Personal Budgets Pilot 2009 Evaluation for Wirral

1. Executive Summary

This report presents the evaluation of Wirral Council's Personal Budgets pilot. The purpose of the evaluation was to record the effectiveness of the processes and documentation, views and experiences of people who use services, carer's, staff and identified others related to the pilot.

The specific aims of the evaluation were to:

- Evaluate whether and to what extent people who use services are engaged in Wirral Council Personal Budgets Pilot
- Identify other barriers affecting the promotion of Personal Budgets
- Identify issues in the documentation
- Identify issues in the processes
- Evaluate the general views of those involved in the Personal Budgets Pilot.

Acknowledgement

We would like to take this opportunity to thank all those involved in phase 1 of the personal budgets pilot especially those people who use services and carers who chose to embark on this journey with us

1.1 Introduction

Before we discuss the personal budget evaluation it would be beneficial to briefly discuss some of the reasons why Wirral Metropolitan Borough Council is committed to the transformation of social care.

We are advised that self-directed support (or 'SDS') and the roll-out of the Personalisation agenda reflects a fundamental change in the way we understand the relationship between the individual and the state. We are about to leave over four centuries of the Poor Law behind (1563), discard the 'us-and-them' culture that defines disabled people as 'other', and recognise the common autonomy of self-determining citizens.

A typical current process for admission to state provided social care in Wirral is as follows:

Wirral, as other Local Authorities have adopted a criterion based on the 'Fair Access to Care Services' (FACS) guidance as to the level of severity of need that entitles someone to be considered as a potential individual. This governs entry at the front door. Care Managers use the Local Authority prescribed forms and procedures to gather relevant information and conduct a fuller assessment of the person's needs, once they are seen as meeting the 'entry' criterion. 'Needs' tend to be understood as the catalogue of tasks that are to be carried out in order to attend to the person's safety and wellbeing, so as to reduce the risk of harm resulting from physical, mental, or cognitive impairments. The Care Manager will draw up a Care Plan identifying the relevant tasks, allocating time to them and costing that time. The usual product is a weekly schedule of specified interventions. This Care Plan is subject to approval or amendment by a budget-holding manager.

The person is (or should be) offered Direct Payments commensurate with the level of assessed needs, so that they can make their own arrangements for meeting them. Those not taking Direct Payments, which is still the great majority, will be offered services arranged by the Department. These are likely to be provided by domiciliary care agencies and similar providers who have a contract with Wirral Metropolitan Borough Council.

The defining characteristics of this sequence of steps are that:

It is based on a 'task-and-time' assessment, and the allocation of money follows the specification of the tasks. The shopping list is first drawn up, and then the cost is calculated.

The issues with this process and personalisation are that:

It is top-down.
Research has suggested that historically emphasis is on 'state-provided' services, which can led to a sense of individuals lacking control in their lives and processes have tended to be governed by the application by professionals of procedures, practices, and principles determined by their employers and managers. This can in turn put professionals in a very powerful position in relation to the prospective individual, who may not have much, if any, say in what questions are asked and what actions are proposed.
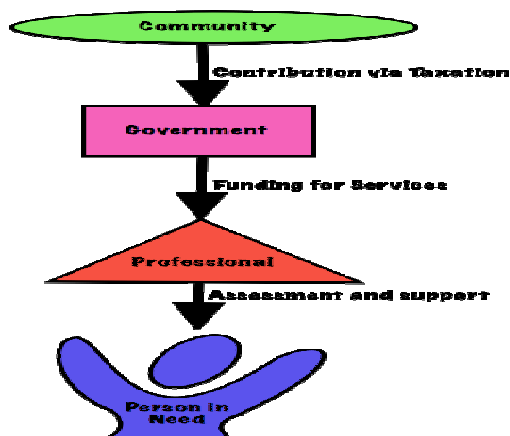
It is service-led.
A large proportion of the LA's resources are invested in buildings, staff, and Contracts for services. Many of these contracts will be for a high volume of activities or facilities deemed to be suitable for classes of prospective individuals. Consequently, an assessment is less a question of asking 'What do you need?' than that of asking 'What have we got that you can have some of?'

It is prescriptive.
In the face of a high level of demand, resources are rationed by limiting the list of jobs that the Local Authority will agree to pay for, generally with an emphasis on certain 'personal care' tasks. This reinforces the power of the Local Authority, and of the staff that interprets the Local Authority's policies

in practice, in defining what shall be considered as a 'need' by reference to the tasks it has decided to fund.

It is unbalanced
Someone whose own understanding of their needs doesn't sit comfortably with the Local Authority's definitions, for example because they don't put the same emphasis on 'personal care' is likely to be seen as less eligible for a service response. Also the way money is distributed across different care groups has been largely determined by historical spending patterns. Consequently, the amount available for a younger person with physical or cognitive impairments is likely to be far higher than the amount spent on an older person, although the severity of the latter's disability may be no different.

It is expensive.
Nationally, Local Authority's tend to be committed to systems that carry high overhead costs, and to be tied into particular forms of contractual relationships that don't seem to have generated a great deal of innovation and

flexibility. Local authorities are paying a lot of money for activities that do little to address the 'us-and-them' nature of the relationship between disabled people and the wider community. Congregation and segregation activities characterising earlier institutional models of social care provision still exist across the Nation.

Public Expectations

People have increasing opportunities and expectations of what constitutes an acceptable quality of life. Demography will take over; there will be far more people enjoying older age with the expectation of remaining in control of their lives.

Self Directed Support
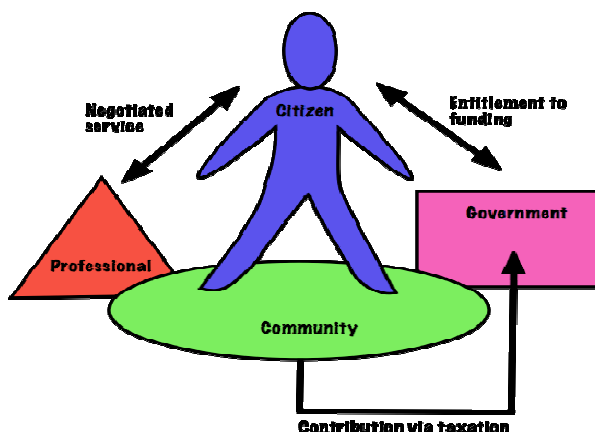
Self directed support comes from a very different place to traditional assessments in that the individual is the starting place as opposed to the services available. This comes from the belief that individuals and their families are the experts when it comes to what they want and need for their support. Self directed support is designed to help the individual be in control of their support and enable them to have a flexible service designed specifically to them.

