction 0.3 emergency hospital admissions and 2.9 days in length of stay; p<0.001). The simultaneous effect of diagnosis and features of ACM service provision upon admission patterns were explored using multivariate models. There were a number of fairly robust positive and negative influences on these outcome measures in the regression analysis. Most patients with a history of emergency admissions experienced a marked improvement over time. On the other hand, most of those without any or with few admissions experienced an increase in admissions and corresponding length of stay. Furthermore, a proportion of frequent service users with particular diagnoses also experienced an increase or remained at a high level. A very modest effect was shown with regard to case management arrangement features.

This study has shed relatively little light on the impact of different approaches to case management upon outcomes, due in part to the relative homogeneity of the methods of working across Greater Manchester. Policymakers and managers would benefit from further research articulating different models and measuring their relative effectiveness and cost-effectiveness.
Costs, Quality and Outcomes

Ann Netten, Nadia Brookes, Lesley Curtis, Diane Fox, Jacquetta Holder, Karen Jones, Juliette Malley and Nick Smith

There is an increasing demand for information that accurately reflects costs, quality and outcomes. This demand stretches from those involved in monitoring their own performance, be they providers or commissioners, through to those responsible for national accounts. The programme aims to develop and improve measures, investigate factors associated with variations and enhance the value of both research and routine statistical information for monitoring, evaluative and ongoing policy purposes.

For over 15 years we have been compiling and developing unit cost information, reflected in the annual volumes of *Unit Costs of Health and Social Care*. This work has attracted attention from well beyond the social care field and we are currently involved in work investigating and identifying *Unit Costs in Criminal Justice*.

Quality measurement has primarily been through development and analysis of national user experience surveys (UES). Currently this includes further analysis of the UES of *Younger Adults with Physical and Sensory Impairments* and *Extension to the Equipment UES*. We are also conducting an extension to the 2008/09 Older Home Care UES. Some of the key findings emerging from the UES work are described opposite. Again this has led to further work in the form of the development of a *Carers Experience Survey* for Kent County Council. The carer survey development project is building on this work to contribute to a planned national carer experience survey to feed into monitoring the progress of the new Carer Strategy.

In this field as in many others there is increasing emphasis on the importance of monitoring outcomes. The programme has developed an approach to measuring outputs and outcomes that is being taken forward through the *Quality Measurement Framework* (QMF) projects (see page 23) and an NIHR Health Technology Assessment funded study developing a preference weighted measure of *Outcomes of Social Care for Adults* (OSCA). The approach has been applied in a number of contexts including the Individual Budget evaluation (see page 22), a local evaluation of *Somerset POPP* and ongoing work with the SE ADAS performance network on *Measurement of Outcomes* in practice.

Publications


User experience surveys
Juliette Malley

Over the past five years PSSRU has conducted a number of studies connected to the annual national social care user experience surveys (UESs), known as the UES extension studies. The aim has been to support the development of the UES and explore variations in user assessed quality and satisfaction. Here we report on some key findings and discuss implications for future UESs.

What is being measured? A number of concepts have been measured in the UES and used as performance indicators (PIs). These include: satisfaction with services, reports of different aspects of delivery of care related to quality, and of aspects of quality of life related to outcomes. Although we have found a strong correlation between these measures (Netten et al., 2004), they do not measure the same concept. Indeed evidence from the 2006 and 2003 UES suggested that while satisfaction with services remained the same, over the same period quality of care delivery fell (Malley et al., 2007). There could be many reasons for this finding, including gaming of the satisfaction measure which was a PI in both 2003 and 2006. Future work will seek to understand what explains changes in satisfaction and quality over time.

Non-response Non-response is a significant issue, with response rates varying from 30 to 80% depending on the authority and client group surveyed. Our analysis indicates that non-response biases PI estimates and the bias varies in magnitude and direction depending on the authority. Variation in bias could be a result of differences between authorities in the process of collecting data although this could not be tested. This analysis suggested the need to be aware of how differences in process, including dissemination of results, may bias PI estimates and that PI estimates should be adjusted for non-response.*

The complexity of the population The population of social care service users is highly varied, which makes it difficult to use a single questionnaire, since it would not fit each individual's circumstances. PSSRU has contributed towards the development of different surveys for different client groups and services, for example equipment users, younger adults and carers (Malley et al., 2006; Smith and Netten, 2008; Smith et al., 2008). There are benefits and disbenefits to this approach. On the benefits side questions can be specific to the types of activities carried out by the service, providing useful information for improvement activities. However, it does make comparing performance across client groups and services difficult. A set of questions covering outcomes may be more appropriate if comparability is the ultimate aim, since these tend to be more similar across services and client groups. However, outcomes questions have their own problems, including issues of attribution.

User surveys are a welcome addition to performance assessment and can be used for a number of different purposes, including monitoring, allocation of resources and supporting the development of the care market. Developing appropriate and valid surveys and measures requires detailed analysis to balance the pros and cons of different options. The future programme of work by PSSRU will help policy makers with these decisions. Plans include investigating the effect of factors beyond the control of the authority on PIs, the characteristics of different types of PI measures such as multiple-item measures, and the effect of workforce characteristics on service quality.

References
Financing Long-Term Care for Older People

Raphael Wittenberg, Linda Pickard, Adelina Comas-Herrera, Derek King, Juliette Malley, Svetlana Anker and Megan Challis

The financing of long-term care for older people is a highly topical issue, especially in view of demographic trends and potential changes in patterns of care or policies. A number of key questions arise. How many older people are likely to require long-term care services in thirty or forty years’ time? How much are these services likely to cost? Will the cost to public funds prove affordable? How should costs be divided between public expenditure and private sources of finance?

The Long-Term Care Finance (LTCF) programme has developed a model to make projections of demand for long-term care by older people and associated expenditure, under clearly stated assumptions. Current work includes model update and development to address policy questions, work on identifying long-term care needs for older people within the ESRC-funded MAP2030 study, and a contribution to modelling care and support for the forthcoming Green Paper (see the following page).

Recently completed work has included the development of a new model projecting demand and associated expenditure for long-term care for the younger adult population (aged 18–64) for the Strategy Unit (Cabinet Office) and the Department of Health (Wittenberg et al., 2008a). In addition, the team has updated the PSSRU’s projections of demand for long-term care and associated expenditure for the older population (aged 65 and over) in England to 2041 (Wittenberg et al., 2008b).

The programme includes a research stream on informal care, which undertakes analyses of the supply of and demand for informal care, now and in future years. Recent work has included projections of the supply of informal care for younger adults and older people in England to 2041, for the Strategy Unit and Department of Health (Pickard 2008a, Pickard 2008b). Two reports based on this work are described on page 36 of this Bulletin.

Ongoing work includes two projects. The first aims to link projections of the future supply of informal care to the future supply of the long-term care workforce. The second aims to incorporate the future availability of adult children into the LTCF model, drawing on analyses of the English Longitudinal Study of Ageing (Pickard 2008c).

Key publications


Pickard, L. (2008b) Informal Care for Older People Provided by their Adult Children: Projections of Supply and Demand to 2041 in England, Report to the Strategy Unit (Cabinet Office) and the Department of Health, PSSRU Discussion Paper 2515, Personal Social Services Research Unit, London.

Pickard, L. (2008c) Sources of Informal Care: Comparison of ELSA and GHS, PSSRU Discussion Paper 2598, Personal Social Services Research Unit, London.
The Long-Term Care Projections Model

Raphael Wittenberg, Juliette Malley, Linda Pickard, Adelina Comas-Herrera and Derek King

Background The PSSRU Long-Term Care Finance model is capable of addressing questions in the current policy debate as to possible changes in the patterns of care and future demand. Some of these issues have been examined using earlier versions of the model and the results widely disseminated (Wittenberg et al., 1998, 2001, Hancock et al., 2003, 2007). The latest version of the model incorporates up-to-date data from various sources, including 2006-based population projections from the Office for National Statistics (ONS), the number of local authority supported care home residents and home care users from 2006/7 Information Centre data, and information on intensity of service receipt from the 2005 PSSRU survey of local authority home care. Projections are made for England to 2032.

The base case of the model assumes a constant rate of prevalence of disability by age and gender, that the supply of informal care will rise in line with projected demand and that the probability of receiving care, by age, gender, disability and household composition, remains constant.

Preliminary findings ONS population projections indicate that by 2032, the population aged 65 and over in England will increase by 66% from 8.1 to 13.4 million persons. Under the assumptions above, the model projects that expenditure on long-term care, as a percent of GDP, will need to rise by 83%, from 1.5% to 2.8% by 2032 to meet demand. Public spending would need to increase from 0.9% to 1.6%, an increase of 76%. Private spending would need to increase by 92% from 0.6% to 1.2% of GDP.

