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Supporting Choice – support planning, older people and managed personal budgets

Abstract

- *Summary:* English policy emphasises personalised and flexible social care support using personal budgets (PBs) – preferably as cash direct payments. However, most older people opt for their council to manage PBs on their behalf. It is not clear what benefits of personalisation are available to this group of older people. This paper reports research into the choices available to older people using managed PBs to fund home care services in three councils. It focuses on the roles of support planners, in councils and service provider agencies, who are central to supporting choice on the part of service users. Data were collected from three focus groups with 19 council support planning practitioners and interviews with 15 managers of home care agencies.
- *Findings:* The study suggests that new commissioning and brokerage arrangements have the potential to give older people using managed PBs greater choice and control over their support. However, new communication barriers have also been introduced and some staff report receiving inadequate training for their new roles. Above all, resource constraints were reported to impede council support planners in encouraging users to plan creatively how to use PBs. Resource constraints also meant councils placed constraints on how flexibly home care agencies could respond to changing needs and preferences of older users.
- *Applications:* The paper concludes by highlighting the implications of new arrangements for social work practice and some of the barriers that need to be

addressed if the potential benefits of personalisation for older people holding managed PB are to be achieved.

Keywords

Older people, personalisation, home care, managed personal budgets, Social work, social care, decision making

Supporting Choice – support planning, older people and managed personal budgets

Background

Currently, English social care policy emphasises the personalisation of care and support. The objective of personalisation is to give people choice and control by making the support they receive more tailored to individual needs, preferences and aspirations. Personal budgets (PBs) are promoted as the primary mechanism for this; council progress in delivering PBs to all adult social care users is measured against a government-set target. The preferred approach is for PBs to be taken as cash direct payments under the control of individual service users (DH, 2010); this is assumed to offer greatest opportunities for choice and control over how the budget is used.

Alternative arrangements are for the local council to manage the budget and use it to purchase council-commissioned services on behalf of service users; for a third party individual or organisation – including service provider - to hold the budget; or a combination of these. Where the council or a third party manages the budget, it is known as a ‘managed’ personal budget. Where a service provider manages the budget under a council contract and agrees day-to-day arrangements directly with the service user, this is called an individual service fund (ISF) (Bennett & Miller, 2009; Tomlinson & Livesley, nd.).

Older people have consistently been reluctant to take up the direct payment option (Davey et al., 2007; Poole, 2006; Orellana, 2010). The national evaluation of the Individual Budget (IB) pilot projects found older people significantly less likely to receive their IB as a cash direct payment compared with working age people with mental health

problems or with physical disabilities. Older people were also less likely than other groups to report positive outcomes from IBs (Glendinning et al., 2008). The subsequent implementation of PBs has shown similar patterns. Two national surveys of PB holders have collected data from volunteer councils and, within these, from self-selecting respondents and therefore risk being unrepresentative; in particular, respondents with personal budgets held as cash direct payments tend to be over-represented. Nevertheless, these surveys have found that older respondents are more likely than other user groups to have their budgets managed by the local council, but less likely than other groups to report positive outcomes across a number of domains (Hatton & Waters, 2011; 2013). Reanalysis of these survey findings to examine the specific experiences of older PB holders also found older people with direct payments reporting more positive outcomes than those with managed personal budgets (see Hatton and Waters, 2012).

Older people are the largest group of adult social care users and their preferences for managed budgets are also reflected in overall PB trends. Although total numbers of PBs delivered by English councils continue to rise, the largest increases are reported to have been in managed personal budgets (TLAP 2011; Routledge & Carr, 2013). The large proportion of older people opting for managed PBs, combined with evidence of less positive outcomes associated with this option, raise major questions about how far the benefits of personalisation, in terms of creating opportunities for greater choice and control, are available to a majority of older people.

Older people also tend to be allocated smaller personal budgets than other user groups (Hatton and Waters, 2012); these are used mainly to purchase essential personal care. The national IB evaluation found that older people were more likely than other users to

report plans to use their budgets predominantly on personal care and domestic support and less likely to report plans for spending on leisure and recreational activities (Glendinning et al., 2008; Moran et al., 2012). Other studies have confirmed that older people are likely to spend most of their personal budgets on traditional social care services, including home help, personal care, equipment, cleaning and gardening (Wood, 2010; OPM, 2012).