In Wirral a self directed assessment document has been created with the support of people who use services, carers social workers and health colleagues. The emphasis of the assessment is to ensure it does not express needs as an inventory of tasks to be done in managing or remedying the effects of a disabling condition. The assessment document, adopts a broad-brush approach to describe the severity of the person's experience of disability. That is the extent to which the person's independence is limited in respect of key areas of ordinary life. The desired outcomes are identified. A vital element at this stage is that the individual and the Local Authority should arrive at an agreement about what should be achieved. That is, what are the beneficial effects on the person's life, that they want, and that the Local Authority can legitimately support?

The assessment is scored using a resource allocation system which creates an indicative budget for the individual based on their level of need. This indicative budget is then communicated to the individual in order for them to begin the support planning process, whether this is on their own, with the support of a family member or friend or with the support of a social care or independent worker.

Self directed support is the driving mechanism of both individual budgets and personal budgets so it is important to understand the difference between an individual budget and personal budget:

Individual budgets bring together a variety of income streams from different agencies to provide a sum for an individual, who has control over the way it is spent to meet his or her support needs.

Personal budgets as direct payments are an allocation of money that is purely from Social Care funding sources.

Other funding streams.

To include several funding streams would enhance flexibility and choice. However barriers including incompatible eligibility criteria, legal and other constraints on how resources could be used; and poor engagement between central and local

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government agencies cause complications and therefore Wirral chose to pilot Personal Budgets and not Individual Budgets. NHS funding was excluded from the National Personal Budgets pilots, despite the prevalence of joint commissioning and service delivery arrangements. Personal Budgets staff were frustrated by this exclusion, which was considered incompatible with holistic Individual budget philosophy. It was felt by staff and personal budget holders that it would be easier and better for individuals to have NHS resources integrated into one budget.

2 Policy Contexts

Current government policy, building on policy initiatives in social care that go back to the NHS and Community Care Act 1990 at least, is continuing to promote individual choice and personalisation. This was articulated in the 2005 Adult Social Care Green Paper 'Independence, Wellbeing and Choice' (DH, 2005) and the pronouncements around adult social care presented in the subsequent White Paper 'Our health, Our care, Our say': a new direction for community services' (DH, 2006).

Indeed, in the Green Paper, the then Secretary of State, John Reid, set out the New Labour Government's ambitions for adults in receipt of social care:

"We want to give individuals and their families and friends greater control over the way in which social care supports their needs. We want to support individuals to live as independently as possible for as long as possible." (Green Paper - John Reid, Foreword, DH, 2005, p. 6)

The White Paper (DH, 2006) further espoused the rhetoric of both choice and voice in social care provision:

"This White Paper confirms the vision in the Green Paper of high-quality support meeting people's aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs. We will [put] people more in control. We will move towards fitting services round people not people round services. We will give people a stronger voice so that they are the major drivers of service improvement". (DH, 2006, Executive summary Sections 5-12)

The intention was that social care markets were to be further developed to provide greater choice and that direct payments would be extended to other social care individuals:

In talking to people who use services and to carers, it is clear that direct payments give people that choice and control, and we think that this is a mechanism that should be extended and encouraged where possible. (DH, 2005)

Direct payments have been seen to be beneficial in that they can:

- Empower people to take control of their own support services
- Lead to more responsive services and increased choice and control
- Lead to improved morale and mental/psychological wellbeing
- Lead to a more creative use of resources, which can reduce costs, but certainly ensures better value for money
- Lead to a blurring of the boundary between health and social care
- Enable local authorities to distribute resources more fairly and to avoid some of the challenges that they face when there are no clear criteria for a fair distribution of resources
- Enable local authorities to commission more effectively, using cash-limited sums to create person-centred services in partnerships with individuals, families and service providers
- Enable better strategic planning by local authorities, which can plan for the future and identify significant misallocations of funding in the present system (see Glasby and Littlechild 2002; Duffy S, 2005).

Consequently, in the White Paper, it was proposed not only to extend direct payments but also to introduce another mechanism, Individual Budgets, to empower individuals: *"We will increase the take-up of direct payments by extending their availability to currently excluded groups and will pilot the introduction of individual budgets, bringing together several income-streams from social care, community equipment, Access to Work, Independent Living Funds, Disability Facilities Grants and Supporting People"* (DH, 2006, p. 7). Whilst Gordon Brown (2007) said of the launch of Individual Budgets: *"Support for individuals and families when they need it is of vital importance to all of us. These proposals for personal budgets will allow all those who would benefit from a personal budget to receive one, putting real control into the hands of those in care and their carers, leading to far personal and responsive care."*

Ivan Lewis, the then Minister for Social Care, has described Individual Budgets as "a revolution in terms of the way we seek to offer services to people in this country in the future. This will be the mainstream of the social care system in this country the radical transformation of social care putting those who use services and their family members in the driving seat, providing control, choice and power. It will transfer power from organisations and professionals to those who use services and their families" (Ivan Lewis, 2007)

These political pronouncements have been followed up by more recent policy announcements, for example Putting People First – A Shared Vision and commitment to the transformation of Adult Social Care (HMG, 2007) and Transforming Social Care (DH, 2008).

Personal Budgets will ensure people receiving public funding use available resources to choose their own support services. (HMG, 2007, p. 2) Government ambition is to put people first so they are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, wellbeing and dignity. What this means is that everyone who receives social care support will have choice and control over how that support is delivered. Direct payments and individual budgets are an existing way to foster this transformation in the community. In the future, all individuals eligible for publicly-funded adult social care will have a personal budget. (DH, 2008, pp. 2-5)

There are a number of important principles underpinning Personal Budget's that distinguish them from conventional services, Direct Payments and In Control.

