

<b>Institution: University of Central Lancashire</b>
<b>Unit of Assessment: 22</b>
<b>Title of case study: Potential and Limitations of Policies Promoting Choice, Flexibility and Control</b>
<p><b>1. Summary of the impact</b> (indicative maximum 100 words)</p> <p>This case study concerns a body of research by Dr Julie Ridley, Dr Helen Spandler and Dr Karen Newbigging into Self-directed Support (SDS) and Direct Payments (DPs), which examines perspectives and experiences of policies to promote choice, control and flexibility in social care, and provides a critique distinguishing between rhetoric and reality. Early qualitative and action research focused specifically on mental health, including work for the Scottish Executive (Ridley) and the Department of Health (Spandler), leading to cutting-edge policy critiques (Spandler), engagement with the field to distil key implementation themes (Newbigging) and later, to broader based evaluation of SDS policy implementation in Scotland. Collectively and over time, this work has had a direct influence on social care policy and law across the UK, as outlined below.</p>
<p><b>2. Underpinning research</b> (indicative maximum 500 words)</p> <p>Recent research into SDS implementation in Scotland, undertaken by Ridley and Spandler at UCLan, builds upon their previous studies on Direct Payments (DPs), published between 2002 and 2007. A study for the Scottish Executive in 2002 (Ridley, 2006) examined the feasibility of DPs for mental health service users given the extremely low uptake. It identified scepticism about DPs among service users and carers as well as mental health professionals, but also an interest to increase uptake of DPs among some participants in mental health user groups. Subsequent action research for the Dept. of Health in 2003/4 (Spandler and Vick, 2005; 2006) illustrated how, contrary to popular belief, people with mental health needs could, given adequate support, use DPs in creative ways. A subsequent project commissioned by Joseph Rowntree Foundation from Newbigging and Lowe (2005) built on this research to engage with mental health service users and professionals to examine barriers to implementation and identify potential ways of overcoming these, particularly for people from black and minority ethnic communities. This, along with the research undertaken by Spandler and Vick, provided a foundation for guidance to the field produced by the National Institute for Mental Health England. A later project for MIND (Heslop, Williams and Spandler 2009) sought to further improve uptake by demonstrating what was achievable. Spandler was also involved in a large scale study of the uptake of DPs across care groups as part of the national Modernising Adult Social Care (MASC) research programme (Vick et al 2006). In addition, anticipating the subsequent crisis in personalisation in times of austerity, Spandler advanced one of the first serious critiques of DPs as a progressive social policy in the UK – both in general (Spandler 2004) and specifically in relation to mental health (Spandler 2007).</p> <p>Evaluation of SDS test sites in Scotland to inform development of an SDS Bill (Ridley, Spandler <i>et al.</i> 2012) concluded that leadership and vision were critical for effective implementation (resonating with the earlier findings from Newbigging and Lowe), identified multifarious challenges for designing assessment and resource allocation systems that were fit for purpose, and found differences in perceptions about the impact of financial cuts on SDS. The research questioned the validity of calling assessment ‘self-assessment’ when most assessments were largely shaped by carers’ and/or professionals’ views, and showed how the extent of choice, flexibility and control is in part determined by professionals’ knowledge and skills in implementing SDS, as well as by the resources at their disposal. While creativity and innovative practice improved individual outcomes for those involved, questions remain about the longer term sustainability of what is achieved during pilots.</p>
<p><b>3. References to the research</b> (indicative maximum of six references)</p> <p>Newbigging, K. and Lowe, J. (2005) <i>New Directions: Direct Payments and Mental Health</i>. Joseph Rowntree Foundation. York.</p> <p>Ridley, J., Spandler, H., and Rosengard, A. with Menhennet, A. (2012) <i>Follow-Up Evaluation of</i></p>

## Impact case study (REF3b)

*Self-Directed Support Test Sites in Scotland*. Edinburgh: Scottish Government Social Research.

Ridley, J. (2006) 'Direct what?' Exploring the suitability of direct payments for people with mental health problems. In Leece, J. and Bornat, J. (eds) *Developments in Direct Payments*. Policy Press.

Spandler H. (2004) Friend or Foe? Towards a critical assessment of direct payments. *Critical Social Policy* 24 (2):187-209.

Spandler, H. and Vick, N. (2005) Enabling access to direct payments: an exploration of care co-ordinators decision making practices. *Journal of Mental Health* 14(2), 145-155.

