



**An evaluation of the `small scale live test` of the Adult Social
Care Resource Allocation System in Leicestershire**

2010

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Section One: Executive summary

Project summary

This evaluation project captures the experiences and perceptions of 16 case workers engaged in the `small scale live test` of the Resource Allocation System (RAS) in Leicestershire.

Qualitative methodology was utilised with data collected through individual semi structured interviews with the identified case workers.

Background

The Government has set national targets for local authorities to have 30% of their social care services receiving Self Directed Support by April 2011. In Leicestershire, in order to meet the required target, the Resource Allocation System (RAS) has been developed.

Leicestershire County Council need to validate the RAS, together with the associated documentation, including the process of developing an indicative budget and subsequent support plan, and must have confidence in the robustness of the process, prior to its implementation across the County of Leicestershire in autumn 2010. In light of this, De Montfort University were commissioned by Leicestershire County Council to provide this independent evaluation.

This is the first part of a two part evaluation to ascertain the impact and sustainability of the Resource Allocation System, from the case workers perspective. The second part focussing upon the experiences of service users will be available in the summer of 2010. It is recommended that the reports be considered together.

The evaluation was undertaken with ethical approval from De Montfort University and the National Social Care Research Ethics Committee, and the support and cooperation of Leicestershire County Council, including the consent of managers and case workers who gave up their time to speak to us.

Process

The inclusion criteria for the study was guided by the purposive sample determined by Leicestershire County Council and incorporated all case workers involved in testing the RAS. These were pre selected and had experienced, or were in the process of experiencing the RAS with their service users

Following an initial meeting at a training event for potential case workers involved in the `small scale live test`, permission was requested by a

researcher, from managers, to engage the case workers into the study. With agreement, case workers were approached, given information and consented into the study, and data were collected through individual semi-structured interviews over a three month period across Leicestershire.

Each interview was audio-recorded with permission, and transcribed verbatim. On average each interview lasted between 60 and 90 minutes. Overarching themes were generated based on case workers perceptions of using the Resource Allocation System and the support given to them prior and throughout the `small scale live test`. Key words were identified in the transcribed text and used to make valid interpretations of case workers views.

A number of important issues emerged during the interviews and these are drawn together into three overarching themes: context, perception, and benefits and outcomes

Themes are used to structure the report within which specific issues are illustrated using verbatim quotations from the case workers. Considerations for the future follow each theme. Case workers are distinguished by number following each quotation.

Findings and Conclusions

The evaluation of the `small scale live test` of the Resource Allocation System confirms that the introduction of personalisation has met the target of enabling an improved range of choices, increased control over how those choices are translated into action, promoted independence and created opportunities for self determination and efficacy for people who need support in Leicestershire.

The evaluation captures the experiences and perceptions of case workers involved in testing the RAS, and highlights how personalisation has promoted equity in the partnership between those case workers and the service users they work with.

The findings suggest that the RAS methodology has worked, and that individuals have been able to obtain the right services to meet their agreed outcomes.

In addition, findings identified the sometimes difficult journey undertaken by both parties to achieve the outcomes, and identified where improvements could be made to develop supporting documentation, and enhance satisfaction for service users and case workers undertaking the process.

Case workers observations were grounded within their personal experience, and outcomes were based upon perceptions of the six service users who had successfully completed the process, their predictions for the 13 service users who were still progressing through the system, together with the ten people who had discontinued the process.

Affirmation that the process of the RAS had produced physical, psychological, social and spiritual benefits for service users and been empowering and normalising, were very positive perceived outcomes. However, these benefits were balanced by anxieties about the devolvement of decision making to service users and increased risks and dangers of over-creative interpretation which might backfire, leading to possible allegations of misspending, or misappropriation of resources. This resulted in `checking` behaviours and the unnecessary seeking of approval from line managers. This may be related to the `newness` of the system, and may well subside as case workers become more familiar with the process.

Case workers were realistic about the possible benefits and recognised that efficiency and effectiveness are at the forefront, which tempered any unrealistic expectations. They recognised that for the RAS to be sustainable, creativity will need to be based on redistribution of choice, and of resources available, rather than attracting additional money or resources. Case workers also identified that greater independence may reduce demand and reliance upon services, enhancing social capital, equality, reciprocity, trust and self esteem, reducing stigma, promoting good mental health and independence from institutional or managed services.

The process itself of implementing the RAS with service users, particularly with regard to repetitive documentation, including duplication between the Needs Assessment and the RAS document was the basis for the strongest criticism.

Confusion about the commissioning of services from the private and independent sectors caused anxiety, as policy to use only contracted organisations may well contradict the ethos of choice, leading to case workers being fearful of disciplinary proceedings if they offered the broadest range of options.

The clarity of future provision for service users, for whom personalisation is not suitable, is a policy area which appeared to be lacking or at least not known by case workers.

Training together with ongoing supervision and support were considered to be very important by case workers, who held a range of opinions about its quality and consistency.

The support of line managers was variable. However the majority of case workers commended their line manager. For some case workers support had been minimal, which had elongated the time to implement support plans and undermined confidence to "sign off" budgets that were within their authority.

Recommendations for further action

Case workers suggested a number of solutions they considered would address the problems identified, or improve the process in order to make it more effective. These are augmented by the researchers who were able to elucidate a broader understanding based upon interpretations, observations, and reference to the literature. The recommendations are subdivided under the four key areas of training, support, management support, and case worker responsibilities.

1. Training

- The preparation of case workers should be delivered at a slower pace and over a longer period. Trainers should employ means of checking understanding without assumption during training events, and ensure the pace of delivery is commensurate with that understanding.
- Post training support should be maintained, with greater opportunities for one to one assistance where required and telephone support.
- Preparatory training should clearly set the parameters of what the RAS can be used for, and some explicit examples of what is considered to be not acceptable or inappropriate.
- Training should clarify grey areas where health and social provision may overlap and provide case workers with examples and appropriate solutions.
- Key differences between direct payments and personalisation should be clarified.
- Ensure every case worker has an understanding and some form of training about direct payments and the basic responsibilities of employing people to improve confidence and enable service users to make a considered judgement.
- Training should be considered for case workers about how to make a referral to direct payments.

2. Support

- Consider developing a “Buddy System” to link workers new to the system with experienced case workers for at least two cases, and then incorporate ad hoc support when necessary.
- Consider the possibility of joint visits to service users with complex or overlapping health needs (with a member of the RAS team).

- Maintain RAS team telephone and individual support.
- Capitalise on the understanding of case workers who have been trained as direct payment advisors, making best use of their experience.
- Provide simple explanatory literature, information pack and/or a DVD for distribution (perhaps loan) to service users who are considering becoming involved, including examples of case studies similar to the direct payments DVDs. Critically, these should incorporate step by step guides to assist self completion where considered appropriate. Despite some issues with service user self-assessment, the opportunity to complete both the RAS and support plan unaided should still be offered to all service users. Where this occurs, cross checking and retrospective or remedial support must be provided.

3. Management Support

- Provide very clear written guidance for case workers with ideas of how to complete documentation with examples and case studies.
- Consider introducing time-scaled targets and identify the support required to meet those targets.
- Ensure each case worker receives regular supervision and support to reinforce preparatory training. This could take the shape of group supervision with the explicit ring-fenced agenda of personalisation, and should be seen as mandatory.
- Pay particular attention to case workers who are signing off budgets for the first time through supervision.
- Do not instigate policies that assume unaided self assessment will provide a true picture, but promote self assessment as one option.
- Consider a separate RAS form for older people, people with mental health difficulties and people with a learning disability.
- Consider merging the RAS into the existing needs profile or vice versa, incorporating common elements to reduce duplication.
- Reconsider the RAS questions focussing on the “all or nothing” questions and build in flexibility. Give an opportunity for narrative to provide context or scaled answers.
- Clarify policies relating to providers of services and clearly identify any limitations which are in place that case workers need to be aware of. If restrictions are in place then there should be a good rationale and

justification for them, which will enable case workers to at least clarify their position, and that of the Council when explaining the process.

- Consider revising the threat of disciplinary action for case-workers who in good faith employ creative solutions to meet the service user's needs.
- Provide greater access to advocacy services that might enable unbiased completion of the documentation. Build in a review to ensure that what is written on the form matches the perception of need and the decision to provide that support package.
- Clarify where cost savings are to be made in a transparent way identifying how service re-provision will impact upon case workers activities and how changes may influence personalisation agenda.
- Provide partner/provider organisations with information about the RAS and encourage cross disciplinary working minimising any conflict of therapeutic aspiration.
- Educate and stimulate the private sector to recognise the changes in the RAS to provide bespoke services that meet service users' need.
- Streamline the process of obtaining the various signatures for authorisation.
- Consider the incorporation of a multi disciplinary Support Plan to better ensure the compatibility of the personal budget targets with the targets of the therapy.
- Consider simplifying Support Planning tools.
- Assist case workers to establish realistic time-scaled targets based upon individual circumstances, that incorporate considerations of their caseload and workload, together with the complexity of the service user, affording appropriate time for the completion of documentation and the level of assistance provided to each service user.
- Clarify provision for those service users for whom personalisation is not suitable.
- Consider instigating "Pathways" if common circumstances emerge to enable speedier implementation of support plans. These would recognise that every service user is an individual, but sets of circumstances may be similar, requiring only small variances to achieve satisfactory and desirable outcomes.

4. Case worker responsibilities

- Undertake the role of “buddy” where required, sharing experience and signposting less experienced case workers to appropriate services.
- Ensure prospective service users are aware of their responsibilities that come with the RAS at the outset of discussions to ensure expectations are realistic.
- Articulate a process and timescale advance of commencement that is pragmatic and transparent, to ensure that expectations are realistic for service users’ and their families.

In conclusion, the aim of this evaluation was to capture the experiences and perceptions of the case workers involved in the ‘small scale live test’ of the new Resource Allocation System. The researchers are satisfied that the RAS process meets the demand for genuine personalised services. With relatively minor adaptation to training, paperwork and support, the RAS has the capacity to empower individuals who receive services in Leicestershire, placing their choices and independence at the heart of service development.

Equality Impact Assessment

We consider it important to review the potential that the new scheme may have to ameliorate or accentuate inequalities between service users in quality of care and outcomes. We have alluded to the need to ensure that simplified materials are developed for the support of people with learning disabilities. Clearly, the scheme is intended to increase the range of choice and opportunities for people with disabilities, and it appears that those operating it believe that this will be the case. In the absence of minority ethnic users’ views in this initial report, we are unable to comment on the potential risks associated with using the scheme with people whose first language is not English, or who have distinctive cultural needs. This will need to be considered before completing an EIA for the scheme in accordance with current legislation.

Section Two: Introduction

The Government has set national targets for local authorities to have 30% of their social care service users receiving Self Directed Support by April 2011. In Leicestershire, in order to meet the required target the Resource Allocation System (RAS) has been developed. The RAS relocates resources from physical to financial and is designed to give the client greater participation in the process of determining need, as opposed to the previous system whereby the service users' views were less instrumental in the formulation of care packages. The role of the case worker under the new individualised system is to assist the service users to make the most appropriate decisions and translate their wants and needs into a financial package and support plan, which meets those needs.

A 'small scale live test' was undertaken with 17 case workers using the RAS, with the aim of establishing whether the methodology worked; whether individuals had been able to obtain the right services to meet their agreed outcomes, whether the new system is affordable to the individual and to the department, whether recipients and staff are satisfied with the process and outcomes, whether support planning tools work, and to disseminate learning and incorporate the learning from testing.

Leicestershire County Council (LCC) drew attention to the need to ensure the introduction of the RAS does not cause undue harm to service users. In addition LCC need to validate the RAS, together with the associated documentation, including the process of developing an indicative budget and subsequent support plan. LCC must be confident the process is robust, prior to rolling out the new arrangements across the County of Leicestershire in autumn 2010, to a potential group of approximately 4,500 people. In light of this De Montfort University were commissioned by Leicestershire County Council to provide an independent evaluation of the 'small-scale live test' of the Resource Allocation System (RAS) and Support Planning Process.

The report contained here is based on the views of 16 of the 17 case workers involved in the 'small scale live test'. The views of service users will be captured in a further report available in 2010. It is recommended the reports of case workers and service users be considered together.