These principles include:

- A greater role for self assessment
- Greater opportunities for self definition of needs and desired outcomes
- Increased opportunities for individuals to determine for themselves how they want those outcomes to be achieved
- A transparent Resource Allocation System giving individuals a clear cash or notional sum for them to use on their support package
- An opportunity for individuals to exercise choice and control should they choose to manage a cash budget and the opportunity to budget in a way that best suits their own particular requirements
- The opportunity to bring together a variety of different streams of support and/or funding from more than one agency, e.g. Supporting People, Independent Living Fund, Community Care Grant, Continuing/Joint Health Care or Access to Work
- Support from a broker or advocate, family or friend, as the individual desires.

Developing Personal Budgets
For Personal Budgets to be effective, lessons from previous and current

attempts to implement direct payments will need to be learnt. This includes:

- Develop skills training and support in book keeping, employment law
- Develop and manage social care markets effectively
- Commission social care effectively
- Develop effective partnership working
- Develop an understanding and raise the profile of personal budgets amongst individuals, carers, families, purchasers, providers, and social care professionals more generally
- Overcome various barriers including the attitude of certain local authorities and social care professionals
- Promote outcomes focused social care
- Ensure people who use services and carers are empowered
- Ensure that real choice is provided.
- It is worth reflecting on what and how Personal Budget processes were developed in Wirral.

2.1 Development of the Self Directed Assessment Document

Extensive research took place reviewing a number of other Authorities assessment forms. The majority of documents were client group specific. A working party including people who used services and carers helped develop the assessment document for the pilot. Testing the assessment document during the pilot resulted in comments and suggestions from project staff, people who use services and carers, which aided further improvement. The Self Directed Assessment Document remains a work in progress and a Wirral Joint Self Directed Assessment with Health colleagues has been agreed.

2.2 Developing the Resource Allocation System (RAS)

The Resource Allocation System within Wirral was developed using other Local Authority models that were part of the original Government Individual Budget pilot. A number of versions were adapted and tested, however due to them not being generic enough they did not compliment Wirral's Personal Budget Pilot. Work continued on around the resource allocation system and using Wirral's self directed assessment we managed to create a generic system.

The Self Directed Assessment is broken into 9 sections;

1 - Carrying out personal care
2 - Eating and Drinking (Nutritional Needs)
3 - Practical Aspects of Daily Living
4 - Carrying out Day to Day Tasks of Being a Parent
5 - Relationships and Social Inclusion
6 - Being Part of the Community
7 - Staying Safe
8 - Reactions to Self and Others
9 – Carers information and assessment

The self directed assessment (SDA) was tested and adapted following comments and suggestions from the pilot participants. Points were attached to each question and after completion of the SDA an indicative budget (monetary amount) was calculated for the individual. Carer's needs were also identified and points were allocated to the carers section with a result in both the individual and the carer receiving a personal budget in their own right. This new resource allocation system was tested and implemented for Wirral's Personal Budgets Pilot.

Financial Evaluation

An initial financial evaluation has been undertaken of Phase 1 of the Personal Budget Pilot. Of the 16 people in the pilot 5 were new to the Department and did not have a 'traditional' care package in place. For the purposes of the evaluation it has been assumed that their previous care package costs would have been equivalent to the current weekly costs under a Personal Budget (PB).

The evaluation has identified the following:

- The PB allocation for 7 people (including the carer's allocation) is higher than their current traditional' care package cost.
- The PB allocation is lower for 4 people than their 'traditional' care package cost.
- 5 are new to the service and 'traditional' costs are assumed to be the same as the PB allocation.
- 1 of the 5 new to the Department was not eligible for a PB.
- 11 of the 16 people in the Pilot are currently receiving their PB allocation.
- 4 have chosen to continue to receive 'traditional' services. These are the 4 whose PB allocation is less than the cost of their current care package.
- The lowest allocation (excluding the carer's element) is £150.94 and the highest is £380.62, which is the maximum allocation.
- The Pilot has identified potential efficiencies of £1,328 per week if all 16 people in the Pilot decided to receive a PB.
- However 4 have chosen to continue with their existing services the Department is incurring additional costs of £659 per week.
- This pilot data can not be applied broadly and the resource allocation system will be further tested as part of phase 2 of the pilot

2.3   Support Planning

A support plan is the means by which necessary information is presented to a local council in order to agree to release funds as a personal budget. It is a way of highlighting the lifestyle choices of individuals, rooted firmly in what works for them as an individual, and demonstrates in practical terms how they will spend their budget in order to achieve their aims. In this way, the support plan reflects the decisions made by the individual, supported by those whom they have chosen to assist them in this planning, if anyone. Wirral Personal Budget Pilot has invested significantly in support planning as a key process within self-directed support. Practice has changed significantly from the traditional care plan and there are many positive stories to be told by people who have directed their own supports. The task of developing a support plan can and does in many areas, serve two key purposes:

- A person centred and directed process that explores what's important to the person, explores the possibilities within their life and how support can be organised and created to enable them to live their chosen lifestyle
- Providing a proposal of how the person is choosing to spend their personal budget in meeting their support needs and the outcomes they hope to gain from using their budget in this way.

The pilot process encouraged support plans to reference the outcomes and domains in the self directed assessment if an individual has identified them as areas where they need support (as well as any other outcomes the individual considers to be personally important). Personal outcomes are the things that a person wants to achieve or change in their life, as a direct result of being able to get the support that they need. These may be quite different for different people.

