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Personalisation – Stakeholder perceptions and the  
impact on social care commissioning in Liverpool

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To Mike, Sara, Cathy and Jan (the best LSG by far), thank you for listening to me when I 'went off on one' and letting me part of a great team.

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## **Abstract**

Personalisation and the introduction of individual budgets have been core elements of central government social care policy for a number of years. They are often promoted as the panacea for a range of social care and equalities issues, but are not clearly and consistently defined. The complexity and fluidity of the social care stakeholder environment requires a specialised approach to engagement. This paper argues that these factors have not been adequately accommodated within marketing and communication strategy at a local and national level and risk compromising the successful introduction of the change programme. The research draws on recent pilot activity in the U.K. and established management practice to evaluate the findings from a study of social care stakeholders in Liverpool. The views of service users, carers and social workers are reflected in the paper which offers recommendations for improved practice in local and central government. The personalisation and individual budget agenda is a critical step in the development of equality for some of the most vulnerable people in the country, but represents significant challenge and risk for stakeholders. This paper recommends a fundamental review of marketing and communication activity to maximise opportunity and minimise the risks associated with the transformation of social care.

## **Declaration**

This work is original and has not been submitted previously for any academic purpose.

All secondary sources are acknowledged.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Table of Contents

	Page No
Abstract	3
Declaration	4
Table of Contents	5
List of Figures	8
List of Charts	9
1. Introduction	10
1.1. Background to the Study	10
1.1.1. Organisational Background	12
1.1.2. Academic Background	13
1.2. The Research Question	18
1.2.1. Objectives of the Research	18
1.2.1.1. Evaluate understanding of the personalisation agenda and associated Implications	19
1.2.1.2. Assess the risks associated with the transition to personalised services and budgets	20
1.2.1.3. Assess the financial implications for the authority during the transition phase	21
1.2.1.4. Inform the development of an efficient delivery model	22
1.3. Justification for the Research	24
1.4. Outline Methodology	25
1.5. Outline of Chapters	30
1.6. Glossary of Terms	32
2. Literature Review	35
2.1. Introduction	35
2.2. Parent Disciplines, Fields and Themes	35
2.3. Individual Budgets and Personalisation	36
2.3.1. Central Government Focus	36
2.3.2. Commissioning Perspectives	41
2.3.3. Customer Perspectives	43
2.4. Marketing	46
2.4.1. Internal marketing strategy	48
2.4.2. Scenario Planning	48
2.4.3. Points of Resistance	49
2.5. The Management of Change	51
2.6. Links to primary research	54
2.7. Summary of literature review	60
3. Methodology	62

3.1. Introduction	62
3.1.1. Research Philosophy	62
3.2. Research Strategy	66
3.3. Rejected Data Collection Methods	68
3.4. Research Design	69
3.4.1. Design of the Instrument	69
3.5. Selection of participants	71
3.6. Ethical considerations	72
3.7. Research Procedures	73
4. Findings	75
4.1. Introduction	75
4.2. Primary Data	78
4.2.1. Primary questions	79
4.2.2. Analysis of responses across questions 1 – 14 (Primary and Secondary Questions)	80
4.2.3. Question 15 – Expressions of concern	82
4.2.4. Self-assessment questions (17 -22)	83
4.3. Differences across the user groups	85
4.4. Associated Findings	86
5. Conclusions and Additional Analysis	88
5.1. Analysis of outline methodology	88
5.2. Analysis within the framework of the research question	90
5.2.1. Evaluate understanding of the personalisation agenda and associated implications	91
5.2.2. Demonstration of understanding	92
5.2.3. Assess the risks associated with the transition to personalised services and budgets	94
5.2.4. Social care users	94
5.2.5. Social workers	95
5.2.6. The authority	96
5.3. Assess the financial implications for the authority during the transition phase	98
5.4. Inform the development of an efficient delivery model	99
6. Recommendations	101
6.1. Specific recommendations	101
6.1.1. Social workers	101
6.1.2. Social care users	101
6.1.3. Carers	102
6.2. General recommendations	102

Bibliography (APA)	104
List of Appendices	113

## List of Figures

Figure	Description	Page №
1	Power, Legitimacy, Urgency Venn diagram (Mitchell, Agle & Wood, (1997)	13
2	Power/Interest grid (Gardner et al (1986)	13
3	Stakeholder interest in health-related social marketing programmes	15
4	The Conceptual Model' Assessment Loop	25
5	The 'Totem' Conceptual Model	26

## List of Charts

Chart	Description	Page №
1	Table of responses to questions 1 & 2	67
2	Table of responses to questions 1 – 14	69
3	Table of responses to question 15	71
4	Indicative demand for a personalised budget (service users)	73

## **1 Introduction**

This chapter provides an introduction to the agenda relating to personalisation and individual budgets. It draws on central government' publications, local government' strategy and academic sources to explore relevant themes and outline the programme of research.

### **1.1 Background to the study**

The personalisation agenda has been given priority at a local and national level (Department of Health 2001, 2005, 2007, 2008), but based on current literature and discourse it is apparent that interpretation of the term, personalisation, varies significantly across the stakeholder groups and commissioning authorities. Initial analysis of web-based material and local publications indicates that these variations will have an impact on the efficacy of the transition to personalised budgets and services with the potential for financial penalty and reductions in the quality of provision and customer experience.

Leadbetter (2004) makes number of salient points in his paper Personalisation through participation. He argues that, "In some services it makes sense to put consumers directly in charge of commissioning the service they want". While this has obvious implications for the personalisation of social care services it is an approach which fails to accommodate the complex nature of the relevant

stakeholder environment. He proceeds to outline the potential of personalisation with due reference to change management models and innovative solutions. The implications for stakeholders including; customers, social workers and commissioning managers are significant and further examination is warranted.

The problems associated with personalisation are further explored in an article by Foster et al (2006) which explores the variation in assessment processes underpinning personalisation and questions the sustainability of the model. The additional concern of safeguarding is considered in a British Journal of Social Work article by Manthorpe et al (2009). While these articles are a useful source of data and opinion, they are potentially subjective in their nature and require balancing with the views of other stakeholders. The absence of research and comment from alternative perspectives provided direction for this dissertation.

### 1.1.1 Organisational Background

In addition to the central government priorities identified in recent publications<sup>1</sup>, locally identified priorities include; a requirement to reduce costs, a need for more flexibility within the workforce and their operating systems and delivery of a range of services that can accommodate the emerging social and health care needs of an aging population. Analysis of these factors in conjunction with the financial demands of the transition process lends itself to further research.

Stakeholder intransigence must not be underestimated as a point of resistance (Lewin, 1939). These individuals and groups can exert significant influence over the development and delivery of change and can be difficult to reconcile with the primary agenda. One unexpected source of resistance was identified within the authority and arose from the commissioning social work teams. Their objections centred on two issues; firstly, they have expressed concern about the limited budgets available to deliver personalised services and secondly about the additional risks associated with the new model. There remains a suspicion that a third factor relates to the loss of power and control for front-line social workers. While this is not openly discussed, it must be considered because of the relative power of these individuals to influence the agenda.

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<sup>1</sup> Including; *Our Health, Our Care, Our Say* (2006), *Valuing People* (2001), *Valuing People Now* (2007) and *Improving the Life Chances of Disabled People* (2005).

### 1.1.2 Academic Background

From an academic perspective, this research project required a focus on the management of change, stakeholder analysis and marketing strategy. Clarke (2000) noted that services cannot be detected, but will be experienced. Furthermore, services are consumed as they are provided and are difficult to quantify. The transfer to individual services and budgets appears to minimise the risks associated with a poor service experience, but a more detailed analysis reveals that the transition creates additional risk. While individuals may experience improvements or deterioration in service quality and experience, it is possible that reporting of neglect and abuse will reduce at the same time as commissioning authorities have a reduced capacity to monitor due to the complexity of the personalised environment. The seven P's of the marketing mix <sup>2</sup>(Gilmore, 2003) are equally applicable in communicating the key messages relating to the agenda. Developments of this concept are advocated by the Department of Health and the National Consumer Council (2005) and summarised by Proctor (2007). Hill and Jones (1992) explored the critical relationship between stakeholders and the management system. In particular they looked at relevant perceptions of power and influence within the relationship and the impact that this may have in establishing priority activities (see figures 1 & 2, page 8). The conceptual model presented as figures 4 & 5 (pages 21 & 22) develops these critical concepts to a point where they directly influence the priorities and content of the marketing strategy. Any failure to recognise,

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<sup>2</sup> *The seven P's are most commonly defined as; People, product, price, promotion, physical evidence, process and place.*

accommodate and balance these expectations, while pursuing predetermined targets will lead to inefficiencies, distractions or failure of the transition.

Figure 1

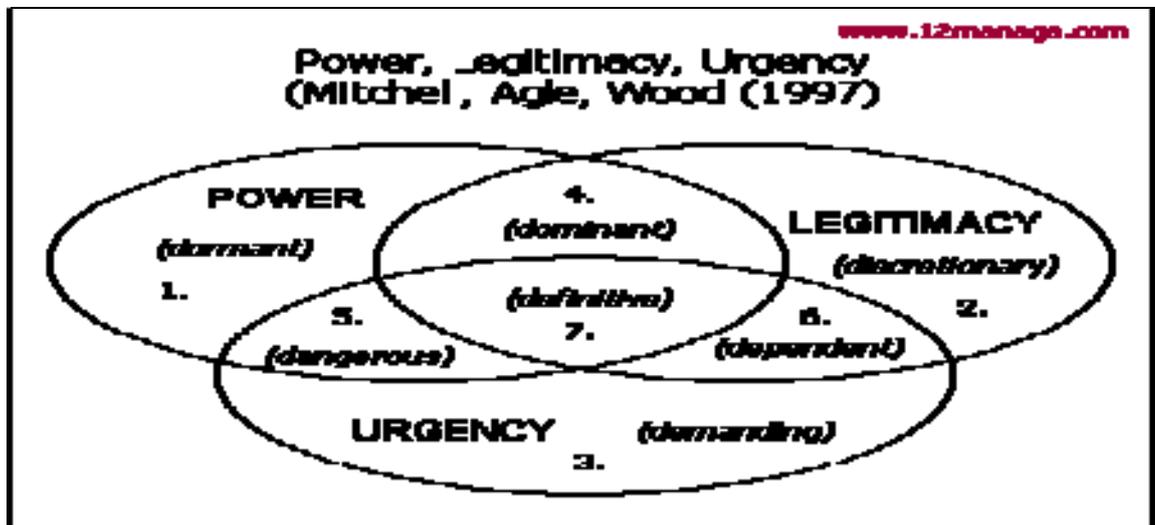


Figure 2

[www.12manage.com](http://www.12manage.com)

**Power / Interest Matrix** (Gardner et al. (1986))

		Level of Interest	
		Low	High
Power	Low	<b>A</b> Minimal effort	<b>B</b> Keep informed
	High	<b>C</b> Keep satisfied	<b>D</b> Key players

Aspects of forecasting and scenario planning can also be used to good effect, although the impact is limited because of Central Government influence and the current timeframe. This generates implications for business process re-engineering (Al-Mashari and Zairi, 1999, Gonzalez-Benito et al, 1999, Ongaro, 2004) and the management of timescales. It is of critical importance to adopt a segmentation approach to the application of personalised services. Proctor (2007) discusses the merits of this approach and concludes,

*'It allows the organisation to identify stakeholder groups, target the groups and deploy resources effectively. Segmentation should begin with a clear analysis of stakeholder interests and want/needs.'*

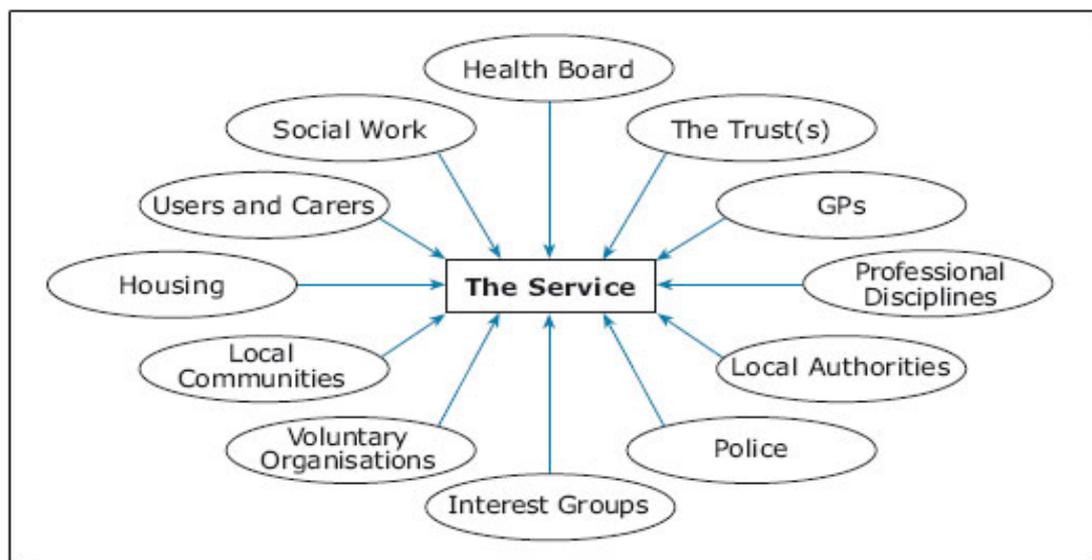
This is an approach which will encourage recognition of the varying demands of each segment/partner within the agreement.

