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

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Introduction

PSSRU is 36 years old in 2010, and this is the 19th in its series of Bulletins. An enormous amount of social care water has passed under the research bridge during that period. To pursue that metaphor further, PSSRU research has stirred those waters, and sometimes channelled and influenced the direction and speed of flow.

This much is again clear from a look back over the past year. PSSRU staff in Manchester, Canterbury and London have been active across many topic areas, getting messages from research into policy and practice discussions at local, national and international levels. They have also achieved high rates of productivity in terms of conventional academic outputs.

An immediate impression from flipping through the pages of this Bulletin is of the enormous breadth of work that is underway. Reading through the associated reports and publications also demonstrates the depth of argument and insight. There is new work on assessment and performance measurement; continuing work to build better outcome and cost measurement tools; examination of care coordination for older people at home; construction of a dynamic micro-simulation model to explore new ways of organising, delivering and funding social care; continued development of the Unit’s macro-simulation model that allows future need, cost and funding projections to be made; studies of prevention; detailed studies of housing and care; and evaluations of care and support arrangements for people with mental health needs. Work across many needs groups has invested in methods and produced new evidence on prevention and promotion; and there are studies of children, young people and parenting.

PSSRU research has contributed to national thinking about the future organisation and funding of care (including the technical work underpinning the Green and White Papers). The development of the micro- and macro-simulation models, building on PSSRU knowledge and analytical techniques, have given this contribution a particular authority.

Another high-profile activity in the past year has been the demanding evaluation of the Partnerships for Older People Projects (POPPs). The report was launched by the Secretary of State in early 2010 (see page 24).

Last year also saw the launch of the NIHR School for Social Care Research, with three of the six constituent groups being the PSSRU branches (page 20); and in late 2009 the centre at LSE of which PSSRU is a major part was awarded the Queen’s Anniversary Prize for Higher and Further Education.

This will be the last PSSRU Bulletin in this form. With the growing independence of the three PSSRU branches and developments in communications we will work through new channels (see page 5).

We are confident that PSSRU’s research will remain as relevant as ever – particularly with social care so prominent in national debates.

Martin Knapp, PSSRU, London School of Economics and Political Science, March 2010

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 32.

The Unit website gives a complete listing, with many downloadable publications (including this Bulletin and previous issues), along with more information on current and completed research.
Queen’s Anniversary Prize for PSSRU LSE

LSE Health and Social Care (of which PSSRU at LSE is a major part) has been awarded a prestigious Queen’s Anniversary Prize for Higher and Further Education 2009 for its work in ‘applying research to the advancement of global health and social care policy’. Martin Knapp, PSSRU director at LSE and co-director of LSE Health and Social Care, was one of the LSE representatives at a reception at St James’ Palace in November to hear the announcement.

The Royal Anniversary Trust recognised the unit’s ‘achievement in adult social care research and the impact on well-being of the nation’ and ‘groundbreaking research on the shaping of new models for care management in the community which have underpinned legislation.’ More details on the award can be found on the LSE news pages at http://tinyurl.com/yzqn5yy.

Professor Knapp also directs the Centre for the Economics of Mental Health, which forms part of one of the other groups to be awarded a Queen’s Anniversary Prize for Higher and Further Education in 2009: the Health Services and Population Research Department at the Institute of Psychiatry, King’s College London, with which PSSRU enjoys many collaborative links.

PSSRU Research Informs Care and Support Green Paper

PSSRU research led by Julien Forder and Jose-Luis Fernández has provided the analytical modelling underpinning the new Green Paper on the future funding of care and support services in England. The cross government Green Paper, Shaping the Future of Care Together, introduces the radical new concept of a national care system, and proposes three alternative funding models.

A paper summarising the first stage of the analysis can be found at www.pssru.ac.uk/pdf/dp2644.pdf. The full Green Paper is available on the Department of Health website.

Investors in People

PSSRU at LSE was recently re-accredited by Investors in People. The PSSRU group at LSE is the first research group within LSE to receive the accreditation – and for the second time. The assessor commented that ‘PSSRU displayed an impressive number of strengths… and a number of good practices’. The PSSRU branches at Kent and Manchester also hold the iIP awards.

Staff news

Dr José-Luis Fernández was appointed as specialist adviser to the House of Commons Health Committee as it carried out its Social Care Inquiry. The inquiry looked at the future of social care services following the publication of the Government’s Green Paper, Shaping the Future of Care Together.

Professor David Challis has been appointed a senior investigator by 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 health and social care decision-making.

At PSSRU LSE promotions include José-Luis Fernández and Julien Forder to Principal Research Fellow, Jennifer Beecham to Professorial Research Fellow, David McDaid to Senior Research Fellow, Tihana Matosevic to Research Fellow and David McDaid to Senior Research Fellow. At Kent Robin Darton has been promoted Senior Research Fellow.

PSSRU welcomes Amanda Holman, Ruth Puig-Peiro, Fiona Scorer and Madeliene Stevens at the LSE branch, and Michael Hill, who joins us as a Visiting Professor.

Dr Gill Hastings joins PSSRU at LSE as an honorary associate. She joins the NIHR School for Social Care Research as Senior Scientific Administrator.

Dr Florence Baingana – a Research Fellow at the Makerere University School of Public Health – joined PSSRU at LSE from September 2009 to look at costing mental health care in Uganda as part of a Masters Fellowship from the Wellcome Trust.

Jessica Abel has left PSSRU Manchester to take up an ERSC studentship working towards a PhD at the International Centre for Lifecourse Studies in Health and Society (ICLS), Imperial College London.

Visitors to LSE included Andrea Ciarini and Marla Woolderink, and at Kent we welcomed Birgit Trukeschitz.

Congratulations…

to Heba Elgazzar (at PSSRU, LSE) and Kathryn Berzins and Val Harrington (at Manchester), who have successfully completed PhDs.
Evaluation of the Personal Health Budgets Pilots

Personal health budgets aim to give people greater control over the health services they use, as part of a policy commitment to a more personalised and responsive NHS.

This new way of delivering health care represents a major cultural shift within the health care service, which needs to be evaluated before any decision to extend its availability across the country is made.

In 2009, the Department of Health invited primary care trusts to put forward PHB projects to be part of a pilot implementation, supported by a rigorous evaluation, to explore the opportunities PHBs offer. The pilot programme includes 70 sites, 20 of which have been selected to participate in the in-depth evaluation.

A multidisciplinary research team led by the PSSRU at the University of Kent, with colleagues from Imperial College London, LSE and SPRU at the University of York, is conducting the evaluation. Further details are available from the project website, www.phbe.org.uk.

Information online

Many more copies of this Bulletin are now downloaded than circulated in printed form, and this will be the last version in this format.

Nearly 400 other publications are available for free download though the PSSRU website.

We have introduced a series of online newsletters (Research Bites and Research Focus) from the three PSSRU branches which you can view and download at www.pssru.ac.uk/rb.htm.

You can join our email announcements list through the web page www.pssru.ac.uk/pssrulist.htm and keep abreast of new research findings, also announced on the News section of the website. Or for more succinct updates, follow PSSRU_LSE on Twitter.

A report on conference presentations given by PSSRU staff is 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 and Performance Measurement

David Challis, Paul Clarkson, Jane Hughes, Michele Abendstern, Christian Brand, Sue Davies, Caroline Sutcliffe and Sue Tucker

This programme of work addresses the issue of assessment, and the quality of assessment, as a key area not just providing evidence for professionals conducting assessments but also for policymakers. Monitoring the conduct of assessments through evaluation and performance measurement approaches locally is also an issue addressed in the programme.

The following is a selection of more recent work under the programme, followed by a highlight from the completed evaluation of the self-assessment pilot projects commissioned by the Department of Health.

- The quality of assessment in community care is a key area reflected in our projects evaluating the development and impact of the Single Assessment Process and self-assessment pilots. These two initiatives are part of a broader policy approach aimed at raising the standards of assessment, in terms of the sharing of information and the enhancement of user choice. A range of data has been collected from agencies to inform the implementation of these policies, which can also inform the wider implementation of the more recent Common Assessment Framework.

- Older people living in care homes have high levels of need, including unmet physical and mental health needs. A study of the different service models by which older people in care homes can access specialist medical assessment and care is beginning.

- A study of performance measurement in social care across three countries – England, Northern Ireland, and Japan – addresses the availability of local data to monitor performance and the links between national and local processes as well as what counts as successful performance in this area. These issues will be increasingly relevant as the drive towards national ratings has waned to be replaced by measures of local authorities’ local capacity and improvement.

- In response to the policy goal of increasing the competence of the workforce caring for older people with dementia, we undertook a study which assessed the 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.

Selected publications


The process of assessment – the collection of information on people’s specific needs, problems and preferences – is central to the planning and delivery of health and social care in the widest sense. In community care the process is crucial in determining ‘who’ gets ‘what’ and thus is both an important resource allocation mechanism and an obvious precondition for the satisfaction of service users’ needs. More recently, changes to the way people are assessed for community care services have been advocated and these have focused on the ‘personalisation’ agenda, a need to offer a greater degree of choice, control and individually tailored approaches to people who may require personal support or assistance (Cm 6737, 2006). Self-assessment, where the individual is located at the heart of their own assessment with their rights, wishes and goals upheld, is one such change promoted in recent policy (Qureshi, 2006).

A user experience survey was conducted in nine of the self-assessment pilot sites. It included mainly older people accessing occupational therapy and preventive, assessment and care management services. Recipients of both self and traditional assessments were surveyed and 1,862 questionnaires were returned (54%), nearly two-thirds of which came from self-assessees. Socio-demographic data collected in other modules of the study could be linked to the satisfaction questionnaires of 744 respondents. The majority of both self and traditional assessment recipients found their assessment easy to complete and expressed a high degree of satisfaction with their experience. While it would be unrealistic to expect self-assessment to improve user satisfaction, given its commonly high level in the first place, there is every reason to believe that most self-assessment arrangements will not harm user satisfaction either. Measured variables predicted relatively little of the variation in user satisfaction. However, everything else being equal, the completion of an online self-assessment was the strongest predictor of dissatisfaction and difficulty with self-assessment. Asian service users, people with concerns about their memories and/or individuals who rated their health lower also found it more difficult to self-assess. Men and/or people with low mood were less likely to be completely satisfied with their self-assessment (Table 1).

Self-assessment, while undoubtedly widely applicable, may ultimately not be for everyone. In their wish to drive forward the personalisation agenda, policymakers must still leave some room for selectivity. Some user groups are likely to have legitimate reasons for needing extra help during the assessment process, or for having tools tailored to their needs, or indeed for being exempted from self-assessment. Insisting in such cases on unassisted forms of self-assessment would turn the very logic of the personalisation agenda on its head, by reducing rather than increasing users’ control over their care.

