

**THE SECOND POET
SURVEY OF PERSONAL
BUDGET HOLDERS
AND CARERS 2013**

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Thank you

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The authors are indebted to this group who made the work possible, however any errors of omission or interpretation are wholly the responsibility of the authors.

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Introduction

Self-directed support and personal budgets are at the heart of Government policy to reform adult social care. The Government remains committed to their implementation, as do the other main political parties. The Care Bill¹ states the intention to establish personal budgets in law for the first time and for all people eligible to receive their social care via a personal budget. Councils across England continue to provide more people who are eligible for social care support with their own personal budget. Figures from the NHS Information Centre show that the numbers receiving personal budgets increased from 377,000 to 527,000 between 2010/11 and 2011/2.

The intention of self-directed support is that individuals who need support and their families are told how much money their council will make available to them to meet their needs. The person needing support and those closest to them can then determine how best to use these resources and develop a support plan describing how the person's needs are going to be met. This person-centred approach represents a fundamental cultural and systemic shift away from the approaches to allocating and directing resources that has characterised the social care system for many years. However, despite the increasing numbers of people allocated a personal budget we remain in the relatively early stages of this shift. Concerns have developed that success in achieving target numbers does not guarantee real transfer of power to people using social care or the extension of choice and control. It is therefore very important to check the outcomes and experiences of people using personal budgets and use the learning to review and improve delivery. As well as promoting local improvement, gathering this information from

people and families can help us build a picture of what policy and development actions can promote positive change.

Reflecting this context, in 2011 the first national personal budget survey was published by Think Local Act Personal. It described the experience of 1,000 personal budget holders and 1,000 family carers as they took control of a personal budget. This second report is now being published in response to the need to continuously improve understanding of the impact of personal budgets on the lives of people who need support and their families and what action councils and others can take to achieve the best results.

Personal budgets and self-directed support continue to be the subject of significant debate. Experiences can vary from very poor to excellent. We need to know what leads to better experience and outcomes and what councils can do to promote best results. There has also been debate about whether personal budgets are better suited for some groups, and

¹ <http://careandsupportbill.dh.gov.uk/home/>

less so for others. In aiming to achieve improvements varying views have been expressed about the 'active ingredients' of self-directed support. Some have focused on the budget or how the money is held or managed, others have emphasised aspects of the process such as the importance of the planning, and some have stressed the importance of market development or supporting providers to meet new expectations.

Personal Budgets Outcomes and Evaluation Tool (POET) tool has been designed to capture people's lived experience of self-directed support in a consistent way, allowing us to monitor what is really happening and to help answer some of these key questions.

The survey

The POET surveys for personal budget holders and for carers of personal budget holders have been developed over several years as a way for people to report their experiences of personal budgets. For this report, the POET surveys were available in two formats: for online completion and a paper format.

This survey used the same question set as was used for the 2011 survey. On this occasion 22 councils in England volunteered to take part in the second national survey and each attempted to gain 100 responses from personal budget holders and carers.

In total, 2,022 personal budget holders completed the 2013 POET survey (with 20 councils having more than 50 respondents). As well as responding to the main survey questions, 488 of these personal budget holders also wrote in narrative comments about their experience of personal budgets. In total, 1,386 carers

completed the POET survey (with 15 councils having more than 50 respondents), 490 of these carers also wrote in comments about the impact of personal budgets on their own lives.

Personal budget holders and carers varied in how long they or the person supported had held a personal budget, whether they received social care support before their personal budget, how their personal budget was managed, what support people used in planning their personal budget and whether the views of personal budget holders and carers were reflected in the support plan.

How will Think Local Act Personal use the learning from this survey?

Think Local Act Personal (TLAP) is a partnership established to support the positive delivery of personalisation. An important – though far from only – element of personalisation is self-directed support (SDS) via personal budgets and it is therefore vital to TLAP that we help improve delivery. TLAP hosts the National Self-Directed Support Forum, which brings together people with both a stake in and responsibility for SDS to plan and act to improve its delivery. The data from the National Personal Budgets Survey offers important support to this work. We suspect that some of the data presented in this report will be mostly of interest to a limited group of people with direct responsibility for personal budget delivery or strongly concerned with influencing this. We have therefore produced a short summary of the findings which is available to download from www.thinklocalactpersonal.org.uk. However, the increased size of the data set will allow TLAP and others to helpfully inform some important

areas of work. In particular the data can be analysed to explore in more detail what can lead to improved delivery and to focus on more detailed questions including what might work best for specific groups. In addition to looking directly at the experience of people using personal budgets, we will also be able to explore the experience of family carers to see what works best for them. In partnership with In Control, TLAP plans to carry out a number of initiatives to support the local delivery of personal budgets using the data. These include:

- Providing more focused briefings on key topics of interest
- Running workshops and webinars to support delivery improvement
- Advising central government on policy implications (for example regulations and guidance for the Care Bill)
- Advising local government on key aspects of improvement (for example on making changes to process to improve outcomes and delivery for specific groups such as older people)
- Identifying and sharing how personal budgets can best support family carers.

The 2011 report, and now this 2013 version, highlight areas of life where on the surface personal budgets do not appear to be making much difference. The larger data set for this report, however, will allow us to explore this in more detail. For example, we can consider what complementary activities may be needed to achieve outcome improvements. In addition, where some councils appear to have achieved improvement even in 'harder to impact' areas, we can explore what others can do to make similar progress.

The purpose and development of the POET survey tools

Tools for the ongoing, low cost and routine monitoring of the processes and outcomes associated with personal budgets have been in continuous development for approximately ten years, involving a collaboration between In Control, Lancaster University and councils. The POET survey tools have emerged over time from this work and have undergone a number of iterations. Each version was developed from the last in response to feedback from key stakeholders, including people completing and implementing the survey.

The POET survey tools gather views and experiences from personal budget recipients, their family and carers. They are designed to measure how well the council is managing to implement personal budgets and to what effect. Specific questions investigate people's experience of the 'personal budget process' and the impact of the personal budget on their everyday life.

The tool aims to provide councils with a way of measuring and understanding their performance in real time, as it is understood by local people who are looking to them for help. POET is intended to complement other forms of evaluation. It is this focus on outcomes and experience of process reported directly by local people, that distinguishes the POET survey tool.

Conceptually the POET tools have been designed to generate 'practice-based evidence'.² Practice-based evidence is created by pooling information on routine practice across a range

² Barkham, M. and Mellor-Clark, J. (2003). *Bridging evidence-based practice and practice-based evidence: Developing a rigorous and relevant knowledge for the psychological therapies*. *Clinical Psychology & Psychotherapy*, 10, 319-327.

of localities to produce data sets big enough to address questions that could not be investigated using local information alone. In the context of the POET, pooling together such information allows us to investigate questions such as:

- Are different types of personal budget associated with different experiences for personal budget holders?
- Do people with different needs for social care support have different experiences of personal budgets?
- Which factors are associated with more positive (and less positive) outcomes for personal budget holders?

Practice-based evidence is designed to complement the large-scale research that is also required to generate the evidence crucial for guiding best practice. Compared to such large-scale research projects, practice-based evidence projects are lower cost, have a relatively low impact on the people involved, are relatively quick to conduct and collect (and repeat), are closer to the reality of how services are routinely working (or not working) for people, and have feedback loops built into the process.

Some of these advantages are also limitations compared to large-scale research projects. For example, practice-based evidence projects are dependent on the voluntary participation of interested services and people, making it more difficult to gain groups of participants that are nationally representative. In addition, because practice-based evidence projects are designed to be relatively easy to fit within routine practice, the range and depth of information collected is not as extensive as the information collected during large-scale research projects. Both large-

scale research projects and practice-based evidence are needed to provide information to continuously improve practice.

The current format was used in the first survey of personal budget holders and family carers designed to have a national reach, in 2011, resulting in findings based on the experiences of 1,114 personal budget holders in England. The same process was used in 22 councils to provide the information for this 2013 report, which presents the findings of the second POET survey of personal budget holders and carers. The report includes:

- A brief description of the surveys and how we collected the information
- Findings of the second POET survey of personal budget holders and carers in England, including:
 - who responded to the POET survey
 - what types of personal budgets people are using and how they are supported in using them
 - what difference personal budgets make or don't make to people's lives
 - what factors are associated with better and poorer outcomes for personal budget holders.

The report presents findings from both the numerical data and the free text collected using the POET survey tool.

Due to the increased numbers of personal budget holders and carers responding to the second POET survey, for most analyses in this report, we will be able to simultaneously compare the experiences of people across social care groups and across types of personal budgets being used.

The POET Surveys for Personal Budget Holders and Carers

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This section briefly describes the content of the surveys and how people completed the questionnaires.

The survey was available in two formats:

- 1) An online completion format
- 2) A standard paper completion format.

Both formats contained the same questions.

In addition, personal budget holders were asked for information on:

- The personal budget: which council provides it, how long the person has held the budget, previous social services support, how the budget is managed and the amount of the budget
- Personal budget support planning
- How supportive the council is throughout the personal budget process
- Whether the personal budget has made a difference (either positive or negative) across 14 aspects of the person's life
- People's goals and whether they are reaching them
- Whether people answered the questions on their own or had help.

And carers were asked for additional information on:

- Who carers are caring for and how much care they provide
- The personal budget held by the personal budget holder, whether the carer is also getting any personal budget or direct payment support and whether the carer's views were included in the support planning process
- Whether the personal budget holder's budget has made a difference (either positive or negative) across nine aspects of the carer's life.

Both surveys also included:

- Equalities monitoring questions (gender, age, disability, ethnicity, religion and sexual orientation)
- Space for people to write their opinions on personal budgets and the survey questionnaire.

Because the POET surveys were designed for people to evaluate their experiences of existing personal budgets, the surveys are clearly service evaluation rather than research, according to guidance from the National Research Ethics Service⁴ and therefore did not require Research Ethics Committee approval.

Both formats of the POET survey explained how the information would be used. Anonymity and confidentiality were guaranteed. We did not ask for people's names and the information was held on an electronic database that was not accessible to councils. Before completing the survey everyone was asked to indicate if they agreed (or not) for their information to be used in reports such as this one before they completed the survey.

There were different ways for personal budget holders and carers to complete the surveys. Some councils circulated a link to the online versions, others conducted face to face or telephone interviews. All councils sent out paper copies to people receiving personal budgets. In some areas returns were collected locally and in other areas returns were sent to the In Control head office. In all cases a freepost address or postage paid envelope was provided.

In total, 2,022 personal budget holders and 1,386 carers completed the POET surveys and gave

their agreement for the information to be used by the preliminary deadline of 15 January 2013.

Responses to most of the POET survey questions were recorded numerically within LimeSurvey, then converted via Excel into a statistical software package, SPSS, to allow us to statistically analyse the responses. The statistical significance level was set at $p < 0.05$ (i.e. the odds of the result occurring by chance was less than 1 in 20).

For the open questions that asked if people wanted to write in anything about their experiences of personal budgets, we used a set of themes summarising people's experiences that were developed from the 2011 survey. These themes were updated using a full list of comments that people had made in response to the second survey. Each quote was then examined and assigned to one or more themes depending on what the person had written. For most comments a judgement was also made on whether it was mainly positive or mainly negative in relation to the theme. People appeared to be more likely to write in a comment if they were having either very positive or very negative experiences of personal budgets.

In total 488 personal budget holders (24%) and 490 carers of personal budget holders (35%) made comments about their experiences of personal budgets.

⁴ National Research Ethics Service: <http://www.nres.npsa.nhs.uk/applications/is-your-project-research/>

Main findings

Headline findings – personal budget holders

We asked personal budget holders whether their personal budget had made their lives better, worse or had made no difference in 14 areas of their life. Overall, less than 10 per cent of personal budget holders reported a negative impact on any of the 14 areas.

The 14 outcomes that were measured are:

- 1) Your physical health
- 2) Your mental wellbeing
- 3) Being in control of life
- 4) Being independent
- 5) Being in control of support
- 6) Getting support you need
- 7) Being supported with dignity
- 8) Feeling safe
- 9) Choose where/who you live with
- 10) Get/keep paid job (not measured for older people)
- 11) Volunteering and helping community
- 12) Relations with family
- 13) Relations with friends
- 14) Relations with paid supporters.

Overall a positive impact was reported by:

- Over 70 per cent of personal budget holders on:

- Being as independent as you want to be
 - Getting the support you need and want
 - Being supported with dignity.
- Over 60 per cent of personal budget holders on:
 - Physical health
 - Mental wellbeing
 - Control over important things in life
 - Control over your support.
 - Over 50 per cent of personal budget holders on:
 - Feeling safe in and outside your home
 - Relationships with paid supporters.
 - Overall, over 80 per cent of personal budget holders reported their budget making no difference in:
 - Getting and keeping a paid job (working-age adults)
 - Volunteering.

There were major differences across local authorities both in terms of experience of process and in outcomes for people. The percentage of people reporting positive outcomes varied by more than 30 per cent between the best and worst performing local authorities in terms of:

- Physical health
- Relationships with paid supporters
- Choosing where/who to live with
- Feeling safe
- Relationships with friends
- Volunteering.

The percentage of people reporting the process as easy varied by more than 30 per cent between the best and worst performing councils in terms of:

- Getting information and advice
- Getting the support I want
- Planning and managing support
- Changes to support
- Needs assessment
- Choosing services.

There were strong associations between aspects of the process and positive outcomes for people. For example people who reported that their views were fully taken into account in the planning were more likely to report better outcomes in:

- 12 out of 13 areas for older people (medium to large effect)
- 14 out of 14 areas for people with learning disabilities (medium to very large effect)
- 13 out of 14 areas for people with mental health issues (medium to very large effect)
- Eight out of 14 areas for people with physical disabilities (medium to large effect).

Generally speaking across almost every social care need group using almost every type of personal budget, holders reported positive experiences of the impact of personal budgets on their lives, although experiences of the personal budget process were more varied.

Most personal budget holders reported that the fundamental components of self-directed support were in place, including being told the amount of their personal budget (72%), getting help to plan their personal budget (83%) and having their views very much or mostly included in the support plan (85%).

However, personal budget holders varied widely in their experiences of the personal budget process, with many people reporting difficulties at each stage. A significant minority of people found essential aspects of the self-directed support process difficult or very difficult: making changes to support (22%), choosing from different services to find one that is right for you (20%) and telling people what you think or complain (20%).

More than half of the people found six of the nine areas of self-directed support process we asked about easy or very easy: be in control of how the money in your personal budget is spent (60%), plan and manage your support (60%) and getting support you want (57%).

Only small numbers of people reported things getting worse as a result of having a personal budget. In all but three of the 14 life areas we asked about less than five per cent of people said things had gotten worse or a lot worse. In the other three areas no more than six per cent of people reported that things were getting worse: being in control of your support (5%), your mental well-being (6%) and getting the support you need when you want it (5.5%).

In three of the 14 areas we asked about, significant numbers of people reported the personal budget making no difference: choosing where you live or who you live with (60.9%), getting and keeping a paid job (85%) and volunteering that helps your local community (78%).

In eight of the 14 areas of life we asked about at least 60 per cent of people reported personal budgets had made things better or a lot better: staying as independent as you want to be (71%), getting the support you need when you want it (71%) and being supported with dignity by people who respect you and treat you well (75%).

There are some strong and robust associations between the process factors that councils can influence and the outcome measures. However differences in processes and outcomes are not uniform and the associations varied across different social care groups. Further, in some areas where there were associations, these were not large. In other areas the associations between experience of process and different outcomes was more pronounced.

Generally speaking, where people said their views had been taken into account in the planning they were more likely to report positive outcomes. This was the case across social care groups. Where people reported the process as easy they were more likely to report positive outcomes.

The amount of money in the personal budget did not appear to be strongly associated with outcomes.

In terms of type of personal budget, again the picture is complex. For example, it is not always the case across all social care groups that direct payments are good and council-managed budgets are bad. There were different patterns for different social care groups, and in some areas there were sometimes no differences or only modest differences in outcomes across personal budget type.

Headline findings – carers

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Most carers of personal budget holders also reported positive experiences but to a lesser extent.

Most carers reported that their views were very much or mostly included in the personal budget holder's support plan (77%).

More than half of the carers reported that having a personal budget for the person they cared for made their life better in four of the nine areas of life we asked carers about: finances (52%), having the support you need to continue caring and remain well (69%) and carers' quality of life (60%).

Fewer than 10 per cent of carers reported things getting worse as a result of having a personal budget in all but two of the nine areas of carers' lives we asked about: carers' physical and mental well-being (11%) and carers' social life (11%).

More than one half of carers reported that having a personal budget for the person they care for made no difference to two of the nine areas we asked about: your relationships with other people who are important to you (51%) and being able to do paid work (69%), although 41 per cent were over 65.

In all but one of the eight areas of life we asked carers about (ability to do paid work) carers of older people were least likely to report improvements.

Comments written by carers reinforced and extended these conclusions. Carers were often highly positive about the impact of personal budgets on the lives of the personal budget holder, themselves as carers and other family members. However, they were more negative about all aspects of the personal budget process and, unsurprisingly, the stress and worry they associated with personal budgets for the person they were caring for.

Generally speaking carers in all the groups we looked at were more likely to report better outcomes if they felt their views were included in the supported person's support plan.

The POET survey for personal budget holders

Findings – personal budget holders

This section of the report presents findings for personal budget holders responding to the POET survey, including:

- Who responded to the POET survey
- What personal budgets people are using and how people are supported in using them
- What difference personal budgets make or don't make to people's lives
- What factors are associated with better and poorer outcomes for personal budget holders.

Who responded to the POET survey?

As stated, a total of 2,022 personal budget holders completed the POET survey and gave their agreement for the information to be used. As people could choose not to complete particular questions within the survey, the totals reported throughout the report are unlikely to add up to this overall total.

The equalities monitoring data presented next shows data for personal budget holders responding to this survey (PB Holders 2013) and for those responding to the previous POET survey (PB Holders 2011). The purpose of these comparisons is purely illustrative. Neither survey could be designed to produce nationally representative groups of personal budget holders, so differences across the two surveys cannot be interpreted as changes over time.

Figure 1 shows that over half (57.2%) of respondents to the 2013 POET survey were women, a similar proportion to 2011.

Figure 1: Gender of personal budget holders responding to the survey

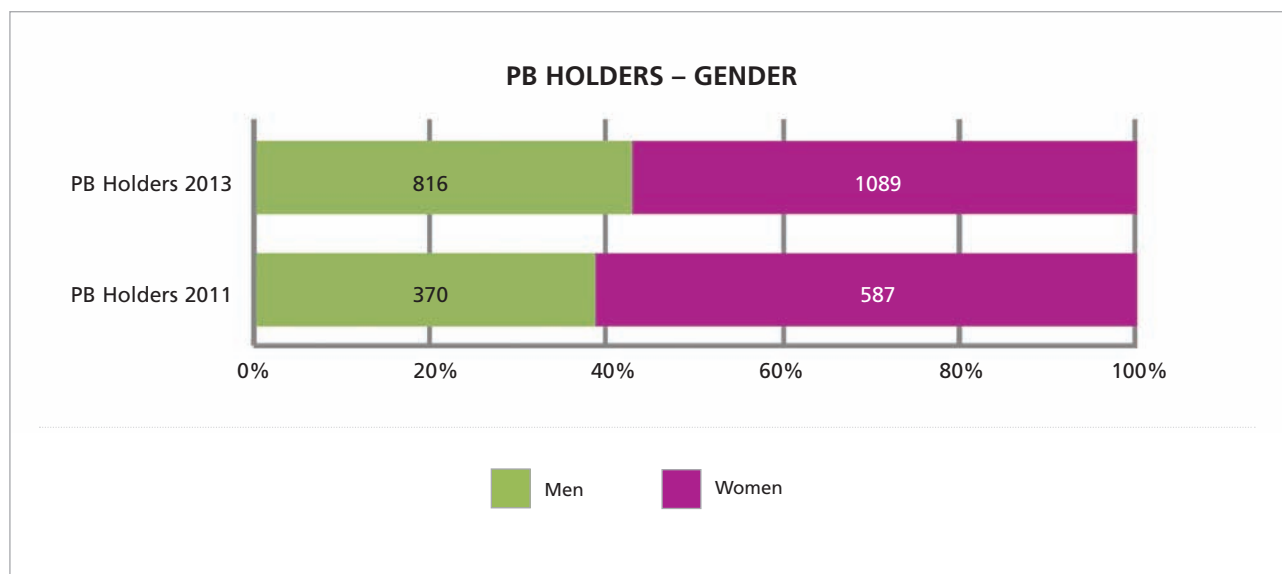


Figure 2 shows that a large proportion (42.5%) of the 2013 POET survey respondents were aged 65 or over, a similar proportion to 2011. Compared to 2011, there were proportionally more younger survey respondents in 2013 (20.3% aged 16-34 years) and proportionally fewer survey respondents aged 35-64 years (37.2%).

Figure 2: Age of personal budget holders responding to the survey

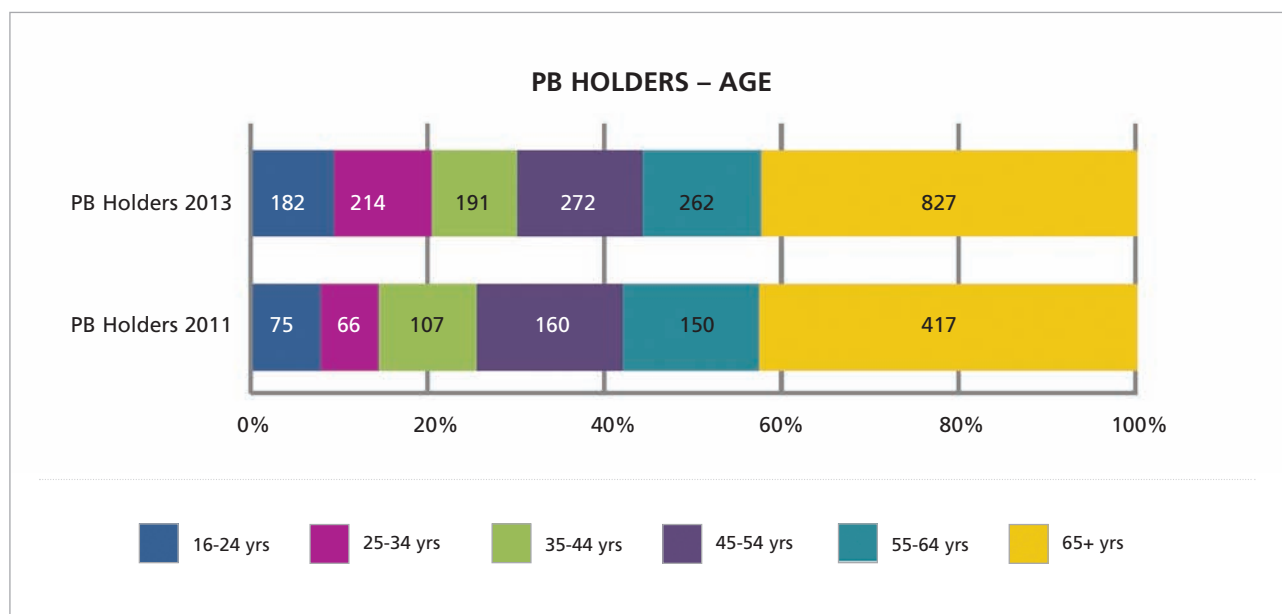


Figure 3 shows that the vast majority (86.7%) of 2013 POET survey respondents reported their ethnicity as white. Asian/Asian British was the next most common reported ethnicity (4.1%) and 6.1 per cent of respondents did not record their ethnicity. A smaller proportion of respondents in 2011 reported their ethnicity as white, but there were also a greater proportion of respondents where ethnicity was not recorded.

Figure 3: Ethnicity of personal budget holders responding to the survey

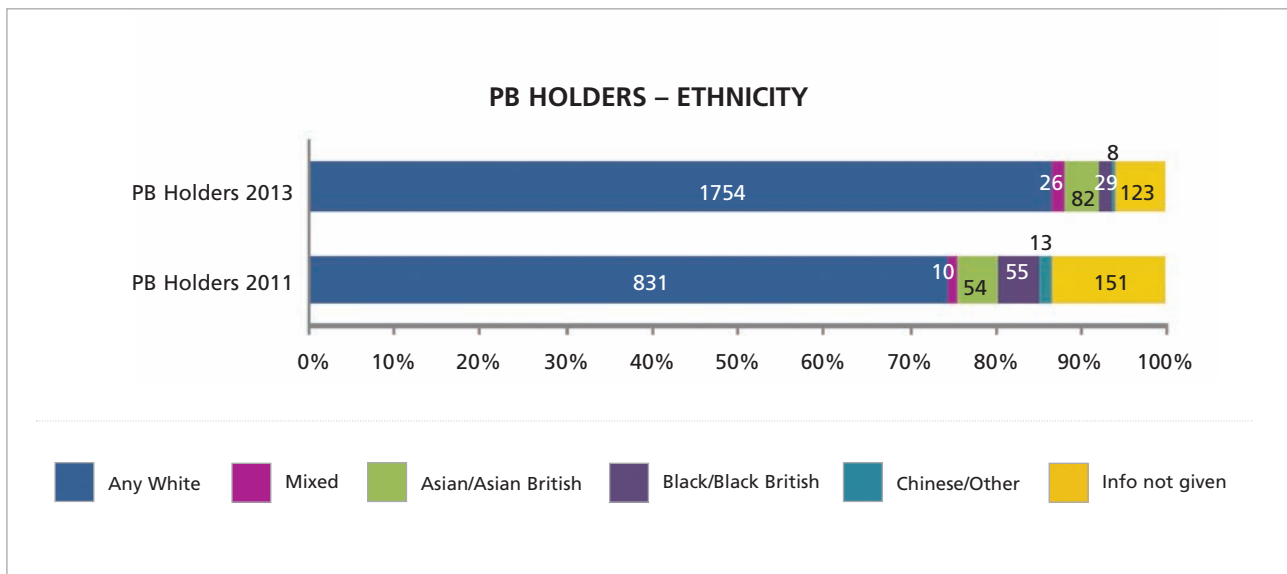


Figure 4 shows that, similarly to 2011, a majority of 2013 POET survey respondents reported their religion as Christian (62.9%). A greater proportion of 2013 respondents reported themselves as having no religion, (18.4%) and a smaller proportion did not record their religion (10.6%).

Figure 4: Religion of personal budget holders responding to the survey

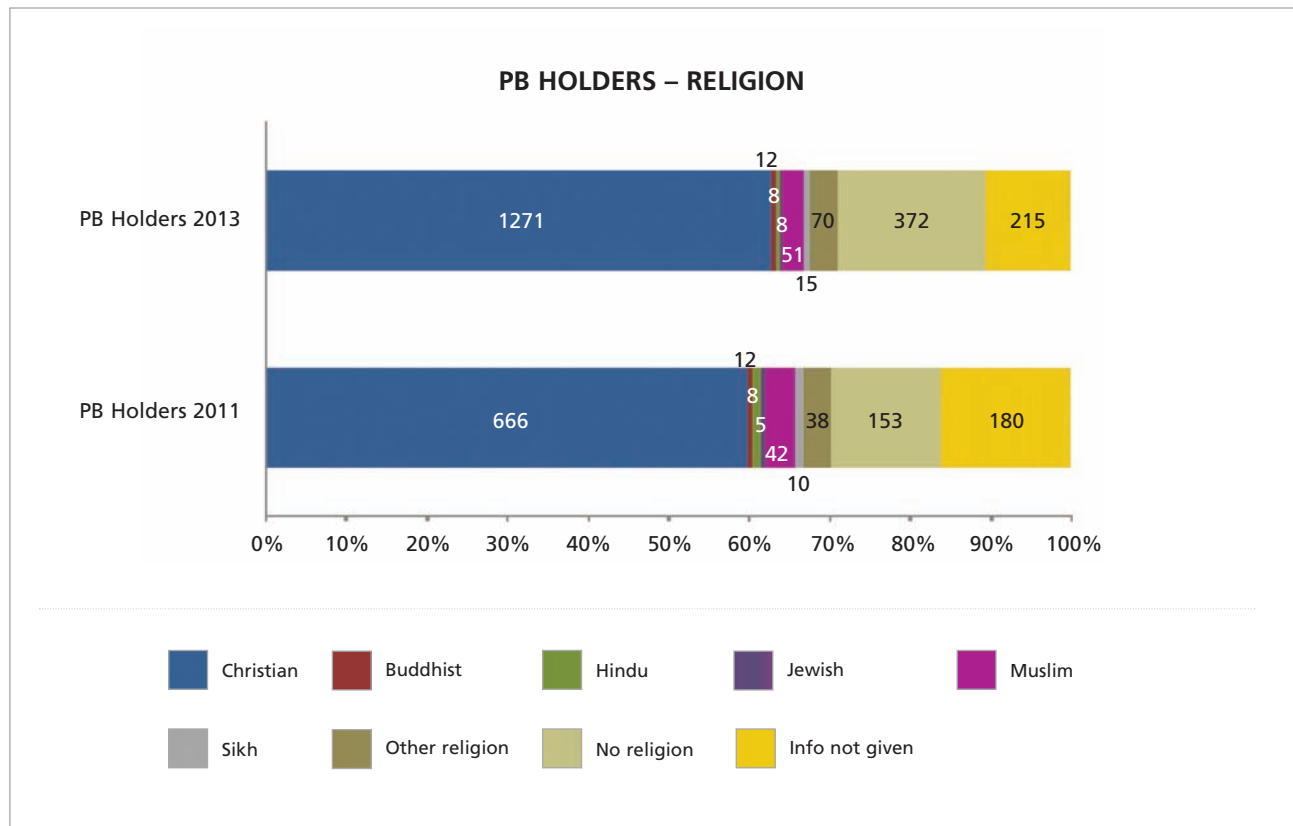


Figure 5 shows that, as in 2011, a large majority of 2013 POET survey respondents reported their sexuality as heterosexual/straight (79.3%), with a smaller proportion of 2013 respondents not recording their sexuality (17.5%).

Figure 5: Sexuality of personal budget holders responding to the survey

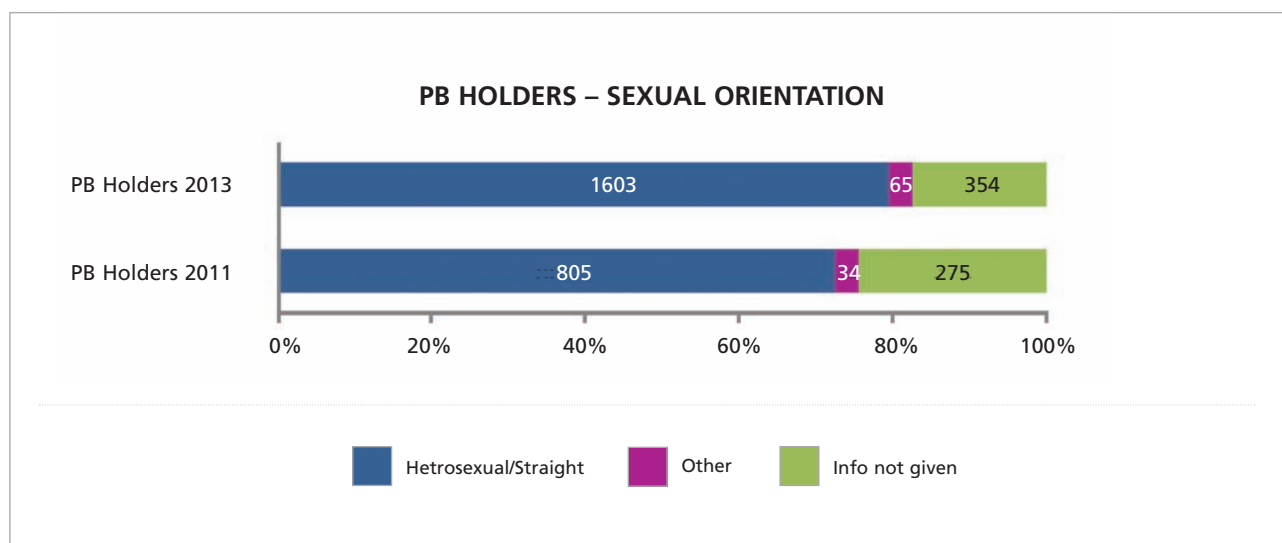
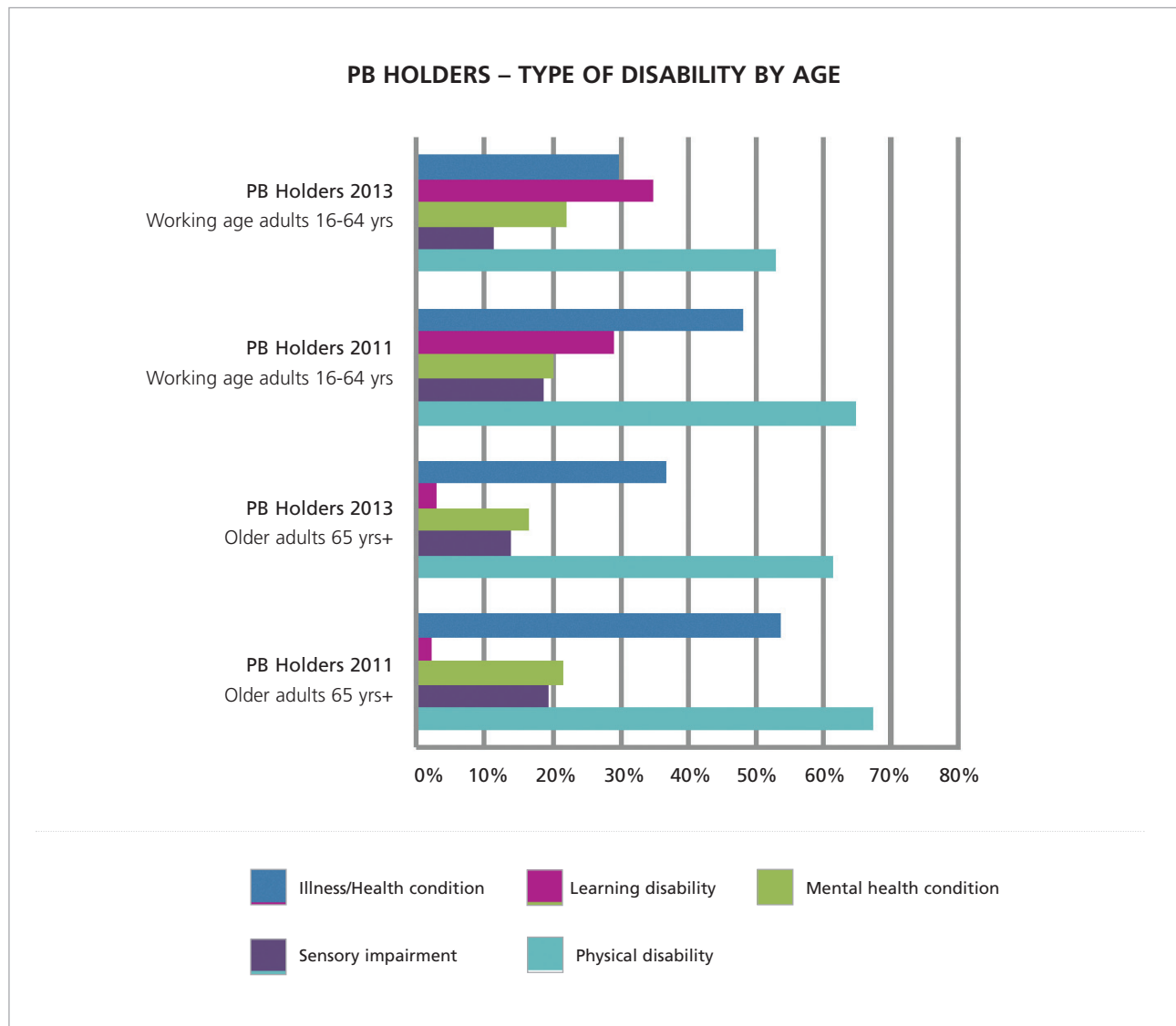


Figure 6 shows the self-reported disabilities of respondents in 2013 and 2011, divided into the disabilities reported by working age adults and the disabilities reported by older adults. Figure 6 shows both similarities and differences between respondents in 2013 and 2011.

Amongst working age adults in 2013, the most common reported disability was physical disability (52.9%), followed by learning disability (34.7%), long-standing illness or health condition (29.7%), mental health problem (1.7%) and sensory impairment (11.2%). Amongst older people in 2013 the most common reported disability was also physical disability (61.5%), followed by long-standing illness or health condition (36.5%), mental health problem (16.4%), sensory impairment (13.8%) and learning disability (2.8%).

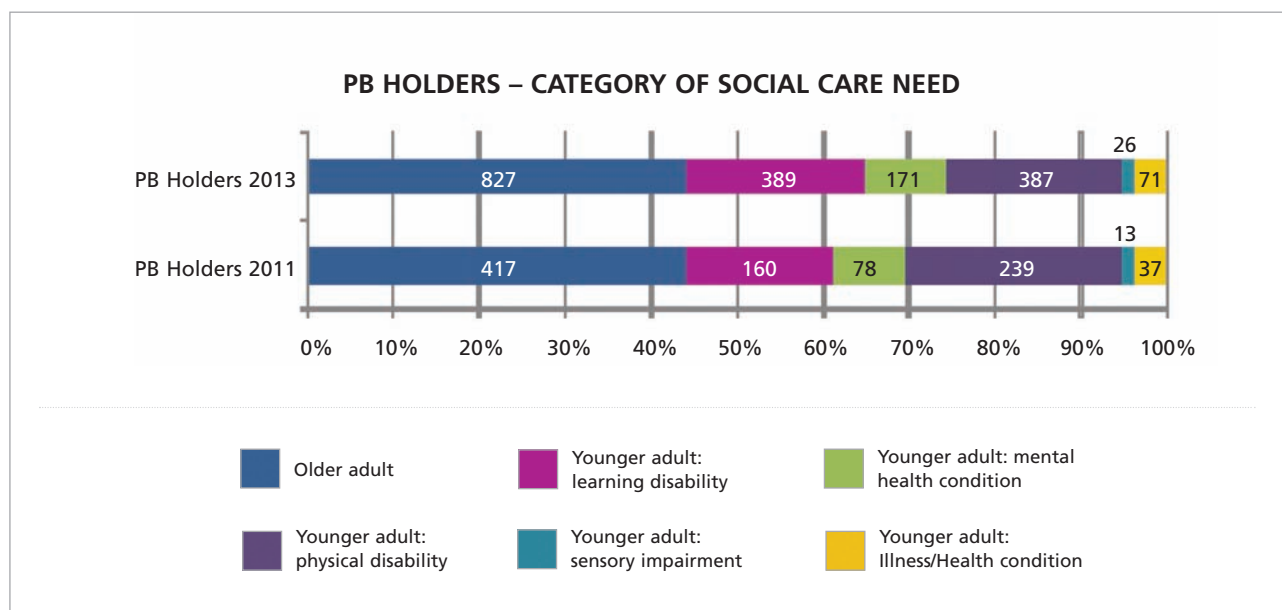
Amongst both age groups there are some differences in the disabilities reported by the 2013 and 2011 respondents. Smaller proportions of 2013 respondents reported a physical disability or long-standing illness or health condition and a larger proportion of 2013 working age respondents reported a learning disability.