Section Three: Literature review

Introduction

Individual budgets are a cornerstone of government policy for improving choice and control for people needing social care support. Greater control over resources enables individuals to become more empowered, increase self esteem and make best use of the means available to lead a fulfilling life (Dooher and Byrt 2002, Dooher and Byrt, 2003).

Individual budgets are being piloted in 13 local authorities across England and their effectiveness is currently being evaluated as a means to establish their impact and the decision to extend the new system for assessing personal budgets to all those in receipt of social care services.

The initial literature review was undertaken to look at the policy context in which individualised budgets are being trialled in County Councils across the country, with a view to informing the evaluation of the exercise within Leicestershire. The literature review highlighted a substantial body of evidence supporting the concept of personalisation of individual budgets and the principles on which any attempts to do so should be premised. A summary of the literature is presented here.

The Policy Context

Key policy documents; Independence Wellbeing and Choice (DH, 2005), Our Health, Our Care Our Say (DH, 2006), Valuing People (DH, 2001) and the Life Chances Report (Cabinet Office, 2005) all point to the need to account for a stronger voice for those who are in receipt of services, and to tailor those services to meet individual needs.

At times, policy developments have helped place service users in the 'driving seat', for example in terms of direct payments (Leece and Bornat, 2006) and most recently personal and individual budgets (Individualised Budgets Consortium, 2008). Many of these developments are very ambitious and some commentators point to the challenge of implementation in traditional professionalized settings and resource-limited health, social care and education environments (Barton and Armstrong, 2007; Roulstone and Morgan, 2009; Renshaw, 2008). However, there is no doubt that as policy and practice tools, these developments are a major step forward in providing disability related professionals with a new language and mode of operation with service users.

Personalisation and Self Directed Support

Key precursors to personalisation can be found in the Valuing People document (DH, 2001), a key document in both symbolic and practical terms for people with learning disabilities. Although there have been a number of interpretations of what personalisation and personalised services is taken to

mean (Mead and Bower, 2000) Brewster and Ramcharan's (in Grant et al, 2005) work is helpful in pointing to the centrality of listening to service users; their choices and capacity to choose, now and over time.

Valuing People applied the principles of personalisation in the form of Person Centred Planning (PCP), and provides some useful lessons to the broader population. Valuing People and PCPs conceived of support and living options being available from specialist/non specialist, formal/informal, personal and professional resources and wider social and voluntary sector networks (DH, 2001 Guidance). We can sum up the basic tenets of PCPs as suggesting that:

- Choices should be reviewed regularly
- Choices should be ambitious, but not unrealistic
- Choices should be conceived as coming from diverse sources
- Choices if meaningful need to be based on capacity
- Choice where capacity is limited can be aided by advocacy & brokerage
- Choice should be followed through to ensure envisaged outcomes
- Choice should be extended to all including those with complex needs

Direct Payments and In Control

Direct payments are means-tested assessed funds given in lieu of commissioned services, and are designed to provide disabled and older people with the means to buy in support and have greater control of their lives while at the same time being less dependent upon professional decision-making in the quality and delivery of social support. Since April 2001, direct payments have also been made available to carers, parents of disabled children and to 16 and 17 year old service users. Availability has also been extended to people with short-term needs, like those recovering from an operation, and to Children Act services to help disabled parents with their disabled children's support requirements (HM Government, 2000). Specific evaluations have been carried out with potentially hard-to-reach groups, for example with older people and people with mental health problems (Knapp et al, 2004).

Independence, Wellbeing and Choice, and beyond

While the significance of direct payments cannot be overestimated, the limited take-up of direct payments meant that only 5% of eligible people were in receipt of direct payments some ten years after the Act was passed (Davey, et al, 2006; also see Roulstone and Morgan, 2009). Of note, gross expenditure on direct payments in 2006/7 represented only 2% of social services annual spend, despite the Government commitment to direct payments. The key proposals of relevance set out in the green paper Independence, Wellbeing and Choice are:

- Wider use of direct payments and the piloting of individual budgets to stimulate the development of modern services delivered in the way people want

- Greater focus on preventative services to allow for early, targeted Interventions
- A strong strategic and leadership role for local government
- Partnership with other agencies, particularly the NHS, to ensure wide development of new and exciting models of service delivery and harnessing technology to deliver the right outcomes for adult social care.

(DH, 2005: 14)

In practice terms 'Independence, Wellbeing and Choice', alongside the later iteration in 'Our Health, Our Care, Our Say' requires professionals in social care, health, housing, employment and training to work to identify a range of proactive approaches from preventive strategies through to multi-disciplinary protocols in supporting those with more complex needs, for example in terms of short-term respite options, options to intermediate care and lifetime home options.

The recent Putting People First (DH, 2007) initiative laid a duty on local authorities to 'significantly increase' recipients of direct payments and personal budgets. Budgets which have at least some element of direct payment are seen as the baseline from which authorities should build and signal an end to previous models of support (For an overview see SCIE Briefing 20, 2009). The initiative claims to be the first co-produced policy on adult social care and makes great play of the need to jointly organise assessments in a way that supports seamless services across health and social care. This reflects the shifts in the Darzi report towards greater seamlessness across previously very separate services (DH, 2008).

Putting People First (DH, 2007) draws together a range of observations on the best way to take forward adult social care. Key priorities identified are excerpted below:

- To emphasise preventative measures to avoid illness or impairment, and a rapid return to best health
- To aim for co-location of frontline adult health and social care bodies to afford seamless packages of support
- The better management of long-term 'conditions'
- Improvements in intermediate care provision (half way settings between home and hospital)
- Better hospital discharge arrangements
- 'Universal' information, advice and advocacy
- Carer support
- Better public/patient involvement
- Greater emphasis on self assessment

(DH, 2007: 3)

In Control and Personalisation

Established in 2003 as a social enterprise largely for people with learning difficulties, 'In Control' aimed to offer greater control to disabled service users. Co-production of social care solutions was a key feature of the In Control pilots. The umbrella term *self-directed support* has been adopted widely since 'In Control' and embraces direct payments, and personal budgets. Personal budgets are budgets where at least part of the social care funding can be allocated on a direct payments principle, but where the fullest use of direct payments may be inappropriate or simply too early for a disabled person (Samuel, 2009).

Individual budgets

Individual Budgets (Individualised Budgets) stem from the observation that for service users with a range of complex needs, service assessment, commissioning and provision have long been fragmented and at times counter intuitive. Individual Budgets in being tailored to the specifics of disabled persons needs and in shifting attention from inputs to self defined outcomes in social care, conforms well to the personalisation agenda (DH, 2008). Following recommendations in the Life Chances Report on Individualised Budgets, a pilot programme was instigated and in following the principles of joined up working has involved a cross-government initiative led by the Department of Health working closely with the Department for Work and Pensions, and Communities and Local Government. The initiative has to date been in pilot format, with the pilot being completed with 13 local authorities between 2005-2007. Individual budgets are different to direct payments or personal budgets in aiming to pull together diverse income and delivery streams to approximate as closely as possible to seamless support.

Individual budgets go much further than direct payments in aiming to give control, and to personalise support, but also to pull together previous very disparate funding sources as highlighted by Independence, Wellbeing and Choice (DH, 2005). However, high levels of bureaucracy, repetitive assessments and piecemeal approaches to meeting individual needs indicate that extending the scope of individual budgets to closely allied services would benefit the individual (DH, 2005: 34).

Social Care providers are identified as the best organisation to lead on Individualised Budgets, an issue that may be contested by other funding providers. The Individualised Budgets Consortium (2007) evaluation of Individual Budgets established that the principle of Individualised Budgets was generally well received, with some successes in implementation. However, there remains reported challenges in achieving seamless budgetary alignment especially involving health care budgets, and concern around staff perception that service users may 'lose out' if Individualised Budgets are implemented. A more robust set of eligibility, resource allocation, and charging approach is still required as the pilot scheme rolls out. There are voices which suggest

Individualised Budgets may not be as widely disseminated and available as once envisaged (Samuel, 2009). However, it might be predicted that merged budgets are likely to be a feature of some, if not all, the income/service streams identified above.

In summary, the reviewed literature provides clear evidence of a Government committed over the last decade to the concept of personalisation of services, culminating in a policy shift towards individualised budgets as a means of placing control for services in the hands of those who need them. Lay participation in health care decision making is at the heart of this commitment to the transformation of adult social care, enshrined in Putting People First (DH, 2007). Independent living for adults with long term conditions including those with disabilities and those with mental health problems is recognised as premised on the right to expect services with dignity and respect at their heart. The Resource Allocation System (RAS), which has resulted from Putting People First aims to place greater emphasis on self assessment of individual need for social care with the social care worker spending less time on assessment and more on support, brokerage, and advocacy (DH, 2007, p4). In addition, person centred planning and self directed support is to become main-stream, and will ultimately define individually tailored support packages.

Section Four: Study aims and design

Study aims

- To capture the experiences and perceptions of the case workers engaged in the `small-scale live test` of the Resource Allocation System
- To produce an independent evaluation matched against the principles of key policy documents; Independence Wellbeing and Choice (DH, 2005), Our Health, Our Care Our Say (DH, 2006), Valuing People (DH, 2001) and the Life Chances Report (Cabinet Office, 2005)

Study design

Qualitative methodology was appropriate to achieve the stated aims as it seeks to understand the individual's point of view; the phenomenon being studied. Large data sets are not necessary, as the aim is not to generalise or infer from the findings to the whole of the population for that study. Rather, the aim is to understand from the individual respondent how the phenomenon is experienced. Sample size may be relatively small in qualitative research, depending on the method of data collection. In this study 17 case workers, engaged in the `small scale live test` were identified by the commissioners, although the data set emerged from 16 case workers who made themselves available for interview.

Study sample

The inclusion criteria for the study was guided by the purposive sample determined by Leicestershire County Council and incorporated all case workers involved in using the `small scale live test` of the Resource Allocation System. These were pre selected and had experienced, or were in the process of experiencing, the system we wished to evaluate.

Following an initial meeting during a training event for case workers involved in the `small scale live test`, a researcher sought permission from managers of the case workers to engage the case workers into the study. With agreement case workers were approached and given information regarding the evaluation project. 16 case workers agreed to participate and were consented into the study. Data were collected through individual interviews with the identified case workers (N=16). Interviews took place at a venue mutually agreed by case worker and interviewer.

Service users have been identified by the case workers as appropriate to be involved in the `small scale live test` which had been running for 6 months. This pre selected group will be asked to participate in a further evaluation, which will take place in the summer of 2010.

Data collection and analysis

Semi-structured interviews with case workers were audio-recorded with permission and transcribed verbatim. On average each interview lasted between 60 and 90 minutes. Data were analysed using content analysis., whereby overarching themes were generated based on case workers perceptions of using the Resource Allocation System and the support given to them prior and throughout the `small scale live test`. Key words were identified in the transcribed text and used to make valid interpretations of case workers views. Recommendations for future use of the Resource Allocation System have been made based on inferences derived from the text.

A number of important issues emerged during the interviews and these are drawn together in three overarching themes:

1. Context
2. Perception
3. Benefits and Outcomes

Themes are used to structure the report within which specific issues are illustrated using verbatim quotations from the case workers. Considerations for the future follow each theme. Case workers are identified by number following each quotation.

Research Governance

Ethical approval is required for all research undertaken within the health and social care field, to protect the respondents and to ensure ethical standards are maintained. Ethical approval was sought and granted by the National Social Care Research Ethics Committee. In addition, ethical approval was sought and granted by De Montfort University Research Ethics Committee

Section Four: Findings

The case workers

The position of case workers in the organisation varied as did their level of training and education. Case workers were asked to describe their role and position in the organisation. The table below identifies case worker number and role. Specific role titles and specific identifying information have been avoided to protect the anonymity of respondents. All case workers were experienced in their current position, and had undergone preparation to be part of the `small scale live test`.

17 case workers were identified as participating in the `small-scale live test`. However, one case worker was unable to participate in the evaluation due to illness. Case worker roles are described below.