Before PBs were introduced, frequent shortcomings in the flexibility and responsiveness of home care services received by older people were identified. Patmore and McNulty (2005) found that flexibility in home care services depended on whether local authority purchasers encouraged responsive, person-centred care. Francis and Netten (2004) also found inflexible commissioning arrangements were barriers to responsive services. To what extent, therefore, do managed PBs allow older people to receive individualised, responsive home care support? Are increased opportunities for choice and control, only available to those taking their budget as a cash direct payment? How far are older people with managed PBs also able to enjoy the benefits of greater choice, control and flexibility in the home care services they receive? What opportunities do they have for personalisation, so their home care support reflects individual preferences over, for example, the timing of visits, the tasks undertaken or who carries them out?

These questions lead to a focus on the role of support planning in helping older people using managed PBs exercise choice and control. It is argued that having information, advice and support in planning how to use a personal budget is critically important in promoting personalisation and optimising the benefits of new opportunities for choice and control (SCIE, 2011; Routledge & Carr, 2013; Horton, 2009). The most recent

national personal budget survey found that, for older people, help with planning how to use the PB and feeling their views were included in the planning process were associated with the widest range of positive outcome indicators (Hatton & Waters, 2013). Support planning includes informing older people about available service options and their costs; helping to identify potential options; and choosing between these. It is therefore central to the exercise of choice on the part of personal budget holders. How well prepared do support planners feel for this new role? What opportunities and constraints do they experience and how do they respond to these?

Although there were initially arguments for independent, user-led organisations to support users in planning how to spend PBs (Williams & Porter, 2011), support planning is overwhelmingly carried out by, or with help from, council staff. There is debate over how far council staff are embracing these new opportunities for innovation and shifting power towards service users (Lymbery & Postle, 2010; Williams et al., 2013). The Individual Budget (IB) pilot projects found front-line social work staff split over whether support planning involved the erosion or enhancement of core social work values and skills. Most had hitherto practiced as care managers, so training for their new roles was essential. However, this was reported to be variable and focused on principles rather than practice, leaving front-line staff feeling 'unequipped' (Glendinning et al., 2008: 195). Moreover, these principles may themselves generate new tensions; Lymbery (2012) draws attention to the difficulties of combining the core elements of personalisation that are compatible with underpinning social work principles and values alongside more neo-liberal individualist discourses.

This paper examines support planners' practice in facilitating choice and control by older people using managed PBs and in shaping demands on local home care

providers. It reports the experiences of front-line practitioners in local authorities and the managers of home care agencies in helping older people to plan their support, and their views on the factors that help and hinder their respective support planning roles.

Design and methods

Data is drawn from a wider study (Rabiee, et al., 2013), conducted between January 2011 and December 2012, of factors affecting the delivery of personalised home care services to older people opting for managed PBs rather than direct payments.

The study was conducted in three councils (two unitary boroughs and one large, rural county) that all had large older populations, large proportions of people using managed PBs and were known to have changed their commissioning and/or delivery arrangements in order to increase choice for people using managed PBs. Two councils offered Individual Service Funds (ISFs) or their equivalent. In one council all older people opting for a managed PB were automatically given ISFs; in the second council this was only available through a few home care agencies. However, in neither council were PBs given to home care agencies to manage, but remained as indicative allocations held by the council.

The study comprised:

1. Interviews with council commissioning managers about changes in commissioning and contracting for home care services and wider market development activities (Baxter, et al., 2013);
2. Focus groups with council support planners/care managers about their experiences of support planning with older people using managed PBs to purchase home care;

3. Interviews with home care agency managers about their experiences of new commissioning and contract arrangements and their roles in helping older people plan how to use managed PBs;
4. Interviews with older people using managed PBs about their experiences and satisfaction.

This paper uses data from stages two and three. In each study site one focus group was held with council support planners, selected because they had extensive experience of helping older people plan the use of managed personal budgets. Altogether 19 council support planning practitioners (5, 4 and 10 respectively) participated in focus groups between November 2011 and March 2012.