Figure 6: Self-reported disability of personal budget holders responding to the survey, split into disabilities reported by working age adults and older adults



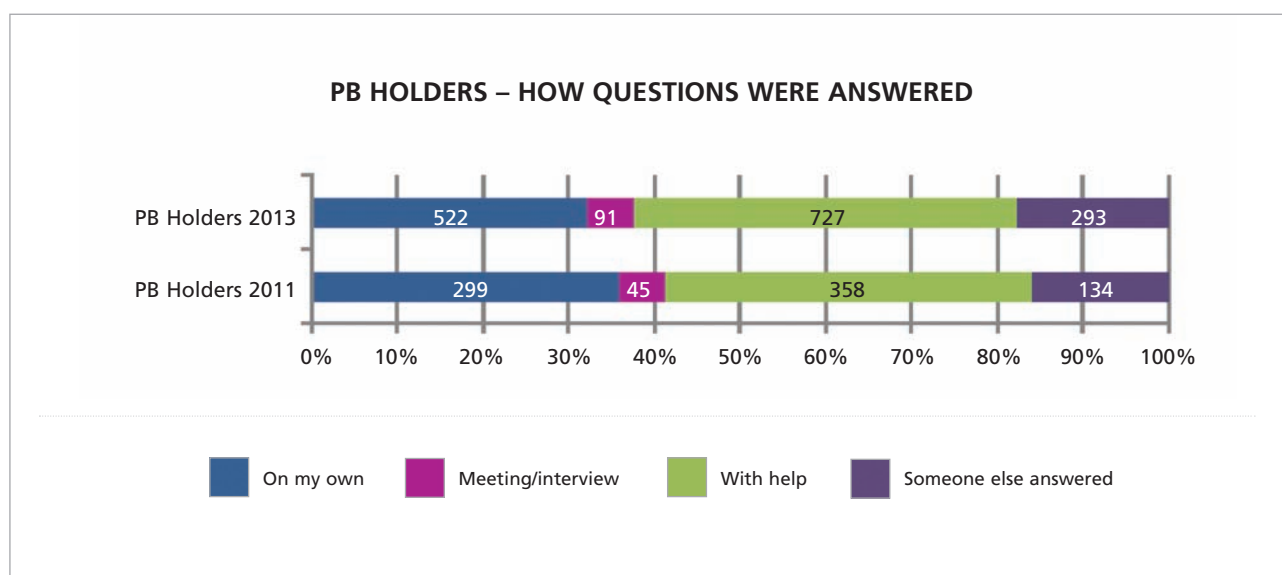
Because respondents could report multiple disabilities, for the purposes of analyses in the report we also placed people into particular mutually exclusive categories of social care need, described in figure 7. There were enough numbers of older adults and working age adults with learning disabilities, mental health conditions and physical disabilities to conduct further analyses exploring potential differences between these groups in people's experiences of personal budgets.

Figure 7: Category of social care need of respondents to the POET survey



Finally, figure 8 shows how respondents reported answering the questions in the POET survey. Substantial proportions in 2013 reported answering the questions with help (44.5%) or on their own (32.0%). Smaller proportions reported the answers being mainly answered by someone else on their behalf (17.9%) or in a meeting/interview (5.6%). These proportions are broadly similar to those reported in 2011.

Figure 8: How respondents to the POET survey reported answering the questions



How are people using personal budgets?

The POET survey asks personal budget holders several questions about how they are using personal budgets and what support people have had throughout the personal budget process.

How do people manage their personal budgets?

Figure 9 shows the different ways that people managed their personal budgets, broken down by the social care need categories of older people and working age people with physical disabilities, mental health conditions or learning disabilities. It also reports these figures for all 2013 POET survey respondents.

Taking the 2013 POET survey respondents as a whole, just under half (47%) reported managing their personal budgets through direct payments paid to them, followed by direct payments looked after by someone else (26%), council-managed personal budgets (11%) and individual service funds (7%). Across all respondents, 9 per cent reported either not knowing if they had a personal budget or not having a personal budget at all. These figures are broadly similar to those reported in the 2011 POET survey, with a slightly smaller proportion of direct payments paid directly to the person and correspondingly slightly larger proportions of other types of personal budgets.

However, within these overall figures there were substantial differences across social care need groups.

Older people responding to the 2013 POET survey most commonly reported holding personal budgets in the form of a direct payment made directly to them (42%), followed by a direct payment looked after by someone else (22%), a council-managed personal budget (16%) and an individual service fund (7%). Fourteen per cent of older people either did not know if they had a personal budget (9%) or reported not having a personal budget (5%).

The most recent national statistics concerning the number of people using personal budgets, compiled from council returns, is provisional data available for 2011/2012.⁵ These statistics are recorded using the following categories:

- The number of older adults receiving direct payments not as part of self-directed support (11,810 people; three per cent of older people using direct payments/self-directed support).
- The number of older adults receiving direct payments only as part of self-directed support (26,735 people; 7%)
- The number of older adults receiving self-directed support in the form of council services only 307,930 people; 85%)
- The number of older adults receiving self-directed support in the form of both a direct payment and council services (17,005 people; 5%).

⁵ Health and Social Care Information Centre. *National Social Care Intelligence Service (NASCIS). Referrals, Assessments and Packages of care data (RAP), Table SD1*

Although the relationship between these categories and the more detailed information collected as part of the POET survey is not entirely straightforward, it is clear that the group of older people responding to the 2013 POET survey (as in the 2011 survey) are over-represented in terms of direct payments and under-represented in terms of council-managed personal budgets. This may be because those councils who are willing to be part of the POET evaluation process are those who are also more willing to try out innovative forms of personal budget delivery. It is also possible that people receiving council-managed personal budgets are less likely to realise that they are in receipt of a personal budget and are therefore less likely to see the POET survey as relevant to them. Therefore, throughout this report we will present all information on personal budget processes and outcomes separately by the type of personal budget people are using, as well as by social care need group.

Working age adults with physical disabilities in the 2013 POET survey most commonly held their personal budget in the form of a direct payment to them (62%), followed by a direct payment looked after by someone else (19%), a council-managed personal budget (8%) and an individual service fund (5%). Five per cent did not know if they had a personal budget and 1 per cent stated they did not have a personal budget.

Provisional national data for 2011/2012 reports that, of those working age adults with physical disabilities using direct payments/self-directed support:

- 10,400 (13%) had direct payments not as part of self-directed support
- 20,070 (25%) had self-directed support in the form of direct payments only
- 40,045 (51%) had self-directed support in the form of council services only
- 8,750 (11%) had self-directed support in the form of both a direct payment and council services.

Working age adults with mental health problems in the 2013 POET survey most commonly held their personal budget in the form of a direct payment to them (59%), followed by a direct payment looked after by someone else (21%), an individual service fund (12%), and a council-managed personal budget (4%). Two per cent did not know if they had a personal budget and 2 per cent stated they did not have a personal budget.

Provisional national data for 2011/2012 reports that, of those working age adults with mental health problems using direct payments/self-directed support:

- 3,645 (5%) had direct payments not as part of self-directed support
- 20,070 (28%) had self-directed support in the form of direct payments only
- 40,045 (55%) had self-directed support in the form of council services only
- 8,750 (12%) had self-directed support in the form of both a direct payment and council services.

Working age adults with learning disabilities in the 2013 POET survey most commonly held their personal budget in the form of a direct payment looked after by someone else (45%), followed by a direct payment to them (36%), a council-managed personal budget (10%), an individual service fund (6%). Four per cent did not know if they had a personal budget and three per cent stated they did not have a personal budget.

Provisional national data for 2011/2012 reports that, of those working age adults with learning disabilities using direct payments/self-directed support:

- 6,915 (11%) had direct payments not as part of self-directed support
- 11,470 (19%) had self-directed support in the form of direct payments only
- 35,190 (57%) had self-directed support in the form of council services only
- 7,745 (13%) had self-directed support in the form of both a direct payment and council services.

As with the data for older people, respondents to the 2013 POET survey for working age adults are under-represented in terms of council-managed personal budgets and over-represented in terms of other forms of personal budget. Therefore, as with older people, throughout this report we will present all information on personal budget processes and outcomes separately by the type of personal budget people are using, as well as by social care need group.

Comparing across social care need categories:

- Working age adults with mental health problems or physical disabilities were more likely than older people and working age people with learning disabilities to hold a personal budget in the form of a direct payment paid to them⁶
- Working age adults with learning disabilities were more likely than other groups to hold a personal budget in the form of a direct payment looked after by someone else⁷
- There was a trend for working age adults with mental health problems to be more likely than other groups to hold a personal budget in the form of an individual service fund⁸
- Older people were more likely than other groups (particularly working age people with mental health problems) to hold a council-managed personal budget ⁹
- Older people were also more likely than other groups to report that they did not have a personal budget,¹⁰ or to report that they did not know if they had a personal budget.¹¹

6 *Chi-square=73.2, df=3, p<0.001*

7 *Chi-square=92.1, df=3, p<0.001*

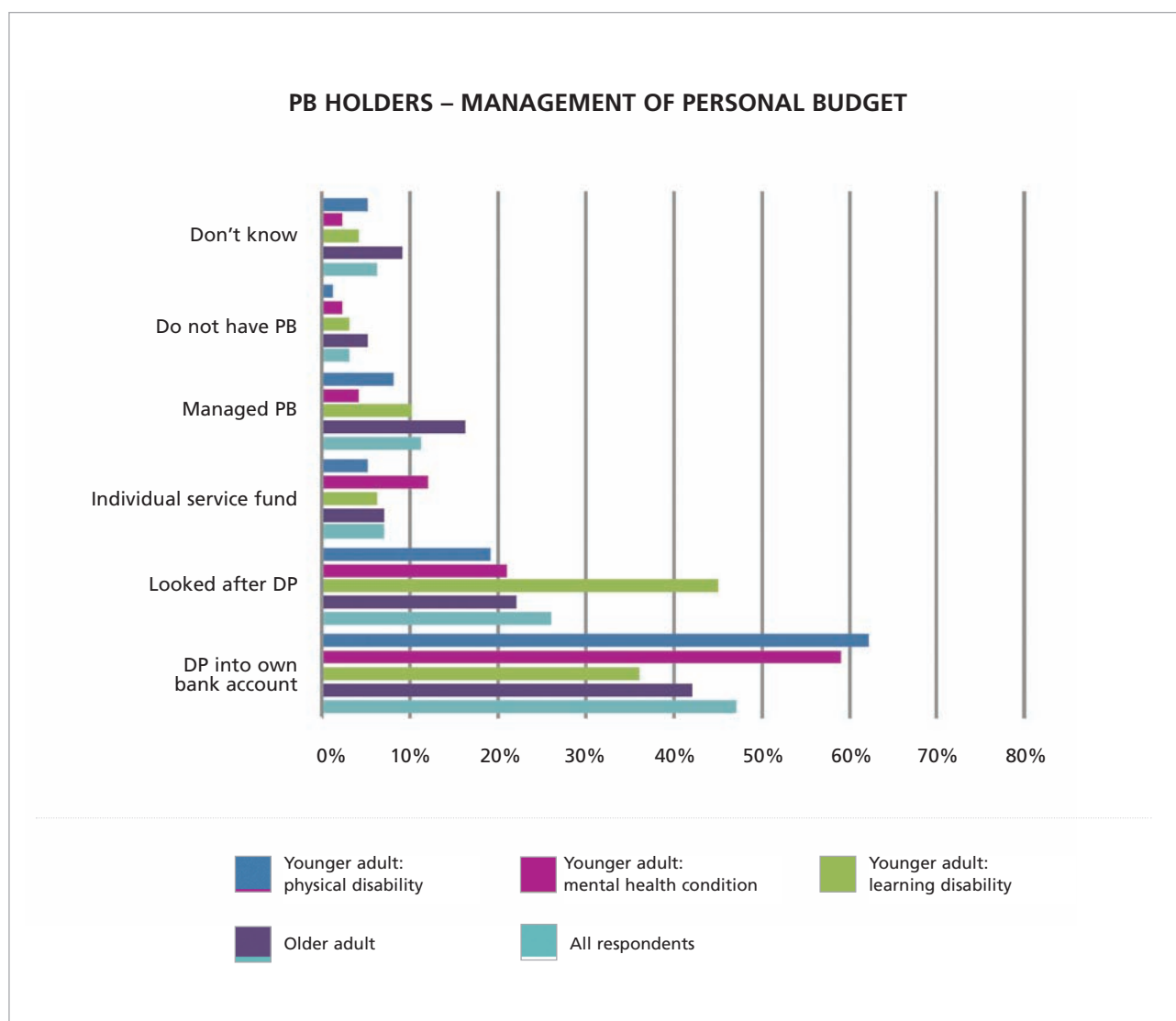
8 *Chi-square=9.4, df=3, p=0.024*

9 *Chi-square=32.7, df=3, p<0.001*

10 *Chi-square=12.5, df=3, p=0.006*

11 *Chi-square=21.6, df=3, p<0.001*

Figure 9: Management of personal budgets by social care need category

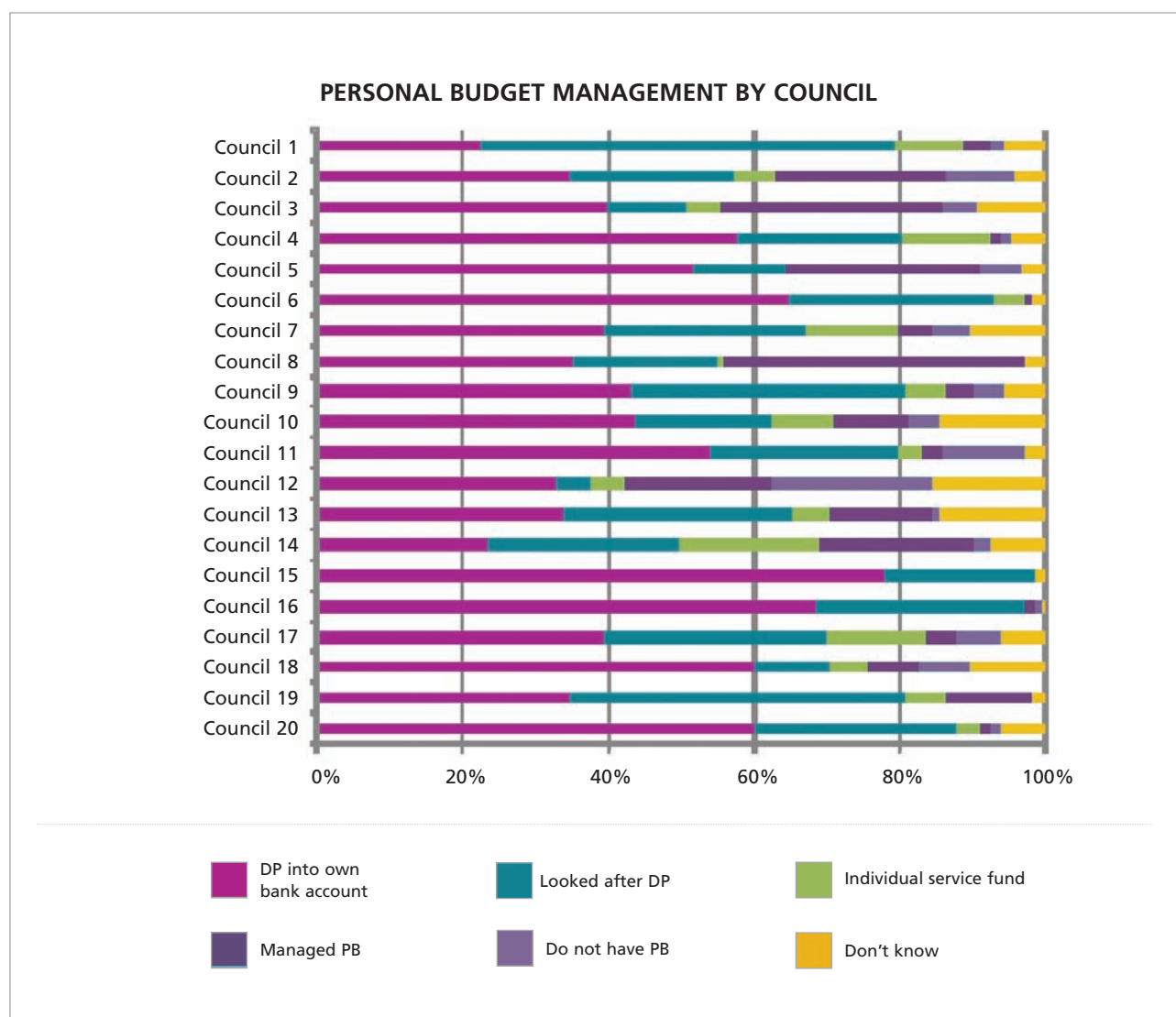


Councils varied substantially in the extent to which people used every method of managing their personal budget, including the number of people who did not know how their personal budget was managed.

In the 2013 POET survey, 20 councils reported returns from 50 or more personal budget holders. Figure 10 shows, for these 20 (anonymous) councils, the substantial variation across councils in the percentage of personal budget holders in the survey getting a direct payment paid to them, having a personal budget managed by the council, and not knowing how their personal budget was managed. There was substantial variation across councils in all types of personal budget management process, including direct payments to the person (from just over 20 per cent to almost 80 per cent of

respondents¹²), direct payments looked after by someone else (from five per cent to almost 60 per cent of respondents¹³), individual service funds (from 0 per cent to almost 20 per cent of respondents¹⁴) and council-managed personal budgets (from 0 per cent to just over 40 per cent of respondents¹⁵). There was also substantial variation across councils in the proportion of respondents who stated that they did not have a personal budget (from 0 per cent to 20 per cent¹⁶) and who did not know whether they had a personal budget or not (0 per cent to almost 20 per cent¹⁷).

Figure 10: Management of personal budgets across 20 councils with 50+ respondents



12 *Chi-square=181.3, df=19, p<0.001*

13 *Chi-square=117.0, df=19, p<0.001*

14 *Chi-square=87.7, df=19, p<0.001*

15 *Chi-square=232.4, df=19, p<0.001*

16 *Chi-square=98.0, df=19, p<0.001*

17 *Chi-square=56.0, df=19, p<0.001*

How long have people held a personal budget?

As in 2011, personal budget holders in 2013 were asked how long they had held their personal budget. Figure 11 shows the number and proportion of personal budget holders who reported holding their budget for less than one year, between one and three years, or more than three years, broken down by social care need group and, within each social care need group, by type of personal budget.

Overall, across social care need groups, working age adults with learning disabilities (31 per cent for three+ years) or physical disabilities (38 per cent for three+ years) were likely to have held their personal budget for longer than working age adults with mental health problems (17 per cent for three+ years) or older adults (19 per cent for three+ years).¹⁸

Overall, across personal budget types, people were likely to have held direct payments paid directly into their account (30 per cent for three+ years) or direct payments looked after by someone else (28 per cent for three+ years) for longer than individual service funds (17 per cent for three+ years) or council-managed personal budgets (12 per cent for three+ years).¹⁹

Within each social care need group, there were also differences in the length of time that people had held different types of personal budget:

- Older people were more likely to have held direct payments (either paid to them direct or looked after by someone else) for longer than individual service funds or council-managed personal budgets²⁰
- Working age adults with learning disabilities were more likely to have both types of direct payments or individual service funds for longer than council-managed personal budgets²¹
- There were no differences across personal budget types in the length of time working age adults with mental health problems had held their personal budget²²
- Working age adults with physical disabilities were most likely to have held direct payments paid to their bank account for longest, followed by direct payments looked after by someone else and individual service funds, with council-managed personal budgets likely to have been held for the shortest length of time.²³

18 *Chi-square=93.2, df=6, p<0.001*

19 *Chi-square=45.6, df=6, p<0.001*

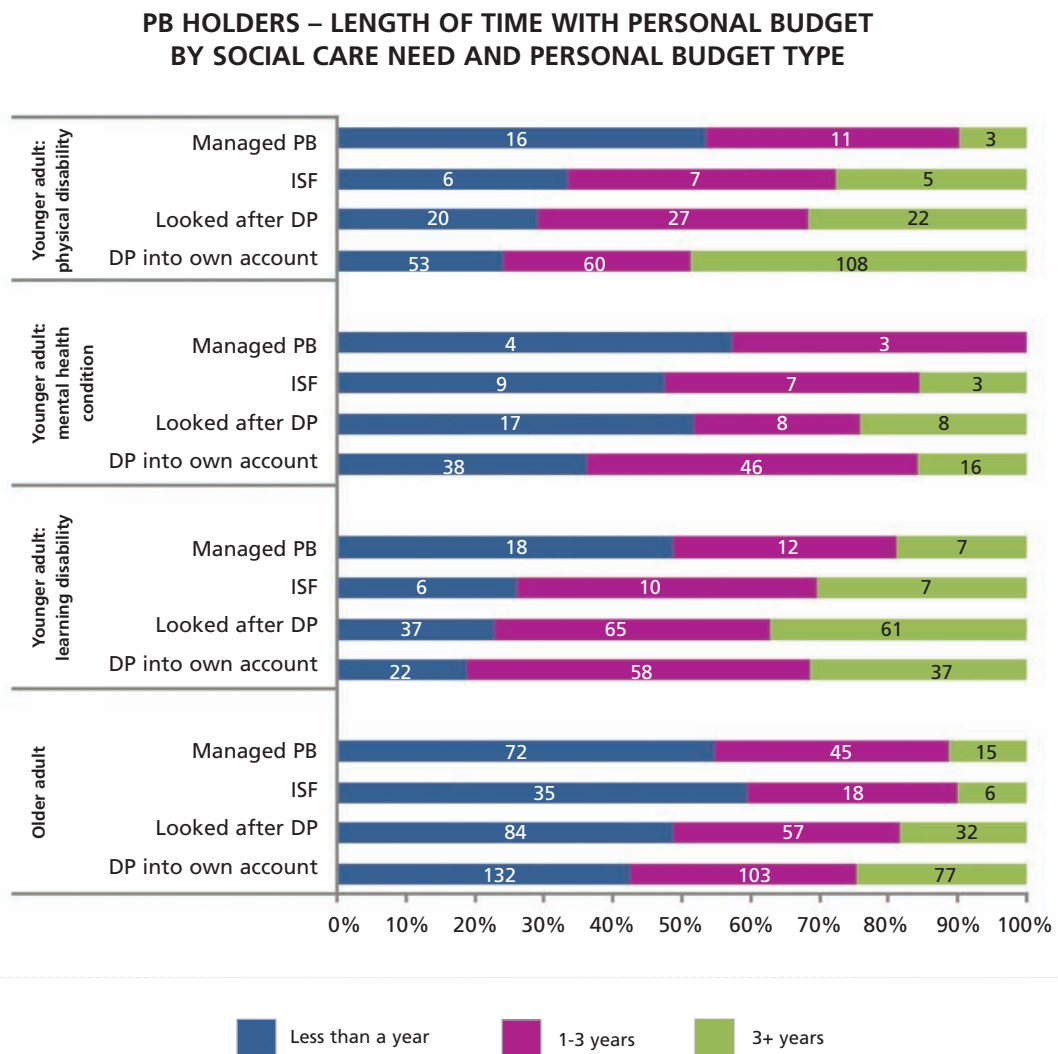
20 *Chi-square=16.7, df=6, p=0.011*

21 *Chi-square=16.5, df=6, p=0.011*

22 *Chi-square=7.9, df=6, p=0.25*

23 *Chi-square=24.1, df=6, p<0.001*

Figure 11: Length of time with personal budget by social care need and personal budget type



Did people get local authority support before their personal budget?

As in 2011, personal budget holders in 2013 were asked whether they had received social care support before getting their personal budget. Figure 12 shows the number and proportion of personal budget holders who reported having previous social care support or not, broken down by social care need group and, within each social care need group, by type of personal budget.

Overall, across social care need groups, working age adults with learning disabilities (74%) were more likely to have had previous social care support than working age adults with physical disabilities (66%) or mental health problems (61%), or older adults (61%).²⁴

Overall, across personal budget types, there were no differences in whether people had received previous social care support according to the type of personal budget they received.²⁵

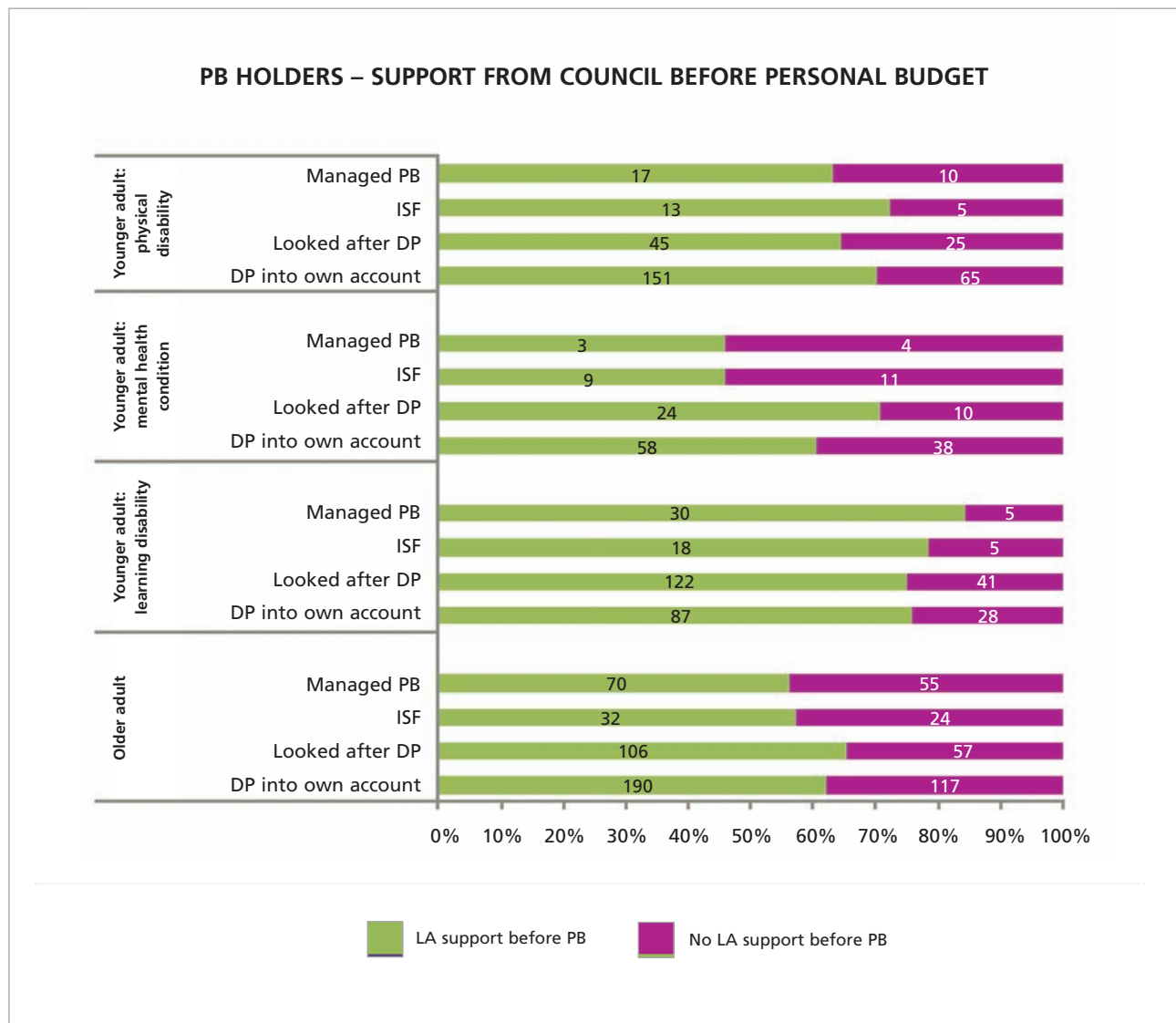
Within each social care need group, there were no differences in whether people had received previous social care support according to the type of personal budget they held.²⁶

²⁴ *Chi-square=20.2, df=3, p<0.001*

²⁵ *Chi-square=4.7, df=3, p=0.20*

²⁶ *Older people chi-square=2.9, df=3, p=0.41; People with learning disabilities chi-square=1.99, df=3, p=0.58; People with mental health problems chi-square=4.32, df=3, p=0.23; People with physical disabilities chi-square=1.26, df=3, p=0.74*

Figure 12: Social care support before the personal budget by social care need and personal budget type



The amounts of people's personal budgets

As in 2011, the 2013 POET survey asked personal budget holders whether they were told the weekly amount of their personal budget and whether they could provide an estimate of the amount. Figure 13 shows the number and proportion of personal budget holders who reported that they had been told the amount of their personal budget, broken down by social care need group and, within each social care need group, by type of personal budget.

Overall, there were no differences across social care need groups in the proportion of people who reported having been told the amount of their personal budget²⁷ (older people 72%; people with learning disabilities 70%; people with mental health problems 70%; people with physical disabilities 77%).

Overall, across personal budget types, people with council-managed personal budgets (61%) were less likely to report having been told the amount of their personal budget than people with direct payments paid to their account (78%), people with direct payments looked after by someone else (77%) or people with individual service funds (80%).²⁸ It is also worth noting that most people using any type of personal budget in the survey had been told the amount of their budget.

Within each social care need group:

- Older people and working age adults with learning disabilities with council-managed personal budgets were less likely to have been told the amount of their personal budget than older people and people with learning disabilities with other types of personal budget²⁹
- There were no differences across personal budget types in the proportion of working age adults with mental health problems or physical disabilities having been told the amount of their personal budget.³⁰

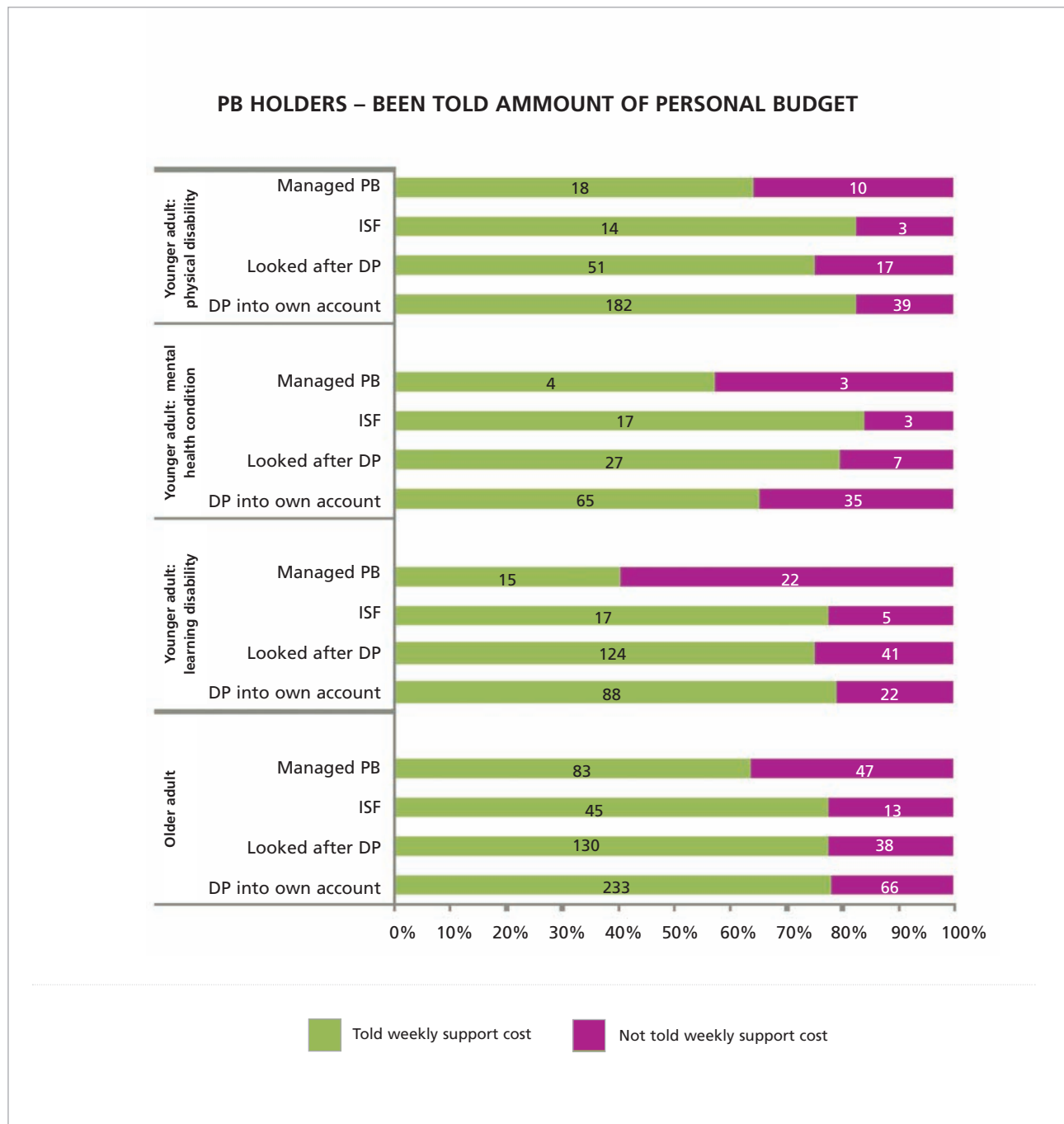
27 *Chi-square=5.7, df=3, p=0.13*

28 *Chi-square=29.8, df=3, p<0.001*

29 *Older people chi-square=10.7, df=3, p=0.013; People with learning disabilities chi-square=23.1, df=3, p<0.001*

30 *People with mental health problems chi-square=5.3, df=3, p=0.15; people with physical disabilities chi-square=6.0, df=3, p=0.11*

Figure 13: Whether personal budget holders have been told the amount of their personal budget by social care need and personal budget type



For those who could provide an estimate of the weekly cost of their personal budget, figure 14 summarises the median value of these estimates across social care need groups and types of personal budget.

Overall, across social care need groups working age adults with physical disabilities reported the highest median value for their weekly personal budget (£200 per week), followed by working age adults with learning disabilities (£170 per week), older people (£121 per week) and working age adults with mental health problems (£90 per week).³¹ Equivalent median figures reported in the 2011 POET survey were: people with physical disabilities (£188 per week); people with learning disabilities (£221 per week); older people (£133 per week); people with mental health problems (£160 per week).