PRESENCE TO CONTRIBUTION
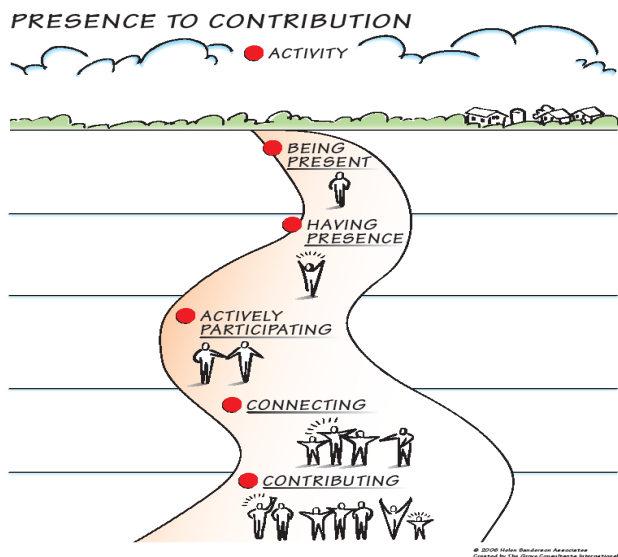
2.4 Enablement Process (Safety and Risk Meeting)

"Risk is defined as the uncertainty of outcome, whether positive opportunity or negative threat, of actions and events. The risk has to be assessed in respect of the combination of the likelihood of something happening, and the impact which arises if it does actually happen."

It has been suggested by people who use services to rename the Enablement Process to a Safety and Risk Meeting. It is felt this will allay fears of many older carers about risk taking. We all take risk which is an inevitable consequence of people making decisions about their lives. The council have an enablement policy and process which was developed during the pilot which highlights the arrangements that the Council will put in place to address complex risk situations in which there are different views held between an individual, family carers or professionals. This policy covers the most common risks:-

Risks to the individual – including safeguarding or POVA issues

Risks to paid carers, whether employed by Local Authority, agencies or an individual.

Risks to the public infrastructure or organisational risks arising from service or facilities issues, including third party providers or partners.

Market risks: risks arising from local market conditions affecting the quality or availability of services

Environmental risks: e.g. severe weather, public health or pollution issues subject to emergency planning

Financial and Budgetary risks arising from the availability and allocation of resources, fraud or theft

Legal and Regulatory risks: including the legality of items in a support plan or compliance with legislation

Reputational risks: issues that could affect the public reputation of the organisation

The policy and process works in conjunction with Wirral multi-agency Safeguarding Adults procedures and guidelines which are already in place.

3. METHODOLOGY

- Prior to the Pilot, Wirral formed seven work streams looking at specific areas of development in preparation for the pilot launch in January 09. The work streams reported to the Steering Group, members included users of services, voluntary sector, Health, Social Services children and adult, regeneration and corporate. The work streams focussed on the following areas:
- Market Management – stimulating the market in terms of identifying future commissioning needs for those with Personal Budget's
- Resource Allocation System/Self Assessment Questionnaire – developing robust systems that are fit for purpose
- Finance – developing a financial framework to support people in receipt of personal budgets
- Practice and Development – identifying and changing cultures both

internally and externally to the Council and developing training to address these areas

- Communication – looking at how communication can be embedded into the individual budgets process to all stakeholders. Focusing on developing publicity, information and community links
- Performance Management – focusing on how the take up of Personal Budget's are reflected against key performance indicators

3.1 The Study in Context - The Sample

In Wirral it was decided that the pilot for Personal Budgets would be across all areas of need not specifically with one or another. 20 individuals volunteered to be part of the pilot. The volunteers covered all age ranges and specialities including: physical disabilities, mental health, learning disabilities and older people's services. The participants were also from all over Wirral as opposed to one specific locality. Some had used services before; some were on direct payments and others had not received a service prior to the pilot. Unfortunately one volunteer passed away before the pilot began, and two withdrew due to personal reasons. Therefore the pilot was embarked upon with 18 participants on 26th January 2009.

Out of the eighteen people, three people had previous involvement in the work streams.

Professional social care staff identified to work with the pilot individuals worked in various teams in the Department of Adult Social Services. Social Workers, care Managers, Occupational Therapist and Community Mental Health Nurse. They were allocated one or two pilot candidates alongside their other daily duties. Workers were supported by their Team Managers, the Reform Unit Team Manager and Administrative Co-ordinator.

The pilot was overseen by a Lead Officer who reports to the Principle Manager, the Transformation Board and the Personal Budget's steering group. Reform Unit members are involved in a number of Personalisation and Transformation action groups within Wirral, and other Authorities, which are valuable in helping Wirral, shape its Personal Budget agenda.

Personal Budgets Pilot

Participant data

Gender	Male – 6
	Female – 11
Ethnic origin	White British – 16
	Chinese – 1
Living arrangements	Supported Living – 2,
	With Family – 6,
	Owner Occupier – 6
	Residential Care – 1
	Social Housing – 2,
Parenting/caring responsibilities	Parent – 3
Location	2 – Bromborough Ward, Cllr Bob Moon/ Steve Niblock/Alan Taylor
	2 – Oxton Ward Cllr Stuart Kelly/Paula Southwood/Pat Williams
	3 – Upton ward Cllr Tom Anderson/John George/Tony Smith
	1 – New Brighton ward, Cllr Bill Duffy/Tony Pritchard/Sue Taylor
	1 – Bidston & St James Ward, Cllr Jim Crabtree/Ann McLachlan/ Harry Smith
	2 – Prenton ward Cllr Ann Bridson/Frank Doyle/Simon Holbrook
	1 – Rock Ferry Ward

	Cllr Bill Davies/Moira McLaughlin/Chris Meaden
	3 – Pensby & Thingwall ward Cllr Sarah Quinn/Mike Redfearn/Bob Wilkins
	2 – Birkenhead and Tranmere ward Cllr Phil Davies/Brian Kenny/Jean Stapleton
Age	65+ - 3
	45 to 65 – 6
	25 to 45 – 4
	18 to 25 – 4
Team	Mental Health – 1
	Learning disabilities – 5
	Older People – 2
	Access – 3
	Physical Disabilities – 5
	OT – 1
Status	On review – 5
	Active – 7
	New referrals – 3
	Unknown – 2
In receipt of direct payments	Yes – 3
	No – 14
Named carer on Swift	Yes – 11
	No – 6

3.2 Methods used

The focus of the evaluation was upon collecting people's thoughts and experiences of the pilot process. Linked to this was a fundamental wish to empower individuals and their carer's to tell their own stories.