Across the three councils 15 home care agency managers (5, 6, and 4 respectively) were also interviewed about their experiences of the changes introduced by the council and their roles in support planning. Managers were selected who were thought by their council to be offering more flexible services and to be sufficiently experienced with the new system to reflect on their experiences. Interviews took place between April and July 2012.

All interviews and focus group discussions were digitally recorded and transcribed. Data analysis used the Framework approach (Ritchie & Spencer, 1994). This involved writing summaries of data in cells on a spreadsheet to facilitate comparisons across themes and respondents. Ethical approval from Social Care Research Ethics Committee (SCREC) and research governance from the study councils were obtained for this project.

Support planning in routine practice

Formal support planning processes were similar in all three councils. Following assessment and an estimate of the amount of home care support required, council support planners drew up a basic plan that included the number of visits needed each day, ongoing needs, any identified risks and individual preferences, including preferred visit times and female/male carers. This basic plan was forwarded to council-employed 'brokers', whose role was to identify the most appropriate provider from all those with whom the council had a contract or framework agreement. In the three councils, framework agreements were gradually replacing block contracts, which had previously allowed councils to purchase large volumes of home care services from providers who each covered a specific locality. Framework agreements set out the price and quality of services to be purchased by the council but, unlike block or cost and volume contracts, give no guarantee of the level of business. Where some block contracts remained, these were given priority in allocating new clients.

Brokers emailed requests for services, including users' preferences, to all contracted providers. Home care agencies were expected to respond if they had capacity to provide the support requested. If more than one agency could meet the request, service users could choose between them. Once the user was allocated to an agency, the agency added details to the basic council support plan, for example specifying the duration and timing of visits, the range of tasks to be carried out and the number of carers needed for each visit. Both council and agency staff were therefore involved in helping older people make choices.

Council support planner' experiences

Practice guidance recommends that support planning is undertaken in the knowledge of the level of the PB (DH, 2010). Council support planners in the focus groups agreed that informing service users of the level of their PB and ensuring they understood the budget was theirs to use as they wished was important in empowering service users and facilitating choice. However, only in one of three councils were support planners routinely informed of the PB level before commencing support planning.

Consistent with other research (Manthorpe et.al., 2009), council support planners in the focus groups had all had some basic training relating to adult social care, for example, in safeguarding. A number had also had training on personalisation but felt this was not sufficiently focused on their new support planning role; one participant commented that her training materials had been adapted from a learning disability team and were inappropriate for older people. A lack of appropriate role models was also perceived to be a constraint:

... there's not been this role before us ... there's not been other support planners that we can look and say, 'Oh this is what you do, that's what you do.'... There's no-one to follow to say that is a role of a support planner ...

(Council 2)

Council staff reported that the support planning they now undertook with older people holding managed PBs was much less detailed than previously, as detailed plans would be developed by home care agency staff. However, almost all focus group participants felt uncertain about exactly how user-led the process should be. Some approached support planning with an idea of the specific agencies that were likely to provide services to the user and the ways those agencies operated; in other words, support planning was to some extent service-led. In contrast, others focused solely on

identifying the support that users wanted and made no assumptions about which agency might provide this:

... even if there was something that somebody needed or somebody wanted to enhance their life and it wasn't there, I would push the boundaries to find it...and if there wasn't, I'd try and use an agency.... because I've built up good relationships, and ask if they can create it, ... I've done that quite a few times. ... (LA1)

The latter approach appeared more user-led and had the potential to require agencies to adapt and respond to individual user preferences.

All council focus group participants reported encouraging older service users to think creatively ('*outside the box*') in identifying their service preferences. They also reported discussing specific requests, for example for male/female carers, preferred times of visits or particular activities where support was needed. Several support planners mentioned that older people tend to request services they are familiar with; they try to change older people's mindset by "making them believe that they are the person who's in charge", but that does not always work. Where older people made preferences, they would be recorded and passed to brokers, but support planners reported emphasising to service users that there were no guarantees these preferences would be met. For example, a service user who was an early riser might want a 6am visit and this would be stated on the support plan:

....that all sounds good at that stage, when the service user will state what time they want the care package to be in place, but by the time you do the four to six week review you will find that there's been so many different carers [care workers] ranging from, it could be ranging from six o'clock till twelve o'clock in the afternoon for the first morning call. (Council 2)

