



# Risk, Safeguarding and personal Budgets –Do Personal Budgets Increase the Risk of Abuse?

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The views expressed in this presentation are those of the authors, not necessarily those of the Department of Health, the NHS or NIHR.

# Introduction

- Personalisation policy
- Personalisation and safeguarding
- Potential and Challenges of using existing data to examine the relationship between safeguarding and personal budgets
- Summary of findings
- Conclusion

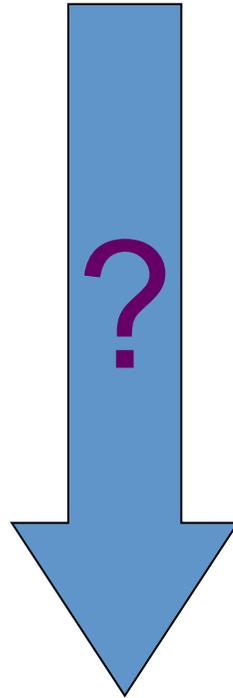
# Personalisation



- Long-standing– back to 1980s & cross party & global
- Across the whole of the UK (Lymberry, 2012)
- Continued commitment
- Twin drivers
  - Challenging inflexible services & professionals to maximise autonomy
  - Reducing role of the state, promoting market solutions
  - Err, not safeguarding



Personalisation



Risk



# Personalisation and safeguarding

- Initially people with severe dementia excluded from direct payments if unable to consent (as lacking capacity to make the decision) – Health and Social Care Act 2008
- Mental Capacity Act 2005 and revised regulations are enabling people with dementia to make use of proxies for Direct payments
- Putting People First (2007) – Linked personalisation with improved safeguarding

# Personalisation and safeguarding

- Some predictions that personalisation will enhance safeguarding (SCIE,2012; Poll, et al 2005) but many fears expressed
- No Secrets review (DH, 2009) discussed need to integrate safeguarding and personalisation
- Adult Social Care Vision (DH, 2010) argued for: ‘sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people’s freedom’ (p8).
- Statement of principles – Empowerment a key aim of safeguarding – DH 2011, 2013
- Duty of care to people with capacity problems



# Methods

- Analysis of Safeguarding Adults Annual Reports
- Secondary analysis of national and local data
  - Abuse of Vulnerable Adults (AVA) returns
  - Referrals, Assessments and Packages of Care (RAP) and the Adult Social Care Combined Activity Returns
  - Local data
- Interviews with
  - Budget holders and proxy budget holders
  - Safeguarding coordinators and team members
  - Elected members and senior managers