Table 1 Predicators of user satisfaction with self-assessment – logistic regression

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Y Difficulty of use (n=659, pseudo-R^2 0.14)</th>
<th>Y Difficulty of use (n=623, pseudo-R^2 0.08)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Odds ratio  95% CI  P</td>
<td>Odds ratio  95% CI  P</td>
</tr>
<tr>
<td>Female</td>
<td>0.7 0.4 1.1 0.11</td>
<td>0.6 0.4 0.9 0.04</td>
</tr>
<tr>
<td>Asian</td>
<td>3.4 1.8 6.4 0.00</td>
<td>1.7 0.8 3.5 0.16</td>
</tr>
<tr>
<td>Memory problems</td>
<td>2.1 1.3 3.5 0.00</td>
<td>1.3 0.8 2.1 0.36</td>
</tr>
<tr>
<td>Low mood</td>
<td>1.5 0.9 2.4 0.12</td>
<td>1.8 1.1 2.9 0.02</td>
</tr>
<tr>
<td>Less than very good health*</td>
<td>6.0 1.6 23.0 0.01</td>
<td>2.4 0.8 7.5 0.12</td>
</tr>
<tr>
<td>Online self-assessment</td>
<td>6.8 3.7 12.7 0.00</td>
<td>5.2 2.8 9.6 0.00</td>
</tr>
</tbody>
</table>

Note: Figures in bold are statistically significant

* Self-reported health poor, fair or good

Self-assessment, while undoubtedly widely applicable, may ultimately not be for everyone. In their wish to drive forward the personalisation agenda, policymakers must still leave some room for selectivity. Some user groups are likely to have legitimate reasons for needing extra help during the assessment process, or for having tools tailored to their needs, or indeed for being exempted from self-assessment. Insisting in such cases on unassisted forms of self-assessment would turn the very logic of the personalisation agenda on its head, by reducing rather than increasing users’ control over their care.
Commissioning and Performance

Martin Knapp, José-Luis Fernández, Julien Forder, Francesco D’Amico, Jacqueline Damant, Margaret Ellis, Paul Freddolino, Cristiano Gori, Catherine Henderson, Tihana Matosevic, Eve Mitleton-Kelly, Margaret Perkins, Tom Snell and Gerald Wistow

The launch in July 2009 of the Government’s Green Paper, *Shaping the Future of Care Together*, added further stimulation and ideas to the debate about the organisation, delivery and funding of social care in England. Members of the PSSRU’s Commissioning and Performance team have been very closely linked with the development of the Green Paper and to the debate more generally.

A technical paper (by Julien Forder and José-Luis Fernández) described the methods and assumptions underlying the newly-developed PSSRU dynamic micro-simulation model used for analysing long-term funding systems gave details of potential and actual users of care, their levels of need, and their income and assets detailed the system of support available, the current funding arrangements and the benefits system looked at costs and the degree to which population need is being met gave an assessment of the current system

A range of other PSSRU research will also contribute to the debate.

Current projects within the C&P programme include:

- **Choice and personalisation**: The high-profile IBSEN evaluation of individual budgets in social care reported in 2008. With our partners in other universities, we are analysing findings further and publishing papers.
- **New care technologies**: We are contributing to the Whole System Demonstrator evaluation of telecare and telehealth in three pilot authorities in England; and developing and evaluating accessible technology for older and disabled people in six European countries within the MonAMI project.
- **Balance of care**: Evaluation of the national Partnership for Older People’s Projects (POPP) is led by Karen Windle (Kent) with LSE support. Evaluations of the local POPP project in Kent and the Brighter Futures initiative in Kent were recently completed. A key theme is the interdependence of costs and benefits of the health and social care systems.
- **Local variations in care patterns**: Local authority data are being used to explore the extent to which local factors (such as need, costs of services, policy priorities and socio-economic characteristics) explain the significant heterogeneity in local patterns of use of social care services in England.
- **Health England**: Modelling possible cost-effectiveness gains for the health system from preventive social care measures for a range of user groups.

Selected publications

Modelling Social Care Reform Options
José-Luis Fernández, Julien Forder and Raphael Wittenberg

The recent growth in social care expenditure in England has been significant. Over the last ten years, for instance, local authority gross expenditure on older people increased by 80% in nominal terms and by 44% in real terms. Such an increase responds to a range of key drivers, which include rises in demand for care linked to demographic patterns, reductions in the availability of alternative sources of support (and in particular of informal care giving) and above general inflation increases in the unit cost of social care services (linked to real rises in wages in the social care sector).

Heavily means-tested, the English social care system concentrates public support on individuals with low financial means and with very high dependency levels, and leaves significant proportions of older people in need of care to purchase care privately, rely on informal care or face unmet need for care.

Ever since the Royal Commission on the Funding of Long Term Care was set up in 1997, PSSRU researchers have made significant contributions to the growing public debate about future funding arrangements for social care. Using a range of modelling methods (including macro and micro, static and dynamic simulation models), they have explored present and future costs and benefits associated with alternative scenarios associated with different assumptions about patterns of disability, care service provision, unit costs and funding systems.

Key such contributions include a large number of scenarios modelled for the Royal Commission, IPR, the EU Commission, the Joseph Rowntree long-term care funding enquiry, and the quantitative and policy analysis of the Kings Fund Wanless Social Care enquiry (managed by PSSRU staff) which advocated more universal support with long-term care needs. Recently, PSSRU researchers have also developed a model exploring future long-term care costs for young people with physical disabilities and for people with learning disabilities.

These key analyses have informed and influenced the Government’s Green Paper on care and support. The PSSRU has provided significant quantitative analytical support to the Green Paper team, using purpose-built aggregate and dynamic micro-simulation models allowing the analysis of longitudinal and distributional implications of alternative funding arrangements. Further analyses are planned which will examine in greater detail key issues for the future of the social care such as likely future patterns of prevalence of disability, availability of social care workforce in the future, and the interrelationship between social care and other related systems (e.g. health care, housing, and pension systems).

After many years looking for a new solution for the funding of long-term care in England, the care and support Green Paper could mark a significant step towards a more universal, more efficient and more fairly distributed financial burden of caring for dependent people.

References
Coordinated Care, Care Management, Service Integration and Partnerships

David Challis, Jane Hughes, Jessica Abell, Michele Abendstern, Kathryn Berzins, Christian Brand, Helen Chester, Val Harington, Caroline Sutcliffe, Sue Tucker, Mark Wilberforce and Cheng-Qui Xie

This programme of work, at PSSRU Manchester, has explored issues relating to the care of vulnerable adults and older people relevant to policymakers, 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 longstanding tradition of research within PSSRU at Manchester into coordinated care for vulnerable adults and older people is evident throughout these studies. 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 which is more tailored to individual choices and preferences, the role of the third sector in care coordination, and the issue of integration between providers of health and social care.

- 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 provides a national overview of case management services for people with long-term conditions and thereby contributes 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 on the balance and mix of care and services, and the effective working of community mental health teams for older people. Our recent national study of community teams had an 88% response rate and offers important insights into the nature of these services. Each area of work involves detailed evaluations alongside the collection of national data to benchmark services.

- The development of the personalisation agenda has important implications for the provision of support for vulnerable older people. A more user-oriented style of care service is required 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


Long-Term Care Coordination for Older People At Home
– Exploring the flexible use of budgets
David Challis, Caroline Sutcliffe, Chengqi Xie, Jane Hughes, Helen Chester and Siobhan Reilly

This is one of two studies within the care coordination research programme to explore recent developments in care coordination arrangements in the light of the personalisation agenda by examining the flexible use of budgets by local authorities. Surveys undertaken in 2006 and 2008 revealed that some authorities had implemented arrangements for the flexible use of budgets in older people’s services in advance of this agenda.

First, information from these surveys identified authorities that had arrangements for the flexible use of budgets, regarded as ‘early adopters’ of this approach. This group was compared with the remaining authorities on aspects of their care management arrangements. Second, telephone interviews were conducted with representatives from these authorities to identify salient factors in the development of flexibility in service provision. The information gathered in the interview included the characteristics of the service, budget expenditure and audit.

Twenty-five authorities were identified as having arrangements for the flexible use of budgets. There were few differences between these and the remaining authorities particularly in respect of a differentiated response to care management. However there was an indication that the former were more likely to have devolved budgets and a more integrated approach to care (particularly in terms of documentation) and were significantly more likely to have introduced a Direct Payments scheme for older people.

Representatives from 22 authorities completed telephone interviews. The majority of flexible schemes were for carers, usually voucher schemes to purchase services or respite care. Older people were the main recipients of schemes for adult service users and most were in the form of grant payments for personal care or one-off purchases. A number of authorities are replacing voucher schemes with pre-paid card systems and transferring existing schemes into Individual Budgets. Further analysis of the data is being undertaken to provide information about the processes and services emerging in local authorities.

The study explored how local authorities are developing arrangements to permit more flexible resources use as part of the process of the personalisation of social care services. It was clear that carers’ services were a major area where flexibility of resource use within the local authority has developed. However, the national evaluation of Individual Budgets (Glendinning et al., 2008) suggested that there was a need for local authorities to develop a wider range of flexible budget approaches to address the requirements of older people using personal budgets. These included alternatives to direct payments such as a ‘virtual budget’ held within the local authority. For such a budget to work effectively requires the local authority to develop considerable creativity and flexibility as to how internally held funding may be spent, to address a variety of solutions to the needs and wishes of people using services. If early adopters indicate that such flexible budgets are predominantly evident in carers services and less in mainstream services then there is considerable work remaining. Flexible budget case management projects have developed such internally flexible budgets in the localities where they were undertaken but the procedural effort and organisational commitment required to produce such flexibility in local authority social services, finance and HR departments in the should not be underestimated.

Reference
Costs, Quality and Outcomes

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

At a time when resources are likely to be increasingly limited, there is a policy emphasis on improving outcomes and quality. If we are to be able to focus our resources where they will be most effective it is important we can identify, measure and monitor costs, quality and outcomes. This programme aims to develop and improve measures, investigate factors associated with variation and enhance the value of both research and routine statistical information for monitoring, evaluative and ongoing policy purposes.

2009 saw the publication of the seventeenth volume of Unit Costs of Health and Social Care, which provides a regular and invaluable source of reference for a wide variety of users, while continuing to develop and improve the basis of the measures. The programme allows us to update research findings, including our own work on expected working lives of health and social care professionals, which both feeds into the estimates of investment costs and provides valuable insights into the current workforce (see opposite). Similarly, the Unit Costs in Criminal Justice project is investigating the work patterns of youth offending teams (YOTs), providing insights into the work of these teams as well as ensuring the full cost implications are reflected in estimated unit costs of sentences and working with young offenders.