Support planners were also able to specify particular agencies that an older person or their family specifically wanted to use or avoid. They agreed that in principle framework agreements generated an element of competitiveness which had the potential to improve the quality and responsiveness of home care support. However, in reality an overall lack of capacity in the contracted home care agencies restricted choice of providers, leaving few options for service users. In most cases, especially in rural areas, only one provider had capacity to respond to a specific request:

... realistically, in each [rural] area, there's probably three providers that are out there that the brokerage do go to, but it's whether or not they have got the service available at that particular time, and they offer personal care services. (Council 1)

Focus group participants also pointed out that the new council brokers risked introducing additional communication problems:

... you can convey what the service user is actually wanting probably more clearly than the broker, 'cos the broker ... hasn't seen the person, so, you know, you've got that knowledge...We understand the, the reality of the situation ... we're the ones that have seen how the person's struggling or what their need is, and brokerage haven't. (Council1)

Council support planners therefore reported contacting home care providers directly '*in at least 50 per cent of cases*' to discuss users' priorities and service needs. Once they had made informal arrangements with an agency, they passed the case to a broker to formalise these. Some support planners felt this helped to identify appropriate providers more quickly, although it involved lots of "to-ing and fro-ing". Council support

planners thought that if brokers had more time for networking and a better knowledge of local home care agencies, they would be able to work more creatively with providers: “I’ve had lots of bits and pieces go through that have been very successful. But again, that’s been down to me doing the background work with the provider ...I’ve done the ground work for them, effectively” (Council 1).

Council staff reported major challenges in combining their knowledge of the restricted capacity of local home care agencies with encouraging creative thinking on the part of older people. Some felt that encouraging service users to think ‘*outside the box*’ was a “bit of a waste of time”; they knew at the end of the day that brokers would have no option but to fit people back ‘*into boxes*’ because of the restricted capacity of local home care services to respond to individual preferences:

... you’re being told who the agency is, what time they’re gonna be coming
... And you’ll find that that service user ends up fitting in with that agency
.... [the] carer [care worker] that’s already in that area, of what she can do
and what times she can do. Therefore it’s not personalisation. It’s not
focused on that person’s needs. (Council 2)

... the agency will always have their angle, you know, ‘I’ve got one carer
[care worker] to be here and she’s got to get over to the other side of town
by , you know, nine o’clock so you’ll have to have an eight o’clock call.’ So
it’s the agency that lets it down really... They go back to the old way.
(Council 2)

Particularly in the rural council, meeting users’ preferences was additionally restricted by the costs and logistics of delivering care to remote localities. One support planner

explained that “in the true sense of the world it’s not choice; it’s about what is available”. In this council, support planners argued for encouraging the development of smaller, very local providers, rather than relying on branches of large national chains; they thought this would increase opportunities for personalisation and flexibility.

People needing two carers for each visit were reported to have even less choice of provider; they had to accept whichever agency could provide two carers, even if they had not wanted that particular provider. Even so, the limited capacity of contracted providers could still create delays; one person needing two carers was reported to have had to wait five months for his home care service to start.

Council support planners across the three sites agreed that in reality, choice and control was only available through the direct payment option. Indeed, the restricted capacity of contracted home care agencies was reported to have pushed some service users into taking part of their PB as a direct payment so that they could spend it how they wished. However, support planners felt this did not necessarily mean service users had a choice because, as one support planner put it, “they had to have a direct payment when they didn’t want one.”

Home care agency support planning

According to the interviews with home care agency managers, detailed support plans were drawn up by senior managers, team leaders or supervisors within the agency. Most of these staff were reported to have had basic training in, for example, moving and handling or dementia care, but not all had support planning-related training. Those who did had received training on topics such as care planning, outcomes-based care, assessments and personalisation. One agency also ran an advocacy service which

included help with support planning; the manager of this agency felt the experience had helped staff learn the best ways to ask questions about the support people wanted. Staff in another agency were reported to have received training in person-centred care from a national organisation and used the organisation's person-centred planning tools to help support planning. Some agencies that were branches of national or regional organisations had received in-house training on personalisation. Overall, the level and type of training appeared to be related to the structure, enthusiasm and dynamism of the agency rather than the council.