ONS variant population projections are used to test the sensitivity of the model. Under the high life expectancy variant, the older population would increase by 71.3%. Both total and public expenditure on long-term care would need to rise by a further 10%, by 93% and 86% respectively, compared to standard population projections. The low life expectancy variant projects a 60% increase in the older population. Under this variant, a 66% increase in public and a 72% increase in total expenditure is required to meet demand for long-term care. Figure 1 indicates the projected public, private and total expenditure on long-term care in 2032.

Sensitivity analysis around the assumption that informal care supply will rise with demand is in progress. While the supply of care by spouses is likely to rise with demand, the supply of care by children is projected to be lower than demand. Demand for informal care from children by disabled older people is likely to rise by 67% between 2006 and 2032. However, the supply of intense care by children is projected to rise by only 21% during the same period. By 2032, there is projected to be a shortfall of nearly 200,000 care-providers, or 200,000 fewer disabled older people receiving informal care.

Figure 1 Projected public, private and total expenditure on long-term care as a percentage of GDP under different assumptions about life-expectancy, 2032, England

<table>
<thead>
<tr>
<th>Per cent</th>
<th>Private</th>
<th>Public</th>
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</thead>
<tbody>
<tr>
<td>Base</td>
<td>2.1</td>
<td>0.9</td>
</tr>
<tr>
<td>High life expectancy</td>
<td>2.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Low life expectancy</td>
<td>3.0</td>
<td>1.3</td>
</tr>
</tbody>
</table>

References

Mental Health Economics and Policy
Martin Knapp, David McDaid, Jennifer Beecham, Derek King, Roshni Mangalore, A-La Park, Andres Roman, Monique Smith and Cicely Thomas

As evidenced by the European Commission’s recent Mental Health Pact, mental health has moved up the policy agenda in many countries. There is much more attention now on promoting general mental wellbeing in the population, and addressing the needs of people with mental health problems. Particular concerns are: human rights abuses; rebalancing community and institutional care; coordinating action across multiple sectors; delivering effective treatments and supports; preventing mental health problems arising in the first place; and overcoming the huge problems of stigma and discrimination.

The PSSRU’s Mental Health Economics and Policy (MHEP) programme at LSE is working to inform better understanding of some of these issues. It seeks to generate knowledge of what works, for whom, in what context and with what resource implications. Recent UK-based work includes research on age discrimination in mental health services; assessment of the long-term economic consequences of behavioural and emotional problems arising in childhood; the economics of autism; and income-related inequalities in access to services. Complementary work for the government’s Foresight programme includes assessment of debt management and its links to mental health needs, while the team are also involved in the evaluation of a system of structured, pro-active care for chronic depression in primary care. Research in relation to older people includes development and testing of evidence-based interventions for dementia care, as well as collaborative work on the development of a dementia-specific QALY (Quality Adjusted Life Year).

At an international level the MHEP programme includes numerous EC-supported projects, including: the DATPREV project to grade the quality of the evidence base for mental health promotion and prevention in Europe; EuroCoDe which is looking at methodological developments and estimates of informal care costs for people with dementia; HELPS, which is exploring the physical health of residents of psychiatric and social care institutions; and e-DESDE, which is developing electronic standard coding and mapping of services for long-term care. The team are also involved in work to promote mental health in the workplace to support implementation of the EC Mental Health Pact.

Key publications


Lifetime economic consequences of mental health problems in childhood and adolescence

Background

The UK Home Office recently introduced the Respect campaign in its drive to tackle antisocial behaviour (Home Office, 2008). It adopts a broader and deeper approach to intervene early and tackle underlying causes of antisocial behaviour. An important motivation for this is the future impact of antisocial behaviour on individuals and society as a whole. One ongoing area of study within the Mental Health Economics and Policy programme focuses on the connections between behaviour and emotional problems in childhood and/or adolescence and their economic consequences in adulthood. Current work has drawn from a small number of previously completed studies (Scott et al., 2001; Healey et al., 2004; McCrone et al., 2005) to develop a more systematic approach to identifying childhood-adulthood connections, and in particular to build a series of models that estimate the projected economic consequences of childhood problems throughout the span of adulthood.

Where data allow, the project distinguishes between different personal, public sector and economic consequences of different childhood behavioural and emotional problems, and seeks to integrate this work with existing evidence on the effectiveness of childhood interventions. In this way, it may be possible to gain a more complete picture regarding the long-term economic benefits of programmes that target mental health problems in childhood.

Methods

The sources of evidence include cohort studies, such as the 1970 birth cohort (BCS70) that has followed every child born in one week in April 1970 in Great Britain, and smaller studies such as the Inner London Longitudinal Study set up by Michael Rutter, and the CSDD directed by David Farrington (Cambridge University).

The project seeks to interpolate relevant service use and employment profiles between observations, and – if this proves sufficiently robust – to extrapolate beyond the current observed evidence on the basis of existing economic data, patterns of economic variables in later years, and clinical and social evidence on the connections over the life span for people with different behavioural, emotional or cognitive problems. Careful econometric specifications underpin the analyses.

The project further builds on evidence of effective interventions in childhood and adolescence such as multisystemic therapy and parent training. This evidence is further enhanced by including other published trials and systematic reviews. We can then trace the potential economic benefits through the models (for example in terms of reduced health service and other costs, criminal justice savings, higher rates of labour force participation, and lower rates of social exclusion) at various ages.

References


The importance of having a variety of housing and care options for older people has been a feature of a number of policy documents, most notably recently Lifetime Homes, Lifetime Neighbourhoods, a National Strategy for Housing in an Ageing Society (CLG, DH, DWP, 2008). This programme aims to improve the evidence base in the field of housing and care by examining what works best for whom and at what cost. In addition to undertaking specific research projects as outlined below, the programme aims to facilitate the communication of research findings and sharing of methods through regular feedback days and maintenance of the Housing and Care research network which meets three times a year to discuss new developments and emerging findings.

The main focus of the programme is a longitudinal evaluation of 19 new-build extra care housing schemes funded during the first two years under the Department of Health’s Extra Care Housing Funding Initiative (ECHFI Evaluation). Additional projects are allowing a fuller evaluation than would otherwise be possible, notably the JRF funded study of Social Well-being in Extra Care Housing and an EPSRC study led by Judy Torrington of Sheffield University, which is developing a measure of quality of design of housing and care (Evaluation of Older People’s Living Environments (EVOLVE)). An area that has frequently been identified as particularly complex in the field of extra care housing is the estimation and attribution of costs. The Rowanberries study in Bradford (see opposite) has allowed us to investigate the cost implications of moving into extra care in some depth in one scheme.

Although much of the policy emphasis is on new models of housing in care, it is clearly important we do not neglect our understanding of care home residents’ experiences. The current study of Care Home Residents’ and Relatives’ Expectations and Experiences, funded by the Department of Health and the Registered Nursing Home Association, is examining the differences between the expectations and experiences of residents living in care homes for older people, or of the relatives involved in choosing a care home for residents judged to be unable to participate.
Costs and outcomes of an extra-care housing scheme in Bradford

There is a dearth of evidence about the costs and benefits of extra care housing. The principal aim of this small-scale study was to assess as accurately as possible the comparative cost before and after residents moved to a new extra care housing scheme. Rowanberries in Bradford opened in April 2007, and is a 46-unit project between Methodist Homes Housing Association and Bradford Adult Services.

In this before-and-after study, residents were interviewed soon after moving into Rowanberries about their previous circumstances, and again six months after the move. Where informal carers were identified, they were sent a self-completion questionnaire. Of the eligible 52 residents, 40 agreed to participate in the first interview, but only 22 in the follow-up stage. While there was no statistically significant difference, there were some indications that those who refused to participate in the follow-up stage were more impaired than those who remained in the study.

The main findings of the study were that overall costs per person increased as a result of moving into Rowanberries and that these increases were associated with improved social care outcomes.

Comprehensive costs were estimated for each of the broad cost components (accommodation, social care, health services, living expenses and informal care) per resident. Excluding informal care costs, total costs per week increased by approximately 24 per cent compared with when people received services in their previous homes. Higher costs were primarily associated with increased social care and accommodation costs. Higher social care costs were associated with increases in home care services and ‘well-being’ services which include the support of staff 24 hours a day and the provision of social activities. However, there was evidence of a reduction in health and informal care costs after the move.

The improvement in social care outcomes reflected a decrease in unmet need across all seven domains of the ASCOT (Adult Social Care Outcome Toolkit) measure when comparing what residents reported retrospectively about their situation prior to moving in, and six months later. On the same basis, residents also reported improved quality of life on a seven-point scale. Outcome measures based on people’s perceptions of their situation after the move and six months later did not show any change. Clearly there are problems in identifying outcomes when measures have to be based on recall and different time-periods. However, given the small sample size, the direction of effects and consistency of our findings were encouraging.