To reconcile the often diverse and competing interests of the stakeholder group the application of a balanced scorecard approach is appropriate. Moulin (2007) developed the approach to accommodate the additional problems of application within public sector environments. If this approach is combined with a genuine understanding and appreciation of the complexity of a personalised service, then it is clear that the local authority has a significant challenge to meet.

Johnson and Scholes (2001) exploration of the power/interest matrix has additional implications for service development and in particular its application and monitoring. When Mendelow's power/interest grid (figure 2) is applied to the

relevant structures the complexity of the relationships and inter-dependencies becomes apparent.

(Figure 3) Stakeholder interest in health-related social marketing programmes (reproduced from [www.openlearn.open.ac.uk](http://www.openlearn.open.ac.uk))



Flynn (2007) discusses the three 'E's of economy, efficiency and effectiveness and it is clear that these are some of the drivers for policy development in this area, but the public 'face' of personalisation has a different focus. Effectiveness is presented within an outcome framework, but the repeated message is one of choice. More structured study of the policy and its subsequent application leads us to an understanding that this is a superficial/public presentation of the drivers, created to appease stakeholders and satisfy Central Government (Johnson and Scholes, 2001, Bohman, 1996).

## **1.2 The Research Question**

Personalisation – Stakeholder perceptions and the impact on social care commissioning in Liverpool

The question has been framed in such a way as to emphasise the critical nature of the current personalisation agenda and individual budgets with regard to social care commissioning activity in Liverpool and, by implication, other local authorities in the U.K. The programme of research aims to assess the efficacy of recent marketing and communication activity associated with personalisation and individual budgets. And establish the link to commissioning intentions with a view to informing strategy.

### **1.2.1 Objectives of the research:**

1. Evaluate understanding of the personalisation agenda and associated implications.
2. Assess the risks associated with the transition to personalised services and budgets.
3. Assess the financial implications for the authority during the transition phase.
4. Inform the development of an efficient delivery model.

### **1.2.1.1 Evaluate understanding of the personalisation agenda and associated implications**

The term 'personalisation' is in increasingly common usage in social care, but is not clearly or consistently defined. Central government's use of the term is the one which inevitably carries most weight in the current climate and potentially creates the framework by which performance will subsequently be measured. Local authorities vary in their own interpretation leading them into a potential failure to meet performance targets and conflict with a range of customers. In addition to these anomalies is the variation in understanding and interpretation from the social care service user/customer groups and individuals within them. Perhaps most significantly, social care professionals have re-interpreted the term and applied it to situations and processes where it does not belong (see appendix 6).

It is clear to this author that a failure to address these differences and produce a common understanding is likely to lead to significant failure of the personalisation agenda, whether real or perceived. This places Liverpool City Council and its customers in a vulnerable position and at risk of wasting the opportunities afforded by the sea change that personalisation represents. This theme is explored further in chapter 5.

It is my intention to highlight difference where it exists and make suggestions for the development of a common understanding. This will serve to consolidate expectations and produce a platform to develop the delivery model.

#### **1.2.1.2 Assess the risks associated with the transition to personalised services and budgets**

The transition process is likely to be a complex, resource intensive one for a range of stakeholders. Front-line customers are those most at risk during the process as their services are effectively decommissioned in readiness for the new funding and delivery models. But the impact on professionals should not be underestimated as their established understanding is challenged and a whole raft of new systems and processes emerge. There is a strong indication of resistance to these changes evidenced in current research (IBSEN, 2008) and indicated by the low levels of confidence in the personalisation agenda communicated by social workers in particular. Their understanding and commitment are critical to the success of this change process and current targets do allow for a gradual shift in culture and understanding. The demands for an immediate, effective and efficient response are inherent in central government targets and timescales. Therefore the risks associated with the transition are increased beyond the level of finance and threaten the long-term viability of personalisation itself. This would prove to be at best, an opportunity lost and at worst a major retrograde step in the move towards equality for vulnerable people in the U.K.

### **1.2.1.3 Assess the financial implications for the authority during the transition phase**

While local authorities will speak openly about the needs of citizens and their commitment to equity and quality of provision, they will covertly reference each comment to the financial implications for their budgets. The government and the opposition parties have spoken about the need to drastically reduce public expenditure, which compromises the ability of local authorities to fully address and finance the transition to a personalised delivery and funding model. Current indications are that the new model will have to be delivered from within existing budgets which are already stretched and subject to annual reduction. This view is supported by current discourse and the main political party manifestos in the run-up to the general election. A detailed analysis of pilot activity, current social care budgets, demographics and anticipated demand will inform budgetary planning. This will allow financiers to maximise the release of funds and commissioners to use them efficiently. While this author accepts that budgetary planning has been incorporated throughout, it has not been adequately referenced with the potential savings generated by a more creative approach to delivery and the maximisation of natural support mechanisms. There is an indication that this is a national issues and not confined to Liverpool City Council. This is due, in part, to the separation of key functions within the authority and a failure to engage with the full range of stakeholders and customers due to their suspicions about the transformation and personalisation agenda. More specifically, the transition phase indicates that the

previous delivery model will have to be maintained (at least in part) while the new model is introduced. This has obvious and significant implications for the transition' budget and will impact on the efficacy of the associated processes. An example of this has been identified in the proposed transfer of funds from traditional day services environments and budgets to personalised services. Those outlining the proposals have used the unit cost for an individual attending services, which is calculated/estimated a £270.00<sup>3</sup> per week and 'lifted' this amount for direct transfer to a cost centred assigned to personalised budgets. This approach fails to recognise and accommodate the mechanism which make-up the day services calculation and the requirement to maintain minimum staffing levels and buildings regardless of any reduction in attendance. This will inevitably lead to a short-fall in the day services budgets in subsequent years. When combined with the politically sensitive nature of the stakeholder environment with regards to day services closures, further difficulties are anticipated.

#### **1.2.1.4 Inform the development of an efficient delivery model**

The results of the research undertaken will provide valuable data and inform strategy. But they will also offer the opportunity to define and refine an efficient delivery model which best satisfies and reconciles the needs of the diverse stakeholders. A process of stakeholder mapping and influence would further inform short and medium-term priorities and balance expectations. The research data will

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<sup>3</sup> This is an estimated figure provided by Liverpool City Council's finance department. An earlier request generated three different figures of which this is an average.

be relevant to the stakeholders and presented in a manner which is accessible and useful for planning and strategy purposes. It is envisaged that this will be achieved through the provision of written summaries of key findings and a series of presentations to senior managers. The author remains aware that the research data may generate additional challenges for senior managers and as a consequence, they may be reluctant to accept some of the findings as presented. The primary functions of this research are to generate accurate data, draw considered conclusions and present them in an accessible manner. What the data is subsequently used for is beyond the influence of this process. The author recognises the potential conflict of interest in the presentation of research findings and the ethical considerations in the generation of data which may reflect on the performance of colleagues and senior managers. Every effort has been made to produce a complete, balanced and objective study which informs strategy and practice for the benefit of this and other local authorities.

### **1.3 Justification for the research**

The potential budget for personalised services in 2010/2011 is £9,757,000 (See appendix 2 - Extract from projected Liverpool City Council/PCT budget for 2010/2011). This represents 7.38% of the combined health social care allocation (under a section 75 partnership agreement) for the period and is set to rise in subsequent years (source [www.liverpool.gov.uk](http://www.liverpool.gov.uk)) . While there is little doubt that the move towards personalisation is a positive one, the sums involved and the potential for damaging the customer experience and increasing their vulnerability are huge. Liverpool has not undertaken any significant research into stakeholder perceptions and as a direct consequence can have no confidence in its emergent strategy. This research will provide additional information which can be used to inform; marketing/communication/engagement, service delivery models, training, commissioning and financial management.

## 1.4 Outline methodology

An Interpretive approach has been adopted to the research because of the complexity of the stakeholder environment. Fisher (2007) notes the '*competing histories or interpretations of events and issues*' which lend themselves to this particular stance. The research has not been confined by this methodology and has incorporated alternative approaches where deemed appropriate. Central government (through the Department of Health, SCIE) publications and websites provided key definitions and detail of proposals and targets. A wide range of social care user groups have published their views and the results of research have been evaluated as part of this dissertation. It is acknowledged that much of this is subjective and lacking in academic credibility, but it is within the public domain and influential with commissioning authorities. Where it is available, such views have been compared to academically endorsed research data which forms the basis of subsequent analysis.

Ethical considerations include those relating to 'vulnerable' stakeholders and the potential to influence their views during the engagement processes (Anthony and Parker, 1998). Measures were deployed to minimise this eventuality and maintain demonstrable objectivity throughout the exercise. The selection of stakeholders for empirical research has been made following identification of the major groups as identified by current expenditure and supplemented with professional colleagues with commissioning and management responsibilities. The three stakeholder groups

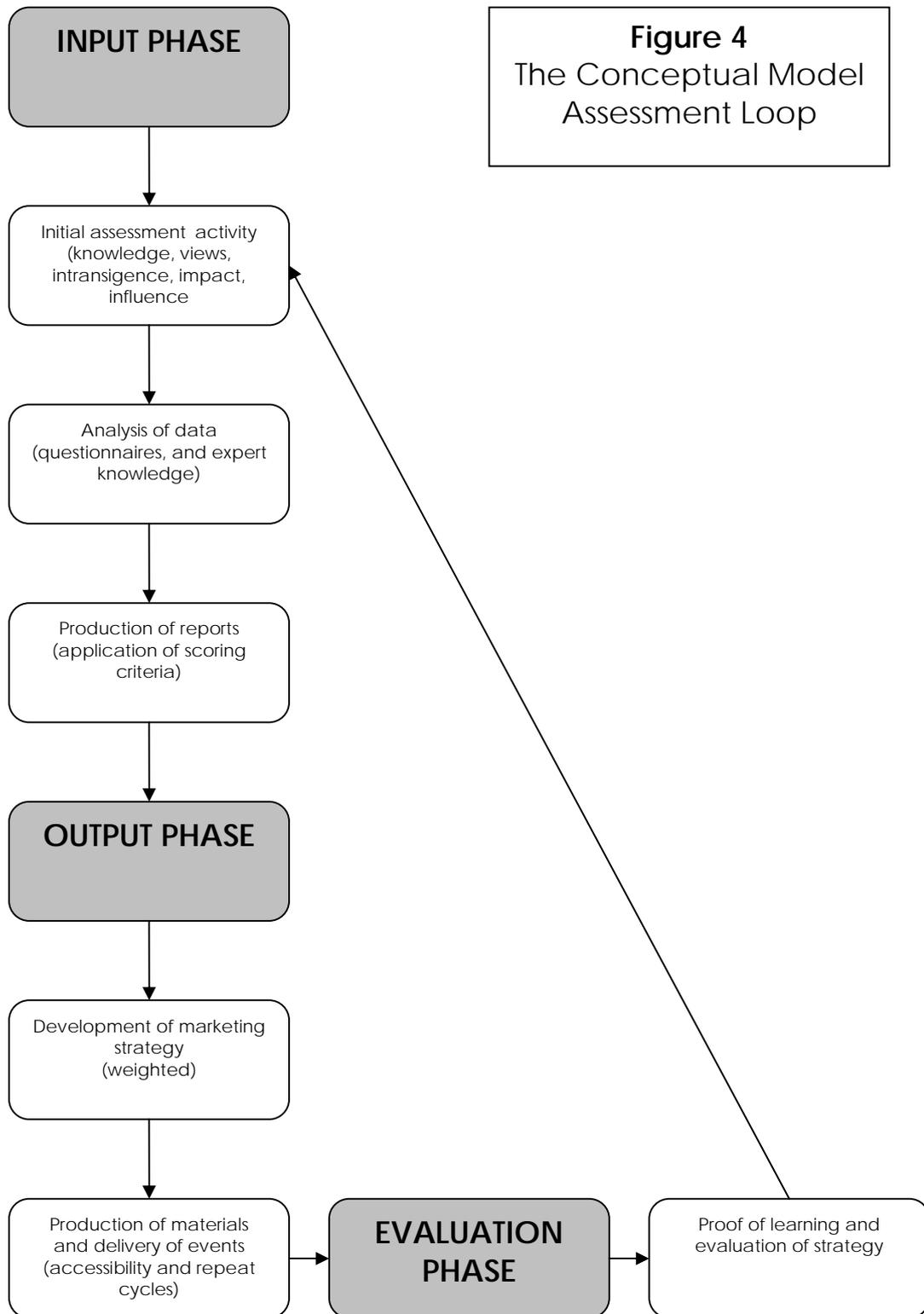
identified are; Older people, people with physical disability and people with learning disability. Professionals were identified as commissioning social workers from the specialist teams and the lead commissioning managers in each area. Professional ethics required additional consideration because of the central and local drivers which influence the personalisation agenda. Middle and senior managers will be fully consulted and terms for communicating the results of the research have been agreed.

The questionnaire was developed through informal consultation and research and was delivered through a mix of group forums, team meetings and 1:1 meetings with the commissioning managers. Participant research was identified as the most appropriate model due to the different communication styles of the stakeholders and the subjective nature of the research questions.