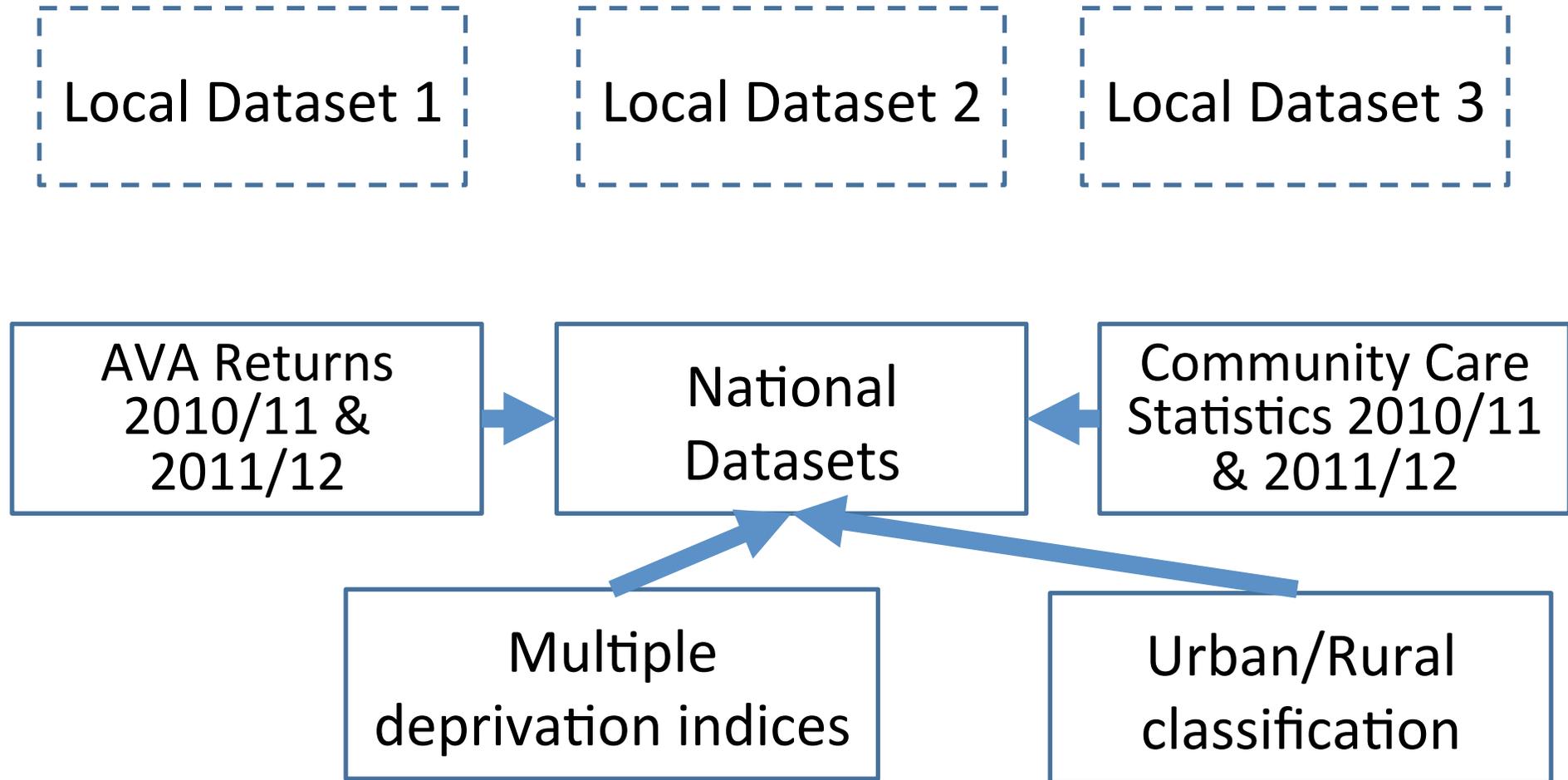
The screenshot shows the homepage of COMMUNITYcare.co.uk. The logo is at the top left, with the tagline 'For everyone in social care'. A search bar is on the top right. A navigation menu includes Home, News, Jobs, Blogs, CareSpace Forum, Student Zone, You Care, Events, and Your Pract. Below the menu, it says 'You are in: News'. On the left, there is a sidebar titled 'OUR SERVICES' with links to Community Care Inform, Children and Families Live 2011, Conferences, Contact Us, E-Newsletters, Jobs by Email, Media Centre, and RSS Feeds. The main content area features a news article titled 'Personal budgets 'pose financial risk for councils'' by Mithran Samuel, dated Monday 01 November 2010 12:56. The article includes a graphic with a hand and the word 'PERSONALISATION'.

<http://www.communitycare.co.uk/Articles/01/11/2010/115675/personal-budgets-pose-financial-risk-for-councils.htm>

# Aims of Quantitative Analysis

- To use existing local and national data on safeguarding referrals to investigate possible links between levels and patterns of alleged abuse and receiving personal budgets (particularly direct payments)
- National data
  - Abuse of Vulnerable Adults (AVA) returns (Now Safeguarding Adults returns)
  - Referrals, Assessments and Packages of Care (RAP) and the Adult Social Care Combined Activity Returns
- Local AVA and Personal Budgets/Direct Payments uptake data from three case study sites
- Based on a conceptual framework exploring
  - potential impact of using unregulated care work through personal budgets/direct payments on safeguarding issues.
  - the effect of local area characteristics, the level of personal budgets uptake at the local authority level and personal individual characteristics of service users on different elements of abuse.