We have been helping with the development of the national social care User Experience Surveys (UES) for over seven years. The 2009 Older Home Care UES is the third survey of older home care service users, providing a unique opportunity for longitudinal analysis of people’s changing experience over time. The 2010 Equipment UES will also provide an opportunity to examine changes in experiences of people receiving equipment since 2008, a period during which many councils aimed to transform the provision of this vital service, putting people more in control of the process. Our extension studies provide both individual feedbacks for authorities and more in-depth data about people’s experiences. Similar development work has built on earlier research commissioned by Kent County Council to develop a carer experience survey that councils were invited to conduct in autumn 2009.

From 2011 the UES will be extended to a wider range of services with the aim of covering all service user groups reflecting the objectives of Putting People First (PPF) (Department of Health, 2007). Over the years the focus of the questionnaires has been more on outcomes. Our development work feeding into the PPF UES is building on that and exploring the implications of extending the survey to care homes and the impact of people having help to complete the questionnaire, including the use of advocacy services. We are also linking with the Tizard Centre, who are leading the work on developing an accessible version for people with learning difficulties.

The social care related quality of life (SCRQOL) outcome measure that is being included in the PPF UES has drawn on our other work developing the Adult Social Care Outcome Toolkit (ASCOT). This should be available in the spring of 2010, reflecting the results of both the research conducted under the Treasury funded and ONS led Quality Measurement Framework project (see page 25) and our ongoing HTA-funded Outcomes of Social Care for Adults (OSCA) work. Currently fieldwork is being conducted to validate and test the ASCOT measure with older users of home care services, with a population preference study being conducted to allow us to reflect the relative importance of different aspects of outcome when scoring the measure.
In recent years, retention and recruitment of social workers has been an issue of concern, leading local authorities to adopt a range of creative approaches to encourage people to work and remain in the profession for longer. If these strategies are successful and social workers, once qualified, remain in the profession longer, not only will service users benefit from an experienced workforce, but the overall cost of training social workers will be lower. The length of the working lives of professionals therefore has important implications for the costs of maintaining a qualified work force and for human resource managers and workforce planners.

Our most recent work has been on the expected working lives of social workers and, in recognition of the fact that the social work qualification also equips people to deliver social care in a much wider range of occupations, the social care worker. At eight and 13 years respectively, their expected working lives are shorter than those of health care professionals (see box), resulting in a lower number of years over which to spread the cost of their education (Curtis et al., 2009).

The diagram below provides the breakdown by age band of the proportions working either full or part-time as social workers or in the broader group of social care workers. This shows that in total, 46% of those holding the relevant qualification were working as social care workers and, of these, 25% were working as social workers. The most notable finding, however, was the very small proportion working in social work and social care work in the early age bands (between the age of 21–31). Overall, more men were employed using their qualification than women, and full-time working peaked both for social workers and social care workers in the 46–51 age group. This study has also shown that there is some evidence of social workers leaving to work in other occupations in addition to the more established exit routes for experienced social workers, such as social work education or the family courts (Curtis et al., 2009). Further research is needed to identify the extent of this and the underlying reasons.

**Expected Working Lives of Social Workers**
Lesley Curtis

**Figure 1** Proportions of qualified social workers working in related areas

![Figure 1](image)

**References**


Financing Long-Term Care for Older People

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

- further model updating and development to address policy questions
- modelling the impact of different financing systems within the research councils-funded MAP2030 study
- development of scenarios relating to future supply of informal care
- developing a module of questions on receipt of care, provision of informal care and payment for care, for use in surveys and evaluations, within a collaborative study funded by the DH and Nuffield Foundation
- contributing to a collaborative European study of long-term care systems funded by the European Union

Recently completed work has included:

- contribution to modelling care and support, as part of the MAP2030 project
- an analysis of the life-time costs of care
- a study of informal care by children and young people
- projections of demand for residential care for older people, for BUPA
- a comparison of disability measures across national surveys, for DWP

The first three of these contributed to the Green Paper on care and support.

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 a study of the number of disabled adults who receive informal care from children and young people in England (Pickard, 2009). 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 estimates of the future availability of adult children into the LTCF model, drawing on analyses of the English Longitudinal Study of Ageing.

Key publications

Projections of Long-Term Care Expenditure in England Under Different Assumptions Regarding the Future Balance Between Residential and Home Care
Raphael Wittenberg, Derek King, Juliette Malley, Linda Pickard and Adelina Comas-Herrera

Background

The PSSRU long-term care financing model aims to make projections of future demand for care under a range of scenarios and to contribute to the current debate on the future funding of long-term care. Governments will face challenges in implementing a system of funding long-term care that meets the rising demand for care (HM Government, 2009).

The PSSRU model has been expanded to enable it to handle balance of care scenarios more fully and updated to incorporate, for example, new projections of marital status rates and housing tenure.

Current findings

Office for National Statistics population projections show that between 2007 and 2032 the number of persons age 65 and over in England will increase by 64% from 8.2 million to 13.4 million. A significantly greater increase is likely to be observed amongst those age 85 and over: 136%. The PSSRU model projects that, on base case assumptions, the number of disabled older people (age 65 and over) is expected to rise from 2.4 million to 4.3 million, an increase of 75%. It is this disabled older population that is likely to require long-term care and support.

The model estimates that, under current care patterns, expenditure on long-term care would have to increase from 1.4% of GDP in 2007 to 2.7% by 2032 to meet increased demand and rising real unit costs of care. This represents an increase of 92%. The model also projects that the social care workforce caring for older people would need to increase by 79% in order to meet the rising demand for residential and home care services.

Projections of expenditure are sensitive to various factors, including potential changes in the balance of care between residential and home care (King et al., 2009). This is important because policymakers have in recent years promoted care at home, although there may be limits as to how much of a shift can take place, because of factors such as constraints on the supply of home care under current care patterns.

If it is assumed that there is a 2% annual reduction in the probability of entering residential care, the model projects that the number of older persons in residential care would rise by 13% between 2007 and 2032 as compared to an 86% increase projected under the base case. The corresponding required increase in expenditure would be 72% as compared to 75% under the base case. Contrast this with an assumed 2% annual increase in the probability of entering residential care. In this scenario the number of residential care places would need to increase by 130% as compared to the 86% increase required under the base case, and a 107% increase in expenditure on long-term care would be needed. These expenditure projections are sensitive to assumptions about the relative weekly costs of residential and home-based care.

References

Mental Health Economics and Policy

Martin Knapp, David McDaid, Jennifer Beecham, Derek King, Roshni Mangalore, A-La Park and Andres Roman

Mental disorders are not only devastating for individuals and burdensome for families but also costly for economies, in terms of both service costs and lost productivity. Nevertheless, effective measures have been shown to reduce the burden and costs in both the short and long term. Efforts at local, national and European levels that are (rightly) focused on improving health and quality of life can also significantly reduce costs or improve cost-effectiveness. This is the starting point for PSSRU’s work on mental health policy and practice.

Mental health is high on the policy agenda at both national and European levels. There has always been policy emphasis on promoting general mental wellbeing in the population and addressing the needs of people with identified mental health problems, but the amount of attention has certainly increased in recent years. The European Commission’s Pact on Mental Health and Wellbeing and the Department of Health’s recently launched New Horizons strategy both build in part on previous PSSRU findings, and offer an agenda for future work.

The Mental Health Economics and Policy (MHEP) programme at LSE seeks to generate knowledge of what works, for whom, in what context and with what resource implications. Recent UK-based work includes research on links between debt, mental health and costs; the economic advantages of early intervention for psychosis; the cost-effectiveness of anti-stigma campaigns; promotion and prevention and how an economic case can be made for action; housing services; evaluations of interventions for dementia; age discrimination in mental health services; assessment of the long-term economic consequences of behavioural and emotional problems arising in childhood; the costs of autism; and collaborative work on the development of a dementia-specific QALY (Quality Adjusted Life Year) tool.

At the international level the MHEP programme includes numerous EC-supported projects, including: DATPREV, which is grading the quality of the evidence base for mental health promotion and prevention in Europe; OSPI, looking at the effectiveness and economic impact of area-based suicide prevention programmes in Europe; EuroCoDe, looking at methodological developments and estimates of informal care costs for people with dementia; HELPS, exploring the physical health of residents of psychiatric and social care institutions; and e-DESDE, developing electronic standard coding and mapping of long-term care services. MHEP team members are also involved in ongoing work to promote mental health in the workplace to support implementation of the EC Mental Health Pact, and collaborating with international partners, led by the Mental Health Commission of Canada, to look at the impacts of recession on mental health.

The PSSRU team works to strengthen the links between research and policy, ensuring that our research is relevant and our findings widely accessible.

Selected Publications


See www.pssru.ac.uk
Promotion and Prevention
Martin Knapp and David McDaid

The scarcity of resources relative to needs and demands leads inevitably to some difficult choices which economic analysis aims to support. Techniques such as cost-effectiveness analysis are concerned with the link between human and other resources expended and subsequent problems averted and outcomes achieved. A long-term theme of the Mental Health Economics and Policy programme at PSSRU has been the exploration of the cost-effectiveness of treatments, service arrangements and policy approaches. An increasing amount of our work is focusing on promotion and prevention. Three examples are given.

Review: As part of the work of MHEEN (Mental Health Economics European Network), a systematic review identified evidence on the cost-effectiveness of mental health promotion/mental disorder prevention interventions across the life course. It was complemented by a bespoke questionnaire on the use of economic evaluation in this area, completed for many European countries (Zechmeister et al., 2008). While it remains the case that comparatively few economic evaluations have been conducted, what is available suggests that there is potential for some highly cost-effective interventions, particularly for children and adolescents and in the workplace.

Suicide prevention: As well as recently starting a major European project on the effectiveness and cost effectiveness of area-wide suicide prevention programmes (the OSPI project, led by the University of Leipzig), an economic evaluation was completed of the Scottish national suicide prevention strategy ‘Choose Life’. The economic evaluation took the form of a threshold analysis, seeking to identify the minimum level of effectiveness, in terms of suicides averted, needed for the intervention to be considered cost-effective. The model found that if just five suicides were avoided (there were more than 800 suicides and deaths of undetermined cause in Scotland in 2004), then not only would the strategy be highly cost-effective but actually cost-saving, as the averted losses of employment-related productivity would be greater than the costs of investing in the programme. If a highly conservative reduction of just 1% in suicides was achieved per annum, then costs of up to almost £11 million might be avoided. This compared with annual costs of less than £6 million to run the strategy.

