The impact of personal budgets and Direct Payments on older people

Do we need a different approach?

Presentation to Psycho-social Services colleagues, Vantaa, Finland

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Structure of presentation

1. Claims and counter-claims
2. Policy issues for older people
3. Evidence
4. If not Direct Payments, what?
5. The emergence of Personal Budgets and Direct Payments
1. The emergence of Personal Budgets and Direct Payments

- Direct Payments & Personal Budgets in England: what are they?
- Now the sole means of achieving personalised care in England. How did this happen?
  - Independent Living Fund; Cash for Care
  - Younger disabled people have campaigned for more control over care
  - Direct Payments Act 1997
  - ‘In Control’ & campaign for self directed support
  - DH endorsement of In Control
  - DH commissions IBSEN
  - £500m DH Transformation Grant announced before IBSEN findings were published
  - IBSEN findings & response

- After 2008 the focus became not ‘do personal budgets work’? but ‘how can we make them work’?

‘...older people did not find the individual budget system used in the pilot as easy to use as the other groups, and they did not appear to like the idea of managing their own support’.

Extract of IBSEN team summary

‘Since this research was undertaken more support has been put in place for older people and early indicators have shown that this has transformed their experiences of using individual budgets. We will conduct further research to investigate the impacts further.’

Phil Hope M.P., Minister of State for Care Services
1. The emergence of Personal Budgets and Direct Payments

The main *reason* for introducing personal budgets and Direct Payments is to create ‘personalised’ services. Has the term ‘personalised’ replaced ‘person-centred’ in England? If so, what are the implications?

• ‘Person centred’ - easy to describe but hard to achieve
  - Case/care management for older people
  - IPPs & shared action plans for people with learning disabilities
  - Personhood for people with dementia

• ‘Personalised’ & ‘person centred’ seen as the same by many practitioners, but are the values the same?
  - More emphasis on ‘self direction’, ‘user empowerment’, ‘personal choice’
  - ‘Support’ is now used alongside or instead of ‘care’
  - Service user rather than professional definitions of need
  - ‘Customers’ not ‘service users’

‘Personalisation means thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives’.

Carr (2011) p. 3.

‘Individuals not institutions take control of their care. Personal budgets, preferably as direct payments are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care’

2. Claim and counter claim

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<tr>
<th>Advocates</th>
<th>Dissenters</th>
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<tr>
<td>• Response to failures of care management</td>
<td>• Agendas of disabled people subverted by government</td>
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<td>• Better outcomes</td>
<td>• Public services should <em>not</em> be about delivering ‘choice’</td>
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<td>• Empowerment</td>
<td>• Downsides to choice</td>
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<td>• More dignity</td>
<td>• Transfer of responsibility from state to individuals &amp; privatisation of risk</td>
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<td>• A chance to exercise personal responsibility</td>
<td>• Wider concerns re. public sector reform:</td>
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<td>• Fuller citizenship &amp; greater inclusion</td>
<td>o shrinking the state,</td>
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<td>• Marketisation improves choice, drives up quality</td>
<td>o replacement of universal social rights with (increasingly rationed) consumer choice,</td>
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<td>• Better ‘targeting’ /personalisation of care</td>
<td>o the dominance of managerial not professional cultural values in CASSRs,</td>
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<td>• Reduced CASSR care management input</td>
<td>o potential fragmentation of care provision following marketisation.</td>
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3. Policy issues for older people

- Older people are the largest consumers of social care services in the UK.
- Values underpinning key English policy documents: [e.g. Putting People First (2007) Shaping the Future of Care (2009)] are problematic for older people.
- Older people, Personal Budgets/Direct Payments and citizenship
- Are older people being squeezed into a one-size-fits-all model of personalisation?

- People who can exercise independence and self-determination & those who can’t: ‘choice and control’ vs ‘care and protection’
  (Barnes 2011)
- Re-defining of care as a way to restore people to play a role as active citizens – reshaping a fundamental human need to something instrumental and narrowly defined.
  (Lloyd 2010)

‘For many older people, achieving full citizenship is not an ‘aim’ in the same way as...for many younger disabled people. Most older people have already experienced citizenship in the form of an active role in family, work and community life: it is not an unrealised aspiration. However, many do complain of their growing ‘invisibility’ as they age, of the discrimination and exclusion they suffer and the ways in which their citizenship is progressively eroded’.
  (Orellana 2012)
4. Evidence

**In Control**
- Model based on successful work with younger adults with learning disabilities
- Evangelists for SDS and personal budgets?
- Early studies: small numbers, biased samples, no specific focus of impact on older people.
- Later POET survey: analysis of findings for older people found no benefits from SDS/personal budgets.

**IBSEN**
- Very robust design
- Large (ish) samples
- Probably some sample bias
- Couldn’t really consider individual budgets properly – focused on personal budgets
- Analysis of costs and benefits by care group suggested positive impact for younger adults but negative impact on older people
- Speculated that this was because managing a budget caused stress
4. Evidence

- An SSCR funded study 2012-13 to explore if things had changed. Quantitative arm based on Postal survey of 1341 older (75+) DP and MPB users in three ASCDs in England. 339 older people replied.

- No statistically significant differences in outcome for older Direct Payment and Managed Personal Budget users on 3 dimensions
  1. Health (EQ5 D)
  2. Perceived stress (Sheldon & Cohen PS scale)
3. **ASCOT overall scores** = 0.75 for DP users and 0.70 for MPB users. Little difference between DP (top) and MPG users.

ASCOT score profiles suggested that needs relating to accommodation, cleanliness, and food & drink were met for the overwhelming majority in both groups.

However, large proportions of respondents in both groups had unmet needs relating to opportunities for social contact, occupation, and control.
4. Evidence

- Evidence suggests Direct Payments can work for younger disabled adults if
  - Budgets are large enough
  - People have enough information and can understand it
  - There’s sufficient diversity and capacity amongst local care providers
- There’s no robust evidence that Direct Payments work well for most older people.
Do Direct Payments and personal budgets work for older people?

- Older people do not achieve such good outcomes as younger adults when given a direct payment.
- The size of the personal budget doesn’t enable people to have much more than their basic care needs met.
- Direct payments and personal budgets reinforce a view of care-as-commodity in which the customer-is-king.
- Is care a commodity? (Is it about relationships or about transactions?)
- Are consumer rights replacing citizenship rights? Does it matter?
- The ‘model’ of personalisation and use of direct payments as the means of achieving personalised support may not suit many older people.
5. If not Direct Payments then what?

- Older people may want choice and control, but to exercise it in a different way.
- Restoration of lost abilities to enable full community participation isn’t always realistic.
- Independence isn’t always what older people want.
- Empowerment may mean the ability to ask others to do things for or with them rather than them having to do it themselves.
- Control may be more effectively exercised through opportunities for older people to develop relationships of trust and friendship.
5. If not Direct Payments then what?

Conclusions

We may need to think less about choice and following processes & much more about what good care looks like:

Good care depends on the quality of the care relationship:

‘Commissioning on the basis of ‘time and task’ has excluded the costs of the emotional labour needed to build a relationship with the user’

(Lewis & West 2014:5).

Person-centred care may offer a better approach than ‘personalised’ support to the kinds of issues facing older people – but would require:

- Recognising the importance of the care relationship
- Genuine co-production of solutions to care & support needs
- Adequate remuneration

Social Care Personal Assistants may offer an alternative
Selected references


Woolham, J., Daly, G., Steils, N., & Ritters, K., The evolution of person centred care to personalised care, personal budgets and direct payments in England: some implications for older users of social care services, Sociologia e politiche Sociali 18 1 145-62

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