

Finding robust ways to avoid a personal or post code lottery in budgets for individuals' social care

Our study is examining thousands of awards to work out standards and methods that will ensure portability, fairness and sensitivity to personal needs – wherever you live. We know that crude banding of people, allocating each a certain set of services or sums of money will not work well.

It isn't easy to make sure that someone gets the right level of social care. Resources, whether spent through a personal budget or allocated by social services, should match your particular needs, given financial constraints. They should also be fair, compared with what others in the same boat receive. And your entitlement should not vary much between places, making it portable if, for example, you move from Newcastle to Penzance. That's the ambition set out in Government's recent White Paper, 'Caring for our Futures'.

Achieving this is a hugely complex task. It requires analysis of a vast amount of data to establish valid norms. A great deal of knowledge, simplified and systematised, is needed to underpin soundly based assessments. Each person's care and support must be rooted in how similar people are treated plus, crucially, the particularities of the individual concerned.

The SSCR is trying to create an easy-to-use way of making this goal a reality. It has funded the Personal Social Services Research Unit at the University of Manchester to develop an evidence-based approach which will ensure that social care is both appropriate for need and that

variations avoid creating a personal or a post-code lottery.

Together with FACE Recording and Measurement Systems, we are gathering and working through a vast amount of data collected by local authorities on how they actually award care and budgets. We are looking at allocation between and within the four main groups that use social care – older people, mental health service users and those with learning or physical disabilities.

The model we are developing has to avoid key pitfalls. We know, for example, that crude banding of people that allocates them each a certain set of services or sums of money for a personal budget will not work well. Averages created from thousands of cases might still be way out for individuals. Careful personalisation still must take place. You can't, for example, allocate a sum for a person's psychotic illness and then a separate sum for their physical disability and leave it at that. Complex combinations of difficulties can greatly multiply over all needs, so the thinking may not be $3 + 3$ equals 6, but 3×3 equals 9.

For example, Mrs Smith might fit into Band A, because of a set of difficulties.



'The old way people were assigned care was not good, but the new methods, with simple point scoring, can be an insult to the way people live their lives. In my own case, they don't understand the complexity of my daughter's needs.'

Carer of young woman with mental health and physical disabilities

But a closer look at her needs may require that she goes to the upper end because of where she lives, the nature of her home, the fact that she has a particular condition such as a mental health problem that requires managing medications or because she is a carer for someone else. This type of careful personalisation, taking account of uniqueness, must be built into the model if it can be used both for assessing personal budgets and packages of care, according to people's preferences.

A key challenge for us is not just getting the tool right, but getting it adopted. In many ways, the method for achieving both accuracy and adoption is the same – the involvement of stakeholder groups right from the start. We have built the

adoption process into the development. The data gathering on how care and budgets are actually being allocated has involved 25 local authorities and the data set will include a minimum of 6,000 people. Our preliminary analysis for individual categories of people are then being fed back to budget holding managers in social care to see how they agree with it and with each other, leading to increasing sophistication in the model. The fine-tuning continues with extensive interviewing of users and carers plus a review of the consultation findings by a stakeholder advisory group.

In line with recent White Paper

The history of assessment tools and approaches is that such input and buy-in from those at the frontline is vital. But success demands that this goes hand in hand with the shaping of policy at the top to endorse use and incentivise adoption. An imperative to improve the validity, fairness and transparency of assessment processes is laid out in the recent White Paper. Our work should align well with these goals, providing the tools to execute this policy.

Project: Resource allocation at the micro level in adult social care: determinants, methods and guidance

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Completion: Spring 2014