Early intervention: The onset of psychosis in adolescence or early adulthood is associated with disruption of education, low rates of post-school training, poor educational outcomes, impoverishment of social life, poor social functioning, lower-than-average employment and marriage rates, and higher-than-average rates of receipt of disability pensions. One response across many countries has been the development of early intervention (EI) services; this has been a policy emphasis in England. But are they worth the investment? We modelled the cost associated with EI compared to usual care. A considerable cost difference in favour of EI services (perhaps as much as 35%) was found over one year, largely due to lower hospital readmission rates (McCrone et al., 2009). There was a smaller cost advantage over three years.

References


Recent policy documents, most notably the Green Paper *Shaping the Future of Care Together* (HM Government, 2009), continue to stress the importance of good quality housing and care options for older people. 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 for Older People Research Network, which meets two to three times a year to discuss new developments and emerging findings.

Much of the programme’s work is focused on extra care housing, which has been an important area of investment by local and central government and the third sector over the past few years. All 19 of the new-build extra care housing schemes (including three villages) which we are evaluating are now open and running. The schemes received funding from the Department of Health’s Extra Care Housing Fund in 2004/5 and 2005/6, and over 1800 residents have moved into these schemes. The main evaluation is collecting information about the views of all residents as they move in and the characteristics of people who have any care and support needs on moving in or who develop such needs while there. We are assessing how these needs change, the level of support needed, and residents’ quality of life six and 30 months after they moved in. This, together with information about the capital and running costs of the schemes, is providing a unique picture of this important development.

Further linked but separately funded work is enhancing the value of this, notably the *Social Well-Being in Extra Care Housing* project funded by JRF which reported this year (see opposite). The EPSRC-funded *Evaluation of Older People’s Living Environments (EVOLVE)* study, which is developing an approach to evaluating the design of housing for older people, has completed the main fieldwork stage, with plans in 2010 to validate and test the tool. Further work funded by Thomas Pocklington Trust will use similar methods in two other new schemes, both benefiting from the main evaluation data as a basis for comparison and providing particular insight into the role of extra care housing in supporting people with visual impairment.

Care homes continue to play an important role in housing and care of older people. The *Care Home Residents’ and Relatives’ Expectations and Experiences* study, jointly funded by the Department of Health and the Registered Nursing Home Association, has completed data collection and will be reporting during 2010. A study has also been commissioned by Kent County Council investigating what is currently affecting *Admission Risk to Care Homes (ARCH)*, with a view to identifying what types of intervention are likely to be most effective in helping people to remain in their own homes.

Together, these studies are providing us with important insights into the resource-intensive end of the spectrum of care and support for older people. The data from these studies will help feed into the evidence base for both evaluating current provision and developing future policies in this critical area.

Reference

Social well-being in extra care housing
Lisa Callaghan, Ann Netten and Robin Darton

There is increasing interest in extra care housing as a way for older people to continue to live independently while receiving care and support, and having increased opportunities for social interaction. Communal and social facilities are often provided in the schemes, with the aim of addressing social isolation and building community.

This research investigated the social well-being of older people moving into 15 new-build extra care housing schemes, including two villages, focusing on the first year after opening. The schemes support residents with a range of levels of disability, as well as providing facilities and services for members of the local community.

Key findings and implications Most residents, in both smaller schemes and villages, experienced good social well-being, with almost all making new friends. We asked a number of questions about well-being and activities: 85% felt positively about their social life, and did not feel lonely; 75% were fully occupied in activities of their choice, and were not bored; and 70% took part in an activity at least once or twice a week.

Communal facilities, in particular restaurants and shops, were important for facilitating social well-being and friendship development, particularly in the early stages of the development of schemes. It is important these are in place as soon as schemes open.

Social activities were valued by residents and helped friendships to develop. Resident involvement in organising social activities gives them ownership over their own social lives, supports their independence and encourages others to join in. This should be encouraged from an early stage, but adequate staff time and resources for supporting social well-being is also crucial, both when schemes first open and over time as some residents become frailer.

Those residents who felt socially isolated and lonely were more likely to be in poorer health and receiving care. Their health and mobility problems made it harder for them to get involved socially, as did receiving care at particular times. However, when staff or volunteers were employed to help residents get around the scheme and participate socially, these barriers could be overcome. Schemes should ensure that such supports are put in place and that care delivery is as flexible as possible.

Conclusions The main limitation of the study was that it may have under-represented the views of the most frail people living in extra care. Nonetheless, the findings suggest that with well targeted use of resources extra care can provide an environment supportive of older people’s social well-being.
Developing evidence to improve adult social care practice: the NIHR School for Social Care Research

Background

A ministerial announcement in 2008 set out plans to set up a National Institute for Health Research (NIHR) School for Social Care Research. The School formally began work in May 2009. It has a budget of £15 million over five years. Its main aim is to develop the evidence base for adult social care practice in England and so improve the quality of care and support services.

The School is a partnership between six leading centres of social care research in England: the new School is directed by Martin Knapp (PSSRU Director at LSE); and the other two PSSRU Directors, David Challis and Ann Netten, are two of the five Associate Directors of the School. The other three Associate Directors are: Caroline Glendinning (Social Policy Research Unit, University of York), Jill Manthorpe (Social Care Workforce Research Unit, King’s College London) and Jim Mansell (Tizard Centre, University of Kent).

Aims

The most important aim of the NIHR SSCR is to conduct and commission high-quality (‘world class’) research to produce new knowledge (including, where appropriate, reviews and syntheses of existing evidence) to inform the development of adult social care practice. Among the questions the School will try to answer are how users of care services can be given more control and greater choice, how unpaid carers can find a better balance with their working lives, whether there are better ways of commissioning services and whether social care meshes effectively with health care and other services.

The School is consulting with a wide range of people interested in social care – whether as users, unpaid carers, paid practitioners, providers, managers, strategic decision-makers or researchers. One reason is to identify areas where new research evidence could help to improve practice and so improve people’s lives. The School is also working with its Advisory Board and its User, Carer, Practitioner Reference Group to develop research ideas and to ensure wider involvement in the projects that are funded.

Commissioning new research

The School is now commissioning research projects with a clear element of originality, and which have relevance for the improvement of adult social care practice in England. Further calls for proposals are expected in 2010 – details will be provided on the School’s website.

NIHR SSCR Annual Conference – 30 March 2010

The School’s first annual conference will take place on 30 March 2010 at the LSE. The event will focus on key themes in adult social care practice research.

The conference is open to all, with a small registration fee. Further full details including conference programme and registration processes are available on the NIHR SSCR website, www.lse.ac.uk/collections/nihrsscr
London, 8–11 September 2010

**International Conference on Evidence Based Policy in Long-Term Care**

The conference aims to provide a forum for exchanging the latest international evidence on key long-term care policy topics, such as how to organise, deliver, fund and regulate services. The emphasis of the event is therefore on evaluative research with clear impact on policy.

Topics include
- long-term care economics
- service commissioning
- regulation
- institutional dynamics and politics
- workforce and informal carers
- analysis methods in long-term care

We are seeking abstracts on evidence-based research undertaken in LTC policy.

Where possible, contributors are encouraged to highlight the international relevance of their research, either in terms of the evidence used in the analysis and/or of the topics and implications of the work.

Abstracts should be submitted online: www.lse.ac.uk/collections/PSSRU/events/ltc2010conf/callforabstracts.htm

**Deadline for abstracts:** 30 April 2010

**Early bird registration ends:** 30 May 2010

**Deadline for registration:** 1 July 2010

**We look forward to meeting you in London!**

José-Luis Fernández and Cristiano Gori,
on behalf of the organising committee

Conference website: www.lse.ac.uk/ltcconference2010
email ltcconference@lse.ac.uk

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These lectures are open to all – registration is required. Please email pssru@lse.ac.uk to register.

**KT Social Care Project Lecture, 12 April 2010, 1030–1200**

**Supporting the use of research evidence in social care management and policymaking:**
**Lessons from the health sector**

The lecture will be given by Dr John Lavis as part of the KT (Knowledge Translation) Social Care Project, which aims to improve links between research bodies, such as PSSRU, and social care organisations, users, practitioners, carers and policymakers.

Venue: LSE (U8, Tower 1)
www.lse.ac.uk/collections/PSSRU/events.htm

**LSE Health and Social Care Annual Lecture, 17 May 2010, from 1800**

**Trust, transparency and care**

Sir Christopher Kelly will talk about the challenges facing health and social care following the 2010 general election.

Venue: LSE (New Theatre)
http://tinyurl.com/yhv3968
Services for Children and Young People
Jennifer Beecham, Eva Bonin, Ruth Puig-Peiro, Madeleine Stevens and Glenys Harrison

Focusing on children and young people who have additional needs and who use specialist services, this PSSRU research programme brings an economic perspective to studies of service provision and use of services. There is a poor evidence base and today's economic climate will mean increasing budget constraints giving greater impetus to demands for evidence on costs, cost-savings and cost-effectiveness. This research programme comprises three core areas: services for disabled children, child and adolescent mental health services and exploration of the health and social care interface. It includes seven linked research projects undertaken with other institutions and the economic component for two five-year programmes funded by the National Institute for Health Research and two programmes funded by the Department for Children, Schools and Families.

Health and social care policy for children and young people has two main strands: early intervention to prevent childhood problems becoming more serious in adolescence and adulthood, and provision of good quality accessible supports for those with high needs. Typifying the prevention strand is our research on the economics of parenting programmes. Parenting programmes have a high policy profile and are considered to be good investment for the future (by averting subsequent high costs) as well as supporting families today. Parenting programmes can be delivered in many ways – from leaflets and advice to area-wide interventions. Our research with the National Academy of Parenting Practitioners research arm has found more than a 100-fold variation in parenting programme costs.

Other research focuses on multi-agency services. Transition teams, for example, aim to help young people with disabilities move from child to adult services (see below) and can help prevent young people becoming ‘lost’ to services, thus improving their outcomes in adulthood. We are also collaborating with researchers at the Centre for Housing Policy at the University of York to evaluate the cost-effectiveness of better supports for teenage mothers.

The research programme on Services for Children and Young People also includes economic studies of services for young people with very high needs or serious conditions. One example is research undertaken with the Institute of Psychiatry Eating Disorders Unit, including contributions to a five-year NIHR-funded research programme and cost-related studies of web-based or email-supported treatments (see below), intensive in- and out-patient therapies, carer supports and the innovative multi-family day treatment. Diagnosis, transition and interventions for children and adults with ADHD or ASD are the focus of the second NIHR programme. Both of these conditions can have long-lasting economic consequences for the individual and health and social care budgets.