Effective communication in the project relied on information and communication techniques that were responsive to individuals' and adapted to the abilities of the individuals involved.

A personalisation awareness presentation and a pilot process explanation information pack which included easy read documents was delivered to the individuals and their carers in their homes by the Reform Manager. A Department of Health DVD Living Your Life, Your Way was also left with the candidate.

Professional care staff were identified and assigned to individuals on the Pilot. Two of the professional care workers had previous involvement with the individuals prior to the Pilot. All the workers attended a personalisation awareness presentation, were given the information pack and operational guidance.

It was identified that three of the individuals on the pilot had previous issues with the department which had lead to complaints. It was important that although the individuals and/or the carer's may have wanted to revisit past issues, the focus of the meeting was to be on the Pilot.

All candidates were fully involved in the personal budget pilot process. Two candidates were independent throughout the process and chose not seek support. Five candidates and one carer sought support from advocates. All candidates apart from the two independent candidates were supported by their carers and family members.

Individuals and their carer's were given contact numbers for the Reform Unit. A daily contact and activity log was compiled by the members of the Reform Unit.

An extensive Personalisation Awareness program has been rolled out to all DASS staff, NHS Wirral workers, 3rd sector

members, people who use services and carer forums and groups.

Support planning training was commissioned from Helen Sanderson Associates and offered to:

Heads of Services, Principal Managers, Team Managers, Professional care workers, Reform Unit members linked to the pilot, individuals on the pilot their carer's, support workers and advocates.

3.3   Support planning techniques

A variety of methods were used by candidates and their supporters in the development of their support plans

- Group support planning training
- Use of a computer
- PowerPoint presentations to tell individual stories
- Individual crafts, photography and artwork
- Creative writing

In practice, very few individuals had started to gather data and it was recognised that many would need more formal support in place. The project staff had backgrounds in social work, occupational therapist, person centred planning and community based work which has a strong emphasis not only on empowerment but also in the use of practical activities to enable individuals to achieve their potential. During the initial interviews the project staff determined not only how people preferred to communicate but also their hobbies and interests. Since many of the individuals found it difficult to think in terms of abstract concepts it was felt that offering the opportunity for people to tell their stories in a concrete way using support planning techniques provided by the In Control web site and Helen Sanderson Associates would make the experience more enjoyable. Some of the hobbies and interests identified included using computers, photography and arts and crafts. Individuals were offered the

chance to tell their stories and gather their data using these media. The methods that were utilised during the project included:

The use of both individual techniques and group work enabled project staff to gather both individual and shared meaning. Where individuals had little or no speech the project team were reliant upon the carers or family members to provide a narrative interpreting the differences that having an individual budget had made to the individuals' lives.

3.4   Data analysis

Data from the project needed to be converted to text based material. Much of the work undertaken by the individuals was quite concrete – whilst it was meaningful to the individual who had produced it, it required contextualising quotations to enable the meaning to be conveyed to a wider audience. The formats chosen by the individual for collection of data meant that, in practice, analysis of emerging themes occurred during contact between individual and project staff member. Tentative ideas for themes for the individual stories were explored. Themes were incorporated into PowerPoint presentations and artwork in the form of key contextualising quotations. Data that was collected in the form of photographs, craft and art work was supported by the individual's explanation of meaning, and by carers/relatives contributions in the case of individuals with limited formal communication.

3.5   Dissemination of data

Project staff worked with individuals on dissemination of material for various forums. The form of dissemination was determined by the individuals themselves and included, art, life stories and power-point presentations. Individuals had the option to remain anonymous or to have their name and work recognised. Not all individuals chose to participate.

3.6 Reflection

Throughout the pilot the project staffs were extremely aware that there was the potential for them inadvertently to influence individuals during their interactions. Individuals and carers were encourage to access the services of advocates or representative of choice, the Project Team Manager having a background in empowering individuals was present in assessment and support planning meetings to try to ensure that such influence was minimised.

3.7 Research findings – Some qualifications

Narrative is a device that is frequently used in both research and practice to help us understand individuals and their experiences (Patton 2005, Kielhofner 2002). It considers information in terms of a story – with characters, plots and developing chapters. The characters in the emerging stories on this project included the individuals themselves, their carers, family and members of staff from the council. A number of pilot candidates had complex storylines, but an overarching theme throughout the project was that of individuals entering a new chapter in their life stories.

At times, the personal budget was clearly central to altering the course of a participant's life story – at others it was one of a number of storyline threads that were woven together. Each good story has a plot – the underlying storyline within the research could be seen as one of individuals striving to develop and maximise their abilities and quality of life, utilising the personal budget in whole or part to achieve this end. Sometimes the individual themselves recognised the untapped potential, on other occasions it was family or carers or professionals, but on the whole there was a drive for people to become more than they currently were.

4. The Evaluation

As already stated, the project team had been commissioned to evaluate the impact of the Personal Budgets Pilot in relation to five areas. These were:

- Evaluate whether and to what extent people who use services are engaged in Wirral Council Personal Budgets Pilot
- Identify other barriers effecting the promotion of Personal Budgets
- Identify issues in the documentation
- Identify issues in the processes
- Evaluate the general views of those involved in the Personal Budgets Pilot.

4.1 Evaluating whether and to what extent individuals are engaged in Wirral MBC Personal Budgets scheme

There was one overarching theme that came out when considering whether and to what extent individuals are engaged in Wirral MBC Council's Personal Budgets Pilot scheme and that was whether or not person-centred, flexible service provision had been developed as part of the Personal Budgets Pilot. The evaluation did identify individual engagement in a number of ways:

Individuals having choice and autonomy
Individuals being able to grow and develop their independence

Individuals being able to have their needs met in ways that they want.

A key part of the Personal Budgets Pilot is to move to an outcomes based approach to social care. There was evidence of this being achieved from some of the responses from individuals and others:

Michelle

Michelle had a brain injury at the age of eight, although she is physically able she is extremely vulnerable. She needs to be reminded constantly to carry out simple daily tasks. For example; taking her medication, how to react to others, completing personal and domestic tasks. Michelle's non physical disability has created difficulties for her actual needs to be communicated effectively during Local Authority and Health assessments.

