

Personal Social Services
Research Unit at Kent

PSSRU
at Kent



Research in brief

Informing and influencing
social and health care

University of
Kent



PSSRU

Personal Social Services Research Unit

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

For our 40th year we have produced this guide to demonstrate our research at Kent and the impact we have made, and continue to make.

Professor Julien Forder
Director, Personal Social Services Research Unit,
University of Kent

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Project team members are listed alphabetically, and project leads are identified with an asterisk.

PSSRU was set up by Bleddyn Davies on 1 October 1974.

“ A cultivated man, a scholar at heart, he has always been open to new intellectual ideas, eager to bring them to bear on the central questions of the Unit...he has, over the years at PSSRU, put together and sustained a remarkably talented team. A generous Director and colleague – though also a demanding one – he consistently promoted and praised the work of his staff in public. His kindness and humanity mean that he is indeed regarded as the Father of the Unit. ”

(Professor Julia Twigg, speaking at Bleddyn’s honorary degree ceremony, Canterbury Cathedral, 18 July 2013)



To find out more about our work, go to:
www.pssru.ac.uk

1. How much does it cost to run health and social care services?

'[The Unit Costs Report] is in my opinion a terrific reference document, easily understood and a great example of how high-class academic research helps in so many ways' (service commissioner)

Knowing the costs of social care services is important for many people working in the social care field.

Our annual report publishes hourly, daily or weekly costs for residential, day care and home care services for all client groups. We also provide national hourly and annual costs for professionals working in hospitals and the community.

Users can adapt the information to suit their own purposes. The vast majority of economic evaluations in England reference our work.

Project: Unit costs of health and social care
Team: Jennifer Beecham,* Amanda Burns, Lesley Curtis
Contact: l.a.curtis@kent.ac.uk

2. 'Shared Lives' family-based care and support is a valued option for older people

We found that Shared Lives, which is family-based care and support, can deliver good outcomes for older people, particularly for their overall quality of life. There was support for expansion of these services for older people.

An expert panel estimated that 35,000 older people could potentially benefit from a Shared Lives placement, with most demand for respite or short breaks and day support.

'Being made to feel part of a family gives me confidence, a feeling of being wanted and not alone' (older person using Shared Lives)

Project: Outcomes, processes & costs of Shared Lives
Team: Nadia Brookes,* Lisa Callaghan,* Grace Collins, Ann Netten, Sinead Rider
Contact: l.a.callaghan@kent.ac.uk





3. What impact does competition have on price and quality in our care homes market?

Our research has looked at the care homes market across England. We find that increased competition lowers prices and lowers quality. Pressure on prices could be limiting providers in achieving highest quality.

Care homes in both the voluntary sector and more established homes have higher quality and prices.

'If competition is pushing prices down, then greater competition could be seen as beneficial, but only if this has no detrimental effects on quality standards' (Julien Forder)

Project: The impact of competition on quality and prices in the English care homes market

Team: Stephen Allan, Julien Forder*

Contact: j.e.forder@kent.ac.uk

4. The Adult Social Care Outcomes Toolkit (ASCOT)

Our ASCOT measure is designed to capture information about an individual's social care-related quality of life.

Eight domains are used to measure this quality of life. The aim is for the measure to be applicable across as wide a range of user groups and care and support settings as possible.

ASCOT can be used in the assessment of social care.

Our toolkit usage is growing rapidly. For more information go to: www.pssru.ac.uk/ascot

Project: The Adult Social Care Outcomes Toolkit (ASCOT)

Team: Juliette Malley,* Ann Netten, Kamilla Razik, Nick Smith, Ann-Marie Towers

Contact: ascot@kent.ac.uk

'In response to considerable international interest in ASCOT, we now have an international advisory committee to help with the translation and implementation of the toolkit into different languages and cultures' (Ann-Marie Towers)

5. Evaluating personal health

budgets

'I just think it encourages me to look more positively at my health condition than otherwise I would have done' (personal health budget holder)

We led the three-year Department of Health evaluation of the personal health budget pilot programme.

Overall, using care-related quality of life measures, the evaluation found that personal health budgets were cost-effective.