The Service for Children and Young People Research programme takes a much-needed economic approach to evaluating services for vulnerable children and young people. The paucity of costs and cost-effectiveness evidence means that our findings will make an important contribution to children’s policy today, as well as that for tomorrow’s adolescents and adults.
Recently Completed Research

**Transition from child to adult services** for children with disabilities or complex health needs can be a particularly difficult period for children and families alike. A three-year project undertaken with researchers from the Social Policy Research Unit (SPRU) at the University of York investigated the arrangements for multi-agency transition across England, their implementation, the outcomes, funding and costs. The report has been submitted to the Department of Health and includes a chapter on the costs of these transition teams and the associations between costs and the services’ and families characteristics. This work continues over the next two years by looking at transition support for children and young people with autistic spectrum disorders (ASD).

Again undertaken alongside researchers from SPRU, recently completed research funded by the Youth Justice Board (YJB) includes a report on the costs of providing **specialist intensive foster care** for young offenders through the YJB pilot programmes compared with usual custodial sentences.

Adoption continues to have an important role in social services’ support for children in need. A three-year project funded by the Department for Schools, Children and Families and undertaken with researchers at the Universities of Bedfordshire and Bristol provided an opportunity for PSSRU to identify the costs of adoption teams nationally, the costs of supports used while the children are linked and matched with their adoptive families, and the costs of support post-adoPTION. Findings from the national survey are to be published by the British Association for Adoption and Fostering this year:


Some recently published articles


Reporting research undertaken with members of the Eating Disorders Research Unit at the Institute of Psychiatry, this paper shows that a web-based intervention generated improvements in eating disorder symptoms alongside reductions in use of formal services and lower family expenditure on bulimia-related items (such as food and medication). These improvements were maintained over six months.


As part of our research on post-transition support, and using existing literature and databases, we aimed to identify the treatment pathways for young adults in the year after injury. The findings allowed us to identify four groups. The least expensive, costing around £240 per person per year in health and social care, form the largest proportion and rarely have longer-term disabilities. The most expensive group is likely to include young adults who were the most severely injured and require specialist 24-hour supported accommodation; average costs are around £34,000 per person per year.


A detailed prospective cohort study of eight child and adolescent psychiatric inpatient wards found that mean admission costs were £24,000 but varied considerably; for the 131 young people the admission duration ranged between 10 and 325 days. Following inpatient admission the young people could be treated by community mental health services, and the costs of their support prior to and following their in-patient stay were found to be similar.
National Evaluation of Partnerships for Older People Projects
Karen Windle

Within the Partnerships for Older People Projects (POPP) 29 local authorities and their health and voluntary sector partners were funded by the Department of Health between 2006 and 2009. They were to develop services for older people aimed at promoting their health, well-being and independence, and preventing or delaying their need for higher intensity or institutional care. The complex and multi-method national evaluation explored the process of implementation as well as the outcomes and found that a wide range of projects resulted in improved quality of life for participants and considerable savings as well as better local relationships.

- In total the 29 sites pilot sites set up 146 core local projects, with a further 530 small upstream projects commissioned from the third sector.
- Over a quarter of a million people (264,637) used one or more of these services.
- The reduction in emergency hospital admissions resulted in savings, to the extent that for every £1 spent on the POPP services, there has been an average £1.20 additional benefit in savings on emergency hospital stays.
- A standardised questionnaire, administered prior and post a sample of POPP projects, explored the impact of POPP on users’ health-related quality of life. Those receiving practical help (projects that included small housing repairs, gardening, limited assistive technology and shopping) reported a 12% increase in their health-related quality of life, with the same increase reported by users that took part in interventions providing exercise. Smaller improvements (4%) were reported by users involved with projects offering community support, proactive case coordination and specialist falls programmes (3%–4%). A very slight deterioration (less than 2%) was found in people involved in projects offering hospital discharge and complex care, but these individuals still fared better than the comparative sample.
- All local projects involved older people in their design and management, although to varying degrees, including as members of steering or programme boards, in staff recruitment panels, as volunteers or in the evaluation.
- Improved relationships with health agencies and the voluntary sector in the locality were reported, although there was some difficulty in securing the involvement of GPs.

Further information
The full report, appendices and summary reports can be downloaded from the PSSRU website (see below).
The report authors and core evaluation team were:
Karen Windle, PSSRU, Kent; Richard Wagland, University of Southampton; Julien Forder, PSSRU, Kent and LSE; Francesco D’Amico, PSSRU, LSE; Dirk Janssen, University of Kent; Gerald Wistow, PSSRU, LSE.

POPP findings launch event
The evaluation findings were launched on 18 January 2010 by the Secretary of State for Health, when Karen Windle from the PSSRU presented key messages from the evidence collected.
The launch and findings were widely reported. The Guardian discussed the report under the headline ‘The cast-iron case for preventive care’ and Community Care (11 February) has an assessment of the report, which it calls ‘of great interest’, and the background and implications of the POPP projects.
The following publications from the evaluation are available to download from www.pssru.ac.uk
Summary
Final report and appendices
Interim report (October 2008)
Quality Measurement Framework: Measuring the outcomes of low-level services
James Caiels, Julien Forder, Juliette Malley, Ann Netten, Karen Windle and Elizabeth Welch

Measurement of the quantity and intensity of publicly-funded service provision is routine. However, on its own this information cannot tell us about the value of those services. People benefit from the consequences of service use, not from services per se. Assessing how well public resources are used therefore requires us to measure the impact of services.

The central contention of this work is that the impact of social care services is measured in terms of how they improve the quality of life or wellbeing of service users. The definition of a good service then depends on the degree to which it improves wellbeing.

The Adult Social Care Outcomes Toolkit (ASCOT) breaks down the concept of wellbeing into nine quality of life domains, with an emphasis on measuring people's capability to achieve good experiences in each domain. The aim of the work was to assess whether the ASCOT methodology is valid and reliable as well as being practical and minimally burdensome, compared to alternative approaches that could be taken.

The study fieldwork consisted of a self-completion survey of 961 people using day care and a follow-up interview with 224 of these people. The principal aim of the research was to develop and validate a low-burden approach to measuring the impact of low-level services, specifically day care centres.

Overall, the ASCOT outcome measure performed well against validity and reliability tests. We found that ASCOT did detect wellbeing improvements as resulting from the use of home care, day care and informal care, as expected. The ASCOT also showed convergent validity in that it was correlated with independent measures that ought in theory to be related, which in this case were satisfaction ratings, ADL need levels, and service quality indicators.

There are many applications of ASCOT and the outcomes data it generates.
- It can be used to inform cost-effectiveness considerations by examining which types of services improve outcomes within each domain.
- It can aid outcomes-based commissioning by allowing commissioners to measure outcomes.
- It can be used by regulators and commissioners to monitor service performance in addition to current quality ratings.
- The data can be used to adjust adult social care in the national accounts.
- It can help service users to determine what it is they want to gain from service use and which services are, therefore, best suited to them.
Modelling Ageing Populations to 2030 (MAP2030)

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

The Long-Term Care Finance team are conducting a study **Modelling Needs and Resources of Older People to 2030 (MAP2030)** in collaboration with researchers at the University of East Anglia, University of Leicester, London School of Hygiene and Tropical Medicine, London School of Economics and Pensions Policy Institute. This study is funded by the Research Councils under their *New Dynamics of Ageing* programme. Through modelling the needs and resources of older people to 2030, the study aims to produce analysis to inform public debate and the development of future long-term care and pension policy up to 2030.

The project uses simulation models to project the numbers, family circumstances, income, pensions, savings, disability and care needs (formal and informal) of older people. Special attention is given to the inter-relationships between care needs and economic resources in later life, and to the affordability, and distribution of costs and benefits. For the first time, long-term care and pensions policy reform options are analysed together.

The research team recently analysed the effect of changes in life expectancy on public expenditure on long-term care. They had prepared projections of public expenditure to 2032 using the PSSRU cell-based financing model and the University of East Anglia Caresim microsimulation model.

The analysis considered three demographic projections: the ONS principal 2006-based population projection; the ONS high life expectancy 2006-based projection; and a very high life expectancy projection produced by Professor Mike Murphy of LSE as part of the MAP2030 study. The high life expectancy projections show numbers of older people rising by 71% and very high life expectancy projections show them rising by 77% between 2006 and 2032, as compared to 66% under the principal projection.

Public expenditure on long-term care for older people (including disability benefits used to fund care) is projected to rise under the principal projection from around 0.95% of GDP (£12bn) in 2007 to around 2.9% of GDP (£32bn) in 2032. It is expected to rise, as illustrated in the chart, to 3.05% of GDP in 2032 under the high life expectancy projection and 3.25% of GDP in 2032 under the very high life expectancy projection.

It is important to note that these findings are projections on the basis of a set of assumptions and not forecasts. They assume, for example, that disability rates remain constant, patterns of care remain unchanged, the funding system is unchanged and unit costs of care rise by 2% per year in real terms.

**Figure 1** Projected public expenditure on long-term care for older people under different life expectancy variants, per cent of GDP

Expenditure as a percentage of GDP

Projections illustrated: principal projection (bottom); high life expectancy (middle); very high life expectancy (top)
Performance Measurement in Adult Social Care: A comparative analysis of social care organisations

Paul Clarkson, Sue Davies, David Challis, Michael Donnelly*, Roger Beech† and Takayuki Hirano‡

PSSRU Manchester, along with colleagues from Queen’s University, Belfast and Keele University, have been involved in a large-scale project investigating performance measurement approaches in adult social care as part of the Economic and Social Research Council’s Public Services Programme. This programme of work, across sectors such as social care, education, the NHS and transport, is looking towards disseminating research findings as to what counts as successful performance monitoring and the challenges involved in this monitoring. The PSSRU project is examining the links between local performance (through, for example, the use of specially created ‘bespoke’ measures) and the national ratings that have existed (for example, Performance Assessment Framework and Star Ratings). The project began in November 2006 and lasts until March 2010. The project aims to:

- discover whether there are variations in the way local social care organisations have monitored their performance
- examine the relationships between how measures are used in organisations and how they were rated in national performance reporting
- observe what can be learned from other countries about the construction and use of measures to monitor local performance.

The project has conducted a national survey of both managers in older people’s services and performance ‘leads’ throughout English social care organisations and comparable personnel in Health and Social Care Trusts in Northern Ireland. A comparison with Japan will also shed light on the use of local performance measures in a system where national ratings and competition between units does not exist as it has done in England.

Findings from the national surveys are now being disseminated widely. It has been found that there is variation in the way social care organisations in England monitor their performance. Some authorities have focused predominantly on the national measures mandated through inspection agencies, while others have developed local measures, created especially to assist them in running the service.

Multivariate analysis (analysing the impact of various factors, controlling for others, on performance) shows that one of the most important drivers to obtaining a good ‘star’ rating was management strategy – particularly a ‘prospector’ strategy that continually searches for new opportunities and is an innovator (Miles and Snow, 1978). As Figure 1 shows, the resources available to authorities (measured by the ‘Formula Spending Share’) were also associated with the probability of obtaining a good star rating although much less so.

