

Evaluation of the Individual Budgets Pilot Programme

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Individual budgets (IBs)

- Central to the government's ambition to **'modernise'** social care ...
- ... at the heart of the **'personalisation'** agenda ...
- ... to promote **choice**
- 2005 – Cabinet Office Strategy Unit report; and Social Care Green Paper
- Build on experiences with:
 - Direct payments
 - In Control
- July 2005 – invitation to English LAs to be pilots
- The purpose of today: What did we find from the evaluation of the pilots? What can we learn?

Why emphasise choice?

- Long-standing **social work commitment** to self-determination for under-privileged individuals and families – i.e. empowerment ...
- ... to encourage services to be **responsive to individual needs and preferences**
- Hence, belief that **user/carer outcomes** will be better
- Social care emphasis on **roles of families and communities**
- **Community development** principles – stressing key roles of local communities, social capital etc
- **Citizenship** agenda (ground-level politics)

More reasons to emphasise choice ...



- **Rights-based** advocacy by and for service users
- **Universalism** – with an IB, everyone could be assigned a fair level of funding, regardless of how they far they want to exercise choice, and regardless of their ‘user group’
- **Flexibility** – IBs would offer different levels of control, and it ought to be straightforward to add new entitlements, budget streams etc
- **Political support:**
 - from the Right - encouraging accountability; market-like allocations
 - from the Centre Left – encouraging public confidence, local understanding, social inclusion

So why hasn't choice been promoted?



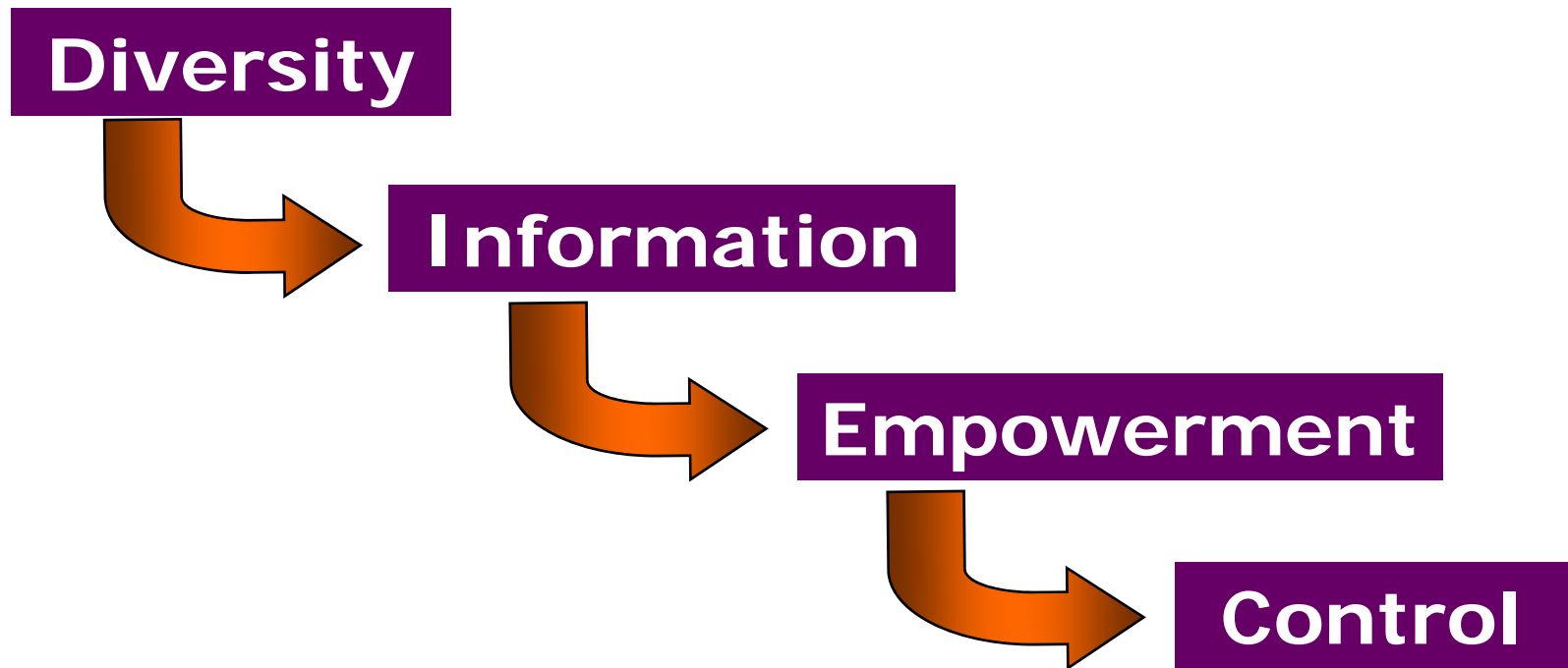
- **Vulnerability:** People who need social care are vulnerable and unable to make key decisions: Can they articulate their needs? Can they recognise and respond as needs change?
- **Technological complexity:** Some services are complex and only skilled professionals understand them. (Hence little talk of IBs to include the NHS until recently)
- **Brokerage:** ... and the under-developed market in skilled advice
- **Fear of exploitation:** Risk of exploitation of service users by unscrupulous providers - who are better informed about technologies than are users ('asymmetric information')
- **Monopoly power:** Risk that a few providers will corner the market (whereas public sector commissioning can fight this ...)