High-value budgets were the most cost-effective. Personal health budgets were particularly cost-effective for people with mental health problems and those receiving NHS Continuing Healthcare.

Project: Evaluation of the personal health budget pilot programme
Team: James Caiels, Julien Forder, Karen Jones,* Elizabeth Welch and colleagues from the University of York, LSE and Imperial
Contact: k.c.jones@kent.ac.uk

6. What influences unpaid

carers' quality of life?

Supporting a relative, friend or neighbour in need because they are ill, frail or disabled can be rewarding, but it can also be so demanding that unpaid carers have little time for themselves.

As part of a larger project, we analysed the Personal Social Services Survey of Adult Carers in England and identified the individual characteristics, caring circumstances and experiences of services that are related to unpaid carers reporting good quality of life.

'Understanding which carers are at greatest risk of reporting poor quality of life will help target services more effectively' (Diane Fox)

Project: Recent survey evidence about unpaid carers: implications for social care practice in England
Team: Theresia Bäumker, Diane Fox,* Ann Netten, Stacey Rand
Contact: d.fox@kent.ac.uk





7. Giving a voice to all in social care research

We are developing tools to capture the views of people frequently excluded from social care research. These are often the people who have the highest levels of dependency.

The developments include producing easy-read and proxy versions of the Adult Social Care Outcomes Toolkit (ASCOT).

'That was really easy to understand and I used the pictures at the top' (interview participant looking at the easy-read version of ASCOT)

Project: Developing methods for wider inclusion of people with severe intellectual, communication and cognitive impairments
Team: James Caiels,* Tanya Crowther, Juliette Malley, Stacey Rand, Nick Smith and colleagues from The Tizard Centre at Kent
Contact: j.caiels@kent.ac.uk

8. Extra care housing can help older people achieve control over their lives

We found that outcomes of people choosing to move into extra care housing were generally very positive, with most people reporting a good quality of life.

Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics as those who currently move into residential care.

Project: Evaluation of the Extra Care Housing Initiative
Team: Theresia Bäumker, Lisa Callaghan, Robin Darton,*
Jacquetta Holder, Ann Netten, Ann-Marie Towers
Contact: ra.darton@kent.ac.uk

'I think more people should know about [extra care housing]... It's far better than sitting by yourself. We get together and talk about all sorts of things, and there's entertainment. There's always somebody around you' (resident)

9. Attributing the impact of adult social care services

'Improving the quality of life of people with care needs is a main aim of the care system. Finding ways to measure the impact of the care system in this way is an important component in achieving this aim' (Julien Forder)

We are developing methods for measuring the effects that social care has on individuals.

The project is using the Adult Social Care Outcomes Toolkit (ASCOT). By adjusting for factors that may have otherwise confused matters, we can provide an indicator that just measures the impact of social care. This can be used for fairer comparison between organisations and over time.

Project: Identifying the impact of adult social care (IIASC, QORU)
Team: Julien Forder, Karen Jones, Juliette Malley,* Stacey Rand, Florin Vadean
Contact: j.n.malley@kent.ac.uk

10. Helping parents with disabled children's sleep and behaviour

Our study of eight parent-training programmes showed improvements in children's behaviour and sleep, and parents felt more competent.

Group programmes were not always cheaper than one-to-one interventions. Group training is not suitable for everyone and may stop some parents signing up. However, the more support parents got from the group, the more likely they were to continue attending.

'I feel more in control. I may not be doing anything significantly different, but my attitude to managing my child has changed' (parent attending behaviour programme)

Project: Managing behaviour & sleep problems in disabled children
Team: Jennifer Beecham* and colleagues from the Social Policy Research Unit (SPRU) at the University of York
Contact: j.k.beecham@kent.ac.uk



11. What causes care homes to

close?

We find that care homes with lower quality and facing higher competition are more likely to close. Large, purpose-built, private sector homes are less likely to close.

We show that the care homes market responds to information about the quality of homes. Our work supports the policy of having publicly available quality ratings from the national regulator.

'Choosing the right care home is a difficult decision. People can benefit from information about a home's quality' (Stephen Allan)

Project: The determinants of care home closure
Team: Stephen Allan,* Julien Forder
Contact: j.e.forder@kent.ac.uk

12. Can feedback about quality of life

make a difference to care home

residents' daily lives?