Figure 1 The probability of receiving social services star ratings (2007) according to the resources of authorities

Reference

National Trends and Local Delivery in Old Age Mental Health Services

David Challis, Sue Tucker, Mark Wilberforce, Michele Abendstern, Christian Brand, Val Harrington, David Jolley, Martin Knapp*, Graham Dunn†, Robert Baldwin‡ and Sean Lennon‡

This programme of research at PSSRU Manchester, funded by the National Institute of Health Research and run in partnership with Manchester Mental Health and Social Care Trust, focuses on improving the evidence base to help local practitioners and planners decide on the most appropriate and cost-effective ways to care for older people with mental health problems. More specifically it aims:

- to identify patterns of national variation in the range, delivery and organisation of services
- to explore the costs and benefits of different models of Community Mental Health Teams for Older People (CMHTsOP)
- to identify whether, how, and at what cost the mix of institutional and community-based services could be improved

The programme will use a wide range of research methods, including literature reviews, national surveys and in-depth investigations of services in selected localities.

Results to date

The first strand of the programme – a national survey of CMHTsOP – is now complete. Replies were received from 376 teams (88%), and preliminary analysis has focused on the degree of service integration between health and social care agencies and across professional disciplines. The findings suggest that progress is being made on some national standards, including the availability of key staff, access arrangements and assessment procedures (DH, 2001; DH & CSIP, 2005):

- Whereas in earlier surveys only half of teams had social workers as core team members, and a third had psychologists, our data suggest that these proportions have increased to two-thirds and a half respectively;
- Eighty-eight per cent of teams now have a single point of access compared to 60% in 2004; and
- Seventy per cent use the same assessment documentation compared to 34% in 2004 (Tucker et al., 2007).

However, some aspects of joint working have proved more elusive:

- Health and social care staff were able to access each other’s records in just 32% of teams; and
- Health staff were able to directly commission local authority services in only 15% of teams.

Furthermore, there was less evidence of joint working in those teams managed by a nurse (compared to managers from other professional groups), teams in rural areas and teams covering more than one local authority area. The reasons for this are complex, and will be the subject of more detailed exploration.

References


New Projects

These two pages highlight some of our current, recently completed and planned work. Others are mentioned in the news section on pages 4–5. For a more comprehensive outline of the PSSRU programme of research with a listing of publications, see the section starting on page 32.

Measuring the Impact of the Workforce on Productivity in Care Homes

The PSSRU at Kent has been commissioned by Skills for Care UK to follow up the ‘Measuring Quality in Care Homes’ study which formed part of the Treasury funded Quality Measurement Framework (QMF) project. This project aimed to develop a method of measuring the outputs of care homes that reflected the changing needs of care home residents and the quality of homes over time.

The emerging results of this project are looking promising and Skills for Care UK have asked the PSSRU to test the sensitivity of QMF quality measures to additional inputs, specifically to workforce learning and development inputs. The key objectives of the study are to establish:

- whether a link exists between skills levels, qualifications and other characteristics of the workforce and quality (based upon the data gathering and analysis undertaken as part of the QMF project)
- the strength and nature of the relationship between quality ratings and specific workforce characteristics (i.e. higher levels of qualification, pay etc.)
- the extent to which additional factors may influence, distort or skew the relationship between workforce inputs and quality/outcomes

Our exploratory work suggested that homes would be happy to take part in a telephone survey. These telephone interviews, now completed, collected:

- items of information available for all homes that are also collected for the NMDS-SC, including pay rates, turnover and social care relevant qualifications
- information about resources available for training, level of in-service training provided, relevant accreditations such as IiP, and other factors relevant to workforce development and support

This should permit an analysis that includes key aspects of the model for most homes in our sample (actual numbers depending on response rates).

The data collection took place in parallel with the analysis required for the QMF project and was completed at the end of February 2010. A report summarising the outcomes from the feasibility study is available now and the final report will be available at the end of April 2010.

Project team: Ann Netten, Elizabeth Welch, Julie Beadle-Brown (Tizard Centre, University of Kent), Karen Windle

Evaluation of Supported Housing Pilot for Teenage Parents (SHPTP)

Funded by the Department for Children, Schools and Families, this project is a collaboration between the Centre for Housing Policy, University of York, BMRB Social Research, and PSSRU at LSE. This evaluation focuses on the Supported Housing Pilot for Teenage Parents (SHPTP), and aims to assess the effectiveness of enhanced support packages in terms of the impact on outcomes for teenage parents and provide greater understanding of what the key components of an enhanced support package should look like. The LSE component, led by Martin Knapp and Jennifer Beecham, involves assessing the cost effectiveness/value for money of each pilot authority’s enhanced support package delivery model.

Admission Risk to Care Homes (ARCH)

Kent County Council Social Services Department has commissioned the PSSRU at Kent to examine admission risks to care homes in Kent. The particular concern is to investigate the final ‘triggers’ which lead to admission, in order to inform the commissioning processes for arranging accommodation for residents of care homes. Phase 1 of the project concerns care for older people, and a further study, concerning care for younger adults, will be considered at a later date.

The reasons reported in general surveys of admissions do not necessarily identify the precipitating factors leading to admission. This study aims to produce an up-to-date picture of the reasons for admission through a three stage process. The first stage will review existing evidence, through a review of the recent literature and other studies of admissions, and a comparison of the data collected in previous PSSRU surveys. The second stage will identify recorded triggers to admission in Kent, drawing on (anonymised) information on the circumstances of admission from case files for people admitted to care homes in Kent over a period of 12 months. The third stage will identify interventions and the scope for prevention of these admissions in discussions with groups of practitioners, drawing on the evidence from the first two stages, in order to examine alternative forms of care to admission to a care home, and assess the suitability of such approaches, using their professional judgement.

Project team: Robin Darton and Diane Fox

KT (Knowledge Transfer) Social Care

The project is a two-year collaboration between PSSRU at LSE and the Social Care Institute for Excellence (SCIE) with the overall aim of improving links between research bodies, such as PSSRU, and social care organisations, users, practitioners, carers and policymakers. The project seeks to do this through improving dialogue between the different agencies and across government, ensuring greater involvement from service-users, practitioners and policymakers in the research process, and disseminating research findings through a range of media to a large number of different audiences. The LSE team comprises Martin Knapp, Julien Forder, David McDaid and Tihana Matosevic.
**Evaluations of two Extra Care Schemes for Thomas Pocklington Trust**

Thomas Pocklington Trust provides housing, care and support for people with sight loss in the UK, and has recently opened two extra care schemes aimed specifically for people with sight loss. The first scheme was opened in Birmingham in January 2008, and the second was opened in Plymouth in June 2009.

Thomas Pocklington Trust has commissioned the PSSRU at Kent to extend the evaluation of extra care schemes supported by the Extra Care Housing Fund (see page 18) to include the two new schemes. Data are being collected using selected questionnaires developed for the main evaluation, amended to record information on sight loss.

Reports drawing on the data collected for Pocklington Place and Pocklington Rise, and in the main evaluation and associated studies, will be prepared for Thomas Pocklington Trust. More general articles and presentations on the research on extra care will draw on the findings, in order to raise the profile of sight loss and highlight the role of housing in supporting people with sight loss.

**Project team:** Robin Darton and Theresia Bäumker

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**Putting People First**

The Department of Health is looking to develop a new social care user experience survey (UES) for 2010/11 to be consistent with the principles and goals of Putting People First (PPF). The PPF survey will be used by national and local governments to monitor the quality of their services and to inform policy and practice. The survey will build on the success and methods of the national UESs that have been running since the turn of the millennium, but the aims of the PPF survey are more ambitious. The DH envisages that this survey will include all users of social care services. This includes groups who have not been surveyed in previous UESs such as residents of care homes, people with learning disabilities and, in the longer-term, self-payers.

Social care is often provided to people who are vulnerable and have a range of needs that may make it more difficult for them to take part in surveys. Therefore it is important to consider carefully how to approach service users and how best to involve them. This study is in four parts and will focus on three particular groups: people who have had help to complete previous questionnaires and do not live in an institutional setting, people who live in care homes and people with learning disabilities. These groups have been chosen because of their importance: more than 50% have help to complete the UES, and care homes and people with learning disabilities have not been included in previous surveys so little is known about how to engage with these groups in this context. The studies will be exploratory in nature and aim to gather information to generate guidance for conducting the PPF survey and to help interpret findings.

**Project team:** James Caiels, Julien Forder, Ann Netten, Juliette Malley, Nick Smith, Ann-Marie Towers and Jane Dennett

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**Differing Approaches to Healthcare Support for Residents of Care Homes**

Older people living in care homes are some of the most vulnerable in our society. They experience high levels of morbidity, including significant undetected and treatable conditions. Improved clinical assessment and management can enhance resident quality of life and can also contribute to better care processes such as reduction of inappropriate hospital admissions and improved prescribing. However, they have variable degrees and levels of access to appropriate medical care services. The project, funded through BUPA Giving, seeks to identify and clarify the different approaches and models to provision of clinical assessment and management of needs, the costs of so doing and the likely costs and benefits of different approaches. This provides a basis for evaluation of the relative benefits and cost effectiveness of different approaches.

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**Money for Medication**

Led by Queen Mary University of London with funding from the Health Technology Assessment programme, this project aims to establish the effectiveness and cost effectiveness of using financial incentives (MiM) to improve adherence to anti-psychotic maintenance medication in patients with poor adherence when conventional methods to achieve adherence have failed through a cluster randomised controlled trial. The LSE component is led by Martin Knapp.

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**Ensuring Effective use of Research Evidence**

This project, funded by the National Police Information Authority, involved conducting a systematic mapping review to identify, assess relevance and quality, categorise and summarise resulting literature in respect of both barriers and facilitators to the use of research evidence in policy and practice in the public sector, and where available specifically in relation to policing. This project was led by David McDaid.

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**Assessment and Resource Allocation in Social Care**

PSSRU at Manchester will undertake this study building upon the very substantial programme of work undertaken in relation to assessment and care planning processes. These include an RCT of comprehensive assessment of older people; evaluation of the Single Assessment Process; evaluation of Self assessment Projects (Challis et al., 2008); and studies of assessment and care planning processes in care homes, including tool development.

