

PROCESSES AND EXPERIENCES: USER AND PRACTICE PERSPECTIVES

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Key Questions

- How were processes of identifying needs and providing support undertaken?
- What were the implications of these for staff?
- What were the training and safeguarding issues which emerged?
- What were users' views and experiences?
- What were the perspectives of providers?

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Structure

Three foci:

- Social Care Processes (DC)
- Training, safeguarding and user experience (MS)
- Provider perspective (MW)

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Social Care Processes

An overview of the ways in which:

- a) Need was identified
- b) Levels of support identified and agreed
- c) Support plans developed, monitored and reviewed
- d) Issues for future development emerged

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Methods

Interviews with first line managers in each site

Interviews with sample of care managers in each site

Care manager weekly diary sheets

Care manager job satisfaction data

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Eligibility and Access

- Formal eligibility criteria remained in place in relation to access to social care
- No real impact on FACS
- Decisions whether to offer an IB determined by factors such as ability to manage money, capacity, understand arrangements
- Some increased uptake by some people in mental health services

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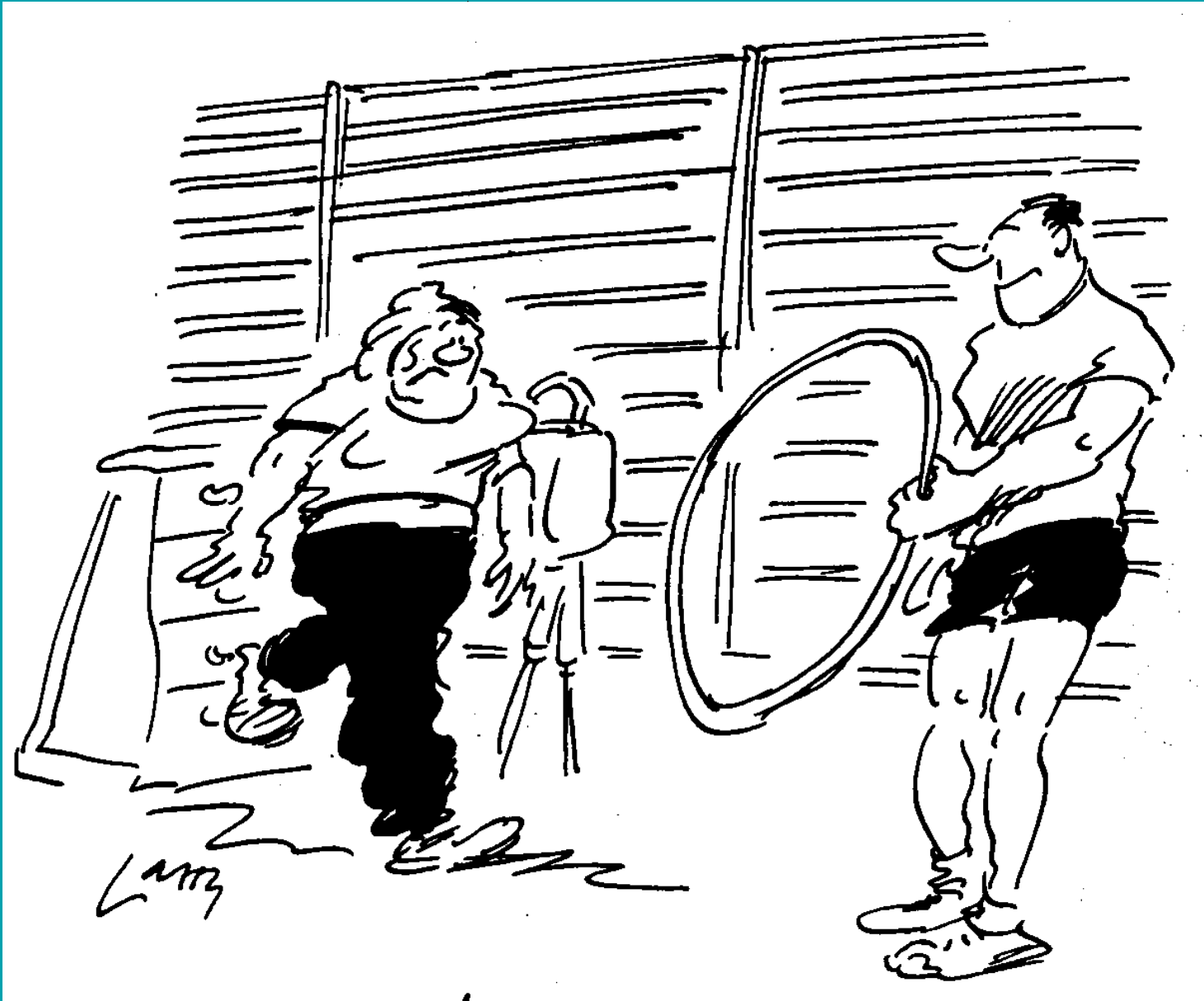
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Identifying Need/ Assessment