Overall, across personal budget types, people with direct payments looked after by someone else reported the highest median weekly value for their personal budget (£171 per week), followed by people with individual service funds (£146 per week), people with direct payments paid to their account (£138 per week) and people with council-managed personal budgets (£120 per week).³²

Within each social care need group:

- Older people reported a higher weekly amount for direct payments looked after by someone else compared to other types of personal budget³³
- There were no differences across personal budget types in the weekly amount of personal budget reported by working age adults with learning disabilities or mental health problems³⁴
- People with physical disabilities reported a lower weekly amount for council-managed personal budgets compared to other types of personal budget.³⁵

31 *Kruskal-Wallis chi-square=59.7, df=3, p<0.001*

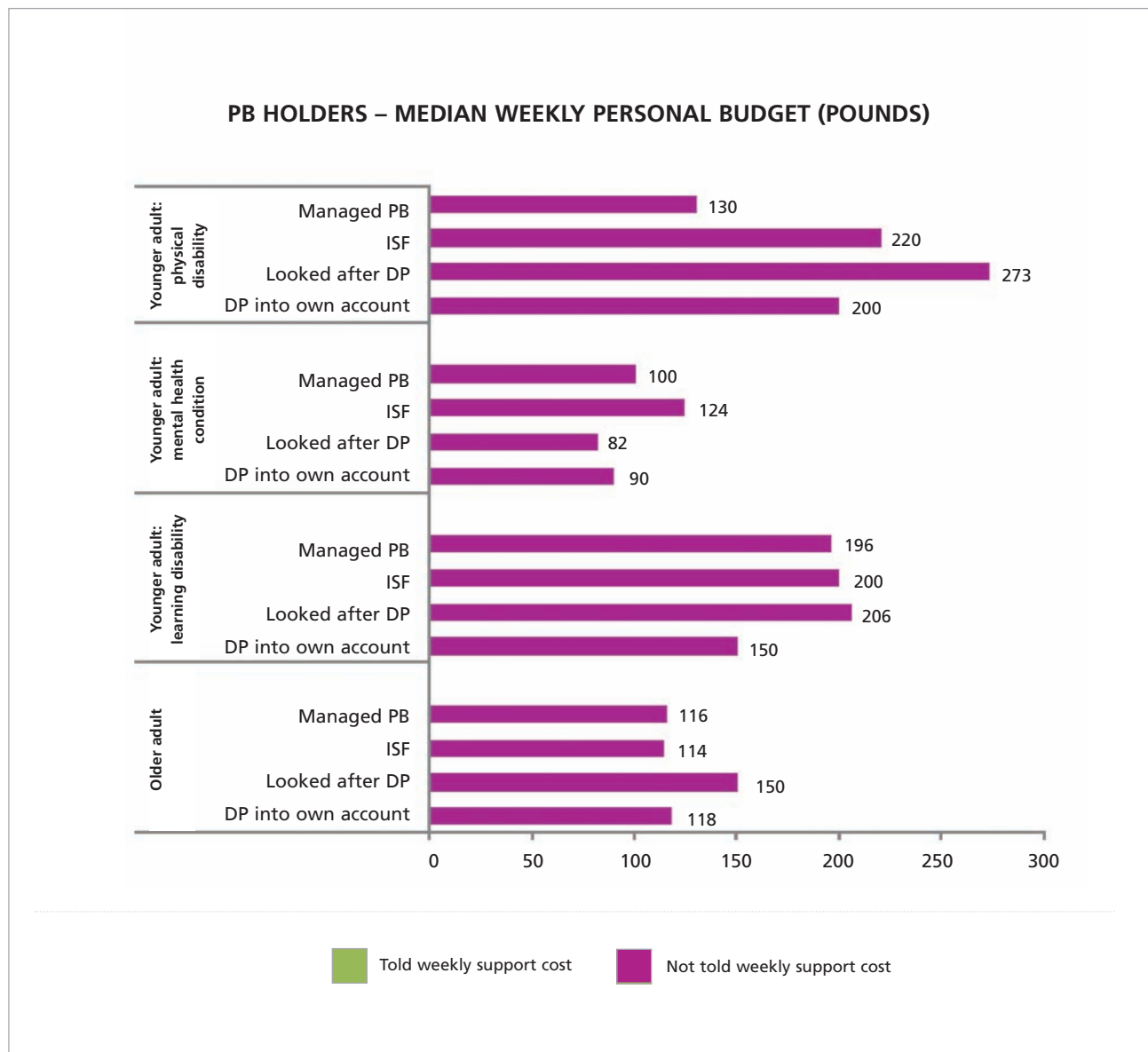
32 *Kruskal-Wallis chi-square=15.1, df=3, p=0.002*

33 *Kruskal-Wallis chi-square=9.3, df=3, p=0.026*

34 *People with learning disabilities Kruskal-Wallis chi-square=4.4, df=3, p=0.22; people with mental health problems Kruskal-Wallis chi-square=1.5, df=3, p=0.67*

35 *Kruskal-Wallis chi-square=10.0, df=3, p=0.019*

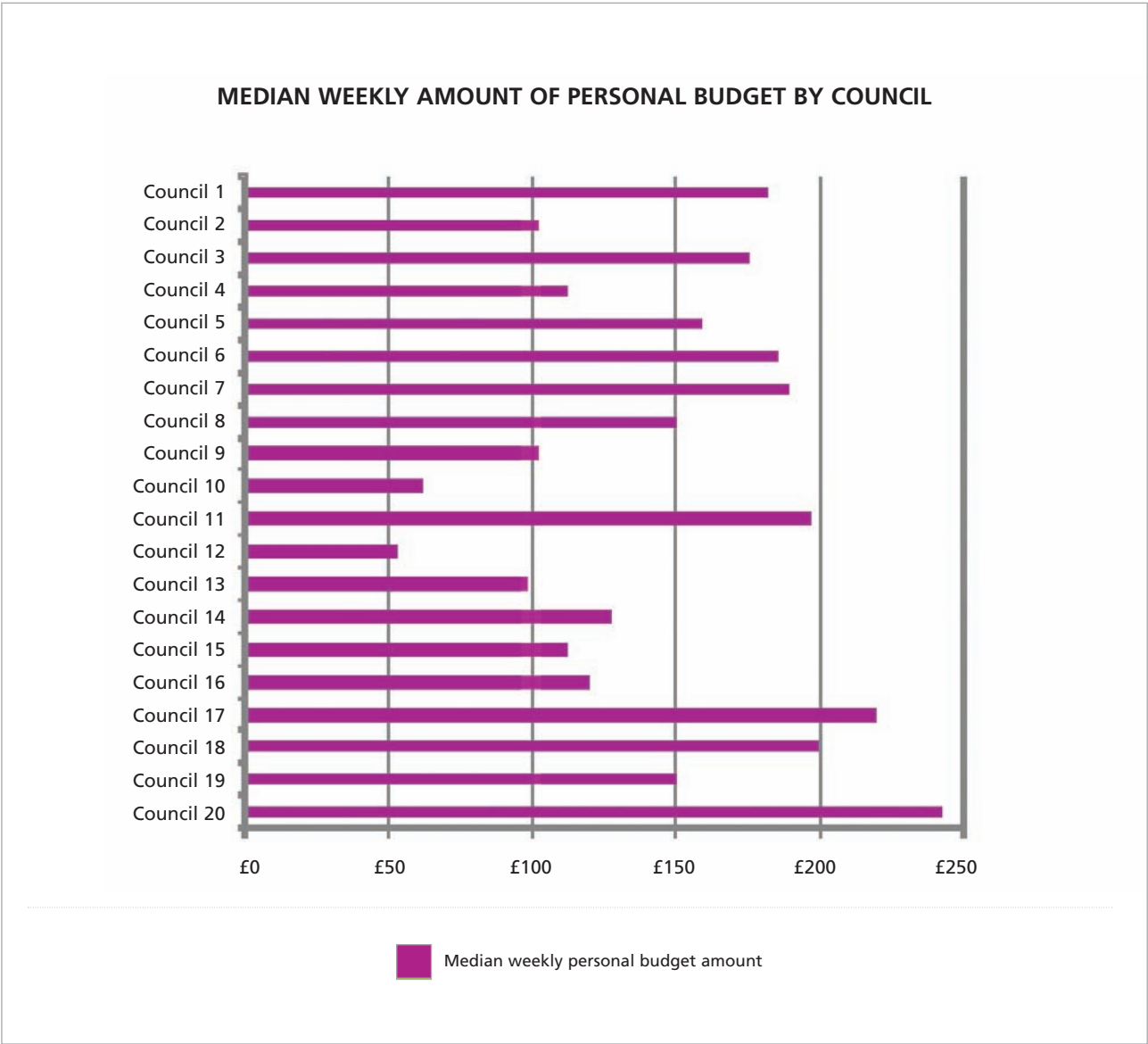
Figure 14: Median weekly amount of personal budget in pounds by social care need and personal budget type



Again, there was substantial variation across councils in the weekly cost of personal budgets, with median weekly amounts varying from £53 per week to £243 per week (see figure 15).³⁶

³⁶ Kruskal-Wallis chi-square=74.4, df=19, p<0.001

Figure 15: Median weekly amount of personal budgets across 20 councils with 50 or more respondents



Support for planning the use of personal budgets

As in 2011, the 2013 POET survey asked a range of questions about how people were supported when planning their personal budget, who supported them, and whether their views were included in the personal budget support plan.

Figure 16 firstly shows that overall the vast majority of personal budget holders across all social care need groups had received help to plan how to use their personal budget (older people 78%; people with learning disabilities 90%; people with mental health problems 88% and people with physical disabilities 86%). Overall, older people were less likely to report getting help to plan their personal budgets than people in other social care groups.³⁷

Overall, across personal budget types, people with council-managed personal budgets (92%) or direct payments looked after by someone else (90%) were most likely to report receiving help to plan their personal budget, followed by people with individual service funds (87%) and people with direct payments paid into their bank accounts (83%).³⁸

Figure 16 also shows how many people used various sources of support in planning their personal budget. Across social care need groups:

- People with learning disabilities (58%) were more likely to get support from family and friends than other groups (older people 28%; people with physical disabilities 28% and people with mental health problems 19%)³⁹
- People with mental health problems (24%) were more likely to get support from someone in the NHS than other groups (people with learning disabilities 8%; people with physical disabilities 8% and older people 6%)⁴⁰
- There was a trend that people with physical disabilities (48%) or learning disabilities (43%) were more likely to get support from someone working for the council than older people (40%) or people with mental health problems (39%)⁴¹
- People with mental health problems (21%) were more likely to get support from someone independent of the council or NHS than people with physical disabilities (12%), people with learning disabilities (11%) and older people (5%).⁴²

There were also differences in the sources of support for personal budget planning across personal budget types:

- People were more likely to get support from family and friends if they had a direct payment looked after by someone else than other types of personal budget⁴³

37 *Chi-square=32.7, df=3, p<0.001*

38 *Chi-square=21.6, df=3, p<0.001*

39 *Chi-square=139.5, df=3, p<0.001*

40 *Chi-square=59.8, df=3, p<0.001*

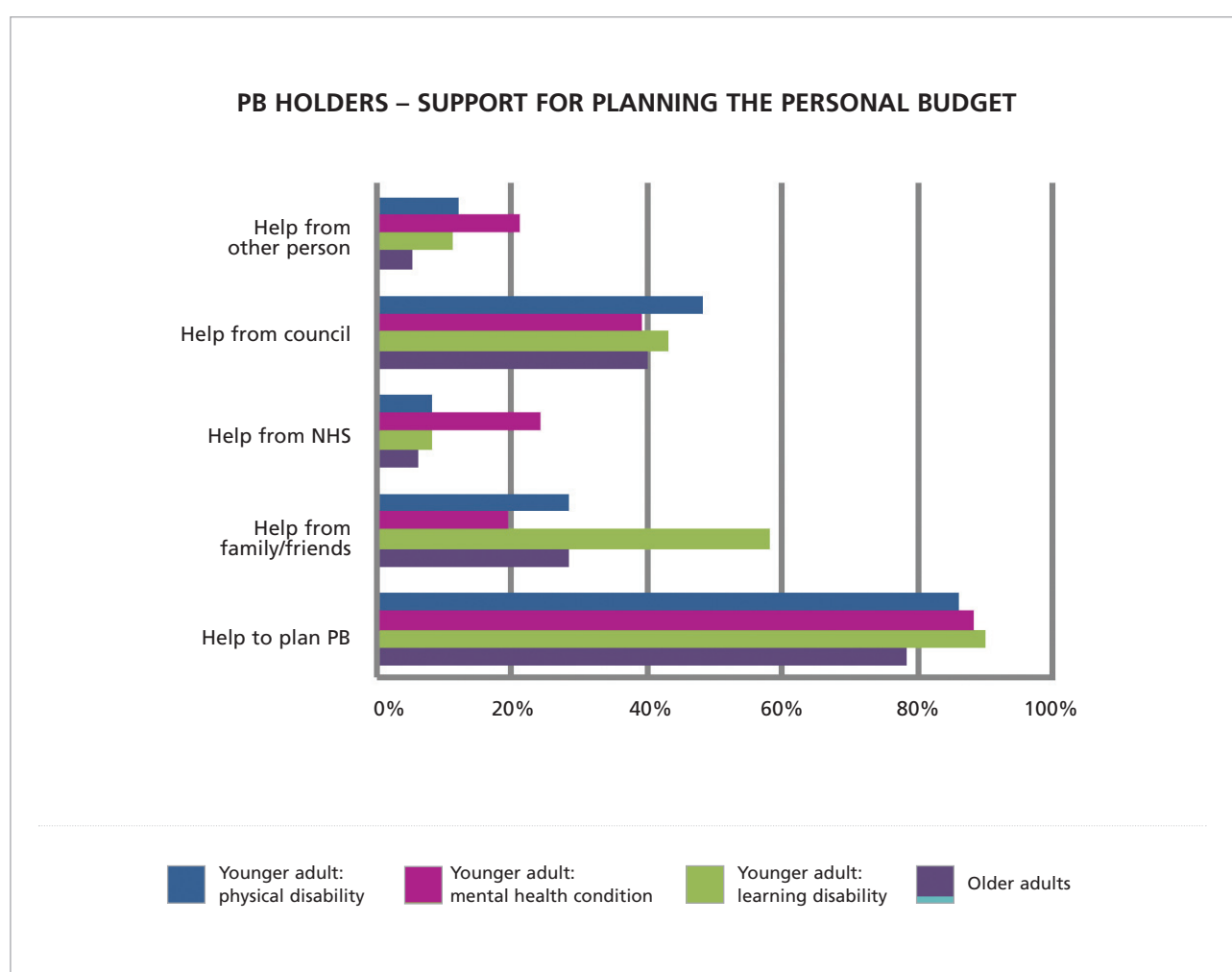
41 *Chi-square=8.8, df=3, p=0.032*

42 *Chi-square=49.3, df=3, p<0.001*

43 *Chi-square=96.3, df=3, p<0.001*

- There was no difference across personal budget types in the proportions of people getting support from someone in the NHS⁴⁴
- People were most likely to report getting support for planning from the council if they had a council-managed personal budget, followed by direct payments paid to the person's account or looked after by someone else. People using individual service funds were the least likely to get planning support from the council⁴⁵
- People using individual service funds were more likely to report getting planning support from someone independent of the council or NHS than people using other types of personal budget.⁴⁶

Figure 16: Support for planning personal budgets by social care need



⁴⁴ *Chi-square=1.2, df=3, p=0.75*

⁴⁵ *Chi-square=15.2, df=3, p=0.002*

⁴⁶ *Chi-square=13.8, df=3, p=0.003*

The largest differences in planning support were found across the 20 councils with 50 or more respondents, including help from family and friends (from 0 per cent to 65 per cent of people across councils⁴⁷), help from someone in the NHS (from 0 per cent to 24 per cent of people across councils⁴⁸), help from the council (0 per cent to 89 per cent of people across councils⁴⁹) and help from someone independent of the council/NHS (from 0 per cent to 21 per cent of people across councils⁵⁰).

Finally, the POET survey asked respondents whether their views were included in their support plan. As figure 17 shows, a large majority of people in all social care groups reported that their views were very much or mostly included in their support plan (older people 85%; people with learning disabilities 85%; people with mental health problems 81% and people with physical disabilities 87%), with no differences across social care need groups.⁵¹

There were also no differences in whether people felt their views were included in their support plan according to the type of personal budget they held (direct payment to person's account 88%; direct payment looked after by someone else 85%; individual service fund 87% and council-managed personal budget 90%).⁵²

47 *Chi-square=289.8, df=19, p<0.001*

48 *Chi-square=95.9, df=19, p<0.001*

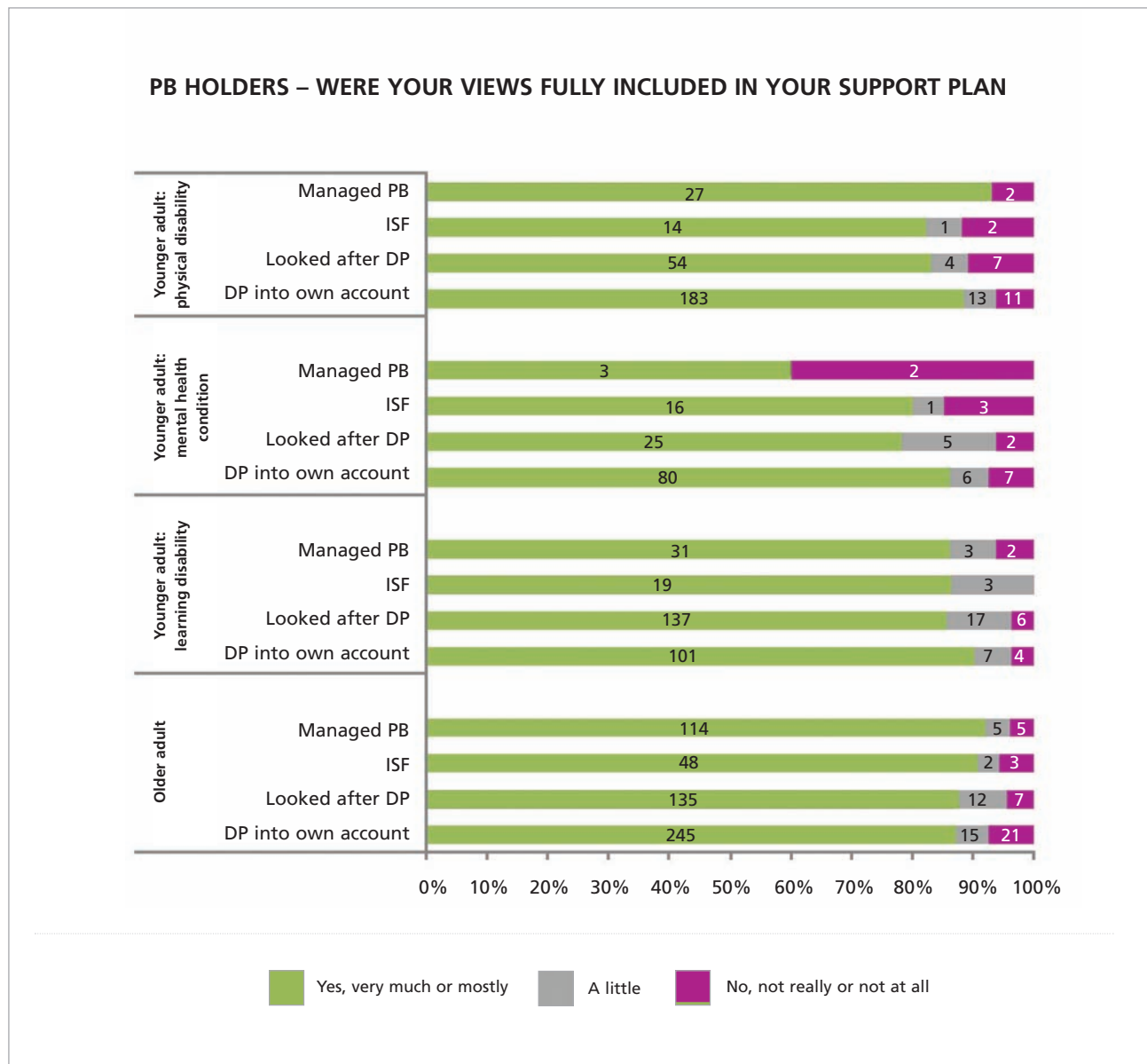
49 *Chi-square=479.5, df=19, p<0.001*

50 *Chi-square=132.1, df=19, p<0.001*

51 *Chi-square=8.8, df=3, p=0.18*

52 *Chi-square=8.3, df=6, p=0.22*

Figure 17: Personal budget holders taken into account in support plan, by social care need and personal budget type



The role of the council in supporting personal budget holders

As in the 2011 POET survey, the 2013 POET survey asked several questions of personal budget holders about whether the council was helpful or not throughout the personal budgets process.

Figure 18 presents information on whether different social care need groups reported that the council had made nine aspects of the personal budget process very easy/easy, not easy or difficult, or difficult/very difficult.

In terms of the council making it easy for a person to complain, there were no differences across social care need groups (older people: 51% easy, 19% difficult; people with learning disabilities: 47% easy, 21% difficult; people with mental health problems: 48% easy, 23% difficult and people with physical disabilities: 45% easy, 23% difficult).⁵³

There were also no differences according to personal budget type.⁵⁴ There were, however, substantial variations across councils (from 35 per cent to 64 per cent saying the council made this easy).⁵⁵

In terms of the council making it easy for a person to choose their services, there were no differences across social care need groups (older people: 46% easy, 18% difficult; people with learning disabilities: 40% easy, 23% difficult; people with mental health problems: 42% easy, 20% difficult and people with physical disabilities: easy 41%, difficult 21%).⁵⁶

There were also no differences according to personal budget type.⁵⁷ There was, however, a trend towards variations across councils (from 32 per cent to 64 per cent saying the council made this easy).⁵⁸

In terms of the council making it easy for the person to change their support, there was a trend for older people (46%) and people with mental health problems (44%) to say the council made this easy compared to people with learning disabilities (41%) and people with physical disabilities (41%). People with learning disabilities (25%) or physical disabilities (26%) were more likely to say that the council made this difficult compared to older people (18%) and people with mental health problems (22%).⁵⁹

There were no differences across personal budget type in terms of the council making it easy for the person to change their support.⁶⁰ However, there were substantial variations across the 20 councils with 50 or more respondents (from 31 per cent to 68 per cent saying the council made this easy).⁶¹

53 *Chi-square*=4.7, *df*=6, *p*=0.58

54 *Chi-square*=7.6, *df*=6, *p*=0.27

55 *Chi-square*=65.3, *df*=38, *p*=0.004

56 *Chi-square*=6.2, *df*=6, *p*=0.40

57 *Chi-square*=5.0, *df*=6, *p*=0.55

58 *Chi-square*=60.9, *n*=38, *p*=0.011

59 *Chi-square*=13.6, *df*=6, *p*=0.034

60 *Chi-square*=9.2, *df*=6, *p*=0.16

61 *Chi-square*=76.3, *df*=38, *p*<0.001

In terms of the council making it easy for the person to get the support they want, there were no differences across social care need groups (older people: 60% easy, 15% difficult; people with learning disabilities: 55% easy, 19% difficult; people with mental health problems: 57% easy, 24% difficult and people with physical disabilities: 54% easy, 20% difficult).⁶²

There were also no differences according to personal budget type.⁶³ There were, however, substantial variations across the 20 councils with 50 or more respondents (from 43 per cent to 82 per cent saying the council made this easy).⁶⁴

In terms of the council making it easy for the person to plan and manage their support, there were no differences across social care need groups (older people: 62% easy, 13% difficult; people with learning disabilities: 58% easy, 14% difficult; people with mental health problems: 57% easy, 16% difficult and people with physical disabilities: 60% easy, 16% difficult).⁶⁵

There were also no differences according to personal budget type.⁶⁶ There were, however, substantial variations across the 20 councils with 50 or more respondents (from 43 per cent to 80 per cent saying the council made this easy).⁶⁷

In terms of the council making it easy for the person to be in control of how their personal budget is spent, there was a trend for people with physical disabilities to be more likely to say the council made this easy (64%) compared to older people (60%), people with learning disabilities (57%) and people with mental health problems (56%). People with mental health problems were more likely to say the council made this difficult (21%) compared to people with learning disabilities (18%), people with physical disabilities (17%) and older people (13%).⁶⁸

There were also differences across types of personal budget. People with direct payments paid to their account (67%) were more likely to say that the council made it easy for them to be in control of how their budget was spent compared to people with direct payments looked after by someone else (59%), people with council-managed personal budgets (58%) and people with individual service funds (51%).⁶⁹ Finally there were substantial variations across the 20 councils with 50 or more respondents (from 46 per cent to 74 per cent reporting the council made this easy).⁷⁰

In terms of the council making it easy to help the person work out how to spend their personal budget, there were no differences across social care need groups (older people: 58% easy, 16% difficult; people with learning disabilities: 52% easy, 22% difficult; people with mental health problems: 52% easy, 22% difficult and people with physical disabilities: 55% easy, 23% difficult).⁷¹

62 *Chi-square=10.9, df=6, p=0.09*

63 *Chi-square=5.3, df=6, p=0.51*

64 *Chi-square=73.0, df=38, p=0.001*

65 *Chi-square=5.5, df=6, p=0.49*

66 *Chi-square=10.1, df=6, p=0.12*

67 *Chi-square=81.2, df=38, p<0.001*

68 *Chi-square=13.9, df=6, p=0.031*

69 *Chi-square=21.0, df=6, p=0.002*

70 *Chi-square=72.0, df=38, p=0.001*

71 *Chi-square=12.2, df=6, p=0.057*

There were also no differences across types of personal budget.⁷² There was, however, substantial variation across the 20 councils with 50 or more respondents (from 46 per cent to 74 per cent reporting the council made this easy).⁷³

In terms of the council making it easy to assess the person's needs, there was a trend for older people to be more likely to say the council made this easy (59%), compared to other social care need groups (people with learning disabilities 51%; people with mental health problems 49%; people with physical disabilities 51%). People with mental health problems (20%) or physical disabilities (20%) were more likely to say the council made this difficult compared to older people (14%) and people with learning disabilities (15%).⁷⁴

There was no difference across types of personal budget in whether people reported the council making it easy to assess the person's needs.⁷⁵ There was, however, a trend for variation across the 20 councils with 50 or more respondents (from 43 per cent to 71 per cent reporting the council made it easy).⁷⁶

In terms of the council making it easy to get information or advice, there was a trend for older people to be more likely to say the council made this easy (60%) compared to other social care need groups (people with learning disabilities 53%; people with mental health problems 51% and people with physical disabilities 54%). People with mental health problems were more likely to say the council made this difficult (22%) compared to other groups (older people 13%; people with learning disabilities 16% and people with physical disabilities 18%).⁷⁷

There was no difference across types of personal budget in whether people reported the council making it easy to get information or advice.⁷⁸ There was, however, substantial variation across the 20 councils with 50 or more respondents (from 34 per cent to 73 per cent of people reporting the council made it easy).⁷⁹

Figure 18: Council support for various aspects of the personal budget process by social care need (opposite)

72 *Chi-square*=5.8, *df*=6, *p*=0.45

73 *Chi-square*=72.0, *df*=38, *p*=0.001

74 *Chi-square*=16.3, *df*=6, *p*=0.012

75 *Chi-square*=6.1, *df*=6, *p*=0.41

76 *Chi-square*=55.2, *df*=38, *p*=0.035

77 *Chi-square*=13.6, *df*=6, *p*=0.035

78 *Chi-square*=10.1, *df*=6, *p*=0.12

79 *Chi-square*=98.4, *df*=38, *p*<0.001

PB HOLDERS – HOW EASY OR DIFFICULT HAS THE COUNCIL MADE IT TO DO THESE THINGS?



Have personal budgets made a difference to people's lives?

As in 2011, the 2013 POET survey asked personal budget holders whether their personal budgets had made a difference to various aspects of their lives, and if so whether this difference has been positive or negative. Because we had more people responding to the survey in 2013 compared to 2011, for each outcome measure we can show the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to each of the 14 aspects of people's lives we asked about. This was broken down by social care need group and, within each social care need group, by type of personal budget. For some people with particular social care needs using particular types of personal budget, the numbers are small, but it does provide a detailed picture of outcomes by both social care need group and type of personal budget.

Physical health

Figure 19 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to their physical health.

Figure 19 shows firstly that overall a majority of personal budget holders across all social care need groups reported that their personal budgets had made a positive difference to their physical health. Secondly it shows that a small minority reported that personal budgets made their physical health worse, with no differences across social care need groups:⁸⁰

- Older people: 63.8% better/much better; 31.2% no difference; 4.9% worse/much worse
- People with learning disabilities: 55.1% better/much better; 39.9% no difference; 5.9% worse/much worse
- People with mental health problems: 63.3% better/much better; 30.8% no difference; 5.9% worse/much worse
- People with physical disabilities: 59.4% better/much better; 35.5% no difference; 5.0% worse/much worse.

These figures are broadly similar to those reported in 2011, where 59 per cent of all respondents reported a positive impact.

Overall, a majority of personal budget holders holding every type of personal budget also reported their personal budget making a positive difference to their physical health, with no differences across personal budget types:⁸¹

- Direct payment to person: 64.6% better/much better; 31.2% no difference; 4.2% worse/much worse
- Direct payment looked after by someone else: 60.6% better/much better; 36.0% no difference; 3.3% worse/much worse

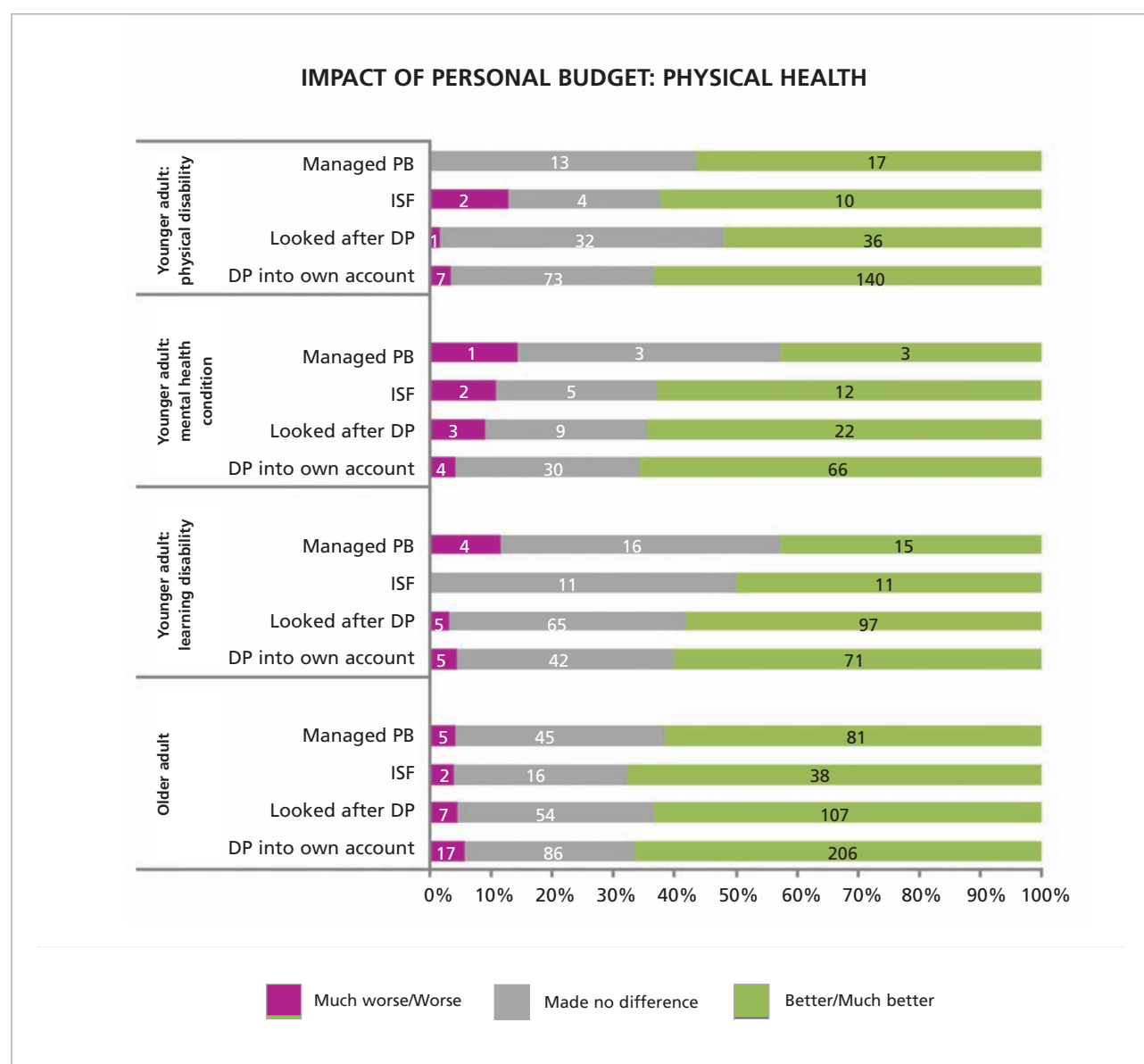
⁸⁰ *Chi-square=10.4, df=6, p=0.11*

⁸¹ *Chi-square=5.9, df=6, p=0.43*

- Individual service fund: 61.3% better/much better; 33.6% no difference; 5.0% worse/much worse
- Council-managed personal budget: 58.1% better/much better; 37.4% no difference; 4.5% worse/much worse.

There were, however, big variations across the 20 councils with 50 or more respondents in the proportion of people reporting that their personal budget had either a positive impact (from 36.3 per cent to 81.7 per cent) or a negative impact (from 1.7 per cent to 8.9 per cent) on their physical health.⁸²

Figure 19: Reported impact of personal budgets on physical health, by social care need and personal budget type



⁸² Chi-square=83.5, df=38, p<0.001

Mental wellbeing

Figure 20 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to their mental wellbeing.

Figure 20 shows firstly that overall a majority of personal budget holders across all social care need groups reported that their personal budgets had made a positive difference to their mental wellbeing. Secondly, it shows that a small minority reported that personal budgets made their mental wellbeing worse:

- Older people: 59.1% better/much better; 36.1% no difference; 4.8% worse/much worse
- People with learning disabilities: 61.6% better/much better; 32.1% no difference; 6.3% worse/much worse
- People with mental health problems: 71.0% better/much better; 18.9% no difference; 10.1% worse/much worse
- People with physical disabilities: 67.7% better/much better; 26.4% no difference; 5.9% worse/much worse.

These figures are broadly similar to those reported in 2011 (63 per cent of all respondents reporting a positive impact).

There were differences across social care groups, with older people least likely to report that their personal budget made a positive difference to their mental wellbeing. People with mental health problems were the most likely to report that their personal budget made both a positive and a negative difference to their mental wellbeing.⁸³

Figure 20 also shows that a majority of personal budget holders holding every type of personal budget also reported their personal budget making a positive difference to their mental wellbeing:

- Direct payment to person: 68.4% better/much better; 26.3% no difference; 5.3% worse/much worse
- Direct payment looked after by someone else: 66.6% better/much better; 28.8% no difference; 5.0% worse/much worse
- Individual service fund: 60.0% better/much better; 32.5% no difference; 7.5% worse/much worse
- Council-managed personal budget: 52.7% better/much better; 42.8% no difference; 4.5% worse/much worse.

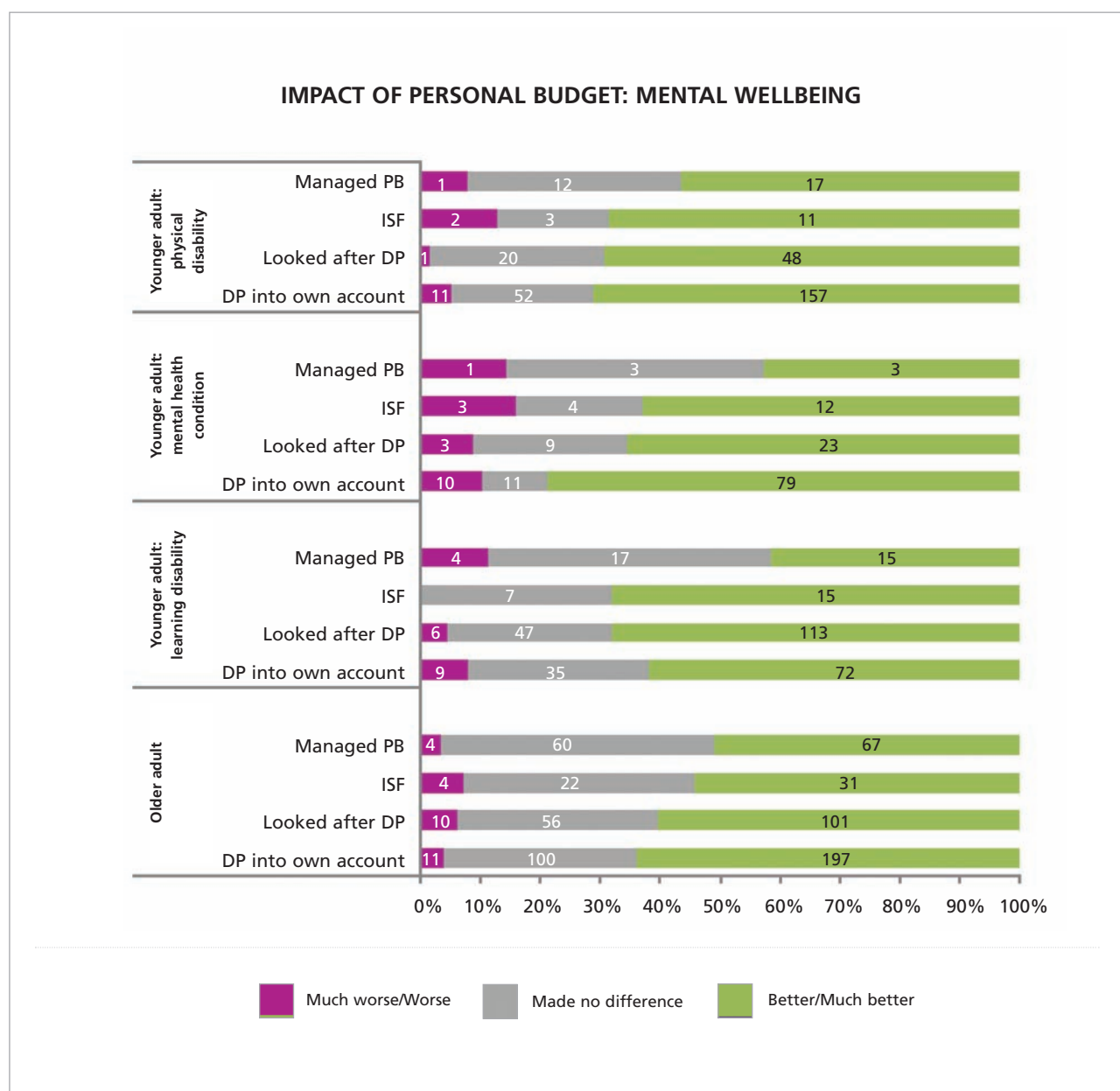
There were differences across personal budget types, with council-managed personal budget holders least likely to report that their personal budget had a positive impact on their mental wellbeing and most likely to report that it made no difference.⁸⁴

⁸³ *Chi-square=28.4, df=6, p<0.001*

⁸⁴ *Chi-square=25.2, df=6, p<0.001*

Finally, there was a trend for variations across councils in the proportion of people reporting that their personal budget had either a positive impact (from 49.5 per cent to 73.5 per cent) or a negative impact (from 0 per cent to 12.3 per cent) on their mental wellbeing.⁸⁵

Figure 20: Reported impact of personal budgets on mental wellbeing, by social care need and personal budget type



⁸⁵ Chi-square=54.2, df=38, p=0.043

Control over life

Figure 21 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to the control they have over the important things in life.

Figure 21 shows firstly that overall a majority of personal budget holders across all social care need groups reported that their personal budgets had made a positive difference to their control over the important things in life. Secondly, it shows that a small minority reported personal budgets making this worse:

- Older people: 58.4% better/much better; 36.8% no difference; 4.8% worse/much worse
- People with learning disabilities: 63.6% better/much better; 32.4% no difference; 4.0% worse/much worse
- People with mental health problems: 63.9% better/much better; 32.0% no difference; 4.1% worse/much worse
- People with physical disabilities: 71.5% better/much better; 22.9% no difference; 5.6% worse/much worse.

These figures are generally slightly less positive than those reported in 2011, where 68 per cent of all respondents reported a positive impact.

There were differences across social care groups, with people with physical disabilities most likely and older people least likely to report that their personal budget made a positive difference to control over their life.⁸⁶

Figure 21 also shows that a majority of personal budget holders holding every type of personal budget also reported that their personal budget made a positive difference to their control over the important things in life:

- Direct payment to person: 71.1% better/much better; 25.4% no difference; 3.5% worse/much worse
- Direct payment looked after by someone else: 63.8% better/much better; 33.2% no difference; 3.0% worse/much worse
- Individual service fund: 55.5% better/much better; 39.5% no difference; 5.0% worse/much worse
- Council-managed personal budget: 51.8% better/much better; 42.7% no difference; 5.5% worse/much worse.

