Making managed personal budgets work for older people

Summary
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Older people are at risk of being failed by personalisation and personal budgets. As older people are by far the largest group of social care users, if personalisation isn’t working for them, then personalisation isn’t working.

A new publication from Age UK reviews the system and practice issues that need to be addressed:

• What’s gone wrong
• What needs to be done
• What older people want
• How systems and processes must change
• The practices that can deliver personalisation

For further information and evidence, see:

Age UK Expert Series: Making managed personal budgets work for older people: What older people want, what works and how to achieve the best outcomes.

www.ageuk.org.uk/personalisation
Looking back

The vision

*Putting People First*, the ‘concordat’ between government and the care sector published in late 2007, heralded the biggest change in social care since the creation of the welfare state. It was a landmark in the half-century-long struggle of people with all forms of care and support needs to take control of their own lives and of their care and support services. There was to be a massive shift of power from professionals to people. Those who need care and support know best what their needs are and how they are best met. By putting choice and control – and resources – in the hands of those on the receiving end, we would develop a care system that is more effective, more efficient and more humane.

Older people missing out

From the outset, older people have tended to be at the back of the queue in terms of personalisation. When direct payments were first introduced, over-65s were excluded. When individual budgets were piloted, older people were included in only a few areas. When evidence emerged that older people did not reap the same benefits as younger disabled people, it was ignored. When personal budgets were rolled out, older people were usually the last to benefit. When they were finally included, they often experienced a more restricted assessment, which took little or no account of their need for social contact and rewarding activity. When resource allocation systems were established, they were often designed to give smaller budgets to older people.

One size does not fit all

The system of personalisation based on personal budgets and direct payments was designed with and for younger disabled people. Older people have tended to find themselves squeezed into a one-size-fits-all system that was not designed with them in mind – ironic, because above all, personalisation is about moving away from one-size solutions. Of course, in many respects the aspirations, abilities and care needs of older people are much the same as those of younger adults. However, older people are more likely to be assessed at times of crisis; and more likely to be experiencing fluctuating and unpredictable conditions. Unlike younger disabled people, who may never have experienced being in control of their own lives, older people do not necessarily find direct management of their budget liberating and empowering. For many, this is just another hassle on top of all the other hassles they’re already dealing with.

Making do with second-best

After a slow start, older people are catching up. The numbers of people aged 65 and over recorded as receiving self-directed support almost quadrupled between 2009/10 and 2011/12. But this increase was almost entirely due to an increase in the number of older people having a personal budget managed by the council, rather than direct payments. About 85 per cent have a managed budget. This may well reflect older people’s preference for not having to manage the money. But all the evidence to date suggests that those on direct payments do best. Those on managed budgets, in practice, experience very restricted choice and very little control. Some are not even aware that they have a personal budget. The solution is not to force older people to accept direct payments they don’t want. The solution is to ensure that managed budgets deliver real choice and control.
A problem recognised

In summer 2012, the Association of Directors of Adult Social Services (ADASS) published *The Case for Tomorrow: Facing the beyond*. In it they recognised that, for the reasons outlined above, personalisation is failing to deliver for many older people. It is no longer a heresy, or a sign of unreconstructed paternalism, to question the effectiveness of personalisation as currently being implemented. ADASS called for a review to explore how to make personalisation work for older people. This new publication from Age UK is a contribution to this process.
What older people want

Some older people welcome the option of a direct payment. Many do not, but they still want choice and control over the help they receive: who, what, where, when and how. This often has less to do with a choice between providers and more to do with a choice about how support is delivered by the chosen provider. Older people value:

• Support from a named person, from assessment through to support plan implementation and beyond, to ensure that it remains appropriate
• As little bureaucracy as possible
• Flexibility, continuity and on-going relationships with care providers
• Getting out and about, with support if necessary, and being involved in social and community activities
• Help to put creative support arrangements in place, but also traditional services: day services and activities, help with housework and gardening
• The same types of help, especially to plan care and support and to put it in place, regardless of how it is being funded.

Supporting people to make choices

Access to a budget does not, in itself, ensure choice or personalisation. Many self-funders exercise little real choice and often achieve poor outcomes. Often people have little understanding of what is available and what is possible. People with care and support needs require:

• Good, accessible information and advice, as early as possible in their ‘care journey’, with the option of face-to-face contact
• Access to advocacy, especially for people with dementia and others who may have difficulty in representing their needs
• Person-centred support that starts with the needs, capabilities and preferences of the individual, not with service-based solutions or categorisation of need
• Help to understand what is possible within the care system and what support and opportunities are available within their local community
• Assistance to plan care and support, put it in place; and review its continued effectiveness and appropriateness as needs and circumstances change.
Making a reality of choice

Choice is meaningless without diversity. People need to know what is available and the options have to be realistic for them. Resource allocation systems should generate indicative budgets that are adequate to meet assessed need – where they fall short, budgets must be increased. But there is also a responsibility on local authorities and providers to increase the range of choice.

- Local authorities must take an active role in stimulating and managing the market to deliver the quality, diversity and volume of services needed.
- It must be recognised that individual purchasing power alone cannot ensure a high-quality and diverse social care market.
- Information derived from individuals’ goals, priorities and preferences should inform decisions when planning and commissioning for populations.
- People on local authority-managed personal budgets should have the same choice as others, not be restricted to ‘preferred’ providers.
- Providers share responsibility for ensuring diversity: choice within services is as important as choice between services.
- Providers should use person-centred methods to tailor their services to the needs and preferences of individuals.
- Person-centred practices can be used to deliver both one-to-one and group-based services.
- Individual Service Funds, managed by providers or others, offer a creative alternative to both direct payments and local authority-managed budgets.
- Individual Service Funds can support outcomes-based commissioning.

The contribution of the voluntary sector

Many voluntary organisations are care and support service providers. They also have a crucial role in providing information, advice and advocacy; and in providing support planning and brokerage services. Many older people, including self-funders, would prefer to receive these services from a known and trusted, independent organisation, rather than from the statutory body responsible for determining eligibility and rationing resources. But voluntary organisations are not only service providers: they can also work to bring people together in community networks. This can include volunteer or good neighbour support schemes, bringing personal budget-holders together to jointly purchase services, and facilitating the development of peer support. The latter has been shown to be invaluable in helping people to make effective use of their budgets and in managing the practicalities of direct payments. All these sorts of activities also help local authorities to meet their targets in extending choice and control.
Expert series

The Age UK expert series is for people influencing, designing, commissioning and delivering services for later life. The reports present evidence, lessons from experience and practical solutions.

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