Case worker (n=16)	Roles
1, 4, 5 (n=3)	Community Care Worker
2, 6, 8, 9, 10, 11, 13, 14, 15, 16 (n=10)	Social Worker
3 (n=1)	Homecare Worker
7, 12 (n=2)	Project Officer

The service users

Case workers were asked to identify the number of service users that they have introduced into the RAS, and indicated 33 service users were initial recipients of the new system. In this evaluation 29 service users are referred to in the quotations due to the fact that Case Worker 17 is not included (see above).

Within the period of this evaluation six service users were described as successfully completing all elements of the process with 13 service users still undergoing the process. Ten service users had withdrawn from the process at various points.

A number of reasons for withdrawal from the process were cited but were centred on two key issues: first, was the capacity of the service users to understand and consent to engagement, and second, the service users personal choice to curtail involvement.

Capacity to consent and engage issues related to three groups of service users; older people, those with mental health problems, and those with a learning disability. In these instances, following the initial assessment, the case worker together along with the person and their family decided not to continue with the RAS.

In addition, two service users decided not to continue because as case workers described, they were complex cases, there were time delays and

service users expressed anxiety about the perceived new responsibilities in using the RAS.

The overarching themes of context, perception, benefits and outcomes provide for organisation of the broader issues concerning case workers taking part in the evaluation of the `small scale live test` of the RAS.

Theme One: Context

Training to prepare case workers

The issue of training undertaken by workers in the preparation for readiness to commence the `small scale live test` emerged as an important factor in four case workers confidence to complete paperwork and promote the idea to their client group.

Although the initial training was seen as important to prepare for their role by all case workers, it was criticised by six workers for being overwhelming and containing too much information. These case workers felt overloaded with too much information and were bombarded, leaving one worker “absolutely bewildered”. There was a suggestion that the trainers did not fully understand the overlap between direct payments and personalisation, and did not provide the critical distinctions upon which case workers could identify the differences when explaining the process to their service users.

Case Worker 12 captured the main issues

“It was presented in such a fuddled way that it made it more complicated for me. To the point where I was thinking do I really understand this process, do I know what I am doing here. I found it too much information; too much in a day, I didn’t enjoy that at all. In the end you’re that confused, and I just sat there” (Case Worker 12).

The comments from case workers outline some concerns about the learning that took place within the preparatory training for workers undertaking the `small scale live test`, indicating that for some case workers; 2, 3, 5 and 12 in particular, the process was confusing. The training events were designed to prepare workers for the introduction of the RAS, and establish a network of understanding between workers participating in the `test`, and were reportedly largely successful, in establishing the understanding necessary to commence the process

Observations from the researcher, who had attended one such event, indicated that it was coherent, logical and pitched at a level that should have been understood and well received. The negative comments stated by some workers were said to be offset by the ongoing support and explanations given by the RAS team, as problems arose.

Post training support was seen as excellent, and helped with understanding. The Ready Reckoner, for example, was seen as very useful. The availability of the support team to answer questions following training whilst the Workers were attempting to implement the process was commended by most Workers.

Case worker confidence and line manager support

The type of case worker undertaking the RAS was considered in relation to their confidence to complete paperwork and sign off personalised budgets of amounts within their own threshold.

However, although 8 case workers suggested a lack of confidence to undertake the process, this appeared to be related to their experience of, and familiarity with the RAS forms and Ready Reckoner, rather than the role they occupied or the level of training required for that role.

This places a greater emphasis upon the preparatory training to undertake the RAS process and the support offered by line managers.

Case workers were happy to share their findings with their line managers from a quality perspective to ensure they had adhered to the system and although they did not state anxiety about the process directly their actions indicated a need for a second opinion.

“Even though I could sign it off, I’m not going to sign something off without my manager nodding it, you know, even though we’d got OK to sign off, you do usually run it past your manager, you don’t just sort of set up a care package for a hundred and something, and they know nothing about it” (Case Worker 4).

This case worker’s comment implies that it is perhaps customary to appraise managers of decisions even though they are within the authorisation boundaries of the case worker. While this may be seen as a positive practice to ensure mistakes are not made, it does appear (for this case worker at least) that there is a reluctance to take on the responsibilities of the role thus creating additional delay in waiting for managerial approval that is not necessarily required.

In addition Case Worker 1 identified that her manager, despite an agreement that the budget was appropriate, referred the actual decision to the next level up the Organisation.

“I discussed it with my team manager and again, she said, it looks alright but we’ll have to let the service manager see it. So again, it’s kind of skewed from the guidelines that were issued” (Case Worker 1).

Comments from Case Worker 5 reinforce what appears to be custom and practice to refer decisions upwards.

"I would still want to have that second opinion, with something like this, yes, definitely. I would have probably talked to him about it anyway, regardless" (Case Worker 5).

Perhaps more alarming is a comment from Case Worker 11 who appears to be disempowered by the need to refer decision making to the line manager, but was hopeful that when given the opportunity, confidence in using the RAS would improve.

"In our team we don't sign anything off; everything has to go through our manager. I wouldn't feel happy to sign anything off, but I am assuming that's probably just because we have never had the opportunity to do that before, so that's very new for us and that is I suppose a culture change in terms of our working" (Case Worker 11).

It is clear from the following comments that the case workers were concerned about their managers' perception of the appropriateness of the package. While concerns to ensure money and resources are appropriately spent is arguably part of self regulation, it may be the basis for the undue anxiety that subsequently prompts the seeking of unnecessary reassurance and approval. This in turn, may create additional work for the manager, and ultimately a delay in the receipt of services for the service users.

"Your service managers and your managers might think that you've worked it in the favour of the service user and they've ended up with more money" (Case Worker 7).

and

"There is already a bit of back lash about how it's being spent" (Case Worker 9).

A reasonable solution seems to be in place for two case workers who suggested that supervision was a legitimate place to discuss cases and receive feedback about the decisions they had made. The comment from Case Worker 15 identifies the importance of a close proximity between worker and manager, and the value of opportunities to discuss issues in an informal way.

"We have monthly supervision where we talk about all our packages anyway. So if at any point you felt that that wasn't quite right, it would give him the opportunity once a month" (Case Worker 14).

and

"It's important to always be quite transparent with your manager, so they know what kind of packages you're commissioning. Often it will be a quick chat in the coffee room, just to let him know if I can actually sign it off. If it goes above that threshold, we'd be sitting down for a

good half an hour to talk that package through, so he feels comfortable and he's aware of what he's signing off" (Case worker 15).

This anxiety to refer upwards related to ten case workers, and may have its basis in the relative newness of the system, and a wish from all parties involved, to get things right.

In most cases, discussion and agreement appeared to lead to a reduction of anxiety. Four case workers were particularly positive about the support they had received and noted increasing confidence with the system. It also appeared that when managers had attended training about personalisation, they were the most supportive.

"It's a new experience, my manager is very supportive and I think there are only a few managers who have chosen to go on to the training and he was one of them. So he was clearly from the outset backing it and wanting to embrace it. So he has an interest in it and will ask me about it" (Case Worker 8).

This was however, balanced by 5 case workers who felt that their line manager had not been supportive or enthusiastic about the process

"In terms of support from my manager, in regards to the RAS I haven't any discussion really" (Case Worker 11).

and

"I haven't had any support, it's a difficult situation. It's a busy team here, we have all got massive case loads, I have to say supervision is questionable; in terms of support I have not had any support, there has been no understanding that I am trying to do my day job, and this as well, no, no interest. It was quite evident from the early stages that there wasn't the support or understanding" (Case Worker 10).

Case Worker 10 was clearly frustrated by the lack of supervision and guidance related to authorisation of the individualised budget, although this very strong opinion appeared to be an isolated example.

"I can't keep waiting to meet with my manager. And if I am ever questioned about that, then I feel very assertive about it to make the point, well supervision has been cancelled yet again, and this lady cannot wait" (Case Worker 10).

The relationship between case workers confidence and managerial support is a very important factor for case workers who are new to the process, and the access to informal support appears as significant as that of any formal authorisation process.

The fact that this was a small scale live test seems to have influenced case workers perceptions that personalisation had created additional work for both

themselves, and their managers. This was encapsulated by comments from Case Workers 3 and 8.

“My team manager was very busy, couldn’t help me as much as he wanted to. I hadn’t got the time to concentrate on the RAS, I just did not have that time to do it, and I don’t think they thought about that at all, the fact that we had other work to do. This made me a bit angry because it was just overloaded onto your working day” (Case Worker 3).

“I would have been more proactive in chasing this support plan if I wasn’t consumed with my {OTHER} role (Case worker 8).

However, despite the feelings that the test had generated additional work, not all case workers felt unsupported or lacking in confidence. Furthermore confidence with the system does not appear to rely on the case workers position in the Organisation.

“Making that judgement call, which might impact on the person’s finances, is fine” (Case Worker 4).

and

“I think I would have felt confident to sign it off, if it had fallen within the threshold” (Case Worker 9).

Eleven case workers suggested that familiarisation and increased usage of the RAS and support planning tools would increase their confidence and perhaps reduce the time taken to complete all elements

“I feel as I become more confident with the tool that I wouldn’t continue to refer to my manager” (Case Worker 6).

This view was supported by another case worker who suggested that:

“As time goes on I don’t know that I would seek his approval. It’s a bit like when you start and you make placements and you need that support and guidance initially, but eventually as a commissioner you have got those rights to commission that service, so you do it” (Case Worker 8).

If there is a culture of needing a line manager to check and sign off individual budgets that fall within the case workers remit of authorisation, then this appears to be an inefficient use of resources, and those workers are not meeting their role expectations for capacity or responsibility. It reduces independent thinking, and the ability to make decisions.

Case Worker 11 did not know the thresholds to which s/he was entitled to authorise, and this is an indicator that the case workers competence is being stifled by either overprotection or a lack of confidence in that persons capacity to make a good decision. This issue may relate to just one case worker and

one manager, but for the RAS to be effective, it will be important to ensure line managers are enabling their staff to make judgements and to be able to justify them in a robust manner. This may develop as an outcome of practice, as much as training. In the early stages of using the RAS mistakes may well be made, but learning without mistakes is a rare occurrence. What is important is that mistakes when they do arise should be seen as part the development of professional competence as well as the Organisation's development.

Self reporting accuracy

Self-reported need is based on the service users or carer's own assessment of their personal circumstances which may include both health and social needs. Personalisation has a direct impact upon choice, control and the availability of finances, therefore it may legitimately be assumed that service users and carers may under-report behaviours or need they perceive might be deemed inappropriate, or that might reduce their indicative budget, and over-report activity need or behaviour that might be viewed as appropriate. The researchers postulate that self-report bias is particularly likely in circumstances where income and services may be affected.

"If she had self assessed and done the support plan herself she would have totally under reported her need; she wouldn't have done it herself, she hates forms, she gets very anxious about any form filling at all. So I don't think without me supporting her to do the support plan she wouldn't have done it, she wouldn't have agreed to take part in the pilot. I was very worried about doing the support plan with her, I wasn't trying to put my evaluation of her needs on to her. So that was quite a difficult process, trying to get her to look at anything positive about herself and any benefits she would have from any of it" (Case Worker 9).

This tendency for individuals to respond in socially desirable ways has been studied extensively, and the accuracy and reliability of self-reported data has been criticised for these reasons. Subjects tend to report what they believe the researcher, or in this situation the case worker, expects to see, or report what reflects positively on their own abilities, knowledge, beliefs, or opinions. Paradoxically, what reflects positively for the establishment of an individual budget may be the reporting of greater need or social insufficiency.

Case Worker 7 stated that:

"Self assessment leads to under reporting of need and I think you'd end up with a lot more urgent visits because packages aren't working, you know, people are reaching crisis point because they've got no food in the cupboard because they put, the daughter was doing the shopping, which may lead to greater input and more cost" (Case Worker 7).

and offered a possible solution:

“To solve the problem of under reporting in self assessment, would be to have a case worker who knows the particular client, who is involved and is able to review the self assessment to make sure it’s as accurate as their (case workers) perception” (Case Worker 7).

In addition, concern about self reported data centres upon whether subjects are able to accurately recall past behaviours or need. Memory is fallible and thus the reliability of self-reported data is tenuous.

Of the ten case workers who commented on self assessment, it appears all had some concerns about either its accuracy, the anxiety it created for the service users and carers, or the anxiety created for case workers themselves, who were fearful of providing too much guidance and therefore being biased.