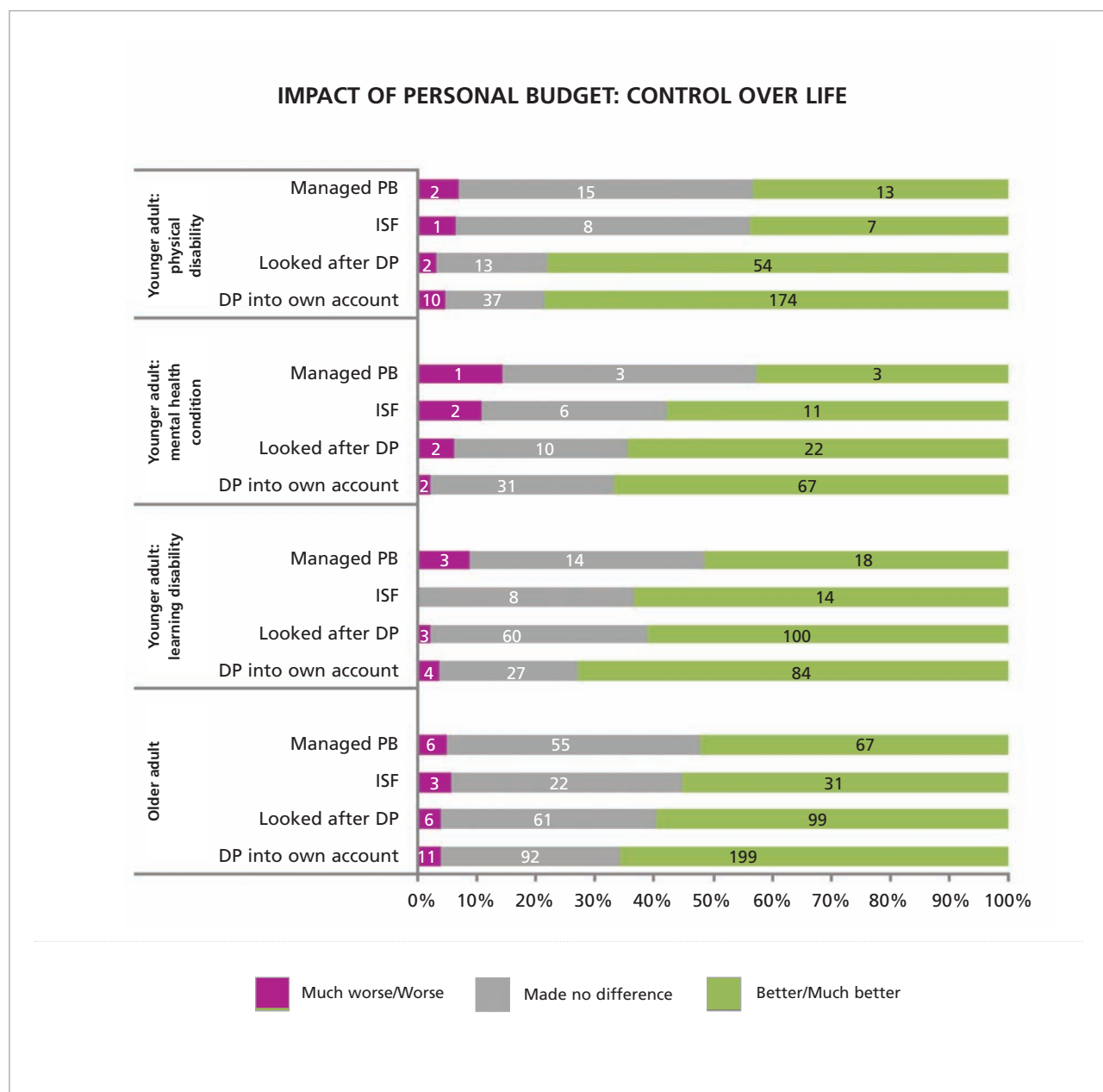
There were differences across personal budget types, with holders of direct payments paid to the person most likely to report that their personal budget had a positive impact on control over their lives, followed by direct payments looked after by someone else, then individual service funds and council-managed personal budgets.⁸⁷

⁸⁶ *Chi-square=23.3, df=6, p=0.001*

⁸⁷ *Chi-square=37.2, df=6, p<0.001*

Finally, there was a significant difference across councils in the proportion of people reporting that their personal budget had either a positive impact (from 49.0 per cent to 76.9 per cent) or a negative impact (from 0 per cent to 9.4 per cent) on their control over their lives.⁸⁸

Figure 21: Reported impact of personal budgets on control over life, by social care need and personal budget type



⁸⁸ Chi-square=48.6, df=38, p=0.12

Being as independent as you want to be

Figure 22 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to them being as independent as they wanted to be.

Figure 22 shows firstly that overall a majority of personal budget holders across all social care need groups reported that their personal budgets had made a positive difference to being as independent as they wanted to be. Secondly it shows that a small minority reported that personal budgets made this worse:

- Older people: 69.1% better/much better; 26.1% no difference; 4.7% worse/much worse
- People with learning disabilities: 68.7% better/much better; 27.1% no difference; 4.2% worse/much worse
- People with mental health problems: 70.6% better/much better; 24.7% no difference; 4.7% worse/much worse
- People with physical disabilities: 76.1% better/much better; 18.8% no difference; 5.1% worse/much worse.

These figures are generally slightly less positive than those reported in 2011, where 75 per cent of all respondents reported a positive impact.

There were no significant differences across social care groups in the proportion of people who reported that personal budgets made a difference to them being as independent as they wanted to be.⁸⁹

Figure 22 also shows that a majority of personal budget holders holding every type of personal budget also reported that their personal budget made a positive difference to their independence:

- Direct payment to person: 76.8% better/much better; 19.9% no difference; 3.3% worse/much worse
- Direct payment looked after by someone else: 70.7% better/much better; 25.5% no difference; 3.8% worse/much worse
- Individual service fund: 72.0% better/much better; 23.7% no difference; 4.2% worse/much worse
- Council-managed personal budget: 61.6% better/much better; 33.3% no difference; 5.0% worse/much worse.

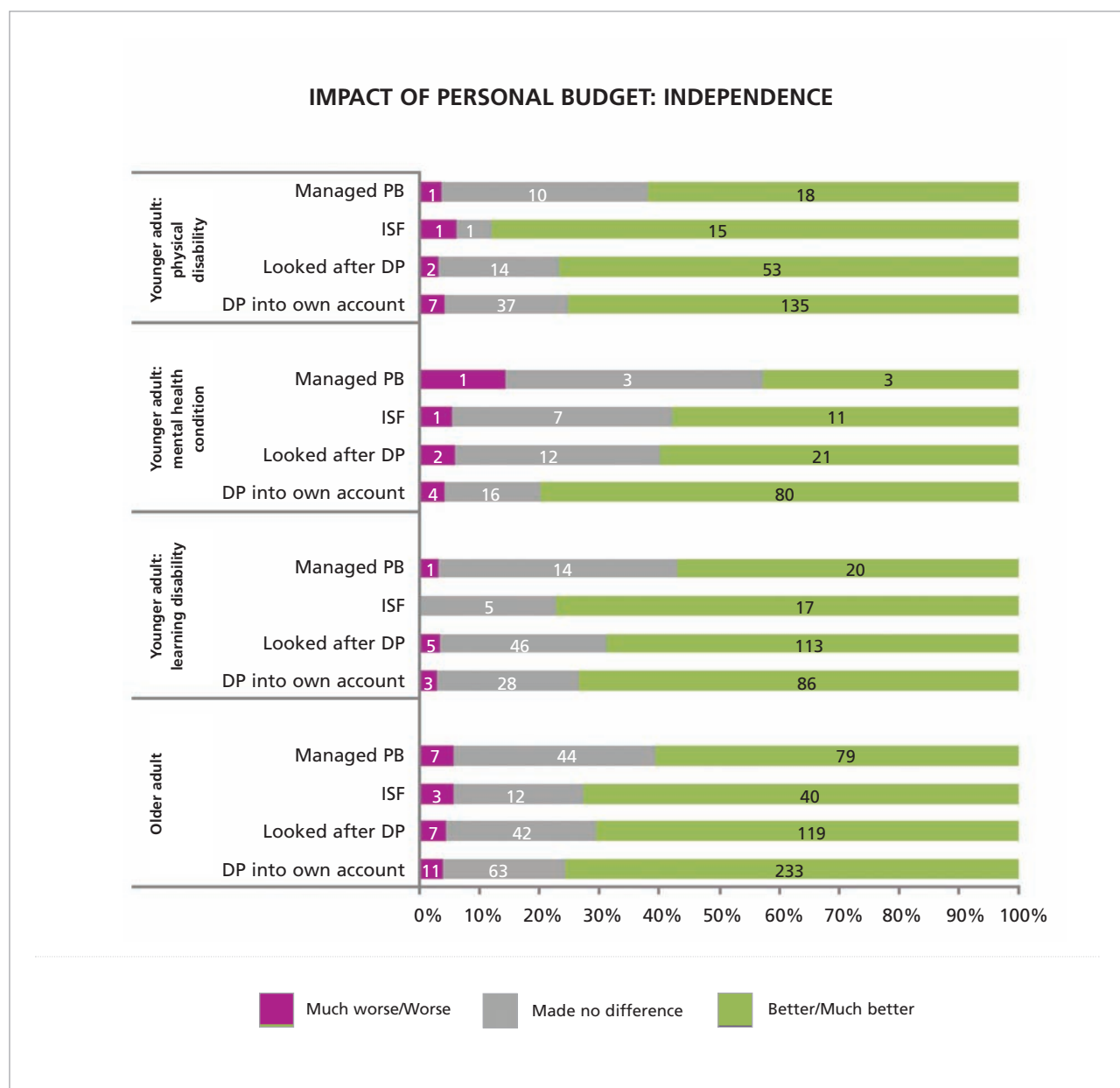
There were differences across personal budget types, with holders of direct payments paid to the person most likely to report that their personal budget had a positive impact on their independence, followed by direct payments looked after by someone else and individual service funds, then council-managed personal budgets.⁹⁰

⁸⁹ *Chi-square=9.2, df=6, p=0.17*

⁹⁰ *Chi-square=22.0, df=6, p=0.001*

Finally, there were variations across councils in the proportion of people who reported that their personal budget had either a positive impact (from 61.5 per cent to 84.6 per cent) or a negative impact (from 0 per cent to 12.7 per cent) on them being as independent as they wanted to be.⁹¹

Figure 22: Reported impact of personal budgets on independence, by social care need and personal budget type



⁹¹ Chi-square=48.6, df=38, p=0.12

Control over support

Figure 23 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to the control they had over their support.

Figure 23 shows firstly that overall a majority of personal budget holders across all social care need groups reported that their personal budgets had made a positive difference to the control they had over their support. Secondly it shows that a small minority reported that personal budgets made this worse:

- Older people: 64.6% better/much better; 30.0% no difference; 5.4% worse/much worse
- People with learning disabilities: 67.6% better/much better; 28.1% no difference; 4.3% worse/much worse
- People with mental health problems: 72.8% better/much better; 18.3% no difference; 8.9% worse/much worse
- People with physical disabilities: 75.5% better/much better; 19.1% no difference; 5.4% worse/much worse.

These figures are broadly similar to those reported in 2011, where 72 per cent of all respondents reported a positive impact.

There were differences across social care need groups, with people with physical disabilities and people with mental health problems more likely to report a positive impact than older people and people with learning disabilities. People with mental health problems were also more likely to report a negative impact than other social care need groups.⁹²

Figure 23 also shows that a majority of personal budget holders holding every type of personal budget also reported that their personal budget made a positive difference to their control over their support:

- Direct payment to person: 76.8% better/much better; 19.2% no difference; 4.0% worse/much worse
- Direct payment looked after by someone else: 71.2% better/much better; 25.4% no difference; 3.4% worse/much worse
- Individual service fund: 68.1% better/much better; 25.0% no difference; 6.9% worse/much worse
- Council-managed personal budget: 56.0% better/much better; 38.4% no difference; 5.6% worse/much worse.

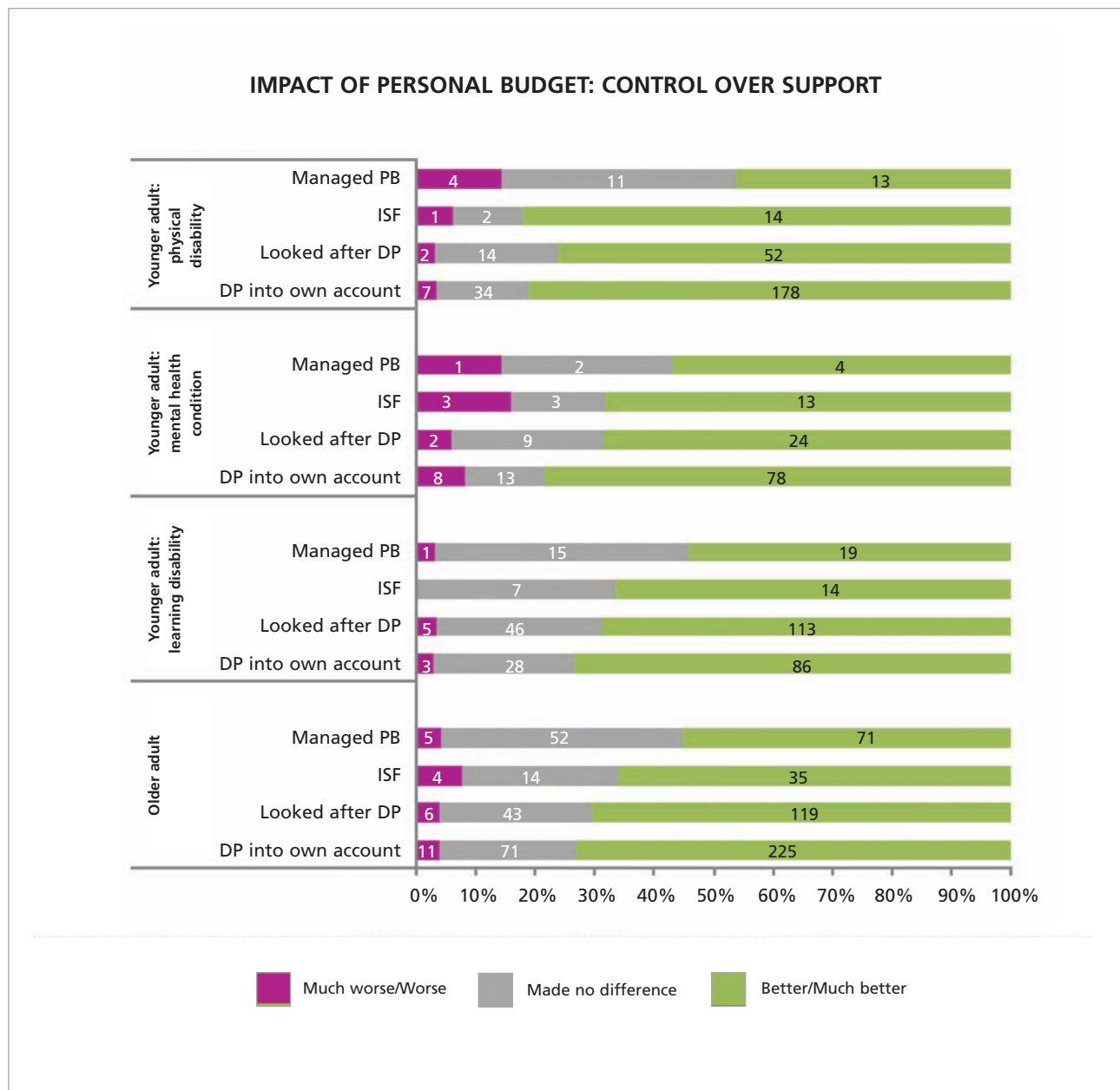
There were differences across personal budget types, with holders of direct payments paid to the person most likely to report that their personal budget had a positive impact on their control over their support, followed by direct payments looked after by someone else, individual service funds, then some way down, council-managed personal budgets.⁹³

⁹² *Chi-square=25.4, df=6, p<0.001*

⁹³ *Chi-square=41.9, df=6, p<0.001*

Finally, there were variations across councils in the proportion of people who reported that their personal budget had either a positive impact (from 56.4 per cent to 78.8 per cent) or a negative impact (from 0 per cent to 12.5 per cent) on them having control over their support.⁹⁴

Figure 23: Reported impact of personal budgets on the person having control over their support, by social care need and personal budget type



⁹⁴ Chi-square=65.1, df=38, p=0.004

Getting the support you need

Figure 24 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to getting the support they needed.

Figure 24 shows firstly that overall a majority of personal budget holders across all social care need groups reported that their personal budgets had made a positive difference to getting the support they needed. Secondly it shows that a small minority reported that personal budgets made this worse:

- Older people: 69.2% better/much better; 25.3% no difference; 5.5% worse/much worse
- People with learning disabilities: 74.2% better/much better; 21.8% no difference; 4.0% worse/much worse
- People with mental health problems: 65.9% better/much better; 25.7% no difference; 8.4% worse/much worse
- People with physical disabilities: 73.4% better/much better; 20.3% no difference; 6.2% worse/much worse.

These figures are broadly similar to those reported in 2011, where 72 per cent of all respondents reported a positive impact.

There was no statistically significant difference across social care need groups.⁹⁵

Figure 24 also shows that a majority of personal budget holders holding every type of personal budget also reported that their personal budget made a positive difference to getting the support they needed:

- Direct payment to person: 75.8% better/much better; 19.8% no difference; 4.4% worse/much worse
- Direct payment looked after by someone else: 73.1% better/much better; 23.1% no difference; 3.8% worse/much worse
- Individual service fund: 70.7% better/much better; 22.4% no difference; 6.9% worse/much worse
- Council-managed personal budget: 61.9% better/much better; 33.0% no difference; 5.0% worse/much worse.

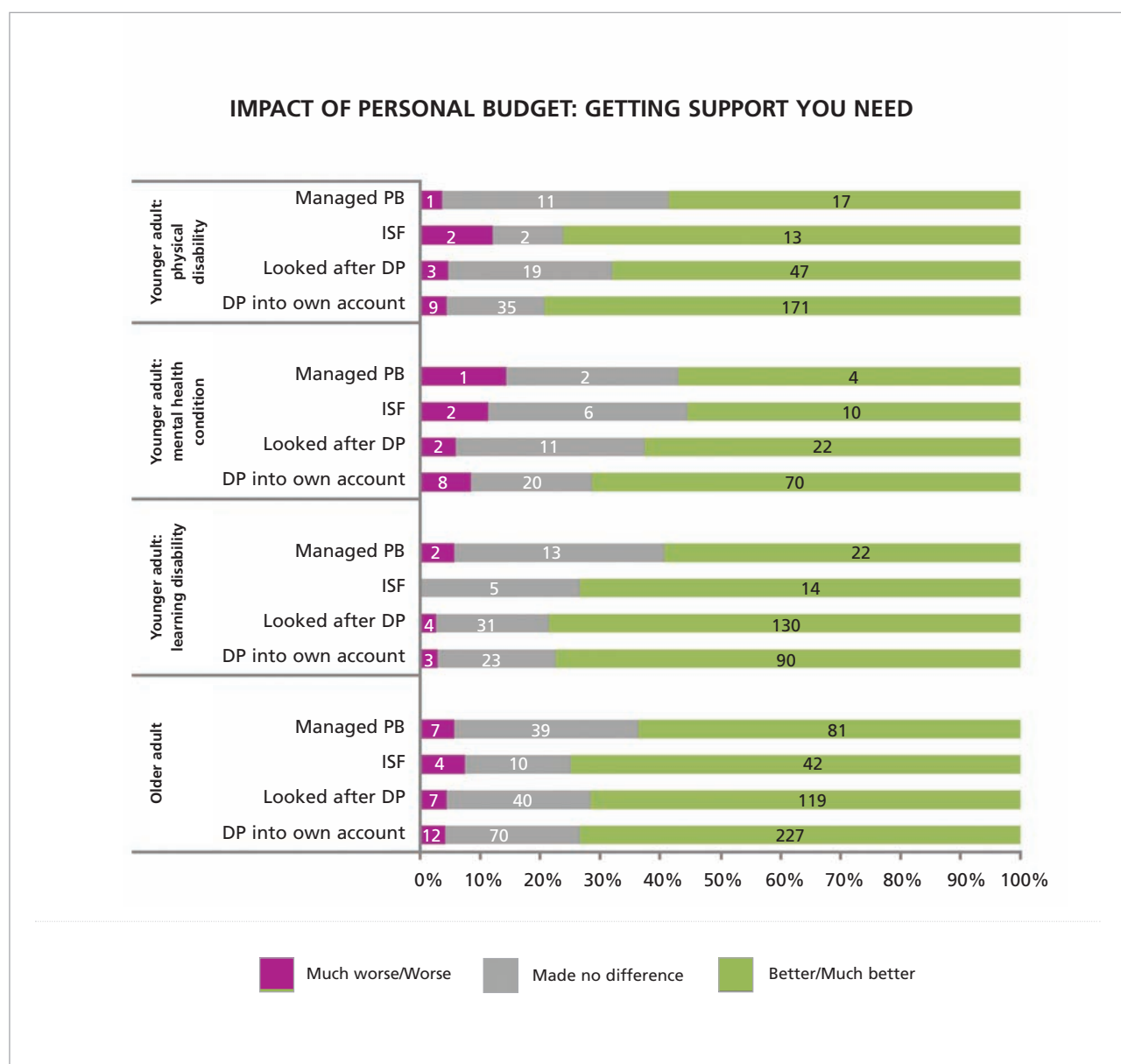
There were differences across personal budget types, with holders of council-managed personal budgets least likely to report that their personal budget had a positive impact on getting the support they needed compared to holders of other types of personal budget.⁹⁶

⁹⁵ *Chi-square=9.6, df=6, p=0.14*

⁹⁶ *Chi-square=20.3, df=6, p=0.002*

Finally, there was a trend for significant variations across councils in the proportion of people who reported that their personal budget had either a positive impact (from 53.8 per cent to 83.7 per cent) or a negative impact (from 1.5 per cent to 10.2 per cent on them getting the support they needed).⁹⁷

Figure 24: Reported impact of personal budgets on the person getting the support they need, by social care need and personal budget type



⁹⁷ Chi-square=55.3, df=38, p=0.034

Being supported with dignity

Figure 25 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to being supported with dignity.

Figure 25 shows firstly that overall a majority of personal budget holders across all social care need groups reported that their personal budgets had made a positive difference to being supported with dignity. Secondly it shows that a small minority reported that personal budgets made this worse:

- Older people: 75.7% better/much better; 21.3% no difference; 3.0% worse/much worse
- People with learning disabilities: 75.1% better/much better; 21.2% no difference; 3.7% worse/much worse
- People with mental health problems: 74.3% better/much better; 19.2% no difference; 6.6% worse/much worse
- People with physical disabilities: 74.9% better/much better; 21.4% no difference; 3.8% worse/much worse.

These figures are broadly similar to those reported in 2011, where 76 per cent of all respondents reported a positive impact.

There was no statistically significant difference across social care need groups.⁹⁸

Figure 25 also shows that a majority of personal budget holders holding every type of personal budget also reported that their personal budget made a positive difference to being supported with dignity:

- Direct payment to person: 79.6% better/much better; 17.9% no difference; 2.5% worse/much worse
- Direct payment looked after by someone else: 78.4% better/much better; 18.9% no difference; 2.7% worse/much worse
- Individual service fund: 73.9% better/much better; 21.8% no difference; 4.2% worse/much worse
- Council-managed personal budget: 65.3% better/much better; 30.6% no difference; 4.1% worse/much worse.

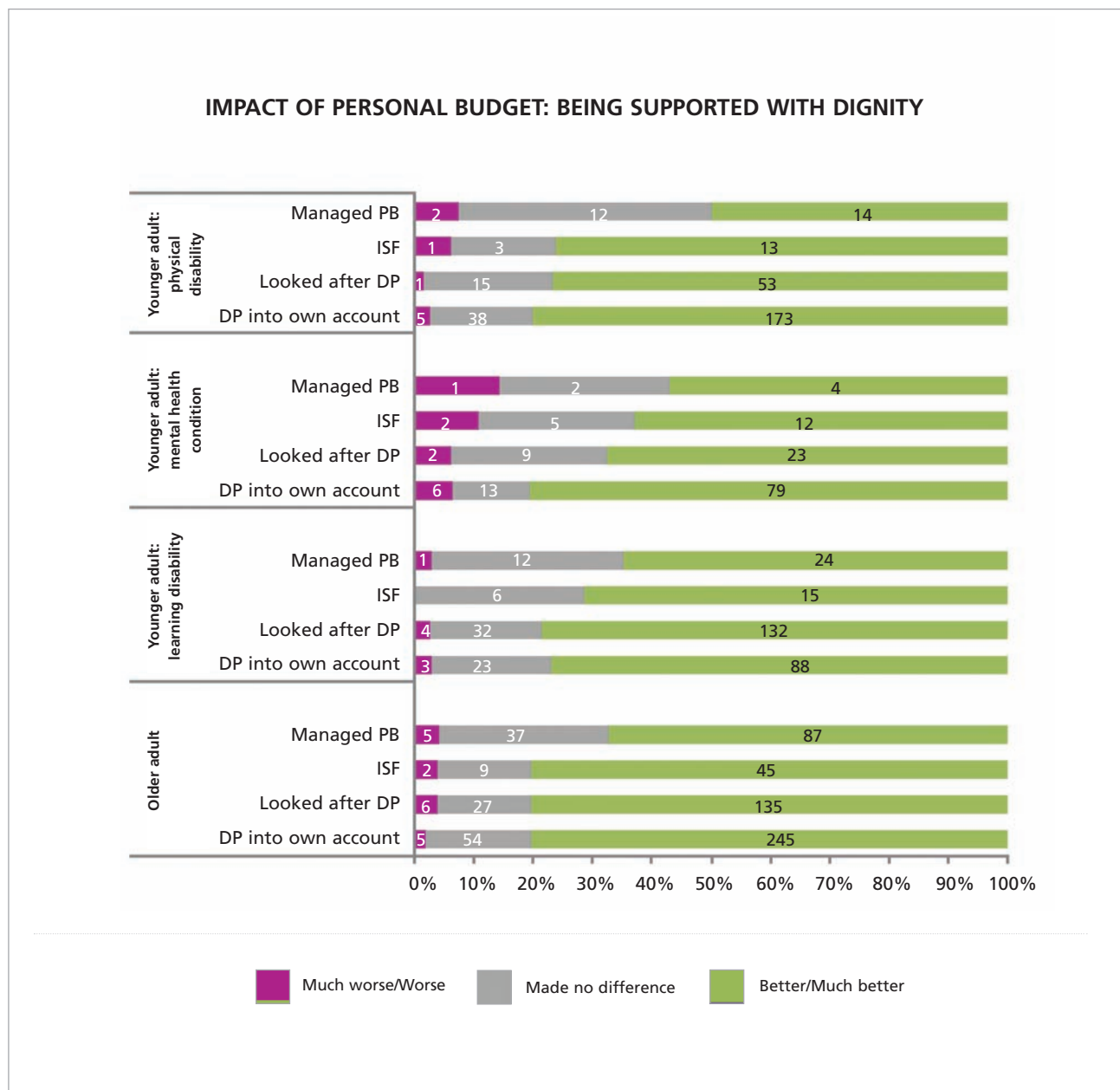
There were differences across personal budget types, with holders of council-managed personal budgets least likely to report that their personal budget had a positive impact on being supported with dignity compared to holders of other types of personal budget.⁹⁹

⁹⁸ *Chi-square=5.4, df=6, p=0.50*

⁹⁹ *Chi-square=21.8, df=6, p=0.001*

Finally, there were variations across councils in the proportion of people who reported that their personal budget had either a positive impact (from 65.0 per cent to 87.5 per cent) or a negative impact (from 0 per cent to 8.5 per cent) on them being supported with dignity.¹⁰⁰

Figure 25: Reported impact of personal budgets on the person being supported with dignity, by social care need and personal budget type



¹⁰⁰ Chi-square=70.4, df=38, p=0.001

Feeling safe in and outside the home

Figure 26 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to them feeling safe both in and outside their home.

Figure 26 shows firstly that overall a majority of personal budget holders across all social care need groups reported that their personal budgets had made a positive difference to them feeling safe in and outside the home. Secondly it shows that a small minority reported that personal budgets made this worse:

- Older people: 53.4% better/much better; 44.1% no difference; 2.5% worse/much worse
- People with learning disabilities: 57.5% better/much better; 40.1% no difference; 2.4% worse/much worse
- People with mental health problems: 65.3% better/much better; 31.1% no difference; 3.6% worse/much worse
- People with physical disabilities: 57.1% better/much better; 40.7% no difference; 2.1% worse/much worse.

These figures are broadly similar to those reported in 2011, where 57 per cent of all respondents reported a positive impact.

There was no statistically significant difference across social care need groups.¹⁰¹

Figure 26 also shows that a majority of personal budget holders holding direct payments paid to the person, direct payments looked after by someone else and individual service funds also reported that their personal budget made a positive difference to feeling safe. A majority of council-managed personal budget holders reported that their personal budget made no difference to them feeling safe:

- Direct payment to person: 58.2% better/much better; 39.8% no difference; 2.0% worse/much worse
- Direct payment looked after by someone else: 63.2% better/much better; 35.3% no difference; 1.5% worse/much worse
- Individual service fund: 53.8% better/much better; 43.7% no difference; 2.5% worse/much worse
- Council-managed personal budget: 44.5% better/much better; 52.8% no difference; 2.8% worse/much worse.

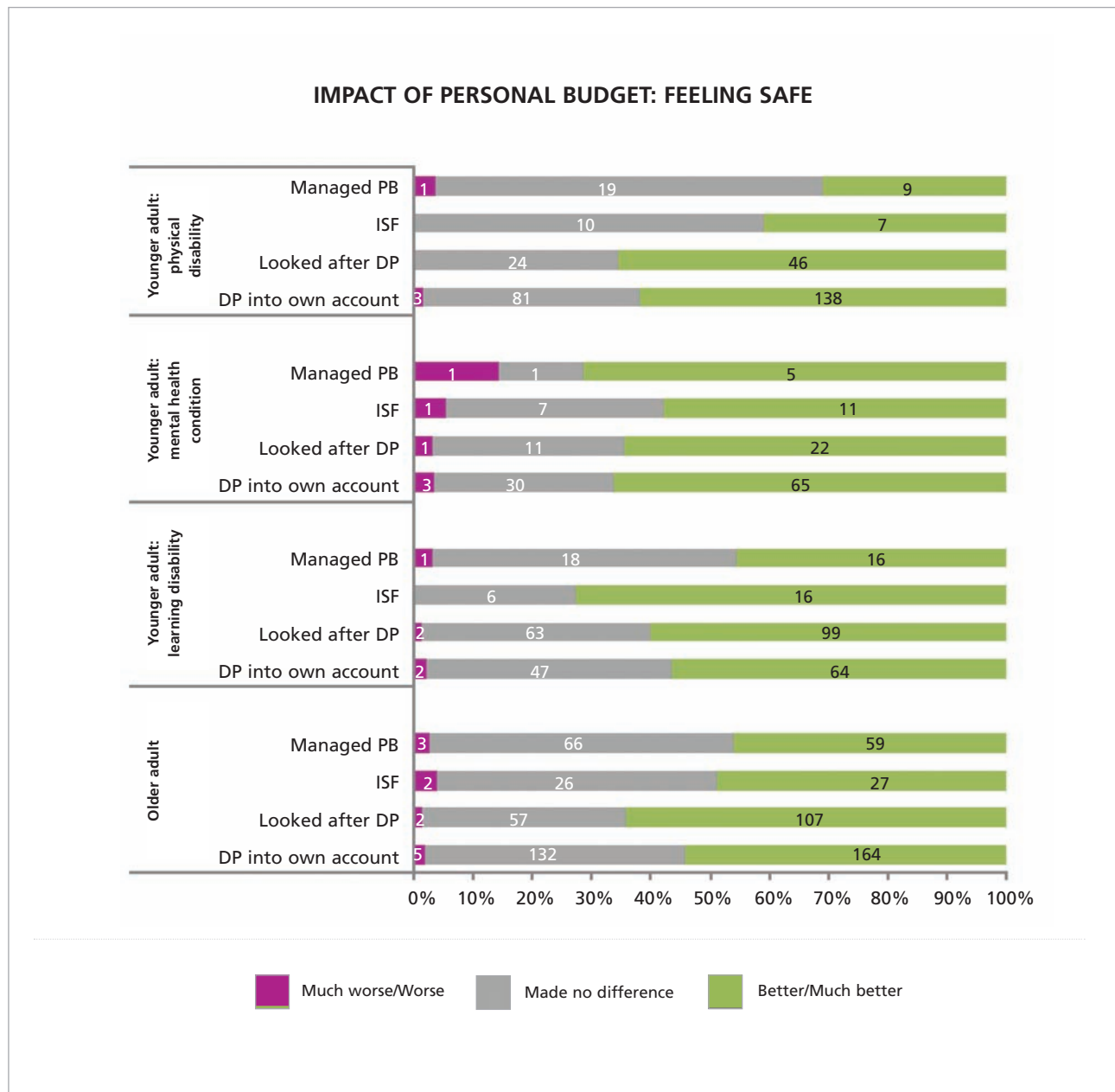
There were differences across personal budget types, with holders of direct payments looked after by someone else most likely to report having a positive impact on feeling safe compared to holders of direct payments to their account, individual service funds and lastly council-managed personal budgets.¹⁰²

¹⁰¹ *Chi-square=10.5, df=6, p=0.11*

¹⁰² *Chi-square=22.6, df=6, p=0.001*

Finally, there were variations across councils in the proportion of people who reported that their personal budget had either a positive impact (from 41.0 per cent to 72.9 per cent) or a negative impact (from 0 per cent to 7.1 per cent) on them feeling safe.¹⁰³

Figure 26: Reported impact of personal budgets on the person feeling safe in and outside the home, by social care need and personal budget type



103 Chi-square=64.7, df=38, p=0.004

Choosing where to live and who to live with

Figure 27 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to their choice of where to live and who to live with.

Figure 27 shows firstly that overall a majority of personal budget holders across all social care need groups reported that their personal budgets had made no difference to them choosing where they lived and who they lived with, with approximately one third of people reporting a positive impact. Secondly it shows a small minority reporting that personal budgets made this worse:

- Older people: 36.5% better/much better; 60.5% no difference; 3.0% worse/much worse
- People with learning disabilities: 36.9% better/much better; 59.1% no difference; 4.1% worse/much worse
- People with mental health problems: 33.5% better/much better; 65.9% no difference; 0.6% worse/much worse
- People with physical disabilities: 35.1% better/much better; 61.6% no difference; 3.2% worse/much worse.

These figures are broadly similar to those reported in 2011, where 36 per cent of all respondents reported a positive impact.

There was no statistically significant difference across social care need groups.¹⁰⁴

Figure 27 also shows that a majority of personal budget holders holding each type of personal budget reported that their budget had made no difference to them choosing where they lived and who they lived with:

- Direct payment to person: 37.1% better/much better; 61.1% no difference; 1.8% worse/much worse
- Direct payment looked after by someone else: 40.1% better/much better; 56.9% no difference; 3.0% worse/much worse
- Individual service fund: 32.2% better/much better; 64.3% no difference; 3.5% worse/much worse
- Council-managed personal budget: 29.2% better/much better; 69.0% no difference; 1.9% worse/much worse.

There were no statistically significant differences across personal budget types.¹⁰⁵

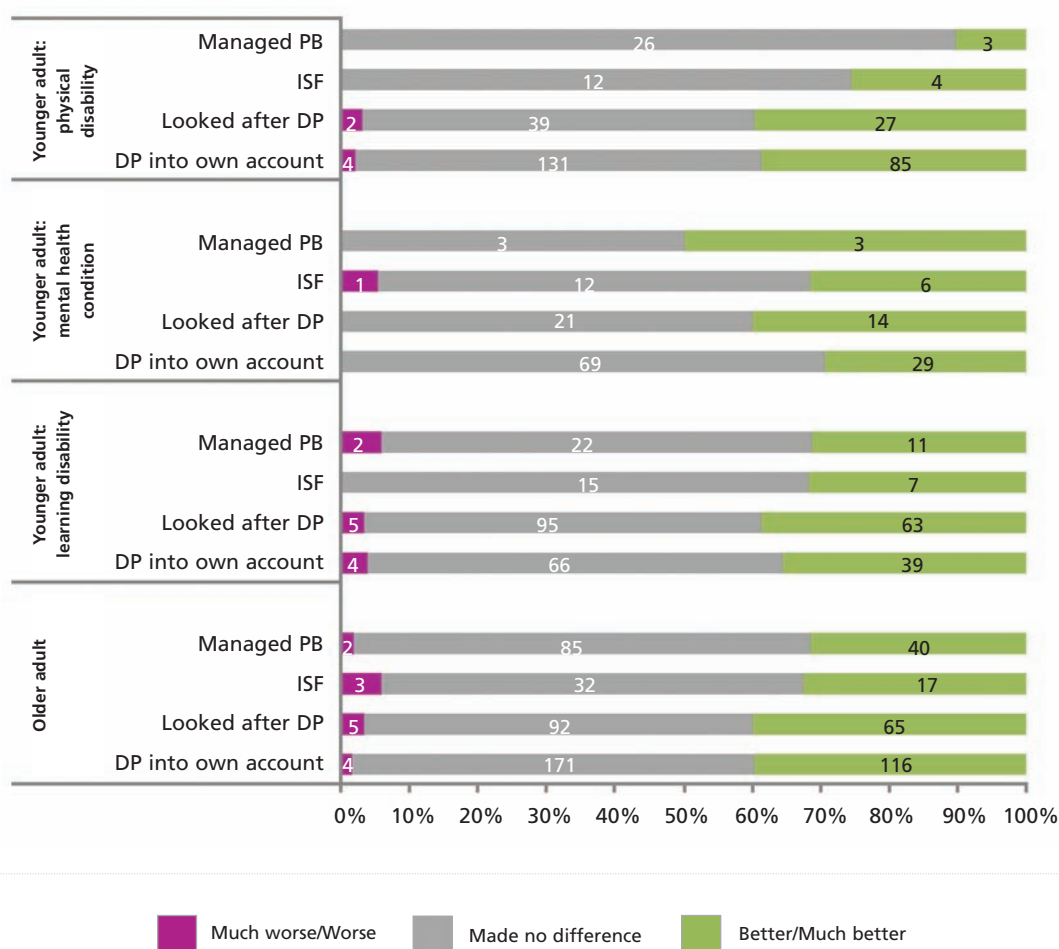
¹⁰⁴ *Chi-square=6.0, df=6, p=0.42*

¹⁰⁵ *Chi-square=11.9, df=6, p=0.06*

Finally, there were variations across councils in the proportion of people who reported that their personal budget had either a positive impact (from 19.2 per cent to 51.9 per cent) or a negative impact (from 0 per cent to 16.3 per cent) on them choosing where they lived and who they lived with.¹⁰⁶

Figure 27: Reported impact of personal budgets on the person choosing where they live and who they live with, by social care need and personal budget type

IMPACT OF PERSONAL BUDGET: CHOOSING WHERE TO LIVE AND WHO TO LIVE WITH



106 Chi-square=96.2, df=38, p<0.001

Getting and keeping a paid job

Figure 28 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to them getting and keeping a paid job. Only working age adults (i.e. not older people) were included in these analyses.

Figure 28 shows firstly that overall a large majority of personal budget holders across all working age social care need groups reported that their personal budgets had made no difference to them getting and keeping a paid job, with approximately one tenth of people reporting a positive impact. Secondly it shows a small minority who reported that personal budgets made this worse:

- People with learning disabilities: 14.4% better/much better; 82.4% no difference; 3.2% worse/much worse
- People with mental health problems: 11.0% better/much better; 85.6% no difference; 3.4% worse/much worse
- People with physical disabilities: 10.0% better/much better; 88.2% no difference; 1.8% worse/much worse.

These figures are broadly similar to those reported in 2011, where 8 per cent of all respondents reported a positive impact.