There is a strong emphasis on qualitative data drawn from respondents, but additional analysis focuses on quantitative aspects in order that the critical messages are given the necessary priority within subsequent strategy. This is particularly true if the research is to prove successful in its objective to inform financial planning. Elements of cross-tabulation have been deployed to indicate difference across the stakeholder groups and used to inform the development of an updated power-interest grid. This updated grid is presented as a conceptual model (see figures 4 & 5, pages 28 & 29). In the model established stakeholder evaluation tools and processes are utilised. The data is ranked to inform the subsequent marketing and

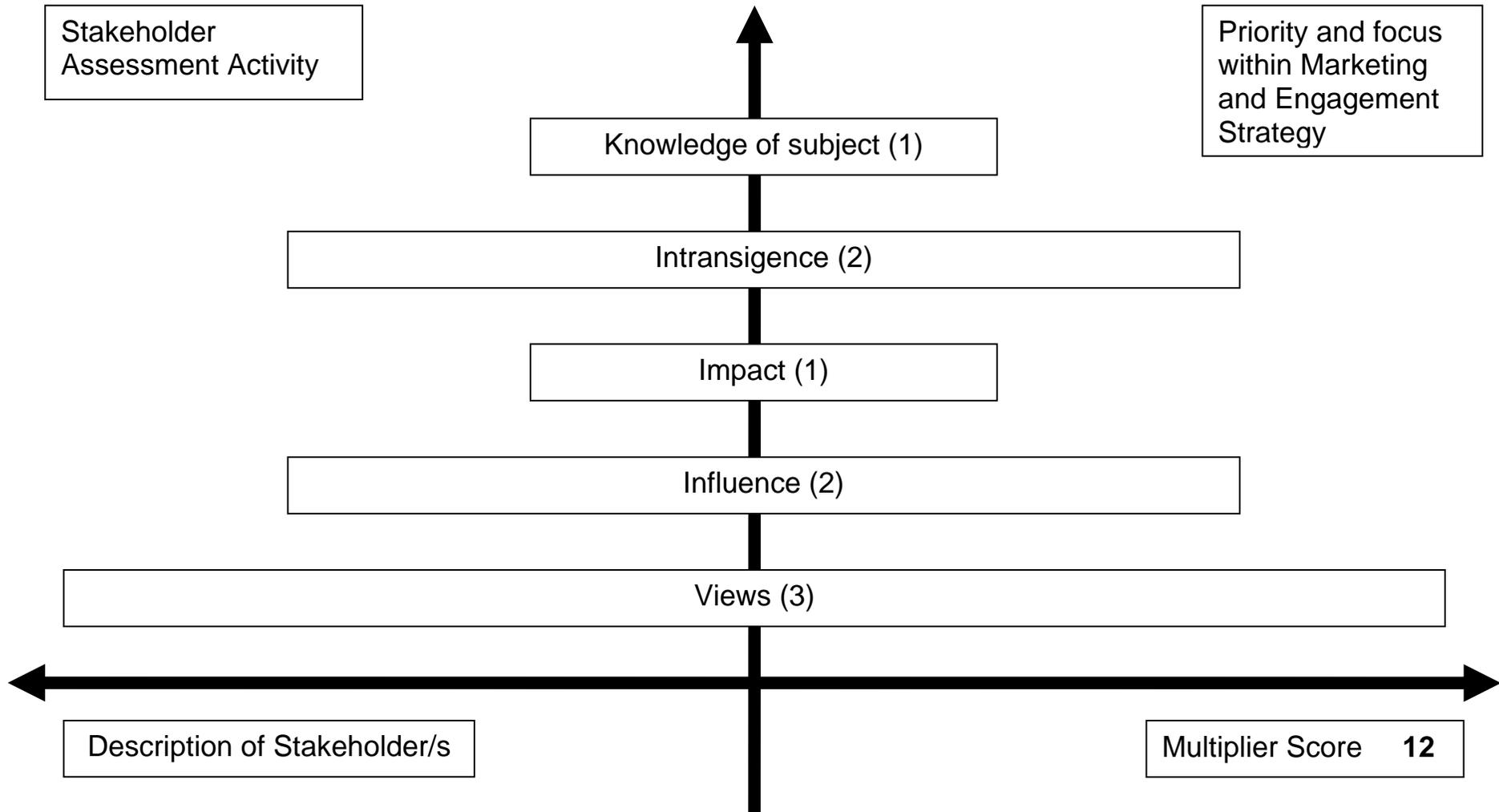
communication strategy. A learning loop is introduced to ensure that the strategy is effective.

The process of interpreting the research has been afforded particular emphasis because of the high levels of qualitative data. The maintenance of objectivity or the measurements of the impact of subjectivity were critical to minimise the influence of the author's views on key findings. External analysis of initial findings and interpretation provided a platform for this activity.



**Figure 4**  
The Conceptual Model  
Assessment Loop

(Figure 5) The Totem Model



## **1.5 Outline of Chapters**

### **Chapter 1 – Introduction**

Introduces the research proposal and establishes the background and rationale for the activity.

### **Chapter 2 – Literature Review**

Identifies the parent disciplines which underpin the research and explores a range of relevant literature and resources to progress the research objectives and inform the primary research activity. The literature review is divided into four sections which connect to the research's objectives. They are broadly defined as; Personalisation, Stakeholders, Change management and Finance. The mix of literature is significant in that it is drawn from a wide range of authors (both academic and non-academic) and a number of sources including; academic text, reports and web-based sources.

### **Chapter 3 – Methodology**

Discusses the nature of the research question and explores and evaluates alternative methodologies. It presents a justification for the chosen methodology and details the methods utilised in support of the primary research activity.

#### **Chapter 4 – Findings**

Provides relevant detail and analysis from the findings of the primary research and introduces emergent themes. References primary research findings to secondary research and establishes a framework for conclusions and recommendations.

#### **Chapter 5 – Conclusions**

Draws on previous chapters to reach conclusions about the research activity. Compares primary and secondary findings to support conclusions and makes full reference to themes identified in the literature review.

#### **Chapter 6 – Recommendations**

Uses the findings and conclusions to make practical recommendations in respect of the research objectives. Identifies areas for continued or additional research.

## **1.6 Glossary of Terms**

### **Carer**

An individual who is the main, home-based care provider, often a parent or close relative. This person may have advocacy responsibilities for those with reduced capacity.

### **Commissioned services**

Services that have been specified, purchased and are monitored to meet assessed needs.

### **Fair Access to Care criteria**

Eligibility criteria, used by community services departments to determine whether a person is eligible for services provided by them. The framework is based on an individual's needs and associated risks to independence, and includes four eligibility bands - critical, substantial, moderate and low.

### **Direct Payment**

A way for people who need social care to have more control over the service they receive. People who are eligible for services (day care, personal care, respite care, equipment and adaptations) can opt to receive the money for the service from their local authority and purchase it themselves. In this way they can choose the exact service they want, when they want it and who provides it. They can be made to

disabled people aged 16 or over, to people with parental responsibility for disabled children, and to carers aged 16 or over in respect of carer services.

### **Individual budgets (IB's)**

A method of self-directed support that builds on the success of direct payments.

IBs can cover more than personal social care and allow for people to spend their budget in the way that suits them best.

### **Person-centred planning**

Introduced in the 2001 Valuing People strategy for people with learning disabilities.

The person-centred planning approach is similar to personalisation in that services are fitted to people, rather than the other way round.

### **Person-centred support**

Used by some service user groups to describe personalisation.

### **Personal budget**

This is an amount of money that someone is assessed as needing to fund their care and support based on the resource allocation system. People may have to contribute some of their own money towards this budget.

**Personalisation**

The Government uses this word to mean that people are at the centre of plans about them and that their care is arranged especially to suit their particular needs.

**Service user**

An individual with identified social care support needs. This person will normally be in receipt of services and/or funds from the local authority.

**Social worker**

An employee of the local authority charged with case management and/or advocacy for a social care user.

## **2. Literature Review**

### **2.1 Introduction**

Personalisation has no consistent definition in the UK, but can be summarised as an individual approach to service delivery, funding and empowerment.

This chapter introduces current thinking around the areas addressed by the research question, which are the government's personalisation and individual budget agenda, management of change (including change theory) with additional reference to public sector marketing. The study is grounded in literature research and makes use of web-based publications including;. The Care Quality Commission (CQC), The Care Services Improvement Partnership (CSIP), Department of Health (DoH), Community Care (CC), Social Care Institute for Excellence (SCIE), National Development Team (NDT).

Additional material has been drawn from academic and managerial text in the relevant subject areas and reports produced by a number of local authorities.

### **2.2 Parent disciplines, fields and themes**

The key themes informing this study are change management and public sector marketing. Additional themes identified and explored include; social care commissioning, leadership and engagement.

## **2.3 Individual Budgets and Personalisation**

### **2.3.1 Central Government Focus**

SCIE (2007) defined individual Budgets (IB) as “*a system which involves streamlined assessment across agencies responsible for a number of support funding streams, resulting in the transparent allocation of resources to an individual, in cash or in kind, to be spent in ways which suit them.*” This is to be distinguished from earlier funding models including direct payments which offer limited flexibility compared to the joint approach of person-centred delivery and individual budgets.

Putting People First and the other early papers on personalisation outlined a model in which local authorities work in partnership with a range of statutory agencies, social care providers, users and carers and the wider community in creative and flexible ways to maximise the outcome for the individual. There is an emphasis on quality, equity and access for users and their carers. Indeed, the Churchill & Stapleton’s (2008) article emphasises the continuation of local authority responsibility in the management of public funds and the risks associated with the transition to personalised services, but details the opportunities for improvements for all stakeholders that the agenda generates.

The DoH Circular, Transforming Social Care (2008) confirmed the government view that consultation had evidenced significant support for personalised services,

with a particular emphasis on early intervention and enablement strategies. Interpretation and application of this guidance in pilot studies lost this specific focus. This allowed energy and funding to be diverted to innovative ways of financing and delivering relatively traditional services. This is demonstrated in the results of the In Control pilot which was delivered across thirteen local authorities and reported in 2007 and in the major evaluation studies which followed. Notions of reform and transformation are regularly cited as the drivers for the agenda. But there is an absence of any comment on the potential for budgetary savings. Further comment is made on the requirements for whole system change and local leadership. There is particular emphasis on the need to work with the NHS and other statutory agencies and yet this is clearly evidenced as a failure in all evaluations and reporting. In excess of £500,000,000 has been allocated to local authorities between 2008 and 2011 through the Social Care Reform Grant (Source LAC (DH) (2008) 1) for the purpose of developing systems fit for the delivery of personalised service models.

A further DoH Circular Transforming Adult Social Care (2009) served to further inform councils in their shift towards personalised services. Its footnotes include reference to a wide variety of consultations and publications and emphasises the complexity of the stakeholder environment. It suggests that, 'Universal, joined-up information and advice (is) available for all individuals and carers...' This document presents a change in emphasis from its predecessors with a de-emphasis on enablement and prevention and more of a focus on intensive models of care and

support. It recommends that the views of users, carers and other stakeholders are used to inform the programme. There is recognition of the change in the economic climate and additional emphasis on cost-effective delivery.

Glendenning et al (2008) produced an evaluation of the individual budgets pilot programme (IBSEN) and concluded that IB's were generally welcomed by users, but that there were differences in the outcomes achieved across service user groups. They proceed to outline a positive view of the potential offered by IB's while at the same time highlighting a number of significant failures in the pilot activity. The government's response was presented in the DoH publication, 'Moving Forward: Using the Learning from the Individual Budget Pilots (2008)'. Within the first paragraphs it is noted that, 'the pilots were a work in progress' and that 'participating authorities had to develop the system, tools and practices.... during the pilot period.' This report acknowledges differences in the levels of success and customer experience during the pilot across service user groups, but concludes that the IB group reported more control over key aspects of service finance and delivery. The groups securing least advantage were clearly identified in the report, but recommended adjustments to the model were not. There is an indication in the response that the government acknowledges that they underestimated the complexity of the stakeholder environment, especially with regards to marketing and communication. Reference is made to the production of the Personalisation Toolkit to address some of these issues. IBSEN recommended that, 'important cultural issues be addressed to allow personal budgets to work well for older

people.’ It is questionable whether the government paper adequately weights its response to this finding, or makes connections to potential failures in communication and marketing across all stakeholders. Additionally, IBSEN notes the benefits and improvements in uptake that could be generated by more effective explanation. While it is clearly identified that the quality of information and communication is critical for older people, the overall response is lacking in the required detail, especially with reference to improvements in learning, understanding and engagement amongst key groups.

IBSEN proceeds to identify a degree of intransigence in the staff and a perception of threat to established working practices. But cites staff working in mental health environments as moving from a position of cynicism to be supporters of the model and concludes that they went, ‘from strength to strength.’ Moving Forward fails to make any significant comment in relation to this issue.

Moving Forward notes the potential additional cost of managing the cost of transition, but it is evident that no additional funds have been allocated to compensate local authorities. But it does highlight the need for a new local authority personal financial contribution regime. While there is acknowledgment of the failings of significant elements of the pilot, the response identifies a series of reports with a specific emphasis on service professionals and in particular commissioners.

Henwood and Hudson (2007) approached the development of personalised services and other models of self-directed support from a less practical stance. They

identified the, 'giving and doing tradition'<sup>4</sup> with social workers and the culture of mistrust across service users as important factors. They make additional note of the culture change required of elected members and service users to successfully implement the transformed model. They pay particular attention to the challenges associated with self-assessment and the transition schedule, but offer no significant recommendations in either area.