... more reasons why choice hasn't been promoted



- **Protectionism:** Public sector managers, front-line staff and current providers fear for their jobs/livelihood
- **Quality regulation:** ... is harder/more expensive
- **Outcomes:** Hence – from the above – concern that user/carer outcomes will be worse, though this obviously begs the question as to what constitutes an ‘outcome’, and whether process (choice, control) is allowed to ‘trump’ more functional impacts (conventionally defined met needs)
- **Accountability:** Large amounts of taxpayers’ money are spent on social care; we need to know (and control) how it is spent
- **Cost:** Concern that choice will be expensive – cannot reap the advantages of block contracts.

Operationalising choice

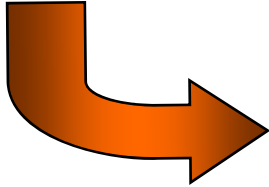


through policy

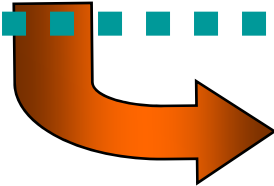
Operationalising choice

Promoting the mixed economy of provision,
c.1980 - 96

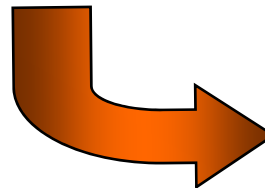
Diversity



Information



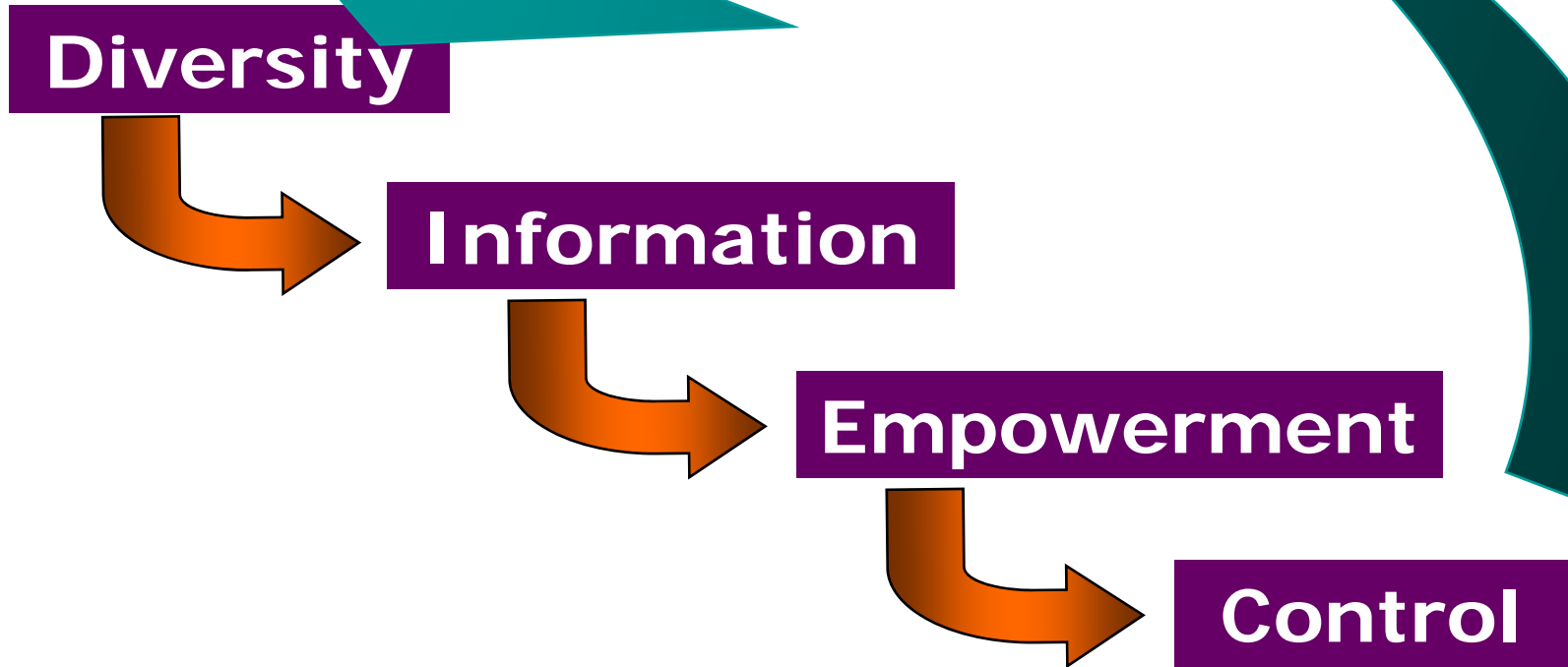
Empowerment



Control

Promoting the mixed economy of purchasing, 1997 -

Operationalising choice



Principles underlying IBs



- A greater role for service users in **assessment** of their needs.
- Individuals should be aware of the **resources** available to them before planning how their support needs would be met. Use of a Resource Allocation System (RAS) was recommended.
- Test opportunities to integrate resources from several **funding streams** into a single IB.
- Simplify and integrate/align multiple **assessment processes and eligibility criteria**. But adult social care should be the gateway to an IB.
- Encourage individuals with an IB to identify the **outcomes** they wish to achieve and the ways to achieve them.
- **Support individuals** as they plan how to use their IBs – including information on costs and availability of service options.
- Experiment with different options for **deploying IBs** (ways of managing and using the money).

Potentially pooled funds

£

£

£

£

£

- **Social care** (LA adult care)
- **Supporting People** – housing-related (CLG)
- **Independent Living Fund** - for disabled people (NDPB)
- **Disabled Facilities Grant** – home adaptations for disabled people (LA)
- **Access to Work** – for disabled people (DWP)
- **Integrated Community Equipment Service** – people in need (DH)

£

£

£

£

£

Deployment options

Considerable local and individual flexibility

- Cash direct payment
- Care manager-held 'virtual budget'
- Service provider-held 'individual service account'
- Third-party individuals and trusts

Pilot sites (1-6)