There was no statistically significant difference across social care need groups.¹⁰⁷

Figure 28 also shows that a vast majority of personal budget holders holding each type of personal budget reported that their budget had made no difference to them getting or keeping a paid job:

- Direct payment to person: 12.9% better/much better; 85.2% no difference; 1.8% worse/much worse
- Direct payment looked after by someone else: 11.9% better/much better; 86.7% no difference; 1.3% worse/much worse
- Individual service fund: 6.5% better/much better; 89.1% no difference; 4.3% worse/much worse
- Council-managed personal budget: 3.3% better/much better; 95.1% no difference; 1.6% worse/much worse.

There were no statistically significant differences across personal budget types.¹⁰⁸

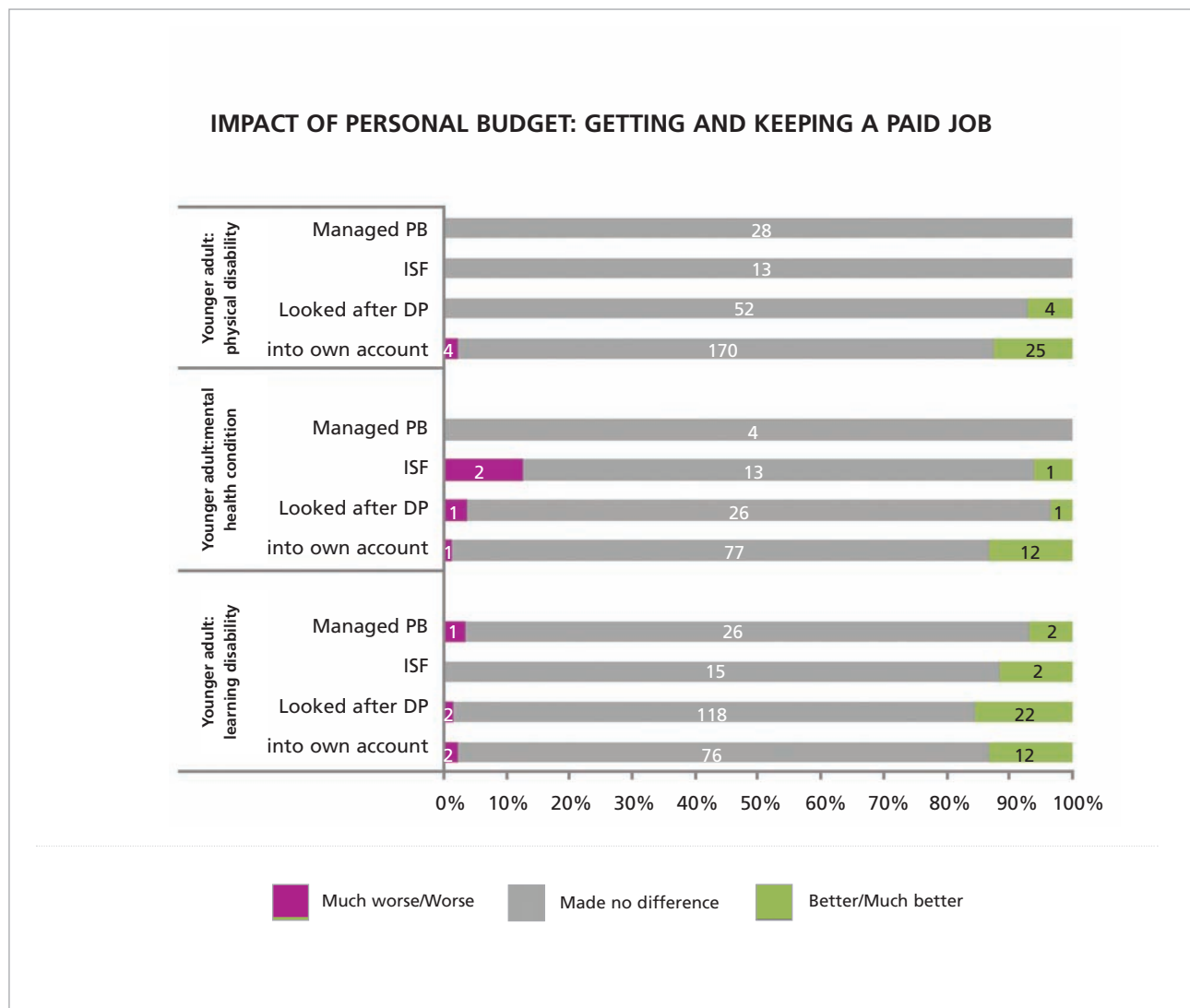
Finally, there was a trend for variations across councils in the proportion of people who reported that their personal budget had either a positive impact (from 0 per cent to 24.5 per cent or a negative impact (from 0 per cent to 9.1 per cent) on them getting or keeping a paid job.¹⁰⁹

¹⁰⁷ *Chi-square=5.0, df=4, p=0.29*

¹⁰⁸ *Chi-square=7.9, df=6, p=0.25*

¹⁰⁹ *Chi-square=55.6, df=38, p=0.03*

Figure 28: Reported impact of personal budgets on the person getting and keeping a paid job, by social care need and personal budget type (working age adults only)



Volunteering

Figure 29 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to them engaging in volunteering.

Figure 29 shows firstly that overall a substantial majority of personal budget holders across all social care need groups reported that their personal budgets had made no difference to their volunteering, with one tenth to one quarter of people reporting a positive impact. Secondly it shows a small minority who reported that personal budgets made this worse:

- Older people: 10.5% better/much better; 86.6% no difference; 2.8% worse/much worse
- People with learning disabilities: 23.6% better/much better; 73.6% no difference; 2.8% worse/much worse
- People with mental health problems: 18.6% better/much better; 80.8% no difference; 0.6% worse/much worse
- People with physical disabilities: 24.3% better/much better; 73.3% no difference; 2.3% worse/much worse.

These figures are broadly similar to those reported in 2011, where 19 per cent of all respondents reported a positive impact.

There was a statistically significant difference across social care need groups. People with learning disabilities and people with physical disabilities were most likely to report a positive impact on volunteering, followed by people with mental health problems then older people.¹¹⁰

Figure 29 also shows that a substantial majority of personal budget holders holding each type of personal budget reported that their budget had made no difference to their volunteering:

- Direct payment to person: 21.4% better/much better; 76.4% no difference; 2.2% worse/much worse
- Direct payment looked after by someone else: 18.8% better/much better; 78.9% no difference; 2.3% worse/much worse
- Individual service fund: 22.3% better/much better; 76.6% no difference; 1.1% worse/much worse
- Council-managed personal budget: 13.0% better/much better; 84.8% no difference; 2.2% worse/much worse.

There were no statistically significant differences across personal budget types.¹¹¹

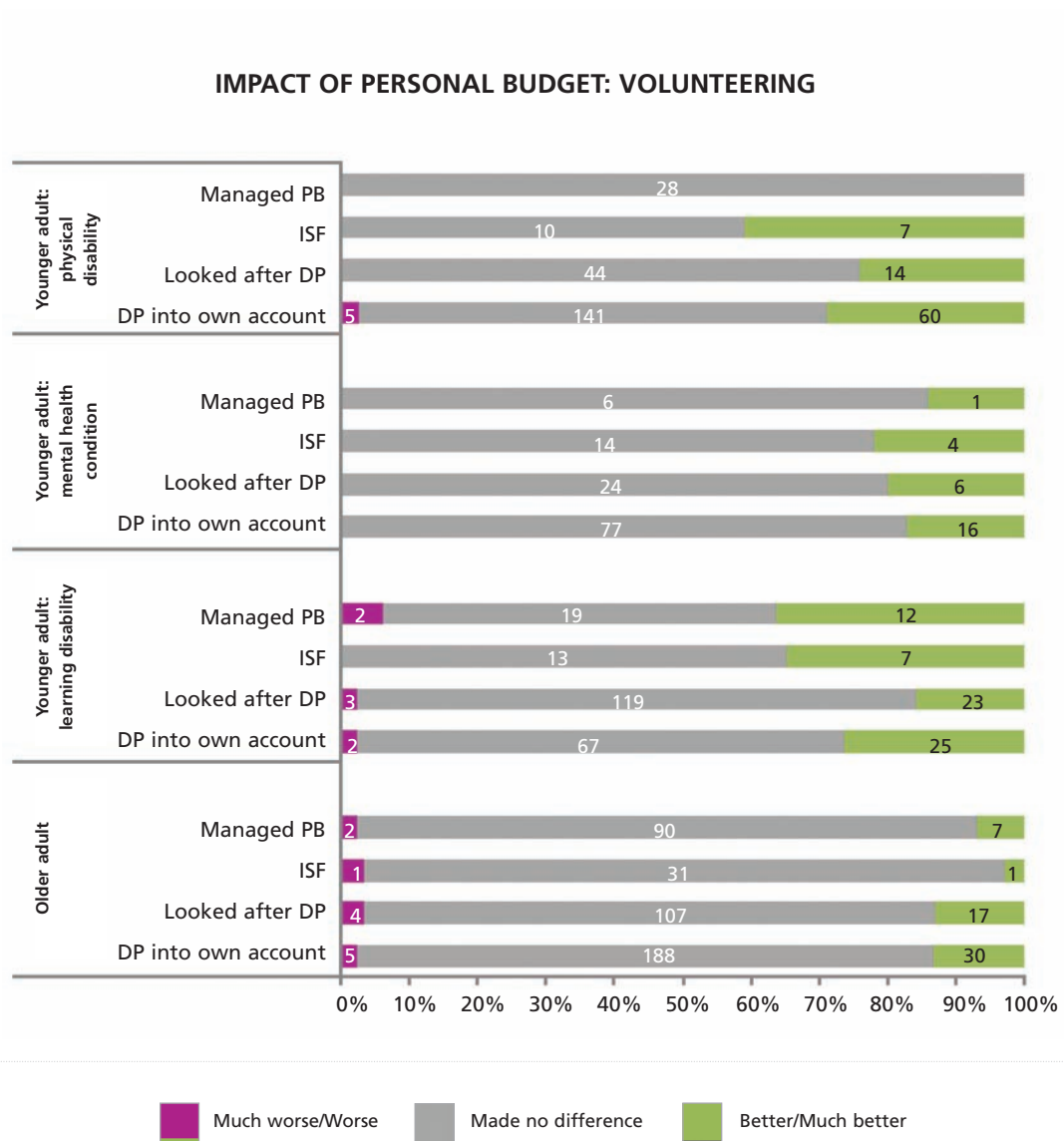
Finally, there were variations across councils in the proportion of people who reported that their personal budget had either a positive impact (from 8.9 per cent to 40.4 per cent) or a negative impact (from 0 per cent to 8.8 per cent) on their volunteering.¹¹²

¹¹⁰ *Chi-square=40.5, df=6, p<0.001*

¹¹¹ *Chi-square=7.6, df=6, p=0.27*

¹¹² *Chi-square=81.2, df=38, p<0.001*

Figure 29: Reported impact of personal budgets on volunteering, by social care need and personal budget type



Relationships with family

Figure 30 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to their relationships with other family members.

Figure 30 shows firstly that overall approximately equal numbers of personal budget holders across all social care need groups reported that their personal budgets had either made no difference or had made a positive impact on their relationships with family (with slight majorities of people with learning disabilities and people with physical disabilities reporting a positive impact). Secondly it shows a small minority who reported that personal budgets made this worse:

- Older people: 45.3% better/much better; 50.1% no difference; 4.6% worse/much worse
- People with learning disabilities: 51.9% better/much better; 44.9% no difference; 3.2% worse/much worse
- People with mental health problems: 46.4% better/much better; 49.4% no difference; 4.2% worse/much worse
- People with physical disabilities: 52.9% better/much better; 42.8% no difference; 4.3% worse/much worse.

These figures show less positive impact compared to those reported in 2011, where 58 per cent of all respondents reported a positive impact.

There was no statistically significant difference across social care need groups.¹¹³

Figure 30 also shows that a slight majority of personal budget holders holding direct payments either paid to them or being looked after by someone else reported that their budget had a positive impact on their relationships with family. A slight majority of individual service fund holders or council-managed personal budget holders however, reported that their personal budget made no difference to their relationships with family:

- Direct payment to person: 51.3% better/much better; 44.6% no difference; 4.2% worse/much worse
- Direct payment looked after by someone else: 54.2% better/much better; 43.0% no difference; 2.8% worse/much worse
- Individual service fund: 42.1% better/much better; 52.9% no difference; 5.0% worse/much worse
- Council-managed personal budget: 40.9% better/much better; 55.0% no difference; 4.1% worse/much worse.

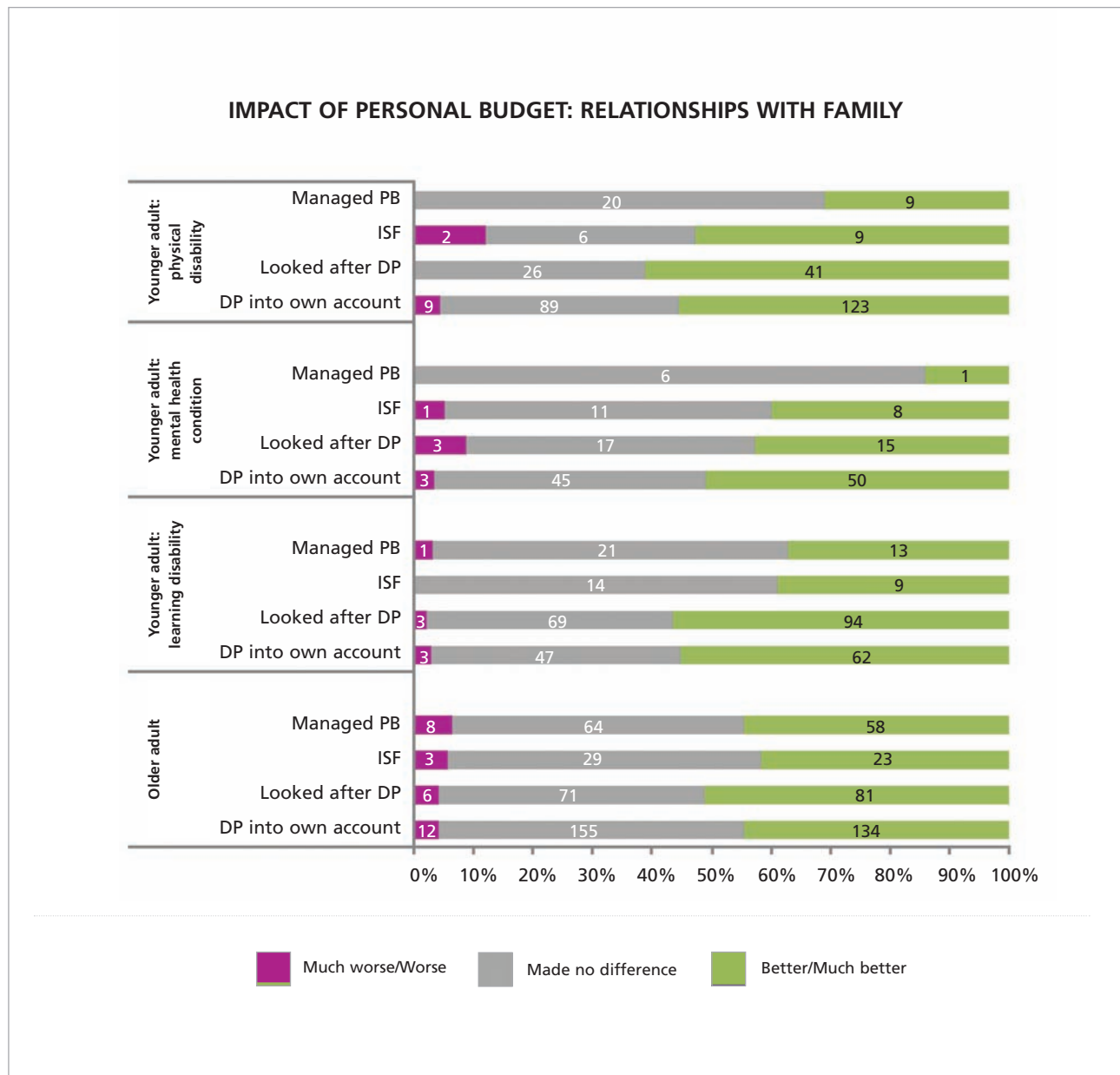
There was a trend across personal budget types for people holding both types of direct payment personal budgets to be more likely to report a positive impact on family relationships than holders of individual service funds or council-managed personal budgets.¹¹⁴

¹¹³ *Chi-square=8.7, df=6, p=0.19*

¹¹⁴ *Chi-square=15.4, df=6, p=0.02*

Finally, there were no statistically significant variations across councils in the proportion of people who reported that their personal budget had either a positive impact (from 35.0 per cent to 57.6 per cent) or a negative impact (from 0 per cent to 8.9 per cent) on their family relationships.¹¹⁵

Figure 30: Reported impact of personal budgets on relationships with family, by social care need and personal budget type



115 $\chi^2=48.5$, $df=38$, $p=0.12$

Relationships with friends

Figure 31 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to their relationships with friends.

Figure 31 shows firstly that a slight majority of people with learning disabilities reported that their personal budget had a positive impact on their relationships with friends, with majorities of other social care need groups reporting that personal budgets made no difference. Secondly it shows a small minority who reported that personal budgets made this worse:

- Older people: 33.6% better/much better; 62.6% no difference; 3.7% worse/much worse
- People with learning disabilities: 50.8% better/much better; 46.2% no difference; 3.0% worse/much worse
- People with mental health problems: 41.2% better/much better; 56.4% no difference; 2.4% worse/much worse
- People with physical disabilities: 45.0% better/much better; 52.3% no difference; 2.7% worse/much worse.

These figures show similar levels of positive impact compared to 2011, where 44 per cent of all respondents reported a positive impact.

There was a statistically significant difference across social care need groups. People with learning disabilities were most likely to report a positive impact on relationships with friends, followed by people with physical disabilities, people with mental health problems, then older people.¹¹⁶

Figure 31 also shows that a majority of holders of each type of personal budget reported that their personal budget made no difference to their relationships with friends:

- Direct payment to person: 44.1% better/much better; 53.9% no difference; 1.9% worse/much worse
- Direct payment looked after by someone else: 46.7% better/much better; 50.3% no difference; 3.0% worse/much worse
- Individual service fund: 32.2% better/much better; 61.9% no difference; 5.9% worse/much worse
- Council-managed personal budget: 30.7% better/much better; 65.6% no difference; 3.7% worse/much worse.

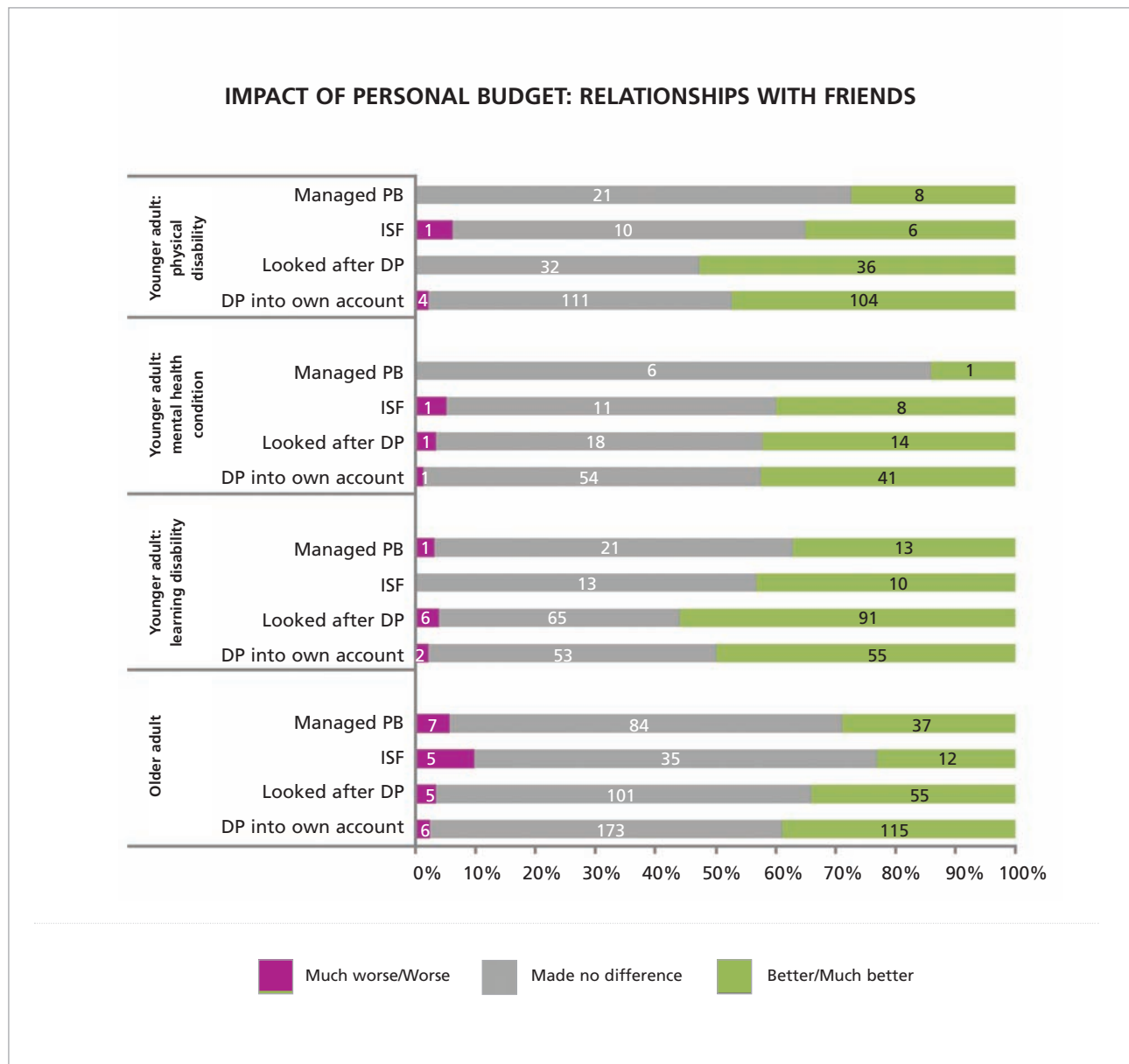
Across personal budget types, people holding both types of direct payment personal budgets were more likely to report a positive impact on relationships with friends than holders of individual service funds or council-managed personal budgets.¹¹⁷

¹¹⁶ *Chi-square=34.4, df=6, p<0.001*

¹¹⁷ *Chi-square=27.0, df=6, p<0.001*

Finally, there were statistically significant variations across councils in the proportion of people who reported that their personal budget had either a positive impact (from 27.9 per cent to 59.6 per cent) or a negative impact (from 0 per cent to 8.5 per cent) on their relationships with friends.¹¹⁸

Figure 31: Reported impact of personal budgets on relationships with friends, by social care need and personal budget type



118 Chi-square=71.2, df=38, p=0.001

Relationships with paid supporters

Figure 32 shows the number and proportion of personal budget holders reporting whether their personal budget had made things better, made things worse, or made no difference to their relationships with paid supporters.

Figure 32 shows firstly that a majority of people across all social care need groups reported a positive impact of their personal budget on their relationships with paid supporters. Secondly it shows a small minority who reported that personal budgets made this worse:

- Older people: 54.8% better/much better; 42.5% no difference; 2.7% worse/much worse
- People with learning disabilities: 67.6% better/much better; 30.3% no difference; 2.1% worse/much worse
- People with mental health problems: 63.5% better/much better; 32.9% no difference; 3.6% worse/much worse
- People with physical disabilities: 60.4% better/much better; 35.8% no difference; 3.7% worse/much worse.

These figures show slightly lower levels of positive impact compared to 2011, where 67 per cent of all respondents reported a positive impact.

There was a statistically significant difference across social care need groups. People with learning disabilities were most likely to report a positive impact on relationships with paid supporters, followed by people with mental health problems, people with physical disabilities, then older people.¹¹⁹

Figure 32 also shows that a majority of holders of each type of personal budget, with the exception of council-managed personal budget holders, reported that their personal budget made no difference to their relationships with paid supporters:

- Direct payment to person: 62.9% better/much better; 34.8% no difference; 2.3% worse/much worse
- Direct payment looked after by someone else: 65.7% better/much better; 32.8% no difference; 1.5% worse/much worse
- Individual service fund: 54.5% better/much better; 42.1% no difference; 3.3% worse/much worse
- Council-managed personal budget: 45.9% better/much better; 50.0% no difference; 4.1% worse/much worse.

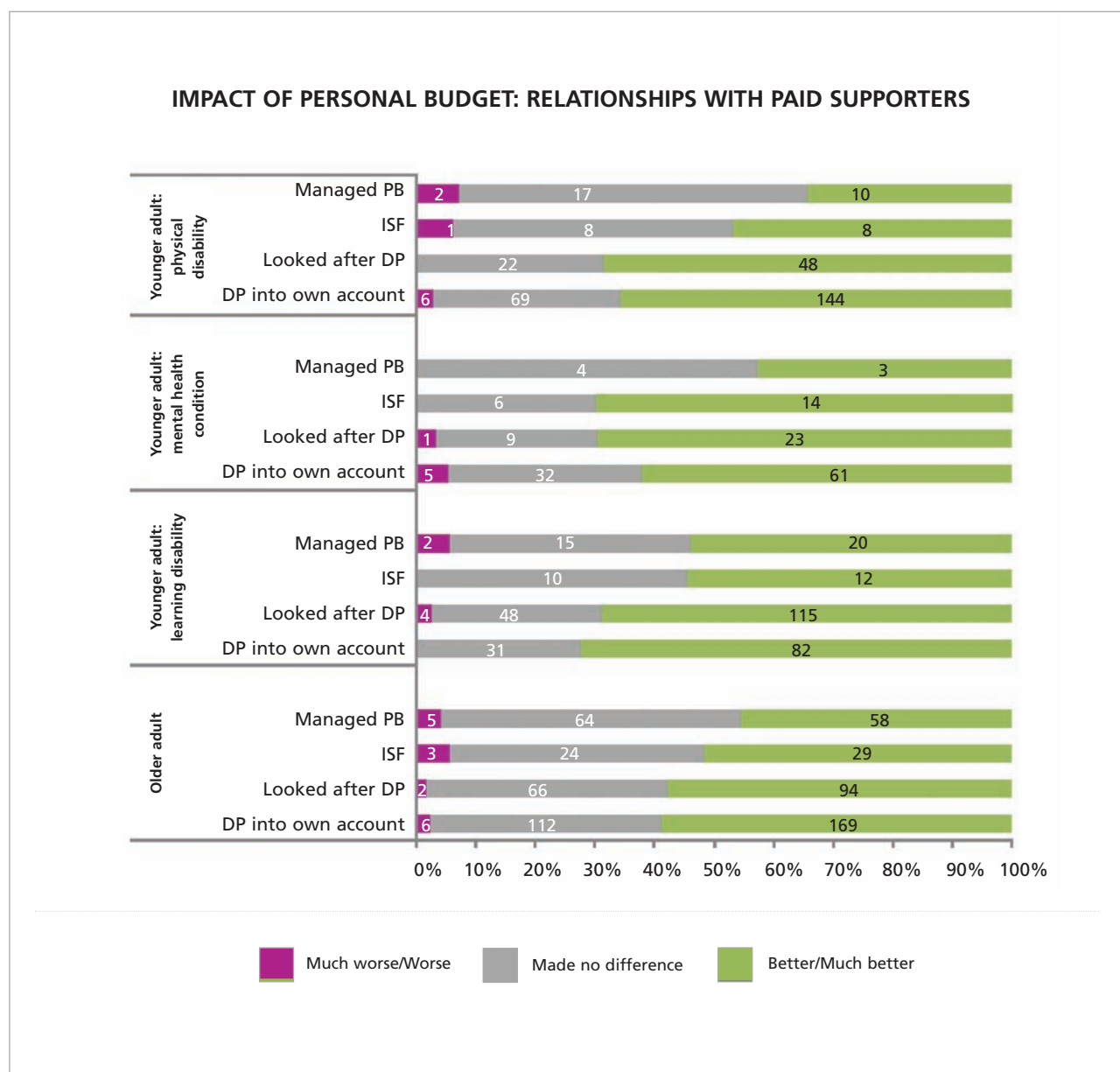
Across personal budget types, people holding both types of direct payment personal budgets were more likely to report a positive impact on relationships with paid supporters than holders of individual service funds, then council-managed personal budgets.¹²⁰

¹¹⁹ *Chi-square=20.7, df=6, p=0.002*

¹²⁰ *Chi-square=30.2, df=6, p<0.001*

Finally, there were statistically significant variations across councils in the proportion of people who reported that their personal budget had either a positive impact (from 39.0 per cent to 75.0 per cent) or a negative impact (from 0 per cent to 8.8 per cent) on their relationships with paid supporters.¹²¹

Figure 32: Reported impact of personal budgets on relationships with paid supporters, by social care need and personal budget type



¹²¹ Chi-square=65.6, df=38, p=0.004

Free text responses

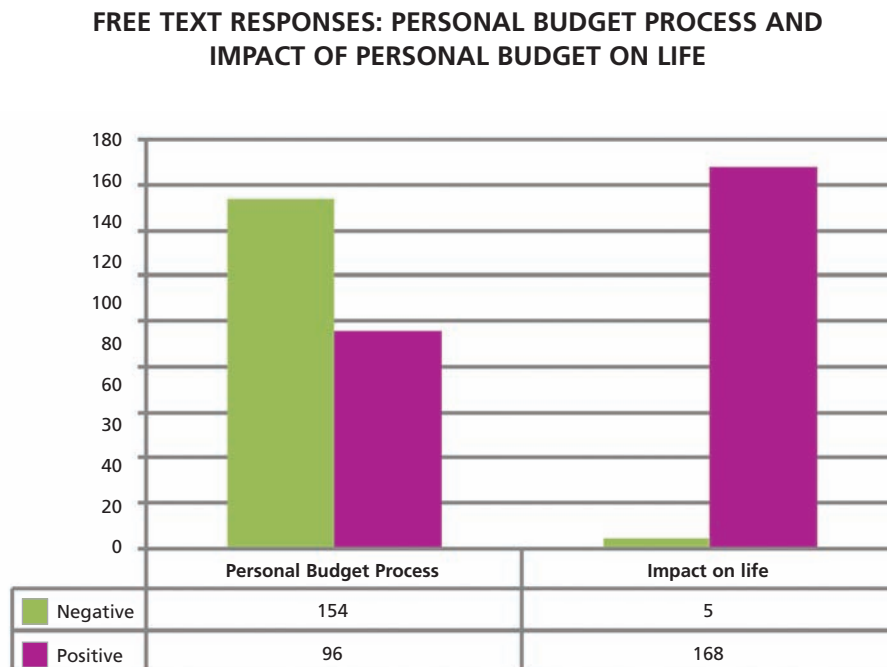
Respondents were asked if they wished to make any further comment about having a personal budget. A total of 488 people made comments. The length of responses varied from a couple of words to several paragraphs, with most people providing just a few sentences. Responses tended to illustrate a more extreme experience – either positive or negative. Where people took the time to write comments they were often very pleased or very displeased. This meant it was possible to identify responses as either ‘broadly positive’ or ‘broadly negative’.

People’s comments covered a wide range of matters of concern to them, however the majority of comments could be categorised into three main themes. These themes were not mutually exclusive and some respondents wrote about all three. Some respondents wrote positively about some aspects and negatively about others.

- 1) Personal circumstances:** including the nature of their disability and how this affected their life. Comments also reflected the importance of family relationships to respondents. People tended to indicate if they had answered the questionnaire on behalf of someone they cared for. Comments in this area were generally neutral.
- 2) Personal budget process:** the experience of taking control of a personal budget, which included many of the different aspects of the personal budget process such as assessment, support planning, acquiring and directing support. People also wrote about their personal experience of the various staff they encountered, including those involved in assessment and charging as well as staff providing support directly. Finally people wrote about the complexity and timeliness of the process and the availability of information and advice. Comments in this area were generally either positive or negative. There were substantially more negative comments than positive.
- 3) Impact on life:** the impact having a personal budget has had on their life and that of those around them. People wrote about the importance of having personalised care and support, their concerns and hopes for the future and the impact personal budgets have had on their primary relationships. People also wrote about the importance of independent living, making key decisions, being in their own home and taking part in their local community. Comments in this area were generally either positive or negative. There were substantially more positive comments than negative.

Responses falling into the second two themes, ‘personal budget process’ and ‘impact on life’ were categorised as either broadly positive or broadly negative. Figure 33 shows how people’s experience of the personal budget process was mixed, with over half (60%) of responses relating to process being broadly negative. Responses relating to impact on life were overwhelmingly (97%) positive.

Figure 33: Free text responses – personal budget process and impact of personal budget on life



Several more specific themes were also evident in the responses people provided, so they were further categorised. Again the themes were not mutually exclusive and many comments were relevant to a number of themes, so comments were not necessarily assigned exclusively to just one category. The following categories were felt to offer a useful way to describe and quantify the themes emerging from the responses.

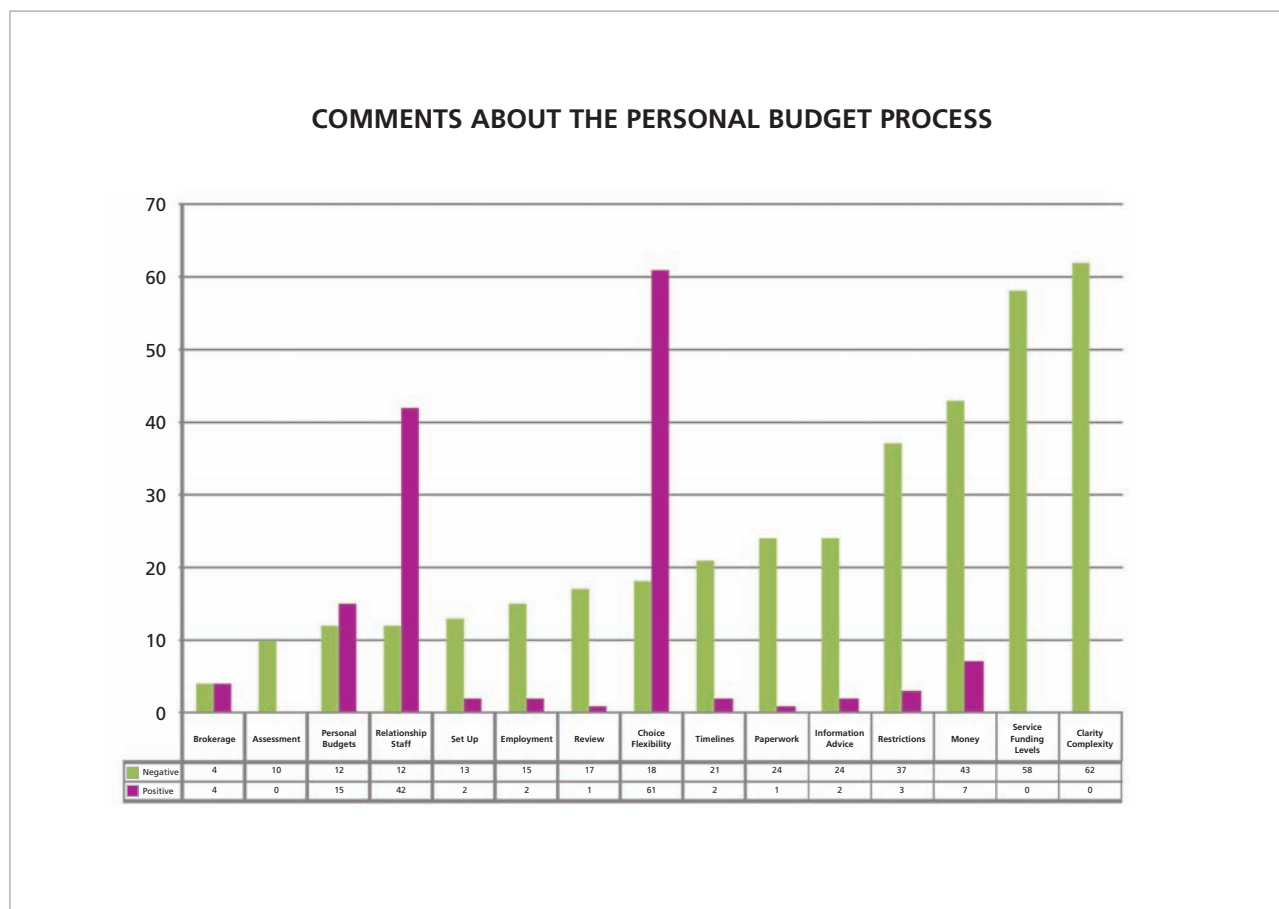
PERSONAL BUDGET PROCESS	IMPACT ON LIFE
<ul style="list-style-type: none"> • Assessment • Review / Reassessment • Timeliness • Paper work • Employment • Restrictions • Money • Personalised care 	<ul style="list-style-type: none"> • Stress and worry • Home • Community • Independence • Choice and flexibility in life freedom • Relationships • Future

Many of these themes featured in the 2011 National Personal Budget survey. Some new areas seemed to have emerged – notably, information and advice, establishing support, level of funding/support and personal budgets as an approach to social care. In using this framework to catalogue the comments, some subjective and interpretive judgements were made and inferences drawn. Most – but not all – comments were assigned to a category.

Personal Budget process

Looking at the comments about the personal budget process, people's experience was mixed. There were fewer areas where people made more positive comments than negative ones. Relationships with staff, choice and flexibility, and personal budgets as an approach were all commented on favourably. In the majority of process areas there were very few or no positive comments, the level of service and the complexity of the personal budget process were areas that featured the most negative comments.

Figure 34: Comments about the personal budget process



• **BROKERAGE**

Comments about brokerage were mixed. Negative comments were mostly about the lack of information, advice and help to use the personal budget well. However people spoke positively about the role of brokers in helping them to overcome complexity or ambiguity in the system. Comments included: 'Some of the rules are very vague, the council have been very helpful and the NCODP have always been there for me as well.'

• **ASSESSMENT**

All comments about assessment were negative. People spoke about difficulty accessing an assessment and being unhappy that the outcome of the assessment did not accurately reflect their level of need. Comments included: 'I feel the social services never look at a person's needs, but how little they can get away with.'

● PERSONAL BUDGETS

Some people wrote about personal budgets as a way of delivering social care. Views were mixed with slightly more people writing favourably. People commented positively about personal budgets as a concept and about the impact that increased choice had on their lives. Comments included: 'Personal budgets are a good way of giving people control over their lives.' and 'Direct payment has provided a much more reliable and sensitive service than that of agency care (as previous). All procedures run smoothly because carers know where supplies are and how important the affect on dignity [is], because current staff are familiar with both needs and levels of disability/mobility and encourage social skills.' Negative comments related to increased responsibility or the complexity of the process. Some people indicated that personal budgets had disrupted arrangements that were satisfactory. Comments included: 'I do not feel empowered but instead burdened.'