The Commission for Rural Communities report; *The personalisation of adult social care in rural areas* (2008) has relevance for the application of personalisation in urban areas. It asks a number of pertinent questions and raises concerns about personalisation, while offering suggestions for creative ways in which personalised budgets could be deployed to achieve health and social care outcomes. Significantly it notes that a group of older people argued that there is a need for better communication and sensitivity in matters relating to individual budgets and personalised services if take-up is to be maximised. IBSEN (2008) presents the same argument for a wider range of stakeholders. This author suggests that the complexity of this particular stakeholder environment and the potential for mismanagement, financial inefficiency and abuse (both personal and systematic) demands a more considered approach to marketing and engagement strategies.

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<sup>4</sup> *In this context the giving and doing tradition is defined as the historical social worker role in which they assume a paternalistic approach and exercise a measure of control over the individual and the service model.*

### **2.3.2 Commissioning Perspectives**

The Care Services Improvement Partnership (CSIP) report (2007) noted that the objectives as expressed through personalisation are increasingly at odds with commissioning responsibilities for gate-keeping. Such comments set the scene for the commissioning agenda and more specifically, the barriers presented to successful implementation by individual social workers. The report cites Simon Duffy's presentation and relays the critical question framing the absence of leadership from care management and a lack of engagement in the debate. It continues by repeatedly recommending whole system cultural change within local authorities and social care commissioning making particular note of critical need for information.

An article by Samuel (2009) for Community Care quotes the British Association of Social Workers and warns that councils think that social workers are , 'too expensive' to be utilised in the roll-out of personalisation. He reinforces this view with reference to the freezing of recruitment in many local authorities as personalisation is introduced. The generally alarmist tone serves to feed social worker's anxieties about the transition and the erosion of their role. In a different article for CC Williams (2009) notes that social worker roles are unclear and that some felt excluded from the agenda. The concerns are focused on the aspect of erosion, but referenced to the additional risk and potential reduction in quality for

service users. The national director for social care transformation is cited in his view that this debate pre-dates the personalisation and individual budget agenda.

Another CC article by Mikel (2008) noted the doubts that existed amongst social workers about the viability of the new models and their roles within it. He summarises recent research and expresses the view that two-thirds of social workers felt that personalisation was not appropriate for all services users. One social worker is quoted as saying, 'It's a great idea if it can be made to work, but disastrous for us as a profession.' The author continues with a call for more information and training.

A recurring theme in articles of this nature is the need to be fully inclusive of all stakeholders. Newman (2008) emphasises communication and involvement as critical components of successful implementation. Glasby (2008) notes the additional complexities associated with learning disability services.

Manthorpe (2008) found most staff welcoming of the aims of individual budgets and personalisation, but recognised that the views of other stakeholders may still be lacking in clarity. She anticipates, 'a welcome invigoration of social work values,' but offers a note of caution about the erosion of skills and status. The legal and accountability barriers are identified as draining of time and energy. To some extent this is more pertinent in the pilot phase because of the need for new working practices.

A report from Shropshire County Council (2008) emphasises the drive to early intervention and prevention, but such emphasis is lacking in subsequent literature and is indicative of the shift noted previously in the perspective of central government. The report provides additional support for the need to adequately communicate the change over a three year period and to provide leadership at all levels through the transition phase.

### **2.3.3 Customer Perspectives**

It has been noted by this author that the volume of relevant information currently available with a clear emphasis on the customer is significantly lower than that available from other perspectives. Henwood and Hudson (2008) reported in the Guardian that the potential offered by personalisation and individualised budgets is, ‘increasingly clear and must be embraced.’ They balance this view with the restricted access to social care generated by the Fair Access to Care assessment system. They proffer the view that communication needs a detailed strategy and cannot be addressed by traditional, superficial means.

Baroness Campbell (2008) defines social care and the personalisation agenda as equality and human right issues. She outlines the extensive history of the move towards personalisation and equality and includes the rights of those who share the lives of disabled people as well as those receiving services. She offers an additional

focus on the FACs system and the associated eligibility criteria citing the fact that 73% of local authorities are responding to critical and substantial needs only. LCC has continued to fund and support people in the moderate banding and carried the resource burden accordingly. She expresses concern that the self-assessment processes associated with personalisation and individual budgets have the potential to generate abuses of the system where those who are best equipped and experienced in navigating the current systems will be best placed to maximise their benefit from the new system. This, it is argued, will be to the detriment of those who are less adept and less likely to exploit the advantages of personalisation. She concludes that information, training and advocacy should be at the centre of the concept.

Williams (2009) refers to a report by Bartlett and asserts that 80% of social care users have, 'little or no understanding of personal budgets....' The percentages varied significantly across the user groups with the most alarming statistic being attributed to the 62% who, 'knew nothing about the new system'.

Leadbetter et al (2008) reported that attitudinal change was evident in the recent evaluations, with a shift from the passive receipt of services to an increasingly active and engaged alternative. They develop this theme and associate it with improvements in mental and physical health across a wide range of user groups. It is this potential coupled with a change in the relationship with service professionals

that will realise a sustainable alternative to traditional service funding and delivery models.

Biehal (1993) concludes that inclusion is critical to creating transparency in professional activity and securing buy-in from social care users. She adds that, 'Negotiation and information are key issues here.' It is the understanding of this author that these messages have not been adequately incorporated into personalisation and individual budget strategy.

## 2.4 Marketing

A host of central government directives<sup>5</sup>, (backed by national and European legislation) have developed the rights of social care recipients and placed considerable demands on local authorities and providers. Each demands significant change to provision to align the rights of Older and Disabled People with those of the general population.

Baker (2001) outlines the approach required to develop a customer driven change process, although the text does not address the additional complexity of a social care environment. Social marketing as defined by Kotler and Zaltman (1971) is geared towards planned change. The personalisation agenda is an unpredictable mix of planned and emergent change.

Personalisation has its roots in the challenges made by disabled people to traditional models of service provision. In the UK this history extends as far back as the 1970's when a group of disabled service users challenged the accepted practice of professional-led service design and provision which minimised any control that individuals had over their own lives. Campbell (2008) cited this example in her recent speech and identified it as the origin of personalisation in this country. The model which currently dominates thinking is often presented as a recent initiative, which builds on the developments of person-centred planning and supported living

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<sup>5</sup> Including; *Our Health, Our Care, Our Say* (2006), *Valuing People* (2001), *Valuing People Now* (2007) and *Improving the Life Chances of Disabled People* (2005).

models. In reality the essence of personalisation is rooted in the equalities agenda. What has been presented to the public is a marketer's version of the agenda which better fits 21<sup>st</sup> century values. Leith and Davenport (2002) explored the notion of, 'strategic ambiguity' and suggest that some circumstances demand such an approach to achieve significant change.

It is this authors' view that current strategy is lacking in its understanding and management of the stakeholder environment. The work of Schein (1984) and Hofstede (1984) offers opportunities to clearly define the dominant cultures and stakeholder groups and for differentiating between them. Social marketing activity and strategy provide a basis for further discussion, but the existing models do not allow for the framing of significant multi-disciplinary programmes. The seven P's of the marketing mix are equally applicable, but only with the developments advocated by the Department of Health and the National Consumer Council (2005) and summarised by Proctor (2007).

Johnson and Scholes (2001) exploration of the power/interest matrix has implications for policy development and in particular its communication. When Mendelow's power/interest grid is applied to the structures with LCC the complexity of the relationships and inter-dependencies becomes apparent and the marketing challenge even greater.

### **2.4.1 Internal marketing strategy**

Woodruffe (1995) advocates the equal treatment of internal and external customers to maximise corporate objectives. Payne (1993) adopts an alternative view with an emphasis on the prevention and removal of barriers. Proctor (2007) states that employees need to feel that managers care about them. This is particularly pertinent to the personalisation agenda because many professionals express their concerns over the erosion of roles and responsibilities. The need to engender trust and empower employees is explored by Shaw (1997). Mink et al (1993) explore the notion that trust can mean different things at different times and support the view that it is essential for employee engagement and development.

### **2.4.2 Scenario Planning**

Proctor (2008) argued that;

- We need to visualise the future in qualitative terms just as much we need to be able to put numbers to sales and other quantitative data.
- We need to assess the impact of the marketing environment on the demand for products, services and ideas in both qualitative and quantitative terms.

He continues in his development of the theme and identifies cross-impact analysis utilising PESTLE<sup>6</sup> as a primary tool to inform subsequent scenario and financial

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<sup>6</sup> *An analysis technique which focuses on; political, economic, sociological, technological, legal and environmental factors.*

planning processes. An analysis of the key descriptors indicates that this is an area where the transition from a production model to social care provision requires additional consideration. While the additional complexities are noted, Proctor indicates that such forecasts provide context and should be regarded as a 'good starting point for analysis and forecasting demands.' He proceeds to highlight the importance of selection and supports a scenario planning approach.

De Chernatony and Dall'Olomo Riley (2000) discuss how the development of brand aids the process of engagement and consequently, communication. Additionally it serves as a differentiating device and allows discussion of related themes while maintaining separation. The brand developed by LCC was comprehensive and evolved in tandem with the agenda.

### **2.4.3 Points of Resistance**

Tension exists between groups of carers who are generally distinguished by their age and their attitude to rights and responsibilities. It is widely held that older carers are more traditional and conservative in their views of social care, especially around disability and risk. This commonly manifests itself in their support for heavily resourced, building based services which minimise people's exposure to risk and restrict access to community-based activity. The alternative view, which is increasingly expressed by younger carers, supports the central government and civil rights agenda and is evidenced in the IBSEN report from Manthorpe et al (2008). Another point of resistance relates to the political system and management

structures inherent in local authorities. Elected Members and Senior Officers are deemed to be openly accountable to the Electorate. This means that they are personally exposed to expressions of discontent and required to respond. The results of this mechanism are confusion, delay and re-assessment of strategy. Because of the potential for public challenge, Members and Officers tend to be more risk-averse and less vocal in their support of radical change. The targets set by central government override such concerns and must remain the main focus of strategy and implementation.

Hayes (2007) explored the relative strengths and weaknesses of a number of change models<sup>7</sup>, but each is based on Lewin's three phase concept. It is apparent from reported progress so far that there has been a degree of failure at the unfreezing stage and that subsequent activity may have been compromised as a result.

To enable a greater understanding of context and maximise the opportunities for effective change it is important to analyse the pressures being experienced by the main stakeholders. Porter's five forces and SWOT<sup>8</sup> analysis are useful starting points, but have limitations associated with a product, rather than service, bias and an inherent lack of sophistication which is required for such a complex environment and topic. Further analysis using a stakeholder mapping approach could have been deployed to develop understanding of the complex political environment. Exploring the work of Wertheimer and Skinner would add more depth to the analysis and

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<sup>7</sup> Lippitt, Watson and Westley (1958), Egan (1996) and Beckhard and Harris (1987).

<sup>8</sup> Porter's five forces – Rivalry, Supplier' power, buyer' power, threat of substitutes and barriers to entry. SWOT analysis focuses on; strengths, weaknesses, opportunities and threats.

inform communication strategy and general conduct. Models such as those developed by Imperial College London (Influence-Interest Grid) and Office of Central Government Commerce (Power-Impact Grid) are similar to the Power-Interest Grid of Moorhouse and Mendelow assist in ensuring that stakeholder theory is adequately accommodated in strategic analysis, choice and implementation and fully informs the change processes. The Stakeholder Circle (Bourne) utilises a graphic interface to communicate power, distance and relationships and would form an effective platform for developing greater understanding of stakeholder position and the relevant issues. Freeman (1984) emphasises the importance of stakeholder relationships in supporting change. Application of the Normative Decision Model (Hughes et al – 2009) and The Balanced Scorecard approach both generate strong supporting arguments, but whichever framework is preferred, the need to engage and consult should not be ignored.

## **2.5 The Management of Change**

A further critical aspect of the personalised model is the transition phase where the management of change is key to stakeholder engagement, acceptance and efficiency of delivery. The government has allocated in excess of £520 million to local authorities over three years to research and strategise.

Aspects of power distance, inequality and the contradictions between the masculine and feminine require consideration with a masculine, quasi-business approach being

used to manage change in a predominantly feminine, social care environment. The challenge of recognising and reconciling individualism and collectivism is at the heart of this particular change agenda. It can be argued that this creates a disproportionate level of influence (Hill and Jones, 1992) and leads to the requirement for a wide range of engagement/consultation techniques to ensure that a balanced view is obtained.

Established change models (Lewin etc.) offer much to consider, but may lack the sophistication to comprehensively evaluate the stakeholder environment and therefore will be flawed when used to inform change.

This raises contradictions for stakeholders and is indicative of the fragmented and shifting nature of power and influence. This supports consideration of the work of Mendelow (1991) and Johnson and Scholes (2002) in analysing the environment.

Another critical aspect of the personalised model is the transition phase where the management of change is key to stakeholder engagement, acceptance and efficiency of delivery. It should be noted that the government has allocated funds to local authorities over three years to research and strategise. But to date it has not identified additional resources to accommodate the complex transitional phase in which local authorities will have to sustain elements of traditional social care models, while funding the new vision for individualised budgets and services.

Successful change management requires effective leadership and this is repeatedly explored in the relevant literature. Kotter (2006) asserts that in a change environment the leader must offer direction as well as providing motivation and inspiration.

Lewin's model of planned change would appear to be the dominant one in this circumstance. But the nature of the agenda transfers control to the individual and as a result the local authority must be in a position to respond to emergent change over a prolonged period. Burnes (2004) discusses the emergent approach and its ability to help organisations respond to a continuously changing environment by adapting internal systems and practices. For this approach to prove effective the organisation must support an appropriate culture which is open to change and is not threatened by it. To some extent the person-centred values which are expected within social care organisations lend themselves to the support of emergent change, but this is contrasted with historical intransigence within local authority workforces.