If we are to evaluate the cost-effectiveness of extra care housing there are a number of challenges to be met. In all evaluative research valid conclusions depend on like-with-like comparisons, from costing individual components to the overall study design. While before-and-after studies can provide a useful picture, to accurately reflect the impact of extra care we need a design that allows us to compare what happens to people in the same circumstances who do not have that option, who either remain in their own homes or move into a care home.
Services for Children and Young People
Jennifer Beecham and Eva-Maria Bonin

Focusing on those who have additional needs and who use specialist services alongside universal supports, this programme brings an economic perspective to studies of cross-agency service provision and use of services. While new research with the National Academy of Parenting Practitioners (see New Projects, page 28) focuses on younger children much of the work undertaken here concentrates on older children and young adults. Close links are maintained with the Mental Health and Economics programme, but also with collaborating research units in the Institute of Psychiatry and Universities of Bedfordshire, Bristol, Warwick and York.

Current research within this programme includes explorations of the transition from child to adult services, an important policy focus that aims to ensure that young people, particularly those with special needs, continue to have access to the support they require. Research includes evaluations of transition teams for disabled children and young people, and through collaboration on an NIHR-funded programme, of interventions for young adults with attention deficit hyperactivity and autistic spectrum disorders.

There are also a number of projects that look at access to and cost-effectiveness of child and adolescent mental health services, two challenges emerging from this year’s CAMHS Review (DCSF/DH, 2008). This includes research on supports for young people with anorexia, funded through an NIHR programme and PPP Health Care, and research on psychiatric inpatient wards. We have also recently completed a study assessing the feasibility of a cost-benefit analysis of speech and language services.

The third group of projects all consider the interface between services. For children and young adults this means both horizontal joint-working – between children’s service provider organisations – but also vertically between child and adult services. Here, much of the current research explores the extent to which those using child social care services also link with health or education services. This includes research on adoption services, on providing additional mental health or education support for foster care and, as summarised below, looking at the ways difficult adolescents are educated.

Selected Publications
Education for young people living away from home

Positive educational experiences are seen as essential to sustaining a competitive and skills-based economy and to encourage personal fulfilment. Despite general improvements in pupil achievements, the experiences of those looked after by councils continue to arouse concerns, particularly given the high costs of their support. This research included a detailed study of 109 adolescents from three local authorities who were living in children’s homes and foster homes and 41 young people from eight residential schools for pupils with behavioural, emotional and social difficulties (BESD). Integral to the work was an exploration of the costs of care and education services.

Figure 1 shows the costs of young people’s education and care packages over the nine-month follow-up period. Average costs were £66,000, with their education and care placement absorbing 92%. Young people across placement types made similar use of off-site health and social care services but given the participants’ difficulties, use of mental health services was very low. Young people in children’s homes were least likely to attend school full time and nearly a third received only a very limited education service.

Support costs varied both between and within placement types. Mean nine-month support costs for young people living in dual-registered homes/schools or children’s homes at the start of the study were higher than for those in the residential BESD schools (p<0.001), who in turn were more costly to support than young people initially placed in foster care (p<0.001). However, many pupils at residential BESD schools returned to their family at the weekends and during school holidays. Without this family support, any cost advantage would be much reduced. A third of the sample changed placements, including returning home, during the nine months; residents of children’s homes were most likely to change placements and those in residential BESD schools least likely.

Figure 1 also shows how costs vary within placement types. Each box shows the inter-quartile cost range, with outliers marked as dots or asterisks. The bar marks the median value. Young people’s difficulties as assessed at the study start explained nearly half the variation in costs among our sample, mediated through choices made prior to the study about their placement. Young people initially living in dual-registered facilities or children’s homes scored higher on the problems schedule than pupils at residential BESD schools. In turn, these pupils scored higher than those living with foster carers. Costs varied accordingly; those with higher levels of problems received more costly care packages. Encouragingly, school exclusions reduced over the follow-up period and nearly half the sample had made educational progress.
Individual budgets (IBs) were piloted as a new way of providing social care for older and disabled adults and adults with mental health problems. They are meant to provide clarity to people about the resources available to them and allow more control over how support needs are met. IBs aim to bring together all the resources from a number of different funding streams for which an individual is eligible, which can then be used flexibly according to individual priorities. The pilots were evaluated by three Department of Health funded research units: the Personal Social Services Research Unit at the universities of Kent, Manchester and LSE, the Social Policy Research Unit (University of York) and the Social Care Workforce Research Unit (King's College London).

Methods

The IB evaluation involved a randomised controlled trial among 13 local authorities examining the costs, outcomes and cost-effectiveness of IBs compared to conventional social care. Interviews were held with nearly 1000 people in the trial, assessing their experiences and outcomes 6 months after being offered an IB (or using conventional services). Additional information was gathered from support plan records of people receiving IBs and a number of in-depth interviews among people who had been offered an IB, key stakeholders and staff involved in implementing individual budgets.

Findings

- IBs were typically used to purchase personal care, assistance with domestic chores, and social, leisure and educational activities;
- People receiving an IB were more likely to feel in control of their daily lives, compared with those receiving conventional social care support; satisfaction was highest among mental health service users and physically disabled people and lowest among older people;
- Very little difference was found between the average cost of support for IB users (£280 a week) and the costs of conventional social care support (£300 a week), although again there were some variations between user groups;
- IBs appear to be cost-effective in relation to social care outcomes, but not in relation to psychological well-being, with some differences between groups;
- Staff involved in piloting IBs encountered many challenges, including devising processes for determining levels of individual IBs and establishing legitimate boundaries for how IBs are used; there were particular concerns about the safeguarding of vulnerable adults;
- Despite the intention that IBs should include resources from several different funding streams, staff experienced numerous legal and accountability barriers to integrating funding streams;
- IBs raise many important issues for further debate, including the appropriate principles underpinning the allocation of resources to individuals and the legitimate use of social care resources.
Background

The QMF project is being funded for three years by the Treasury under ‘Invest to Save’ and is being led by the Office of National Statistics (ONS). The aim of the project is to create entirely new mechanisms for more effective and efficient measurement and monitoring of third sector provision of public services. New methodologies will be developed that can measure and assess the value added of the relevant public services. These will constitute a framework/tool so that service commissioning authorities can assess and monitor the performance of public services delivered by third sector organisations in a way directly comparable with the performance of public or private sector providers. Four workpackages are being carried out within the project by PSSRU. Three focus on the outputs of the key service areas, (care homes, low-level interventions, and information and advice services). The final workpackage will identify the relative importance of the specific aspects or domains of wellbeing that these services affect through a population preference study, due to begin in summer 2009.

The PSSRU workpackage, measuring quality in care homes, began 2008 with a pilot study involving six care homes in two regions of the country. Following this work, procedures and instrumentation were finalised. Fieldwork for the main-stage of the work began in earnest in May 2008. Since then, approximately 172 homes have agreed to take part across the four regions and fieldwork has taken place in 161 of them. Altogether we aim to achieve a sample of 200 care homes in this project, which would yield a sample of up to 1000 service users in total.

Pilot work has been completed with both staff and users of low-level services, focusing primarily on day care services. Staff and service user focus groups examined the key aspects of quality facilitated by low-level service providers that affect peoples functioning states and quality of life. Users also took part in a series of one-to-one cognitive interviews to help develop instruments that are currently being used in a larger fieldwork exercise. This work will involve up to 1000 users of services delivered by up to 135 providers.

Stakeholders and key informants concerned with the delivery of Information and Advice (I&A) services have been involved with establishing the outcomes for users across a range of different I&A services. Focus groups are being conducted with users of these services to establish the needs met by I&A services from a service user perspective including short, intermediate and long term outcomes. Tools and approaches for measuring short-term and intermediate outcomes are being developed and will be tested using cognitive interview techniques as part of the next phase of this work.

References


National Evaluation of the Partnerships for Older People Projects

Karen Windle, Richard Wagland*, Angela Dickinson*, Martin Knapp, Julien Forder, Gerald Wistow, Catherine Henderson, Roger Beech†, Brenda Roe‡ and Ann Bowling§

The Partnerships for Older People Projects (POPP) is focused on activity and structures that will improve the health, wellbeing and independence of older people.

Aims and objectives

The aim of the national evaluation is to compare and critically analyse the innovative partnership and financial approaches of the POPP pilots. Underpinning this are six objectives reflecting the origins, process and outcomes of the POPP implementation. These include:

- Identify, measure and profile partnership and financial models
- Examine the contribution of the POPP pilots to the Public Service Agreement (PSA) targets
- Assess the cost-effectiveness of the POPP pilots
- Explore, analyse and profile the shift of services toward preventative care
- Explore and contrast user experiences of the intervention
- Identify the characteristics of partnership/financial approaches that can be integrated into other care groups.