- Processes not greatly changed in pilots but growing use of self assessment and outcomes focus
- Assessment frequently involved self/mediated assessment as well as community care assessments.
- Mediated assessments often through family, care managers and other professionals
- Integration of information from several different sources (SA, CCA, carers, other agencies) increased

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More information rather than additional hoops

Allocating Resources

- In most (not all) sites Resource Allocation System (RAS) tool was developed
- RAS itemised different kinds of help/need and translated into a sum of money for the budget
- RAS and Assessment information often subject to panel scrutiny to make final decision
- Some concerns about sensitivity and validity of such tools, despite apparently greater clarity. May also give inappropriate incentives (“points mean pounds”)

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Support planning and arrangements

- IB frequently offered as a direct payment, other approaches less evident.
- Often involved considerable input from care managers given opportunity for greater flexibility of response. Assist in setting priorities and identifying solutions
- Limited role of external agencies, used more for service arrangement than support planning
- Very limited integration of funding from other sources than social care in to budgets (Like personal budgets). Only Supporting People funding integrated to any extent.

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Support Planning Content

- Much of expenditure was directed to meet personal care needs
- Differing views as to what were boundaries of legitimacy and acceptability in use of social care funds
- Balance between care needs and leisure needs was a concern

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Monitoring and Review

Monitoring and review systems in most sites were no different to those for people receiving conventional social care support, and these varied.

Differences lay in a focus on:

- a) whether the support was being delivered as intended (rather than the quality of outcomes), or
- b) as a means of reviewing resource allocation in the light of outcomes

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Care Manager Time Use

Comparing those Care Managers with IB users on caseload with those without, the IB group spent more time in:

- Completing assessment documents with people using services
- Discussing care options
- Care Planning and arranging services
- Training

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Staff Job Satisfaction

Using a standard set of questions about job satisfaction (Karasek, 1979) there were few differences between care managers with IB users and those without.

However, those with IB users expressed more satisfaction in relation to perceived user/ worker relationship.

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Some Key Issues

- Findings raise need for flexible deployment of personal budgets within care management; a challenge for LAs – (Challis et al., 1995, 2002a,b)
- Need for clarification of the boundaries of legitimacy in spending and use of budgets
- Further work needed on methods of determining resource allocation which meets criteria of equity, sensitivity, specificity, reliability and validity (simple tools not yet validated)
- Potential developing roles of new care management and brokerage agencies

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Training, risk and user experiences

Martin Stevens

Social Care Workforce Research
Unit

Resourcing and managing training

- Hugely variable resources (dependent on scope of initial implementation)
- Much staff time needed in addition to cash
- Broad need for training
 - Frontline staff and first line managers
 - Service users and carers
 - Senior managers
 - Other agencies

Approaches to training

- System change or training – which comes first?
- Start from where people are
- Clarifying roles of care coordinators
- Overcoming cynicism
- Informal support complements training
- Plans to embed IB/personalisation training into workforce development