The change agenda in social care is a transformational one and has an extended timeframe. This indicates a strong preference for the application of emergent change models. Fauth and Mahdon (2007) noted that significant progress has been achieved in establishing new values and visions for social care and identifying what changes are required.

## 2.6 Links to primary research

In light of the primary research findings the sources discussed within the literature review were re-examined to develop the discussion and compare findings. This section focuses on the findings communicated through the IBSEN (2008) report. *Moving Forward: Using the learning from the individual budgets pilot (2008)* was evaluated because of its status as the official Department of Health' response to IBSEN, but was found to be of limited academic value in progressing this research. Additional articles by Foster *et al* (2006), Biehal (1993) and a range from Community Care provided alternative views and perspectives on themes drawn from the primary research.

Foster *et al* (2006) provides a practitioner focus for the debate and in particular, 'the complexities of frontline practice that pose problems for personalised social care through enhanced choice.' The article explores change management and the new roles for stakeholders. They identify 'inevitable tensions' for practitioners which are evidenced in the primary research conducted in association with this paper and conclude that discrepancy exists across user groups and environments. This is also supported by this author's primary research and serves to identify an area for further research and attention through application of the conceptual model. While primary research indicated a degree of confusion and disillusionment amongst practitioners, Foster's article implies that they view personalisation as the latest is a series of re-branding exercises which will not necessarily lead to fundamental change.

Subsequent findings identify, 'a transformation in the role of care managers' and (an) 'implicit shift in power relationships between professions and disabled people.' This begins to explain the negativity found in the responses of the majority of social workers and has implications for change management on the macro and micro scale. Within the article a citation from Hardy *et al* (1999) notes that, 'an inability to articulate needs can be due to a sense of powerlessness resulting from a complex and confusing process.' While Foster uses this to explain the barriers presented by working with older people, this author recognises that the concept may be extended to all of the key stakeholders in this particular scenario and leads to further consideration of change management and more specifically, marketing and communication strategy.

Biehal (1993) discusses the participation and rights agenda in community care provision. It is of particular relevance to note the identification of themes which are current within the personalisation agenda. It would be expected that a gap of seventeen years would generate a significantly different range of issues and themes for discussion and yet Biehal notes that professional intervention and assessment can exclude people from critical decisions. She progresses the argument citing the assumption of, 'superior judgement' by social workers as a barrier to full participation. This resonates with some service user, carer and social work views as recorded during the primary research activity and must be accepted as a current and potentially challenging cultural barrier. Biehal notes the impact of the social worker as the key communicator of the participation agenda and the influence that this

arrangement has on the objectivity of the message. Again there are parallels with the personalisation agenda, where resources have dictated that the initial engagement and communication activity naturally become secondary to the regular contact and communication with social workers. Evaluation of this issue within the framework of the Totem conceptual model would allow for a revision of strategy in social work training and contact to ensure that the messages are understood absorbed and objectively communicated to other stakeholders and that the potential benefits of personalisation and individual budgets are realised. Social workers need to believe that the current agenda does not represent a threat to their professional integrity or their job prospects. As others have asserted, it should be regarded as an opportunity to re-visit core social work values. Biehal also discusses the impact of interpretation on the participation agenda and her concerns are equally valid for consideration now. She notes the differences across user groups and professionals and highlights that the most basic human needs are subject to interpretation. This, she argues, leads to professionals failing to explore the full range of alternatives for meeting people's social and health care needs. The implications of such practice for a fully personalised service and budget environment are significant. The article contains other points of connection and relevance to the personalisation agenda that link to the primary research. The concept that people, 'want what they know rather than know what they want' is repeated in the additional findings from the primary research and in particular those users who said that they would use their individual budget to purchase more of the same. Comments on perception of risk are relevant to the current agenda and the nature of social worker' responses. It represents an

area for further consideration in communication and training. One of the most perceptive and pertinent observations is supported by a citation from Phillipson (1989) and focuses on the inter-dependence of the social worker and user in their partnership. These inter-dependencies are open to exploration and assessment by considered application of the conceptual model. Biehal concludes by advocating support for a more inclusive model. She highlights negotiation and information as critical components of a successful model.

The IBSEN report by Glendinning *et al* (2008) is the most comprehensive and influential piece of research conducted into individual budgets and personalisation in the UK to date. In conjunction with the Department of Health's response, *Moving Forward: Using the learning from the individual budgets pilot*, it represents a significant body of research which will influence transition and delivery models for the foreseeable future. The report suggests that major changes in culture and professional roles are inevitable in a personalised environment where users have access to individual budgets. This is reflected in the primary research findings and evidenced in the anxieties expressed by a range of respondents. The advocacy of 'champions' with social work teams recognises these anxieties and identifies a more effective communication and marketing tool for the agenda. One of the more financially significant findings is focused on the need to fund and manage traditional and personalised models during an extended transition. This is evident from findings in the primary research, which indicated heightened levels of anxiety associated with the loss of traditional services and an indication that users would

invest individual budgets in these or similar services. For social workers the continuation of managed, secure environments such as day centres help them to reconcile the perception of additional risk associated with personalised services. IBSEN identified that users were unfamiliar with the funding streams that were utilised within an individual budget and especially those from non-social care sources. While it is not critical that users are familiar with the sources of funding, it is a finding supported by this author's primary research and may have implications for the maximisation and use of financial resources in a fully transformed and personalised model. The lack of awareness of health-related funding streams (as advocated in *Our Health, Our Care, Our Say* (2006) and *Transforming Adult Social Care* (2009)) was reflected in the absence of appropriate reference from the majority of respondents in the primary research groups and was particularly evident in the service user and carer groups. A further finding of IBSEN was that almost two-thirds of service user and carer respondents categorised themselves as having little or no understanding of individual budgets. A difference in terminology and approach restricts the potential for direct comparison, but based on the requests for more information, the primary research indicated a similar figure. This should be contrasted with the large number of respondents (86%) who self-declared that they knew what an individual/personalised budget was, but then proceeded to request additional information. This author's assessment, as drawn from previous questions, indicates that the true figure demonstrating little or no understanding is approximately 60% across the services user and carer groups. This figure fell to 13% for social workers, although some service users and carers reported a lack of

knowledge from their care managers. Section 11.2 maintains a focus on risk management and the role of the care coordinator/social worker. The findings are broadly supportive of those from the primary research and indicate that there is a combination of risk aversion and protection of professional roles. This is further explored in section 12.3 where the potential erosion of roles is discussed. In contrast to the primary research data, there is evidence that social workers in the field of learning disability reported that their role had not changed significantly.

Section 15.2.3 of IBSEN alludes to the negative impact of operating in a shifting environment. This has implications for change management, strategy development, marketing and leadership which have previously been highlighted as critical areas of management practice. In contrast section 16 highlights the positive impact of involvement in the pilot programme where it reports that practitioners eventually saw themselves as champions of individual budgets and personalisation. Comments attributed to care managers indicate that a greater level of involvement in the planning and development stages of the pilot activity would have given them more confidence in and ownership of the agenda. It concludes that implementation of individual budgets, 'required shifts in the culture, roles and responsibilities of existing social care staff'.

The articles drawn from Community Care can be classified in one of two distinct areas. Those produced with a focus on personalisation, individual budgets and the implications for service users and those with a focus on the implications for social

workers and social work practice. The most significant recent article was produced in 2008 and reported the results of an extensive survey of social workers. The article reported on a number of topics and themes relevant to this research and provides comparative data in a number of areas. One of the most significant comments included in the article offers an argument in support of some of the results of the primary research. Community Care reported,

*'findings show profound suspicion among the (social care) workforce about the personalisation agenda, but how we interpret them depends on one question. What do we mean by personalisation? There are many terms surrounding personalisation but it seems little clarity about what some of them mean.'*

This comment is supportive of the finding that the majority of respondents were confused about the terminology used in connection with personalisation. Additionally, it offers some explanation for the general negativity of social workers recorded in their responses.

## **2.7 Summary of literature review**

The literature review was, by necessity, as wide-ranging and potentially complex as the personalisation stakeholder environment. With the notable exception of central government sources, current thinking and comment is subjective in its nature and fluid in its interpretation of the key themes. This is reflective of the stakeholder environment and individual and group perceptions of the main issues. While this author has found consistency of definition from central government sources, it is

clear they have chosen to emphasise some aspects of the agenda at the expense of others (As evidenced in early support for the re-ablement agenda which reduced in subsequent publications). This has added to the fluid nature of the environment highlighted earlier and to the level of confusion indicated in the primary research. These factors promoted an increased reliance on established management text and process. While the themes of change management and leadership proved worthy of exploration, it is marketing strategy which has dominated the literature review with specific emphasis on communication and engagement.

### **3. Methodology**

#### **3.1 Introduction**

The nature of the research question and the complexity of the associated stakeholder environment lend themselves to a predictable methodology with a strong emphasis on an Interpretivist approach. A more thorough analysis of the question and the research aims generated additional considerations which were subsequently accommodated in a more complex methodology. This process informed the nature of the research methods which were to be applied.

##### **3.1.1 Research Philosophy**

In analysing a typical Interpretivist approach Fisher (2007) explored the links between understanding and action and concluded that, ‘the world is complex and actions are not always clear.’ He continues to consider the nature of the links between interpretations as dialogic and identifies that the researcher is tasked with mapping alternative and sometimes opposing views. Linked to an Interpretivist approach is the concept of phenomenology. Developed by Shütz (1967) who defined it as, ‘the study of how things appear to people’ and has obvious similarities to an Interpretivist stance. But it is the additional consideration of subjectivity which proved most relevant in the conduct of this research. The recognition that we

each experience an individual reality encouraged a degree of reflective practice and further managed the potential for subjectivity to distort the findings.

Ethnography was also deemed of relevance because of the potential to explore the subjective nature of living and working within a particular culture. This generated considerations for the contribution of service professionals and the specific nature of the research activity and subsequent analysis by the author.

Alternative philosophies were considered and ultimately rejected as stand-alone approaches. But as previously indicated, aspects of subjectivism and social constructionism have been accommodated to minimise the restrictions associated with a purist approach. The concept of social actors as defined by Saunders et al (2009) proved particularly relevant. Their description of customers, their interpretations and the impact that this has on their actions has a strong resonance for this research topic. This theme has been extended to incorporate the complex interactions across the stakeholder environment and the shifting nature of power and influence. The conceptual model seeks to accommodate all of these factors and weight them accordingly to achieve a balance of positive outcomes.

The author's personal and professional history requires that consideration is given to axiology. Saunders et al (2009) presented a grid which outlines the four primary research philosophies. In the area of axiology associated with Interpretivists they advocate that, 'Research is value bound, the researcher is part of what is being

researched, cannot be separated and so will be subjective.’ This is undoubtedly true and potentially more influential in the field of social care than in other disciplines. For this reason it is essential that an assessment of values and influence is made at each of the points where the research tools are devised, applied and evaluated.

An Interpretive approach was adopted to the research primarily because of the complexity of the stakeholder environment. Fisher (2007) notes the ‘*competing histories or interpretations of events and issues*’ which lend themselves to this particular stance. The research was not confined by this methodology and incorporated alternative approaches as outlined previously. Central government (through the Department of Health, SCIE) publications and websites provided key definitions and detail of proposals and targets. A wide range of social care user groups have published their views and the results of research were evaluated as part of this dissertation. It is acknowledged that much of this is subjective and lacking in academic credibility, but it is within the public domain and influential with commissioning authorities. Where it is available, such views have been compared to academically endorsed research data which formed the basis of subsequent analysis. This leads to ethical considerations including those relating to ‘vulnerable’ stakeholders and the potential to influence their views during the engagement processes (Anthony and Parker, 1998). Measures were introduced to minimise this eventuality and maintain demonstrable objectivity throughout the exercise. Permission was sought from all stakeholders and based on this proposal. Professional ethics required additional consideration because of the central and

local drivers which influence the personalisation agenda and the author's position as an employee of LCC.

### **3.2 Research Strategy**

Research was conducted to determine a suitable model for the development of the main research tool (questionnaire) and the semi-structured delivery mechanism. This critical tool had to be suitable for its intended data collection purposes and accessible to a diverse group of stakeholders. It was determined that semi-structured interviews with individuals were the most efficient methods due to the different communication styles of the stakeholders and the subjective nature of the research questions. The research questions were developed using an ‘easy read’ language which served to make them more accessible to the stakeholder groups. This generated the additional benefit of making the author focus on the ‘essence’ of the question and its relevance to the research topic rather than resorting to the use of professional and academic terminology. Use of language emerged as a central theme within the research and it was critical to soliciting a wide range of views that additional barriers to understanding were not created by the author or the key processes.