Methodology

The national evaluation of POPP uses a three phase multi-method approach. The final phase brings the empirical and theoretical work together to explore, through stakeholder consensus workshops, how specific partnership and financial models can be integrated within other care groups.

Key findings to date

- POPP pilot sites have a significant effect on reducing emergency bed-day use when compared with non-POPP sites. The results show that for every £1 spent on POPP, an average of £0.73 will be saved on the per-month cost of emergency bed-days, assuming the cost of a bed-day to be £120.
- Users also reported that their health related quality of life improved in five key domains (mobility, washing/dressing, usual activities, pain and anxiety), following their involvement in the POPP projects.
- An analysis of those sites where data are currently available (11 out of 29 sites) appears to demonstrate the cost-effectiveness of POPP projects.
- There is an intention to sustain just under half of the projects and over the next year, further mainstreaming will be carried out.
- The POPP programmes also appear to be associated with a wider culture change within their localities. Generally, there seems to be a greater recognition of the importance of including early intervention and preventative services focused toward well-being.
- Older people as volunteers are providing almost half of the staffing across the POPP programme. However, their involvement in local programme design decision making and evaluation is more limited.
Unit Costs in Criminal Justice (UCCJ)
Ann Netten, Barbara Barrett and Nadia Brookes

Background

Offender Management and Sentencing (OMS) Analytical Services within the Ministry of Justice have commissioned a programme of work investigating community and custodial interventions for offenders. Three prospective longitudinal studies are tracking large samples of offenders at different stages of the criminal justice system:

- Juvenile Cohort Study (JCS)
- Surveying Prisoner Crime Reduction (SPCR) study
- Offender Management Community Cohort Study (OMCCS)

These studies are designed to investigate which custodial and community interventions aimed at reducing re-offending work, and for whom.

In order to evaluate the cost-effectiveness of these different elements of the criminal justice service, high quality data on the costs of programmes and justice services are required. Health and social care programmes benefit from a wealth of data on costs, but there is very little similar information for the criminal justice field. Few previous attempts in the UK have been made to generate unit costs or to include detailed cost-effectiveness analyses for interventions in this area.

PSSRU and the Centre for the Economics of Mental Health, Institute of Psychiatry, King’s College London have been commissioned to generate unit cost information that can be used in combination with outcome data from the cohort research studies to enable cost-benefit or cost-effectiveness evaluations to be undertaken.

General principles and method

The UCCJ study is divided into two phases. The first phase (completed in May 2008) focused on scoping, development of methodology for estimating unit costs and proposals for activities in phase two.

The costing approach is guided by economic theory. The aim is to estimate the long-run marginal opportunity cost to society. The general method is to follow Unit Costs of Health and Social Care (Curtis, 2007) where the bottom-up approach is adopted as far as possible. The methods used to assist in identifying the costing strategies were: consultation with key individuals and departments, documentary review and identification of existing data sources, and literature review.

Next steps

Phase one highlighted that due to the complex and varied nature of criminal justice interventions and the limited information available it is beyond the scope of the project to estimate unit costs for every aspect of service provision.

The focus for phase two (June 2008 to May 2010) is on generating the unit cost estimates. This phase will include the development of a unit costs spreadsheet, follow-up with the owners of source data, support for any additional studies required, advice on and design of data collection instruments and collection of detailed individual level costs.

Reference

New Projects

These two pages highlight some of our current, recently completed and planned work. For a more comprehensive outline of the PSSRU programme of research with details of publications, see the section starting on page 29.

Outcomes of Social Care for Adults (OSCA)

There is an increasing emphasis on outcomes in the field of social care in terms of practice, policy, regulation and monitoring performance. The study builds on previous and other ongoing work on measuring outcomes of social care to generate a gold-standard preference-weighted measure of social care outcomes. This will provide the equivalent of the QALY used widely in evaluations of health care and could be used in a variety of circumstances including social care evaluations, cost-utility analyses and policy analyses.

The project comprises two phases: the first covering development and feasibility work to inform the design for a main phase where the fieldwork will collect preference data for a validated measure for both the general population and service users. In order to ensure credibility in the social care community and beyond, consultations are being undertaken with key stakeholders, including local councils that are acting as ‘critical friends’ of the project. Psychometric analysis of existing data, cognitive testing of items with service users and a survey of service users will be used to test and validate the measure. Discrete choice experiments and best-worst scaling and limited use of the time trade-off technique are being tested as approaches to identifying population and service user preferences.

The project will run from August 2008 to January 2011. An interim report on the initial work on the development of the measure and feasibility study of elicitation techniques will be available in the summer of 2009 and a report of phase 1 in late spring 2010.

The project is funded by Health Technology Assessment (HTA) NIHR and researchers at PSSRU are working with colleagues at other institutions: see www.pssru.ac.uk/pdf/p081.pdf for more details.

Local Authority Carers’ Experience Survey

The PSSRU at Kent has been commissioned by the Department of Health to design a self-completion carers’ experience survey to help monitor the government’s new national strategy for carers. Local authorities will be asked to volunteer to take part and administer the survey in the autumn of 2009. The survey will be sent to adult carers of adults who have had, or been offered, a social services assessment or review in the previous year. It will focus on their experiences and views of the quality of social care services and ask them about their quality of life.

Development work will build on an existing survey designed by the PSSRU for Kent County Council in 2007–08. Policymakers, stakeholders and councils will be consulted about the questions they would like to be covered and cognitive testing interviews with carers will be used to help develop the questions.

Project team: Ann Netten, Jacquetta Holder, Diane Fox

Extended User Experience Survey for Older People 2008–09

Three-yearly user experience surveys (UES) for older people receiving home care services are required by the Department of Health and are regarded as an important part of the overall performance framework for social care. This study is a follow-up to similar studies conducted in 2002–03 and 2005–06. The 2002–03 and 2005–06 UES extension studies investigated the validity of performance indicators based on the national survey and used the items to develop measures of quality of home care. Analyses identified individual, provider and area factors associated with perceived satisfaction and quality of services and changes in perceptions of quality and satisfaction over time. The principal aims of the research are to add value to the UES for a sample of participating local authorities by enhancing comparability across time and in dimensions of quality not included in the compulsory items and investigate what explains changes in quality over time as well as the impact of factors beyond the control of the authority on PI estimates.

All CSSRs will be invited to participate in the study and participating authorities will all use the same agreed questionnaire. This is principally the questionnaire used for extended survey in 2005–06, with minor amendments that reflect the results of previous analyses and developments in our thinking.


Home Care Reablement Services: investigating the longer-term impacts

This Department of Health project uses both quantitative and qualitative approaches to explore the longer-term effects of home care reablement services. The aims of the prospective study are:

- To provide robust research evidence on the immediate and longer-term benefits of home care reablement
- To identify the factors that affect the level and duration of benefits for service users of a period of reablement
- To identify any impact on and savings in the use of social care and other services, that can be set against the costs of reablement services
- To describe the content and costs of home care reablement services.

The study will compare outcomes and use of services over a one-year period between people receiving home care reablement services in five local authorities with those receiving standard home care in four different localities.

Julien Forder, Karen Jones and Lesley Curtis of PSSRU at Kent are working with Hilary Arksey, Kate Baxter, Parvaneh Rabiee, and Caroline Glendinning of the Social Policy Research Unit at the University of York, who are taking the lead in the project.
A Comprehensive Evaluation of Telecare and Telehealth Across Health and Social Care – the whole system demonstrator (WSD) project

The DH is funding a major new initiative piloting the delivery of integrated health and social care in three areas of England (Cornwall, Kent and Newham). Telecare packages (such as falls sensors and bed sensors) will provide remote monitoring. Telehealth interventions will allow people to communicate at a distance, at their own convenience with their health care professional – an example is transmission from home of blood glucose results for people with diabetes. One aim is the integration of health and social care services to enable more flexible, individually tailored care that will enable people to live at home longer; reduce their risk of ill-health; reduce health and social care service utilisation and cost; give them more control over their own care management; and provide support for informal carers.

PSSRU at LSE are working as part of a team from UCL, the Nuffield Trust, the Universities of Oxford and Manchester and Imperial College London to evaluate the effects of the introduction of these technologies at a number of different levels over 24 months. The project aims to determine the effectiveness, cost-effectiveness and return on investment of the addition of telecare and telehealth, delivered alone or in combination, to whole systems re-design; to examine the service user, informal carer and professional experiences of telecare and telehealth; and to determine the organisational factors that facilitate or impede the adoption of telecare and telehealth.