Case Workers 1 and 2 captured the main feelings with the comments:

“I don’t think they quite grasped it and they just went through every single page and just wrote in every single box, just two or three word sentences, which generated work for me to try to go through it again and put the most appropriate answers in” (Case Worker 1).

“They (case workers) were frightened of saying too much to influence people but equally, the main problem that seemed to come up again was the fact that people weren’t willing to actually sell themselves or to be specific about their level of needs at the support planning point and had to really sit down and analyse and break things down; and make sure that it was an accurate reflection of what had been said in the RAS” (Case Worker 2).

This was endorsed by Case Worker 2 who went on to consider the specific needs of those with mental health issues:

“If we leave people, particularly with mental health problems to self assess you would no way get a true reflection of where that person was at all and If {client} were to wholly have self assessed, then she would have under reported her need” (Case Worker 2).

The accuracy when completing the RAS highlighted some difficulties for case workers but service users appeared also to be anxious about the process. This may be underpinned by a lesser understanding of the process itself and concerns that a mistake might lead to changes and reductions in their entitlement to services.

It appears that when self assessment was carried out by the service user and/or carer, then the case worker was uncomfortable submitting those elements without checking the accuracy against their own perception.

When discrepancies were identified, case workers revisited those areas with the service user or carer to establish a more accurate appraisal of need, and amended the documentation to suit.

“I don’t think it would have been accurately reported, I think if anything it would have been under reported; I actually felt it wasn’t a true reflection. And it was in going through and questioning them to re think that we came to some different answers” (Case Worker 10).

This factor undermines any possible assumption that self assessment might save time and speed up the process. Indeed, in reality it does in fact increase the time taken to collate an accurate picture.

Some of this `checking` behaviour may be due to case workers unfamiliarity with the process and may reduce as confidence and familiarity grows. However, the anxieties of service users will not subside with familiarity because their exposure to the process will be limited to their number of assessments.

“A lot of {‘service users} anxiety is about the process, about what it involves, about her fear of not being able to do it. So she’s needed reassurance throughout the whole process” (Case Worker 4).

and

“Allowing the person to self assess, might actually increase the time that you devote to that person’s assessment” (Case Worker 15).

Case workers generally reported an increase in both time and the number of home visits to complete the RAS in comparison to previous systems. Many observed that involvement in the `small scale live test` involved additional work. Establishing a concordant support plan that satisfied the service users’ needs and those of the organisation appeared to provoke some anxiety within the case workers, as there appeared a strong desire to ensure all processes were completed to the best of their ability. To this end case workers seemed to complete more of the forms or be perhaps a little more prescriptive than may have been necessary. This appears to have its basis in concerns about the time taken to process the support plan and to make sure that service users who under reported their needs were not disadvantaged by the system.

The propensity of self reporters to positively influence outcomes in their favour is an important consideration when deliberating over the accuracy of reported need. The motivation to influence the indicative budget for the service user is based upon the additional resources and consequent control he or she will receive as a result. This motivation is not confined to the service users, in that case workers may feel obligated to capture the maximum for a person they have developed a relationship with, and although mindful of the bias they are exerting, continue to promote a greater level of finance or resource that might

enable or empower their service users . This is to some extent supported by the positive comments case workers made about the process

“...And then you’ve got the other side where you’ve got somebody who wants everything really and says, I can’t get any help with anything. And I think there are some risks within self assessment, I think you still need people to question and check the information that’s been written down by individuals” (Case Worker 7).

and

“Had we allowed them to enter the RAS, based on the fact that they were getting all the support they needed, it wouldn’t have reflected an accurate figure to pay for the extra support that they in fact were looking for” (Case Worker 2).

However the motivations or lack of motivation for service users with mental health problems highlights the possibility of under reported need. In addition the perceived lack of flexibility within the documentation has generated some confusion and the need for case workers to cross check and amend answers to ensure their client receives the most appropriate package.

“In terms of self assessment versus supported assessment there will be huge variations, I think it depends on the individual. There’s a lot of people out there that, I think an individual filling the form in on their own may put, oh yes, my daughter supports me, she’ll do the shopping, but the daughter doesn’t really know a great deal about doing the shopping. You get a form in, well actually, she’s not that bad this lady, she might only need assistance in the morning” (Case Worker 7).

The consistency of a service user and case worker relationship may well be an important factor in reducing the degree of cross checking required

“We don’t necessarily pick up the same service users all the time, so we’re not necessarily going to know what that service user needs. And I think, although you’ve got this self assessment process, you’ve still got the worker who thinks they know what’s best for this person” (Case Worker 7).

The proportion of case worker completed assessment versus self or carer completed assessment

Case workers were asked about the proportion of assessments they completed which incorporated the RAS and support plan. The specific question “ In terms of completing those forms what proportion did you/ others do?” highlighted a range of responses from all workers with answers being divided into two clear categories.

First, all case workers attempted to encourage their service users or carers to undertake a self assessment but the degrees of success were variable. The second category related to the amount of time including the numbers of return visits, which had their focus upon checking answers and rephrasing responses, to ensure information that did not disadvantage their client in terms of resource allocation.

“They did pretty much all of that themselves and they pretty much did that overnight because of their eagerness” (Case Worker 1).

“I went through the RAS, and went through all the sections and then, I let {service user} lead with the answers but we also talked, if I felt it wasn’t in the right place, we talked about it at that time, and we talked about the reasons around why we were ticking a certain box” (Case Worker 7).

“The service user had really got no understanding that he was going through a new process because he wouldn’t know what an old process was. I ended up filling the whole thing in” (Case Worker 4).

“{service user} did the care plan, the support plan, she worked that out with her daughters but the rest of it was done by myself and with one of the RAS Team. I don’t know what I’d have done without him, to be honest” (Case Worker 3).

Case workers who sat with their service user and carer providing explanations and interpretation seemed satisfied that the answers were accurate and appeared to require fewer return visits to revisit answers. It is difficult to establish the proportions which were completed by the service user or carer and the case worker. For example, a comment from Case Worker 5 initially identified that help was needed to complete the RAS but further probing highlighted that the case worker had already completed it.

“I had to help them with the RAS; ... I mean I’d already done it” (Case Worker 5).

This change of proportion may be related to Case Worker 5 responding for the benefit of the evaluator, rather than the most accurate description of what happened.

“About 80% or more needed me there. I’m confident that what came out of it was what she wanted and felt she needed, but she wouldn’t have been able, I couldn’t have left the form with her and leave her to do it herself, She needed someone with her to encourage her and prompt her and really push her to do it. She wouldn’t have done it if I’d have said, fill that in on your own” (Case Worker 2).

It appears from the comments of 11 case workers that a significant number of service users and carers found difficulty translating their ideas into a support plan.

"{Service user} found that quite confusing but she did it, although I was there for it but I had to help her quite a lot. She found the actual having to make the decisions about things and say what she felt she wanted or needed very difficult. So it was quite a long drawn out process (Case Worker 15).

and

"It was actually the support planning that took the majority of time; I gave the support planning tools that were produced by {RAS Team} and I gave those to {service user} and his mum, and to be honest, I don't think they quite grasped it and they just went through every single page and just wrote in every single box, just kind of little two or three word sentences, which we had to kind of work through really because it didn't particularly say much about, what kind of things are important to him, and it didn't really say what he wanted to do" (Case Worker 6).

Case workers identified difficulties related to the influence or perhaps bias that a might unconsciously be projected.

"Although I think everything that was done was right, I just think it might have been a better option for her {HAVING AN ADVOCATE}. I think she would have completed it more, rather than me. In hindsight, I think I should have maybe got an advocate in to do the RAS questionnaire because I'm more aware of the needs, and I might have led her a bit more in some of the questions, without meaning to" (Case Worker 7).

However, this is felt to be an important consideration in the discussion of how independent advocates might offer a dispassionate and more objective set of outcomes. The depersonalization of assessment may influence a higher degree of reporting need as opposed to a personalized process which influences a higher degree of service users wishes. Although this was identified by only one case worker, a number of ethical dilemmas emerged relating to the assistance provided by professionals and how this might influence the eventual resources availed to the .

"I'm still, in my mind, not clear as to how ethically correct it is to have somebody do the support planning, the person get a direct payment and then go back to the person who did the support planning for the support" (Case Worker 4).

This comment and those that follow suggest that case workers are concerned about how personalization might be a vehicle for the possible misuse of

spending public money. In particular Case Worker 6 implied that self review of a package may not be wholly appropriate.

“At the moment we review services within 4-12 weeks of the service starting and then every year. From this it looks as if, depending on the level of the individual budget that person’s getting, it could be more or less frequent. And there’s been talk as well about people doing their own reviews. And also, I guess there’s always been a culture as well that we’re responsible for tax payers money and we need to be seeing that that’s spent appropriately, I’m not quite sure how we’d do that with the individual budgets” (Case Worker 6).

and

“I have concerns just from the cases that I have dealt; we have had a few direct payments that have been used for mobile phones and all sorts of things. So I have got concerns about that, about the money being used; misspent yes” (Case Worker 8).

In contrast to the comments suggesting service users needed lots of help 8 case workers revealed more positive perceptions of the process, identifying that service users needed lesser degrees of assistance

“She needed some help with the RAS but apart from that she did her support plan by herself, and she was quite happy to do that and did it very well actually. So that was the major piece of work that she did by herself, she found it quite easy to do that” (Case Worker 9).

and

“Mum really took the lead with the RAS questionnaire. So that was completed and also mum went through the support planning process” (Case Worker 11).

In addition there was concern expressed relating to the power and influence carers or personal assistants might exert over service users either in the completion of assessments or the spending of resources. Implicit in these comments is the idea that vulnerable adults may be exposed to exploitation as the management of resources is devolved.

“In some examples the carer has more power than the service user. I am talking about a young person who struggles to employ, so they have this one Carer who he had become very dependent upon and she was calling the shots. And it’s how we support with those dilemmas. I am not saying the service user can’t manage that situation I just think that could be our role to support them (Case Worker 8).

and

“...And also there is another case I came across, where a carer, is better informed and stronger {than the service user}, it’s that power balance between them; and it’s that needing the care from the carer, and that power balance. I sometimes feel service users have difficulty controlling a carer or PA, understandably, it’s a big responsibility” (Case Worker 12).

Future considerations

It is difficult to establish a trend in the amount of self assessment service users are capable of undertaking, as it seems to rely on several variables which include their mental health state, the support of carers, the service users’ knowledge of the process, and ability to translate the questions and apply them to personal circumstances.

It is considered therefore, that case workers should not rely entirely on self completed answers, and that a degree of cross checking is an inevitable component of the process. The concerns relating to carer or personal assistant control over the process is again a difficulty which may only apply in very few circumstances, and the assumption that these people have the service users best interests at heart is one that is difficult to predict and monitor. The role of case workers in vetting service users’ choices of personal assistant or other paid-for care may be reduced by the adoption of independent advocacy services. It is recognized that this responsibility does in the final analysis, belong to the service user and is a justifiable risk when considered against the possible benefits and freedoms of personalization.

The reliability of self assessed data has been questioned by researchers in the past and appears to be problematic for the purpose of building a personalised support plan. Quality information must be availed to service users to promote informed decisions when they are self assessing either with the RAS or the Support Plan. Case workers should be given clear guidelines regarding the cross checking of self assessment.

There appears to be a need for some clear guidelines issued within the preparatory training regarding the grey area of health provision, and if a personalised budget could be spent for needs which traverse both health and social boundaries. For example, using an individual budget to buy contact lenses is an illustration of where a health need for assisted vision, is counterbalanced by the perceived social benefits of wearing contact lenses rather than spectacles. Case workers, who indicated that the initial training overwhelmed them with too much information, creating anxiety and confusion, were in the minority. However their issues may indicate a greater need for trainers to check understanding during training events, and ensure the pace of delivery is commensurate with that understanding.

Furthermore, it may be appropriate to buddy experienced case workers to act as a resource for those new to the system as the RAS is operationalised, and for this to become a matter of accepted practice, thereby cascading support throughout the workforce.

Case Worker 2 suggested that training as direct payment advisors might be useful for case workers involved in establishing Individual Budgets, highlighting the overlap between these processes, and perhaps indicating some confusion between a direct payments claim and the RAS. Trainers may need to consider highlighting the differences between the two systems and processes which access them.