Our Adult Social Care Outcomes Toolkit (ASCOT) can be used to demonstrate the impact of care homes on residents' lives.

The findings from our interviews and observations have been used by homes to make changes to practice.

There is scope for care home providers to use ASCOT to make their own ratings of residents' lives as part of their routine care planning.

Project: ASCOT feedback intervention study
Team: Sinead Rider, Nick Smith, Ann-Marie Towers,* Elizabeth Welch
Contact: a.towers@kent.ac.uk

'I completely changed the whole setup of the working day...They now have more time to spend with the residents in terms of social care; the little things, painting nails and so on' (care home manager)



13. Supporting local authorities to use adult social care data more effectively

'Without the view of customers and carers, service and support development would not always deliver what was needed' (director of adult social care)

Despite widespread support for the Adult Social Care Survey and Personal Social Services Survey of Carers in England, our research and consultations with local authority staff show that local analysis and use of the data from these surveys is variable.

Through this project we have identified some barriers that local authorities experience. This work is seeking to help provide support for better use of the data for local policy and decision making.

Project: Maximising the value of survey data in adult social care (MAX)

Team: Jennifer Beecham, James Caiels, Julien Forder, Diane Fox, Clara Heath, Karen Jones, Juliette Malley,* Kamilla Razik
Contact: maxproject@kent.ac.uk

14. Social care support for ex-offenders with learning disabilities

About 7% of the UK prison population may have learning disabilities. On leaving prison, they often receive very little support. However, small amounts of help, such as a support worker for a few hours per week, can make a big difference.

We are interviewing people with learning disabilities as they leave prison. We are looking at their health and well-being, and the costs and impact of the social care services they receive.

'Our research examines the costs and benefits of social care, and its effectiveness in preventing people with intellectual disabilities from re-offending' (Glynis Murphy, The Tizard Centre)

Project: Costs and benefits of social care support for ex-offenders with Learning Disabilities

Team: Jennifer Beecham* and colleagues from The Tizard Centre
Contact: j.k.beecham@kent.ac.uk





15. Exploring 'housing with care' to meet the needs of older people

We were part of a large research team finding that quality of life was significantly higher for residents of 'housing with care' schemes than for a matched group living in the community.

Local authority approaches to commissioning adult social care in 'housing with care' vary considerably in response to demographic changes and multiple policy initiatives.

'I think what we've seen in the market is a lot of diversification and different providers see different housing models as being what they would like to invest in' (commissioner)

Project: ASSET—Adult social care environments and settings
Team: Theresia Bäumker, Robin Darton,* Ann Netten and colleagues from the University of Worcester, University of Bristol, Housing 21 and the Housing Learning & Improvement Network
Contact: r.a.darton@kent.ac.uk

16. What impact will social care funding reforms have on the care homes market?

The Care Act 2014 introduced important changes to social care funding in England, such as the introduction of a cap on care costs.

We are using economic theory to assess what is likely to happen in local care homes markets, given the reforms.

We are also quantifying the potential revenue fall that the reforms could trigger.

Project: The impact of social care funding reforms included in the Care Act 2014 on the care homes market
Team: Stephen Allan, Julien Forder,* Katerina Gousia
Contact: j.e.forder@kent.ac.uk

'The Government sees the Care Act as the most significant reform of care and support in over 60 years, aiming to put people and their carers in control of their care and support. This is the first time there is a limit on the amount anyone will have to pay towards the costs of their care' (Katerina Gousia)

17. How do third-sector organisations and volunteering contribute to well-being?

‘Together we aim to identify the most promising approaches to third sector impact assessment’
(Karl Henrik Sivesind, theme leader)

Evidence for how third-sector organisations and volunteering contribute to well-being is scarce. We are working with colleagues across Europe to change that.

We are identifying third-sector impacts on European economic development, innovation, citizen well-being, civic engagement and human development. We are also highlighting internal and external barriers for third-sector organisations and ways to overcome them.

Project: The impact of the third sector on socio-economic development in Europe
Team: Nadia Brookes* and colleagues from SSPSSR at Kent and across Europe
Contact: n.k.brookes@kent.ac.uk

18. What is a fair way to pay for social care?

PSSRU staff were among experts who advised the Dilnot Commission which presented its report ‘Fairer Funding For All’ in July 2011.