Accessibility to Information and Communication Technology Products and Services by Older People and Those with Disabilities

This European Commission funded study is led by Empirica mbH in Bonn, with partners at the Work Research Centre (Dublin), the Blanck Group LCC (Syracuse USA) and PSSRU at the LSE. It is intended to support the next important stage in the development and implementation of EU Accessibility Policy. This has involved an analysis of existing legal instruments both within the EU and elsewhere that can help facilitate the greater use of e-accessibility. The project has also involved workshops and consultations with stakeholders from governments, the information communication technology sector, and older people and those with disabilities. As part of the study an impact assessment has been conducted into the merits of increasing the availability of fully e-accessible web sites in both the public and private sectors across the EU. David McDaid has been involved in preparing the impact assessment; and in particular developing a series of decision analytical models to estimate some of the potential costs and benefits of increased e-accessibility of websites for our two target groups.

Assessing Needs of Care in European Nations

Led by Centre for European Policy Studies, Brussels and funded by the European Commission, this project aims to review the long-term care systems in EU member states, to assess the actual and future numbers of elderly care-dependent people in selected countries and to develop a methodology for comprehensive analysis of actual and future LTC needs and provisions across European countries, including the potential role of technology and policies in maintaining and improving quality. The project will run for 44 months.

Care Vouchers

José-Luis Fernández and Cristiano Gori at PSSRU, LSE are working with colleagues at the University of Genoa on an international comparative study of the use of tax incentives in the social care system, funded by Accor.

Care Calculator

The PSSRU at LSE, in collaboration with the BBC, launched a care calculator and a care questionnaire, available on the BBC website. The aim was to give an approximate idea of the level of social care – both public and private – currently provided in England. It set out what is likely to be received by somebody with a particular profile of needs and what financial contribution would be expected of them given what usually happens in social care services across the country. This was then followed by a short questionnaire on attitudes to funding arrangements for social care.

Early results from the survey, which were completed online, were presented on Radio 4 on 31 January when Ivan Lewis (then Care Services Minister) joined a studio audience along with the LSE team, to discuss care services and their funding. The transcript from the programme can be found on the Radio 4 You and Yours programme website, which was awarded the Democracy in Action category at the New Statesman New Media Awards.

Comparative Study of Disability in Population Surveys

The MAP2030 research team have been comparing the disability questions and estimated prevalence of disability between different surveys – General Household Survey (GHS), English Longitudinal Survey of Ageing (ELSA) and Cognitive Function and Ageing Study (CFAS). The Department for Work and Pensions have commissioned the team to take forward additional work on this comparative study of disability measures.

The overall aim of the analyses is to try to produce a hierarchy of difficulty and help items for each survey and to compare these to try to produce an overall hierarchy. This will then be used to produce equivalent levels of disability from each of the surveys. Apart from age and sex other factors that may result in different prevalence between the surveys are the inclusion of institutionalised and proxy respondents and the proportion living alone in each sample.

The work will involve researchers at the University of Leicester, University of East Anglia, London School of Hygiene and London School of Economics.

Foresight Programme on Mental Capital and Well-Being

Funded by the Department for Innovation, Universities and Skills on behalf of a number of government departments, PSSRU staff at LSE carried out four pieces of research, looking at the treatment of common mental disorders, inequalities and debt management, primary care reorganisation, and dementia and cognitive impairment. Each piece of work focused on the economic consequences – both costs and achievements – and built new empirical
estimates and policy-related arguments on a sound evidence base. The analyses looked comprehensively at all relevant societal impacts: for individuals with mental health problems, their families, the NHS, local authority social care, other local authority budgets, the social security system, other parts of the public sector, employers, and the wider society. The Foresight report was published in October 2008.

Economic Evaluation of the National Academy for Parenting Practitioners Research Programme

The National Academy for Parenting Practitioners works directly with parenting practitioners to provide them with the high quality skills and knowledge they need to enable parents to deal with day-to-day challenges and give their children the best possible start in life. The Academy’s aim is to improve the quality of support that is made available to practitioners and in turn parents through research, training and information. PSSRU at LSE, led by Jennifer Beecham, will undertake the cost effectiveness evaluation components within the NAPP research programme. This will make it possible to determine their cost-effectiveness on a per child and on a per team basis and to identify cost savings in the short and longer term. This is crucial information for commissioners and for policy development. Broader questions to be addressed include whether it is more cost-effective to intervene early in a preventive way, or later on once problems have developed; whether fewer public services are used after intervention; and which interventions are not good value.

eDESDE

This project electronic standard coding and mapping of services for long-term care, led by PSICOST (Spain) aims to develop an operational system for coding, mapping and comparing services for long-term care across the EU. The project is funded by the European Commission for three years. The PSSRU will be managing dissemination for this project.

Health England

Within the Department of Health England Committee Professor Martin Knapp chairs a subgroup focusing on prevention in social care and prevention expenditure on health and social care. This subgroup will be carrying out a work programme which involves scoping of the meaning of prevention in the social care and interface areas; reviewing the accumulated evidence in relation to preventive work in social care, and the impact of expenditure in one sector (health or social care) on performance in the other (social or health care); building a tentative economic model to demonstrate the potential benefits of one or more preventive strategies; and fieldwork in two localities to gain a better understanding of the potential of closer working between health and social care sectors. Other members of PSSRU are also involved in this work.

Mental Health Pact

Colleagues in the Government of Catalonia, National Research and Development Centre for Welfare and Health (STAKES), Scottish Development Centre for Mental Health Project Support and PSSRU at LSE are involved in a consortium, funded by the European Commission, to coordinate the technical process leading up to the EC’s Mental Health Pact conference and following-up on the Pact itself across five themes: Prevention of Suicide and Depression; Mental Health in Youth and Education; Mental Health in Workplace Settings; Mental Health in Older People; and Combating Stigma and Social Exclusion. LSE inputs by David McDaid involve the production of consensus papers and leading the work on mental health in workplace settings.

Quantitative Modelling of Long-Term Care Costs for Green Paper Analyses

PSSRU at LSE and Kent have been commissioned by the Strategy Unit and the Department of Health to carry out modelling in connection with the forthcoming Green Paper on care and support. The aims of the analysis are (i) to build a set of models to replicate alternative systems for funding publicly-funded social care and disability-related social security benefits for adults and (ii) to describe the policy implications of alternative proposals for reforming the support system for adults with disabilities, and in particular their resource and distributional consequences.

Optimised Suicide Prevention Programs and their Implementation in Europe

Funded by the European Commission, this project involves 12 partners alongside PSSRU at LSE and aims to provide health politicians, stakeholders and the European Commission with an evidence based and efficient concept for suicide prevention with corresponding materials and instruments for multifaceted intervention, as well as guidelines for the implementation process. This project will run over four years, and PSSRU leads work on the health economic evaluation of the OSPI intervention.

Service Inequalities in England

This project, funded by Age Concern, aimed to look at inequalities in service use by older people. The study provided an overview of the available evidence on inequalities in service use (including health care, social care, housing and local amenities) among older people. It also identified potential untapped sources of evidence for carrying out further research. Dr José-Luis Fernández led this work with assistance from a number of researchers.

The Impact of Age Discrimination on Social Care and Mental Health Services

Members of PSSRU at Kent and LSE, working alongside researchers at the University of Swansea, have provided some preliminary analysis in relation to equality in service use. The work involves analysis of patterns of service use and costs to see whether there is any evidence of an explained age difference.
Current Research Programmes and Recent Publications

These pages list publications by PSSRU authors (often in collaboration with colleagues at other institutions) since the previous Bulletin in December 2007, arranged by research programme. References are listed in alphabetical order of title. For more information on the programmes of work, see the preceding pages.

Assessment and Performance Measurement

Programme leader: Professor David Challis
See pages 6–7 for information on work in this programme.

Recent publications from this programme

Assessing the validity of the Pool Activity Level (PAL) Checklist for use with older people with dementia
Aging and Mental Health, 12, 202–211
Assessment of the Needs of Older People in Care Homes – Editorial
Journal of Care Services Management, 2, 2, 108–112
Care planning systems in care homes for older people
Quality in Ageing, 9, 2, 28–38
Care staff working with people with dementia: Training, knowledge and confidence
Dementia, 7, 227–238
Changes in the quality of life of people with dementia living in care homes
Alzheimer Disease & Associated Disorders

A cluster randomised trial to reduce the unmet needs of people with dementia living in residential care
International Journal of Geriatric Psychiatry, 22, 1127–1134
Depressed mood, cognitive impairment and survival in older people admitted to care homes in England
American Journal of Geriatric Psychiatry, 15, 8, 708–715
The Design and Use of Local Metrics to Evaluate Performance: A comparative analysis of social care organisations – literature review and planning document
Discussion Paper M160, PSSRU, Manchester
Developing multi-disciplinary assessment – exploring the evidence from a social care perspective
International Journal of Geriatric Psychiatry, 23, 12, 1297–1305
Factors associated with higher quality assessment tools in care homes
Journal of Care Services Management, 2, 1, 79–91
Identifying need in care homes for people with dementia: the relationship between two standard assessment tools
Aging and Mental Health, 12, 6, 719–728
Implementing the Single Assessment Process for Older People in England: lessons from the literature
Abendstern, M., Clarkson, P., Challis, D., Hughes, J. and Sutcliffe, C. (2008) 
Research Policy and Planning, 26, 1, 33–44.

