

# The national evaluation of the Individual Budgets pilot programme

## Experiences and implications for care coordinators and managers

The Individual Budgets (IBs) pilot programme tested new ways of giving people who use adult social care a greater say in the assessment of their needs; better understanding of how resources are allocated to meet those needs; and greater flexibility in using resources to meet individual priorities. Amongst other findings, the evaluation of the pilot programme found that IBs presented a variety of challenges and opportunities for the practitioners involved in their implementation.

- Many staff at the frontline of care management welcomed the aims of IBs and thought that they had the potential to improve the lives of people using services. Staff were aware of the current limitations of both care management and direct payments and the constraints for people considering or using publicly-funded social care services;
- Working with IBs involved many changes for practitioners; some welcomed the principles underlying the new approach as a reinvigoration of social work values, while others were concerned that their professional skills were being eroded to the detriment of people using services;
- Key concerns for staff included determining the legitimate boundaries of social care expenditure within a support plan; and managing the potential financial and other risks sometimes involved in achieving desired outcomes while at the same time being responsible for safeguarding vulnerable adults;
- Despite the intention that IBs should incorporate resources from different funding streams, numerous legal and accountability barriers remained that made integrating funding streams very difficult.
- More training and support will be needed for staff and organisations working with IBs, including more flexible approaches to deploying resources within care manager-purchased services and the development of specialist skills in support planning and brokerage.

## Background

A pilot programme to implement Individual Budgets (IBs) was established by the Department of Health in 13 English local authorities from November 2005 to December 2007. IBs aimed to offer people eligible for publicly-funded social care more involvement in the assessment of their needs; better understanding of how resources are allocated to meet those needs; and greater flexibility in using resources to meet individual needs and priorities. IBs also aimed to integrate resources from several different funding streams in order to offer greater flexibility.

An evaluation of the IB pilot programme examined IBs from different perspectives using a wide variety of methods, including a randomised comparison study of outcomes for service users. This summary focuses on the views and experiences of social care practitioners (primarily care coordinators/care managers).

## Brief overview of evaluation findings

IBs were typically used to fund personal care, assistance with domestic tasks, and social, leisure and educational activities. People receiving an IB were more likely to report feeling in control of their daily lives, compared to those receiving conventional social care support. There was very little difference between the costs of support for IB holders and the comparison group. IBs appeared to be cost-effective for social care outcomes – they appear to produce better outcomes for the costs incurred than standard care – but not for psychological well-being.

However cost-effectiveness varied for different groups of service users, with some apparently benefitting more than others. IBs were cost-effective for *mental health service users* and *physically disabled people* with respect to both social care and psychological well-being outcomes. For *people with learning disabilities*, IBs were cost-effective with respect only to social care. For *older people*, there was no difference in social care outcomes, but standard care arrangements were slightly more cost-effective and people receiving these felt happier.

## The implications for practitioners' roles and responsibilities

Practitioners faced numerous challenges in putting IBs into practice. They experienced major shifts in their roles and responsibilities. Some welcomed these changes as a reinvigoration of social work values and valued the opportunity to work more closely with service users to help them to identify the support they wanted. But there were also concerns that care management was being fragmented; that professional skills might be eroded; and that crisis intervention might come to dominate social work.

Practitioners with IB holders on their 'caseloads' spent significantly more time than others in completing assessments with service users; assessing carers' needs; planning how IBs were to be used; and training. However, in part this may have been because of the additional time needed to develop new systems in a pilot exercise and might therefore change in the longer term.

## Eligibility and assessment

The formal eligibility criteria for adult social care support remained unchanged in most sites during the pilot programme. However, care coordinators took other factors into account in identifying people to be offered IBs, such as an individual's ability and willingness to make changes, manage money or understand new processes. Some of these considerations have also been shown to affect care managers' judgements about who should be offered direct payments – indeed, direct payments were widely used as a mechanism for deploying IBs.

Assessment processes also did not change greatly during the pilots, although there was greater stress on outcomes and on self-assessment. Complications arose

from the need to integrate into assessments additional information from a wider range of sources, including information from Supporting People and other funding streams to be integrated into IBs. In addition to the views of service users, contributions from family members, care coordinators and sometimes advocates could lead to conflicting perspectives about needs and outcomes. The process of making such conflicts explicit could help clarify levels of family support and identify areas of risk.

All but one of the 13 IB pilot sites developed assessment documentation for identifying user outcomes by modifying material from *In Control*. Most sites were working towards a single assessment form for all user groups.

## Resource allocation

In most sites, developing mechanisms for allocating resources for IBs was an iterative process that continued to evolve during the pilots. Several sources of information were involved, as were negotiations between care coordinators and panels of managers. A key tool used in most pilot sites was a Resource Allocation System (RAS) which itemised the different kinds of help needed by someone, resulting in a score that could be translated into a sum of money (the IB). The RAS and resource decisions were more or less closely based on mathematical formulae in different sites. Mathematically based approaches to resource allocation were considered clearer and fairer by some care coordinators and team managers but too simplistic by others, especially as some questions were thought inappropriate or elicited ambiguous responses.