There was a strong emphasis on qualitative data drawn from respondents, but additional analysis focused on quantitative aspects in order that the critical messages were given the necessary priority within subsequent strategy. This is particularly true if the research is successful in its objective to inform financial planning. Elements of cross-tabulation were deployed to indicate difference across the stakeholder groups and used to inform the development of an updated power-

interest grid. There was no software solution identified for data analysis. A manual analysis and recording approach was adopted with additional checks provided by a third party. Because of the emphasis on qualitative data and the significant variation on stakeholders communication needs the research methods were not highly structured. There was a degree of flexibility and interpretation applied to maximise the volume of data although this presented additional challenges in the subsequent interpretation and analysis. Saunders et al (2007) note that an inductive approach further supports flexibility and allows the research to shift its emphasis as it progresses. The research consisted of a number of semi-structured interviews with both individuals and small groups. Small groups were identified as appropriate because they allowed the researcher to establish if respondents behaved differently when questioned individually. This was equally relevant to the concept that vulnerable individuals and especially those with learning disabilities, responded in a different manner when in the presence of a parent, carer or perceived authority figure. While this was not a primary focus of the research, it emerged as a relevant factor in making recommendations for subsequent engagement strategy. The questions focused on individual understanding of the term 'personalisation' and the potential drawn from the personalisation agenda within LCC. The same questions were asked of respondents regardless of their role within the stakeholder environment or their communication needs. This allowed for a degree of low-level quantitative analysis to support the qualitative findings and inform strategy.

### **3.3 Rejected Data Collection Methods**

Structured interviews were identified as more suited to the collection of quantifiable data and while there is a need for consistency, the complexity of the stakeholder environment and the range of communication needs rendered the restrictions of this approach too significant. An absence of structure would have allowed the researcher to address the diversity within the stakeholders, but would equally have proved of little value in providing the consistent platform required for subsequent analysis and comparison. A semi- structured approach provided a balance between these two extremes.

The interviews could have been more efficiently completed if conducted across small groups, but this approach was rejected because of the tendency of group mentality to dominate the individual and corrupt responses.

Electronic responses were rejected because they did not offer sufficient opportunity to clarify detail or explore comments further.

### **3.4 Research Design**

#### **3.4.1 Design of the Instrument**

The primary research tool was the questionnaire attached as appendix 1. The questionnaire was developed to address the research aims previously identified and limit the scope of any responses. This was essential because of the subjectivity of the respondents and the potential for diversion from the focus of the research.

Permission to contribute was sought from parents, carers and professionals for those respondents identified as vulnerable. They included older people and those with a diagnosed learning disability. This permission was not extended as far as invitation to attend the interview in anything other than a passive capacity to maintain a degree of purity in the data. Where possible, interviews were conducted without the presence of any representatives to minimise their influence.

The tool was produced in an easy to read format utilising simplified language and accessible fonts. Images were not included as they were assessed as confusing rather than supporting the key messages. Alternative languages were made available, but none were requested.

A brief introduction was scripted and delivered prior to the interviews, which outlined the key themes within the research and explained the process.

The schedule for the completion of each interview allowed for a minimum of twenty minutes and up to one hour depending on the communication needs of the individual.

### **3.5 Selection of participants**

Participants were selected from three distinct areas; service users, parent/carers and service professionals. Within these categories further distinctions were identified resulting in a total of nine comparison groups:

1. People with learning disability
2. People with physical disability
3. Older people
4. Parent or carers of each individual (x 3 service areas)
5. Front line staff in associated service areas (x 3)
6. Commissioning officers in each service area (x3)

Five participants from each of the user groups and their parents/primary carer were selected from those responding to an expression of interest. Service professionals were selected through the development of personal contacts. No detail of the intended research topic or purpose was offered until initial contact was established via e-mail or telephone.

### **3.6 Ethical considerations**

The diverse nature of the respondents, their perceived vulnerability and the sensitive nature of the topic required careful consideration of ethics. As previously identified, the researcher was increasingly aware of the potential impact of his own professional experience and personal values. In addition to this, it was identified at an early stage that the act of communicating the research topic could itself result in corrupting the views of some participants.

With these factors in mind the completed research contains no information which may identify an individual or their specific working environment. The researcher maintained awareness of his potential to influence responses and perceptions and developed the questionnaire with this in mind.

Consideration was given to the communication of the results of the research which focused on the different needs of the participants and the impact on individual LCC staff and managers. Agreement was reached that the full research report would not be widely publicised and that summaries would be produced to manage and communicate the key findings.

### **3.7 Research Procedures**

The research took place in February and March 2010 and was conducted in venues across Liverpool. The majority of interviews were conducted in private areas of established day centres. This provided a familiar and secure environment for the potentially vulnerable participants and their carers. Interviews with other service professionals were conducted in a number of LCC offices and via the telephone to maximise access and minimise the disruption to their working day.

The associated timeline evolved to accommodate re-contact with some participants and secondary research activity.

The semi-structured approach was adopted throughout and allowed for the generation of additional data and comments. It allowed the researcher to clarify specific points and explore areas of interest further.

Respondents were asked about their comfort and confidence with regards to participation in the research. An assurance of confidentiality was repeated at the beginning and end of each interview. A copy of the questionnaire was made available to each respondent and their representatives. Responses were verbally summarised before entry onto an individual copy of the questionnaire.

Those who declined the invitation to participate were thanked and reassured that their rights with regards to personalisation and individual budgets would not be compromised by their decision.

## **4 Findings**

### **4.1 Introduction**

The primary research tool was the questionnaire included as appendix 1. Due to the diverse communication needs of the respondent groups, a semi-structured approach was adopted. This allowed for the re-framing of questions to aid understanding and the exploration of themes emerging from the core questions. The results of this additional research are recorded under the heading of ‘associated findings’ below. The questions were asked in a mix of face to face and telephone interviews and a hardcopy retained for evaluation purposes. The questions were intended to generate both qualitative and quantitative data which informed the research aims and objectives.

Five individuals were identified in each of nine classifications. The classifications were:

1. Service users with a primary diagnosis of learning disability
2. Service users with physical disability and/or sensory impairment
3. Service users classified as older people
4. Carers for each of the above
5. Specialist Social Workers for each of the above

After securing the appropriate permissions, a list of at least ten potential respondents was drawn from internal sources. A randomised selection process identified the five individuals who would be approached. Where an individual was unavailable or declined to take part, the original list was re-visited and an additional name selected.

The interviews were completed between the 22<sup>nd</sup> of February and 31<sup>st</sup> of March 2010. The majority of interviews took place within Liverpool City Council facilities, with approximately 20% conducted over the telephone. The telephone interviews were almost exclusively those conducted with Social Workers.

The subjectivity and vulnerability of some respondents was recognised and factored into the process. Further reference is made to this in the chapter on conclusions.

Questions 1 – 22 were designed for all respondents. Questions 23 -26 were specifically for service users and used to indicate demand for personalised services.

14 of the questions were weighted in order of significance with 2 of these being categorised as ‘primary’ in the demonstration of understanding of the key themes and concepts. A further 8 were regarded as secondary (providing additional evidence of understanding) and the balance as supplementary.

Each of the first 14 questions was evaluated against a standardised response. This response was generated through secondary research and made use of definitions derived from central government sources. These standardised responses were considered comprehensive and inclusive of all significant detail. The responses generated by the primary research were classified in one of the following three categories which allowed for an element of quantitative analysis.

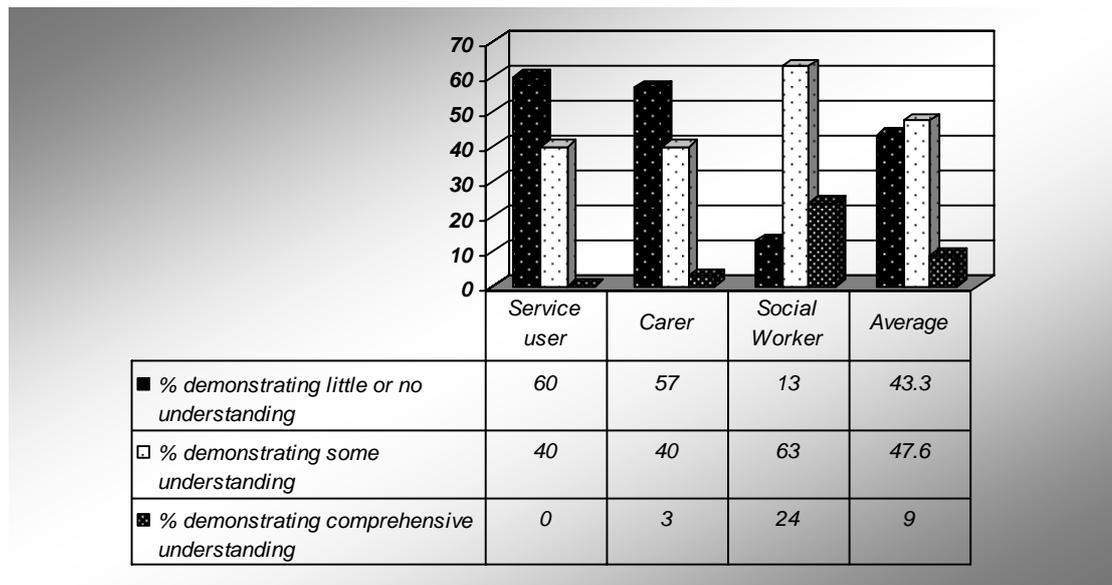
1. Demonstrating little of no understanding of key principles and concepts.
2. Demonstrating some understanding of key principles and concepts.
3. Demonstrating a comprehensive understanding of key principles and concepts.

## 4.2 Primary Data

(Chart 1) Table of responses to questions 1 & 2 (Core questions) –

**What do you understand by the term personalisation?**

**What do you understand by the term personalised (individual) budget?**



#### **4.2.1 Primary questions**

The questions numbered as 1 and 2 were those classified as primary questions.

On analysis of the responses, 80% of users with a learning disability demonstrated little or no understanding of key concepts.

This fell to 30% when analysing responses from people with physical disability.

70% of the older people questioned demonstrated little or no understanding of the key concepts associated with personalisation and individual budgets.

The average for the service user groups questioned indicated that 60% demonstrated little or no understanding, 37% demonstrated some understanding and 3% demonstrated a comprehensive understanding.

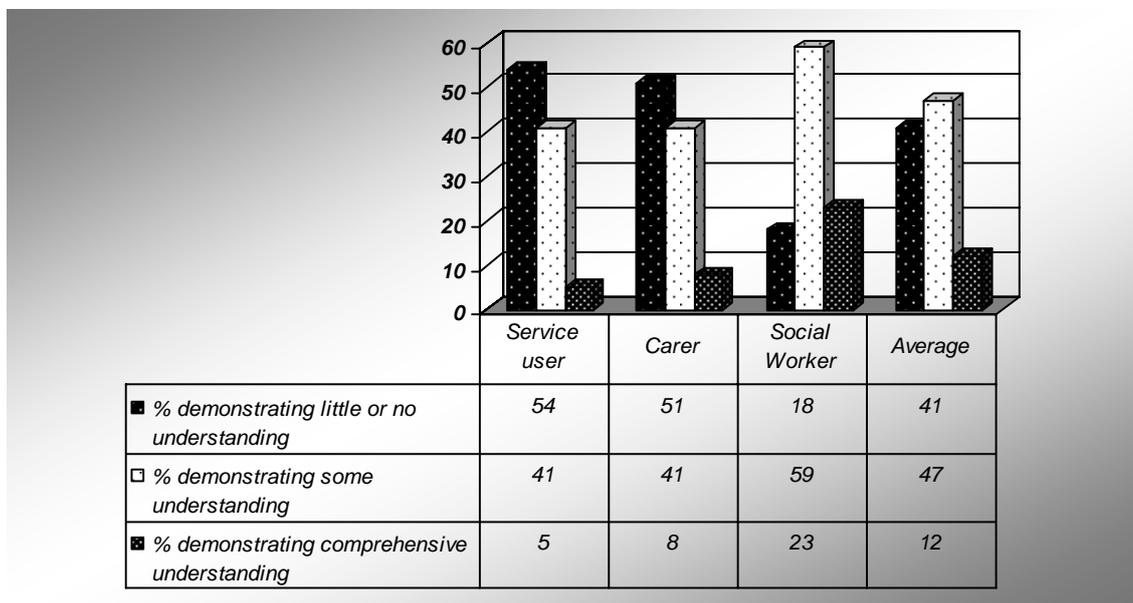
When this process was applied to the carers for each group the data indicated that the averages were; 57% demonstrated little or no understanding, 40% demonstrated some understanding and 3% demonstrated a comprehensive understanding.

A final analysis of the responses from social workers in each area provided the following data; 13% demonstrated little or no understanding, 63% demonstrated some understanding and 24% demonstrated a comprehensive understanding. There was a particularly strong response from social workers operating in physical

disability and sensory impairment services, where none of the respondents demonstrated little or no understanding.

#### 4.2.2 Analysis of responses across questions 1 – 14 (Primary and Secondary Questions)

(Chart 2) Table of responses to questions 1 – 14



The service users supplied responses which demonstrated comprehensive understanding at a level of 5%. Although this rose to 41% of respondents who demonstrated some understanding, the largest group remained those who demonstrated little or no understanding at 54%.

