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Citation for published version

Brookes, Nadia and Callaghan, Lisa and Netten, Ann and Fox, Diane (2015) Personalisation and innovation in a cold financial climate. British Journal of Social Work, 45 (1). pp. 86-103. ISSN 0045-3102.

DOI

https://doi.org/10.1093/bjsw/bct104

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Personalisation and innovation in a cold financial climate

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Abstract

There are many drivers for change and innovation in adult social care and one of the most significant is the personalisation agenda, however whilst resources are always limited this does have its roots in a more relaxed financial climate than currently prevails. This article draws on findings from a scoping study which aimed to identify future areas for research to assist councils in developing and commissioning personalised services. Twenty local authorities were surveyed and in three case study areas, interviews and focus groups conducted with staff and service users to explore progress with

personalisation and identify innovative practice. Although at the time of the study the impact of resource reductions had yet to be felt, budget cuts were seen as a potential impediment to future developments. The innovative practice identified demonstrated approaches to tackling some of the challenges of personalising social care and a commitment from practitioners and commissioners to find ways to do this. However, it remains to be seen whether the cold financial climate results in a top-down prescriptive approach to personalisation or leads to local innovation to enable people to make decisions about their needs.

Keywords: personalisation, innovation, cuts, outcomes.

Introduction

There are differing views as to the exact origins of the concept of personalisation but it is generally accepted that in the context of social care in England it has its roots in community care reform, the disability, mental health and service user movements, and has been shaped by policy makers and think tanks, most notably through the influential report *Personalisation through participation* (Leadbeater, 2004). The application of the concept of personalisation to adult social care in England was announced in *Putting People First* (HM Government, 2007) and confirmed in the Coalition Government's Vision for Adult Social Care (Department of Health, 2010). In 2011 the *Putting People First* programme was replaced by *Think Local Act Personal* (Department of Health, 2011a), a sector wide agreement to taking forward personalisation and community-based support. The current objective, at the time of writing, is that all publicly funded users of social care services should have a personal budget (PB) by April 2013 in the form of a direct payment where possible (Department of Health, 2010).

This paper reports on progress with personalisation of social care services in a number of local authority areas across England and describes interventions and approaches which were regarded as innovative in the areas in which they were developed. There follows a discussion of the implications

of the findings for the implementation of personalisation and the development of innovative solutions in a climate of continuing financial constraints.

There are many drivers for change in adult social care but one of the most significant in the UK and across Western Europe is the personalisation agenda with self-directed support (SDS), PBs and 'choice and control' important innovations in social care. In delivering personalisation there is recognition that for 'real' choice there needs to be a range of services for people to choose from that reflect individual needs and aspirations (Leadbeater et al., 2008; Mickel, 2008; NAAPS, 2009). Local authorities and the third sector both have important roles to play and to meet this need the development of new and innovative services is likely to be required (Kastner and Walsh, 2008; Manthorpe et al., 2011).

The public sector spending cuts in the UK have been well documented since the Coalition Government made the Spending Review announcement in 2010 (HM Treasury, 2010). Increasing pressure on adult social care budgets will lead to differing responses from local councils with some taking proactive positive steps to deal with this and others reacting as developments occur. Some local authorities are likely to see the current financial crisis as a spur to faster transformation whilst others will pursue more traditional cost-cutting measures (Duffy, 2010). However, there is still a lack of clarity over the scale of cuts for local authorities and the implications of wider changes taking place such as those within primary care and public health (Smith and Cavill, 2010). Whilst resources are always limited, personalisation does reflect an aspirational agenda that has its roots in a considerably more relaxed financial climate than current prevails.

There has been research conducted into different aspects of personalisation, including the implications for and impact on providers (Patterson, 2010; Baxter *et al.*, 2011), social work practitioners (Lymbery and Postle, 2010; Leece and Leece, 2011) and people in receipt of services and their carers (Wood, 2010; Hatton and Waters, 2011).However, the current evidence base in the

area of personalisation of social care services is limited and there is little information available to facilitate councils and providers in commissioning and developing cost-effective options for service users. The aim of the scoping study drawn upon here was to begin to address this and identify areas for future research that could provide the foundation for greater understanding and knowledge in this field.