Managers and other agency staff involved in detailed support planning reported undertaking full risk and needs assessments and involving family members in discussions. They described creating support plans (sometimes called care plans or daily diaries) which added detail to the basic plan received from the council. A few agency managers reported referring service users to voluntary organisations that could offer some services at no cost and thus generate more scope for flexibility and creativity with the PB. Other managers reported telling older users about other services their agency offered in addition to personal care, or about sources of frozen ready-made meals to save agency time on meal preparation. One manager described using a 'template' at initial support planning visits to aid identification of individual preferences, widen users' knowledge of potential options and encourage them to consider and choose between these.

Other mechanisms to encourage choice, control and flexibility included detailed support plans that routinely encouraged 'low level' choices - for example, requiring carers to 'offer a choice of meal' rather than 'prepare a meal'. The ongoing roles of care workers

as the '*eyes and ears*' of the agency, as well as its organisational culture, were believed to be essential in identifying changes in service users' needs and aspirations:

The whole ethos of this organisation is 'stop me and buy one', right? ...

Most people go, 'ooh what?', but 'stop me and buy one'..... everything that has developed in this organisation, particularly since 1990, has been around - if you need it five might need it, ten might need it, so let's be flexible... you live your life the way you want by your, by your choice, and it's part of the inculcated culture of the organisation to be like that. .. So consequently .. we, anything that we're doing we're encouraging and supporting the individual to choose what they want. (Manager of an agency in council 2)

However, agency managers thought one difficulty in trying to help older people to exercise choice and control over their support was that many wanted a predictable routine and therefore receive the same services at the same times each day:

[Older people] don't always want to leave their homes... some of them are quite happy to stay in their own home, where they feel safe, where they feel secure, where they know their limits,... and they have the carers [care workers] coming in three or four times a day, and that, that's familiar, that's what they know, and they actually don't want to go outside of that

(Manager of an agency in council 2)

None of the agency managers interviewed mentioned any restrictions on the range of personal or domestic services (for example, bathing, feeding and toileting) they were willing to provide. Rather, any such constraints were reported to be placed by the council on what services would be funded through PBs and what was specified in

councils' support plans (see also Age UK, 2013). Thus most agency managers reported that they were not allowed to use PBs to take people out, help with social activities, provide sitting services or do shopping. One agency manager reported they were able to do less for people now than they used to, as resources for shopping, cooking and cleaning had been taken out of PBs:

So you shut the door on 'em and you're only going in for a, a bath or the medication, change a pad ... the demand for those services is just as strong .. just as much as it is for having a bath and the medication, you know, the fact that they need the food in the house ... who's going to do it when there's no families there? Or you're putting the responsibility back up to, on the family or do they go hungry? (Manager of an agency in council 3)

Talking about one client, an agency manager observed:

...it's very obvious he doesn't need what is being commissioned. He needs support. He doesn't need ... personalised care and he would benefit so much more from those hours being put to support... he wants company. He wants to go out. He would benefit from somebody taking him to the pictures... and for some reason ... you can't do that, you know. ... at the moment we're fitting around the task-led commissioner's needs rather than the client's needs. (Manager of an agency in council 3)

Agencies' freedom to renegotiate support plans with service users varied between the three councils. In the council where ISFs were routinely offered to all older people opting for managed PBs, agency managers all reported that, during their initial support planning with new service users, the duration and timing of visits were negotiated with the service user and did not need council approval. Changes in the content of support

plans – the tasks undertaken – could also be made without requiring council approval, so long as these fell within the overall remit of council funding (for example, routine house cleaning was not permitted). In contrast, in the rural council which did not use ISFs, agency managers had to inform the council of any changes to the council's written support plan. In the third council, all changes to the times, duration of visits or tasks undertaken had to be approved by the council. One agency manager in this council explained that the times of visits were agreed between the agency and the council brokers; if at the initial support planning visit from the agency the older person asked for visits at different times, these new times had to be sent back to the council for approval. In the same council another agency manager reported that her initial support planning visits were carried out jointly with a council social worker. While this may have reduced any communication problems, it removed opportunities for the agency manager to have an open dialogue with service users about what care the agency would provide: "The only reason I was there or I, I was representing [the agency] .. is to put a face to the agency, more than anything else, and it wasn't for me to have an input as such..." (Manager of an agency in council 3)