● RELATIONSHIPS WITH STAFF

The majority of people who wrote about their experience of staff did so positively. People reporting negative experiences with staff tended to talk about disagreements and a lack of clarity or continuity, and some people felt disrespected. Many positive experiences were described as people indicated that a personal budget meant they could choose people to support them who understood their particular needs and interests. Some people drew a link between employing staff and increased quality of care. Comments included: 'Made a huge difference to my life. I have control of my agency [who are] now more respectful of me re: timing, etc... as I employ them, not social services.'

● SET UP

People wrote about their experience of setting up a support package. The majority of responses in this area were negative. People talked about the complexity and difficulty of recruiting staff and the delays this led to. People also said that the lack of information and advice made setting up support more difficult. Some felt that having fewer people involved would help. Comments included: 'Slightly difficult to set up but once established it goes smoothly.'

● EMPLOYMENT

The majority of people who wrote about employment did so negatively. As well as employee responsibility, arranging cover for training, holidays and emergencies was difficult for some people, as was managing cash flow and tax liability. Replacing staff who left was also a difficulty. People commenting positively about employing staff said they valued the trust and reliability of directly employed personal assistants. They commented on the importance of continuity over time and of positive personal relationships with people in support roles. Comments included: 'It has allowed me to have regular people I know, and who know me.'

● REVIEW

People commented quite negatively about review, in particular reassessment. This was most often connected to a reduction in service following a review or the difficulty experienced in securing a reassessment and an increased level of support to meet changing needs. Some people found the process of assessment intrusive and unhelpful. Comments included: 'Even assessments are hard as the last assessment took over two hours and was very fatiguing.'

● CHOICE AND FLEXIBILITY

Large numbers of people wrote about the choice and flexibility that personal budgets offered and the vast majority did so positively. People commenting negatively did so where choice and flexibility had not been offered or had been removed. They commented that personal budgets gave choice and flexibility over many aspects of support including how, who, where and when support was provided. As well as improved support, people also reported that personal budgets offered greater choice in everyday living. Comments included: 'A marvellous thing to be in control of the help I need.'

● TIMELINES

Lots of people reported delays in the personal budget process and found these very frustrating. People reported delays in many areas of the personal budget process including assessment, councils making decisions, communication, agreeing changes to service levels, payments of agreed funding and rectifying mistakes. Where staff were seen to be responsive this was valued highly. Comments included: 'The social worker has also been great at responding and taking prompt action.'

● PAPERWORK

Nearly everyone who commented on paperwork did so negatively. People felt that there was too much paperwork, that it was unnecessarily complicated and that it added to the burden of controlling a personal budget. Many people said they relied on the help of friends or family to do the paperwork. Comments included: 'All the paperwork, form filling and managing direct payments is a real problem. My mum and dad do all this for me as I couldn't manage it myself.'

● INFORMATION AND ADVICE

A lot of people commented on the lack of easily available information and advice. Most people who commented found the lack of clear information a problem. People wanted information about services to choose from, any rules or restrictions regarding personal budget usage and the responsibilities – such as employment – associated with a personal budget. People spoke positively about information and advice received from people rather than leaflets. Comments included: 'Council are doing a good job of helping us, also the advice and help has been good from social services worker.'

• RESTRICTIONS

Comments about how money from personal budgets could and couldn't be used were overwhelmingly negative. The few positive comments were concerning a lack of restrictions on how personal budgets could be used. People complained about the restrictions and the lack of clarity on how personal budgets could be used. Comments included: 'Each council differs between what disabled people can spend their personal budget on. For example N council will not allow anyone to spend their money on anything other than care.'

• MONEY

Many people commented about money, mostly negatively. People who commented positively about money welcomed the opportunity it gave them to control their support and the role that support had in maintaining other aspects of their life, home relationships and community. People who commented negatively about money were often concerned that the personal budget was insufficient, that managing money was an additional burden and that money owed had not been made available. People also expressed anxiety about the prospect of a reduction in the amount of their personal budget. Some people commented on the bureaucracy and restrictions surrounding the management of money. Comments included: 'I have to have the money paid into a [named] account, which I then need permission from personal budgets to withdraw, the bank is in the town centre which is inconvenient so the funds build up and I have trouble accessing them.'

• SERVICE FUNDING LEVEL

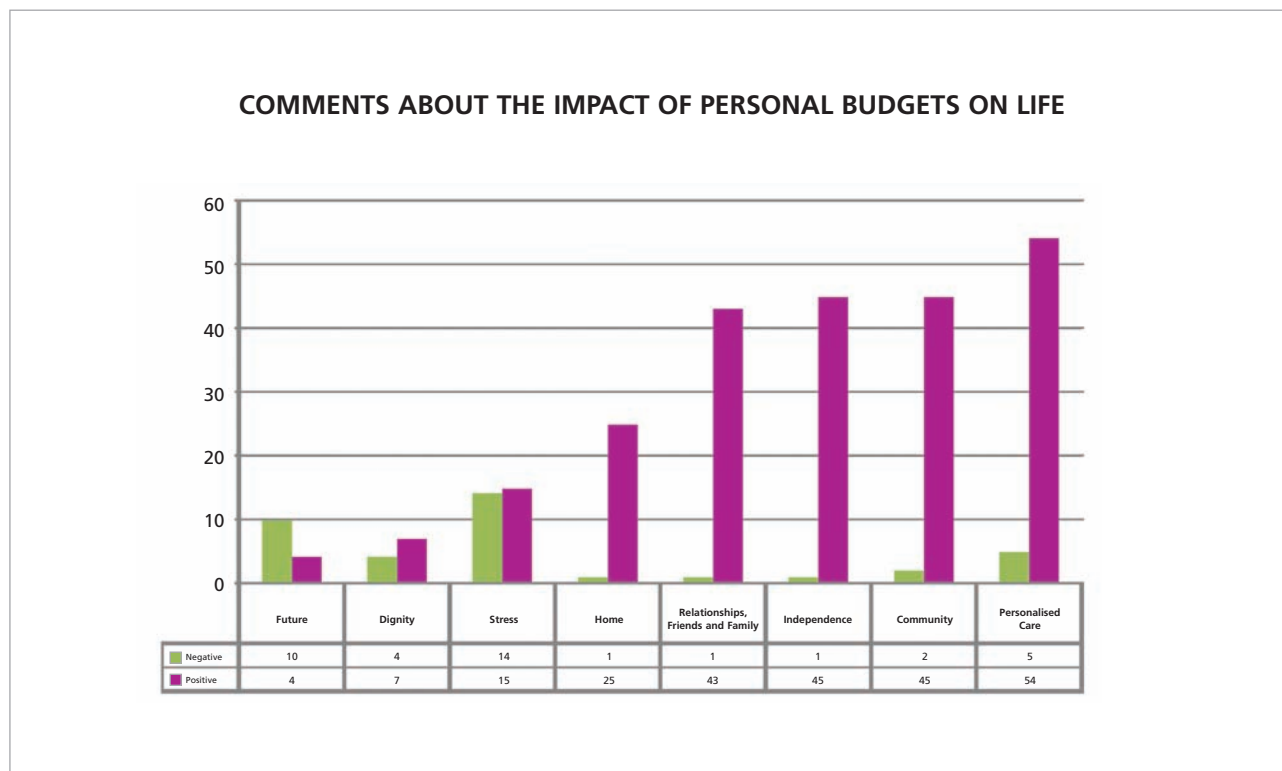
The amount of money in a personal budget and the support this could buy was a concern to lots of people. Everyone who commented on this area did so negatively. People were concerned that they had recently or were about to receive a reassessment and a reduction in funding. Some people connected the introduction of personal budgets with an attempt to save money by their council. Some people wrote about the difficulty of not receiving an annual increase and the effect of uncertainty of funding on employing personal assistants. Comments included: 'As living costs rise, so do agency fees, wages, etc. but payments don't seem to rise accordingly.'

• CLARITY AND COMPLEXITY

The biggest single area that people wrote about was the complexity of the system and the confusion they felt. All the comments were negative. People found many aspects of the personal budget process to be complex and confusing. Some people said they lacked the basic details of their budget, how much money was available and how it could be used. The paperwork, monitoring, the lack of clear information and how the amount of money in the budget was calculated all confused people. Some people complained that the personal budget process was too protracted. Changes to the personal budget level and changes in regulations were also a cause of confusion. Some people felt that things became clearer over time. Comments included: 'Finding information out about personal budgets and sorting out the details is a nightmare! But once it is in place it is easy to use and makes life easier.'

Impact of personal budgets on life

Figure 35: Comments about the impact of personal budgets on life



Looking at the impact on people's lives (figure 35) the vast majority of comments were positive, with the exception of future, dignity and stress, where comments were both negative and positive.

• FUTURE

People spoke about both their anxiety and hopes for the future. Where concerns were expressed these were most often about the prospect of a reduction in services or funding. Where hopes were expressed people generally wrote about building on the successful experience of personal budgets. Comments included: 'I have less stress now, the only worry is it will be cut or taken away.'

- **DIGNITY**

People wrote about both positive and negative experiences. Where people reported negatively they often spoke about the experience of the personal budget process. People reporting positive experiences wrote about the impact having a personal budget had on their experience of support staff now treating them with more dignity, or being able to choose different staff if this was not the case. Comments included: 'Made a huge difference to my life, I have control of my life and my agency [is] now more respectful of me re: timing etc ... as I employ them not social services. Able to get out and about more as can use money for social needs as well as physical care.'

- **STRESS**

People wrote about the stress and worry of taking control of a personal budget, often associating this with delays in the process. People also reported stress resulting from a reduced service or the prospect of a reduced service. Slightly more people reported a positive impact than a negative one, with reduced stress or improved emotional wellbeing often reported as resulting from having more personalised support. Comments included: 'Most of all I chose someone I could trust completely which gives me total peace of mind.'

- **HOME**

People wrote about the importance of remaining in their own home and the impact personal budgets had on their ability to do so. People also wrote about the importance of personalised support enabling them to make improvements to their home environment. All comments except one were positive. Comments included: 'So pleased to have the personal budget as it enables me to live in my own home.'

- **RELATIONSHIPS WITH FRIENDS AND FAMILY**

All except one comment about the impact of personal budgets on relationships with friends or family were positive. More people wrote about relationships with family than with friends. People commented on the role family have in supporting them to manage their personal budget, and the way that having support from a personal budget had alleviated the burden of caring and improved the life of family members. People also reported that reduced stress resulting from good support had improved family relationships. Comments included: 'It has been good for N. It has made less worry for me and he gets the service he wants.'

• INDEPENDENCE

All the comments about independence were positive, except one. Many people linked the idea of independence with the choice and flexibility of a personal budget and the control this gave them over their life including their family and home. People also said that the control personal budgets gave them over their support led to an increased feeling of independence. Comments included: 'Being able to be in control of my support helps me to stay more independent.'

• COMMUNITY

All but two of the 47 people who wrote about community did so positively. Comments about community varied as the idea of community meant different things for different people. Some described how their support helped them to remain away from institutional settings such as care homes or hospitals and remain at home. Some wrote about the impact that access to community facilities had on their emotional wellbeing and reported that the personal budget meant they could get out of their home and were less isolated. Some people also wrote about accessing work and learning opportunities for themselves and their family. Comments included: 'Without this I wouldn't have been able to keep my children at home ... direct payments have helped get the care I need at home rather than stay in hospital for a longer period of time.'

• PERSONALISED CARE

The importance of care that was personal and met the unique needs and wishes of individuals was a theme that many people wrote about. The vast majority of comments in this area were positive. Where people commented negatively, this was often connected to a lack of care and support. People spoke positively about the importance of continuity of care, having the same familiar people provide support, and people who had personal assistants wrote about how important it was that they had a say in choosing staff. Comments included: 'Personal budget works for me, because I have the same assistant all the time, who is dependable. The system only falls down when I have to use care companies...'

What can councils do to increase the chances of positive outcomes for personal budget holders?

As the above findings show, for most outcome indicators a majority of personal budget holders across social care need groups and across types of personal budget report that personal budgets are having a positive impact on their lives. For some of these outcome indicators, there are also variations in the likelihood of a positive outcome being reported across social care need groups and across types of personal budgets. For most outcome indicators, there is also substantial variation across councils.





In this section, we will investigate links between aspects of the personal budget process that councils can influence (the type of personal budget, whether a person has been told the weekly cost of their support package, whether they have been helped to plan their personal budget and who has provided this help, whether their views were included in the support planning process, and whether councils have made nine aspects of the personal budget process easy or not) and the 14 outcome indicators.

To make interpretation easier, we will express any associations found as odds ratios (for example, if people were helped to plan their personal budget, what are the odds of them reporting a positive impact of their personal budget compared to if they had not been helped to plan their personal budget). An odds ratio of 1 would mean that a positive impact was no more or less likely if people had been helped to plan or not. An odds ratio significantly less than 1 would mean that a positive impact was less likely if people had been helped to plan (so an odds ratio of 0.5 would mean that people were half as likely to report a positive impact if they had received help to plan). An odds ratio significantly more than 1 would mean that a positive impact was more likely if people had been helped to plan (so an odds ratio of 2 would mean that people were twice as likely to report a positive impact if they had received help to plan). Odds ratios are a helpful way of showing how big an effect is, as well as whether it is statistically significant or not.





Because people's estimated weekly amount of personal budget is a continuous rather than a categorical variable (meaning that odds ratios cannot be calculated), we investigated whether the weekly amount of people's personal budgets were higher or lower depending on whether people reported a positive outcome or not. However, these results must be interpreted with caution, as only those respondents who could provide an estimate of their weekly budget could be included in these analyses. We report these in terms of the effect size η^2 , where rules of thumb for the size of the effect are: small=0.01, moderate=0.06 and large=0.14.

We also conduct these analyses separately for each social care need group where we have sufficient numbers (older people, people with learning disabilities, people with mental health problems and people with physical disabilities). This will enable us to explore whether the process factors associated with positive outcomes are similar or different across social care need groups.

Tables 1–8 report the odds ratios (or η^2) for each personal budget process factor against each outcome indicator. Because of the large amount of information contained in these tables, the following colour coding has been used to help interpretation of the tables:

-  Cells are shaded light green if the odds ratio shows a statistically significant positive relationship between the personal budget process factor and the outcome indicator (in other words, having the process factor is associated with an increased chance of a positive impact being reported) and if the odds ratio is less than 3
-  Cells are shaded dark green if the odds ratio is 3 or greater (i.e. if the process factor is present, people are at least three times more likely to report their personal budget having a positive impact)
-  Cells are shaded light pink if the odds ratio shows a statistically significant negative relationship between the personal budget process factor and the outcome indicator (in other words, having the process factor is associated with a reduced chance of a positive impact being reported) and if the odds ratio is greater than 0.33
-  Cells are shaded dark pink if the odds ratio is 0.33 or less (i.e. if the process factor is present, people are at least three times less likely to report their personal budget having a positive impact).

Because the statistical significance of odds ratios is partly dependent on the number of respondents in specific categories (a particular issue for people with mental health problems in this survey), we have also used the following shading where odds ratios are relatively large but do not reach statistical significance:

-  Cells are shaded with light gray if the odds ratio is between 2 and 3
-  Cells are shaded with dark gray if the odds ratio is 3 or greater
-  Cells are shaded with light yellow if the odds ratio is between 0.33 and 0.5
-  Cells are shaded with dark yellow if the odds ratio is 0.33 or less.

For the η^2 values, cells are shaded light green if they are statistically significant in a positive direction (i.e. greater weekly costs are associated with a greater likelihood of reporting a positive outcome) and light red if they are statistically significant in a negative direction (i.e. greater weekly costs are associated with a reduced likelihood of reporting a positive outcome).

Factors associated with positive outcomes for older adults

Tables 1 and 2 summarise the associations between those process factors that councils can potentially influence (the type and amount of the personal budget, support for planning and the extent to which the council makes various aspects of the personal budget process easy) and the 13 outcome indicators for older adults (the outcome concerning getting and keeping a paid job is not included here). Data from between 699 and 788 respondents was available for the odds ratio analyses and data for between 301 and 412 respondents was available for the weekly amount of personal budget analyses.

Some broad patterns can be seen from tables 1 and 2. In terms of personal budget processes:

- Personal budget type has limited associations with outcome indicators. Direct payments paid to the person were positively associated with six outcome indicators, but the size of the associations was relatively small (all with odds ratios less than 2). Council-managed personal budgets were negatively associated with five outcome indicators, again all with relatively small associations (all with odds ratios greater than 0.5). Direct payments looked after by someone else or individual service funds were not robustly associated with one outcome indicator each.
- People knowing the amount of their personal budget was only positively associated with two outcome indicators (both with odds ratios less than 2), and there was no association between the weekly amount of the personal budget and any outcome indicator.
- In terms of support for the planning process, the process factors most robustly positively associated with outcome indicators were: getting help to plan the personal budget (associated with all 13 outcome indicators, although not particularly strongly), and feeling that your views were included in the planning process (associated with 12 outcome indicators, often with strong associations). Help for planning from specific sources was not generally strongly associated with outcome indicators (all odds ratios less than 2), with more positive associations concerning help from family/friends (four outcome indicators) and help from the council (five outcome indicators).
- The council making all nine aspects of the personal budget process easier was robustly and often strongly positively associated with the outcome indicators (at least 12 outcome indicators for each aspect of the personal budget process).

In terms of the different outcome indicators:

- Aspects of the personal budget process were most frequently and strongly associated with outcome indicators most closely linked to the operation of personal budgets, such as being in control of your support, being as independent as you want to be, and being in control of important things in life.
- Aspects of process were also associated with outcome indicators directly linked to the support people received, such as getting the support you need, being supported with dignity, feeling safe and relationships with paid supporters.
- Fewer aspects of process were strongly associated with other outcome indicators such as physical health, mental wellbeing, choosing where to live and who to live with, relationships with family and friends and volunteering.

Table 1: Factors associated with positive outcomes for older people holding personal budgets

	OUTCOME MEASURE						
Factor associated with outcome	Your physical health	Your mental wellbeing	Being in control of life	Being independent	Being in control of support	Getting support you need	Being supported with dignity
TYPE OF PERSONAL BUDGET							
Direct payment to person	1.24	1.30	1.67	1.60	1.86	1.36	1.53
Looked after direct payment	0.96	1.04	1.01	1.01	1.36	1.17	1.32
Individual service fund	1.25	0.84	0.90	1.24	1.10	1.40	1.34
Council-managed personal budget	0.90	0.68	0.74	0.64	0.63	0.74	0.61
AMOUNT OF PERSONAL BUDGET							
Know amount of personal budget	0.98	0.95	1.47	0.97	1.58	1.20	1.19
[Weekly amount of personal budget]	Eta ² =0.001	Eta ² =0.000	Eta ² =0.001	Eta ² =0.004	Eta ² =0.001	Eta ² =0.004	Eta ² =0.001
SUPPORT FOR PERSONAL BUDGET PLANNING							
Get help to plan personal budget	1.78	1.68	2.36	2.11	3.05	2.63	2.52
Get help from family/ friends	0.94	1.10	1.10	1.25	1.66	1.23	1.47
Get help from someone in NHS	1.18	1.10	1.16	0.86	1.04	1.40	2.00

Get help from someone in council	1.07	1.09	1.41	1.43	1.76	1.56	1.81
Get help from someone else	1.47	1.25	2.38	1.52	0.98	1.00	1.49
Views included in planning process	3.41	2.71	3.55	4.08	4.39	4.33	2.95
MY COUNCIL MAKES IT EASY FOR ME TO...							
Get info/ advice	2.96	2.35	2.29	2.37	4.09	3.72	3.35
Have my needs assessed	3.07	2.31	2.66	2.72	3.86	3.53	2.78
Know how to spend my budget	2.32	2.40	2.23	2.31	3.85	3.50	2.34
Be in control of how budget is spent	2.44	2.08	2.79	2.99	4.63	3.44	3.00
Plan and manage support	2.70	2.40	2.72	2.91	4.17	3.61	2.97
Get support I want	2.42	1.86	1.94	2.29	3.24	3.66	2.83
Change my support	2.17	1.90	1.95	2.12	3.25	3.35	2.56
Choose services	2.44	2.10	2.23	2.46	3.96	3.22	2.67
Complain	2.91	2.00	1.80	1.83	2.74	3.33	2.65

Table 2: Factors associated with positive outcomes for older people holding personal budgets

OUTCOME MEASURE						
Factor associated with outcome	Feeling safe	Choose where/who live with	Volunteering and helping community	Relations with family	Relations with friends	Relations with paid supporters
TYPE OF PERSONAL BUDGET						
Direct payment to person	1.11	1.20	1.88	0.95	1.63	1.34
Looked after direct payment	1.73	1.15	1.37	1.29	0.98	1.20
Individual service fund	0.83	0.83	0.25	0.86	0.57	0.91
Council-managed personal budget	0.70	0.77	0.60	0.97	0.77	0.64
AMOUNT OF PERSONAL BUDGET						
Know amount of personal budget	1.05	1.25	1.47	0.88	1.00	1.26
[Weekly amount of personal budget]	Eta ² =0.001	Eta ² =0.001	Eta ² =0.000	Eta ² =0.003	Eta ² =0.001	Eta ² =0.005
SUPPORT FOR PERSONAL BUDGET PLANNING						
Get help to plan personal budget	1.92	1.96	2.31	1.58	1.55	1.61
Get help from family /friends	1.41	1.39	1.08	1.13	0.96	1.12
Get help from someone in NHS	1.81	1.19	1.06	1.55	0.68	2.46

Get help from someone in council	1.03	1.21	1.45	1.16	1.32	1.26
Get help from someone else	1.72	0.79	0.94	0.40	0.83	1.14
Views included in planning process	3.68	1.83	1.59	2.18	1.93	2.65
MY COUNCIL MAKES IT EASY FOR ME TO...						
Get info/ advice	1.93	2.31	1.78	2.07	2.24	2.16
Have my needs assessed	2.20	2.38	1.94	1.74	2.05	2.09
Know how to spend my budget	1.89	1.79	1.85	1.57	1.80	1.85
Be in control of how budget is spent	2.12	1.99	1.80	1.98	1.95	2.38
Plan and manage support	1.80	2.18	1.83	1.72	1.80	1.96
Get support I want	1.74	1.85	1.51	1.51	1.66	1.88
Change my support	1.92	2.32	2.28	1.61	1.80	1.98
Choose services	1.99	2.42	2.37	1.81	2.18	2.20
Complain	1.97	2.09	2.48	1.68	1.75	2.05

Factors associated with positive outcomes for people with learning disabilities

Tables 3 and 4 summarise the associations between those process factors that councils can potentially influence and the 14 outcome indicators for people with learning disabilities. Data from between 350 and 383 respondents was available for the odds ratio analyses and data for between 158 and 195 respondents was available for the weekly amount of personal budget analyses.

Some broad patterns can be seen from tables 3 and 4. In terms of personal budget processes:

- Personal budget type has very limited associations with outcome indicators. Only council-managed personal budgets were associated with more than two outcome indicators, with three negative associations and one positive association with outcome indicators.
- People knowing the amount of their personal budget was robustly positively associated with 11 outcome indicators (some strongly), but there was no association between the weekly amount of the personal budget and any outcome indicator.
- In terms of support for the planning process, the process factors most robustly positively associated with outcome indicators were: getting help to plan the personal budget (associated with all 13 outcome indicators, some strongly), and feeling that your views were included in the planning process (associated with 14 outcome indicators, almost all with strong associations). Help for planning from specific sources was not generally strongly associated with outcome indicators, with more positive associations concerning help from family/friends (four outcome indicators).
- The council making all nine aspects of the personal budget process easier was robustly and often strongly positively associated with the outcome indicators (at least 12 outcome indicators for each aspect of the personal budget process).

Table 3: Factors associated with positive outcomes for people with learning disabilities holding personal budgets

Factor associated with outcome	OUTCOME MEASURE						
	Your physical health	Your mental wellbeing	Being in control of life	Being independent	Being in control of support	Getting support you need	Being supported with dignity
TYPE OF PERSONAL BUDGET							
Direct payment to person	1.42	1.23	1.91	1.36	1.46	1.21	1.17
Looked after direct payment	1.25	1.70	0.83	0.96	1.10	1.50	1.36
Individual service fund	0.80	1.27	0.95	1.39	0.89	0.86	0.74
Council-managed personal budget	0.58	0.41	0.57	0.57	0.53	0.47	0.58

AMOUNT OF PERSONAL BUDGET							
Know amount of personal budget	1.96	3.06	1.81	1.91	3.06	1.64	1.86
[Weekly amount of personal budget]	Eta ² =0.000	Eta ² =0.001	Eta ² =0.001	Eta ² =0.000	Eta ² =0.000	Eta ² =0.001	Eta ² =0.003
SUPPORT FOR PERSONAL BUDGET PLANNING							
Get help to plan personal budget	3.53	3.09	3.42	4.85	3.31	7.63	6.85
Get help from family /friends	1.59	1.27	1.11	1.67	1.21	1.69	1.14
Get help from someone in NHS	1.00	1.70	0.68	0.73	0.90	0.91	1.29
Get help from someone in council	1.69	1.28	0.87	1.41	1.09	1.44	1.42
Get help from someone else	0.93	1.14	2.27	1.83	3.18	1.79	1.81
Views included in planning process	2.07	3.50	6.54	3.72	4.83	3.47	3.64
MY COUNCIL MAKES IT EASY FOR ME TO...							
Get info/ advice	2.50	2.23	2.82	2.48	2.89	3.05	3.12
Have my needs assessed	2.29	1.81	2.92	3.27	3.40	4.12	3.81
Know how to spend my budget	2.00	2.65	2.77	3.13	3.48	3.56	3.27
Be in control of how budget is spent	2.17	2.54	3.24	3.32	5.67	4.23	2.93
Plan and manage support	1.98	3.01	2.73	2.65	4.67	4.08	2.42

Get support I want	1.97	2.86	2.44	3.09	3.18	3.43	3.91
Change my support	1.99	1.85	2.97	2.64	3.58	3.92	3.24
Choose services	1.80	1.97	3.65	2.81	3.98	2.86	3.47
Complain	1.89	2.19	3.11	2.47	3.22	2.60	2.65

Table 4: Factors associated with positive outcomes for people with learning disabilities holding personal budgets

OUTCOME MEASURE							
Factor associated with outcome	Feeling safe	Choose where/who live with	Get/keep a paid job	Volunteering and helping community	Relations with family	Relations with friends	Relations with paid supporters
TYPE OF PERSONAL BUDGET							
Direct payment to person	1.05	0.85	0.80	1.28	1.24	1.18	1.50
Looked after direct payment	1.32	1.08	1.12	0.55	1.28	1.43	1.11
Individual service fund	1.87	0.69	0.68	1.56	0.60	0.75	0.65
Council-managed personal budget	0.59	0.77	0.41	2.00	0.52	0.54	0.53
AMOUNT OF PERSONAL BUDGET							
Know amount of personal budget	2.16	1.63	1.71	1.32	2.38	2.21	2.28
[Weekly amount of personal budget]	Eta ² =0.000	Eta ² =0.011	Eta ² =0.007	Eta ² =0.004	Eta ² =0.003	Eta ² =0.000	Eta ² =0.012

SUPPORT FOR PERSONAL BUDGET PLANNING							
Get help to plan personal budget	5.56	2.19	2.70	1.14	5.24	3.04	3.03
Get help from family /friends	1.44	1.03	1.63	1.05	1.86	1.08	0.91
Get help from someone in NHS	1.45	1.31	2.10	2.11	0.54	1.04	1.07
Get help from someone in council	1.23	1.06	0.71	1.16	1.42	1.08	1.30
Get help from someone else	1.55	1.24	1.31	1.58	0.87	1.14	1.45
Views included in planning process	2.04	1.98	4.17	2.39	2.13	2.58	2.57
MY COUNCIL MAKES IT EASY FOR ME TO...							
Get info/ advice	1.90	1.88	3.58	2.45	1.49	2.05	2.21
Have my needs assessed	1.82	2.28	3.89	2.22	1.72	2.45	2.19
Know how to spend my budget	1.77	2.07	2.58	1.33	1.32	1.60	2.12
Be in control of how budget is spent	1.96	1.81	3.29	1.84	2.00	1.91	2.64
Plan and manage support	2.17	1.91	3.83	2.56	2.17	1.93	2.69
Get support I want	1.94	2.34	3.42	2.92	1.60	1.89	2.19
Change my support	1.99	2.03	3.70	2.98	1.65	1.39	2.00
Choose services	2.38	2.28	3.10	2.95	1.40	2.01	2.08
Complain	1.96	2.81	3.61	2.74	1.35	2.01	1.89

Factors associated with positive outcomes for people with mental health problems

Tables 5 and 6 summarise the associations between those process factors that councils can potentially influence and the 14 outcome indicators for people with mental health problems. Data from between 154 and 169 respondents was available for the odds ratio analyses and data for between 86 and 102 respondents was available for the weekly amount of personal budget analyses.

Some broad patterns can be seen from tables 5 and 6. In terms of personal budget processes:

- Most types of personal budget type have limited associations with outcome indicators. Direct payments paid to the person were strongly positively associated with four outcome indicators and direct payments looked after by someone else or individual service fund were hardly associated with any outcome indicators. However, council-managed personal budgets were strongly and negatively associated with nine outcome indicators (although there was also one positive association).
- People knowing the amount of their personal budget was negatively associated with only two outcome indicators, but there was no association between the weekly amount of the personal budget and any outcome indicator.
- In terms of support for the planning process, two process factors were robustly and positively associated with outcome indicators: feeling that your views were included in the planning process (associated with 13 outcome indicators, almost all with strong associations), and getting planning help from someone in the NHS (associated with seven outcome indicators, almost all with strong associations). Getting help to plan the personal budget was negatively associated with four outcome indicators, and support from other specific sources was not strongly associated with outcome indicators.
- The council making seven of the nine aspects of the personal budget process easier was robustly and often strongly positively associated with the outcome indicators (at least 11 outcome indicators for each aspect of the personal budget process), the council making it easy to have your needs assessed was positively associated with seven outcome indicators and the council making it easy for you to know how to spend your budget was associated with nine outcome indicators.

Table 5: Factors associated with positive outcomes for people with mental health problems holding personal budgets

	OUTCOME MEASURE						
Factor associated with outcome	Your physical health	Your mental wellbeing	Being in control of life	Being independent	Being in control of support	Getting support you need	Being supported with dignity
TYPE OF PERSONAL BUDGET							
Direct payment to person	1.38	2.36	1.30	3.12	2.14	1.69	2.02
Looked after direct payment	1.14	0.77	1.10	0.58	0.81	0.89	0.70
Individual service fund	0.99	0.67	0.75	0.53	0.79	0.61	0.55
Council-managed personal budget	0.42	0.29	0.41	0.29	0.48	0.68	0.44
AMOUNT OF PERSONAL BUDGET							
Know amount of personal budget	0.46	0.64	1.20	0.70	1.26	1.37	0.94
[Weekly amount of personal budget]	Eta ² =0.002	Eta ² =0.000	Eta ² =0.033	Eta ² =0.004	Eta ² =0.003	Eta ² =0.005	Eta ² =0.003
SUPPORT FOR PERSONAL BUDGET PLANNING							
Get help to plan personal budget	0.55	0.57	0.71	0.38	0.43	0.61	0.96
Get help from family /friends	1.02	0.93	0.61	0.67	0.83	0.64	0.75
Get help from someone in NHS	1.55	3.77	2.43	3.02	2.54	2.51	2.33

Get help from someone in council	0.98	0.87	0.85	0.90	0.96	0.91	1.40
Get help from someone else	0.72	0.45	0.60	0.40	0.34	0.55	0.70
Views included in planning process	1.80	5.29	8.20	3.39	4.59	6.21	6.33
MY COUNCIL MAKES IT EASY FOR ME TO...							
Get info/ advice	3.70	2.67	5.60	4.18	4.54	3.89	4.06
Have my needs assessed	2.29	3.27	3.10	3.57	3.51	3.75	1.87
Know how to spend my budget	3.17	3.94	3.17	4.31	3.89	4.36	3.00
Be in control of how budget is spent	2.65	5.06	5.28	4.67	4.89	4.99	4.19
Plan and manage support	2.36	4.07	3.95	3.58	3.88	4.23	3.94
Get support I want	2.21	2.56	4.18	3.27	2.56	4.31	3.55
Change my support	3.10	3.87	7.73	4.68	4.06	6.11	4.06
Choose services	1.88	2.84	4.23	3.38	3.58	3.79	4.25
Complain	2.28	4.46	4.41	3.83	7.70	5.92	4.10

Table 6: Factors associated with positive outcomes for people with mental health problems holding personal budgets

	OUTCOME MEASURE						
Factor associated with outcome	Feeling safe	Choose where/who live with	Get/keep a paid job	Volunteering and helping community	Relations with family	Relations with friends	Relations with paid supporters
TYPE OF PERSONAL BUDGET							
Direct payment to person	1.16	0.63	1.94	0.77	1.49	1.11	0.91
Looked after direct payment	1.03	1.57	0.25	1.12	0.90	1.16	1.49
Individual service fund	0.70	0.90	0.51	1.29	0.74	0.94	1.39
Council-managed personal budget	1.35	2.04	1.03	0.72	0.18	0.23	0.42
AMOUNT OF PERSONAL BUDGET							
Know amount of personal budget	0.90	1.46	0.95	0.49	1.31	0.72	1.27
[Weekly amount of personal budget]	Eta ² =0.004	Eta ² =0.012	Eta ² =0.000	Eta ² =0.016	Eta ² =0.000	Eta ² =0.009	Eta ² =0.009
SUPPORT FOR PERSONAL BUDGET PLANNING							
Get help to plan personal budget	0.42	0.34	1.58	1.01	1.38	1.18	0.90
Get help from family /friends	0.91	0.83	1.73	1.37	1.29	0.66	0.95
Get help from someone in NHS	1.20	0.59	2.18	0.62	1.57	1.71	0.87

Get help from someone in council	1.10	0.95	0.68	0.55	0.98	1.02	1.46
Get help from someone else	0.55	0.89	1.11	2.62	0.83	0.81	1.33
Views included in planning process	2.49	2.09	3.89	3.48	8.13	8.26	2.12
MY COUNCIL MAKES IT EASY FOR ME TO...							
Get info/ advice	2.27	2.92	2.37	1.99	2.98	2.69	2.22
Have my needs assessed	1.40	1.64	2.11	1.21	1.86	1.48	1.84
Know how to spend my budget	1.56	1.85	1.50	0.80	2.97	1.86	2.68
Be in control of how budget is spent	2.18	1.72	13.79	1.43	3.15	2.03	2.07
Plan and manage support	2.29	1.59	3.64	1.82	4.54	2.33	2.72
Get support I want	1.79	1.41	2.35	1.76	2.48	1.97	2.26
Change my support	2.84	2.24	1.43	1.92	2.20	2.45	3.88
Choose services	2.02	2.41	2.59	1.49	2.52	2.48	4.50
Complain	1.99	3.10	2.06	1.32	3.06	3.08	4.51

Factors associated with positive outcomes for people with physical disabilities

Tables 7 and 8 summarise the associations between those process factors that councils can potentially influence and the 14 outcome indicators for people with physical disabilities. Data from between 349 and 377 respondents was available for the odds ratio analyses and data for between 191 and 224 respondents was available for the weekly amount of personal budget analyses.

Some broad patterns can be seen from tables 7 and 8. In terms of personal budget processes:

- Two types of personal budget had robust associations with outcome indicators. Direct payments paid to the person had positive (although not strong) associations with eight outcome indicators, and council-managed personal budgets often had strong, negative associations with 10 outcome indicators. Direct payments looked after by someone else and individual service funds were not robustly associated with outcomes.
- People knowing the amount of their personal budget was robustly positively associated with 11 outcome indicators (many strongly), but there was no association between the weekly amount of the personal budget and any outcome indicator.
- In terms of support for the planning process, only feeling that your views were included in the planning process was robustly positively associated with outcome indicators (associated with eight outcome indicators, some with strong associations). Getting help to plan your personal budget and help from specific sources were positively associated with a maximum of four outcome indicators.
- The council making all seven of the nine aspects of the personal budget process easier was robustly and often strongly positively associated with the outcome indicators (at least 11 outcome indicators for each aspect of the personal budget process), the council making it easy to have your needs assessed was positively associated with nine outcome indicators and the council making it easy for you to know how to spend your budget was associated with eight outcome indicators.