Services for Children and Young People

Programme leader: Professor Jennifer Beecham
See pages 20–21 for information on work in this programme.

Recent publications from this programme

Costs and Outcomes in Children’s Social Care. Messages from Research
Jessica Kingsley, London
The Economic Consequences of Autism in the UK
Economic cost of autism in the UK
Knapp, M., Romeo, R. and Beecham, J. (forthcoming) 
Autism
Educating Difficult Adolescents: Effective Education for Children in Public Care or with Emotional and Behavioural Difficulties
Jessica Kingsley, London
Inpatient treatment in child and adolescent psychiatry - an exploratory prospective study of health gain and costs
Journal of Child Psychology and Psychiatry, 48, 12, 1259–1267
A randomized controlled trial of family therapy and cognitive behavior guided self-care for adolescents with bulimia nervosa and related disorders
American Journal of Psychiatry, 164, 4, 591–598
Still the poor relations? Perspectives on valuing and listening to foster carers
Adoption and Fostering Journal, 31, 3, 6–17

Commissioning and Performance

Programme leader: Professor Martin Knapp
See pages 8–9 for information on work in this programme.

Recent publications from this programme

Debate: Public spending levels for social care of older people: why we must call in the debt
Davies, B. (2007) 
Policy and Politics, 35, 4, 719–726
Direct payments in England: Factors linked to variations in local provision

Individual budgets: on the launch pad

Mental health: continuing challenges

Henley Media Group, London, 2007

Schemes Providing Support to People Using Direct Payments: A UK Survey

Training for change: early days of Individual Budgets and the implications for social work and care management practice: a qualitative study of the views of trainers

*British Journal of Social Work*, forthcoming (access advance published online, 2008)

**Care Coordination, Care Management and Service Integration**

**Programme leader:** Professor David Challis

See pages 10–11 for information on work in this programme.

**Recent publications from this programme**

Are different forms of care-management for older people in England associated with variations in case-mix, service use and care-managers’ use of time?


Assessing the impact of care management in the community: Associations between key organisational components and service outcomes


Care management arrangements for people with physical and sensory disabilities: results of a national study
Xie, C., Hughes, J., Challis, D. and Steward, K. (forthcoming)

*Research Policy and Planning*

Care management arrangements in services for people with intellectual disabilities: Results of a national study


Care management for older people with mental health problems: from evidence to practice.


Examining the state of adult social care research 1990–2001: a systematic synthesis of research methods and quality

*Evidence and Policy*, 4, 155–182.

Exploring the role of an old age mental health liaison nurse

*Mental Health Nursing*, 28, 6, 8–11

Management of more complicated depression in primary care:
Carers and families
Challis, D. and Hughes, J. (2008)


The balance of care: Reconfiguring services for older people with mental health problems

*Aging and Mental Health*, 12, 1, 81–91.

Old Age Mental Health Services in England: Implementing the National Service Framework


Care management in mental health services in England and Northern Ireland: Do integrated organizations promote integrated practice?


Commissioning services for older people with mental health problems: Is there a shared vision?

*Journal of Integrated Care*, 15, 2, 3–12.

Evaluating the Individual Budget Pilot Projects

*Journal of Care Services Management*, 1, 123–128.

Performance Measurement in Social Care: Looking Backwards and Forwards
Clarkson, P. (forthcoming)

*British Journal of Social Work*

Safeguarding and system change: early perceptions of the implications for adult protection services of the English Individual Budgets pilots — A qualitative study


Training for change: early days of Individual Budgets and the implications for social work and care management practice: a qualitative study of the views of trainers


What is the state of adult social care research? A systematic synthesis of research methods and quality

*Evidence and Policy*

**Costs, Quality and Outcomes**

**Programme leader:** Professor Ann Netten

See pages 12–13 for information on previous work in this programme.

**Recent publications from this programme**

The costs of training a nurse practitioner in primary care: the importance of allowing for the cost of education and training when making decisions about changing the professional mix

*Journal of Nursing Management*, 15, 4, 449–457

The costs of what? Measuring services and quality of care

*Social Policy and Society*, 6, 3, 397–409

*Unit Costs of Health and Social Care 2008*

Curris, L. (2008)

PSSRU, University of Kent, Canterbury

Using older home care user experiences in performance monitoring
Janes, K., Netten, A., Francis, J. and Bebbington, B. (2007)

*Health and Social Care in the Community*, 15, 4, 322–332

Using survey data to measure changes in the quality of home care.
Analysis of the Older People’s User Experience Survey 2006

PSSRU Discussion Paper 2417, PSSRU, University of Kent, Canterbury
### RESEARCH PROGRAMMES AND PUBLICATIONS

**Long-Term Care Finance**

Programme leader: Rafael Wittenberg
See pages 14–15 for information on work in this programme.

**Recent publications from this programme**

- Future Demand for Social Care, 2005 to 2041: Projections of Demand for Social Care and Disability Benefits for Younger Adults in England
- Informal Care for Older People Provided by their Adult Children: Projections of Supply and Demand to 2041 in England
- Long-term care, organisation and financing
- Numbers of People Providing Informal Care in 2000/01 Relevant to Take-up of a Care Vouchers Scheme for Older People
- Projecting long-term care expenditure in four European Union member states: the influence of demographic scenarios.
- Sources of Informal Care: Comparison of ELSA and GHS
- Strategies for improving the quality of long-term care services in the UK

**Housing and Care**

Programme leader: Professor Ann Netten
See pages 18–19 for information on this programme.

**Recent publications from this programme**

- Costs and Outcomes of an Extra-Care Housing Scheme in Bradford
- The development of Extra Care Housing in England: An alternative or a replacement for residential and nursing homes? published abstract
- Evaluation of the Extra Care Housing Funding Initiative: Initial Report
- Social Well-Being in Extra Care Housing: An Overview of the Literature
- Social Well-Being in Extra Care Housing: Emerging Themes.
- Interim report for the Joseph Rowntree Foundation

**Mental Health Economics and Policy**

Programme leader: Professor Martin Knapp
See pages 16–17 for information on work in this programme.

**Recent publications from this programme**

(a complete list can be found on the PSSRU website)

- Age Discrimination in Mental Health Services
- Antidepressant medications and other treatments of depressive disorders: a technical review of evidence by a task force established by the CINP
- Antidepressant medications and other treatments of depressive disorders: Health economics: the cost of illness
- Associations between negative symptoms, service use patterns, and costs in patients with schizophrenia in five European countries
- Barriers in the mind: promoting an economic case for mental health
- Carers and families of people with mental health problems
- The clinical effectiveness and cost of repetitive transcranial magnetic stimulation and electroconvulsive therapy in severe depression – a multicentre pragmatic randomised controlled trial and economic analysis
- Cost-effectiveness analysis of treatment with olanzapine compared to other antipsychotic treatments in patients with schizophrenia in the pan-European SOHO study
Cost-effectiveness of transcranial magnetic stimulation vs. electroconvulsive therapy for severe depression: a multi-centre randomised controlled trial
Commissioning, Interpreting and Making Use of Evidence on Mental Health Promotion and Mental Disorder Prevention: An Everyday Primer
Cost-effectiveness of cognitive behaviour therapy in addition to mebeverine for irritable bowel syndrome
Cost of schizophrenia in England
Donepezil for the treatment of agitation in Alzheimer’s disease
Gesundheitsökonomische aspekte der suizidprävention. [Health economic aspects of suicide prevention]
Economic analysis of mental health services
Oxford University Press, Oxford
Economic evaluation of early intervention services
Economic impact of an early intervention service
The economics of mental health in the workplace: what do we know and where do we go?
The Evaluation of the Big Lottery Fund Healthy Living Centres Programme Final Report
The evidence base in mental health policy and practice
Financing and funding mental health care services
Implementation: the need for a contextual approach to the implementation of musculoskeletal guidelines
An international perspective on worker mental health problems: who bears the burden and how are costs addressed?
Local Provision of Mental Health Care in Scotland
Mental health and economics in Europe. Findings from the MHEEN Group
The Mental Health Economics European Network
Mental healthcare as a whole system
Mental health reform: Europe at the cross-roads
Mental health policy and practice across Europe: an overview
Mental health policy development and implementation in four African countries
Mental health policy: Time to refocus on promotion and prevention
Outcomes and costs of community living: Semi-independent living and fully staffed group homes
Person-centered planning: factors associated with successful outcomes for people with intellectual disabilities
Resources for mental health: scarcity, inequity, and inefficiency
The social and economic impact of mental health: meeting the challenge
SUR model with spatial effects: an application to mental health expenditure
The trouble with QALYs …
Mental Health Economics European Network policy briefings: see also page 36

