

Personalisation of services scoping study

KEY POINTS FROM THE RESEARCH

- Participants felt it was still too early to properly assess the impact of personalisation on the type of services provided and on providers, practitioners, service users and carers.
- Financial resources were becoming a critical issue for councils, as the extent of cuts to funding was being recognised.
- One of the most frequently mentioned challenges to personalisation was the change in culture needed among frontline staff, providers and across the council.
- Personalising services for some groups, in particular older people and those with mental health problems, was challenging. Some participants highlighted ways in which they were addressing these challenges.
- Managers and practitioners identified problems they were having with the use of outcomes to assess services users' quality of life. These included problems defining and measuring outcomes.
- Service users valued having control over what to spend their personal budget on and how to organise their care and support.
- Social participation and occupation were the most difficult areas of outcome to achieve. However, these were also where the most promising services identified in our study were making progress: delivering solutions to meeting individuals' goals, potentially at low cost.

This study was funded to begin to address the need for research evidence for those involved in personalising social care. The overall aim was to identify the type of research evidence needed to support social care practice in this area. The project aimed to identify:

- barriers and facilitators to the putting personalisation into practice;
- areas of people's lives where they have difficulties in achieving the outcomes they want, such as being clean and comfortable, feeling safe, or being socially involved;
- examples of successful innovative personalised services.

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- Although innovative services are important routes to achieve individuals' goals, participants also valued existing mainstream services and suggested that more people were choosing to access these than before.
- Service users and carers reported a number of difficulties with the new system, mainly to do with the process of setting up and managing a personal budget (PB). Despite this, they were clear that personalised services were preferable to traditional services.
- Areas where we identified a need for more evidence included: effectiveness of different models of support planning; brokerage and management of personal budgets; innovative personalised interventions, particularly for day time activities and support; and effective use of the workforce.

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BACKGROUND

Social care policy currently emphasises the importance of 'personalisation'. This approach ensures that people have choice and control to enable them to obtain the care and support that suits them best. PBs are part of this approach, and give people the opportunity to plan and manage their own care and support.

This research was conducted between October 2009 and May 2011 and involved interviews and focus groups with 77 participants in three local councils and two Shared Lives (adult placement) schemes and a telephone survey of personalisation leads in 20 councils.

RESEARCH FINDINGS

Personalisation in a time of cuts and efficiency savings

Throughout the study participants suggested that it was still 'early days' in assessing the impact of the move to personalisation. The effects on services provided by the council, and on providers, practitioners, service users and carers were not yet known.

It became clear that financial resources were becoming a critical issue for councils, as the extent of cuts to funding was being recognised. Although the impact was not being directly felt at the time of the telephone survey (April–May 2011), it was expected that the savings needed would result in cuts to services in the future. Some effects were already being seen, some specific to personalisation, others reflecting more long-standing approaches to managing cuts or making services more efficient.

There was concern that the financial context and reductions in public spending would present a greater challenge to progress in future. Even before cuts had happened, there were examples of service users experiencing inadequate budgets, feeling angry about this and fearing further cuts. One focus group participant summarised the types of compromises that result from inadequate resources: "Do I get dressed today, do I get a bath today, or do I do paperwork? ... Basically, we're still treated like second class citizens, we don't have the right every day of our lives to be clean, to be fed..." *PB holder, focus group 2*

Challenges to personalisation

A frequently mentioned challenge to personalisation was the change in culture required for practitioners, providers and across the council. Participants described how some practitioners found the transition to a new way of working difficult, citing for example the change required in how service users were viewed, and the way services should be delivered. The need for openness to new ideas and creative solutions was emphasised. Many councils were attempting to bring about change through staff training programmes, and giving concrete examples of better ways to meet specific clients' needs was described by some as being particularly helpful.

Most councils suggested that personalising services for some groups of people, in particular older people and people with mental health problems, was challenging. For older people, the reasons given for this by survey respondents were: reluctance of service users to manage a direct payment (and to a lesser extent an inability to manage one); attitudes of social workers who feel that 'older people don't want the hassle'; and the way council systems and processes worked.

These findings were echoed in the in-depth work, where it was suggested that older people may often tolerate existing services even if they are not ideal, and may be reluctant to become an employer. For mental health service users the interface with health services was given as the key reason for the difficulties encountered, a finding paralleled in the in-depth work.

The main ways these issues were being addressed by the councils surveyed was through staff training, improving organisational systems, offering alternatives to direct payments and to a lesser degree offering peer brokerage or support to encourage take up.

In response to the challenge of providing PBs in mental health services, one council had piloted one-off PBs for people with mental health problems. This was seen by the council, the provider and PB-holders as a very successful pilot, where receiving the PB acted as a 'catalyst', providing an incentive to address problems.

Another council had piloted Individual Service Funds (ISFs) for older people living in care homes. Here, the care home provider held the money on the individual's behalf, to be spent flexibly to meet the individual's chosen outcomes; the individual had control over how the money was used to provide care and support.

Ensuring 'real choice' – making sure there is diversity in the services available for people to buy, or support available to access mainstream facilities – was identified as a key challenge by many councils. One council had tried to address this through an 'Innovation Fund' model to stimulate the market through start-up or seed funding for innovative projects, the money being made available by setting aside part of the Social Care Reform Grant which was paid to councils by government for a three year period.