The study

The findings reported here form part of a wider scoping study conducted over an eighteen month period funded by the National Institute for Health Research School for Social Care Research. The study had ethical approval from the Social Care Research Ethics Committee and support from the Association of Directors of Adult Social Services.

The approach

There are various definitions of what a 'scoping study' entails but generally this consists of non-systematic reviews of the literature and other elements such as literature, conceptual and policy mapping. In this case the definition adopted is that of Anderson et al. (2008) to 'contextualise knowledge by identifying what we do know and do not know, and then setting this within policy and practice contexts'. Therefore, aspects were followed up in more depth than would be usual practice in a scoping exercise and this element provides the focus for this article.

The project commenced with some initial scoping work which involved: analysis of the content of support plans collected as part of the Individual Budgets evaluation (Glendinning et al., 2008); a review of the academic and practice literature; and consultations with user-led organisations, policy makers, provider groups and those responsible for practice development. The phase reported on here aimed to follow up on the issues raised during the first phase of the project through a survey of a sample of local authorities in England and some illustrative case studies of a small number of councils.

Survey of local authorities

The aim of the survey was to establish a more detailed snapshot of the ‘state’ of personalisation across England. The intention was to survey individuals with lead responsibility for personalisation within 30 local authorities. Sampling of councils was based on the percentage of clients receiving social care through SDS based on information from the National Indicator Set 2009/2010.These percentages were used to rank councils within their regional groups as low, medium or high in their move towards implementing the personalisation agenda. One council was selected from each group and where contact could not be made with the personalisation lead within the project timeframe or they did not wish to participate, the next in the ranking was approached.

The survey was conducted during April and May 2011 by telephone and covered the following areas: the impact of council spending plans on personalisation; progress with personalisation; the main focus currently; innovative practice; the effect of personalisation on the local care and support market; outcomes for service users; the ‘ideal’ personalised service; and future research.

The final sample included respondents from 20 local authorities (London and the East Midlands were the only regions not represented) see Table 1.

[Insert Table 1 Description of 20 survey areas]

Local authority case studies

All local authorities with social care responsibilities were invited to take part in the scoping project. Nine local authorities expressed an interest, four were selected on the basis of having made the most progress with the personalisation agenda and were involved in activities potentially promising or innovative (one subsequently did not take part due to the project timeframe). Fieldwork took

place in the three local authority areas between August 2010 and January 2011. The data collection methods used were interviews and focus groups.

The personalisation lead facilitated access to other staff working in each of the three local authority areas, both managers and practitioners. These included care managers and brokers, commissioners and providers of interventions identified as innovative. The interviews were semi-structured and although tailored to particular staff groups generally covered the following: changes to ways of working as a result of personalisation; benefits of personalised services; examples of new services or innovations; types of arrangements with service providers; gaps in provision; services facing reduced demand; cost implications of personalisation; challenges to personalisation; 'good quality' and what does this mean; lessons learned; and future research.

Service users and carers were either interviewed individually or took part in focus groups (this was usually where they were already part of an existing group). Access to the service users and carers was facilitated by local authority contacts or through third sector organisations. The semi-structured interviews and the focus groups covered similar topics such as: previous use of services and support; the experience of setting up a personal budget (if appropriate); impact on quality of life; good and bad experiences of personalisation/personal budgets; and services not available. Table 2 illustrates the different types of participants by local authority area.

[Insert Table 2 Participants by local authority area]

Twenty three service users participated in the study, eight had a learning disability, six a physical disability, six mental health issues, two were older people and one had a long-term health condition.

Analysis

Quantitative analysis drew on the responses to the survey with the personalisation lead officers which were transferred to Microsoft Excel. Descriptive statistics were produced for answers to closed questions and responses to open questions charted.

The qualitative analyses drew on data from the semi-structured interviews and focus groups with the local authority staff, providers, service users and carers. The majority of the interviews and focus group discussions were audio recorded, transcribed and anonymised (with permission). The data were analysed using a general inductive approach, a systematic procedure for analysing qualitative data where the analysis is guided by specific research objectives (Thomas, 2006). NVivo specialist software was used to support the analysis. The procedure for assessing the trustworthiness of the data analysis was through credibility or stakeholder checks with research participants and other people with a specific interest in the research. Interpretations and conclusions were also verified by returning to the transcripts and on-going discussions within the research team.