The personalisation agenda has indicated the potential utility of mechanisms which can identify indicative personal budgets from needs-related characteristics. Such resource allocation approaches as have been currently developed are specific to each local authority and are based upon very small numbers of cases in the analysis. As a consequence any allocation is potentially subject to a wide error, and variations between authorities may be increased affecting equity. The approach will involve modelling the statistical relationships between personal characteristics, as recorded and measured in standard assessment tools, and subsequent allocation of costs and care packages. Data will be collected across a representative sample of local authorities to ensure that the model developed is generalisable and validated with stakeholder groups of agency staff and service users. The outcome will be a better understanding of resource allocation between service users, proving a basis for a more transparent method in the future relevant to the Common Assessment Framework.
NEW PROJECTS

Home Treatment for People with Dementia

This study, in conjunction with Prof. Martin Orrell and colleagues from UCL, Bangor and Hull as part of an NIHR Programme Grant, will develop and evaluate and implement a home treatment approach to intensively support and manage people with dementia experiencing crises at home, and prevent admissions to hospital or care homes. A systematic review of the literature looking at care management and crisis resolution approaches aimed at maintaining people with dementia at home is currently underway.

SOCIOnICOL

SOCIOnICAL is an Information and Communication Technologies Project funded under European Seventh Framework Programme (FP7), aiming to develop Complexity Science based modelling, prediction and simulation methods for large scale socio-technical systems. This is a joint project with the LSE’s Complexity Group, led by Margaret Ellis.

BUPA Analyses

The PSSRU Long-Term Care Finance team at LSE, led by Raphael Wittenberg, undertook analyses for BUPA looking at key elements in the future demand and supply of long-term care in England.

Psycho-Educational Insomnia Workshops

Funded by the NIHR Biomedical Research Centre, and led by the Institute of Psychiatry, King’s College London, this project aims to examine clinical effectiveness and health economic aspects of psycho-educational insomnia workshops for members of the public, using an RCT design. The LSE component of the work is being led by Jennifer Beecham.

Children’s Services Research

Jennifer Beecham is collaborating on a number of new research projects with colleagues at other institutions, including the evaluations of the Staying Put 18+ Pilot Programme led by Loughborough University, research on transition to adult services and adulthood for young people with autistic spectrum disorders (led by the University of York) and research coordinated by the Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO).

Avoiding Injuries to Children

Funded by the National Institute for Health and Clinical Excellence and led by PenTAG at the University of Exeter, this project aimed to locate, review and synthesise international comparative analyses or surveys looking at current practice and innovative approaches to prevent unintentional injuries to children and young people under 15, with particular reference to the home, road and wider environment. David McDaid and A-La Park at LSE were involved in identifying, summarising and critically reviewing reports and surveys for opportunities for comparative analysis or synthesis, and to develop some principles for identifying potential lessons for the UK.

Child Care Reforms in Europe: Lessons for Italy

Led by Dr Cristiano Gori at LSE, this project aims to examine national reforms in child care in European countries since the mid-nineties, compare the outcome of different reforms and draw lessons for the design of new child care policies in Italy. This project is funded by the Collegio Carlo Alberto, Italy.

Developing Improved Survey Questions

The Department of Health and the Nuffield Foundation have commissioned a study to develop improved questions to be used in surveys and economic evaluations concerning older people’s receipt of formal and informal care, payment for formal care services and provision of informal care. The study is being conducted by PSSRU at LSE and the University of Kent in collaboration with the Health Economics Group at the University of East Anglia and the National Centre for Social Research. The study began in May 2009 and will be completed in June 2010.

The overall aim of the research is to produce modules of questions on receipt of care services and related benefits, payment for care services and provision and receipt of informal care which would be suitable for use in population surveys that cover community-based care and in economic evaluations. The modules, it is envisaged, would be of value for the new Health and Social Care Survey and the English Longitudinal Survey of Ageing.

Home Care Services for Older People in the United Kingdom

PSSRU at LSE were asked by the BBC to prepare an overview of the home care industry in the UK for a Panorama programme broadcast in April 2009. Aggregate estimates of the volume and costs of care provided were derived from government figures, research literature and survey datasets. To reflect the considerable variability in the availability and accuracy of data, figures in the full report were presented separately by country and source of funding. The work was led by José-Luis Fernández and Tom Snell.

Evaluation of the Kent INVOKE POPP Programme

The Kent POPP programme, Independence through the Voluntary Action of Kent’s Elders (INVOKE), was one of the 29 Partnerships for Older People Projects sites. (See page 24 for information on the PSSRU-led evaluation of the national programme.) The PSSRU was commissioned by Kent County Council to evaluate the programme, which started in May 2007 and ended in March 2009.

Among the findings:

- users 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 INVOKE projects
- take-up of state benefits increased: across all users, the mean overall take-up was an additional £243 per year

The full report of the evaluation and a summary document can be found on the PSSRU website.

PSSRU staff involved in this project were Margaret Perkins, Martin Knapp, Karen Windle, Dirk Janssen, Kate Ellis and Cate Henderson.
RESEARCH PROGRAMMES AND PUBLICATIONS

Current Research Programmes and Recent Publications

These pages list publications by PSSRU authors (often in collaboration with colleagues at other institutions) generally since the previous PSSRU Bulletin in December 2008, 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

Changes in the quality of life of people with dementia living in care homes
Alzheimer Disease and Associated Disorders, Advance Access, June 2009, doi: 10.1097/WAD.0b013e318194f1e

Comprehensive assessment of older people: analysis of the logic of multidisciplinary working in the Single Assessment Process in England
Challis, D., Abendstern, M., Clarkson, P., Hughes, J. and Sutcliffe, C. (forthcoming)
Ageing and Society

Discussion Paper M178, PSSRU, University of Manchester

Enhancing the Efficiency of Effectiveness in Assessment in Community Care. Vol. III: Self Assessment Pilot Projects: Innovation, Implementation and Sustainability
Discussion Paper M179, PSSRU, University of Manchester

Has social care performance in England improved? An analysis of performance ratings across social services organisations
Policy Studies, 30, 4, 403–422

National performance measurement and local performance management: the case of local authority social care in England

Performance Measurement in Adult Social Care: Looking Backwards and Forwards
Clarkson, P. (2009)

Reliability of needs assessments in the community care of older people: impact of the single assessment process in England

Self-Assessment in Community Care: Are Service Users Satisfied?
Discussion Paper M214, PSSRU, University of Manchester

We need to ‘talk’: Communication between PCTs and other health and social care agencies following the introduction of the Single Assessment Process for older people in England
Primary Healthcare Research and Development

Services for Children and Young People

Programme leader: Professor Jennifer Beecham
See pages 22–23 for information on work in this programme.

Recent publications from this programme

Adoption Agency Linking and Matching: A Survey of Adoption Agency Practice in England and Wales

Cognitive-behavioural therapy for adolescents with bulimic symptomatology: the acceptability and effectiveness of internet-based delivery
Behaviour Research and Therapy, 47, 729–736

Cost variation in child and adolescent psychiatric inpatient treatment
Beecham, J., Green, J., Jacobs, B. and Dunn, G. (2009)
European Child and Adolescent Psychiatry, 18, 535–542

Do adolescents with ‘eating disorder not otherwise specified’ (EDNOS) or full-syndrome bulimia nervosa differ in clinical severity, co-morbidity, risk factors, treatment outcome or cost?
International Journal of Eating Disorders, 41, 498–504

Effective and Efficient Use of Resources in Services for Children and Young People with Speech, Language and Communication Needs
Lindsay, G., Desforges, M., Dockrell, J., Law, J., Peacey, N. and Beecham, J. (2008)
DCSF Research Report RW053, Department for Children, Schools and Families, London

Health economics and psychiatry: the pursuit of efficiency

Investing in improvement: the costs and impacts of a quality improvement programme in mental health communities
Journal of Health Services Research and Policy, forthcoming

Keyworkers and schools: meeting the needs of children and young people with disabilities
European Journal of Special Education, 23, 3, 189–205

The National Dementia Strategy: potential costs and impacts
Beecham, J. (2009)
In L. Curtis (ed.) Unit Costs of Health and Social Care 2009, PSSRU, University of Kent, Canterbury
Transition pathways for young people with complex disabilities: exploring the economic consequences
Child: Care, Health and Development, 34, 4, 512–520
Treatment paths and costs for young adults with acquired brain injury in the United Kingdom
Brain Injury, 23, 30–38

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

Recent publications from this programme
Analysing the costs and benefits of social care funding arrangements in England: technical report
Forder, J. and Fernández, J. (2009)
PSSRU Discussion Paper 2644, PSSRU, LSE, London
www.pssru.ac.uk/pdf/dp2644.pdf
Care costs: the public’s view
Fernández, J. and Poole, T. (2009)
Community Care, 21 May
Gearing up for personalisation: training activities commissioned in the English pilot individual budgets sites 2006–2008
Social Work Education, 29, 3, 319–331
How can European states design efficient, equitable and sustainable funding systems for long-term care projects for older people?
World Health Organisation, Copenhagen
International Journal of Public Administration, Summer
Safeguarding and system change: early perceptions of the implications for adult protection services of the English individual budgets pilots – a qualitative study
British Journal of Social Work, 38, 1465–1480
Joining up government by integrating funding streams? The experiences of the Individual Budget pilot projects for older and disabled people in England
Vouchers in social policies in Belgium, France and UK: possible implementations in Italy
University of Genoa and PSSRU, LSE, London

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
Balancing institutional and community-based care: Why some older persons can age successfully at home while others require residential long-term care
Healthcare Quarterly (Longwoods Review), 12, 2, 95–105
Care management arrangements for people with physical and sensory disabilities: results of a national survey
Research Policy and Planning, 26, 2, 87–100
Discussion Paper M203, PSSRU, University of Manchester
Case management for long-term conditions: implementation and processes
Reilly, S., Hughes, J. and Challis, D. (forthcoming)
Ageing and Society
Evaluation of the Individual Budgets Pilot Programme
Social Policy Research Unit, University of York, York
Evaluating Active Case Management in Greater Manchester
Discussion Paper M185, PSSRU, University of Manchester
Gearing up for personalisation: training activities commissioned in the English pilot Individual Budgets sites 2006–2008
Social Work Education, 28
How Does Your Team Work? An Investigation of Joint Working and Integration within Community Mental Health Teams for Older People
Discussion Paper M213, PSSRU, University of Manchester
Individual budget projects come under the microscope
Mental Health Today, January, 22–26
Integrating mental health services for older people in England – From rhetoric to reality
Journal of Interprofessional Care, 23, 4, 341–354
Modernising social care services for older people: scoping the United Kingdom evidence base
Ageing and Society, 29, 497–538
Patterns of commissioning, contracting, and care management in older people’s social care services in England
Discussion Paper, M215, PSSRU, University of Manchester
Recruitment and Retention of a Social Care Workforce for Older People
Discussion Paper M193, PSSRU, University of Manchester
Supporting People with Dementia at Home. Challenges and Opportunities for the 21st Century
Ashgate, Aldershot
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
UK self-care support initiatives for older patients with long-term conditions: a review  
_Chronic Illness_, 5, 56–72