## Support planning and brokerage

Once needs are assessed and a budget agreed, the next step was deciding how to use an IB to meet desired outcomes. Because IBs offer greater choice and flexibility than other care systems, this stage was time-consuming and could represent a major – indeed, occasionally onerous – challenge, albeit one relished by some practitioners.

Care coordinators often assisted service users planning their support. External organisations or advocates were also sometimes involved, although more often in finding appropriate services than in working out the initial plan. Several pilot sites employed (or redeployed) in-house staff to work exclusively on this task. Some IB users felt these ‘specialists’ were able to develop better relationships with them, but there were longer waiting times for their services.

What could legitimately be included in support plans was controversial. Some care coordinators felt that almost any form of support was acceptable if it was legal and could meet agreed outcomes. Many others found it difficult to determine what was legitimate. Questions were raised about the appropriate balance between care and leisure needs; about what equipment (eg computers) that could be purchased; and who should be responsible for its upkeep.

Many practitioners were concerned about the risks of physical or financial abuse to service users – for instance, in paying friends or relatives to provide support without Criminal Records Bureau checks. ‘Duties of care’ became less clear and some practitioners perceived this aspect of IBs to be in tension with their responsibilities for safeguarding vulnerable adults. Some pilot sites set up ‘risk enablement’ panels to support risk management. However, there were rarely clear mechanisms for on-going monitoring or identifying risk once IB support packages were in place. Some sites were reviewing their policies on risk, with staffing changes planned to improve safeguarding procedures.

The monitoring and review systems in most sites were no different than those for people receiving conventional social care support, and these varied a great deal. Differences tended to focus on whether the support was being delivered as intended (rather than the quality of outcomes) or as a means of reviewing resource allocation in the light of outcomes.

## Integrating funding streams

The pilots were expected to bring together the resources from the different funding streams to which any individual was entitled into a single IB. However, barriers included incompatible eligibility criteria; legal and other restrictions on how resources could be used; and poor engagement between central and local government agencies.

Most success was achieved with Supporting People, in terms of integrating assessment, funding, resource allocation and review processes with adult social care. Little progress was made with integrating Access to Work, Disabled Facilities Grants and the Independent Living Fund. Integrated Community Equipment Services resources were drawn into social care expenditure rather than separately identified and allocated.

## Implications for policy and practice

Implementing IBs required major shifts in the culture, roles and responsibilities of existing staff and organisations. Intensive staff support and extensive training and communication activities, supported by ring-fenced funding, are required. Potential areas for training include assessment, support planning and brokerage; ways of deploying and managing budgets; and practical issues such as legal responsibilities and financial and risk management.

Concerns about financial and other risks for IB users were widespread among staff and may have inhibited creativity. Developing monitoring and review systems to reduce risks of abuse and neglect, both when approving support plans initially and on an on-going basis, will be high priorities for local implementation.

Relatively little use was made in the pilots of new options for spending IBs. In the longer term it is likely that more creative responses to achieving individuals' outcomes will develop. It will be important that these new approaches are endorsed and legitimated in policy debates, to enable staff to negotiate difficult questions about the appropriate boundaries and role of adult social care. Changes during the pilots were also limited by block contracts with existing service providers. Future alterations in patterns of demand for services may have sizeable implications for the providers of existing services; for local authorities in stimulating new types of services; and for the unit costs of services if the bulk discounts of large block contracts are removed.

Decisions will be needed as to whether IBs should incorporate additional funding streams as originally proposed since, despite initial enthusiasm, staff were ultimately frustrated by legislative and accountability barriers. These barriers can only be removed by national policy action.

## Methods

The evaluation of the IB pilot programme is the first robust UK evaluation of the implementation of personalised approaches to social care. An evaluation of the programme was commissioned by the Department of Health, covering two years from April 2006. It involved a randomised controlled trial examining the costs, outcomes and cost-effectiveness of IBs compared to conventional social care service support. Interviews were held with nearly 1000 service users, split between the IB and comparison groups; and in-depth interviews with 130 people who had recently been offered IBs. The support plans of people receiving IBs were analysed.

Interviews were conducted with staff involved in implementing IBs, including lead officers and staff responsible for commissioning, resource allocation, support planning, service provision, training, adult safeguarding and managing different funding streams. These interviews examined implementation processes and experiences. Front-line practitioners (care coordinators) and first-tier managers were interviewed about the processes of setting up IBs, workloads, changing roles, training needs and adult safeguarding. Staff activity and job satisfaction data were collected via a diary exercise and structured questionnaire. We are grateful to all the staff who took part in the study.

## Further Information

The evaluation of the Individual Budget pilot programme was funded by the Department of Health.

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**Summary and full reports of the evaluation can be downloaded from the following websites:**

[www.york.ac.uk/spru](http://www.york.ac.uk/spru)

[www.pssru.ac.uk](http://www.pssru.ac.uk)

[www.kcl.ac.uk/research/groups/healthsoc/scwru.html](http://www.kcl.ac.uk/research/groups/healthsoc/scwru.html)