Findings

This section describes the survey findings followed by the description of the local authority case studies.

Survey of local authorities

Impact of the current financial situation

The majority of local authority representatives (15) felt that it was too early to assess the impact of council spending plans on the implementation of personalisation. The changes reported as a response to a reduction in resources were mainly to do with providing services differently with a focus on efficiency savings. This involved reducing back-office functions with self-assessment and on-line services or moving away from block providers. Eight local authorities mentioned that budget cuts had changed the focus to prevention and reablement so that people 'didn't end up at their door

in the first place' and onto looking at need rather than client group. Seven respondents felt that the current financial climate had led to resistance from some staff and clients as personalisation was seen as not about choice and control but a response to budget cuts, a cost-cutting exercise. The majority of the councils (18) had already been working within a framework of critical and substantial needs criteria and indicated that there would be further 'tightening up', more consistency and more scrutiny in assessing individual need.

Progress with personalisation

Half of the local authorities surveyed said they had reached the milestone of 30 per cent of eligible service users having a personal budget by April 2010. Most local authorities (17) felt that the Vision for Adult Social Care aim that everyone eligible for on-going care and support should have a personal budget by April 2013 was realistic. Personal budgets tended to be introduced for all new eligible clients and at reviews for existing clients, and so it was likely that all reviews would have taken place by this point. However, three respondents did indicate that this would depend on whether this would include direct payments and budgets still managed by the local authority.

Exciting or innovative developments

Local authorities were asked whether there was any exciting or innovative work going on in their area. On the whole they struggled to do this but some of the developments identified were:

- An online resource directory which captured gaps in service provision based on searches conducted.
- A programme which supported people who use direct payments to employ their own personal assistants (PAs).
- Bringing together domiciliary care with housing-related and low-level support in client's own homes, with an emphasis on delivering preventative services.
- Development of an online matching service, matching PA skills, training and interests with service users with a particular need.

- Requiring assistive technology to be part of every assessment.
- Funding voluntary organisations to work directly with clients to develop their support plans and develop capacity and knowledge within their organisation.
- Online services for self-assessment, signposting and managing accounts.

Local care and support market

Five of the local authority representatives surveyed were aware of services facing reduced demand, mainly day centres. It was suggested that this was because they did not offer a personalised service or that individuals would rather use mainstream services. Nine respondents indicated that reduced demand for services had not occurred in their area and a further six did not know. Similarly, five of those surveyed were aware of services having been decommissioned, again mainly day centres. Only two indicated that there were challenges associated with this, that some people still wanted to use existing services and were wary of change. Five respondents did not know if there were any gaps between services available and what people wanted to buy with their personal budget. The majority indicated at least one potential area, the most common being lack of suitable daytime activities.

Use of outcomes

In order to explore the impact of personalisation on outcomes for service users, the domains of social care related quality of life used in the Adult Social Care Outcome Toolkit (Netten et al., 2010) guided questions. Local authority representatives were asked which areas of outcome for people who use their services were most challenging to achieve. Only half of respondents could answer this question and mentioned support getting into employment, aspirational outcomes, social inclusion and personal sexual needs. About half of those questioned did not mention specific areas of outcome but highlighted particular issues they were having with the use of outcomes. These were problems of definition and measurement, a focus on need and eligibility rather than outcomes and the subjective nature of individual outcomes.

The areas that the council representatives perceived needs were being met were 'occupying time in a meaningful way' (keeping fit, employment) and 'being personally clean and comfortable'. Sixteen of the 20 individuals surveyed felt that their local authority had improved in their ability to meet individual needs and goals since the introduction of personal budgets and personalised services. Although most indicated that evidence for this was largely anecdotal they were aware of some 'great personal success stories'. There was no systematic measuring of performance of services within the majority of the local authorities surveyed. Progress was generally measured by one or more of the following: feedback from service users; feedback from staff; individual review; ad hoc surveys; and collating complaints and compliments.