Michelle's father is her and her grandmother's carer. He found Local Authority and health systems, frustrating, unhelpful and challenging.

"The Personal Budget pilot has allowed Michelle's and my needs and aspirations, to be understood in a way that a traditional assessment would not allow. In the past Michelle's ability to perform tasks would be the main focus of an assessment and the risk and consequences of doing the task would not be considered." (Don)

Choice and autonomy

Related to being able to set the agenda is the promotion of individual choice and autonomy. Whilst some individuals did not specifically articulate the need for a person-centred service, this requirement was implicit in their discussions regarding choice and autonomy over activities undertaken. However, individuals and carer's did state clearly how the personal budget enabled person-centred service provision:

Lesley

Has severe learning and communication disabilities, she also has mobility problems. During the ninety's, Lesley attended Local authority day services, however she could not cope. Her anxieties caused her to become very ill, this resulted in her G.P. recommending she no longer attend the service.

There were no other options of support suggested for Lesley at that time.

Lesley's sister Pam has been her sole carer for over 5 years. Lesley does not do well with different people in her life. Lesley's personal budget has been flexible in gradual and emergency support planning and structured enough to help deal with her relationship issues.

"The Personal Budget gives us the flexibility to use the resources we have as and when we need them" (Lesley and Pam)

Others indicate how Personal Budgets have enabled them to have greater choice and autonomy, whether that is over simple things like exercising choice like when to have a shower:

Wendy

"When I was initially offered services I had to be supported to have a shower when the agency could provide support. Now I can organise support to have a shower when it's best for me".

Wendy is a wife and mother of 3 boys who all have learning disabilities of varying degrees. She collapsed at work in 2007. It was discovered that she had ME and stress related brain bleeds. Wendy has difficulties balancing, and tends to have regular falls. These conditions have changed her life dramatically.

Mornings are Wendy's greatest challenge. She needs supervision showering; she is unable to wash her own hair or dry parts of her body. She has extreme difficulties in doing simple tasks such as preparing a meal or going shopping.

Sadly she is no longer able to look after her children as well as she use to. She felt guilty and anxious that she couldn't pick the youngest up from school.

The children took on tasks to help look after her, for example helping her to dry her feet and back after a shower.

Her husband who works full time is the family's main carer; he had to give up his social commitments and a large amount of rest time.

Prior to her personal budget Wendy was assessed and prescribed a timed based service. Due to her unpredictable illness, such a service was too restrictive and a waste of time.

Wendy's personal budget has allowed her to plan her support around her daily needs, she has friends she is able to call upon in case of an emergency, instead of paying them she can say thank you by giving them a (for example) cinema or theatre ticket.

Wendy employs a personal assistant who lives nearby. Mutually they work out support needed and times required.

She is now able to go to pick her son up from school. She now plans family meals and grocery shops, and she is also able to have her hair washed more than once a week.

By employing their own personal assistant (PA), an individual will be able to determine how their needs can be met in such a way as to promote general well being.

Choice and Independence

Another key part of individuals' engagement in the Personal Budgets Pilot is the extent to which personal budgets facilitate greater choice and independence. A step in that direction is where individuals are in a position to grow and develop as an individual rather than simply receiving good care.

Because personal budgets provided flexibility in terms of both approach and timing of service provision, individuals' needs were being met in ways that they wanted - such that individuals were then able to live 'meaningful lives':

"I felt during the self directed assessment I was considered as a whole person and not as someone who needs to just survive" **(individual)**

Individuals indicated that they were now able to do things as an individual rather than as part of a group which also meant that they were able to do more things for themselves:

Christina lives with her mum and dad she has a learning disability, Sturge Weber syndrome and life threatening epilepsy. Participant 15 has full-time support needs and can not be left unattended, her mother is her main carer, she receives Direct Payments, employs personal assistant to help her in her home and in the community. Christina takes 4 short breaks per year. She attends Wirral Met College with a personal assistant who attends with her they travels to and from college via Local Authority transport

The family were keen to explore long term options for Christina to move into a supported living scheme something which they have tried to pursue but have always been denied by DASS. Christina's mother would like to return to paid employment.

Christina's personal budget has put her in the centre of the process; she has changed previous activities which have had a positive impact on her health. The move forward for supported living has begun.

"The personal budgets process has enabled me to do things as an individual rather than do everything as a group". (individual)

Meeting individuals' needs in the way that individuals want

A key ambition of personalised care is to ensure that individuals' needs are met in ways that they want, rather than in the way that the purchaser or provider is willing to meet them. There was evidence of individuals being able to meet their needs in a manner that they wanted. For example, having a flexible budget allowed monies to be accrued and used to provide support in new ways:

Christina

Lives with her mum and dad she has a learning disability, Sturge Weber syndrome and life threatening epilepsy. Christina has full-time support needs and can not be left unattended, her mother is her main carer, she receives Direct Payments, employs personal assistant to help her in her home and in the community. Christina takes 4 short breaks per year. Christina attends Wirral Met College with a personal assistant who attends with her they travels to and from college via Local Authority transport

The family were keen to explore long term options for Christina to move into a supported living scheme something which they have tried to pursue with no success. Christina's mother would like to return to paid employment.

Christina's personal budget has put her in the centre of the process; she has changed previous activities which have had a positive impact on her health. The move forward for supported living has begun.

"The budget is flexible. When Christina is at home, I provide a lot of the day to day care so we can accrue the money to allow [her] to go out socially with professional support workers" (mum)

"My client seems to be coming on in leaps and bounds now that he has a personal budget" **(Social Worker)**

Personal Budgets enabled individuals to have flexibility in how they chose to have their needs met, for example by altering the hours used per week on particular activities:

"For example Lesley does not always go out for the same number of hours every week – her social life can not always be predicted!" (Pam)

Generally, the 17 individuals and families / carers engaged in the Personal Budgets Pilot felt that they were engaged in the process. However, there was frustration and confusion over delays in the resource allocation system being agreed and the time between the start of the pilot to the date indicative budgets were communicated.