Table 7: Factors associated with positive outcomes for people with physical disabilities holding personal budgets

Factor associated with outcome	OUTCOME MEASURE						
	Your physical health	Your mental wellbeing	Being in control of life	Being independent	Being in control of support	Getting support you need	Being supported with dignity
TYPE OF PERSONAL BUDGET							
Direct payment to person	1.55	1.50	2.38	1.52	1.85	1.90	1.62
Looked after direct payment	0.69	0.99	1.58	1.07	1.02	0.70	1.08
Individual service fund	1.15	1.05	0.29	2.43	1.54	1.18	1.10
Council-managed personal budget	0.88	0.60	0.27	0.48	0.25	0.48	0.30

AMOUNT OF PERSONAL BUDGET							
Know amount of personal budget	1.49	2.09	2.99	1.97	2.10	2.20	1.58
[Weekly amount of personal budget]	Eta ² =0.007	Eta ² =0.000	Eta ² =0.007	Eta ² =0.004	Eta ² =0.006	Eta ² =0.003	Eta ² =0.003
SUPPORT FOR PERSONAL BUDGET PLANNING							
Get help to plan personal budget	2.11	1.85	1.14	1.36	2.00	1.85	1.72
Get help from family /friends	0.86	0.92	0.80	1.24	1.10	1.10	1.01
Get help from someone in NHS	1.13	0.76	0.70	0.81	1.54	1.81	1.31
Get help from someone in council	0.93	1.16	1.42	1.23	1.17	1.31	1.33
Get help from someone else	2.31	1.36	1.36	1.11	1.34	0.99	1.16
Views included in planning process	1.56	2.42	3.22	2.34	3.47	2.95	2.11
MY COUNCIL MAKES IT EASY FOR ME TO...							
Get info/ advice	1.43	1.78	1.98	1.87	2.55	2.35	2.03
Have my needs assessed	1.13	1.39	2.38	2.21	2.86	2.34	2.29
Know how to spend my budget	1.48	2.05	2.33	2.18	2.32	2.23	2.18
Be in control of how budget is spent	1.79	2.33	3.25	3.05	4.52	3.21	2.87
Plan and manage support	2.43	2.16	4.15	3.51	4.68	2.79	2.96

Get support I want	1.80	1.92	3.52	2.94	3.69	3.17	2.32
Change my support	1.91	1.74	2.87	3.42	4.56	3.69	2.85
Choose services	1.67	2.24	3.93	5.83	5.60	2.92	2.63
Complain	1.73	2.12	3.31	3.98	4.93	4.11	2.20

Table 8: Factors associated with positive outcomes for people with physical disabilities holding personal budgets

OUTCOME MEASURE							
Factor associated with outcome	Feeling safe	Choose where/who live with	Get/keep a paid job	Volunteering and helping community	Relations with family	Relations with friends	Relations with paid supporters
TYPE OF PERSONAL BUDGET							
Direct payment to person	1.70	1.40	1.91	1.87	1.12	1.22	1.77
Looked after direct payment	1.41	1.29	0.64	1.02	1.42	1.33	1.43
Individual service fund	0.51	0.60	1.05	2.28	1.00	0.65	0.57
Council-managed personal budget	0.31	0.19	1.10	1.12	0.37	0.44	0.31
AMOUNT OF PERSONAL BUDGET							
Know amount of personal budget	3.12	2.16	1.65	2.49	1.73	1.90	2.29
[Weekly amount of personal budget]	Eta ² =0.015	Eta ² =0.013	Eta ² =0.001	Eta ² =0.017	Eta ² =0.000	Eta ² =0.017	Eta ² =0.012

SUPPORT FOR PERSONAL BUDGET PLANNING							
Get help to plan personal budget	1.86	1.15	0.51	1.00	1.35	1.68	1.69
Get help from family /friends	0.78	0.95	1.27	0.88	1.11	1.07	0.94
Get help from someone in NHS	0.79	0.92	0.70	0.88	0.95	1.24	2.68
Get help from someone in council	1.13	1.24	1.49	1.40	1.42	1.30	1.00
Get help from someone else	1.99	1.41	1.62	1.28	0.97	1.32	3.42
Views included in planning process	2.63	1.74	0.91	1.25	1.14	1.49	2.53
MY COUNCIL MAKES IT EASY FOR ME TO...							
Get info/ advice	1.82	1.57	1.20	1.36	1.65	1.61	1.96
Have my needs assessed	1.86	1.58	1.51	1.43	1.61	1.34	2.23
Know how to spend my budget	2.17	1.48	1.75	1.76	1.13	1.34	1.48
Be in control of how budget is spent	2.65	2.05	1.17	1.30	1.82	2.15	2.37
Plan and manage support	2.98	1.82	1.86	1.62	2.02	2.54	2.46
Get support I want	2.79	1.91	1.33	1.01	1.98	1.63	1.89
Change my support	2.15	1.41	1.14	1.10	1.59	1.59	2.07
Choose services	2.92	1.60	1.05	1.07	2.48	2.18	2.57
Complain	2.60	2.16	1.43	1.59	2.24	2.03	2.96

The POET Survey for carers

This section of the report presents findings for carers responding to the POET survey, including:

- Who responded to the POET survey
- The circumstances of carers and the personal budgets used by the people they are supporting
- What difference personal budgets make or don't make to carers' lives
- What factors are associated with better outcomes for carers.

Who responded to the POET survey?

As mentioned earlier, a total of 1,386 carers completed the POET survey and gave their agreement for the information to be used. As people could choose not to complete particular questions within the survey, the totals reported throughout the report are unlikely to add up to this overall total.

Equalities monitoring data is presented next, with data presented for carers responding to this survey (Carers 2013) and for carers responding to the previous POET survey (Carers 2011). The purpose of these comparisons is purely illustrative. Neither survey could be designed to produce nationally representative groups of carers so differences across the two surveys cannot be interpreted as changes over time.

Figure 1 shows that over two-thirds (70.1%) of respondents to the 2013 POET carer survey were women, almost identical to 2011.

Figure 1: Gender of carers responding to the survey

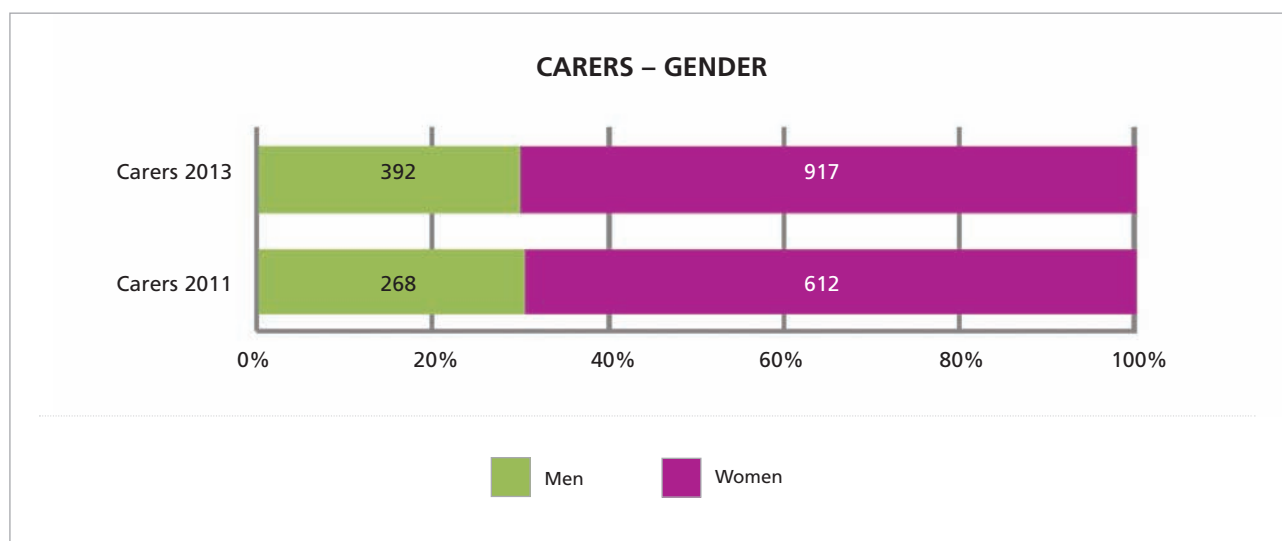


Figure 2 shows that a large proportion (41.7%) of the 2013 POET carer survey respondents was aged 65 or over, a larger proportion than in 2011. Almost half (47.1%) of carers in 2013 were aged 45-64 years, a larger proportion than in 2011. Relatively few carers in the 2013 POET survey were aged 16-44 years (11.2%), similar to 2011.

Figure 2: Age of carers responding to the survey.

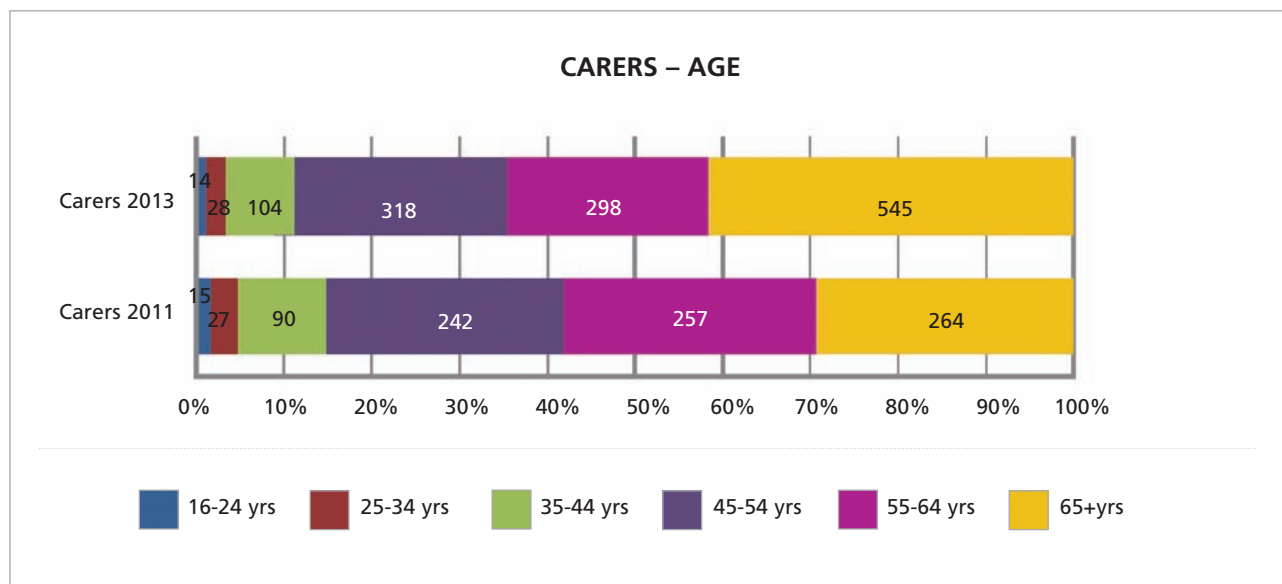


Figure 3 shows that the vast majority (88.0%) of 2013 POET carer survey respondents reported their ethnicity as white, with no other ethnic group exceeding 2 per cent and ethnicity not recorded for 7.4 per cent of respondents. There was a smaller proportion of carers from ethnic groups other than white in 2013 (4.7%) compared to 2011 (11.3%).

Figure 3: Ethnicity of carers responding to the survey

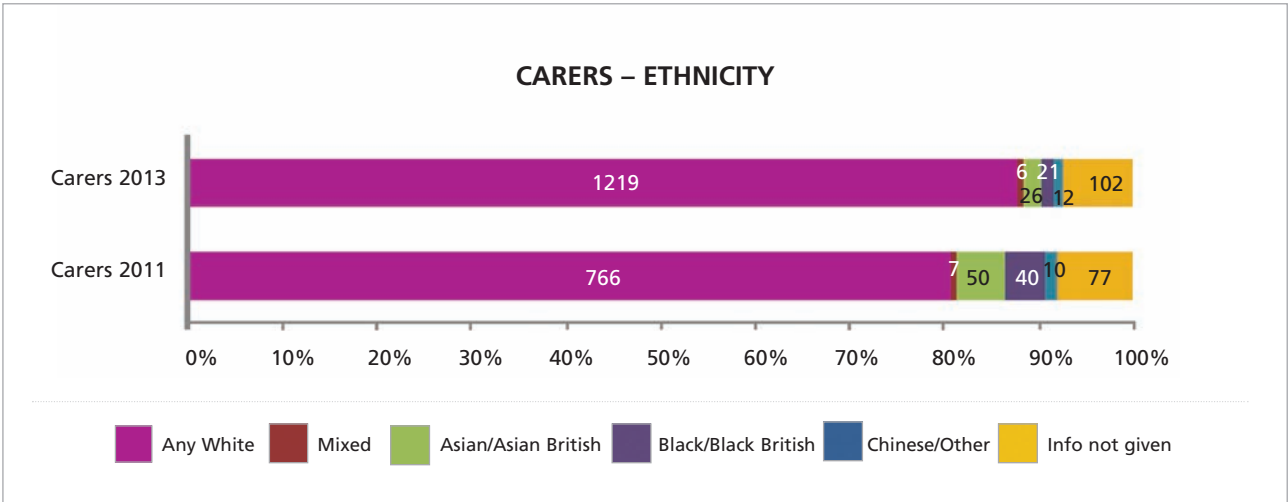


Figure 4 shows that the numbers for 2013 carers were very similar to those for 2011 carers concerning religion. About two-thirds of 2013 POET carer survey respondents reported their religion as Christian (66.6%), with 16.2 per cent of 2013 respondents reporting themselves as having no religion and a smaller proportion not recording their religion (10.2%).

Figure 4: Religion of carers responding to the survey

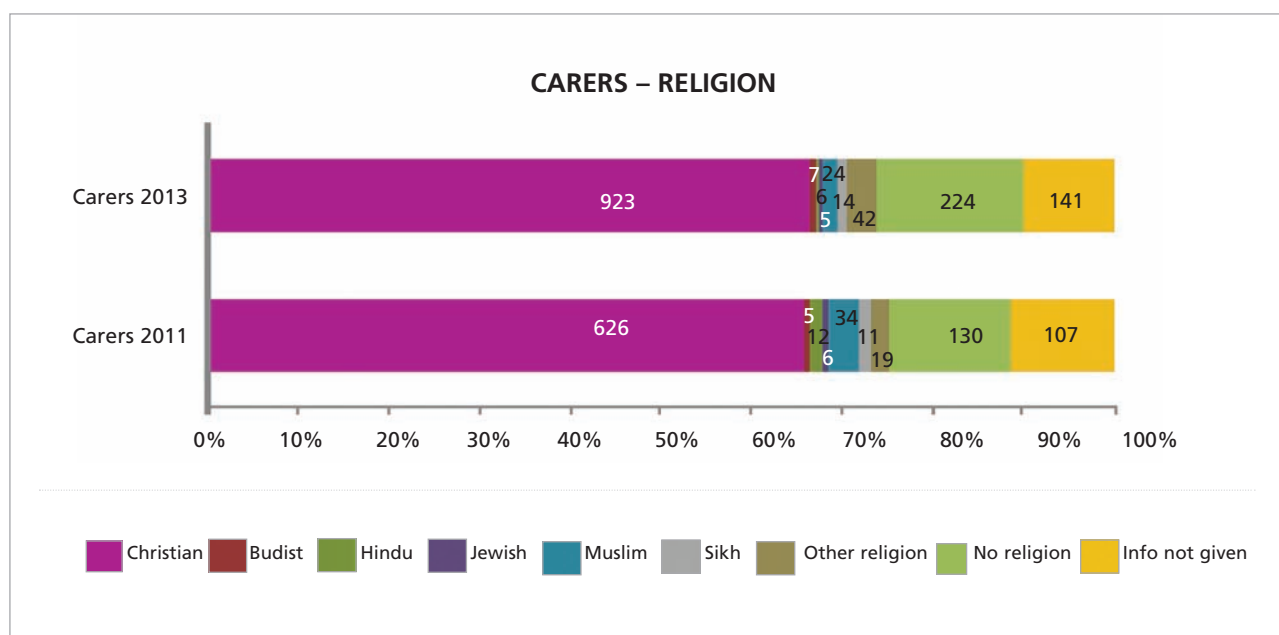


Figure 5 shows that a large majority of 2013 POET carer survey respondents reported their sexual orientation as heterosexual/straight (81.6%), with a small proportion of 2013 respondents not recording their sexual orientation (16.5%). Fewer carers in the 2011 survey recorded their sexual orientation than in the 2013 survey.

Figure 5: Sexual orientation of carers responding to the survey

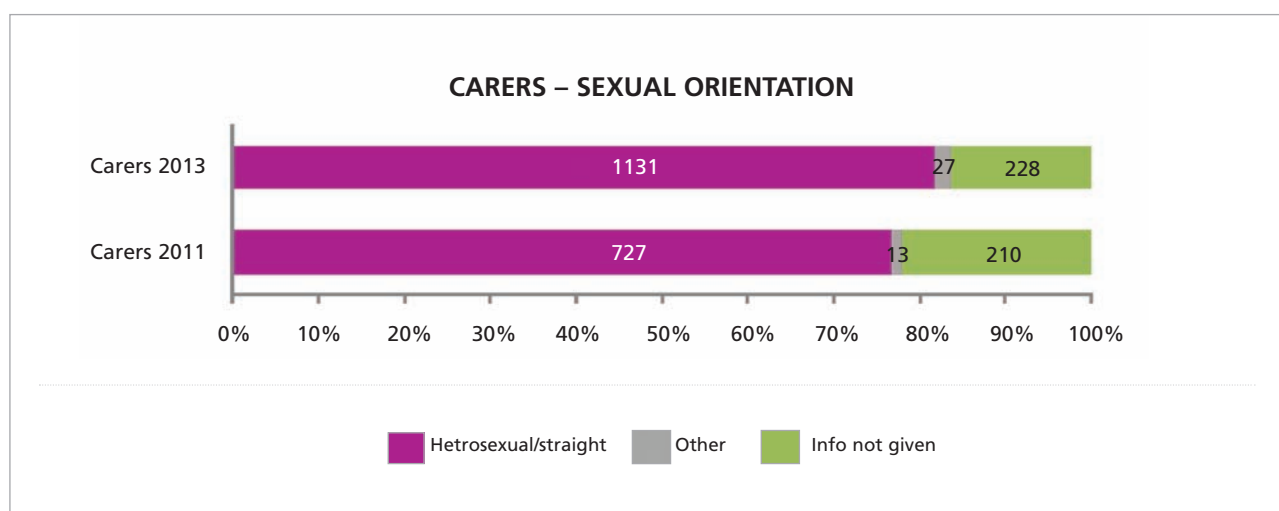
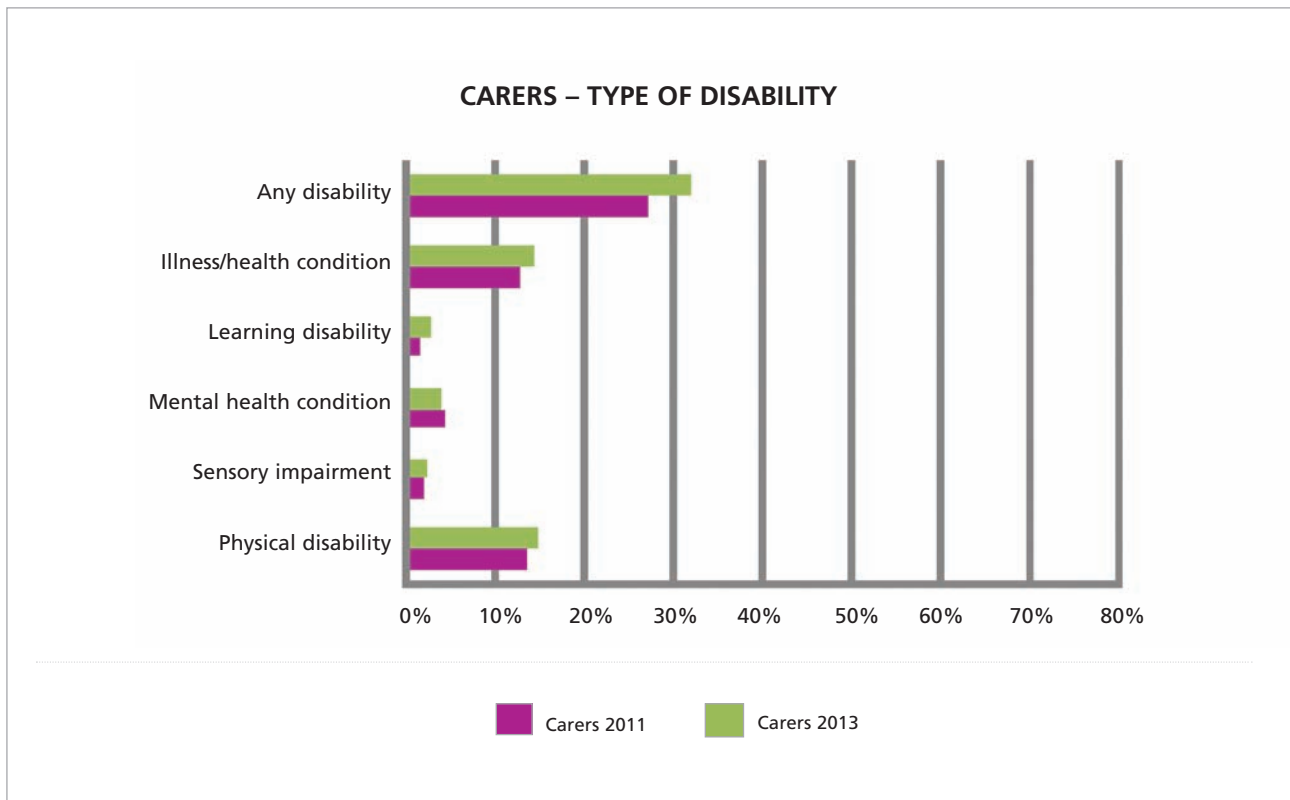


Figure 6 shows that almost a third (32.0%) of carers responding to the 2013 POET carer survey reported themselves as having a disability, a greater proportion than in 2011 (27.1%). The most commonly reported disabilities were physical disabilities (14.6%) and long-standing illnesses/health conditions (14.4%), with mental health problems (4.0%), learning disabilities (2.9%) and sensory impairments (2.4%) less common.

Figure 6: Self-reported disability of carers responding to the survey

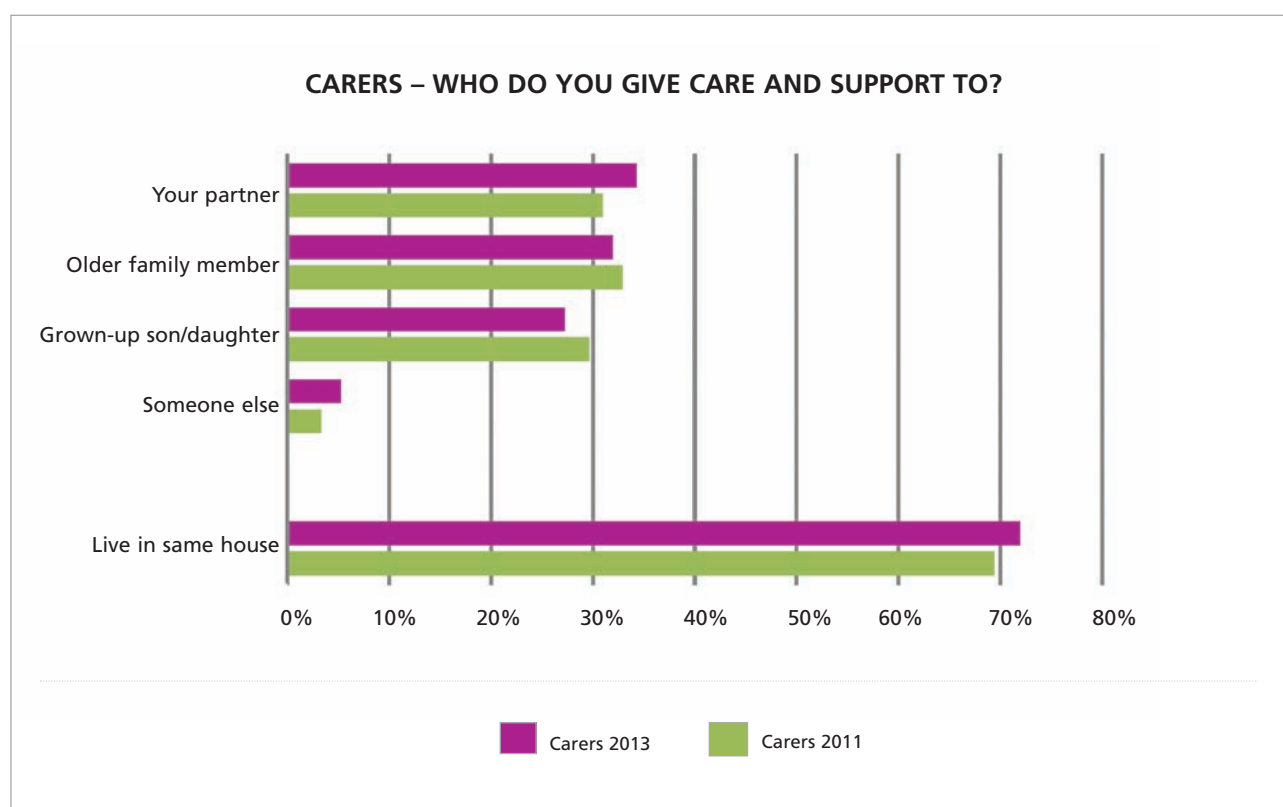


What are the circumstances of carers?

As in 2011, the 2013 POET survey asked carers a number of questions about their current circumstances regarding their caring role.

Figure 7 shows who carers in the POET survey in 2013 and 2011 were offering care and support to. Broadly similar to 2011, substantial proportions of carers in 2013 were caring for a partner/spouse (34.2%), an older family member (usually a parent, 31.9%) or a grown-up son or daughter (27.1%). Figure 7 also shows that over two-thirds of carers in 2013 (71.8%) were living in the same house as the person they were caring for.

Figure 7: Who carers give care and support to, and if carers live in the same house as the person cared for



The POET survey also asked carers to estimate how many hours per week (with 168 hours representing 24/7 care) they would typically spend caring for the person they were supporting. There were sufficient numbers in the 2013 POET carer survey to enable us to examine this according to whether the carer is living in the same house as the person they are supporting and the relationship of the carer to the person they are supporting (with the exception of carers supporting someone else, where there were too few numbers).

Figure 8 shows the median number of weekly hours that carers spent caring for the person they were supporting, with the following findings:

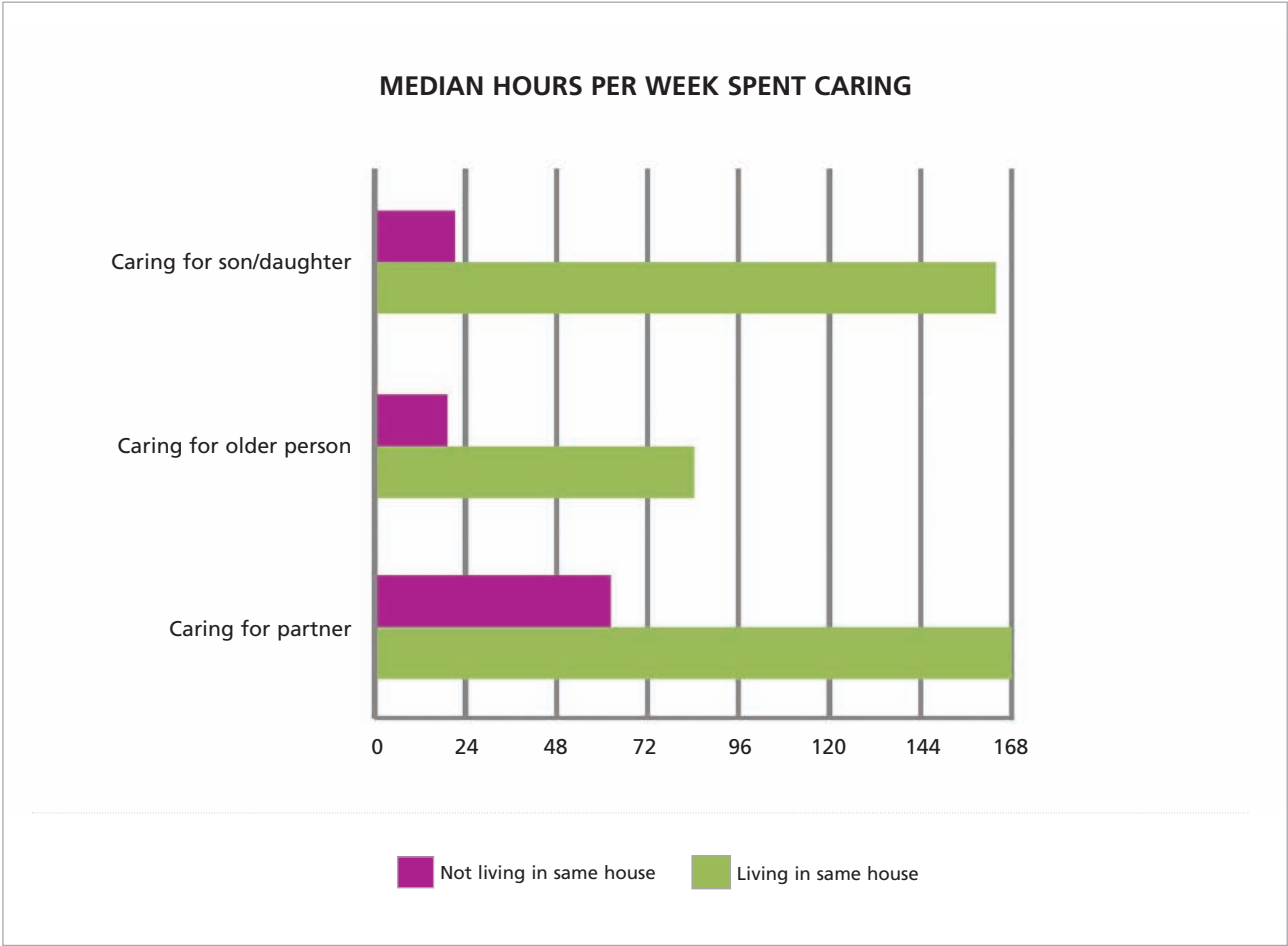
- Overall, carers in the 2013 POET survey reported a median 100 hours per week spent caring, compared to a median 50 hours per week reported by carers in the 2011 POET survey
- People living in the same house as the person they were supporting spent more weekly hours caring than people who were not living in the same house as the person they were supporting¹²²
- For those carers living in the same house as the person they were supporting, carers supporting partners (median 168 hours per week) and carers supporting grown-up sons/daughters (median 164 hours per week) spent more hours caring than carers of older family members (median 84.5 hours)¹²³
- For those carers not living in the same house as the person they were supporting, there was a trend for carers supporting partners (median 62 hours) to spend more hours caring than carers supporting older family members (median 19 hours) or grown-up sons/daughters (median 21 hours).¹²⁴

122 *M-W* $U=33654$, $n=1154$, $p<0.001$

123 *Kruskal Wallis* $\chi^2=30.2$, $df=2$, $p<0.001$

124 *Kruskal Wallis* $\chi^2=8.9$, $df=2$, $p=0.012$

Figure 8: Median hours per week spent caring by whether the caring is living in the same house as the person they are supporting and the relationship of the carer to the person they are supporting



Carers and personal budgets

As with the POET survey for personal budget holders, the POET survey asked carers whether the person they were supporting had been receiving support from their council before getting a personal budget, how long the person they were supporting had been using a personal budget, whether the carer's views had been taken into account when the personal budget was drawn up for the person they were caring for and whether the carer themselves was getting personal budget support.

Figure 9 shows that – similarly to 2011 – just over half of the people being supported by carers in 2013 had received council support before their personal budget. Partners (51.1%) and older family members (53.5%) of carers were more likely to have received previous social care support than grown-up sons/daughters of carers (39.2%).¹²⁵

Figure 9: Whether the person being supported by the carer had local authority social care support before their personal budget

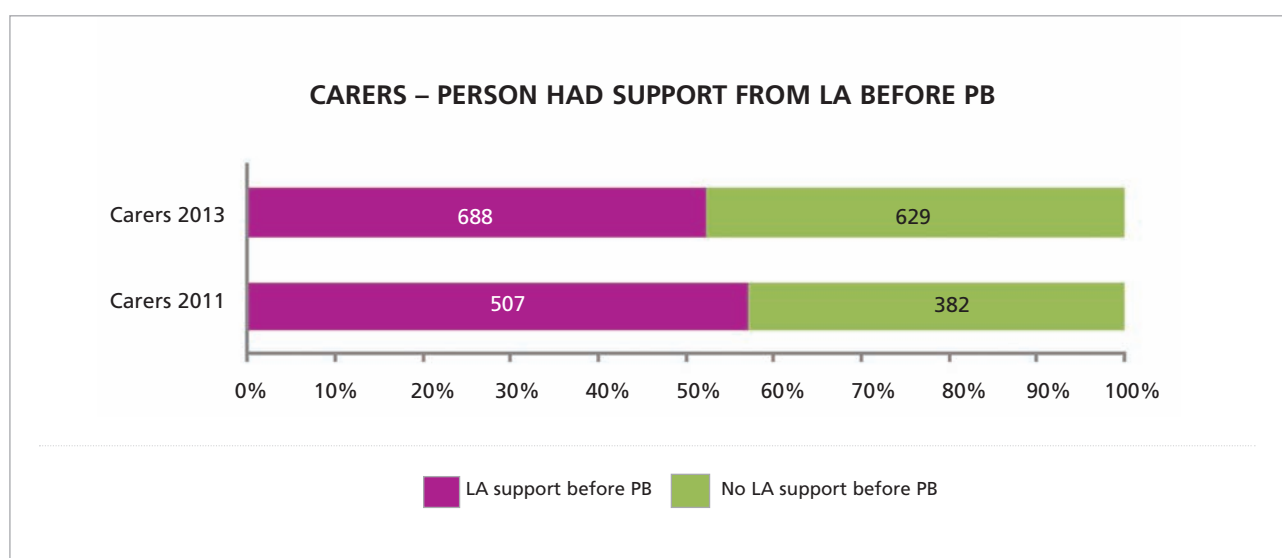


Figure 10 shows that – similarly to 2011 – people being supported by carers in 2013 most commonly had held their personal budget for less than a year (42.7%), with over a third (37.7%) holding their personal budget for between one and three years and almost one fifth (19.6%) holding their personal budget for more than three years. Grown-up sons/daughters of carers (30.2%) were more likely to have held their personal budget for more than three years than partners (15.5%) or older family members (14.2%) of carers.¹²⁶

¹²⁵ Chi-square=18.4, df=2, $p<0.001$

¹²⁶ Chi-square=43.4, df=4, $p<0.001$

Figure 10: Length of time the person being supported by carers had held their personal budget

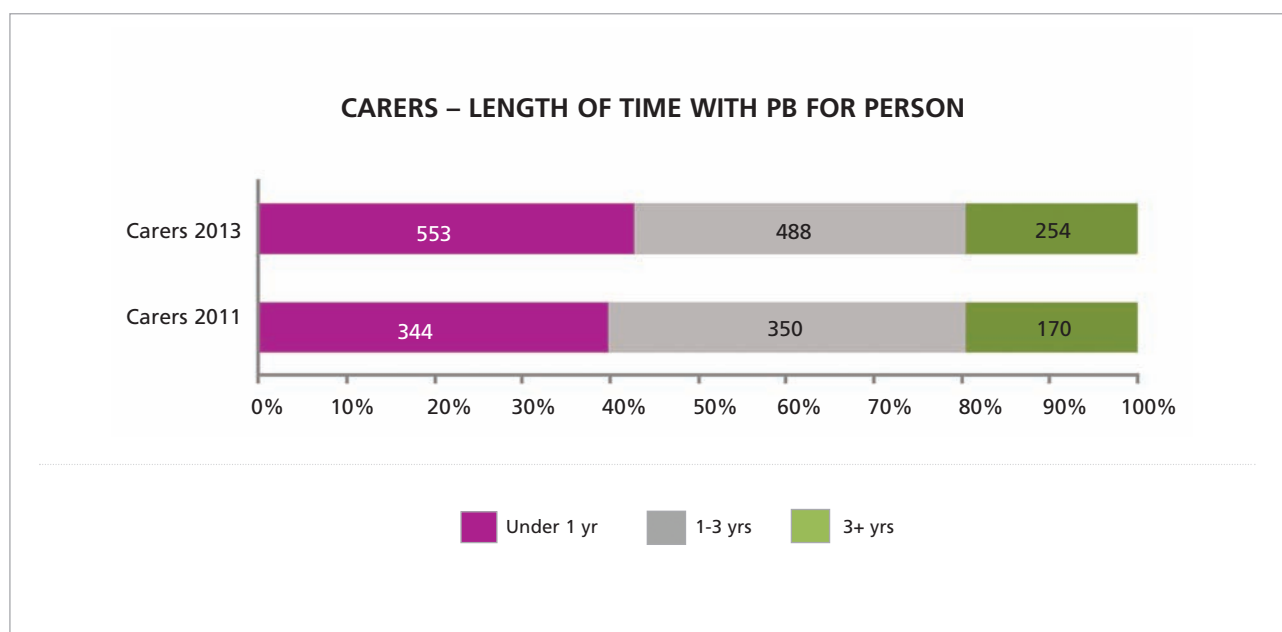


Figure 11 shows carers' views on how much they felt they were included in the personal budget support plan for the person they are supporting, with the following findings:

- Similarly to 2011, more than three quarters of carers (77.6%) in 2013 reported that they felt very much or mostly included in the supported person's support plan, with about one tenth (9.9%) reporting that they felt not really or not at all included
- Carers of grown-up sons/daughters (83.5%) were more likely to report feeling fully involved than carers of partners (79.5%) or older family members (73.9%)¹²⁷
- Carers living in the same house as the person they were supporting (79.9%) were more likely to report feeling fully involved than carers not in the same house (71.9%)¹²⁸
- There was a trend for carers who reported being fully involved to spend more hours caring (median 112 hours per week) than carers who reported not being fully involved (median 70 hours per week)¹²⁹

¹²⁷ Chi-square=10.9, df=2, p=0.004

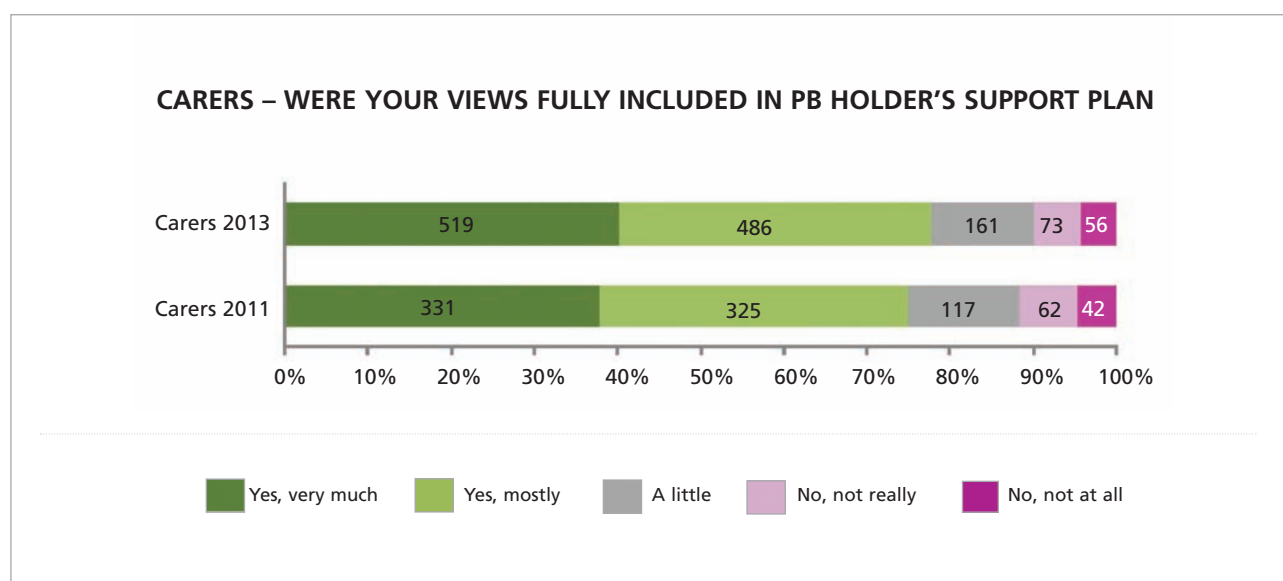
¹²⁸ Fisher's exact test p=0.003

¹²⁹ Mann-Whitney U=98525.5, n=1128, p=0.040

- There was a trend for female carers (79.4%) to be more fully involved than male carers (73.0%),¹³⁰ although there were no significant differences in feeling involved according to carers' age¹³¹ or self-reported disability.¹³²

Finally, there was substantial variation across the 15 councils with 50 or more carer respondents in 2013, with between 59.6 per cent and 90.3 per cent of carers in each council reporting feeling fully involved.¹³³

Figure 11: Carers' views on how much they were fully included in the support plan for the person they are supporting



Finally in this section, figure 12 shows the proportions of carers receiving some form of direct payment/personal budget directed towards themselves rather than the person they are supporting. This was either in the form of a direct payment/personal budget for their own needs, or a carers' direct payment/personal budget for them in their capacity as carers.