Achieving outcomes

All participants were asked how well outcomes for service users were being achieved and to indicate which areas of outcome were hardest to achieve. About half of those in the telephone survey did not mention specific areas of outcome as challenging. Instead, they highlighted problems they were having with the use of 'outcomes' to assess service users' quality of life, including problems defining and measuring outcomes.

In general, service users involved in the in-depth work indicated that outcomes were better with more personalised services. We found some evidence that service users valued having control over what to spend their PB on, and deciding how to organise their care and support:

"You're not restricted to times, you know, you can please yourself what time you go to bed, please yourself what time you're getting up, 'cause when it were the other way round, they used to come and tell me when to go to bed... Because I pay for it, I can tell people what I want." *PB holder, focus group 4*

Social participation and occupation were identified as the most difficult aspects of outcome to achieve by a wide range of participants.

Developments in practice

However, the most challenging areas were also the areas in which the most promising services identified in our study seemed to be making progress. They appeared to be able to deliver personalised solutions to meeting individuals' goals, potentially at low cost. The pilot of one-off PBs for mental health service users, and the ISF project described above both seemed to have the potential to help individuals achieve positive outcomes in the areas of occupation and social participation.

Other examples included use of people's private homes. 'Shared Lives' (SL) (also known as Adult Placement) involves a detailed 'matching' of carers to service users, with individuals living in, or regularly visiting, the SL carer's family home. A further example was a small day service based in the manager's family home. Here, interviews with service users and the manager suggested that the service gave people choice and control over their daily activities, and promoted independent living, though opportunities to gain 'life skills' and find work or voluntary placements.

Innovative services are important in finding personalised ways to achieve individual's goals, but participants in our study also spoke about the value of accessing mainstream services. It was suggested that some people were choosing to access these more than they had before. There also seemed to be a move away from using traditional day centres. Participants said that these centres were becoming less popular as they did not offer a personalised service, and individuals would rather access mainstream facilities. However, a problem at the time of the study was a lack of suitable Personal Assistants (PAs) to support people to do this. One council had tried to address this by developing a recruitment, training and approval scheme for PAs. When they were approved, PAs were added to a database available to service users and practitioners.

Making the process work

Service users and carers reported some difficulties with personalisation, mainly to do with the process involved in setting up and managing a PB in the form of a Direct

Payment. Business skills and perseverance were needed to address the amount of paperwork, recruitment and management of support, the responsibility of being an employer, and financial management involved. Peer support, or more formal support from the council or independent sector organisations, were reported by service users to have made the process easier. Participants also spoke of the value of having a social worker who could explain the PB process clearly.

Despite these challenges, the service users and carers we spoke to were clear that personalised services were preferable to traditional services which they had been required to work around.

CONCLUSIONS AND FUTURE RESEARCH

There is a danger that, in the face of budget cuts, the emphasis on personalised care and support will be lost. There is a need for personalised services that will deliver good outcomes for service users and carers at low cost. Creative approaches can result in improved outcomes with limited resource implications but the innovative services and approaches described above required investment and ongoing support from councils, both in terms of staff time and start-up funding. Also, in order to support individuals to exert control over their lives and choose between the options available, creativity is needed from social workers and support brokers. This is important as they may need to make best use of limited PBs, and find 'free' services or amenities available in the community.

The overall aim of the study was to highlight areas for future research, and throughout the project findings have been fed back to the SSCR to inform the commissioning of further research. In addition, a proposal for a follow-on project has been submitted. Areas identified included:

- engagement of hard-to-reach groups; alternatives to personal budgets;
- effectiveness of different models of support planning and brokerage;
- options for the management of personal budgets;
- new models for day activities and support;

- effective use of the workforce; the role of Personal Assistants;
- evaluation of innovative personalised interventions.

ABOUT THE STUDY

The study was conducted between October 2009 and May 2011 by researchers at the Personal Social Services Research Unit (PSSRU) at the University of Kent.

It investigated current challenges linked to personalisation, progress towards meeting outcomes, perceived gaps in provision, and existing innovative approaches. An initial consultation period and analysis of the objectives and achieved outcomes in the Individual Budget pilots evaluation was followed by in-depth work in three local councils and two Shared Lives (adult placement) schemes, and a survey of 20 councils.

The in-depth work took place between August 2010 and March 2011. In total, 40 interviews (with 55 people) and four focus groups (with 5–7 participants each) were conducted. We aimed to ensure that a range of participants with differing perspectives were represented.

Council staff (e.g. commissioners, market development officers) and other stakeholders (e.g. providers, brokers) were recruited through a council contact responsible for personalisation or self-directed support. Service users and carers were in some cases directly recruited by our key contact, but in the main were approached through a link person in an independent organisation, such as a Carer's Forum or Centre for Integrated Living. Participants included family carers, older adults, people with physical and learning disabilities, and people with mental health problems.

The survey took place during April and May 2011 and was conducted by telephone (or via email on two occasions) with the personalisation leads of 20 local authorities: ten unitary authorities, five shire counties and five metropolitan districts. All regions were represented except London and the East Midlands.

Ethical approval for the study methods was successfully sought from the Social Care Research Ethics Committee.

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