Specific areas of training needed

- Overall philosophy
- Assessment
- Support planning
- Brokerage
- Knowledge of services
- Practical aspects of IBs
 - employing staff and managing finances
 - the financial aspects of support planning
 - managing risk

Positive risk taking

We actually need to point out to service users, 'Maybe the reason we don't want you to do that is because you could get hurt, and we can see it'. But again, it's about risk learning. You know, it's positive risk taking. And we're not good at that. And so that's fear for us.
(Care Coordinator, Mental Health)

Perceived areas of risk

- Poorer quality services
- Service users being overwhelmed by the need to manage the IB
- IB used inappropriately and unproductively
- Hiring suitable and firing unsuitable workers
- More open to physical and financial abuse
- Managing employment
- Loss of collective 'voice'

Managing risk

- Safeguarding policy developing
- Deployment options used to minimise identified risk
- Risk enablement panels
- Risks addressed in assessment and support planning
- Developing new approaches to monitoring risk for ongoing support plans
- Training service users and staff
- Transfer of responsibility?

Reactions to taking control

- 'I don't want anything different'
- Anxiety or unwillingness to manage money
 - Carers are all laid on for me at the moment and I haven't got the time and I haven't got the brain really to work out financial details or anything like that, and I'm quite happy with the arrangement I've got. (Older person)
- Able and willing to handle finances without stress
 - so I thought, right, well I can do this cheaper myself so ... I went to a smaller, cheaper and far superior agency. (Older person)

Use of mainstream services

- IB inadequate to purchase much else
- Fear of losing hard won services
- Security and continuity of care
- More shopping around
- More flexibility over use of agency hours

Increase in control and consistency

‘I could have the same person, develop a relationship with them and it would improve my quality of life because it would mean that I would be able to get out into the community, whereas that wasn’t offered with the previous care package.

(Person with physical disability)

Greater flexibility

That's all they recognise, just your personal care, being washed and, and all that and the end of, you know, and other things are so much more important to your wellbeing'
(Older person)

'It's given me more say and I can do more'
(Person with a physical disability).
(being able to take her sister on holiday as a carer)

The experiences and views of providers and commissioning managers

Mark Wilberforce

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Structure to my part

1. Method
2. Impact on provider services
3. The challenges ahead for providers
4. A new role for local authorities?

Method

- Interviews with 16 providers
 - chosen as having **most engagement in the pilots**
 - Mix of provider type and characteristics
- Commissioning managers from 7 sites.
- Data collected is a mix of actual experience and expectations for future.

Impact on providers – current service levels

- Evidence of clients leaving through PA route
- But some reported new opportunities
 - Personal budgets good for quality providers
 - Prospects for new business.
- Generally confident of market position: ‘it’s a false worry’

Impact on providers – new types of care

- Not just personal care anymore
- ‘Banking’ hours for special activities
- Short-notice care and choice of carers
- Some found little change. Why?
 - Takes time for people to ask for new things
 - IB amount insufficient without sacrificing very basic care
 - Flexible care already provided without IBs

The challenges for providers

- Rostering
- Recruitment and retention of staff
 - Losing staff to PA opportunities
 - But more rewarding job?
- Training
 - Risk management
 - Harder to plan ahead
- Invoicing and non-payment

'We have spent year after year after year brainwashing our carers. "Stick to the Care Plan, don't do this, don't go outside this, do this," ...

... this is a totally different, almost alien way of working'

Provider, homecare agency

‘The administration costs will be terrible... chasing a hundred different invoices for payment...a nightmare from their point of view’

Commissioning manager

New role for local authorities

- Informing the market of supply and demand
- Supporting providers through change
- Promoting standards
- Efficiency vs personalisation?

Final remarks

- Engage providers early (but not an easy task)
- Opportunities to be had for providers...
- ...but change might come with some cost;
- Much still undecided or unclear