Spandler, H. and Vick, N. (2006) Opportunities for Independent Living using Direct Payments in Mental Health. *Health and Social Care in the Community* 14(2), 107-115.

Spandler, H. (2007) Individualised Funding, Social Inclusion and the Politics of Mental Health. *Journal of Critical Psychology, Counselling and Psychotherapy* 7(1), 18-27.

### Grants

1. Scottish Government awarded research grant to Dr Julie Ridley & Dr Helen Spandler – Evaluation of SDS Test Sites in Scotland. 2009-2011 with subsequent extension in 2012 of 6 months. £129,000 + £15,000 = £144,000.
2. NIMHE/DH awarded research grant (Dr Helen Spandler, lead researcher) 2003-2004 – approx £90,000. Implementation of Direct Payments in Mental Health. Also involvement in MASC study and MIND project and as a joint collaborator/consultant.
3. Joseph Rowntree Foundation grant (Dr Karen Newbigging) 2004-2005 £32,000 Implementing Direct Payments in Mental Health with a focus on black and minority ethnic communities.
4. Scottish Executive awarded research grant to Julie Ridley (lead researcher) and Lyn Jones, Scottish Health Feedback to test feasibility of DP in mental health - £20,000 in 2002.

All published papers and book chapters were peer reviewed. Grants were competitively won and subject to peer review procedures.

### 4. Details of the impact (indicative maximum 750 words)

Early research analyses by Spandler, Ridley and Newbigging served to highlight gaps and inequalities in provision, and barriers and facilitators to increasing uptake of DPs. All of the cited research was commissioned by, and designed to meet the needs of, government policy makers in England and/or Scotland, and as such was used by them to develop policy or law. The work contributed a more nuanced understanding of the potential, as well as the limits, of progressive social policies.

Research in 2002 (Ridley 2006), which identified the importance of publicity and information to increase uptake, was used by the Scottish Executive with Scottish local authorities to promote strategies to improve DP uptake in mental health. The numbers of people with mental health problems receiving a DP in Scotland increased from six in 2002 to over 500 in 2012. In England, Spandler's action research provided detailed case studies that have been used to directly tackle the pervading scepticism that DPs are possible in mental health, thereby contributing to improved access and takeup. For example, case studies were used in presentations and workshops delivered by the leads for DPs in mental health at CSIP National Institute for Mental Health in England (NIMHE) (Contact 2). Examples from the research were referred to in the NIMHE/Dept of Health document *Direct Payments and Mental Health: A Guide To Action* (DH 2006). Case studies from the research (eg the example of service users pooling their DPs to pay for a creative arts worker in a community centre) are regularly cited nationally as examples of good practice – in text books (Gardner 2012), by the DH (2006), by national organisations like Mind (Heslop and Williams 2009, Heslop 2010) and in regional and national training events by appointed 'Personalisation Leads', service user organisations and SCIE (Contacts 3 and 4). A Joseph Rowntree Foundation grant was awarded to directly build on the study's findings and investigate stakeholder perspectives on implementation with a particular focus on BME communities. Illustrative case studies from the research (Newbigging and Lowe 2005) were used in subsequent JRF reports

providing real life examples for training. Spandler's critique of DPs has been influential in broadening knowledge and awareness around the limitations of DPs. It has been drawn upon and developed by more recent critiques and debates about personalisation, and used to suggest alternative ways forward (91 citations including Lyons 2005, Foster *et al.* 2006, Ferguson 2007). For example, it is regularly used in HE social work and social policy national curricula and her work was referred to specifically by DH *Putting People First* Team to consider how to embed personalisation within the social work curriculum nationally. Her work has also been used to build upon more recent critiques of, and debates about, personalisation and to suggest alternative ways forward (over 40 citations including Lyons 2005, Foster *et al.* 2006, Ferguson 2007, Dodd 2013). It is also regularly used in HE curricula for social work and social policy teaching (Leece and Bornat 2006, Gardner 2011). This work, therefore, has had conceptual and socio-political impact in relation to social policy critique.