Theme two: Perceptions of the Resource Allocation System

Satisfaction

The satisfaction of both case workers and service users as perceived by their respective case workers indicates a mix of responses. Both service users and case workers have identified frustration with the timescale from introduction to activation, but for those service users who maintained involvement, satisfaction with the outcomes seemed positive. Case workers highlighted significantly differing opinions surrounding elements of the paperwork in their comments about satisfaction.

Case workers perceptions of paperwork

The tools being employed to generate personalisation included Eligibility Assessments, Needs Profiles, the RAS, Support Planning, Ready Reckoner and an Indicative Budget Outcome

Most case workers found these tools easier to use once they had either used it for the first time, or received a personal explanation from the support team, although their opinions of, and satisfaction with, the paperwork were variable.

Service users were able to complete the RAS and Support Planning with various levels of support. This assistance ranged from complete self completion, through to 90% completed by the case worker.

Resource Allocation System (RAS)

The RAS document received a mixed response from case workers who identified elements of duplication between needs assessment to establish eligibility and the RAS documentation.

“There’s duplication between the eligibility assessment and the RAS and we should work out a way of incorporating the RAS questions or not duplicating those eligibility assessment questions, so it’s on one form” (Case Worker 3).

This point was echoed consistently by case workers

“It just seems like quite a long process because we’re assessing somebody and then we’re expecting them to go through all this again” (Case Worker 5).

“A lot of the information it is duplicated because we have that information in the needs profile. Things like how much support people need with looking after themselves for example” (Case Worker 6).

The case workers who are quoted seemed critical of the RAS documentation because of an overlap of data which may have already been gathered in the process of establishing the service users’ eligibility. In turn, it appears that service users were reticent to repeat information that had already been shared. This repetition of one’s story could be a factor of influence, in service users’ willingness to maintain participation, and levels of overall satisfaction.

The range of comments from case workers indicates differences in perception and to some extent reflected their experience of training and the client group they served. Repeating duplicated questions that were sensitive to the client appeared to be an unwanted aspect of the RAS.

The term duplication emerged in 15 interviews, and there was a perception that some information asked by the questionnaire had been previously obtained, particularly within the eligibility assessment.

Nine case workers suggested that the process was too long and that questions should offer more flexibility of response.

Comparisons between the Resource Allocation System and the Needs Profile

Comparisons were made by case workers between the quality of data collected by the RAS and the Needs Profile, and the comments captured by Case Workers 7, 11, and 16 indicate that the detail of RAS information is insufficient to develop a holistic picture.

“I think the RAS is different to the needs profile that we complete. I think it backs up the information that’s on there, There’s a lot more quality information in the Needs Profile” (Case Worker 7).

“If you’ve got a good Needs Profile in front of you, you can picture their circumstances; I don’t think it’s {the RAS} ever going to supersede it, I think you always need that assessment. This {THE RAS} doesn’t work out people’s eligibility, as workers we make them eligible as such; we put them in the category of eligibility and that’s made from our whole assessment” (Case Worker 11).

“It {THE RAS} couldn’t take over from the needs profile I don’t think, because you’re not identifying, you’re just ticking boxes, so everybody’s either going to be A,B,C or D, everybody is individual and there’s a lot of things to people’s lives that you can’t put on here” (Case Worker 16).

It is clear from these comments that the RAS in its present form could not replace the Needs Profile assessment. If records do not contain a holistic view of the service users’ circumstances, then there is a possibility that a change of caseload or review by a case worker not known to the service user may lack the information required to make an informed judgement.

It appears that case workers assisted their service users when duplicated information from the eligibility assessment was observed, and transposed it onto the new form, to “save time”, and “protect the service user from the frustration of repeating themselves”.

For 5 case workers the completion of the RAS form itself was reported to be a fairly straight forward process.

“I went out with the questionnaire, they’re very simple questions, they’re quite easy, straight forward questions” (Case Worker 3).

and

“The RAS was quite straight forward although she needed a lot of support with it” (Case Worker 5).

There were some quite precise observations and detail which relate to specific parts of the form which are worthy of consideration in their own right. These quotations represent areas where according to the following case workers, the RAS form might be improved. They include comments relating to the capacity of the RAS to capture the specific, individual and fluctuating needs of service users.

The RAS document was criticised for its apparent failure to consider the often erratic needs of service users by some case workers with part 2 page 6 of the RAS document being cited as creating particular difficulty for case workers to interpret.

Although some of these observations may be seen as negative, case workers generally gave a balanced view. The following verbatim quotations identify the specific concerns of case workers and have been included to enable identification of the range of specific difficulties:

“The one thing that I did find was a problem was the very last question on each of the sections, that actually says, do you think you are getting some support currently within these areas, no support at all or your support needs are being fully met”?(Case Worker 2)

“The last question on page 6, part 2 managing daily routines, looking after yourself, helping you to improve your quality of life, personal

dignity and control. I mean, do I need support looking after myself and so, do not need to answer these questions. Sometimes they do need help; they need help with some things and not others” (Case Worker 3).

“The actual questions there were too broad, the needs profile that we’ve got, it’s a lot more specific, e.g. they need help getting in bed two or three times a week, whereas family help the rest of the time. So things like that, it wasn’t quite flexible enough”. In terms of the layout of the form and the smiley faces we didn’t like those. We felt that it probably wasn’t appropriate for the client group that we worked with, a little bit patronising and unnecessary” (Case Worker 6).

and from Case Worker 6 again

“The quality of life questions are unnecessary and we found could be a bit misconstrued; it was difficult to ask some of these questions, if family were involved in the review, things like “do you feel treated with dignity and respect from other people from who, from the care staff or from family?” (Case Worker 6).

It is clear from these comments that case workers have experienced some difficulty interpreting the questions in the RAS document and seeing the relevance of some questions to their particular service users. What is apparent is that, in all of these examples, the case worker was required to provide some interpretation to enable the service user and their family to understand the questions, and to receive the most accurate information. Without this support, self assessment alone would have indicated different needs or less need than is actually required.

The appropriateness of unsupported self assessment could be considered for each new case, and may indicate policy implications that enable service users to be given greater guidance and examples of how to interpret RAS questions. This factor is considered further in the recommendations section.

“Most people under-assess their needs, in my opinion and I have a horrible feeling somebody could fill all this in, all this information, and not express themselves in a way that would get the service needed” (Case Worker 4).

The most troublesome element of the RAS process, appeared to relate to managing daily routines (version 6.2, page 6, part 2 question H of the RAS document), and the support received from family and friends. This seems to have created anxiety for service users, and confusion for case workers.

The Likert style questions were felt to be a rather blunt tool. In many cases it was felt that all support needs were being met by the family, but the service users needs were to create respite for family members.

Mixed feelings about the use of cartoon faces were expressed and their perceived appropriateness appears to be related to the type of client undertaking the RAS. Specifically it was felt appropriate for younger people or those with a learning disability, however not considered appropriate or no strong feelings either way for those accessing Adult Social Care.

Support planning satisfaction

The translation of the RAS into a meaningful support plan received mixed reviews from case workers.

“The support plan has been problematic for everybody for various reasons. It’s clearly not as straight forward as the initial RAS. The initial piece of work is relatively easy; I think the Support Plan is probably the most complex part of the overall process and I think the part that got most workers querying what they were doing” (Case Worker 2).

and

“I found the support plan hard work the RAS does what it says on the tin, it’s not rocket science. I think some bits are really easy” (Case Worker 5).

Support planning proved to be a complex element of the RAS process in that workers need to interpret the service users needs and match these against the services that are available, together with the indicative budget to produce an appropriate plan.

“They’re going to have to do something about the paperwork. With the best will in the world, the support planning, was just totally overwhelmed by the tools, she didn’t know where to start, she didn’t want to start, she couldn’t, so I’d got two people where that actually was a bit of a non starter (Case Worker 13).

and

“It’s (SUPPORT PLANNING DOCUMENT) all a bit woolly, if I gave that to someone as a support plan, who didn’t know her, they’d have a little bit of an idea but they certainly wouldn’t know what her needs were” (Case Worker 16).

However, to some extent the difficulties encountered by case workers were offset by support from 2 members of the RAS team which was said to be invaluable, and described as “excellent”. Thirteen of those interviewed suggested that telephone support and one to one top up training for those who needed revision was useful. These efforts were seen as helping to offset a lack of confidence in case worker understanding, and fear that they “would get things wrong”, which seemed to be at the basis of case worker anxiety.

Case worker dissatisfaction with the process

Case workers expressed some generalised negative comments about the overall process that included all the paperwork, establishing the Indicative Budget, and the completion of the support plan, timescales and support.

Case workers highlighted the difference in this approach to their previous systems, and considered the RAS as a very ambitious undertaking.

One worker felt that despite the changes, he was being dictated to about what services could be accessed and “geared towards just going for in-house services rather than private agencies” because of cost.

The additional work that involvement in the pilot produced was repeatedly highlighted.

“I liked the look of the support planning initially but then when it came to doing it, it was very repetitive very lengthy” (Case Worker 10).

This factor was specifically referred to by 12 case workers.

For some case workers the implementation of personalisation for older people is seen as overly ambitious. These service users were seen as wanting case workers to advocate on their behalf and instigate managed services rather than personalisation. The comment by Case Worker 9 encapsulates this reluctance to fully engage with the process

“He was absolutely terrified of the thought of having to fill more forms in and have to make more decisions and the increased anxiety; because he’s got a choice at the moment, said, no, he was happy with where we’d got to with the assessment’ and the conclusion and he just wanted me to just put things in place and not to have to go through more processes to get what ultimately would be the same thing” (Case Worker 9).

The time taken to implement assessments is highlighted by 13 case workers and has caused some degree of worry.

It is refreshing to note that the case workers’ efforts to establish a concordant support plan that satisfies both the service users’ needs and those of the organisation appeared to be a driving force, although a lack of confidence particularly for Case Workers 6, 7 and 10 may underpin the dissatisfaction. Despite this, case workers suggested a strong desire to ensure all processes were completed to the best of their ability. However this factor may have led some workers to complete more of the forms or be perhaps a little more prescriptive than may have been necessary, thus reducing the numbers of service users participating in self assessment. This appears to have its basis

within case worker concerns about the time taken to process the support plan, and to make sure that service users who under reported their needs were not disadvantaged by the system.

Case workers perceptions of the Indicative Budget

The compatibility between the RAS and the Indicative Budget was considered to be an issue by only two case workers.

“Indicative budget, it doesn’t equate. You don’t get the funds to provide that service. So you’re ticking to say you need that service but you don’t get the funds” (Case Worker 2).

and

“When you’re organising the indicative budget the check list isn’t compatible with the RAS questions. I just feel, it just didn’t reflect it at all and I understand the risks involved in that, because people may still tick that and end up with this huge amount of budget and I suppose they do have to control it” (Case Worker 16).

It seems that there have been no real issues entering the data as only two mentioned it and in a positive light. However, the inequity highlighted by Case Workers 2 and 16 is worthy of further exploration by the RAS Team.

Barriers to personalisation

This section of the report considers the factors that are perceived by case workers to have blocked, or will block, the implementation of the RAS. It is clear that some case workers were more forthcoming or expressed stronger opinions than others.

A weakness within the RAS forms for what are considered to be more complex cases was identified by case workers who described themselves as having a specialised case load including people with a learning disability, mental health problems or older people. This was particularly relevant to people who were perceived as not having the capacity to manage that payment and the fact that often, there isn’t anybody immediately available that can act as their representative.

“It’s really, really difficult to sell {to service user}. It’s really difficult to make them understand why the money for that “drop in” has to come out of their, as they perceive it, their money. We’re finding that when s’ find out that they are paying for a particular service, they are withdrawing from that service. This is where it backfires, because they’re actually then denying themselves a service that we would have previously provided, and has been recognised as a need” (Case Worker 2).

Service users reported apprehension about taking on board responsibility, particularly for employing their own staff and case workers suggested that older people would prefer to give up choice and control to pass it on to somebody who will advocate on their behalf. This reluctance to engage with personalisation will require elements of the current system to be maintained.