Economics, Mental Health and Policy: An overview, MHEEN II Policy Briefing 1

Cost-effectiveness and Mental Health, MHEEN II Policy Briefing 2

Making the Economic Case for the Promotion of Mental Well-being and the Prevention of Mental Health Problems, MHEEN II Policy Briefing 3

Shifting Care from Hospital to the Community in Europe: Economic Impact and the Case for Intervention, MHEEN II Policy Briefing 4

Employment and Mental Health: Assessing the Economic Impact and the Prevention of Mental Health Problems, MHEEN II Policy Briefing 5

What use has been made of economic evaluation in public health? A systematic review of the literature

Predictors of employment for people with severe mental illness: results of an international six-centre randomised controlled trial
British Journal of Psychiatry, 192, 224–231

Reported barriers to the implementation of person-centered planning for people with intellectual disabilities in the UK
Robertson, J., Hatton, C., Elliott, J., McIntosh, B., Robertson, M., Forder, J. and Beesley, L. (2007)

Transition pathways for young people with complex disabilities: exploring the economic consequences
Child: Care, Health and Development, 34, 4, 512–520

Other recent publications

Incorporating economics evidence

Health economics

The impact of decentralization and inter-territorial interactions on Spanish health expenditure
Empirical Economics, forthcoming

Self-funded social care for older people: an analysis of eligibility, variations and future projections
Forder, J. (2007)

Free personal care in Scotland: A narrative review
The British Journal of Social Work, 37, 3, 459–474

Prisoners’ families: civic virtue and policies of impoverishment

Benefits, 16, 1, 3–17
The Costs of Addressing Age Discrimination in Social Care
Forder, J. (2008)
Payment by results in England
Eurohealth, 13, 1, 12–16

Social Planning: Classics in Planning I – Edited by Jessie P. H. Poon,
Kenneth Button and Peter Nijkamp; Review article
Davies, B. (2007)
Social Policy and Administration, 41, 525–529

Poverty and Disadvantage among Prisoners’ Families

An economic evaluation of sevelamer in patients new to dialysis
Current Medical Research and Opinion, 24, 2, 601–608

The health system in England
Boyle, S. (2008)
Eurohealth, 14, 1, 1–2

Organisation and features of hospital, intermediate care and social services in English sites with low rates of delayed discharge
Health and Social Care in the Community, 15, 4, 295–305

Towards a preference-based measure of the impact on well-being due to victimisation and the fear of crime
International Review of Victimology, 14, 2, 253–264

Vinchow-Robin space dilatation may predict resistance to antidepressant monotherapy in elderly patients with depression
Journal of Affective Disorders, 97, 265–270

Treatment of a whole population sample of Alzheimer’s Disease with Donepezil over a 4-year period: Lessons learned
Dementia and Geriatric Cognitive Disorders, 25, 226–231

Spirituality and dementia
Generations Review, 17, 4

Complaints: Finding a positive and productive approach – making experiences count
Pyrah, M., Byrne, J., Hilton, C. and Jolley, D. (forthcoming)
British Journal of Hospital Medicine

Memory clinic network
Jolley, D. (forthcoming)
Journal of Dementia Care

Seeing patients with dementia through to the end of life – A major challenge for primary care in partnership with others
Geriatric Medicine

Reaching and keeping people with dementia in primary care
Greaves, I., Greaves, N., Greening, L. and Jolley, D. (forthcoming)
Journal of Dementia Care

Vascular disorders and dementia in primary care,
David Jolley and Ian Greaves (2008)
National Association of Primary Care Review, Summer, 178–179

Copying letters to older people in mental health services – policy with unfilled potential
Clark, M., Benbow, S., Scott, V., Moreland, N. and Jolley, D. (2008)
Quality in Ageing, 9, 3, 31–38
Conference reports
(continued from page 5)

For further details on these conferences and presentations, see the web links given.

The PSSRU also organises short events to report and discuss findings, including one-day conferences on the Individual Budgets evaluation (in London and Manchester) and on the Extra Care Housing evaluation. Presentations and other documents from these, with news of any forthcoming events, are available from www.pssru.ac.uk/events/

Mental Health Economics European Network, Phase II Symposium
December 2007, Brussels

This symposium, sponsored by the European Commission, Directorate General for Health and Consumer Protection, presented findings and analysis from Phase II of the Mental Health Economics European Network. Members of the Network spoke on their current research findings and there was a discussion on the future directions of mental health policy in Europe.

Presentations from the event can be downloaded from the PSSRU website at www.lse.ac.uk/collections/PSSRU/researchAndProjects/mheen.htm, and included the following:

Martin Knapp, Introduction
David McDaid, Making the case for investment in mental health promotion and mental disorder prevention activities in Europe
Helena Medeiros, Challenges and opportunities in shifting care from hospital to the community in Europe
Reinhold Kilian, Structural socioeconomic characteristics and employment of people with severe mental illness
Sonia Johnson, European service mapping schedule
Judit Simon, Mental health and social care services in Hungary

A report based on symposium is available. Further details can be found on the MHEEN website: www.mheen.org

David McDaid also presented at the European Meeting on Health and Health Systems Impact Assessment (HIA/HSIA) under Portuguese Presidency, Lisbon in November 2007 on whether mental health impact in all policies should be important; and at the German Association of Social Psychiatry meeting in Munich in November 2007 on funding for mental health.

International Foundation for Intelligent Living Conference Can we afford to care?
February 2008

Julien Forder presented at this conference, which brought together academics, providers and other interested speakers to debate the costs of care.

He also presented at a one-day event organised by CareandHealth on The Green Paper on the Future of Adult Social Care on 30 April 2008. For further information see http://event.concepglobal.com/profile/web/index.cfm?PKwebID=0x54926fb0&varPage=home.

CCNUK Annual Conference


British Society for Population Studies (BSPS), London, June 2008

The Long-term Care Finance Team at the LSE, in association with colleagues from the MAP2030 project, recently presented research at the BSPS one-day meeting on Future Needs and Resource of the Older Population in Britain. A paper was presented by Linda Pickard, Raphael Wittenberg, Derek King, Juliette Malley and Adelina Comas-Herrera, entitled Informal Care for Older People by their Adult Children: Projections of Demand and Supply in England. Abstracts and/or presentations are available for download from the BSPS website at www.lse.ac.uk/collections/BSPS/.

British Geriatrics Society Autumn Meeting

Professor David Challis presented a paper entitled Assessing the needs of older people – recent developments in the community and care homes at the BGS Autumn meeting in Harrogate, November 2007.

See www.bgsnet.org.uk/
Social Services Research Group Annual Workshop, Manchester  
April 2008
Jane Hughes presented the findings of a study of approaches to involving older people and carers in service commissioning and development.

Office of Health Economics  
June 2008
David Challis presented at a seminar with Professor Naoki Ikegami at the Office of Health Economics on the lessons for the UK of the implementation of long-term care insurance in Japan.

Royal College of Psychiatrists and International Psychogeriatric Association, Dublin  
April 2008
David Jolley presented a paper on the role of the memory clinic in primary care.
He also presented material on old age psychiatry from the 1960s to 1989 at the Guthrie Trust Witness Seminar, Centre for the History of Medicine, University of Glasgow and on vascular dementia at the Primary Care UK conference in Birmingham in May 2008.

Annual Housing, Care and Support Conference, Manchester  
January 2008
David Challis presented a paper entitled Co-ordinated Care and Service Integration – Lessons from the Research Perspective.
He also presented a paper entitled Service Integration – Data from National Studies at the Long Term Conditions; Integrated Health & Social Care Teams and Networks in the North West Conference in Manchester in March. At the Kent County Council Social Care Conference 2008 Putting Research Into Practice he presented a paper entitled Lessons from Research on Assessment.

National Conference: Dementia in the Community, Birmingham  
April 2008
Paul Clarkson presented a paper on the implications of the single assessment process for dementia care at the Dementia in the Community conference organised by the Journal of Dementia Care and attended by clinicians, managers and practitioners.

Educating Difficult Adolescents: Effective education for children in public care or with emotional and behavioural difficulties  
David Berridge, Cherilyn Dance, Jennifer Beecham and Sarah Field (2008)
Educational achievements for children in care are significantly poorer than for the general school population. This book explores why this is and how to enable children in care to succeed in the classroom.
It evaluates the educational experience and performance of a sample of ‘difficult’ adolescents living in foster families, residential children’s homes and residential special schools for pupils with behavioural, emotional and social difficulties (BESD). The book addresses factors such as the failure to prioritise education for children in care, placement instability and disrupted schooling. It investigates care environments, policy changes and young people’s background experiences – as well as the costs of services – in order to gauge the effectiveness of targeted initiatives. The authors adopt a multidisciplinary approach to suggest how best to support children in care in educational settings.