Personalisation successes and challenges

The local authorities surveyed were asked what the biggest success so far had been in the move to personalised services, responses included renewed partnerships, culture shifts and engagement with service users. The biggest challenge local authorities were facing in the move to personalised services was related to culture change, amongst frontline staff, providers and across the council. This was illustrated by examples of resistance from some staff to personalisation, the change required in how customers are viewed and the difficulties in running a care management system alongside a personalised system. This was followed by budget cuts where there was a suggestion that although the impact of this was not being felt at the time of the study, savings implemented over the next four years would inevitably result in cuts to frontline services and impact on the financial health of providers.

Local authority case studies – delivering the personalisation agenda

The three local authority case studies are described including a brief description of the council, overall progress with the personalisation of services, challenges, gaps in services and followed by innovation examples where appropriate.

Local Authority 1 (LA1)

LA1 is a northern metropolitan borough council. The council had been involved in a range of activities in the move to the personalisation of services and offered a range of models of individualised support and unique methods of peer support.

LA1 had developed virtual budgets, piloted approaches for different user groups, and was moving towards managed accounts for people who did not want a personal budget as a direct payment. They were currently developing outcomes-based reviews to assess the impact of personal budgets. There had been changes to day services and a lot of work had taken place with providers around 'meaningful activities' According to staff the main challenges were achieving a cultural shift and integrated working across health and social care, appropriate services were often available but not always in the local area and there was a lack of PAs who wanted to work for one person in the long term.

Innovation Fund

The local authority wanted to develop and stimulate different types of services, in order to have real diversity for PB holders. LA1 developed an innovation fund model where 15 small-scale services were set up. Age UK were awarded funding for a Silver Surfers project where volunteers went out and supported people who could not get to IT classes to use the internet. This was a low investment project that enabled older people to do their own shopping, contact family who lived far away and so on. Internal evaluation of the fund was very positive and this approach was now being extended to other areas, for example mental health, stroke, learning disabilities and with faith groups.

Mental health service user personal budget pilot

One-off PBs were piloted with people with mental health problems to help deal with capacity and risk issues. The pilot gave each person a one-off budget of £300 and there were 150 people were

involved in total. It was run as a partnership between the local authority and a social enterprise that supported people who may have been experiencing emotional or psychological distress (who acted as the broker). Anyone who had a care coordinator in the last five years could apply and people self-referred or were referred through a mental health practitioner. Once it was agreed they were eligible the broker discussed with the individual how they would spend the money. Individuals were also helped to think through how they would demonstrate the money was 'working'. The scheme measured outcomes for the pilot by using the Warwick-Edinburgh scale of well-being.

People used the PB to purchase amongst other things, a shower, piano lessons, fishing rods, a laptop, complementary therapy, holidays, a college training course and a camera. One service user spent the PB on a family holiday, which helped to rekindle the relationship with her children and helped her gain confidence to go back to work as a teacher. Another example was someone who had a history of multiple Accident and Emergency and General Practitioner visits who spent the money on alternative therapies which coincided with a 'really drastic reduction' in attendance at other services.

This was a very broad, preventative approach and one of the most successful pilots in terms of reported outcomes for individuals. The overall view was that the PB could act as a 'seed' or catalyst with the potential for the effects to be far-reaching. However, it was recognised that other support might also be in place for the person and that the one-off PB could not deal with all their problems.

Family home based day care scheme

A small 'alternative' day care scheme based in the manager's family home was provided with funding to expand the service. Clients were mainly older people and people with learning disabilities with a small number of people with mental health issues. Referrals came from social services, the primary care trust and memory clinics. Clients were picked up from their homes each day and over breakfast together at the house they decided what they wanted to do during the day.

The day care scheme encountered initial resistance and a lack of collaboration from other organisations. The initial and continuing support from commissioners was important in getting the scheme up and running. There was a perception that the scheme was de-stigmatising as it was available to all client groups and allowed individuals access to mainstream activities. The main benefits were seen as service users having choice over what to do each day and the encouragement to develop independent living skills. The home environment seemed to be a key feature as well as the choice and variety of activities that service users could take part in. Participants described a range of activities, as well as leisure and social activities and exercise, they learnt household and independent living skills such as washing up, doing the laundry, preparing food and internet skills. They were also supported to access voluntary and employment opportunities.