We developed a model of the social care economy in order to quantify the costs and benefits of different funding reform options.

The research was used by the Government and by the Dilnot Commission to form new funding policies and subsequent legislation.

‘Our research has been used by groups, such as Age UK, to raise the profile of social care and its priority for public funding’ (Julien Forder)

Project: Advising the Dilnot Commission
Team: Robin Darton, Jose Luis Fernandez, Julien Forder*
Contact: j.e.forder@kent.ac.uk





19. Distributing adult social care funding fairly

For more than 20 years, PSSRU has been heavily involved in the development of formulae to allocate social care funding across England.

As social care needs are not evenly distributed across regions, using relative-needs formulae leads to a fairer allocation.

The funding calculations are continuously being adjusted to reflect the changing variations in levels of need in different parts of the country.

'Fairness does not mean everyone gets the same. Fairness means everyone gets what they need' (Rick Riordan, *The Red Pyramid*)

Project: Review of the Relative Needs Formulae for adult social care
Team: Julien Forder,* Karen Jones, Florin Vadean
Contact: f.vadean@kent.ac.uk

20. The continued impact of personal health budgets

We have been commissioned by the Department of Health to undertake a two-year study assessing the longer-term impact of personal health budgets involving Clinical Commissioning Groups and patients from the pilot study.

The study will explore a number of issues raised by the Audit Commission from the pilot.

Project: The continued impact of personal health budgets
Team: James Caiels, Julien Forder, Diane Fox, Karen Jones,* Elizabeth Welch
Contact: k.c.jones@kent.ac.uk

'As we continue to explore whether personal health budgets will have a positive impact on people's lives, other countries are increasingly showing an interest in our findings'
(Karen Jones)

21. Measuring productivity in care homes

‘Councils face challenges in improving value for money. To do this, they can consider how to reduce the costs of services and the efficiency of their processes, while preserving quality and focusing on outcomes’ (The Audit Commission)

Care homes are expensive. This work aims to track the costs and services provided by the care homes sector through time and between different parts of the country.

We found that the number of weeks of resident care home use, adjusted for quality, increased from 2010 to 2012 in most English regions. The cost of this care varied, so that while productivity increased for most regions from 2010 to 2011, it decreased from 2011 to 2012.

Project: Using ASCOT to adjust for quality of care in measuring regional productivity in care home in England

Team: Julien Forder, Wei Yang*

Contact: w.yang-33@kent.ac.uk

22. How much does an adoption placement cost?

Adoption is less costly than residential or foster care for looked-after children, but there is little information to suggest by how much. We estimated the public sector costs of supporting an adoption placement from age 4 to 16 as £230,000 to £330,000 in today's prices.

These costs could be up to £200,000 lower if delays in the adoption process reduced, more high-quality adopters could be attracted, and there were fewer placement breakdowns.

‘We need to know much more about how to achieve adoption service improvements’
(Jennifer Beecham)

Project: Supporting adoption and supporting families that adopt: value for money

Team: Jennifer Beecham* and colleagues from LSE and Loughborough University

Contact: j.k.beecham@kent.ac.uk



23. How does wealth affect the amount of time we spend caring for our elderly parents?

'Earning less seems to be a blessing in disguise; the higher the wages people get, the less time they spend taking care of their elderly parents'
(Olena Nizalova)

Our research found that earning more money would be likely to lower rather than raise the amount of time people spend looking after their elderly relatives.

For every 10% rise in their salary, women will spend 36% less time providing care and men will reduce their input by 18%; this is not compensated for through monetary transfers.

Project: The wage elasticity of informal care supply
Team: Olena Nizalova*
Contact: o.nizalova@kent.ac.uk

// The foundations laid down by PSSRU at Kent, starting 40 years ago, have supported many exciting policy, practice and academic developments across the world. Today the PSSRU 'family' – at Kent, Manchester and LSE – is a world leader in social care, mental health and other research areas. //

(Professor Martin Knapp,
Director, NIHR School for
Social Care Research)

To find out more about these projects or any of our other work, go to:
www.pssru.ac.uk



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