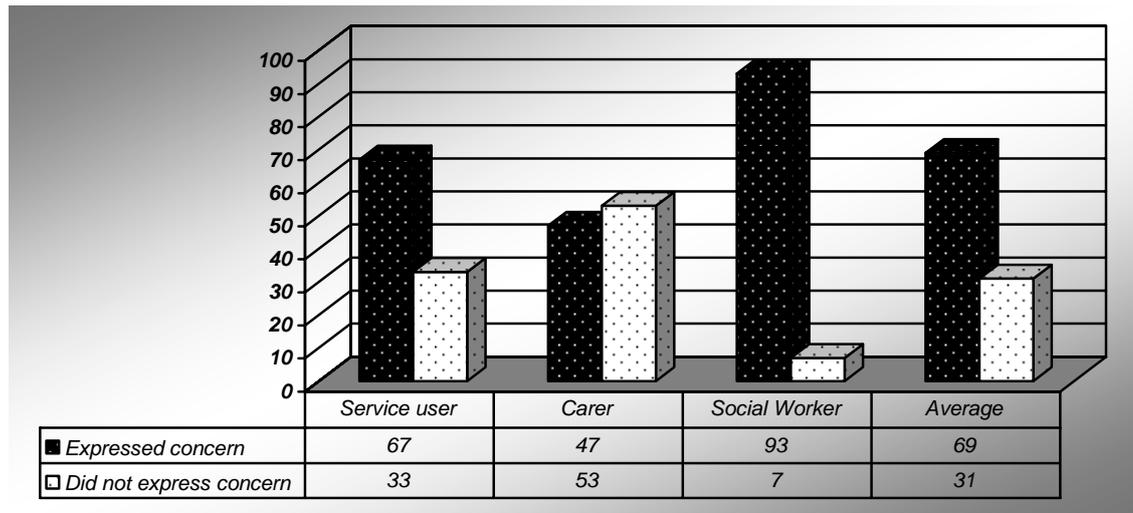
The carer responses followed a similar pattern with 8%, 41% and 51% respectively.

Social Worker responses were more varied with 18% demonstrating a comprehensive understanding of the questions and associated themes. A further 59% demonstrated some understanding, but 23% gave answers that demonstrated little or no understanding.

### 4.2.3 Question 15 – Expressions of concern

(Chart 3) Table of responses to question 15 –

**Do you have any concerns about accessing a personalised budget?**



All respondents were asked if they had any concerns about accessing a personalised budget (either for themselves, or as an advocate).

67% of service users stated that they had concerns.

47% of carers stated that they had concerns.

93% of Social Workers stated that they had concerns.

Each individual was asked to identify how their concerns could be addressed.

Service users most commonly requested more information and training.

Carers asked for more information and the opportunity to speak directly with people, including Social Workers.

Social Workers asked for; better funding, more information and better safeguarding procedures.

#### **4.2.4 Self-assessment questions (17 -22)**

The six self-assessment questions gave an indication of how each individual viewed their own knowledge of personalised budgets, their function and the application process. They also allowed respondents to offer a personal opinion of personalisation and request more information on the subject.

Social Workers generally rated their level of understanding higher than the other groups. A significant majority of respondents rated themselves above average in their understanding of key themes.

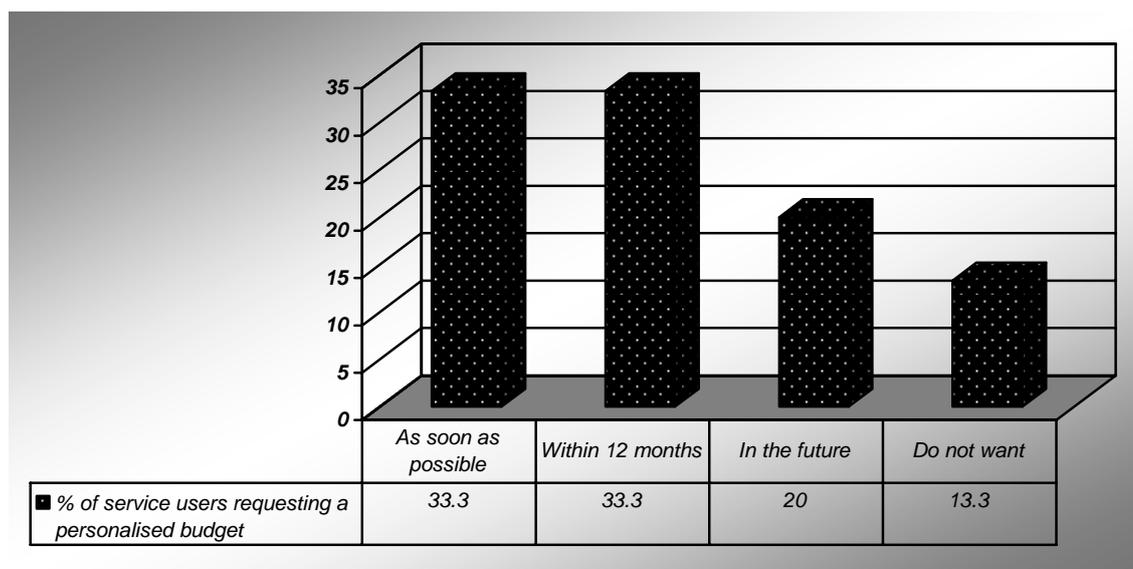
No Social Workers were prepared to state that they strongly agreed that personalisation is a positive thing. 17.8% of all respondents stated that they disagreed with the statement.

When asked if they were worried about the changes that come with personalisation, responses were spread across the range of alternatives, with a balance towards those who agreed or were neutral in their views.

82% of respondents indicated that they would like more information on personalisation and personalised budgets, which contrasts with the earlier indication that the majority felt that they were sufficiently knowledgeable on the subject.

The final group of questions were specifically for service users and indicated the level of demand for personalised budgets in the future.

**(Chart 4) Indicative demand for a personalised budget (service users)**



33% of those asked said that they would like a personalised budget as soon as possible. A further 33% said that they would like one within 12 months. 20% said that they would like one at some point in the future. The balance (13%) said that they did not want a personalised budget.

### **4.3 Differences across the user groups**

In response to the core questions it was evident that respondents with physical disability and/or sensory impairment were either, better informed or more able to understand the questions and articulate their answers. The figures for respondents with learning disability and older people were very similar to each other.

The figures for the carers of each group followed a similar pattern with older people's carers demonstrating less understanding than their counterparts.

The Social Worker's responses reflected a more significant deviation across the user groups with physical disability assessed as the lead group, older people second and learning disability specialists third. This may be explained by the apparent confusion within learning disability specialists between personalisation and person-centred approaches. Two of the five respondents made repeated reference to person-centred approaches in response to the questions.

In response to questions 1 -14 and with the exception of a very strong response from older people's Social Workers, the figures were more consistent across the groups. Of particular note are the responses from people with a learning disability, none of whom was able to demonstrate a comprehensive understanding of the subject. This was reflected in a figure of 1.43% for the carers of this group.

#### **4.4 Associated Findings**

As previously indicated, the interviews adopted a semi-structured approach. While this was primarily used to promote communication and understanding across the diverse respondents, it served to generate additional findings which were deemed relevant to the research. These findings and comments are included to identify additional themes within the research area which may be worthy of further exploration.

In response to the question, ‘What can a personalised budget be used for?’ the examples offered gave a strong indication that depth of understanding was lacking in the service user and carer groups. More significantly, subsequent dialogue indicated that services users and carers were unfamiliar with the more creative uses of personalised budgets and that they found difficulty thinking of alternatives to traditional delivery models. Evidence of this is found in the following responses; ‘changing your day centre’, ‘getting more days in the centre’ and ‘getting taxis instead of the minibus’. If these examples are representative of service users and carers, then the impact of personalised budgets and personalised models will be limited by the absence of more creative, inclusive and effective approaches.

In response to the question, ‘What are the most positive things about personalisation?’ The most commonly recorded response was, ‘more money’. This misconception was most apparent in the carer group and supported by evidence

from service users. None of the Social Workers identified more money in response to the same question. A consistent message in communications and reports from central and local government has been that there is unlikely to be additional money available for the introduction of personalisation and personalised budgets, yet the alternative view persists. Some respondents were questioned further on the topic and asked where the extra funds were coming from. None of the respondents was able to provide a clear answer to this additional question, but some indicated that it was from central government sources. If this is proven to be more widely representative of service users and carers it presents a significant challenge for the implementation team in shifting perceptions.

Anomalies were identified within the primary research which highlighted the difference between stakeholder perceptions of their level of knowledge and understanding and their ability to demonstrate this when compared to a benchmark answer. A more significant and potentially useful anomaly relates to the responses to questions 17 – 22 in which respondents expressed confidence in their knowledge, but consistently asked for more information. This was supported by repeated requests for more information and personal contact in response to question 16 (What could be done to reduce your concerns?).

## **5 Conclusions and Additional Analysis**

It is evident from the primary research that the key messages associated with the agenda have not been effectively communicated and absorbed by the stakeholders. There is further evidence that an imbalance of knowledge exists across the stakeholders which may influence the efficacy of the progression of the personalisation agenda.

### **5.1 Analysis of outline methodology**

The use of an Interpretive approach proved to be appropriate for the primary research activity and supported exploration of the complex stakeholder environment. As anticipated, the majority of secondary research sources were subjective in their nature and required careful interpretation to reconcile findings and provide a basis for comparison. A limited number of authors adopted a more objective and comprehensive approach to the subject matter and these have been cited in the chapter on secondary research findings. There was a particular emphasis on academically endorsed research although this was found to be limited with regards to the current personalisation and individual budget agenda. The use of semi-structured interviews and the mix of face to face and telephone contacts proved efficient in the generation of data. The process allowed for a range of communication styles, which was particularly important because of the diverse nature of the stakeholder environment. The questions and the questioning style were

often adapted during the interview to accommodate the needs of respondents with communication difficulties. This also allowed for the exploration of additional, associated themes and further informed the research. The questionnaire proved adequate for purpose and allowed for elements of quantitative and qualitative analysis. Application of the questionnaire indicated that improvements could be generated by an evaluation of the questions and the responses to minimise duplication and develop clarity.

The ethical considerations identified previously proved to be valid, especially within the more vulnerable groups. Surprisingly this vulnerability extended to the carer-respondents who were influenced to varying degrees by the researcher's status as a local authority employee. There was a requirement to re-emphasise the confidential nature of the research when approaching carers, with the implication that their views may be used to influence resource allocation and services. The most significant finding with regards to vulnerability was the ease with which the researcher could influence views and responses by subtle changes in tone and emphasis. Particular care was taken to follow the questionnaire and only provide additional input where the respondent identified a need. This was particularly true of respondents with learning disability and identifies the crucial role that communication strategy and social workers can play in personalisation.

## **5.2 Analysis within the framework of the research question**

The primary research findings aligned with earlier studies and as a result some of the conclusions and recommendations are similar. The differences are identified when analysis and conclusions are related to the original research question and the associated objectives.

The research question has a dual focus on stakeholder perceptions and their impact on social care commissioning in Liverpool. It is clear from the primary research findings that stakeholder perceptions of personalisation vary significantly across the groups identified for the research. This finding is replicated in elements of the secondary research which cover other areas of the UK. The primary research was conducted across three user groups, their carers and social workers although, by definition, personalisation is applicable to all social care users. The groups were selected because they represent the largest users (as identified by allocation of social care funds in 2009/2010) of social care services in the city. If it is accepted that stakeholder perceptions vary and that commissioning social workers are an integral part of the stakeholder environment, then the potential impact on social care commissioning in the city is real and significant. The reasons for the variation and the specific implications are explored by analysis of the research objectives.

### **5.2.1 Evaluate understanding of the personalisation agenda and associated implications**

The primary research leads to the conclusion that understanding of the term, 'personalisation' and the associated concept of individual budgets is inconsistent across the range of stakeholders identified. Two distinct issues arise from this finding; the first has a focus on the efficiency and impact of the marketing and communication strategy undertaken by the authority, the second has a focus on individual interpretation of the key messages for personal or group interests. Putting People First (2007) highlights the need to work in partnership across a wide range of stakeholders with an emphasis on equity and access. Evidence from respondents indicates that this aspect of the agenda requires more attention if the benefits of personalisation and individual budgets are to be fully realised. Glendinning et al (2008) concluded that individual budgets were generally welcomed by service users. This study supports this conclusion and offers an alternative view which indicates an increased level of support for the agenda across the respondents. It continues with an exploration of practical support for communication and implementation, recommending the personalisation toolkit to address deficits in these areas. While the author did not ask specifically about the toolkit, none of the respondents made mention of it in their comments. Internal marketing strategy has emerged as one of the critical themes. Woodruffe (1995) advocated equal treatment of internal and external customers. The application of the conceptual model challenges this view and indirectly supports Payne (1993) who emphasises the

prevention and removal of barriers. Proctor (2007) explores the relationship between employees and managers and it is clear that social workers do not currently feel that managers care about them. This further explored in the notion of trust by Shaw (1997) and Mink et al (1993). Although there is no explicit comments made that indicate a lack of trust the theme is present in a number of social work responses. Proctor's view on scenario planning increases in relevance when applied to the findings of the primary research. It is the conclusion of this author that insufficient consideration was given to scenario planning which is suited to this complex environment.