Agency managers were asked about opportunities for time banking. This enables any time saved from routine visits to be accumulated and used on a later occasion; for example, if family members happen to visit and help with personal care, that time could be saved and used to take an older person out shopping. Managers reported that discussions about time banking typically arose at or between reviews, not during their initial support planning visits. In the council that routinely offered ISFs, agency managers reported the council had agreed that home care visits cancelled because of hospital admissions, respite or holidays could be saved and used at a later date. However, this was a new policy so the manager interviewees had no experience of it

yet. In the second council, an agency manager reported that their agency had developed and implemented a time banking scheme which the council had then approved. However, this flexibility did not appear to have been extended to other agencies in the council whose managers were interviewed. In the third, rural council, time banking was not permitted. One agency manager in this council thought time banking was unnecessary because any additional visits that were needed could be provided and the costs reclaimed retrospectively from the council; however, this approach appeared to overlook the principles of user choice and control on which PBs are based.

Agency managers felt the amount of time they spent on support planning had increased with the introduction of PBs. However, they saw many benefits to detailed support planning being undertaken by them rather than by council staff. One of the main perceived benefits was that agencies were involved with older service users over long periods of time and so could build up a 'bigger picture' and relationships of trust. Moreover, there were concerns that council support planning often took place when older people were unable to engage fully because they were in crisis, very unwell or awaiting hospital discharge. Planning and reviewing support when an older person had settled back home and was feeling better was considered more appropriate for discussing preferences for the timing, duration and content of visits. Agency managers also thought hearing about their support needs directly from older people themselves was important:

... it's a good thing because, you know, we're hearing it first-hand rather than second hand, because quite often social workers get it wrong. You know, we'll go out to someone that a social worker's done - gone out there and done something and then they'll say, 'Oh I didn't say that, I said this',

and it's almost the same thing but it's not. (Manager of an agency in council 2)

Managers were asked about the impact of the council brokerage systems on their delivery of personalised home care services. Again there were concerns about new communication barriers. One perceived problem was that brokers gave very little time for agencies to respond to requests to deliver a new care package. Managers felt this gave them insufficient time to consider how the potential package of care might fit alongside existing workloads and clients. Another manager reported that she was sometimes not informed that her agency had been allocated a client; consequently, when care was due to start, potential care workers had been allocated to other clients. Some managers, particularly in the rural council, preferred to discuss potential clients directly with council support planners as they felt the latter had a better understanding of service users' needs and this helped them choose the most appropriate care workers.

On-going service provision – responding to changes

Council support planners considered regular reviews were important in ensuring service users' changing needs and preferences continued to be met. They reported encouraging service users to tell them if they were unhappy about any aspect of the home care service they received. Despite this intermediary role, most service users were reported by council support planners to be reluctant to express dissatisfaction about the care they received: "I don't want to make waves. I need her [the care worker] to come in, just for me, I need someone to come in to make sure I'm OK, so please don't tell the agency" (Council 2).

Council staff conducted reviews four to six weeks after the start of the home care service and thereafter annually. In one council, agency managers were expected to send the council a detailed support plan ten days after the home care service had started, but a council support planner in that site reported that it could take agencies several months to do this. In contrast, agency managers in that site considered up to six weeks was needed for service users to settle into routines and any teething problems to be resolved. Where concerns were raised by a service user, for example, about agency carers not visiting at times specified in the detailed support plan or carrying out tasks as agreed, council support planners would negotiate with the service user and agency to try and rectify the issue. However, sometimes delays in agency responses to service users' concerns were reported to result in people putting up with unsatisfactory care for some time.

Home care agencies conducted their own reviews two to six weeks after the service started to identify any teething problems and then at three, six or 12 monthly intervals to identify any subsequent changes. All agency managers reported relying on care workers to raise any concerns or requests between reviews. Typically, any changes to support plans resulting from agency reviews needed council approval. Most agency managers thought the length of time to obtain such approvals hindered the delivery of flexible care.

Discussion

The study explored how far the benefits of personalisation, in terms of creating opportunities for greater choice and control, were available to older people using managed personal budgets to fund home care support in three councils. This paper

focuses on the role of support planning, in local authorities and home care agencies, in encouraging older people to exercise choice and control over their home care.