Newbigging's work was innovative in focusing on the opportunities to promote culturally sensitive provision and identify the specific barriers faced by people from BME communities in accessing and using DPs. It has provided a focus for engagement with local authorities and local community organisations, for example in identifying action at a local level to promote uptake through the West Midlands Delivering Race Equality programme and cited in relevant equality impact assessments (e.g. in relation to *Putting People First*). The findings were noted by the Future Vision Coalition for mental health (a partnership between the NHS Confederation, Local Government Association and national mental health voluntary sector organisations) in promoting their vision for the future of mental health care (Sainsbury Centre for Mental Health, 2006).

The evaluation of SDS test sites in Scotland (Ridley, Spandler *et al.* 2012) met a very specific need of the Scottish Government for evidence to contribute to current policy making. The Scottish Government Strategy Implementation Group in 2011 considered the learning from the evaluation about the use of tools and processes for matching Individual Budgets (IBs) to meeting positive outcomes and has incorporated this in a questionnaire now used to routinely gather information from all Scottish local authorities about implementation of SDS policy. Ridley was invited by Scottish Parliament during 2012 to give evidence to the Health and Sports Committee considering passage of the SDS Bill, which was televised and a written report produced (Scottish Parliament 2012). Key findings regarding the evolving concept of SDS as more than DPs, and the related difficulty in measuring SDS options especially when support is selected for the individual, were noted; this has been clarified in subsequent legislation (Social Care (SDS) (Scotland) Act 2013) and Scottish Government work with local authorities on national data collection (Contact 1).

The SDS Policy Team in Scottish Government made direct reference to the research in the legislative Bill for Scotland, which Scottish Parliament accepted as the Social Care (SDS) (Scotland) Act in January 2013. The Strategy Implementation Group incorporated lessons from the test sites evaluation in its implementation timeline up to 2015. In this respect, the research directly impacted on the work of policy makers at governmental level, on increasing awareness and understanding of practitioners in local authorities and voluntary organisations, and ultimately (though this is harder to measure) on the individuals who receive social care support who will be the beneficiaries of the learning from the test sites (Contact 1).

Scottish Government launched the findings from the first evaluation to all 32 local authorities in Scotland in September 2011 and sent a press release to Directors of Social Work. The event was chaired by the Director of the Institute for Research in Social Services (IRISS), whose mission is to promote positive outcomes for people who use Scotland's social services by enhancing the capacity and capability of the workforce to access and make use of knowledge and research, thus widening the reach of this work. IRISS has actively promoted this and the follow up evaluation report amongst its members and through its website for example, a radio interview with Ridley has been posted and links to the Scottish Government website thus increasing dissemination of findings to health and social care professionals. Ridley has been invited onto an Expert Group to advise on a high level national project, PilotLight, to further promote SDS and improve outcomes (Contact 1).

##### 5. Sources to corroborate the impact (indicative maximum of 10 references)

**Impact case study (REF3b)**

**Reports and Documents:**

Department of Health (2006) Direct payments for people with mental health problems: A guide to action. National Institute for Mental Health in England (NIMHE).

Department of Health (2007) Modernising adult social care – what’s working. London: DH.

Dodd, S. (2013) Personalisation, individualism and the politics of disablement. *Disability and Society* 28(2), 260-273.

Ferguson, I. (2007) Increasing user choice or privatizing risk? The antinomies of personalization. *British Journal of Social Work* 37(3), 387-403.

Foster, M., Harris, J., Jackson, K., Morgan, H., Glendinning, C.(2006) Personalised social care for adults with disabilities: A problematic concept for frontline practice. *Health & Social Care in the Community* 14(2), 125-135.

Heslop, P & Williams, V. (2009) Personalisation in mental health: Breaking down the barriers. A guide for care co-ordinators. London: Mind.

Heslop, P. (2010) A Guide to Personal Budgets. London: Mind.

Lyons, J (2005) A systems approach to direct payments: A response to 'Friend of foe? Towards a critical assessment of direct payments' *Critical Social Policy* 25 (2), 240-252

The Scottish Parliament Official Report, Health and Sports Committee, 8<sup>th</sup> May 2012.

**Contacts:**

Contact 1: Craig Flunkert, Bill Team Leader (Self-Directed Support Bill) Adult Care and Support Division, Health and Social Care Integration, Scottish Government.

Contact 2: Robin Murray Neil (former NIMHE/CSIP lead direct payments in mental health), DH Putting People First Team.

Contact 3: Carey Bamber (former Personalisation Lead, North West Joint Improvement Partnership). Associate at In Control

Contact 4: Tina Coldham, Mental Health User Consultant, Trainer and Researcher.