Local Authority 2 (LA2)

LA2 is a south eastern shire council and support brokerage was a major feature of personalisation for the council. They had eight external brokerage providers, an internal brokerage team and a tender underway for block brokerage contracts. When the market had matured, they planned to issue brokerage vouchers to give service users more choice. There was an intensive support programme for carers of people with dementia which offered a range of services so that people could choose what suited their needs best. Learning disability commissioners were also reviewing a wide range of block contracts and moving towards framework agreements which would give service users more choice about where they lived and who they lived with.

Staff saw one of the main challenges as the fact that new markets had been slow to develop**.** The numbers of people receiving personal budgets were relatively low, the level of funding per person was limited and care managers and older people had been fairly conservative in their aspirations. In addition, it had been difficult to reformulate re-commissioning strategies because changing patterns of demand had not been sufficiently strong to justify ending most existing contracts. Day time

activities were the area in which it had been hardest to meet needs, people wanted to use 'normal' services and facilities but getting them to the service/facility locations had been an issue. This linked to the lack of available PAs and the reported reluctance of agencies to support people to do something that had an element of risk.

Support with Confidence scheme

LA2 realised that many of the services people wanted to purchase were not registered anywhere so the council started a Support with Confidence scheme. The initial focus was on registering PAs. The scheme dealt with checks, references and training, free to the PA. All the registered PAs were listed on the council website where service users, brokers or care managers could see their details. The council believed that this had widened out the market considerably because people who traditionally bought their services from care agencies were now employing PAs themselves. The Support with Confidence model has been adopted by a number of other local authorities but is licensed to LA2.

Individual Service Funds for nursing home residents

A group of nursing home staff attended social inclusion training provided by the National Development Team for inclusion (NDTi) and the local authority put them in touch with a broker from Age UK who provided services for free. Six residents were selected initially and the broker discussed with them and their relatives what activities they had enjoyed doing in the past. Care staff also fed in any information they had picked up during their day to day interactions with the residents.

The broker explored whether the activities enjoyed by the resident were available in the local area and gathered all the information about cost, opening times and access. Activity staff from the nursing home visited each location taking into consideration the needs of each of the residents. The approach was being extended to a larger number of residents as the original group were reported to display fewer behavioural problems. Staff felt there was better integration with the local community and relatives were extremely satisfied. Initial input from the broker was a key factor as the staff did not have the time required to research all the local resources. It was necessary to be creative and to take calculated risks, starting small was also seen as part of its success building up to larger numbers.

User-run sports and social group for people recovering from mental health problems

A group was set up that supported people to build communication skills, help prevent social isolation and reduce social anxiety by providing a ’stepping-stone’ from formal mental health services back into the community. A day centre ran a sports group and when the centre closed the manager encouraged group members to continue it themselves. . Direct payments were used to fund the group activities.

The perceived benefits of the group were that it was based on the interests of group members, members were friends not clients so there was a very different power relationship than between professional and patient. It could also be flexible as it was not tied to staff working hours. Participants felt that it enabled the sharing of coping strategies and seeing other members who were a few more steps further towards recovery made their own seem possible. The group met socially, giving them something to talk about other than mental health issues which could feel like the sole identity of the sufferer.

Local Authority 3 (LA3)

LA3 is a northern city council with an ambitious programme of transformation, including the development of new models of service delivery, realigning existing services, and decommissioning services which did not demonstrate positive outcomes. An online directory had been developed which provided information about the range of services and support available from providers across the city. The local Centre for Independent Living was being developed into a user-led organisation to provide independent brokerage for budget holders. A peer support group for direct payments and personal budgets had been established. This group ran a user-controlled website which provided information and a discussion forum. Commissioning teams were developing more flexible arrangements with service providers and the number of buildings-based services for older people and those with learning disabilities was being reduced.

Staff felt there were challenges including financial sustainability, achieving service transformation and staff resources available. At the time of the study LA3 did not know where the gaps in provision were as they were not sure what demand there would be for which types of services. LA3 felt it was at an early stage in delivering the personalisation agenda and their PB pilot was small so they could not extrapolate from this. There was a view from some staff that day time activities and supported employment opportunities would be a gap in service provision.