#### **5.2.1.1 Demonstration of understanding**

In relation to service users and carers, the success of the marketing and communication strategy is questionable. While there is evidence of variation across the groups, a consistent lack of understanding is demonstrated in responses to critical questions. The initial marketing strategy was underpinned by the social care reform grant from central government and supported a range of events and materials to promote the agenda. This activity was, by necessity, time-limited and has failed to embed the key messages in the consciousness of service users and carers included in this research. The complexity of the stakeholder environment and the wide range of communication needs encountered require a creative and sustained approach, which, in turn, requires dedicated, specialist resources. The authority has recently been praised for its performance in communicating the personalisation

agenda. It was rated the best performing in the North-West of England, but only 35<sup>th</sup> nationally (see appendix 3). There is a danger that this will influence perception and reduce the resources required for a sustained marketing and communication campaign. The strategy is reliant on commissioning social workers continuing to communicate a positive and supportive message, but research suggests that protection of their own roles and status dominates thinking. As previously indicated, service users and carers represent individuals and groups who are open to influence and this may prove to the detriment of the agenda. The subsequent need to focus on delivering central government targets allows such influence to thrive. This generates implications for a more comprehensive approach to stakeholder mapping and application of power-interest evaluation as defined in the conceptual model. Much of the literature previously reviewed placed great emphasis the provision of information and advice and sensitivity in communications (Transforming Adult Social Care, 2009, The Personalisation of Adult Social Care in Rural Areas, 2008). This study provided evidence that communications had been generally sensitive to the needs and circumstances of stakeholders, but that the strategy for engaging with social workers was deficient in this area. Williams' (2009) reference to Bartlett asserted that 80% of users have little or no understanding of personal (individual) budgets. This assertion is supported by the primary data although the percentages varied across the user groups. Biehal's (1993) conclusion about transparency securing buy-in is strongly supported by the primary research and indicates a level of suspicion surrounding the current agenda.

## **5.2.2 Assess the risks associated with the transition to personalised services and budgets**

The primary research has generated data which informs risk assessment and management processes associated with the transition to personalised services. The risks can be categorised as those pertaining to; social care users, social workers and the authority as a whole.

### **5.2.2.1 Social care users**

The nature of the risk for users centres on their capacity to understand the agenda and make full use of the opportunities afforded by personalisation and individual budgets. The primary research provides evidence that critical understanding is lacking across the user groups and their carers/advocates. If these individuals do not develop understanding they will be dependent on person-centred planners and social workers to communicate the key messages. Their right to personalised services and individual budgets may not be adequately communicated through these sources. This is of additional significance when considering the research findings relating to social workers, which would indicate a general lack of support and a perception of threat associated with the current agenda. There is an additional risk identified in responses received from social workers which has a focus on safeguarding and protection from abuse. A high proportion of social workers reported the additional risks associated with the de-regulation of provision and the re-negotiation of their

roles. While some of these views may be dismissed as paternalistic and over cautious, there is a genuine concern that the agenda will lead to increased levels of neglect and abuse coupled with a reduction in capacity for social workers to monitor and challenge such practice.

#### **5.2.1.2 Social workers**

The risks identified for social workers are well documented within current literature and supported by the primary research material. It is imperative that a distinction is made between the genuine risks to social work status and role and those which are born out of protectionism and intransigence. This clouding of the issues will prove to the detriment of all stakeholders and requires a thorough appraisal to inform a re-invigorated communication strategy. An updated strategy must accommodate the need for cultural change as well as information. Glendinning et al (2008) identified a degree of intransigence in social care staff. There is no direct reference to social worker' attitudes, but primary research supported the view. Henwood and Hudson (2007) found that the relationship with the user and in particular the giving and doing tradition required a cultural shift. This finding is supported in much of the discourse with social work respondents within the primary study. In addition to the perception of threat to the established relationship there is a genuine concern over the increased level of risk associated with a personalised environment. A CSIP (2007) report noted that the agenda is increasingly at odds with a number of commissioning responsibilities and specifically, 'gate-keeping'. Williams' (2009)

article for Community Care notes the lack of clarity for social care commissioners and the feeling of exclusion from the agenda. This view is supported by the primary research data and is indicative of the general themes emerging from the research. In contrast Manthorpe (2008) found most staff welcoming of the agenda and anticipates, a welcome invigoration of social work values'. There was limited reference to the potential for improved practice and social worker experience within the primary research.

### **5.2.2.3 The authority**

The risks to Liverpool City Council relate to finance, performance and stakeholder perceptions. With specific reference to finance, it has been identified that no additional funds will be made available to local authorities during the transition to personalised services and individual budgets. Research suggests that the medium-term financial implications are positive in that personalised services can be delivered at reduced cost. This delivery is dependent on the successful merging of a range of funding streams, the cooperation of a number of partners and the availability of natural support mechanisms within families and communities. The In-Control pilot and IBSEN both identify significant barriers to full implementation in each of these areas. The solutions require additional funding and realistic timescales. Churchill and Stapleton (2008) noted the risks associated with the transition to personalised services. There is no confidence evidenced in responses that these risks, both individual and corporate have been fully accommodated within

strategy. While this author remains confident that appropriate assessment has been completed and incorporated, there is a need identified to communicate these processes across the stakeholder environment. Transforming Social Care (2008) highlighted a requirement for whole system change and local leadership. The creation of a dedicated business unit and management structure combined with a re-alignment of direct payment activities provides a strong platform for progression of the agenda. The study provided evidence that this had been achieved, but not effectively communicated to all stakeholders.

### **5.3 Assess the financial implications for the authority during the transition phase**

The primary research has strongly indicated that demand for individual budgets and personalised services will be high in the next twelve months. The challenge for the authority is in managing the transition to such services while maintaining adequate resources to deliver traditional models. An additional difficulty is identified in the nature of traditional services which are often building-based and staff intensive. Any reduction in demand for buildings does not automatically generate a reduction in the associated running costs. Such savings can only be realised when buildings are fully de-commissioned or converted to alternative use. The authority's capacity to carry these costs in a time of recession and reducing budgets is questionable. A similar situation results from any reduction in demand for staffing resources. Re-deployment and redundancy carry their own costs to the authority at a time when funds need to be released to for individual budgets. While this may present opportunities for service users to commission current in-house provision, it is unlikely that this would be sufficient to off-set the costs of carrying excess staff. The research did not have the range and depth to identify a complete financial projection based on anticipated demand and demographics. There is no evidence that suitable research has been conducted in this area and should be given urgent consideration. To this point there have been no significant savings communicated during the transition to personalised services and traditional models have been maintained at previous levels. The authority has failed to clearly communicate in

these areas. If this failure is due to a lack of a coherent strategy, then there are implications for finance and market capacity. The change of focus at a national level around early intervention and enablement as discussed in Transforming Social Care (2008) has placed additional financial pressures on the authority because it restricts the funds available for personalised services. Respondents generated no evidence that creative, early intervention and enablement strategies had been discussed or introduced. This is primarily due to the shift in central government targets and emphasis. Evidence from the In-Control pilot studies indicated that it was these creative, early intervention approaches which realised savings and allowed for personalised service delivery on a wider scale.

#### **5.4 Inform the development of an efficient delivery model**

Each of the findings and factors previously discussed can be used to inform the development of an efficient delivery model. The success of any planning and strategy is dependent on the availability and commitment of key staff and on the capacity to generate cultural change across a range of stakeholders, both internal and external. Shropshire County Council (2008) supported a model which allows for communication of change over a three year period that is supported by leadership at all levels. The primary research indicates that three years is an appropriate period to effectively embed the key messages. This is particularly relevant because of the diverse communication needs of the stakeholders. The shift in central government priority from communication to specific targets limits the

authority's ability to meet this need and may compromise the viability of the agenda. Primary and secondary research leads to the conclusion that marketing and communication strategy associated with personalisation and individual budgets has failed in key areas. Baker (2001) discussed an approach to customer driven change, but it is evident that customers do not see themselves as drivers at this stage of the process. Within the user and carer groups the tendency is still towards the passive recipient as opposed to a driver. There is relevance for the concept of social marketing, but it is evident that the change is emergent rather than fully planned. The application of the conceptual model will help to more clearly define the stakeholder environment and inform marketing and communication strategy. The work of Schein (1984) provides additional guidance in defining the dominant cultures that have been identified during the primary research activity. It is apparent from much of the research that Lewin's three stage process has not been successfully applied within Liverpool City Council and this particular stakeholder environment. The responses from all groups indicated a degree and resistance to change and this can be traced to the failure of marketing and communication strategy at the 'unfreezing' stage. The conceptual model accommodates best practice in stakeholder theory and marketing strategy to realise a sustainable outcome. Elements of the power-interest/influence grid and Bourne's stakeholder Circle have been developed for application in support of this agenda. Ultimately these processes must be part of a coherent and consistent change management approach.

## **6 Recommendations**

### **6.1 Specific recommendations**

#### **6.1.1 Social workers**

That a programme of engagement and training is undertaken to minimise the anxieties associated with the transition process. This process should focus on the perception of threat to professional role and status with the aim of creating ‘champions’ within the profession to deliver a consistent and positive message.

#### **6.1.2 Social care users**

The research highlighted the discrepancies across the different user groups. This project did not identify the reasons for the discrepancies, but has identified an area worthy of additional research. In the absence of specific data it is recommended that subsequent marketing and communication strategy fully accommodates the different learning and communication needs of service users. This process will require consideration of best practice approaches and the capacity to respond to individual need. It is an additional recommendation that expectations are managed, especially for those with learning disabilities. The greatest successes of the current marketing strategy have a focus on user-led activity. This should be developed in

conjunction with the role of champions with a view to the creation of an independent advocacy group.

### **6.1.3 Carers**

The research indicates that carers experience similar difficulties to service users when interpreting information relating to personalisation and individual budgets. Their anxieties and barriers must be accommodated within emergent strategy and given sufficient priority. Potentially they are the group with the greatest influence over the successful roll-out of the agenda in the city. As with the social work cohort, consideration should be given to the creation of champions in support of the agenda.

## **6.2 General recommendations**

The findings of this research support the view that, in Liverpool, stakeholder' understanding of the personalisation agenda is lacking in depth and consistency. While the research confirmed that the initial engagement and communication programme was extensive, it has failed to generate a significant level of understanding to support the transition to individual budgets and personalised services. It is recommended that an evaluation of the stakeholder environment is undertaken utilising the conceptual model. The results of this evaluation should be used to inform a revised marketing and communication strategy which has the

capacity to provide a continuous focus on communication of the critical messages and furnish data for financial planning purposes.

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## **List of Appendices**

- Appendix 1      Questionnaire template
- Appendix 2      Extract from projected Liverpool City Council/PCT budget for  
2010/2011
- Appendix 3      Liverpool City Council press release

## Appendix 1 Questionnaire Template

This questionnaire has been prepared for research purposes only. Detail will not be used for any other purposes and will not be shared.

### Question

1. What do you understand by the term personalisation?	
2. What do you understand by the term personalised (individual) budget?	
3. What can a personalised budget be used for?	
4. Who can manage a personalised budget?	
5. How would you access a personalised budget?	
6. How easy do you think that it would be to access a personalised budget?	
7. What would you use a personalised budget for?	
8. Where does the money come from to fund a personalised budget?	
9. Under a personalised budget, who has responsibility for managing staff?	
10. Under a personalised budget, who has responsibility for managing finance?	
11. What help is available from Liverpool City Council?	

12. What help is available from other sources?					
13. What are the most positive things about personalisation?					
14. What are the most negative things about personalisation?					
15. Do you have any concerns about accessing a personalised budget?					
16. What could be done to reduce your concerns?					
<b>All respondents</b>	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
17. I know what a personalised budget is					
18. I know how a personalised budget can be used					
19. I know how to apply for a personalised budget					
20. I think that personalisation is a positive thing					
21. I am worried about the changes that come with a personalised budget					
22. I want more information on personalisation and personalised budgets					
<b>For service users/customers only</b>	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
23. I want to access a personalised budget as soon as possible					
24. I want to access a personalised budget within the next twelve months					
25. I want to access a personalised budget in the future					
26. I don't want to access a personalised budget					

Name:

Status:

Contact number:

**Appendix 2**

**Extract from projected Liverpool City Council/PCT budget for 2010/2011**



The City of Liverpool

## Liverpool City Council **Media Release**

**Paul Johnston**, Newsofficer. Tel **0151 225 2611**. Mob **07740 918 615**.  
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Press release from Liverpool City Council's newscentre

# **Liverpool praised for care information**

- **Liverpool praised for information about social care**
- **Council top in region for 'Personalisation' information**
- **Survey conducted by disability charity Livability**

**LIVERPOOL has emerged as the best local authority in the north west for providing information about personalised care services.**

The city council came out on top in the region in a review by Livability – the national disability charity – which surveyed disabled people and checked the information available over the telephone and on websites.

The study looked at how much information is available about individual budgets – known in Liverpool as 'Personalisation'.

It allows people to choose the type of care and support services they receive rather than having traditional council services such as going to a day centre.

A total of 103 local authorities were surveyed – 13 of them in the north west – and Liverpool came out as the best in the region and ranked 35<sup>th</sup> place nationally.

Councillor Ron Gould, executive member for adult social care at Liverpool City Council, said: "I am pleased we have done well in this survey, and it reflects why we are having success with our Personalisation programme.

"By April we will have around 2,000 people managing their own budgets, giving them choice over the care they receive and helping them make the most of life.

"But we're not complacent, and are working hard to let people who have previously received traditional types of care services know that there are many more options available to them now.

"2010 is the Year of Health and Wellbeing in Liverpool, and a key focus is making sure we provide services which help people achieve all they want to."

Previously, people were offered very traditional services such as going to a day centre or having a carer pop round to cook meals for them, now people have a greater choice of what they want to access and also in a variety of ways that are more personalised to their individual needs

Now, because the city council builds services around the needs of individuals, they can choose to use their budget to take part in an activity or hobby, or employ a personal assistant to provide care or get them around.

Chief Executive of Livability, Mary Bishop, said: "awaiting quote"

The survey comes just a few months after the council was graded "excellent" by the Care Quality Commission, and praised for providing services "that enable people to improve and manage their own health and wellbeing".

More information about Personalisation is available at [www.liverpool.gov.uk/makingitpersonal](http://www.liverpool.gov.uk/makingitpersonal)