**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**

- Changing patterns of male and female nurses’ participation in the workforce  
  _Journal of Nursing Management_, 17, 843–852
- Long-term care and hospital utilisation by older people: an analysis of substitution rates  
  Forder, J. (2009)  
  _Health Economics_, 18, 11, 1322–1338
- Measuring outcomes of social care for adults  
  _Research Policy and Planning_, 27, 2
- National Evaluation of Partnerships for Older People Projects: Final Report  
  PSSRU Discussion Paper 2700, PSSRU, University of Kent, Canterbury
- National Evaluation of Partnerships for Older People Projects: Appendices to the Final Report  
  PSSRU Discussion Paper 2701, PSSRU, University of Kent, Canterbury
- Outcomes of Social Care for Adults (OSCA). Interim findings  
  PSSRU Discussion Paper 2648, PSSRU, University of Kent, Canterbury
- The costs of change: a case study of the process of implementing individual budgets across pilot local authorities in England (2010)  
  Jones, K. and Netten, A.  
  _Health and Social Care in the Community_, 18, 1, 51–58.
- The Expected Working Life of a Social Worker  
  _British Journal of Social Work_, Advance Access published April 1, 2009
- The Individual Budgets Pilot Projects: Impact and Outcomes for Carers (2009)  
  Glendinning, C., Arksey, H., Jones, K., Moran, N., Netten, A. and Rabiee, P.  
  University of York and University of Kent, DHP Working Paper 1902
- The Organisation and Content of Home Care Re-ablement Services: Interim Report  
  Report to Department of Health, SPRU, University of York
- The Short-term Outcomes and Costs of Home Care Re-ablement Services  
  Report to Department of Health, SPRU, University of York
- Unit Costs of Health and Social Care 2009  
  Curtis, L. (2009)  
  PSSRU, University of Kent, Canterbury

**Long-Term Care Finance**

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

**Recent publications from this programme**

- Calibrating disability measures across British national surveys  
  (2009)  
  Jagger, C., Matthews, R., King, D., Comas-Herrera, A., Grundy, E., Stuchbury, R., Morciano, M., Hancock, R. and the MAP2030 team  
- 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, PSSRU, LSE, London
- 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, PSSRU, LSE, London
- Informal Care for Older People Provided by their Adult Children: Projections of Supply and Demand to 2041 in England  
  Pickard, L. (2008)  
  Report to the Strategy Unit (Cabinet Office) and the Department of Health, PSSRU, LSE, London
  Pickard, L. (2008)  
  Report to the Strategy Unit (Cabinet Office) and the Department of Health, LSE, London
- 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  
  Pickard, L. (2007)  
  PSSRU Discussion Paper 2420, PSSRU, LSE, London
- Paying for Long-Term Care: Potential Reforms to Funding Long-Term Care  
  Paper for the House of Commons Health Committee Inquiry on Social Care, www.lse.ac.uk/collections/MAP2030/docs/MAP2030_HSC%20report%20131109F.pdf
- Projecting long-term care expenditure in four European Union member states: the influence of demographic scenarios.  
  _Social Indicators Research_, 86, 2, 303–321
- Sources of Informal Care: Comparison of ELSA and GHS  
  Pickard, L. (2008)  
  PSSRU Discussion Paper 2598, PSSRU, LSE, London
- Strategies for improving the quality of long-term care services in the UK  
  _EuroObserver_, 9, 2, 7–8
**RESEARCH PROGRAMMES AND PUBLICATIONS**

**Housing and Care**

**Programme leader:** Professor Ann Netten

See pages 16–18 for information on this programme.

**Recent publications from this programme**

- Costs and outcomes of an extra care housing scheme in England: Baumker, T., Netten, A. and Darton, R. (forthcoming) *Journal of Housing for the Elderly*

**Mental Health Economics and Policy**

**Programme leader:** Professor Martin Knapp

See pages 16–17 for information on this programme.

**Recent publications from this programme**


**Economic impact of early intervention in people at high risk of psychosis**


**Economic impact of services for first-episode psychosis: a decision model approach**


**Economics in schizophrenia**


**Equity in mental health and mental health care in Britain: Concept, definition and empirical evidence**

Mangalore, R. (2009) VDM Verlag Dr. Müller

**European network for promoting the physical health of residents in psychiatric and social care facilities (HELPs): background, aims and methods. Study protocol**


**Financial incentives to improve adherence to anti-psychotic maintenance medication in non-adherent patients – a cluster randomised controlled trial (FIAT)**


**Health economics and psychiatry: the pursuit of efficiency**


**Health-Related Quality of Life (HRQL) and Continuous Antipsychotic Treatment: 3-year Results from the Schizophrenia Health Outcomes (SOHO) Study**


**Housing services for people with mental disorders in England: patient characteristics, care provision and costs**


**Impact of psychotic relapse definitions in assessing drug efficacy and costs: comparison of quetiapine XR, olanzapine and paliperidone ER**


**Integrating mental health into primary care in Sverdlovsk**


**Making an economic case for prevention and promotion**


**Making the Economic Case for Injury Prevention and Safety Promotion: A Systematic Review of the Literature**

Mental health economics, mental health policies and human rights

Mental wellbeing of older people: making an economic case

Neuroleptics in the treatment of aggressive challenging behaviour for people with intellectual disabilities: a randomized controlled trial (NACHBID)

Outcome measures used in forensic mental health research: a structured review

Performance assessment in mental health services

Rehabilitation and social inclusion of people with mental illness in Russia (2010)

Residential services in Europe – findings from the DECLOC study

Study Protocol: Optimising suicide prevention programs and their implementation in Europe (OSPI-Europe): An Evidence-Based Multi-Level Approach

The economic cost of autism in the UK

The effectiveness of technology-based patient education on self-reported deprivation of liberty among people with severe mental illness: A randomized controlled trial

The case for suicide prevention: an economic perspective

The treatment of challenging behaviour in intellectual disabilities: cost-effectiveness analysis

UK cost-consequence analysis of aripiprazole in schizophrenia: diabetes and coronary heart disease risk projections (STAR study)

Validity of the Eating Disorders Examination–Questionnaire when used with adolescents with bulimia nervosa and atypical bulimia nervosa

Other recent publications

Bridging knowledge: reflections on crossing the boundaries between long term care and support

Complaints: finding a positive and productive approach
Pyrah, M., Byrne, J., Hilton, C. and Jolley, D. (2008) British Journal of Hospital Medicine, 69, 6, 312–313

Copying letters to older people in mental health services – policy with unfulfilled potential

Developing the evidence base for adult social care practice: The NIHR School for Social Care Research

Economic evaluation of arthritis self management in primary care

Economics and new strategies for funding and financing

Innovation in a backwater: The Harpurhey Resettlement Team and the mental health services of North Manchester, 1982–1987

Long term care and hospital utilisation by older people: an analysis of substitution rates

Memory Clinics in Context

Reaching and Keeping people with dementia in primary care

Seeing Patients with dementia through to the end of life

Service users’ and carers’ views of the Named Person provisions under the Mental Health (Care and Treatment) (Scotland) Act 2003
RECENT BOOKS, REPORTS AND MONOGRAPHS

See the PSSRU website for an up-to-date searchable catalogue of PSSRU documents, including the full text or abstracts of discussion papers, journal articles, books and reports.

The website also includes summaries of current research projects, links to short project outlines and research summaries, and back issues of the email newsletters Research Bites and Research Focus.

Links between economic crisis and mental health

Demand for treatment for mental health problems has increased recently as people struggle to cope with unemployment, debt, home repossession, threat of redundancy and other difficulties caused by the recession. A report from LSE, the Royal College of Psychiatrists and the NHS Confederation’s Mental Health Network – Mental Health and the Economic Downturn: National priorities and NHS solutions – focuses on the impacts of the recession on mental health, and warns against ‘short-term gain for longer-term pain’. The report, published in November 2009, sets out ways of making mental health services more efficient without adversely affecting patient care.

www.lse.ac.uk/collections/PSSRU/pdf/mental_health_downturn121109.pdf
Royal College of Psychiatrists Occasional Paper OP70

Autism costs the UK more than £27 billion a year

The care and support of individuals with autism is costing the UK over £27 billion a year, finds new research. Of this, £2.7 billion goes towards supporting children with autism spectrum disorders (ASDs), with £25 billion allocated to the care of adults.

Economic cost of autism in the UK

Unit Costs of Health and Social Care 2009

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.

The 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 the report starts with a preface which discusses new developments and introduces a guest editorial (by Ian Shemilt and Miranda Mugford) and three brief articles. The guest editorial discusses how systematic reviews and economic evaluations of interventions inform health and social care policy and practice.

The three articles
- present the costs of support organisations for people with direct payments and personal budgets
- describe the work of the Social Care Institute for Excellence on economics and the importance of valuing unpaid care
- describe the National Dementia Strategy published in 2009 which aims to ensure significant improvements are made to dementia services

The 2009 edition is available in full at the PSSRU website. Printed copies are available from the librarian at the PSSRU in Canterbury, price £42. 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 2008 volume and £4 each for previous years (when ordered with the current volume). All prices include post and packaging.
Supporting People with Dementia at Home Challenges and Opportunities for the 21st Century
David Challis, Caroline Sutcliffe, Jane Hughes, Richard von Abendorff, Pamela Brown and John Chesterman (2009)

This book details a groundbreaking study of an intensive care management scheme designed for older people with dementia that are at risk of entry into residential care. The authors use a quasi-experimental approach to compare how the individuals on the mental health team in one community were matched to a similar community without the service. They analyse the evidence focusing on the eventual placement of the individual suffering, the quality of care they receive, and also the needs of their carers.

This book offers valuable evidence about the factors which can maximise the independence and well being of older people with dementia, from the perspective of older people and their carers. For those who commission services, it is highly relevant to service models for the National Dementia Strategy in England. More information and ordering details are on the Ashgate website.

Equity in Mental Health and Mental Health Care in Britain:
Concept, definition and empirical evidence
Roshni Mangalore (2009)
VDM Verlag Dr. Müller, ISBN 978-3639201109, 176 pages, £62.00

Equity in mental health is an important social goal. The need for developing concepts, theories and methods appropriate for measuring equity in this field has been recognised by many. This book addresses these issues by developing a conceptual structure to define equity in mental health and by analysing data from three national psychiatric morbidity surveys for Britain.

Handbook on Third Sector European Policy:
Multi-level processes and organized civil society
Edited by Jeremy Kendall (2009)

See the Edward Elgar website for details on this new book from Jeremy Kendall, Visiting Fellow at the PSSRU at LSE.

RECENT BOOKS, REPORTS AND MONOGRAPHS

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See the Edward Elgar website for details on this new book from Jeremy Kendall, Visiting Fellow at the PSSRU at LSE.
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