"The process of getting a Personal Budget has been hard at times because waiting to find out if I had got it caused a lot of anxiety for me and my family. But having it has helped me to become more independent" (individual)

Identify barriers to individual participation

Individuals and carers were supportive of the Personal Budgets initiative and that there had been real achievements with the Pilot. However, there were and are a number of barriers identified that have hindered the successful implementation of personal budgets. For the future, in order for personal budgets to be rolled out further across social care in Wirral we would recommend that the following eight broad areas need addressing:

- The varied levels of knowledge and awareness of what Personal Budgets are

- The process of getting a personal budget can be slow and stressful
- Finding and recruiting your own staff can be a problem
- Being an employer
- Pay levels for personal assistants
- Lack of skills in managing budgets
- Inflexible provision
- Professionals' capacity to change their roles.

It is recognise that many of these are barriers are not unique to the Personal Budgets Pilot but are ones familiar to policy makers and analysts, individuals, social care professionals and managers who have been involved in promoting and delivering person-centred social care.

Knowledge of what Personal Budgets

Participants on the pilot had limited understanding of what a personal budget was. This varied level of awareness and knowledge was not limited solely to individuals or their carers and families. Some professional staff responsible for assessment and arranging care packages also had only a limited appreciation of the Personal Budgets. Even at the support planning stage of the personal budget process there was often confusion over what the budget was and how exactly it worked. Even so, all individuals and carers were aware either that they had been spoken to about the budget or that changes were occurring in their lives

"I have been told about personal budgets but I don't really know what it means........I know that I have recently been able to make changes in my life" *(individual)*

It is important to note that for individuals accessing other funding streams added to the complexity. Individuals who had previously accessed the direct payments system were confused about the differences between the two systems:

"I'm not too sure what the difference is between personal budgets and direct payments" *(carer)*

There were and are number of issues related to the challenges both of going through a self directed assessment and then of managing the budget.

"The process of getting a Personal Budget can be slow, frustrating and stressful".

(individual)

The self directed assessment itself was generally not perceived to be too stressful – a range of views were expressed with some individuals enjoying the opportunity to have a broader view taken of their support needs, whilst others felt some of the questions were a little intrusive. The main areas of concern were around the time taken for the indicative budget to be allocated following the initial assessment and the difficulties of implementing and managing the budget.

"Waiting to be told if I have a personal budget has been frustrating and stressful, it has affected my health and I have chosen to withdraw from the pilot" May09 *(individual)*

"Not knowing what was going to happen next in the pilot made me feel I was letting my client down" *(Social Worker)*

"Due to accessible social housing it was not the right time for my daughter to benefit from a personal budget however we have a clearer picture of how our daughters needs can be met in the near future." *(Parents)*

"We have been in receipt of direct payments, personal support arrangements have to be very structured, budget creativity was very limited. The personal budget was less than the direct payment we chose to remain with the direct payment." *(family member)*

Some participants noted that having a personal budget was not a problem:

"Our experience of the Personal Budget is not as hard as I thought it was going to be with support it is manageable and flexible". *(carer)*

The majority of participants found at least some elements of the process frustrating and stressful.

It was noted that the project team had been very helpful in trying to sort through the process:

"It has been a slow and at times stressful and frustrating, however when I needed support it was always available by the project staff" **(individual, carer)**

Some individuals did comment that they had waited or were waiting several months for their Personal Budget to be activated. Even so, the difficulties experienced by individuals with the process of being awarded a personal budget and then waiting for the budget to arrive was seen to be worth it in the end

Finding and recruiting your own staff can be a problem

Whilst individuals and carers alike appreciated the opportunity to have flexibility in terms of staff provision, some found the actual process of finding and recruiting the right person was difficult. A number of support plan outcomes were put on hold whilst support staff, were sought. Problems identified included individuals not knowing where or from whom they could find out about the availability of care staff/personal assistants, the lack of personal assistant registers in Wirral, providers not being prepared for the delivery of outcome focused services.

"We've got the finance in place to finance a carer, actually, finding one is very difficult". **(Carer)**

"I would have expected the Council to have a personal assistant register" **(Carer)**

Potential solutions suggested by the individuals themselves included the setting up of a database of available care staff.

Being an employer

Some people were concerned about becoming an employer. All individuals and carers were offered support from the Councils direct payments team and Wired payroll service. The majority of people decided to take up the services offered.

Pay levels for personal assistants

Concerns were expressed by individuals about the low level of pay a personal budget holder could offer a personal assistant, they were concerned pay levels may effect the recruitment of personal assistants and the likely hood of them finding better paid positions affecting the consistency of the delivery of care.

"My mother has complex needs and has difficulty in developing relationships it is important she has continuity in her life". **(Family)**

Social Care Staff' capacity to change their role

Some individuals felt that professionals were unprepared for the change in their role and the extra time the process would take them. Social Care Staff were going through a number transformation changes and expected to work the traditional and the personal budget process alongside each other. Some staff didn't feel competent in the personal budget process; however they were positive in accepting families as competent administrators of personal budgets:

"Personal Budgets are going to take more time than traditional packages of care" **(Social Worker)**

Ongoing work

For Individual and Personal Budgets to be effective, specific tasks need to be implemented. Wirral have started to make progress in addressing some of the issues however recognises ongoing work is needed:

Develop and manage social care markets effectively. In order to do this communication between the LA and providers, 3rd sector colleagues and voluntary organisations will needs to continue. This will be in a number of

forms including; updated presentations, discussion groups, working groups, focus groups etc. It is our aim to involve individual case studies in the promotion in order for providers to get a view from their customers.

Commission social care effectively

Work is to be completed on outcome focused contracts. This is in order to prevent us from being prescriptive and in turn the providers adhering to these contracts from dictating to individuals what they can purchase, when and for how long. We need to move away from an hour's based contract to a contract that helps the individual achieve their outcomes

Develop effective partnership working

In order for personalisation to truly work effective partnership working is essential. A joint self directed assessment document has been created and information sharing protocols have been developed in order for health and social care colleagues to work coherently together to support the individual to meet their outcomes. Providers have been included in training around personalisation with health and social care workers. Effective partnership working will enable professionals and providers to support the individual to the best of their ability without the individual feeling they are being over assessed and being asked the same questions by numerous different people.