# Analysis of local and national data



# National Datasets

Abuse of Vulnerable Adults (AVA) returns  
Referrals, Assessments and Packages of Care (RAP) and  
the Adult Social Care Combined Activity Returns

- Pros:
  - Information on the whole of England
  - Census of all referrals of alleged abuse
  - Covers information on wide range of alleged abuse characteristics
  - Provides information on uptake of personal budgets across England

# National Datasets

- Cons:
  - Collected at the level of local authority
  - No individual referral records
  - Cannot link an individual's uptake of personal budget and safeguarding issues
  - Aggregate information on different elements
  - Information on uptake of personal budget are in separate dataset from that on safeguarding
  - 'Huge' number of 'variables'
    - Total numbers provided in tables' cells
  - Challenging storage format → requires considerable level of data preparation

# Solution Strategies

- Can only infer relationships at the local authority level
- Link various information at LA level
- Use 'proxy' variables to investigate level of uptake of different elements of personal budgets (direct payments and self-directed support)
- Link to other local area characteristics such as deprivation level and rurality
- Use techniques to select relevant variables
- Complement analysis of national datasets with that of anonymous individual referral records obtained from three case study sites (local data)

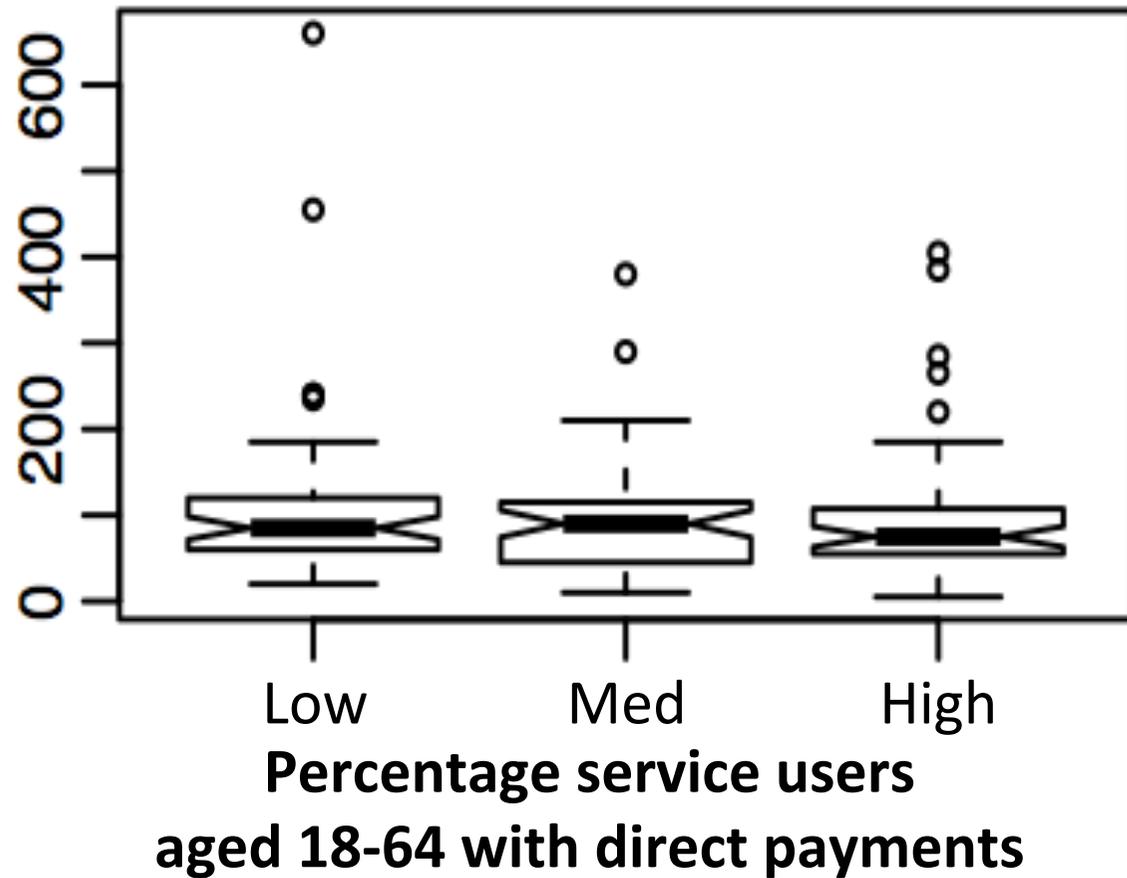
# Variables to Indicate Levels of uptake of personal budgets