Figure 12 firstly shows that almost one third of carers responding to the 2013 POET survey (31.1%) were receiving a carers' direct payment/personal budget, with relatively few (4.8%) receiving a direct payment/personal budget for their own needs (both slightly larger proportions than in 2011).

¹³⁰ Fisher's exact test $p=0.015$

¹³¹ Fisher's exact test $p=0.24$

¹³² Fisher's exact test $p=0.13$

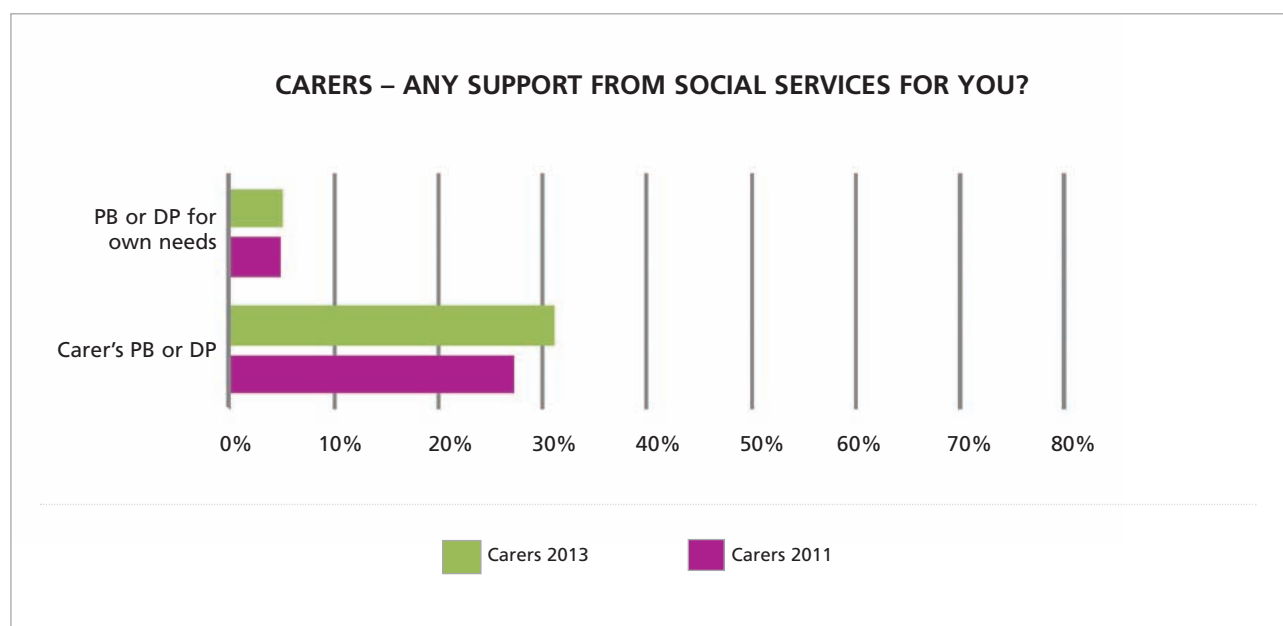
¹³³ Chi-square=33.6, $df=14$, $p=0.002$

Further findings concerning carers receiving carers' direct payments/personal budgets included:

- There were no differences in the proportion of carers receiving carers' direct payments/personal budgets according to who carers were supporting¹³⁴
- There was a trend for carers living in the same house as the person they were supporting (33.5%) to be more likely to receive a carers' direct payment/personal budget than carers not in the same house (27.5%)¹³⁵
- Carers receiving a carers' direct payment/personal budget and those not receiving this did not differ in the weekly number of hours spent caring¹³⁶
- There were no differences according to carer gender,¹³⁷ age¹³⁸ or self-reported disability.¹³⁹

Finally, there was substantial variation across the 15 councils with 50 or more carer respondents in 2013, with between 15.7 per cent and 75.6 per cent of carers in each council receiving a carers' direct payment/personal budget.¹⁴⁰

Figure 12: Carers' receipt of direct payment/personal budget support from local authorities for themselves



¹³⁴ Chi-square=3.7, df=2, p=0.15

¹³⁵ Fisher's exact test p=0.042

¹³⁶ Mann-Whitney U=139080, n=1295, p=0.14

¹³⁷ Fisher's exact test p=0.093

¹³⁸ Fisher's exact test p=0.23

¹³⁹ Fisher's exact test p=0.10

¹⁴⁰ Chi-square=149.2, df=14, p<0.001

Have personal budgets made a difference to carers' lives?

In both 2011 and 2013, the POET survey asked carers whether personal budgets for the person they are supporting had made a positive difference, no difference or a negative difference to nine aspects of the carers' lives. Because more carers responded to the 2013 survey than the 2011 survey, we can report outcomes separately for carers supporting partners, carers supporting older family members and carers supporting grown-up sons/daughters (see figure 13).

• CARER FINANCES

Figure 13 firstly shows that a majority of carers supporting partners (59.2%) or grown-up sons/daughters (55.3%) reported that the personal budget for the person being supported made a positive difference to the carers' finances. This was a greater proportion than carers of older family members (43.5%). Less than 10 per cent of carers in any group reported the personal budget making the carers' finances worse.

Carers of partners or grown-up sons/daughters were more likely to report a positive impact on the carers' finances than carers of grown-up sons/daughters.¹⁴¹

There were big variations across the 15 councils with 50 or more carer respondents, in the proportion of people reporting the supported person's personal budget having either a positive impact (from 35.3 per cent to 66.7 per cent) or a negative impact (from 3.6 per cent to 13.7 per cent) on the carers' finances.¹⁴²

• SUPPORT TO CONTINUE CARING

Figure 13 shows that a substantial majority of all groups of carers (carers of partners 74.8%, carers of older family members 64.6, and carers of grown-up sons/daughters 70.5%) reported that the supported person's budget had a positive impact on the carers' capacity to continue caring. Small proportions (carers of partners 3.0%, carers of older family members 5.6% and carers of grown-up sons/daughters 4.4%) reported that the budget had a negative impact.

There was a trend for carers of partners to be most likely to report a positive impact on their capacity to continue caring, followed by carers of grown-up sons/daughters, then carers of older family members.¹⁴³

There was a trend for variations across the 15 councils with 50 or more carer respondents, in the proportion of people who reported that the supported person's personal budget had either a positive impact (from 55.4 per cent to 80.4 per cent) or a negative impact (from 0 per cent to 8.3 per cent) on the carers' capacity to continue caring.¹⁴⁴

¹⁴¹ *Chi-square=25.0, df=4, p<0.001*

¹⁴² *Chi-square=54.0, df=28, p=0.002*

¹⁴³ *Chi-square=11.3, df=4, p=0.023*

¹⁴⁴ *Chi-square=46.7, df=28, p=0.015*

• QUALITY OF LIFE

Figure 13 shows that the majority of all groups of carers (carers of partners 64.6%, carers of older family members 54.7% and carers of grown-up sons/daughters 64.2%) reported that the supported person's budget had a positive impact on the carers' quality of life. Carers of older family members (14.0%) were more likely to report a negative impact of the supported person's budget on their quality of life than carers of partners (7.6%) or grown-up sons/daughters (6.6%).

Carers of older family members were less likely to report a positive impact and more likely to report a negative impact of the supported person's budget on the carers' quality of life than carers of partners or grown-up sons/daughters.¹⁴⁵

There was a trend for variations across the 15 councils with 50 or more carer respondents in the proportion of people who reported that the supported person's personal budget had either a positive impact (from 49.0 per cent to 76.5 per cent) or a negative impact (from 2.0 per cent to 22.0 per cent) on the carers' quality of life.¹⁴⁶

• PHYSICAL AND MENTAL WELLBEING

Figure 13 shows that a majority of carers supporting partners (56.2%) or grown-up sons/daughters (56.4%) reported that the personal budget for the person being supported made a positive difference to the carers' physical and mental wellbeing, a greater proportion than carers of older family members (48.7%). Carers of older family members were most likely to report that the supported person's budget made the carers' physical and mental wellbeing worse (14.9%) compared to carers of partners (11.1%) and carers of grown-up sons/daughters (8.0%).¹⁴⁷

There were big variations across the 15 councils with 50 or more carer respondents, in the proportion of people who reported that the supported person's personal budget had either a positive impact (from 33.9 per cent to 70.8 per cent) or a negative impact (from 0 per cent to 22.4 per cent) on the carers' physical and mental wellbeing.¹⁴⁸

• SOCIAL LIFE

Figure 13 shows that between a third and a half of carers across different groups (carers of partners 41.3%, carers of older family members 37.9% and carers of grown-up sons/daughters 46.2%) reported the supported person's budget having a positive impact on the carers' social lives. Carers of older family members (15.3%) were most likely to report the supported person's budget having a negative impact on the carers' social lives, followed by carers of partners (12.0%) and carers of grown-up sons/daughters (6.5%).

¹⁴⁵ *Chi-square=18.6, df=4, p=0.001*

¹⁴⁶ *Chi-square=45.2, df=28, p=0.021*

¹⁴⁷ *Chi-square=26.2, df=4, p<0.001*

¹⁴⁸ *Chi-square=67.8, df=28, p<0.001*

Carers of grown-up sons/daughters were most likely to report a positive impact and least likely to report a negative one compared to carers of partners, then carers of older family members.¹⁴⁹

There were big variations across the 15 councils with 50 or more carer respondents, in the proportion of people who reported that the supported person's personal budget had either a positive impact (from 29.4 per cent to 60.3 per cent) or a negative impact (from 0.9 per cent to 21.3 per cent) on the carers' social lives.¹⁵⁰

● PAID WORK

Figure 13 shows that less than a quarter of carers in any group (carers of partners 20.9%, carers of older family members 22.3% and carers of grown-up sons/daughters) reported that the supported person's budget had a positive impact on the carers' ability to do paid work. Less than 10 per cent of carers in any group reported that the budget had a negative impact (carers of partners 8.7%, carers of older family members 9.8% and carers of grown-up sons/daughters 5.2%). There were no differences across carer groups in reports of positive or negative impact.¹⁵¹

There were, however, big variations across the 15 councils with 50 or more carer respondents, in the proportion of people who reported that the supported person's personal budget had either a positive impact (from 7.5 per cent to 34.6 per cent) or a negative impact (from 0 per cent to 18.4 per cent) on the carers' ability to do paid work.¹⁵²

● RELATIONSHIP WITH PERSON BEING SUPPORTED

Figure 13 shows that around a half of carers of partners (49.7%) and carers of grown-up sons/daughters (51.8%) reported that the supported person's budget had a positive impact on carers' relationships with the person they are supporting, a greater proportion than that reported by carers of older family members (39.8%).¹⁵³ Low proportions of carers in any group (carers of partners 8.7%, carers of older family members 6.2% and carers of grown-up sons/daughters 1.9%) reported a negative impact.

There were big variations across the 15 councils with 50 or more carer respondents, in the proportion of people who reported that the supported person's personal budget had either a positive impact (from 34.6 per cent to 61.1 per cent) or a negative impact (from 0.9 per cent to 12.0 per cent) on the carers' relationship with the person they are supporting.¹⁵⁴

149 *Chi-square=16.1, df=4, p=0.003*

150 *Chi-square=50.8, df=28, p=0.005*

151 *Chi-square=5.8, df=4, p=0.22*

152 *Chi-square=53.3, df=28, p=0.003*

153 *Chi-square=26.2, df=4, p<0.001*

154 *Chi-square=51.3, df=28, p=0.005*

● RELATIONSHIPS WITH OTHER FAMILY/FRIENDS

Figure 13 shows that around two-fifths of carers (carers of partners 43.5%, carers of older family members 38.1% and carers of grown-up sons/daughters 42.9%) reported a positive impact of the supported person's budget on carers' relationships with other family/friends. More than 10 per cent of carers of older family members (11.9%) reported that the supported person's budget had a negative impact, compared to carers of partners (7.3%) and carers of grown-up sons/daughters (3.8%).

Carers of older family members were less likely to report a positive impact and more likely to report a negative impact of the supported person's budget on the carers' relationships with other family/friends than carers of partners or grown-up sons/daughters.¹⁵⁵

There was a trend for variations across the 15 councils with 50 or more carer respondents, in the proportion of people who reported that the supported person's personal budget had either a positive impact (from 27.5 per cent to 52.7 per cent) or a negative impact (from 0 per cent to 16.3 per cent) on the carers' relationships with other family/friends.¹⁵⁶

● CHOICE/CONTROL OVER YOUR LIFE

Finally, Figure 13 shows that almost half of carers of partners (46.0%) and carers of grown-up sons/daughters (46.6%) reported a positive impact of the supported person's budget on the carers' choice/control over their own life, compared to two fifths of carers of older family members (40.0%). Carers of older family members (15.0%) were most likely to report a negative impact, compared to carers of partners (9.0%) then carers of grown-up sons/daughters (4.4%).

Carers of older family members were least likely to report a positive impact and least likely to report a negative impact of the supported person's budget on the carers' choice/control over their own life compared to carers of partners or grown-up sons/daughters.¹⁵⁷

There was a trend for variations across the 15 councils with 50 or more carer respondents, in the proportion of people who reported that the supported person's personal budget had either a positive impact (from 31.4 per cent to 57.0 per cent) or a negative impact (from 1.9 per cent to 19.6 per cent) on the carers' choice/control over their own lives.¹⁵⁸

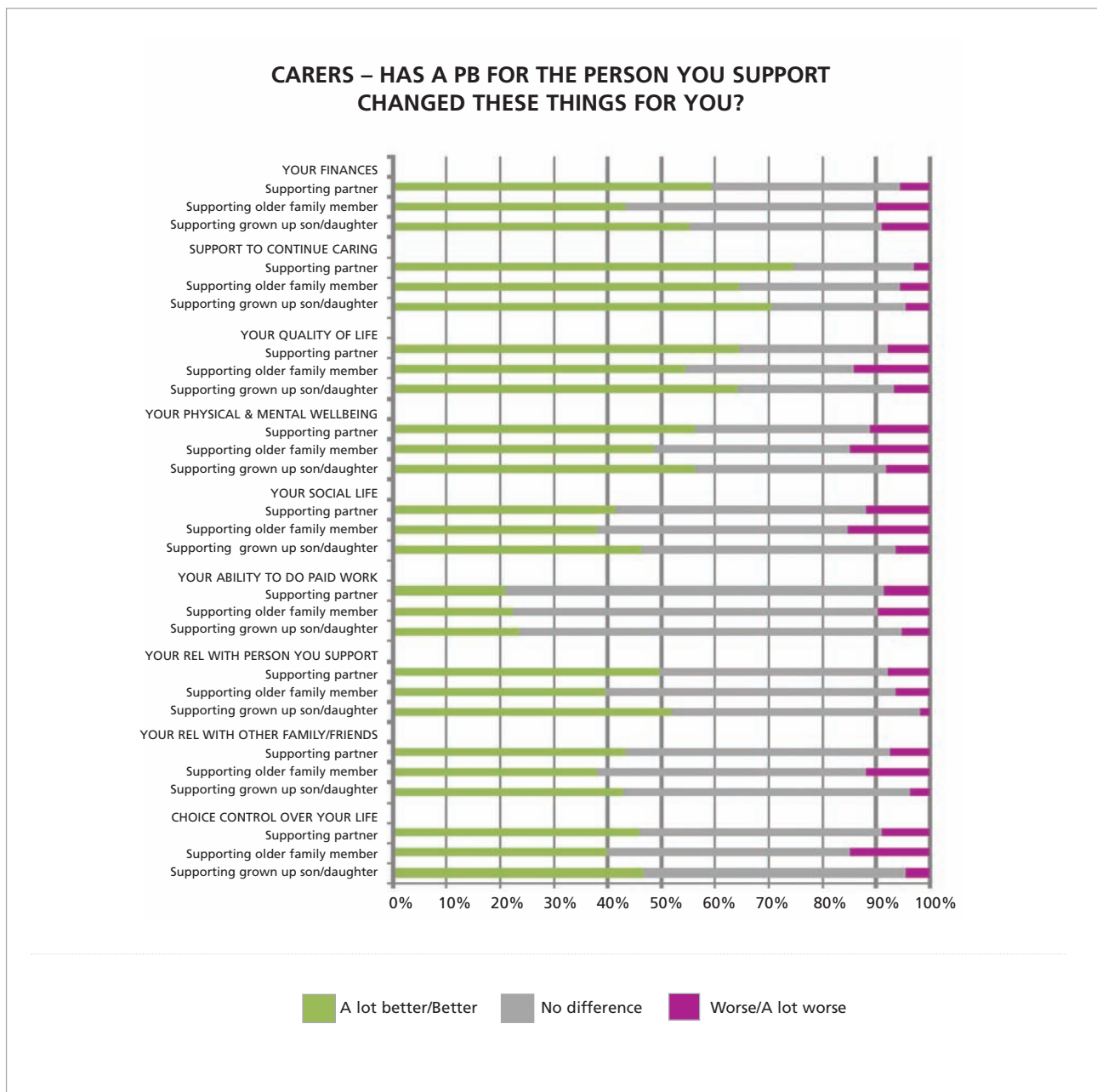
155 *Chi-square=18.9, df=4, p=0.001*

156 *Chi-square=41.8, df=28, p=0.045*

157 *Chi-square=26.5, df=4, p<0.001*

158 *Chi-square=46.2, df=28, p=0.017*

Figure 13: Reported impact of personal budgets (for the person being supported) on nine aspects of carers' lives, by who the carer is supporting



Free text responses – carers of personal budget recipients

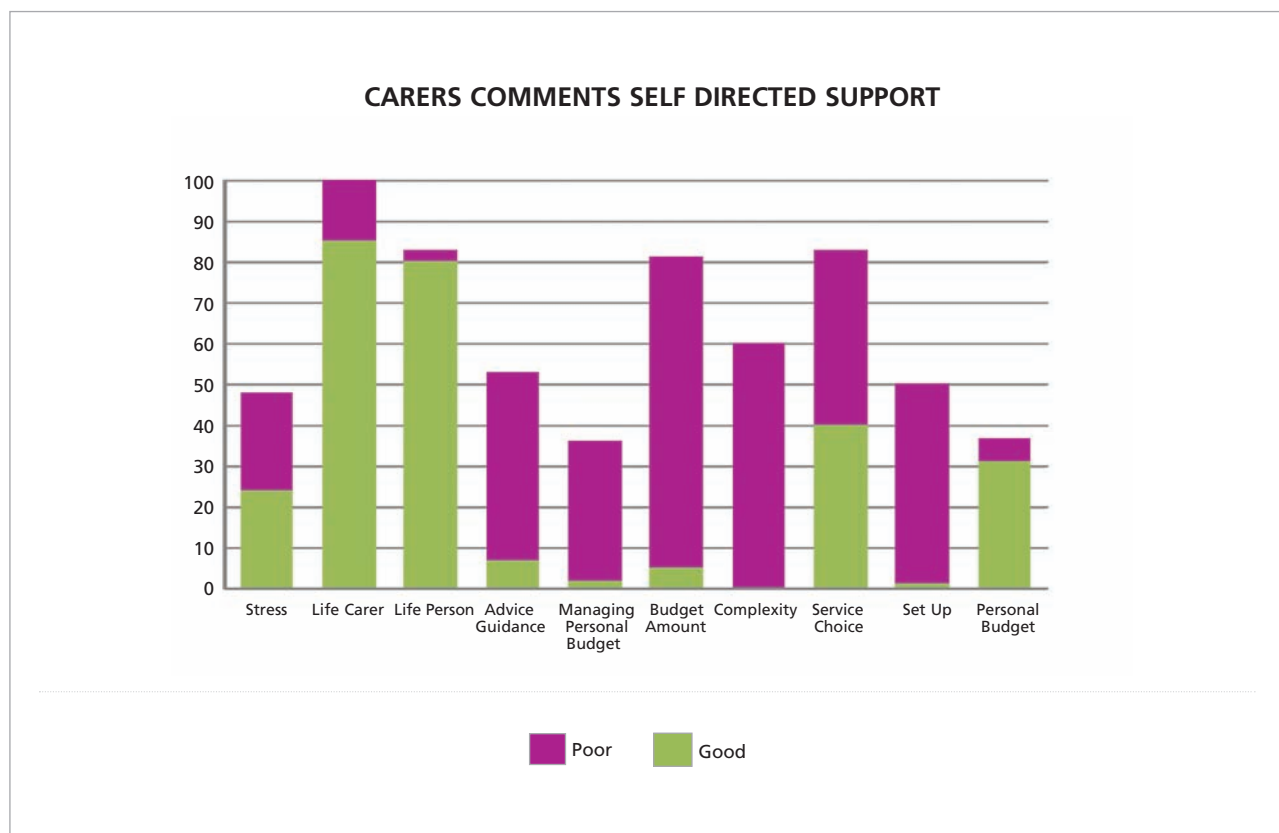
Respondents were asked if they wished to make any further comment about having a personal budget. A total of 490 people made comments. The length of responses varied from a couple of words to several paragraphs, with most people providing just a few sentences. Responses tended to illustrate a more extreme experience – either positive or negative – people who took the time to write comments were often very pleased or very displeased. This meant it was possible to identify responses as either ‘broadly positive’ or ‘broadly negative’.

People’s comments covered a wide range of matters of concern to them, with some respondents writing positively about some aspects and negatively about other aspects. Carers of personal budget holders tended to write about their own experience of the personal budget process, the impact of managing a personal budget on their own life and the impact of care and support acquired through a personal budget on the life of the person they cared for.

Stress	People spoke about the emotional pressure or worry and stresses that were caused or relieved by the personal budget. Frequently the management of the budget – in particular complex paperwork – was associated with causing additional burden. When people spoke about stress and worry being alleviated by the personal budget this was typically associated with the support that the budget made possible, alleviating caring responsibilities.
Life of carer	Carers spoke about the impact of the personal budget for the person they care for on their own life. Most often this was in positive terms. People described how having care and support available to the person they cared for had improved their life as a carer. When people spoke about the impact of the personal budget in negative ways this was almost always to do with the burden of complex paperwork, accounting for the budget or managing the support.
Life of person needing support	Almost without exception people spoke in positive terms about the impact of personal budgets on the life of the person they cared for. Even when their experience of the process or of managing the budget had been quite negative some people commented on the positive impact that the budget had on the life of the person they cared for.
Information advice	When people commented on the guidance and advice available they did so mainly in negative terms. Many people wrote about a lack of clear guidance, information and advice. Some people reported a lack of support including poor communication with council staff in tone and timeliness.

Managing personal budget	When people wrote about the experience of managing a personal budget they did so almost invariably in negative terms. People commented on the complexity of the system that had been set up, the difficulty of acquiring and directing supporters, and about the additional burden this placed on them as carers.
Budget amount, quantity of service	When people wrote about the amount of budget available they did so almost without exception in negative terms. People commented on there not being enough money to meet the needs of the person they cared for. Other people commented on the fact that they had to make a contribution to the personal budget through charging or having to 'top up' an allocated amount so there was enough support.
Complexity	People commented on how complex the self-directed support system was – in particular, the amount and detail of paperwork involved in managing the personal budget.
Service choice	People wrote positively and negatively in equal numbers about service choices. When comments were negative they mainly concerned the restrictions councils had placed on the use of the budget. Many people also commented on the lack of available choice due to limited service offers or limited amount of personal budget. When people commented positively they tended to write about the value of having personalised services that were flexible and responsive.
Set up	Many people experienced difficulties around the assessment and the establishment of support plans. Commonly people reported a protracted process with delays and unnecessarily complex arrangements. People also found difficulties in the timeliness of responses to changes in their circumstances and a need for more timely reassessments. Some people who commented negatively about this part of the process went on to indicate that things had improved over time once the plan had been implemented.
Personal budget	People commented on the idea of personal budgets, more often in positive than negative terms. Often people distinguished their experience of the way their council had implemented personal budgets from the idea of having control of a budget.

Figure 14: Carers comments on their experience of personal budgets



What factors are associated with positive outcomes for carers?

As Figure 13 shows, for most outcome indicators a majority of carers across all groups reported that personal budgets for the person they supported either had a positive impact or made no difference to various aspects of the carers' lives. For most of these outcome indicators, there are variations in the likelihood of a positive outcome being reported linked to the relationship between the carer and the person they are supporting and there is also substantial variation across councils.

In this section, we will investigate links between a range of factors against each of the nine outcomes for carers. The factors explored are: aspects of carers (carer age, gender and self-reported disability), their circumstances (whether the carer is living in the same house as the person they are supporting and the number of hours carers spend caring each week), the personal budget for the person they are supporting (whether the person being supported got social care support before their personal





budget and how long the person being supported had held their personal budget), and the support carers are getting (whether carers are receiving a carers' direct payment/personal budget and whether carers' felt fully involved in the support plan for the person being supported).

Because we have sufficient numbers of carers, we will report these analyses separately for carers of partners, carers of older family members and carers of grown-up sons/daughters. This will enable us to explore whether the factors associated with positive outcomes are similar or different across these different groups.





To make interpretation easier, we will express any associations found as odds ratios (for example, if carers were receiving a carers' direct payment/personal budget, what were the odds of them reporting a positive impact of the supported person's budget on them as carers compared to if they were not receiving a carers' direct payment/personal budget). An odds ratio of 1 would mean that a positive impact was no more or less likely if carers were receiving a carers' direct payment/personal budget or not. An odds ratio significantly less than 1 would mean that a positive impact was less likely if carers were receiving a carers' direct payment/personal budget (so an odds ratio of 0.5 would mean that people were half as likely to report a positive impact if they were receiving a carers' direct payment/personal budget). An odds ratio significantly more than 1 would mean that a positive impact was more likely if carers were receiving a carers' direct payment/personal budget (so an odds ratio of 2 would mean that carers were twice as likely to report a positive impact if they were receiving a carers' direct payment/personal budget). Odds ratios are a helpful way of showing how big an effect is, as well as whether it is statistically significant or not.

Because carers' estimated weekly hours of time spent caring is a continuous rather than a categorical variable (meaning that odds ratios cannot be calculated), we investigated whether the weekly amount of time spent caring was higher or lower depending on whether people reported a positive outcome or not. We report these in terms of the effect size η^2 , where rules of thumb for the size of the effect are: small=0.01, moderate=0.06 and large=0.14.

Tables 1–3 report the odds ratios (or η^2) for each factor against each outcome indicator. Because of the large amount of information contained in these tables, the following colour coding has been used to help interpretation of the tables:

-  Cells are shaded light green if the odds ratio shows a statistically significant positive relationship between the factor and the outcome indicator (in other words, having the factor is associated with an increased chance of a positive impact being reported) and if the odds ratio is less than 3
-  Cells are shaded dark green if the odds ratio is 3 or greater (i.e. if the factor is present, carers are at least three times more likely to report the supported person's budget having a positive impact)
-  Cells are shaded light red if the odds ratio shows a statistically significant negative relationship between the factor and the outcome indicator (in other words, having the factor is associated with a reduced chance of a positive impact being reported) and if the odds ratio is greater than 0.33
-  Cells are shaded dark red if the odds ratio is 0.33 or less (i.e. if the process factor is present, carers are at least three times less likely to report the supported person's budget having a positive impact).

Because the statistical significance of odds ratios is partly dependent on the number of respondents in specific categories, we have also used the following shading where odds ratios are relatively large but do not reach statistical significance:

-  Cells are shaded with light green if the odds ratio is between 2 and 3
-  Cells are shaded with dark green if the odds ratio is 3 or greater
-  Cells are shaded with light pink if the odds ratio is between 0.33 and 0.5
-  Cells are shaded with dark pink if the odds ratio is 0.33 or less.

For the η^2 values, cells are shaded light green if they are statistically significant in a positive direction (i.e. greater weekly hours spent caring are associated with a greater likelihood of reporting a positive outcome) and light red if they are statistically significant in a negative direction (i.e. greater weekly hours spent caring are associated with a reduced likelihood of reporting a positive outcome).

Factors associated with positive outcomes for carers of partners

Table 1 shows the factors associated with positive outcomes (i.e. a carer reporting a positive impact versus no difference/negative impact) for carers of partners.

Concerning carers' finances, carers were more likely to report a positive impact of their partner's personal budget on the carer's finances if they were older carers (aged 65 years or more), carers with a carers' direct payment/personal budget or carers who felt fully involved in their partner's support plan.

Carers were much more likely to report positive impacts of their partner's personal budget on the carer's capacity to continue caring, the carer's quality of life and the carer's relationship with their partner if the carer was living in the same house as their partner or felt fully involved in their partner's support plan.

Carers were more likely to report positive impacts of their partner's personal budget on the carer's wellbeing and social life if they felt fully involved in their partner's support plan. They were less likely to report a positive impact of their partner's personal budget on the carer's ability to do paid work if they were older carers (aged 65 years or more) and if they spent more hours per week caring.

Finally, carers were more likely to report a positive impact of their partner's personal budget on the carer's relationships with other family/friends and the carer's sense of control over their lives if they were carers living in the same house as their partner, carers with a carers' direct payment/personal budget or carers who felt fully involved in their partner's support plan.

Overall – for the outcome indicators for carers of partners – the factor most strongly and consistently associated with positive carer outcomes was carers feeling fully involved in their partner's support plan (associated with eight outcome indicators), followed by carers living in the same house as their partner (associated with five outcome indicators) and carers having a carer's direct payment/personal budget (associated with three outcome indicators).

Characteristics of carers (age, gender and self-reported disability), the number of hours per week spent caring, or characteristics of the partner's personal budget (whether the carer's partner received social care before getting their personal budget, how long the partner had held a personal budget) were not robustly associated with outcome indicators for carers of partners.

Table 1: Factors associated with positive outcomes for carers of partners

	OUTCOME MEASURE								
Factor associated with outcome	Finance	Support to continue caring	Carer QoL	Wellbeing	Social life	Paid work	Relations with person cared for	Relations with friends /other	Choice & control
CHARACTERISTICS OF CARERS									
Age 65 years or more	1.52	1.11	0.84	0.96	0.70	0.33	0.76	0.84	0.80
Female gender	1.02	1.27	1.07	1.07	0.96	1.06	0.76	0.98	1.22
Carer self-reported disability	1.24	0.87	0.82	0.87	0.78	0.97	1.08	1.18	0.94
CARER CIRCUMSTANCES									
Living in same house as person supported	1.22	3.72	2.18	1.56	1.25	NC*	2.64	2.14	2.30
[More weekly hours spent caring]	Eta ² = 0.005	Eta ² = 0.000	Eta ² = 0.001	Eta ² = 0.000	Eta ² = 0.001	Eta ² = 0.017	Eta ² = 0.008	Eta ² = 0.004	Eta ² = 0.003
PERSONAL BUDGETS FOR THE PERSON BEING SUPPORTED									
Person being supported getting social care support before PB	0.95	0.69	1.03	1.05	1.32	1.13	1.04	1.34	1.34
Person being supported held PB for more than one year	0.87	0.72	1.21	0.79	0.76	0.92	0.91	0.80	0.74

PERSONAL BUDGETS AND CARERS									
Carer gets carer's DP/PB	2.12	1.35	1.17	1.22	1.31	0.81	1.08	1.73	1.57
Carer's views included in supported person's PB support plan	2.93	4.39	3.42	2.18	3.29	1.61	3.03	2.43	3.78

*NC – not calculated due to distribution of scores

Factors associated with positive outcomes for carers of older family members

Table 2 shows the factors associated with positive outcomes (i.e. a carer reporting a positive impact versus no difference/negative impact) for carers of older family members.

Concerning carers' finances, carers were more likely to report a positive impact of their older family member's personal budget on the carer's finances if they were carers who spent more hours per week caring, carers with a carers' direct payment/personal budget or carers who felt fully involved in their older family member's support plan.

Carers were more likely to report positive impacts of their older family member's personal budget on the carer's capacity to continue caring if they felt fully involved in their older family member's support plan.

Carers were more likely to report positive impacts of their older family member's personal budget on the carer's quality of life and wellbeing if the carers were women, had no self-reported disability or felt fully involved in their older family member's support plan.

Carers were more likely to report a positive impact of their older family member's personal budget on the carer's social life if the carers were women, carers with a carers' direct payment/personal budget or carers who felt fully involved in their older family member's support plan.

Carers were more likely to report a positive impact of their older family member's personal budget on the carer's ability to do paid work if the carers were women.

Carers were more likely to report a positive impact of their older family member's personal budget on the carer's relationship with their older family member if the carer felt fully involved in their older family member's support plan.

Finally, carers were more likely to report a positive impact of their older family member's personal budget on the carer's relationships with other family/friends and the carer's sense of control over their lives if the carers were women or carers who felt fully involved in their older family member's support plan.

Overall – for the outcome indicators for carers of older family members – the factor most strongly and consistently associated with positive carer outcomes was carers feeling fully involved in their older family member's support plan (associated with eight outcome indicators), followed by carers being women (associated with six outcome indicators). No other factors were associated with more than two outcome indicators.

Table 2: Factors associated with positive outcomes for carers of older family members

Factor associated with outcome	OUTCOME MEASURE								
	Finance	Support to continue caring	Carer QoL	Wellbeing	Social life	Paid work	Relations with person cared for	Relations with friends /other	Choice & control
CHARACTERISTICS OF CARERS									
Age 65 years or more	0.81	0.66	0.99	0.95	0.84	0.61	1.05	1.15	1.10
Female gender	1.01	1.50	1.75	1.95	2.44	2.31	1.46	1.82	1.80
Carer self-reported disability	1.32	0.75	0.57	0.63	0.78	0.76	0.83	1.10	0.73
CARER CIRCUMSTANCES									
Living in same house as person supported	1.08	1.26	1.20	1.14	1.06	0.76	1.10	1.10	1.04
[More weekly hours spent caring]	Eta ² = 0.013	Eta ² = 0.000	Eta ² = 0.000	Eta ² = 0.000	Eta ² = 0.005	Eta ² = 0.003	Eta ² = 0.000	Eta ² = 0.001	Eta ² = 0.004
PERSONAL BUDGETS FOR THE PERSON BEING SUPPORTED									
Person being supported getting social care support before PB	0.81	0.71	1.06	1.03	1.13	1.24	1.07	1.15	0.94

Person being supported held PB for more than one year	0.89	0.79	0.84	0.81	0.92	1.06	1.04	0.96	0.92
PERSONAL BUDGETS AND CARERS									
Carer gets carer's DP/PB	2.54	1.35	1.37	1.27	1.57	1.12	1.44	1.45	1.13
Carer's views included in supported person's PB support plan	2.27	2.98	2.34	2.53	2.24	1.45	2.13	2.68	4.50

Factors associated with positive outcomes for carers of grown-up sons/daughters

Table 3 shows the factors associated with positive outcomes (i.e. a carer reporting a positive impact versus no difference/negative impact) for carers of grown-up sons/daughters.

Concerning carers' finances, carers were less likely to report a positive impact of their son or daughter's personal budget on the carer's finances if their son or daughter had previously received social care support. However, they were more likely to report a positive impact of their son or daughter's personal budget on the carer's finances if they were carers with a carers' direct payment/personal budget or carers who felt fully involved in their son or daughter's support plan.

Carers were more likely to report positive impacts of their son or daughter's personal budget on the carer's capacity to continue caring if the carers were women, their son or daughter had held a personal budget for more than a year, they were carers with a carers' direct payment/personal budget or carers who felt fully involved in their son or daughter's support plan.

Carers were less likely to report a positive impact of their son or daughter's personal budget on the carer's quality of life if the carers had a self-reported disability, but more likely to report a positive impact if they felt fully involved in their son or daughter's support plan.

Carers were less likely to report a positive impact of their son or daughter's personal budget on the carer's wellbeing if the carer had a self-reported disability, but more likely to report a positive impact if their son or daughter had held a personal budget for more than a year, or if the carer felt fully involved in their son or daughter's support plan.

Carers were much more likely to report positive impacts of their son or daughter's personal budget on the carer's social life, the carer's relationships with other family/friends and the carer's level of choice and control over their life if they felt fully involved in their son or daughter's support plan.

Carers were less likely to report a positive impact of their son or daughter's personal budget on the carer's ability to do paid work if they were older carers (aged 65 years or more) or carers with a self-reported disability.

Finally, carers were more likely to report positive impacts of their son or daughter's personal budget on the carer's relationship with their son or daughter if their son or daughter had held a personal budget for more than a year, they were carers with a carers' direct payment/personal budget or carers who felt fully involved in their son or daughter's support plan.

Overall – for the outcome indicators for carers of partners – the factor most strongly and consistently associated with positive carer outcomes was carers feeling fully involved in their son or daughter's support plan (associated with eight outcome indicators). Carers with a self-reported disability, the son or daughter having held their personal budget for more than one year, and the carer having a carers' direct payment/personal budget were each associated with three outcome indicators. Other factors were not robustly associated with outcome indicators for carers of grown-up sons or daughters.

Table 3: Factors associated with positive outcomes for carers of grown-up sons or daughters

Factor associated with outcome	OUTCOME MEASURE								
	Finance	Support to continue caring	Carer QoL	Wellbeing	Social life	Paid work	Relations with person cared for	Relations with friends /other	Choice & control
CHARACTERISTICS OF CARERS									
Age 65 years or more	1.00	1.29	0.98	1.17	0.88	0.22	0.81	0.85	0.95
Female gender	0.84	1.85	0.91	1.39	1.36	1.12	1.29	1.13	1.32
Carer self-reported disability	0.90	1.10	0.50	0.51	0.65	0.39	0.86	0.73	0.85
CARER CIRCUMSTANCES									
Living in same house as person supported	1.53	1.20	0.63	0.56	0.67	0.89	0.72	0.58	0.59

[More weekly hours spent caring]	Eta ² = 0.007	Eta ² = 0.001	Eta ² = 0.001	Eta ² = 0.008	Eta ² = 0.000	Eta ² = 0.000	Eta ² = 0.001	Eta ² = 0.000	Eta ² = 0.001
Personal budgets for the person being supported									
Person being supported getting social care support before PB	0.60	0.93	0.68	0.74	0.86	1.27	0.80	0.96	1.11
Person being supported held PB for more than one year	1.33	1.63	1.24	1.64	1.34	1.51	1.88	1.07	1.13
PERSONAL BUDGETS AND CARERS									
Carer gets carer's DP/PB	2.10	2.54	1.57	1.35	1.07	1.10	1.71	1.45	1.32
Carer's views included in supported person's PB support plan	2.17	4.02	3.43	3.43	3.02	1.12	2.46	4.48	3.25

Think Local Act Personal is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit www.thinklocalactpersonal.org.uk