Discussion and conclusion

There are limitations to the evidence drawn on here. The survey sample was a self-selected group and their role as 'personalisation leads' may have influenced the views expressed. The necessity to rely on 'gatekeepers' within each case study area may have influenced the staff and services researchers were directed to, and therefore the overall views reflected. The service users who participated tended to be younger and at the more able end of the spectrum of social care users. The project was a scoping study and therefore the innovations highlighted are merely described,

evaluation was beyond the remit of the project. Despite these limitations, there are some useful messages and implications for social work practice.

Impact of the current financial situation

The survey of local authorities was conducted only a year after the planned acceleration in the reduction of the structural deficit, which may explain why respondents felt it was too soon to assess the impact of council spending plans on the implementation of personalisation. The results of the survey indicated that savings so far had primarily been sought from streamlining administrative processes and rationalising 'back-office' functions. It was not clear at the time of the study whether cuts would be confined to non-front line services or whether this would go further, but there was an expectation that this was likely to happen in the future and there are early indications from elsewhere that this might be the case (Care and Support Alliance, 2011; Liquid Personnel, 2011; Dunning 2011). Some local authorities highlighted that austerity measures had changed the focus to prevention and reablement but this was at the same time as working within a framework of critical and substantial needs criteria which was likely to tighten further. There is some evidence to suggest that adopting this approach to eligibility negates a focus on prevention and early intervention (Lymbery, 2012).

Personalisation as a 'way of thinking about services' was generally seen to have broad support. This has been reported elsewhere, with personalisation believed to be universally accepted as a 'good thing' (Ferguson, 2007). However, its image does seem to have suffered amongst some staff and service users as a result of implementation at a time of financial constraint. There was a sense from some study participants that personalisation was seen as a cost-cutting exercise and a response to budget cuts rather than about the promotion of choice and control. Needham (2011) found a similar view that the popularity of personalisation as a policy approach was seen as being used to justify cutting budgets and Beresford (2009) suggests that this scepticism could have some basis in that without adequate funding personalisation could lead to 'cuts by stealth'.

Progress with personalisation

Throughout the project, staff in the local authority areas reported that it still felt like 'early days' in assessing the impact of the personalisation agenda on services provided by adult social care departments, and therefore on providers, practitioners, service users and carers. This was despite the fact it had been three to four years since the publication of *Putting People First*. Differing levels of progress across the country have been reported elsewhere (Smith and cavil, 2010; ADASS, 2011b) as implementation requires major change from providers and local authorities, with the scale and complexity depending on the circumstances of the organisations and where they are starting from.

There was a difference in the perceived progress with personalisation as a way of working and the introduction of PBs, which is one key element in the move to personalise services. The local authorities in this study did believe that everyone eligible in their area would have a personal budget by April 2013. However, this would suggest that the number or proportion of service users in receipt of a PB does not necessarily reflect wider progress with personalisation. The number of PBs alone also does not indicate whether this led to increased choice and control and improved the quality of life for service users and their carers.

Outcomes

Even though through *Putting People First* local systems were meant to be co-designed and implemented for assessing outcomes for users for personalisation, prevention and early intervention to promote improved quality in services (SCIE, 2010) this was not evident from participants in this study. Again, this may have reflected slow progress with the personalisation agenda at the time of the study but it did also appear to be linked to the case management process of goal setting and annual review. This process led to a perception that service user aspirations were so individual and subjective in nature they did not lend themselves to measurement or progress towards these was

hard to define. It would suggest that work with local authorities on understanding outcomes still needs to be done.

It is important that councils are able to identify and support services and approaches that 'work' particularly in a time of restricted budgets. There was limited measurement of the performance of services, 'success' was measured through personal stories and gathering feedback from staff and service users with very little emphasis on capturing evidence of change as a result of interventions or approaches. It could be argued that the purpose of the vast majority of social care activities is to maintain or improve well-being and that there is a link between achieving the goals, aspirations and priorities identified by service users and their quality of life. There are measures such as ASCOT which measure social care related quality of life (SCRQoL) valued by the people who use services (Netten et al., 2010) which could be useful for this.