Physical/sensory impairment, learning disability	1 Long-term conditions, 1 Learning disability (LD), 1 Review team, 1 Intake team	AtW, ILF, SP
Physical/sensory impairment, learning disability, older people	1 Occupational Therapist (OT), 2 Older People (OP), 1 Hospital, 1 Physical Disability (PD)/HIV under 65, 1 LD	AtW, DFGs, ICES, ILF, SP
Mental health	4 Mental Health (MH)	AtW, ILF, SP
Older people	10 OP, 1 OP/MH, 1 Hospital team	DFGs, ICES, ILF, SP
Physical disability, learning disability, mental health, older people	1 OP, 1 LD, 1 PD, 1 MH	AtW, DFGs, ICES, ILF, SP
Physical disability, learning disability	1 lead team working on IBs	AtW, DFGs (later in pilot), ICES, ILF, SP

Pilot sites (7-13)



Physical disability, learning disability, older people	2 OP/Disability (not LD), 1 Sensory Impairment (SI), 1 LD	AtW, ICES, ILF, SP
Physical disability, learning disability, mental health, older people	All teams: 5 MH, 1 vulnerable adults, 1 LD, 1 SI, 3 OP.	AtW, DFGs, ICES, ILF, SP
Older people	6 OP, 3 LD, 3 PD	AtW, DFGs, ICES, ILF, SP
Physical disability, learning disability	1 PD, 2 LD	AtW, DFGs, ICES, ILF, SP
Transitions, learning disability, older people	1 Transition, 1 Review (PD, LD, MH)	DFGs, ICES, ILF, SP
Transitions, physical disability, learning disability, mental health	3 LD, 1 PD, 1 SI, 1 children's, 4 MH	AtW, DFGs (later in pilot), ICES, ILF, SP
Physical/sensory impairment, learning disability, mental health, older people	5 OP, 1 LD, 1 PD, 1 children's, 7 MH	AtW, DFGs (later in pilot), ICES, ILF, SP

Pilot sites (7-13)



Physical disability, learning disability, older people	2 OP/Disability (not LD), 1 Sensory LD	AtW, ICES, ILF, SP
Physical disability, learning disability, mental health, older people	All teams vulnerable SI, 3 OP.	
Older people	6 OP, 3 L	
Physical disability, learning disability	1 PD, 2 L	
Transitions, learning disability, older people	1 Transition (LD, MH)	
Transitions, physical disability, learning disability, mental health	3 LD, 1 P children's	
Physical/sensory impairment, learning disability, mental health, older people	5 OP, 1 L children's,	

Challenges for sites

This is all very new! The most fundamental change in social care for a long time

**Careful, incremental change good ... but ...
... tight DH deadlines.**

Changing local contexts

BUT close CSIP support

Hypothesised benefits of IBs ...



- Increasingly streamlined assessment processes would be set up across all relevant agencies
- Resources would be allocated transparently
- Variety of funding streams involved
- Wider choice of options for spending to give flexibility ...
- ... and more control over resources so people can access them
- Greater personal freedom and independence
- Less pressure on the family
- Self-esteem and sense of identity would be greater
- Quality of life would be improved ...
- ... cost-effectively
- Proportionate arrangements for accountability, striking balance between safeguarding and independence

IBSEN evaluation questions

CORE QUESTION → Do individual budgets offer a **better way to support** disabled adults and older people than conventional methods of resource allocation and service delivery?

If so, **which models work best** and for whom?

Evaluation dimensions

User experience

Carer impact

Workforce

Care management

Provider impact

Risk & protection

Commissioning

Outcomes

Costs

Cost-effectiveness

Some evaluation elements

- Randomised trial – IB and comparison groups (but lots of flexibility within those groups re deployment)
- Follow-up interviews after 6 months → some challenges (logistical, instrumentation, interviewee exhaustion, proxies ...)
- In-depth user interviews – support planning process
- Interviews with IB leads, providers, funding stream lead officers, other managers
- Interviews and diaries, front-line staff and first-tier managers
- Add-on study of impact of IBs on carers