- Using Referrals, Assessments and Packages of Care (RAP) and the Adult Social Care Combined Activity Return (ASC-CAR) datasets
- Calculated six new variables as indicators
  1. Percentage\* of all service users aged 18-64 who receive direct payments (DP) (P\_DP18\_64)
  2. Percentage\* of service users aged 18-64 who either receive self directed support (SDS) or DP (P\_SDSDP18\_64)
  3. Percentage\* of service users aged 18-64 receiving SDS (P\_SDS18\_64)
  4. Percentage\* of service users aged 65 years or more receiving DP (P\_DP65).
  5. Percentage\* of users aged 65 years or more receiving SDS or direct payments (P\_SDSDP65)
  6. Percentage\* of users aged 65 years or more receiving SDS (P\_SDS65)

\*Percentage based on users of Community Based Services (CBS)

Data  
visualisation  
techniques to  
examine a  
huge volume  
of outputs

## Aggregate referrals for financial abuse



# Collecting local data

- Had to be limited to a small number of local authority due to time required to secure negotiation and securing data
- Covered the period from April 2011 to April 2013 to match AVA reporting periods
- Requested information on personal characteristics, uptake of personal budgets in addition to referral details
- Obtained anonymous individual records on 2209 cases
- Variable levels of data completion and variable definitions of IB and SDS



Quantitative data analysis

# **SUMMARY OF FINDINGS**

# Levels of Referrals

- Analysis of aggregate national data indicates no evidence of strong relationship between the uptake of personal budgets on the local authority level and the volume of referrals or repeated referrals.
- There are tentative suggestions of a variable distribution of referrals and repeated referrals in significantly rural areas
- On the individual level, the analysis suggests some relationship between receipt of personal budgets, particularly in receipt of direct payment, on the likelihood of an alert to be reported on AVA returns (but not in overall numbers of alerts).

# Source of Referrals

- National datasets' analysis indicates no significant associations between level of uptake of personal budgets and source of referral (home care staff, users' family members or self- referrals).
- Tentative indications among significantly rural areas where the median of reported referrals by home care staff is higher than other areas.
- Local authorities located in areas with low income-deprivation scale (more wealthy) and low unemployment scale, have slightly wider distributions of self-referrals.
- None of the local data included information on source of referrals.

# Nature of alleged abuse

## National data findings

- The most common form of alleged abuse in England is physical abuse followed by financial abuse
- No significant relationships between the percentage of users' on personal budgets and the prevalence of allegations of physical, emotional, sexual or financial abuse.
- National data analysis points to higher prevalence of referrals with allegations of sexual abuse within wealthier areas

# Nature of alleged abuse

## Local data findings

- No conclusive relationship between allegations of physical or emotional abuse and personal budgets
- Lower (but not significant) prevalence of allegations of sexual abuse among users in receipt of direct payments or who are on self-directed support
- Significantly higher likelihood of allegations of financial abuse among users on self-directed support but not users receiving direct payments.
- The model also indicates an increased likelihood of financial abuse among users with physical disabilities regardless of whether they receive personal budgets or not.

# Relationships of Alleged Abuser to User:

- National data analysis indicates no significant association with personal budgets' uptake
- Local data analysis indicate a positive significant association between receiving self-directed support and the likelihood of alleged abuser being home care staff

# Outcome of Referrals

- Analysis of both national and local data indicates no significant relationships between the uptake of personal budgets and cases being substantiated
  - With the exception of users receiving direct payments in site B (significantly higher prevalence of substantiated cases)

# Conclusion

- Potential of existing, pre-collected data in contrast to challenges
- Difficulties in establishing exact definitions of what 'direct payment' and 'self-directed support' means across different local authorities
- Some relationships between uptake of different elements of PB and financial abuse and the alleged abuser to be home care staff
- Important indicators of other relationships especially rurality, income and personal characteristics e.g. gender and type of care needs

# Questions and Discussions

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