As well as some case workers feeling that the RAS was too lengthy, not concise enough and causing delays in its completion, there were concerns that if service users spent their resources inappropriately there currently is no way of tracking it. For complex cases, where the service user had identified two separate agencies for care delivery, there is a perceived unwillingness for line managers to authorise care delivery from more than one agency per individual.

Partner/provider organisations have been criticised by one case worker for their slowness in producing a support plan which is said to be causing frustration for one particular

Liaison with health providers was cited by two case workers as increasing the time it takes to instigate a support plan, and to make sure service users' choices didn't affect therapy. In addition one worker suggested that her service user became "tired upset and quite anxious" with some of the questions and so had to stagger the assessments so they could cope with it

Authorisation from managers was said to have held up the process for one case worker who considered this to be related to the lack of clarity in comparison to the previous system.

"It depends on the managers that are signing them off, what their attitude is, whether they feel its perhaps a waste of money or not. It's open to different interpretation I think, whereas normal packages of care are all clear cut. Sometimes its difficult to get hold of people and it did take quite a long time to get that in place; we are also very experienced in those so I think its lack of experience, lack of knowing as social workers what we are allowed to agree, or manage to allow to agree, and I think there is that risk of it is public money and how is it being spent" (Case Worker 9).

Claiming money back from the ILF (Independent Living Fund) and making sure that providers have contracts with the council seemed to have caused confusion and slowed the process down

"I went to see {service user} to talk to him about RAS, and we did the questionnaire. I initially left with him to do on his own because that's what he said he wanted to do. I provided him with the leaflets asked would I go round and do it with him. So I went and did it together and

negotiated our way through the form. Then I came back to the office and popped it all on the system and he had his fairer charging assessment. And then when fairer charging had gone out he had said he couldn't afford the fairer charged amount and for that reason wasn't going to down the RAS route" (Case Worker 8).

This last quotation reflects a concern in some case workers that the RAS is defined by the resources available, which appears realistic against a backdrop of financial constraints; however there was a felt need for Leicestershire County Council to be more "up front" about the limitations of Individualised Budgets.

Case worker 2 makes an interesting point that, when control is handed back to a service user they may make a decision based upon the financial implications to withdraw from a service that has been identified as a need. This brings a new perspective to the quality agenda in which service users are perhaps for the first time, making "value for money" decisions, and basing their participation upon this perception. This has an effect on the case workers role as an advocate with the final say, but elevates the power and control of the service user.

Case Worker 3 highlights a point which has been raised by others that insufficient consideration was given to the competing demands and workload capacity of those taking part in the 'small scale live test'. This was clearly quite distressing for some who used the adjective: overload

Case Worker 5 suggests that the service user required encouragement and prompting to complete the paperwork. This is an important factor when considering the service users ability to self assess without support.

The discrepancy between the indicative budget ascertained from the RAS, and the actual amount required as identified by Case Worker 7 alerts us to one of three possible explanations.

1. Correct completion of form did not identify the service users actual needs, and therefore the paperwork/form needs to be revisited
2. The form was filled incorrectly by the service user or case worker
3. During the time it took from assessment to activation of the support plan the service users circumstances had changed

Further examination of Case Worker 7s answers reveals that the process took "about three or four month's total" and the service user "needed a lot of support with it" although in the main it was described as quite straight forward.

"I went through the RAS and went through all the sections and then I let {service user} lead with the answers, but we also talked, if I felt it

wasn't in the right place, and the reasons around why we were ticking a certain box" (Case Worker 7).

It might be assumed, therefore, that because the case workers were vigilant in the completion of the document it could be the RAS documentation itself which may not have reflected this service users needs appropriately.

Case Worker 7 also highlighted that obtaining the support and authorisation from managers may produce a delay. However this worker recognised that expenditure that goes above thresholds requires further consideration and this does take time. What we can however draw from this is that due consideration is afforded to Individual budgets that exceed thresholds.

Further barriers to personalisation were highlighted by Case Worker 7 who gave an example of limitations or decisions which had caused frustration with the process.

"For instance, they'll be two providers involved, one providing the 24/7 care and one providing the double up calls. They're saying {LINE MANAGERS} they don't think they can fund two agencies, which I find ludicrous really, because this is personalisation, this is about people going where they {s} want to. And I don't know whether it's the work involved because it's a three way contract but it's, frustrating, you've got these options and you're talking to service users about them, but when you go back you find out that option isn't really an option. I find it frustrating" (Case Worker 7).

This comment alerts us to a possible discrepancy of understanding regarding the extent to which an individual budget can be used and the frustration that can be experienced by case workers when their and their service users expectations are not met.

Case Worker 8 highlights a delay caused by a partner/provider organisation that had held the process up despite prompting. This is supported by Case Worker 9, who identified an increase in time/delay due to liaising with other services. While this observation may seem simple, the expectations of case workers and service users will be made more realistic if they have a clear understanding that more complex cases involving other agencies will take longer. Once this is established expectations become more realistic and anxiety and frustration is better contained.

Other delays were considered to be caused by the speed the case workers manager is able to return documentation. However, Case Worker 11 makes the interesting point that personalisation is prompting a change of culture and perhaps recognition of new roles and the responsibilities that go with them for some case workers.

Future considerations

Preparatory training should clearly set the parameters of what the RAS can be used for, and some explicit examples of what is considered by line managers to be not acceptable. This will enable case workers to present their service users with a realistic set of options and the greater probability that the choices a service user makes will be considered acceptable, and therefore are more likely to be implemented.

If partner/provider organisations are utilised to assist with support planning then case workers should stipulate a time frame in which this should be achieved to prevent service users becoming frustrated with the process

The support for case workers who are signing off budgets for the first time should be developed through supervision.

A Comment from Case Worker 8 alerts us to the provision for people for whom personalisation is not suitable, and the consideration of maintaining traditional services.

“And I still don’t really understand what is happening about the capacity for those who don’t demonstrate capacity to manage a direct payment. So there will still need to be that traditional service” (Case Worker 8).

Strategic planners should not assume that the RAS is a system that will suit everyone, and perhaps consider how a graded exposure to the system may be put in place. That is at one end of the spectrum to provide services, to manage services on behalf of the service user and to implement a full personalised package at the other end of the spectrum.

Adjectives such as isolated, frustrated and anxious were used to describe feelings about the process which indicates a need for regular supervision and support to reinforce preparatory training. This could take the shape of group supervision with the explicit ring-fenced agenda of personalisation. It could be supplemented by access to the RAS team for individual advice together with the option of one to one guidance from the RAS team or an experienced Buddy. It should be noted that only one case worker explicitly stated that there had been a lack of post training support. However Case Worker 10 implied that competing priorities have reduced opportunities to attend the established support groups. It may well be in the interests of the Personalisation agenda to ensure priority is given to the attendance of either support groups or specific supervision.

Case workers reported feeling uncomfortable with the time between receiving the referral and being able to implement the support plan. It appears that delays with implementation are due to a variety of factors. Furthermore there was some concern expressed about an implicit move towards the provision of in house services rather than access to a complete range of independent providers from Case Workers 1, 7 and 9. It is felt that the strategic intent of the Council should be made explicit during the initial training for new case

workers accessing the system and reiterated during any supervision or follow up.

Whilst the issue of cost savings was not considered by case workers as a reason to introduce personalisation, it remained a backdrop to discussions with a number of case workers (pre and post interview). These conversations explained how future provision will impact upon their work, and the anxiety caused by these changes may have been projected onto the personalisation agenda.

Incorporating the RAS questions or not replicating those in the Eligibility Assessment would reduce the amount of paperwork. The flexibility of responses could be improved by increasing the opportunity for a graded or scaled response, rather than answers A or B. The RAS was described as having “no in between”, and this appeared to cause difficulty for 11 case workers when attempting to translate answers into an indicative budget.

The check list for the Indicative Budget was not available to the researchers and cannot be commented upon. However the RAS team may wish to reassess the compatibility between it and the RAS paperwork. In addition, the time taken to collect information that is already held on file elongates the overall time scale.

Theme Three: Benefits and Outcomes

Case worker satisfaction with the process

Case workers were asked about their satisfaction with the overall process that included all the paperwork, establishing the Indicative Budget, the outcomes of the support plan, timescales and support. Their observations were generally positive, but are balanced by alternative. The basis of benefits and outcomes are centred upon case workers perception of the six service users who had successfully completed the process, and their predictions for the 13 service users who were still progressing albeit at different stages of completion.

- . *“I think it works, it does work. It’s a damn good scheme and I’m all for it, and I think it’s a wonderful thing for people to be able to choose what they want to do. People should have choices and I think it’s wonderful; I think it’s amazing; I feel very satisfied that I’ve given somebody that opportunity to feel empowered” (Case Worker 3).*

The flexibility and opportunities for creativity were highlighted by most case workers but particularly the shift in power and decision making for service users to work as equal partners was endorsed.

It is interesting to note that these positive comments were in three cases tempered with a concern about the underlying agenda. For example one case worker said:

"I would like to think that it is because they're trying to improve things for people, but part of me thinks there's got to be savings somewhere or perhaps not savings but spreading the budget a bit further" (Case Worker 15).

However, the acknowledgement that efficiencies must be made, was not seen as incompatible with the RAS process, rather, that the process may in itself become a tool by which efficiencies could be made. Greater independence will enable a reduced reliance upon services and consequent reduction in the cost of providing those services for that individual.

"I just think that we've got to bear in mind that it's not a cost cutting exercise because cost cutting takes place anyway, this isn't about that. This is about giving people choice and control which I think is a fantastic thing" (Case Worker 4).

Case workers acknowledged that resources are finite and that real choices are contained within the parameters of reality.

"I mean we do have to make efficiencies, my role is to make efficiencies and we can do that with working with the service users and making them as independent as possible. Empowering, yes, but within the financial limitations and the range of the services that are offered or that are available" (Case Worker 7).

Observations demonstrated positive case worker perceptions. Adjectives such as, very satisfied, flexible, creative, empowering, greater control and fantastic indicate encouraging affirmation of the process which for these respondents seems to engender the benefits of normalisation. In addition to this satisfaction based comments, case workers general perceptions were sought and incorporated additional affirmation that the process of personalisation is one that should be pursued.

Case workers generally welcomed the underpinning philosophy of personalisation and acknowledged increased flexibility and improved quality of life opportunities it avails for their service users. Some of these positive comments are listed below:

"The total ethos behind the concept of personalised budgets, individualised budgets, supporting people, lies in the underlying concept of people being in control of their own lives, it does improve the quality of that individual's life for them and gives them more control" (Case Worker 2).

"A chance to actually be a bit more creative really with it and perhaps a bit more flexible with what we provide" (Case Worker 5).

“I definitely think it’s a positive move, I’m all for it, I think personalisation is a positive move forward, for the majority of people” (Case Worker 7).

and

“There are fewer boundaries and fewer limitations to this than traditional services which is what we’ve all been waiting for. The process has empowered (service users) to do a range of things, which ordinarily or prior to the system she wouldn’t have been able to do. I think it is a wonderful scheme” (Case Worker 14).

It is interesting to note that some case workers who were critical of specific elements of the process have provided some very positive statements surrounding the outcomes and actual impact upon their service users, thus demonstrating a balanced viewpoint, legitimating some of the critical comments.

Opportunities taken and choices made by service users

Case workers have reported some very positive life enhancing activities and the development of opportunities that are said to be a direct result of personalisation. It appears that some very small additions to the service users’ lifestyle that might initially appear insignificant have made a real difference to their quality of life.

The employment of personal assistants was said to be instrumental in opening opportunities for engagement with the community at large. Simple things such as getting a haircut and going shopping to buy new clothing was a new experience for one service user. The companionship of a Personal Assistant was in itself seen to be therapeutic and beneficial, enabling a level of responsiveness to need, that managed services would not be able to match.

“The outcomes that {client} is achieving are phenomenal and there are outcomes that there’s no way traditional services would have been able to achieve” (Case Worker 1).

This feeling was endorsed by 15 case workers. For example;

“Yes, it is fantastic; it really does put the control in the s’ and carers’ court. This new system is about empowering people to have a greater ability to control their own lives and as a worker; it does give you the opportunity to be more creative” (Case Worker 16).

One case worker reported an interesting and creative way to enable her service user to be normalised

“We’ve allowed for gifts, so she can ask somebody from the church, because she’s so proud and she doesn’t want to just rely on people, she’ll say, would you mind giving me a lift and she can buy them a bottle of wine or a box of chocolates” (Case Worker 9).