Raising the Profile of Personal Budgets

Personalisation awareness sessions have been provided to social care, health care and providers have been invited and have attended. The training department are keeping a record of those who have attended and we plan to roll further awareness sessions out to the wider public in the near future in order for potential and existing people who use services and their carers, health workers, social care workers and providers to be fully informed about personalisation. Work is in progress in the streamlining of process and documentation to make them more personalised. Work is in progress in the development of the market place.

Further Pilot information and how people spent their money

One person taking part in the pilot did not meet the fair access to care criteria, the person was sign posted to other services including pensions and credits, occupational equipment services.

All candidates were assessed for assistive technology; a person is piloting a new piece of technology.

Two candidates have chosen to mix their personal budget with in-house care services.

There is a delay in the implementation of personal budgets for the three candidates in supported living and residential situations. This is due to the way the original service was set initially set up and the adapted social housing available.

In Wirral we were pleased to see that people on the personal budgets pilot were keen to use their money for things to improve their lives that were not traditional services.

Some of the ways in which people have spent their money are listed below.

- Portable air conditioning unit and maintenance
- Washing machine maintenance (carer)
- Hire of a wheelchair friendly car to enable an individual to go on holiday with her daughter rather than go into a respite facility
- Payment to help carer with their photography hobby.
- Payment to enable carer to have massage to relieve their stress.
- Entrance fees to attractions for carer so that individual could go to places if interest.

- Entrance fees to local club to enable individual to socialise with others
- Payment for travel and lodgings in Scotland to enable individual to see family who live there.
- Payment for live in carer
- Delivery fees for internet shopping and fresh grocery delivery
- Purchase of a comfortable disability friendly seat for the garden to enable the individual to spend time outside
- Personal trainer/gym subscription
- Acupuncture
- Employment of personal assistants
- Costs of using a payroll service

Evaluation statistics

These statistics have been collated following the completion of evaluation forms by pilot participants, their carers and social care workers involved in the pilot.

The first set of questions focussed on how easy participants felt Wirral had made it for them to access information and advice.

75% of people felt that Wirral had made it easy for them to find out about personal budgets and complete their self directed assessment.

50% of people felt that Wirral had made it easy for them to complete their support plans, be at the centre of their support and get the support they wanted. 75% of people felt that Wirral had made it simple for them to access their personal budget.

What is your PB spent on:

Short breaks	**25 %**
Leisure activities	**50%**
Holiday	**50 %**
Transport public or Taxis	**50%**
Using a car	**12.5%**
Some one to help you in your house	**37.5%**
Personal assistants	**62.5%**
Family members to help	**37.5%**
Friends to help	**37.5%**

At the stage of evaluation none of the personal budget pilot participants had been receiving their personal budgets for 12 months and so it was difficult to gauge how their personal budget had affected their health 25% said that at this stage it had made a difference

37.5% of people felt safer in their home as a result of their personal budget and 25% felt safer whilst outside. 12.5% of people felt less safe at home as a result of their personal budget.

87.5% of people said that a personal budget had made a difference to the total amount of money they received and 75% felt that their personal budget had given them more control and increased their social life.

As people had not been receiving their personal budgets for 12 months it was difficult for them to identify which areas of their life it had, had significant impact on however 75% of people said that it had changed what they did during the week, at weekends and during the evening and 62.5% of people said it had changed who supported them.

83.3% of carers said that the personal budget had increased their ability to continue caring and 66.7% said that it had, had a positive affect on their physical and mental wellbeing along with a positive affect on their quality of life

We also asked the social care workers involved in the pilot to complete an evaluation form and the results are below.

100% of them felt that personal budgets would have a positive impact on people's lives, would help them to plan creatively and also help them to get the right amount of people to support them.

100% of them also felt that a personal budget helped them to support people to take control of their lives and also helped them to support people to develop support that was tailored to the individuals needs.

83.3% of social care workers felt that they were not very confident in supporting

individuals to complete support plans and felt that this was an area that needed improving as it was so new to social care.

Conclusions

Some conclusions from implementing phase 1 of Personal Budget's in Wirral were:

- New processes were outcome focussed and pilot candidates reported that the new process achieved their desired outcomes and was more holistic than previous experiences
- Some pilot candidates reported that they lacked confidence around managing employees and money and needed extra support with these issues
- Problems occurred running two systems; new personalised processes and existing processes and caused some confusion for staff
- Some of the paperwork used as part of phase 1 requires amendment. In particular that paperwork and systems used to monitor the use of personal budgets, support planning guidance and reviewing paperwork. For example as part of phase 1 Direct Payments procedures for the allocation of funds was used and there was no specific documentation for the Personal Budgets process
- The development of the RAS is complicated and comparison of the RAS with existing costs of care packages is difficult as the new personalised approach to personal budgets is so different to existing processes
- Although training and support was provided staff required this support was under estimated. Far more extensive support is required to understand new processes and cultural changes in attitude to promote self directed support

Recommendations

Having considered the evaluation report of Phase 1 of the personal budget project a number of recommendations emerge to be taken forward as part of phase 2:

- Update processes, procedures and paperwork using feedback from phase 1 in particular a focus on support planning, monitoring of money being spent and reviewing. In particular to develop a documented framework and guidance developed and as to how money can be used and for direct payments procedures to be amended to reflect the use of personal budgets
- Update information provided to people on employing staff and managing money from feedback from candidates and with people who use services and carers
- Refresh training and development plan for support to staff with enhanced support in place around support planning guidance, self directed support, positive risk taking, support brokerage, health and safety and safeguarding
- Focus phase 2 on a specific team to provide consistency of leadership and peer support
- Continue to develop a system to compare the Resource Allocation System.

Christina

"Personal budgets have made me feel valued as an individual"

"Thank You"