Deinstitutionalisation and Community Living – Outcomes and Costs: a report of a European study  
Tizard Centre, University of Kent, Canterbury, available online at www.kent.ac.uk/tizard/research/DECL_network/Project_reports.html
Funded by the European Commission, this project aimed to collect information on the number of disabled people living in residential institutions in 28 European countries, and to identify successful strategies for replacing institutions with community-based services, paying particular attention to economic issues in the transition. Martin Knapp and Jennifer Beecham were involved in reviewing the economic evidence on balance of care, whether maintaining or away from reliance on institutional models.
The report highlights that there are at least 1.45 million people in residential care across Europe. Over 70% of those in residential care live in facilities with more than 30 places, and estimated rates per 100,000 of institutionalisation range from 0 (Sweden) to over 500 (Estonia and Latvia).
Tax Exemptions on Care Vouchers for Informal Care for Older People Provided by their Adult Children: Projections of Supply and Demand to 2041 in England
Linda Pickard (2008)
Report to the Strategy Unit (Cabinet Office) and the Department of Health

Linda Pickard (2008)
Report to the Strategy Unit (Cabinet Office) and the Department of Health

These reports compare the future supply of informal care to demand for informal care from older people (aged 65 and over) and younger adults (aged 18–64). Both reports show that informal care supply is projected to be lower than demand. The greatest projected gap between supply and demand affects older people. By 2041, there is projected to be a shortfall of 250,000 care-providers, or 250,000 fewer disabled older people receiving informal care. This ‘care-gap’ is primarily driven by demographic changes.

Informal Care for Older People Provided by their Adult Children: Projections of Supply and Demand to 2041 in England
Linda Pickard (2008)
Report to the Strategy Unit (Cabinet Office) and the Department of Health

The aim of this project was to compare the future supply of informal care to demand for informal care from older people (aged 65 and over) and younger adults (aged 18–64). Two discussion papers from this project set out the results of the work which show that informal care supply is projected to be lower than demand. Demand for informal care from disabled older people and for disabled younger adults is projected to exceed supply by 2017 and 2010 (respectively). By 2041, there is projected to be a shortfall of 250,000 care-providers for older people and 75,000 for disabled younger people.

Future Demand for Social Care, 2005 to 2041: Projections of Demand for Social Care and Disability Benefits for Younger Adults in England
Report to the Strategy Unit (Cabinet Office) and the Department of Health, available online as PSSRU Discussion Paper 2512.

Future Demand for Social Care, 2005 To 2041: Projections of Demand for Social Care for Older People in England
Report to the Strategy Unit (Cabinet Office) and the Department of Health, available online as PSSRU Discussion Paper 2514.

Funded jointly by the Strategy Unit (Cabinet Office) and the Department of Health, the LSE branch developed a model projecting levels of demand and associated expenditure for social care and disability benefits for the younger adult population (‘working age’ adults). The aim of the work has been to construct a simple model to make projections for younger disabled adults (aged 18 to 64) and to produce projections for older people and younger adults for England to 2041.

These two discussion papers from this project set out the results of the projections modelling for younger adults and for older people.

MHEEN II Policy Briefings
Members from the LSE branch have recently completed Phase II of the Mental Health Economics European Network (see the project outline for further information about the project: www.pssru.ac.uk/pdf/p070.pdf ). A number of policy briefings have been produced including an overview bringing together presentations from both a London seminar in September and a Brussels Symposium in December; as well as summaries on the role of economic evaluation; promotion and prevention; the balance of care; employment; financing and the European Service Mapping Survey tool. The briefings are now available on the MHEEN II website at www.mheen.org/Documents&Material.htm.

Paying the Price: The Cost of Mental Health Care in England to 2026
King’s Fund: www.kingsfund.org.uk/publications/kings_fund_publications/paying_the_price.html

This report describes the results of a review to estimate mental health expenditure in England for the next 20 years, to 2026. Commissioned by the King’s Fund in
2006, the review aimed to:
- assess the current need for mental health services and the costs of services provided
- project needs and costs to the year 2026
- assess the impact that specific interventions may have on these costs.

The research found, among other things, that current service costs, estimated to be £22.50 billion, are projected to increase by 45% to £32.6 billion in 2026 (at 2007 prices), primarily due to an estimated increase in service costs for people with dementia of £9.0 billion.

Schemes Providing Support to People Using Direct Payments: A UK Survey

This is the second report from the Direct Payments Survey project and looks at schemes providing support to people using direct payments. The full report – according to Community Care ‘one of the most detailed pictures to date of the challenges facing direct payment support schemes’ – is available at www.pssru.ac.uk/dps/dps_reports.htm.

Age Discrimination in Mental Health Services
Report to the Department of Health, available online as PSSRU Discussion Paper 2536.

Commissioned by the Department of Health, this research explored the extent of age discrimination in mental health services, addressing three broad issues around discrimination: inequalities between adult and older people’s mental health services; inequalities between adults and older people with mental health problems in their use of health and social care services; and knowledge about the likely single equalities legislation. The study found that eliminating age discrimination in mental health services by levelling up service costs for older people would require (on the basis of various assumptions and subject to wide confidence intervals) extra expenditure of around £2.0 billion.

The Costs of Addressing Age Discrimination in Social Care
Julien Forder (2008)
Report to the Department of Health, available online as PSSRU Discussion Paper 2538.

This aim of this work, commissioned by the Department of Health, was to investigate the extent of any age discrimination in the provision of social care for adults.

Analyses of two datasets, the British Household Panel Survey (BHPS) and the national evaluation of Individual Budgets (IBSEN), showed indications of differences in levels of support between age groups after accounting for differences required to compensate people with varying levels of need (e.g. disability and impairment). The IBSEN data suggests that older service users (65 and over) would require a 25% increase in support for these age differences compared to younger people (aged 18 to 64) to be removed. The BHPS data more tentatively suggest that older people’s access to services is slightly more limited than younger people.

The Economic Consequences of Autism in the UK
Martin Knapp, Renée Romeo and Jennifer Beecham (2007)

Findings detailed in the Economic Consequences of Autism reveal that children with autism cost £2.7 billion a year, and for adults the figure is £25 billion – more than eight times as much. There are approximately 540,000 people with autism in the UK – 433,000 adults and 107,000 children.

Funded by the Shirley Foundation and led by Martin Knapp, the research shows that for adults with autism the highest costs are those generated by health and social care provision (59 per cent), followed by lost employment (36 per cent) and family expenses (5 per cent).

Self-Funded Social Care for Older People: an analysis of eligibility, variations and future projections
Julien Forder (2007)
Available online at www.csci.org.uk/pdf/20080128_Self-funded_social_care_for_older_people.pdf

This is a background paper for the Commission for Social Care Inspection State of Social Care 2007 report.

The report concentrates on older people’s services and support (reflecting the lack of data and analysis of other client groups). It uses the PSSRU micro-simulation model – developed for the 2006 Wanless Review of Social Care.

The aims of the report were:
- to calculate how much, overall, people in these groups contribute towards the costs of their care, looking at the overall levels of care use, public expenditure and private pay for social care used by people over 65
- to calculate levels of unmet need
- to consider the consequences of changes in the needs eligibility thresholds that councils use
- to make projections about the numbers of self-payers in the future
- to look at variations between councils in the: rates of supported older people and expenditure, and therefore, by implication, the numbers of potential self-payers.
Unit Costs of Health and Social Care 2008
Compiled by Lesley Curtis

This is the latest updated volume in a well-established series bringing together information from a variety of sources to estimate national unit costs for a wide range of health and social care services. This report provides detailed and comprehensive information on more than 130 types of service and quotes sources and assumptions so that users can adapt the information for their own purposes. This year a guest editorial is provided and two brief articles.

The guest editorial by Adriana Castelli draws on the 2006/07 reference costs dataset (Department of Health, 2008) in order to explore how activity and average unit costs have changed over time in one particular healthcare sector i.e. community services. It also discusses their potential use in informing policy-makers on the relative costs reported by NHS organisations and non-NHS providers.

The first article, by Barbara Barrett and Sarah Byford, discusses the challenges of estimating the unit costs of group based therapies and draws on earlier work to devise a costing strategy. The second article, by Karen Jones, describes the pattern of expenditure of service users in the national Individual Budgets pilot evaluation.

The 2008 edition is available in full at the PSSRU website. Printed copies are available from the librarian at the PSSRU in Canterbury, price £39. Volumes for previous years to 1995 (with articles on different aspects of costing research and methodology) are available, and are priced at £17 for the 2007 volume and £4 each for previous years (when ordered with the current volume). All prices include post and packaging.
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