This simple means of repayment would not have been possible without a personalised budget. It places the service user in a position of gaining social capital, that is, the cultivation of good will, fellowship, sympathy and social intercourse among those that make up a community. It enables the service user to interface with others on an equal level, and create a situation whereby she is not a recipient of charity. The personalised budget in this example has enabled the development of reciprocity, which is a key factor in the generation of trust, which in turn is a cornerstone of social relations and the basis of social structures which form a society. In addition the opportunity to attend a religious service aided the service users to satisfy their spiritual needs. These factors demonstrate a positive outcome which has promoted self efficacy, self respect, and self esteem, thus promoting good mental health and independence from institutional services.

Another case worker outlined the creative use of a budget that allowed her service user to regain some previously lost pastimes which included the purchase of art materials, oils and canvas. This was said to have rejuvenated a lost talent and inspired the service user.

The attendance of a flower arranging class enabled one service user to create a sense of belonging and commitment to a social network, which is an often overlooked element of the added value which underscores aspects of social fabric upon which communities are based. This simple class, promoted the valuable asset of a social network, interpersonal contact and the possibility of developing friendships with others who were not in receipt of services. This was perceived as a major achievement.

“I feel Very satisfied with the outcomes, the thing that struck me most is being able to do something normal, being able to do something that isn’t organised by social services or health, that isn’t organised by a group. Its something that’s completely out there in the community and I think that’s been the most important thing in both people I have worked with, that its a “normal” thing to do” (Case Worker 5).

Other creative uses included the choice of one service user to choose to take a trip to Portugal with a personal assistant as an alternative to formal respite care. This was said to have been a cheaper alternative to respite care for the same length of time, and had the added benefit of personal development for the service user, additions to their experience base, and the opportunity for interaction in new environments. This close working with the personal assistant and the service user was said to have promoted a trusting relationship between the two, which in itself reintroduced the service user to an important element of wellbeing. Clearly the risk of this choice was greater

than that of opting for formal respite care; however the actual benefit was seen to have far outweighed any risks incurred.

One service user had utilised their personal budget to receive aromatherapy and the services of a mobile hairdresser. The case worker reported improvements in the service user's outlook upon life and self esteem prompting unforced improvements in the person's personal hygiene and willingness to interact with new people. This was further enhanced by the employment of a cleaner

Horse riding was chosen by one service user to be incorporated into the support plan. The physical benefits of which are said to be brought about because the horse rhythmically moves the rider's body in a manner similar to a human gait, and it is suggested that riders with physical disabilities often show improvement in flexibility, balance and muscle strength. Furthermore, the benefit for a person's mental health revolves around the unique relationship formed with the horse that can lead to increased confidence, tolerance and self-esteem. In addition, the release of endorphins and particularly serotonin may account for the reported happiness and sense of independence and achievement the service user expressed to their case worker.

“Overall the outcomes for her are definitely going to be increased confidence, which is very important because a lot of her problems are lack of confidence, lack of self esteem; as far as outcomes go its very positive” (Case Worker 9).

Swimming lessons were proposed for one service user and it was anticipated that the service user would benefit from learning a key skill, becoming fitter and developing a routine that defines the week. Another service user had chosen to purchase a bicycle with the personalised budget, and the case worker suggested this would aid fitness, reduce transport costs and consolidate efforts to loose weight.

“{Service user} did spend a lot of time in the house, frightened of going out, but spends a lot of time outdoors now (Case Worker 8),

The physical, psychological, social and spiritual benefits that were reported to case workers by service users highlight important life enhancing activities and the development of opportunities that are a direct result of personalisation.

Improved engagement with the local community accessed by “normal” routes rather than traditional means that often have the stigma of an institutionalised service have been important to service users. The process appears to have opened up previously unattainable possibilities and positively impacted on self esteem.

The RAS has reported to have set the foundations of positive wellbeing and developed self efficacy, enabling greater choice and control and making a positive impact upon the lifestyle of recipients.

“Her personal budget covers so many different areas. She’s getting experiences and the kind of opportunities to build her confidence and her skills, communication skills, interaction skills, that there’s no way she would have been able to get that support through traditional services. I think she has been empowered and it has obviously contributed to her physical and emotional health” (Case Worker 2).

Case workers’ comments suggest that service users who have actually completed the RAS process have experienced some very positive outcomes, and the principle of a right to self determination, is being met. This is corroborated by positive phrases and adjectives such as: build her confidence skills, empowered, positive, happy with the outcome, difference to their lifestyle, happy with the amount, flexible, exercise choice and control, quality of life will improve and a huge impact on her self esteem are indicators of satisfaction.

These perceptions are encouraging in that, service users “social role valorisation” appears to be promoted by the RAS. Furthermore, creative use of the available resources appears to have enabled greater choice, and a shift away from institutional or managed services however one case worker identified a level of discomfort generated by this enhanced level of creativity.

“It does feel quite uncomfortable being able to be so creative with the plans” (Case Worker 14).

The discomfort identified by Case Worker 14 (a very experienced Social Worker) is an interesting observation, in that it appears the opportunity to be creative has in itself created discomfort. This may be due to the change towards a new and unfamiliar way of working, or perhaps highlight that the new responsibilities have brought into focus the accountabilities which accompany them.

An additional outcome is the positive benefits for carers, who may have been caring without any break for some time. The respite will allow time to do ‘their own thing’, and a relief from the caring role.

Case workers' perceptions of service users' choices and outcomes

The satisfaction of service users was considered by three case workers to be too early in their plan to ascertain, however they each highlighted that service users anxieties existed regarding whether the plan would actually happen, and were offering reassurance during the final stages of implementation.

The timescale for the various elements of the form to be completed was identified as an issue for service users who were described as frustrated and dissatisfied by five case workers, and in addition negative outcomes included anxiety about the paperwork being tiresome and repetitive.

The employment of people, as carers or Personal Assistants raised anxieties for both the service users and their families and was an issue identified by five case workers with service users still in the test and two who had withdrawn.

“They got very anxious about then having to look at PAYE, the whole system of employing somebody so they got very anxious about that. Mum got quite anxious about it as well, how would it affect her tax and everything else” (Case Worker 9).

and

“She wants to be in control of the people that are supporting her, but doesn't want to in that employment role where she's have to manage seven people and sort out payroll. She wants this money to go directly to the provider and be able to organise the services she gets from them” (Case Worker 7).

Case workers perceptions of service user dissatisfaction can be viewed in three categories

1. dissatisfaction with the paperwork
2. the time taken to activate the personalisation process
3. the responsibilities of becoming an employer

It is clear that service users who have expressed their feelings to case workers using terms such as “worry, concern, stressful, anxious or frustrating” are articulating the direct impact that personalisation has had on their own mental health, and highlights issues which might hold true for others, as the process is introduced more widely.

Case workers reported that it was too early in the process to anticipate their service users' satisfaction, which may underpin the low numbers of service users who wished to participate in this study. Furthermore, those service users who withdrew their willingness to participate in the pilot may have done so because of their dissatisfaction with the process.

Future considerations

The opportunity for service users to shape the way in which services are organised and delivered must be seen as emancipatory, and this increase in the choice and control for individuals is a cornerstone of true independence. However the role of the case worker remains critical in the design and delivery of packages of care which facilitate this. Self determination and self directed services are empowering, but with these come responsibilities which the service users may experience for the first time, and it is the role of the case worker to enable the transition of control and responsibility in a way that causes least distress or anxiety.

Case workers should be equipped to answer questions about timescales and the impact of the RAS upon the finances of service users. Appropriate time must be afforded to the completion of documentation and the level of assistance provided to each service user. It might be unwise to assume from a strategic perspective, that unaided self assessment will provide a true picture, and in reality, be creating deleterious effects for the and their family. Therefore the support and availability of case workers to assist in the completion of paperwork will reduce concerns and promote accurate assessment of need.

The timescale for each service user's case should be considered in advance of commencing the process and articulated in a realistic way to ensure that expectations are realistic and that the process is transparent for both service users and their families.

Section Five: Discussion

The evaluation of the `small scale live test` confirms that the introduction of personalisation has met the target of enabling an improved range of choices, increased control over how those choices are translated into action, promoted independence and created opportunities for self determination and efficacy for people who need support in Leicestershire.

The research has produced an independent evaluation that captures the experiences and perceptions of case workers involved in testing the RAS, and highlighted how personalisation has promoted equity in the partnership between those case workers and the service users they serve. The findings suggest that the RAS methodology has worked, and that individuals have been able to obtain the right services to meet their agreed outcomes. In addition, findings identified the sometimes difficult journey undertaken by both parties to achieve the outcomes, and identified where improvements could be made to develop supporting documentation, and enhance satisfaction for service users and case workers undertaking the process.

The importance of case workers' perceptions cannot be understated, as it is this group who have the task of executing the processes which facilitate personalisation, and it is hoped that their views will shape the development of training, assessment, planning, implementation strategies, documentation and evaluation.

The quality and depth of information elicited from case workers was helped by employing face to face interviews which demonstrated considerable advantages for this independent evaluation over other methods. Interviews provided the ability to assess the case workers' understanding and interpretation of the questions, and the opportunity to clarify any confusion that arose about the meaning of questions or the response.

The interviews enabled case workers to guide the Researcher to specific areas of documentation that they wished to consider, and discuss the meaning and impact of the various stages of the personalisation process. The interviews were particularly useful to reiterate the confidential nature of responses and establish a relationship of trust. The Researcher was better able to solicit answers to questions which respondents may otherwise have been reluctant to answer or to answer truthfully, using any other method. Thus the respondents appeared comfortable discussing sensitive opinions about documentation, relationships and outcomes.

Case workers observations were grounded within their personal experience, and outcomes were based upon perceptions of the six service users who had successfully completed the process, their predictions for the 13 service users who were still progressing through the system, together with the ten people who had failed to complete the process.

Affirmation that the RAS had produced physical, psychological, social and spiritual benefits for service users and been empowering and normalising,

were very positive perceived outcomes. However these benefits were reported to have come with a cost.

Case workers suggested that the devolvement of decision making had generated some anxiety for their clients and that the new system had caused concern for themselves in that, there are increased risks and dangers to creative interpretation which might backfire, leading to possible allegations of mispending, or misappropriation of resources. This resulted in checking behaviours and the unnecessary seeking of approval from line managers. To some extent, this is considered to be related to the newness of the system, and it is assumed that increased familiarity will see a subsidence in anxiety and those related behaviours.

Case workers recognised that although the RAS brings with it the chance to be creative, its implementation comes at a time where efficiency and effectiveness are at the forefront, and this political agenda has tempered any unrealistic expectations. Case workers recognised that for the RAS to be sustainable, creativity will need to be based on redistribution of choice, and of the finances and resources available, rather than attracting any additional money or resources. To this end, case workers were realistic about the possible benefits, and recognised that greater independence may actually reduce a service user's reliance upon services which, in turn, may reduce the allocation of, and demand for, resources for that person.

It was also acknowledged that even very small additions to the service users' lifestyle that might initially appear insignificant, can make a real difference to a person's quality of life. This has particular resonance when considering the notion of social capital, which enables the to interface with others on an equal level, and create situations where reciprocity, trust and self esteem promote a greater interface with other people in a community, placing the outside of any stigmatised role, and into one of a valued equal. This amplifies self respect and esteem promoting good mental health and independence from institutional or managed services, which are very positive outcomes of the RAS.

The benefits for both formal and informal carers is a bonus and added outcome of personalisation, which is difficult to measure

These encouraging outcomes must however be considered against the need to clarify and refine aspects of the process to ensure effective use of personalisation. One of the main criticisms relates to the duplication between the needs assessment and the RAS document which has caused most disquiet for case workers, and although the documents are seen in the main as complementary this factor was said to have generated unnecessary work and embarrassment for case workers who needed to repeat questions that they had recently asked. The case workers who were critical of this replication provided some very positive statements surrounding the outcomes and actual impact upon their service users, thus demonstrating a balanced viewpoint, legitimating some of the critical comments.