Creating greater opportunities for choice and control by older people whose PBs are managed by local councils and used to fund home care services appears not to be straightforward. Resource constraints appear to be a major systemic problem undermining the effective functioning of new personalisation arrangements. The low levels of older people's PBs, council restrictions on what PBs can be spent on and limited opportunities for time banking all imposed constraints on social care practice that, in turn, limited opportunities for empowering service users to exercise choice and control. As Lymbery (2012: 789) concludes, "the potential of social work to offer a proactive and positive supporting role within the framework of personalisation is therefore being severely constrained." Nevertheless, the study suggests that the new arrangements do have the potential to promote personalisation for older people opting for managed PBs and that more can be done to maximise this objective, even within the current difficult financial situation. The following aspects of these arrangements warrant attention.

First, new council brokerage systems offer new opportunities for improving choice and efficiency in local care markets, by facilitating the matching of individualised demand and supply. However, council brokers also risked creating new inefficiencies for social care practice by introducing new communication problems and delays. The drawbacks and costs of these need addressing. Faster and more accurate communication between brokers, council and agency support planners is needed.

Under the new arrangements, council support planners are less prescriptive about the details of support plans than was previous time-and-task based care management. Instead, agency staff have greater responsibility to fine-tune support plans, in the course of their initial discussions and longer-term relationships with users. This shift of responsibility has the potential to increase older people's control over their support arrangements, offering more flexibility and responsiveness particularly as their needs and preferences change over time. However, there also appears to be some duplication of roles between council and agency support planners and confusion over their respective responsibilities. Greater clarity about respective roles may be needed, so that agency staff are able to respond quickly to service users' needs and preferences.

Thus, although ISFs (or their equivalent) existed in two study sites, these were not operating as anticipated. Other research (Tomlinson & Livesley, nd.; Age UK, 2013), has also found little evidence of ISFs being used to their full potential. There was no evidence, at the time of this study's interviews with agency managers, of agencies having delegated responsibility for managing the resources included in PBs, even though they had delegated responsibilities for support planning. Requirements for agencies to obtain approval to relatively minor changes in support plans, and blanket restrictions on the use of PBs for certain tasks like house cleaning, limited opportunities for agency support planners to act more creatively in supporting service users to exercise choice. Such requirements also appear incompatible with the principles underpinning PBs. To optimise the benefits of personalisation for managed PB holders, service users may need much greater freedom to spend managed PBs as they wish – even within the confines of the smaller budgets allocated to most older

people – and providers may need more freedom to respond to users' preferences and aspirations.

Finally, this study suggests that a lack of specialist training may be another barrier affecting the process of support planning for older people using managed PBs.

Personalisation gives support planners new responsibilities in helping people to make choices. Support planners may need specialist skills to establish what matters to older service users; how their support needs can best be translated into practical arrangements; and a clear understanding of the mechanisms that can make personalisation work best for older people. Despite previous research on the challenges of personalisation for social work practitioners (Glendinning, 2008; Manthorpe et al., 2011; Jacobs et al., 2013), this study suggests that more attention may be needed to training that prepares practitioners for their current roles and practices. Most council support planners reported little change in how they worked with service users and were unsure about what their new roles expected of them. Councils may also need to consider the training needs of home care agency staff for their new support planning roles.

The limitations of the study

The study is based on findings from three councils. One of the benefits of recruiting only three councils as study sites was that we were able to get an in-depth understanding of the contexts and processes within each site. However, we need to be cautious about generalizing from the findings. Although councils were selected that were known to be proactive in introducing changes to encourage personalised home care, they may not be 'leading edge', nor necessarily representative across England.

Nevertheless, the study offers insights into issues that are likely to be replicated elsewhere.

Conclusions

The findings suggest that new commissioning and brokerage arrangements have the potential to give older people using managed personal budgets greater choice and control over their support. However, resource constraints, new communication barriers, restrictions on the use of managed personal budgets and inadequate training for practitioners limited opportunities for support planners to act more creatively in helping older people to exercise choice.

Ethics

Ethical approval for this project was given by The Social Care Research Ethics Committee (SCREC) [ref number 11/1EC08/0017].

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