The local authorities found it difficult to pinpoint successes in the move to personalised services at the time of the study. The main successes highlighted were concerned with ways of working whether this was building relationships with other organisations, changing practices internally or active engagement with service users. However, these ways of working were also seen as the main barriers and culture change was identified as a particular barrier. Beresford (2009) identified that major policy reform almost invariably requires change in attitudes, values and culture and so this is not surprising. The uncertainty over the role social workers should play in the personalisation of social care services (Lymbery, 2012) could also have played a part in this.

Other factors seen to impede progress were future budget cuts and issues with integrated working across health and social care. Whilst Leadbeater et al. (2008) have suggested that personalisation might enable budgets to stretch further Glasby (2011) believes that the money saved would be unlikely to compensate for the extent of the cuts required. The likely savings have been found to vary with service user groups, those with learning disabilities the most potential, older adults the least and the IB evaluation (Netten et al., 2012; Glendinning et al., 2008) found that outcomes for

service users depended on the level of expenditure, whether they had an IB or not. The international literature has suggested that central government has a role to play in addressing some of these barriers, for example in addressing adult social care funding issues and the alignment of funding streams across health and social care (Carr and Robbins, 2009).

Innovation examples

The examples of innovative practice highlighted through the study all have in common that they were introduced successfully and both service providers and service users felt that the approaches chosen and results achieved benefited the users. During the review of these examples it was not possible in every instance to provide a comprehensive set of reasons for why the innovation was seen as successful. It is clear that these assessments were subject to interpretation and subjective view and thus far there had been a lack of in-depth analysis particularly around value for money, outcomes and impact. Nevertheless, it is possible to draw some general conclusions and lessons as to why they were seen as successful.

The innovative practice highlighted did not take place in isolation but was part of a wider re-design of systems and processes within the local authorities. Strong leadership and support were viewed as key to their success particularly where there was initial resistance from within or outside the organisation. Some, usually small-scale, funding was needed to set up new services or develop existing provision. Cultural change amongst staff was required for actively involving service users which was an important element in the majority of the examples highlighted. Flexibility was the word associated most often with the services as this was seen as key to successful design and delivery of choice for service users.

Creativity and the taking of calculated risks needs to be supported, , the types of innovation described required investment from the councils, both in terms of staff time and seed funding.

These interventions also highlighted ways to provide services for older people and people with mental health problems, two groups that have been identified in the literature as being most difficult to include in the move to personalisation (Newbronner et al., 2011). By their very nature these innovations are context and place-specific but could be adapted and made relevant to other situations. Some are 'works in progress' but all demonstrate a different perspective on tackling some of the challenges of personalising social care and a commitment from practitioners and commissioners to find ways to do this.

The cold financial climate poses both possibilities and threats in terms of personalisation and innovation, and individual local authorities will respond differently. The unparalleled level and pace of public sector funding cuts and the current decentralisation agenda in the UK means that local councils have been left to make their own decisions about where to make savings. Personalisation will remain an important part of political discourse but the detailed policies and practices will differ by local area. The reductions in public spending could therefore result in top-down, prescriptive directives for personalisation or lead to local innovation, as described here, to enable people to make decisions about their needs.

Acknowledgements

This article presents independent research funded by the National Institute for Health Research (NIHR) School for Social Care Research (SSCR). The views expressed are those of the authors and not necessarily those of the NIHR SSCR, the Department of Health or National Health Service.

We would like to thank the study participants for sharing their views and experiences. We are grateful to Jill Manthorpe for helpful comments on an earlier version of this article.

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Table 1 Description of 20 survey areas

	East of England	North West	South East	West Midlands	Yorkshire & Humber	North East	South West
Shire	2		1				1
Unitary	2	1	1			2	5
Metropolitan		1		2	2		
Low % SDS	1	1	1	1	1		1
Medium % SDS	2	1	1			1	3
High % SDS	1			1	1	1	2
	4	2	2	2	2	2	6

Table 2 Participants by local authority area

	LA1	LA2	LA3
LA staff	8	3	3
Providers/other	3	4	6
Service users (interview)	-	1	8
Service users (focus group)	9	-	5
Carers (interview)	-	4	-
Carers (focus group)	1	7	-
Total	21	19	21