A further concern related to the clarity of LCCs position with regard to the commissioning of private services that would previously not been considered as appropriate, or did not hold a current contract with the Council. Case workers were fearful that if these services were commissioned, they would be subject to disciplinary proceedings. This issue was said to be in contradiction to the personalisation ethos and that if true choice was to be afforded to service users then this policy should be reconsidered. The confidence for case workers to make commissioning decisions is a key factor for the success of personalisation and clarity about policy that seems to be at odds with this agenda should be sought. This will improve confidence and self reliance and perhaps reduce or even negate the demands upon line managers to sign off support plans. Case workers recognise the need to safeguard against poor decisions but should be allowed to work to their role potential and make the decisions or authorise resource allocation that is within their gift. If policy contradicts the service users right to flexible funding which suggests people should be free to spend their funds in the way that makes best sense to them, without unnecessary restrictions. If restrictions are in place then there should be a good rationale and justification for them, which will enable case workers to at least clarify their position, and that of the Council when explaining the process.

The clarity of provision for those service users for whom personalisation is not suitable is a policy area which appeared to be lacking, and as the process rolls out to a wider audience will become increasingly apparent. Pathways might be created if common circumstances emerge to enable speedy implementation. This is to say that, although every service user is different, and an individual, sets of circumstances may be similar, requiring small variances to achieve satisfactory and desirable outcomes. It seems logical that as the cohort of service users grows, commonalities in situation will be noted and learning from these will be important. The development of pathways has been successfully implemented in the health arena and there is no reason why this system could not provide a useful adjunct or additional option for case workers in personalisation.

As an option the development of pathways might be incorporated into training that prepares workers for their involvement. As we have seen from the comments the preparatory training was felt to be too intense for some workers and it may well be worth investing additional time coaching workers at the outset of their involvement to save anxiety or discomfort because of a lack of knowledge later on. The recommendations suggested that a buddy system be developed linking experienced workers with new workers as a means to support continuity. This is considered a relatively cost neutral option that will provide guidance and supervision, reducing the need for line manager involvement and promoting consistency. If pathways were introduced, they may offset concerns about the time it takes to activate a support plan, which would reduce anxiety simply through the speed of implementation.

This independent evaluation has answered some important questions regarding case workers views on the RAS. However, it should be noted, at

this point the views of service users' have not been captured. The second phase of this evaluation will provide for a more complete picture.

Section Six: Conclusions and recommendations

Case workers suggested a number of solutions they considered would address the problems identified, or improve the process in order to make it more effective. These are augmented by the researchers who were able to elucidate a broader understanding based upon interpretations, observations, and reference to the literature. The recommendations are subdivided under the four key areas of training, support, management support, and case worker responsibilities.

1. Training

- The preparation of case workers should be delivered at a slower pace and over a longer period. Trainers should employ means of checking understanding without assumption during training events, and ensure the pace of delivery is commensurate with that understanding.
- Post training support should be maintained, with greater opportunities for one to one assistance where required and telephone support.
- Preparatory training should clearly set the parameters of what the RAS can be used for, and some explicit examples of what is considered to be not acceptable or inappropriate.
- Training should clarify grey areas where health and social provision may overlap and provide case workers with examples and appropriate solutions.
- Key differences between direct payments and personalisation should be clarified.
- Ensure every case worker has an understanding and some form of training about direct payments and the basic responsibilities of employing people to improve confidence and enable service users to make a considered judgement.
- Training should be considered for case workers about how to make a referral to direct payments.

2. Support

- Consider developing a "Buddy System" to link workers new to the system with experienced case workers for at least two cases, and then incorporate ad hoc support when necessary.

- Consider the possibility of joint visits to service users with complex or overlapping health needs (with a member of the RAS team).
- Maintain RAS team telephone and individual support.
- Capitalise on the understanding of case workers who have been trained as direct payment advisors, making best use of their experience.
- Provide simple explanatory literature, information pack and/or a DVD for distribution (perhaps loan) to service users who are considering becoming involved, including examples of case studies similar to the direct payments DVDs. Critically, these should incorporate step by step guides to assist self completion where considered appropriate. Despite some issues with service user self-assessment, the opportunity to complete both the RAS and support plan unaided should still be offered to all service users. Where this occurs, cross checking and retrospective or remedial support must be provided.

3. Management Support

- Provide very clear written guidance for case workers with ideas of how to complete documentation with examples and case studies.
- Consider introducing time-scaled targets and identify the support required to meet those targets.
- Ensure each case worker receives regular supervision and support to reinforce preparatory training. This could take the shape of group supervision with the explicit ring-fenced agenda of personalisation, and should be seen as mandatory.
- Pay particular attention to case workers who are signing off budgets for the first time through supervision.
- Do not instigate policies that assume unaided self assessment will provide a true picture, but promote self assessment as one option.
- Consider a separate RAS form for older people, people with mental health difficulties and people with a learning disability.
- Consider merging the RAS into the existing needs profile or vice versa, incorporating common elements to reduce duplication.
- Reconsider the RAS questions focussing on the “all or nothing” questions and build in flexibility. Give an opportunity for narrative to provide context or scaled answers.

- Clarify policies relating to providers of services and clearly identify any limitations which are in place that case workers need to be aware of. If restrictions are in place then there should be a good rationale and justification for them, which will enable case workers to at least clarify their position, and that of the Council when explaining the process.
- Consider revising the threat of disciplinary action for case-workers who in good faith employ creative solutions to meet the service user's needs.
- Provide greater access to advocacy services that might enable unbiased completion of the documentation. Build in a review to ensure that what is written on the form matches the perception of need and the decision to provide that support package.
- Clarify where cost savings are to be made in a transparent way identifying how service re-provision will impact upon case workers activities and how changes may influence personalisation agenda.
- Provide partner/provider organisations with information about the RAS and encourage cross disciplinary working minimising any conflict of therapeutic aspiration.
- Educate and stimulate the private sector to recognise the changes in the RAS to provide bespoke services that meet service users' need.
- Streamline the process of obtaining the various signatures for authorisation.
- Consider the incorporation of a multi disciplinary Support Plan to better ensure the compatibility of the personal budget targets with the targets of the therapy.
- Consider simplifying Support Planning tools.
- Assist case workers to establish realistic time-scaled targets based upon individual circumstances, that incorporate considerations of their caseload and workload, together with the complexity of the service user, affording appropriate time for the completion of documentation and the level of assistance provided to each service user.
- Clarify provision for those service users for whom personalisation is not suitable.
- Consider instigating "Pathways" if common circumstances emerge to enable speedier implementation of support plans. These would recognise that every service user is an individual, but sets of

circumstances may be similar, requiring only small variances to achieve satisfactory and desirable outcomes.

4. Case worker responsibilities

- Undertake the role of “buddy” where required, sharing experience and signposting less experienced case workers to appropriate services.
- Ensure prospective service users are aware of their responsibilities that come with the RAS at the outset of discussions to ensure expectations are realistic.
- Articulate a process and timescale advance of commencement that is pragmatic and transparent, to ensure that expectations are realistic for service users’ and their families.

In conclusion, the aim of this evaluation was to capture the experiences and perceptions of the case workers involved in the ‘small scale live test’ of the new Resource Allocation System. The researchers are satisfied that the RAS process meets the demand for genuine personalised services. With relatively minor adaptation to training, paperwork and support, the RAS has the capacity to empower individuals who receive services in Leicestershire, placing their choices and independence at the heart of service development.

Equality Impact Assessment

We consider it important to review the potential that the new scheme may have to ameliorate or accentuate inequalities between service users in quality of care and outcomes. We have alluded to the need to ensure that simplified materials are developed for the support of people with learning disabilities. Clearly, the scheme is intended to increase the range of choice and opportunities for people with disabilities, and it appears that those operating it believe that this will be the case. In the absence of minority ethnic users’ views in this initial report, we are unable to comment on the potential risks associated with using the scheme with people whose first language is not English, or who have distinctive cultural needs. This will need to be considered before completing an EIA for the scheme in accordance with current legislation.

Case workers suggested a number of solutions they had considered to obviate the problems they identified, or improve the process to make it better. These are augmented by the researchers who have been able to elucidate a more global view based upon these observations. These recommendations are considered under the four subsections of training, support, management support, and case worker responsibilities.

1. Training

- The preparation of case workers should be delivered at a slower pace and over a longer period. Trainers should employ means of checking understanding without assumption during training events, and ensure the pace of delivery is commensurate with that understanding.
- Maintain post training support with greater opportunities for one to one assistance where required and telephone support.
- Preparatory training should clearly set the parameters of what personalisation can be used for, and some explicit examples of what is considered to be not acceptable or appropriate.
- Training should clarify grey areas where health and social provision may overlap and provide case workers with examples and appropriate solutions.
- Clarify the key differences between direct payments and personalisation to enable.
- Ensure every case worker has an understanding and some form of training about direct payments and the basic responsibilities of employing people to improve confidence and enable service users to make a considered judgement.
- Training for case workers about how to make a referral to direct payments.

2. Support

- Develop a “Buddy System” to link workers new to the system with experienced case workers for at least 2 cases and then incorporate ad hoc support when necessary.
- Consider the possibility of joint visits to service users with complex or overlapping health needs (with a member of the RAS Team).
- Maintain RAS Team telephone and individual support.

- Capitalise on the understanding of case workers who have been trained as direct payment advisors, making best use of their experience. As buddies or trainers.
- Provide simple explanatory literature, information pack or/and a DVD for distribution (perhaps loan) to service users who are considering becoming involved, with case studies similar to the direct payments DVDs. Critically, these should incorporate step by step guides to assist self completion where considered appropriate. Despite some reliability issues of self assessment, the opportunity to complete both the RAS and support plan unaided should still be available to all service users. Where this occurs, cross checking and retrospective or remedial support must be provided.

3. Management Support

- Provide very clear written guidance for case workers with ideas of how to do complete documentation with examples and case studies.
- Consider introducing time-scaled targets and identify the support required to meet those targets.
- Ensure each case worker receives regular supervision and support to reinforce preparatory training. This could take the shape of group supervision with the explicit ring-fenced agenda of personalisation, and should be seen as mandatory.
- Pay particular attention to case workers who are signing off budgets for the first time through supervision.
- Do not instigate policies that assume unaided self assessment will provide a true picture, but promote self assessment as one option.
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- Reconsider the RAS questions focussing on the “all or nothing” questions and build in flexibility. Give an opportunity for narrative to provide context or scaled answers.
- Clarify policies relating to providers of services and clearly identify any limitations which are in place that case workers need to be aware of.

- Consider revising the threat of disciplinary action for case-workers who in good faith employ creative solutions to meet the service user's needs.
- Provide greater access to advocacy services that might enable unbiased completion of the documentation. Build in a review to ensure that what is written on the form matches the perception of need and the decision to provide that support package.
- Clarify where cost savings are to be made in a transparent way identifying how service re-provision will impact upon case workers activities and how changes may influence personalisation agenda.
- Provide partner/provider organisations with information about personalisation and encourage cross discipline working
- Educate and stimulate the private sector to recognise the changes in personalisation to provide bespoke services that meet service users' need.
- Streamline the process of having the various signatures for authorisation.
- Consider the incorporation of a multi disciplinary Support Plan to better ensure the compatibility of the personal budget targets with the targets of the therapy.
- Consider simplifying Support Planning tools.
- Assist case workers to establish realistic time-scaled targets based upon individual circumstances, that incorporate considerations of their caseload and workload, together with the complexity of the service user, affording appropriate time for the completion of documentation and the level of assistance provided to each service user.
- Clarify provision for those service users for whom personalisation is not suitable.

4. Case Worker Responsibilities

- Undertake the role of "buddy" where required, sharing experience and signposting less experienced case workers to appropriate services.
- Ensure prospective service users are aware of their responsibilities that come with personalisation at the outset of discussions to ensure expectations are realistic.

- Articulate a process and timescale advance of commencement that is pragmatic and transparent, to ensure that expectations are realistic for service users' and their families.

Conclusion

In conclusion, the aim of this evaluation was to capture the experiences and perceptions of the case workers involved in the `small scale live test` of the new Resource Allocation System. The researchers are satisfied that the RAS process meets the demand for genuine personalised services. With relatively minor adaptation to training, paperwork and support, the RAS has the capacity to empower individuals who receive services in Leicestershire, placing their choices and independence at the heart of service development

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